

From: Martin Wade

Tel.: 01223 699733

Date: 08 Feb 2018

## **Public Health Directorate**

### **Finance and Performance Report – January 2018**

#### **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>
Dec (No. of indicators)	4	6	17	3	30

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

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

<b>Forecast Variance - Outturn (Dec) £000</b>	<b>Service</b>	<b>Current Budget for 2017/18 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance - Outturn (Jan) £000</b>	<b>Forecast Variance - Outturn (Jan) %</b>
-46	Children Health	9,200	12	-46	-0.5%
-9	Drug & Alcohol Misuse	5,845	-30	-9	-0.2%
0	Sexual Health & Contraception	5,297	-32	0	0%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	-27	-50	-1.3%
-5	General Prevention Activities	56	-7	-5	-8.9%
0	Adult Mental Health & Community Safety	263	-16	0	0%
-60	Public Health Directorate	2,149	-325	-173	-8.0%
<b>-170</b>	<b>Total Expenditure</b>	<b>26,720</b>	<b>-424</b>	<b>-283</b>	<b>-1.1%</b>
0	Public Health Grant	-26,041	-226	0	0%
0	s75 Agreement NHSE-HIV	-144	0	0	0%
0	Other Income	-149	43	0	0%
0	Drawdown From Reserves	0	0	0	0%
<b>0</b>	<b>Total Income</b>	<b>-26,334</b>	<b>-183</b>	<b>0</b>	<b>0%</b>
<b>-170</b>	<b>Net Total</b>	<b>386</b>	<b>-607</b>	<b>-283</b>	<b>-73.5%</b>

The service level budgetary control report for January 2018 can be found in [appendix 1](#).

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

## **2.2 Significant Issues**

The overall forecast underspend has increased by -£113k to -£283k.

The increase is due to a review of in-year spend on staffing budgets within the Public Health Directorate. The underspend in this area is now predicted to be -£173k. Part of this underspend, due to vacancies within the Drugs and Alcohol and Behaviour Change areas, had previously been identified. In addition, non-recurrent savings have been made by covering maternity leaves through supervised 'acting up' of senior public health specialist trainees, who are employed regionally at no cost to the Council, and further underspend has been identified against the drug and alcohol staffing area.

As previously reported, there are also forecast underspends against the following budgets:

- Children Health. £46k against the Vision Screening budget
- Behaviour Change/Preventing Long Term Conditions. £50k against the Smoking cessation and NHS Health Checks budgets.
- Small underspends have been identified in the Drug & Alcohol Misuse budget (£9k) and the General Prevention budget (£5k).

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)**

The performance data reported on relates to activity in December 2017 and is compared with the previous month data which has not been reported to the Health Committee.

#### **Sexual Health (KP1 & 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 remain at Amber as compared to November's data but there is an improvement in direction of travel.

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

- The new measurement programme for 2017/18 has commenced in September 2017. Measurements are undertaken during the school term.
- Performance remains at the same level as last month and is currently good.

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

- The data presented for the NHS Health Checks remains the same as last month (November) with both indicators at red. However the number of outreach health checks indicator is reporting an upward movement.

#### **Lifestyle Services (KPI 5, 16-30)**

- There are now 15 Lifestyle Service indicators reported, the overall performance is very good and shows 12 green, 3 amber and no red indicators. Direction of travel from the previous month is mixed with 6 indicators moving up.
- There are three new key performance indicators for Falls Prevention which have been introduced last month (November's data) as a result in changes to the system-wide programme. All indicators are green.

#### **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 3 period for 2017/18 (Oct-Dec).
- The new Quarter 3 data shows 1 green, 3 amber and 2 red indicators.
- The breastfeeding prevalence rate continues to decline and explanations are detailed in the commentary.
- The proportion of Health Visitor antenatal contacts continues to fall below the 50% target, again the commentary provides further explanations.
- Performance on Health Visitor mandated checks is falling below the locally set target but there is an upward trend in the indicators for checks at 6-8 weeks and 2-2 ½ year review.
- More detailed explanations and analysis is provided in the commentary.

