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Public Health Directorate

Finance and Performance Report – September 2017

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
Aug (No. of indicators)	4	6	16	3	29

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Aug) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (Sep) £000	Forecast Variance - Outturn (Sep) %
0	Children Health	9,200	-49	-46	-0.5%
0	Drug & Alcohol Misuse	5,845	-11	0	0%
0	Sexual Health & Contraception	5,297	-18	0	0%
0	Behaviour Change / Preventing Long Term Conditions	3,935	-48	-50	-1.3%
0	General Prevention Activities	56	1	0	0%
0	Adult Mental Health & Community Safety	238	-1	0	0%
0	Public Health Directorate	2,149	-129	0	0%
0	Total Expenditure	26,720	-254	-96	-0.4%
0	Public Health Grant	-26,041	0	0	0%
0	s75 Agreement NHSE-HIV	-144	0	0	0%
0	Other Income	-149	0	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	Total Income	-26,334	0	0	0%
0	Net Total	386	-254	-96	-24.8%

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

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

2.2 Significant Issues

In Children Health, an underspend of £46k has been identified in the Vision Screening budget due to an accrual made during the closedown period of last financial year being higher than required.

In Behaviour Change/Preventing Long Term Conditions, a forecast underspend of £50k has been identified. Smoking cessation services expect an underspend of £30k due to a decreased use of medicines prescribed to support stop smoking attempts. In addition a projected underspend of £20k has been identified against NHS Health Checks due to the Programme nurse advisor/trainer moving out of area.

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)

Sexual Health

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

Smoking Cessation

- The service is now being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting and achieving a four week quit remain good.

National Child Measurement Programme

- The National Child Measurement programme for 2016/17 has been completed and clean measurement data will be reported on at the end of this year.
- The new measurement programme for 2017/18 has started in September 2017, measurements are undertaken during school term.

NHS Health Checks

- NHS Health Checks completed performance indicator remains red. Please see commentary for further details.
- The number of outreach health checks has dropped this month and the performance indicator has changed to red. Please see commentary for wider explanations.

Lifestyle Services

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows an improvement of ten green, three amber and one red indicator.
- The red indicator relates to the number of physical activity groups held and this reflects the Summer Holiday period as a number of interventions are school based.

Health Visitor and School Nurse Data

- The overall performance indicators for Health Visiting and School Nursing show two green, three amber and one red indicator, the commentary provides further explanation on the performance indicators.
- Health Visiting and school nursing data is reported on quarterly and the data provided reflects the Quarter 2 period for 2017/18 (July – Sept).

4.2 Health Committee Priorities

The following Public Health priorities for the Health Committee were agreed at the meeting held on the 7 September 2017.

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

Details of specific reporting requirements for the new priorities need to be further discussed and agreed with Health Committee members.

4.3 Health Scrutiny Indicators

The following Health Scrutiny priorities for the Health Committee were agreed at the meeting held on the 7 September 2017.

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

Work on reporting some of these measures is currently underway. The Health Committee will now receive “Fit for the Future” monthly routine data reports that include information on the risk register, work programme and performance monitoring. DTOC may be included as part of this routine data but currently this is being provided by the CCC Transformation team.

The Sustainable Transformation Programme, delivery unit have been invited to provide a development session for Health Committee members to update them on the Workforce Planning programme.

The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates

SUMMARY

Directorate	YTD (Q2) expected spend	YTD (Q2) actual spend	Variance
P&C	£165,500	£165,500	£0
ETE	£60,000	£60,595	(£595.00)
CS&T	£117,000	£117,000	£0
LGSS	£110,000	£110,000	£0
TOTAL Q2	£452,500	£453,095	(£595.00)

A slight overspend has been seen against ETE Illicit Tobacco work, which was higher than predicted mainly due to co-ordinated work with Peterborough based colleagues and the HMRC. This overspend should show a reduction in Q3.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000 %		Forecast Variance Outturn (Sep) £'000 %	
Children Health								
0	Children 0-5 PH Programme	7,253	3,022	3,056	34	1.14%	0	0.00%
0	Children 5-19 PH Programme - Non Prescribed	1,707	915	866	-49	-5.37%	-46	-2.68%
0	Children Mental Health	240	120	86	-34	-28.34%	0	0.00%
0	Children Health Total	9,200	4,058	4,009	-49	-1.20%	-46	-0.50%
Drugs & Alcohol								
0	Drug & Alcohol Misuse	5,845	1,501	1,490	-11	-0.75%	0	0.00%
0	Drugs & Alcohol Total	5,845	1,501	1,490	-11	-0.75%	0	0.00%
Sexual Health & Contraception								
0	SH STI testing & treatment – Prescribed	3,975	1,387	1,398	11	0.79%	0	0.00%
0	SH Contraception - Prescribed	1,170	123	103	-19	-15.79%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	76	67	-9	-12.00%	0	0.00%
0	Sexual Health & Contraception Total	5,297	1,586	1,568	-18	-1.11%	0	0.00%
Behaviour Change / Preventing Long Term Conditions								
0	Integrated Lifestyle Services	2,006	941	942	1	0.14%	0	0.00%
0	Other Health Improvement	304	134	134	1	0.49%	0	0.00%
0	Smoking Cessation GP & Pharmacy	828	14	-12	-26	-185.99%	-30	-3.62%
0	Falls Prevention	80	40	40	0	0.01%	0	0.00%
0	NHS Health Checks Prog – Prescribed	716	286	262	-24	-8.25%	-20	-2.79%
0	Behaviour Change / Preventing Long Term Conditions Total	3,935	1,414	1,366	-48	-3.39%	-50	-1.27%
General Prevention Activities								
0	General Prevention, Traveller Health	56	27	28	1	4.21%	0	0.00%
0	General Prevention Activities Total	56	27	28	1	4.21%	0	0.00%
Adult Mental Health & Community Safety								
0	Adult Mental Health & Community Safety	238	39	38	-1	-1.53%	0	0.00%
0	Adult Mental Health & Community Safety Total	238	39	38	-1	-1.53%	0	0.00%

