

From: Martin Wade

Tel.: 01223 699733

Date: 5<sup>th</sup> May 2017**Public Health Directorate****Finance and Performance Report – Closedown 2016/17****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>
March (No. of indicators)	3	9	19	2	33

**2. INCOME AND EXPENDITURE****2.1 Overall Position**

<b>Previous Forecast Outturn</b>	<b>Directorate</b>	<b>Budget for 2016/17</b>	<b>Actual</b>	<b>Outturn Variance</b>	<b>Outturn Variance</b>
<b>£000</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>
-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%
<b>-200</b>	<b>Total Expenditure</b>	<b>21,118</b>	<b>20,963</b>	<b>-155</b>	<b>-0.7%</b>
0	Public Health Grant	-20,457	-20,466	-9	0.0%
0	Other Income	-319	-352	-33	-10.3%
<b>0</b>	<b>Total Income</b>	<b>-20,776</b>	<b>-20,818</b>	<b>-42</b>	<b>0.0%</b>
0	Planned drawdown from Public Health Reserves	-160	-160	0	
<b>-200</b>	<b>Sub Total</b>	<b>182</b>	<b>-15</b>	<b>-197</b>	
	Contribution to Public Health Reserve	0	15	15	
	<b>Total</b>	<b>182</b>	<b>0</b>	<b>-182</b>	

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 one red, two 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% compared to one year ago. 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 from previous years. Updated priorities will be considered going forward. .

#### **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 (MOU) with other Directorates (Appendix 9)**

All internal Quarter 4 performance reports for the Public Health MOU Services have been completed and detail is available on request. A financial summary is available in Appendix 9.

## 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%

<i>Previous Outturn</i>	<b>Service</b>	<b>Budget 2016/17</b>	<b>Actual 2016/17</b>	<b>Outturn Variance</b>	
<i>£'000</i>		<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Programme Team</b>					
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%
<b>-32</b>	<b>Programme Team Total</b>	<b>136</b>	<b>87</b>	<b>-49</b>	<b>-35.87%</b>
<b>Public Health Directorate</b>					
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%
<b>53</b>	<b>Public Health Directorate total</b>	<b>2,291</b>	<b>2,370</b>	<b>79</b>	<b>3.45%</b>
<b>-200</b>	<b>Total Expenditure before Carry forward</b>	<b>21,118</b>	<b>20,963</b>	<b>-155</b>	<b>-0.73%</b>
<b>0</b>	<b>Contribution to Public Health grant reserve</b>	<b>0</b>	<b>15</b>	<b>15</b>	
<b>Funded By</b>					
<b>0</b>	Public Health Grant	-20,457	-20,466	-9	-0.04%
<b>0</b>	S75 Agreement NHSE - HIV	-144	-144	0	0.00%
<b>0</b>	Other Income	-175	-208	-33	-18.86%
	Drawdown From Reserves	-160	-160	0	0.00%
<b>0</b>	<b>Income Total</b>	<b>-20,936</b>	<b>-20,978</b>	<b>-42</b>	<b>-0.20%</b>
<b>-200</b>	<b>Net Total</b>	<b>182</b>	<b>0</b>	<b>-182</b>	

## 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
<b>Total</b>	<b>27,627</b>		<b>27,627</b>	<b>-15</b>	



## APPENDIX 4 – Virements and Budget Reconciliation

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

## 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	
<b>General Reserve</b>					
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.
<b>subtotal</b>	<b>1,138</b>	<b>-98</b>	<b>1,040</b>	<b>1,040</b>	
<b>Other Earmarked Funds</b>					
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.
<b>subtotal</b>	<b>2,020</b>	<b>-100</b>	<b>1,920</b>	<b>1,920</b>	
<b>TOTAL</b>	<b>3,158</b>	<b>-198</b>	<b>2,960</b>	<b>2,960</b>	

(+) 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	
<b>General Reserve</b>					
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
<b>TOTAL</b>	<b>167</b>	<b>-99</b>	<b>68</b>	<b>68</b>	

## 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"> <li>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.</li> <li>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</li> <li>Other activities include staff training and a new media campaign</li> </ul>
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 <b>on target</b> . 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"> <li>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.</li> <li>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</li> </ul>

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%	/	39%	N/A	R	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 which should improve the face-to-face antenatal contacts. The face-to-face antenatal contact is also dependent on timely and appropriate referrals from the Midwifery service. Notification processes across Cambridgeshire is being reviewed to ensure Health Visitors are receiving the correct information.
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%	95%	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%	81%	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	262	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	1388	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 <b>target was nearly met.</b>
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) ( <b>Pre-existing GP based service</b> )	1433	1433	1310	91%	A	71%	126	72%	↑	
Personal Health Trainer Service - Personal Health Plans completed ( <b>Pre-existing GP based service</b> )	1075	1075	1106	103%	G	58%	95	66%	↑	
Number of referrals from Vulnerable Groups ( <b>Pre-existing GP based service</b> )	992	992	1118	113%	G	92%	87	101%	↑	
Number of physical activity groups held ( <b>Pre-existing GP based service</b> )	581	581	569	98%	A	85%	55	71%	↓	
Number of healthy eating groups held ( <b>Pre-existing GP based service</b> )	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.

## **APPENDIX 9**

### **Public Health Memorandum of Understanding with other Directorates**

#### **SUMMARY**

<b>Directorate</b>	<b>YTD (Q4) expected spend</b>	<b>YTD (Q4) actual spend</b>	<b>Variance</b>
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
<b>TOTAL Q4/EOY</b>	<b>£7,086,000</b>	<b>£7,076,356</b>	<b>£9,644</b>