## **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 has requested routine monthly data reports on the “Fit for the Future” programme circulated prior to meetings, these are being received sporadically. The remaining scrutiny priorities around communications and engagement and Primary Care Developments requires further consideration from the committee on reporting requirements.

## **5.0 Public Health MOU**

Information pertaining to Q3 updates on the MOU plus the summary can be found in Appendix 7.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Children Health								
0	Children 0-5 PH Programme	7,253	6,044	6,044	0	0.00%	0	0.00%
-46	Children 5-19 PH Programme - Non Prescribed	1,707	1,446	1,453	7	0.47%	-46	-2.68%
0	Children Mental Health	240	240	246	6	2.36%	0	0.00%
-46	Children Health Total	9,200	7,731	7,743	12	0.16%	-46	-0.50%
Drugs & Alcohol								
0	Drug & Alcohol Misuse	5,845	5,314	5,284	-30	-0.56%	-9	-0.16%
0	Drugs & Alcohol Total	5,845	5,314	5,284	-30	-0.56%	-9	-0.16%
Sexual Health & Contraception								
0	SH STI testing & treatment – Prescribed	3,975	2,653	2,652	-1	-0.05%	0	0.00%
0	SH Contraception - Prescribed	1,170	551	520	-31	-5.68%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Prescribed	152	101	102	1	0.63%	0	0.00%
0	Sexual Health & Contraception Total	5,297	3,305	3,273	-32	-0.97%	0	0.00%
Behaviour Change / Preventing Long Term Conditions								
0	Integrated Lifestyle Services	2,006	1,483	1,497	14	0.94%	0	0.00%
0	Other Health Improvement	279	358	357	-0	-0.13%	0	0.00%
-30	Smoking Cessation GP & Pharmacy	828	292	263	-29	-9.94%	-30	-3.62%
0	Falls Prevention	80	68	70	2	2.94%	0	0.00%
-20	NHS Health Checks Prog – Prescribed	716	426	412	-14	-3.21%	-20	-2.79%
-50	Behaviour Change / Preventing Long Term Conditions Total	3,910	2,627	2,600	-27	-1.04%	-50	-1.28%
General Prevention Activities								
0	General Prevention, Traveller Health	56	37	30	-7	-18.35%	-5	-8.89%
0	General Prevention Activities Total	56	37	30	-7	-18.35%	-5	-8.89%
Adult Mental Health & Community Safety								
0	Adult Mental Health & Community Safety	263	141	126	-16	-11.01%	0	0.00%
0	Adult Mental Health & Community Safety Total	263	141	126	-16	-11.01%	0	0.00%

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000   %		Forecast Variance Outturn (Jan) £'000	
	Public Health Directorate							
0	Children Health	315	274	236	-38	-13.94%	0	0.00%
-25	Drugs & Alcohol	265	231	171	-60	-25.88%	-138	-52.08%
0	Sexual Health & Contraception	189	165	157	-8	-4.58%	0	0.00%
-35	Behaviour Change	723	629	455	-174	-27.71%	-35	-4.84%
0	General Prevention	152	132	124	-8	-6.30%	0	0.00%
0	Adult Mental Health	43	37	34	-3	-9.18%	0	0.00%
0	Health Protection	140	122	115	-7	-5.65%	0	0.00%
0	Analysts	322	280	254	-26	-9.39%	0	0.00%
-60		2,149	1,871	1,546	-325	-17.38%	-173	-8.07%
-156	Total Expenditure before Carry forward	26,720	21,026	20,602	-424	-2.02%	-283	-1.06%
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	-26,041	-26,267	-226	-0.87%	0	0.00%
0	S75 Agreement NHSE HIV	-144	-144	-144	0	0.00%	0	0.00%
0	Other Income	-149	-126	-83	43	34.13%	0	0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	0	0.00%
0	Income Total	-26,334	-26,311	-26,494	-183	-0.70%	0	0.00%
-156	Net Total	386	-5,285	-5,892	-607	-11.49%	-283	-73.48%