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000 %		Forecast Variance Outturn (Sep) £'000	
	Public Health Directorate							
0	Children Health	315	165	153	-12	-7.05%	0	0.00%
0	Drugs & Alcohol	265	138	81	-57	-41.51%	0	0.00%
0	Sexual Health & Contraception	189	99	101	2	2.27%	0	0.00%
0	Behaviour Change	723	378	307	-71	-18.74%	0	0.00%
0	General Prevention	152	79	79	-0	-0.54%	0	0.00%
0	Adult Mental Health	43	22	22	-0	-2.09%	0	0.00%
0	Health Protection	140	73	74	1	1.15%	0	0.00%
0	Analysts	322	168	176	8	4.60%	0	0.00%
0		2,149	1,122	993	-129	-11.48%	0	0.00%
0	Total Expenditure before Carry forward	26,720	9,747	9,493	-254	-2.61%	-96	-0.36%
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	-13,020	-13,020	0	0.00%		0.00%
0	S75 Agreement NHSE HIV	-144	216	216	0	0.00%		0.00%
0	Other Income	-149	0	0	0	0.00%		0.00%
	Drawdown From Reserves	0	0	0	0	0.00%		0.00%
0	Income Total	-26,334	-12,804	-12,804	0	0.00%	0	0.00%
0	Net Total	386	-3,057	-3,311	-254	-8.31%	-96	-24.83%

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	
Total	26,946	26,946	

APPENDIX 4 – Virements and Budget Reconciliation

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

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 30 Sep 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	1,040	0	1,040	1,040	
subtotal	1,040	0	1,040	1,040	
Other Earmarked Funds					
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	
subtotal	1,920	0	1,920	1,262	
TOTAL	2,960	0	2,960	2,302	







(+) 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 Sep 2017		
	£'000	£'000	£'000	£'000	
General Reserve					
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
TOTAL	68		0	68	

APPENDIX 6 PERFORMANCE

The Public Health Service
Performance Management Framework (PMF) for
August 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 2017/18	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%	100%	100%	G	98%	98%	100%		
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	96%	96%	G	92%	80%	96%		
Number of Health Checks completed	18,000	4,000	3,810	85%	R	N/A	4500	85%		The comprehensive Improvement Programme is continuing this year. The introduction of the new software into practices has commenced which will increase the accuracy of the of the number of invitations that are sent for NHS Health Check. There is also ongoing training of practice staff. It has also discovered that the template that GP practices were using for collecting data was not accurate. This has now been resolved and improvements are being seen.
Number of outreach health checks carried out	2,000	495	358	72%	R	84%	95	54%		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.
Smoking Cessation - four week quitters	2278	526	557	106%	G	101%	130	120%		<ul style="list-style-type: none"> 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 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.

Measure	Y/E Target 2017/18	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	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%.
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	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.
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%	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.
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	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.
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	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 exception reporting (Not Wanted/Did Not Attend) the figure for Q2 increases to 96%, which falls within the target.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	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 exception 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.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse (based on quarterly data)	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.
School nursing - number of young people seen for mental health & wellbeing concerns (based on quarterly data)	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.

Measure	Y/E Target 2017/18	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%	N/A	N/A	N/A	G	N/A	N/A	N/A	↔	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 Spetember.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	N/A	N/A	N/A	G	N/A	N/A	N/A	↔	
Overall referrals to the service	5100	1730	1890	109%	G	101%	250	161%	↑	
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	1517	485	540	111%	G	97%	70	166%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1138	307	299	97%	A	53%	50	156%	↑	
Number of physical activity groups held (Pre-existing GP based service)	664	245	277	113%	G	87%	55	115%	↑	
Number of healthy eating groups held (Pre-existing GP based service)	450	190	226	119%	G	187%	30	83%	↓	Healthy eating sessions have reduced over the summer holidays as a number of sessions are schools based.
Personal Health Trainer Service - number of PHPs produced (Extended Service)	723	248	306	123%	G	150%	31	239%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	542	178	191	107%	G	80%	28	150%	↑	
Number of physical activity groups held (Extended Service)	830	240	174	73%	R	94%	65	29%	↓	This reflects the schools holiday as a number of the physical activity interventions are school based.
Number of healthy eating groups held (Extended Service)	830	325	324	100%	G	80%	55	25%	↓	Healthy eating sessions have reduced over the summer holidays as a number of sessions were typically delivered in schools.

Measure	Y/E Target 2017/18	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
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	26%	26%	A	79%	30%	35%	↓	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.
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	50%	50%	A	75%	60%	28.6%	↓	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	N/A	N/A	N/A	N/A	n/a	N/A	N/A	↔	No courses completed during this period
Falls prevention - number of referrals	386	120	135	113%	G	105%	30	143%	↑	
Falls prevention - number of personal health plans written	279	81	86	106%	G	107%	22	123%	↑	

* All figures received in September 2017 relate to August 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.

