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## **Public Health Directorate**

### **Finance and Performance Report – October 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>
Sep (No. of indicators)	5	9	12	3	29

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

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

<b>Forecast Variance - Outturn (Sep) £000</b>	<b>Service</b>	<b>Current Budget for 2017/18 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance - Outturn (Oct) £000</b>	<b>Forecast Variance - Outturn (Oct) %</b>
-46	Children Health	9,200	-31	-46	-0.5%
0	Drug & Alcohol Misuse	5,845	1	0	0%
0	Sexual Health & Contraception	5,297	11	0	0%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	-45	-50	-1.3%
0	General Prevention Activities	56	0	0	0%
0	Adult Mental Health & Community Safety	263	-14	0	0%
0	Public Health Directorate	2,149	-75	0	0%
<b>-96</b>	<b>Total Expenditure</b>	<b>26,720</b>	<b>-154</b>	<b>-96</b>	<b>-0.4%</b>
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%
<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>-154</b>	<b>-96</b>	<b>-24.8%</b>

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)**

Performance data relates to activity in September.

#### 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 all indicators green.

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

- NHS Health Checks completed performance indicator remain red. Please see commentary for further details.
- The number of outreach health checks remains red and performance has dropped further in comparison to last 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 6 green, 6 amber and two red indicators.
- Overall referrals to the service have fallen following a high referral rate the previous month.
- The red indicators relate to the number of physical activity groups and healthy eating groups held. The figures have been queried with the provider, it is worth noting that some of these groups commenced in September.

#### 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 November.
- 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 Public Health Services provided through a Memorandum of Understanding with other Directorates**

The next update will be provided at the January Health Committee meeting.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Sep) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Oct £'000	Actual to end of Oct £'000	Current Variance £'000   %		Forecast Variance Outturn (Oct) £'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	1,026	992	-34	-3.34%	-46	-2.68%
0	Children Mental Health	240	234	237	3	1.35%	0	0.00%
-46	Children Health Total	9,200	4,887	4,856	-31	-0.64%	-46	-0.50%
Drugs & Alcohol								
0	Drug & Alcohol Misuse	5,845	1,679	1,680	1	0.09%	0	0.00%
0	Drugs & Alcohol Total	5,845	1,679	1,680	1	0.09%	0	0.00%
Sexual Health & Contraception								
0	SH STI testing & treatment – Prescribed	3,975	1,350	1,357	8	0.56%	0	0.00%
0	SH Contraception - Prescribed	1,170	331	334	3	0.78%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	66	67	1	1.08%	0	0.00%
0	Sexual Health & Contraception Total	5,297	1,747	1,758	11	0.62%	0	0.00%
Behaviour Change / Preventing Long Term Conditions								
0	Integrated Lifestyle Services	2,006	1,131	1,128	-3	-0.27%	0	0.00%
0	Other Health Improvement	279	152	148	-4	-2.53%	0	0.00%
-30	Smoking Cessation GP & Pharmacy	828	224	203	-21	-9.43%	-30	-3.62%
0	Falls Prevention	80	48	48	0	0.68%	0	0.00%
-20	NHS Health Checks Prog – Prescribed	716	297	280	-17	-5.87%	-20	-2.79%
-50	Behaviour Change / Preventing Long Term Conditions Total	3,910	1,852	1,807	-45	-2.44%	-50	-1.28%
General Prevention Activities								
0	General Prevention, Traveller Health	56	42	41	-0	-0.88%	0	0.00%
0	General Prevention Activities Total	56	42	41	-0	-0.88%	0	0.00%
Adult Mental Health & Community Safety								
0	Adult Mental Health & Community Safety	263	121	107	-14	-11.74%	0	0.00%
0	Adult Mental Health & Community Safety Total	263	121	107	-14	-11.74%	0	0.00%

Forecast Variance Outturn (Sep) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Oct £'000	Actual to end of Oct £'000	Current Variance £'000   %		Forecast Variance Outturn (Oct) £'000	
	Public Health Directorate							
0	Children Health	315	184	175	-9	-4.76%	0	0.00%
0	Drugs & Alcohol	265	155	108	-47	-30.13%	0	0.00%
0	Sexual Health & Contraception	189	110	116	6	5.22%	0	0.00%
0	Behaviour Change	723	390	348	-42	-10.71%	0	0.00%
0	General Prevention	152	89	92	3	3.76%	0	0.00%
0	Adult Mental Health	43	25	25	-0	-0.33%	0	0.00%
0	Health Protection	140	82	85	3	4.08%	0	0.00%
0	Analysts	322	188	198	10	5.41%	0	0.00%
0		2,149	1,222	1,147	-75	-6.17%	0	0.00%
-96	Total Expenditure before Carry forward	26,720	11,550	11,396	-154	-1.33%	-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	-19,757	-19,757	0	0.00%	0	0.00%
0	S75 Agreement NHSE HIV	-144	216	216	0	0.00%	0	0.00%
0	Other Income	-149	0	0	0	0.00%	0	0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	0	0.00%
0	Income Total	-26,334	-19,541	-19,541	0	0.00%	0	0.00%
-96	Net Total	386	-7,991	-8,145	-154	-1.93%	-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	
<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 31 Oct 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 31 Oct 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

	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

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

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	Measures					Comments
							YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	
1	GUM Access - offered appointments within 2 working days	Sep-17	98%	98%	100%	100%	G	100%	98%	100%	↔	
2	GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	Sep-17	80%	80%	92%	92%	G	96%	80%	92%	↓	
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	Sep-17	2,000	705	418	59%	R	54%	210	29%	↓	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	Aug-17	2278	664	723	109%	G	120%	138	120%	↔	<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)	Sep-17	90%	90.0%	91.6%	91.6%	G	N/A	90.0%	91.6%	↔	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.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Sep-17	90%	90.0%	95.0%	95%	G	N/A	90.0%	95.0%	↔	
15	Overall referrals to the service	Sep-17	5100	2240	2226	99%	A	161%	510	66%	↓	The fall in referrals follows a very high number in the previous month.
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Sep-17	1517	640	639	100%	G	166%	155	62%	↓	
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Sep-17	1138	423	381	90%	A	156%	116	55%	↓	This fall follows a very high number of completions in the previous month.
19	Number of physical activity groups held (Pre-existing GP based service)	Sep-17	664	305	343	112%	G	115%	60	90%	↓	
20	Number of healthy eating groups held (Pre-existing GP based service)	Sep-17	450	220	257	117%	G	83%	30	103%	↑	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Sep-17	723	318	359	113%	G	239%	70	77%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Sep-17	542	232	223	96%	A	150%	54	59%	↓	
23	Number of physical activity groups held (Extended Service)	Sep-17	830	320	208	65%	R	29%	80	16%	↓	These figures have been queried with provider. It is confident that the sessions commenced in September will be found in the October report.
24	Number of healthy eating groups held (Extended Service)	Sep-17	830	380	337	89%	R	25%	55	62%	↑	These figures have been queried with provider. It is confident that the sessions commenced in September will be found in the October report.
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Sep-17	30%	30%	25.7%	25.7%	A	35%	30%	25%	↓	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	Sep-17	60%	60%	55.2%	55.2%	A	28.6%	60%	66.7%	↑	This figure has improved this month
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Sep-17	80%	N/A	N/A	N/A	N/A	n/a	N/A	N/A	↔	No courses completed during this period
28	Falls prevention - number of referrals	Sep-17	386	160	174	109%	G	143%	30	98%	↓	
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 October 2017 relate to September 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.