## 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	%
Public Health Directorate	2,149	-325	-17.4	-173	-8.1
An underspend is expect on staffing within the Public Health Directorate. This is partly due to vacancies within the Drugs and Alcohol and Behaviour Change areas. In addition, non-recurrent savings have been made by covering maternity leaves through supervised 'acting up' of senior public health specialist trainees, who are employed regionally at no cost to the Council					

### 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 Jan 2018		
	£'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	355	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>1,417</b>	
<b>TOTAL</b>	<b>2,960</b>	<b>0</b>	<b>2,960</b>	<b>2,457</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 Jan 2018		
	£'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  
December 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	Dec-17	98%	98%	99%	99%	G	100%	98%	99%	↓	
2	GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	Dec-17	80%	80%	93%	93%	G	89%	80%	93%	↑	
3	Number of Health Checks completed	Q3 Oct - Dec 17	18,000	13,500	11,030	82%	R	87%	4500	74%	↓	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 Checks. Issues with the practice data templates have now been resolved and the data quality has improved with corresponding improvement in the Programme outputs. However the full benefits cannot be realised as the NHS has made a major change to its IT connectors, so the Health Checks software cannot be fully utilized until changes have been made in the bespoke server for the programme. However performance is better than it was at this last year.
4	Number of outreach health checks carried out	Dec-17	2,000	1240	794	64%	R	43%	100	76%	↑	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. Mean while Job Centre Plus offices have expressed a wish to have sessions for their staff and those claiming benefits. In addition sessions in community centres in areas that have high risk populations are booked. A mobile service is being considered.
5	Smoking Cessation - four week quitters	Nov-17	2278	1225	1163	95%	A	64%	155	97%	↑	<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. It should be noted that performance is similar to where it was at this time in 2016/17</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	Q3 Oct-Dec 17	56%	56%	53%	53%	A	55%	56%	49%	↓	The 2017/18 target for breastfeeding has been established as 56%. This quarter the breastfeeding prevalence rate has continued to decline, dropping below the 10% tolerance of the target position and will need to be monitored to ensure this downward trend does not continue. However, in comparison to the national picture breastfeeding prevalence rates in Cambridgeshire continues to exceed the national average of 45%.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q3 Oct-Dec 17	50%	50%	26%	26%	R	29%	50%	22%	↓	The proportion of antenatal contacts continues to fall below the 50% target. Performance data (%) for antenatal contacts is not available nationally due to difficulties with getting the relevant denominator and only numbers are reported nationally; if this was reported then 340 visits will have been completed in Q3, further 29 were not wanted and 31 appointments were made but not attended. 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 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	Q3 Oct-Dec 17	90%	90%	95%	95%	G	94%	90%	94%	↔	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target. This is better than the national performance which was 88% for 2016/17.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q3 Oct-Dec 17	90%	90%	89%	89%	A	85%	90%	88%	↑	The proportion of 6-8 week development checks completed within 8 weeks has increased this quarter, in comparison to Q2 reporting, although it continues to fall below the local target set at 90%. Processes have been put in place to improve this further in order to meet the local target which is above the national. National performance was 82.5% in 2016/17.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q3 Oct-Dec 17	100%	95%	85%	85%	R	87%	95%	81%	↓	This figure is below the set target and has decreased further against last quarter's performance. If we take into account exception reporting (Not Wanted/Did Not Attend) the figure for Q2 increases to 91%, which compared to 96% in Q2 is still a decline, although falling just above target. This will need to be monitored closely to ensure the downward trend does not continue. A separate briefing is provided with detailed analysis of this. National performance was 82.4% in 2016/17.
11	Health visiting mandated check - Percentage of children who received a 2 - 2.5 year review	Q3 Oct-Dec 17	90%	90%	80%	80%	A	78%	90%	80%	↑	The number of 2-2.5 year reviews being completed continues to fall below the set target. However if exception reporting is accounted for, the figure for Q3 increases to 94% which is above the set target established for this year. This quarter there were 141 families not wanting the check, 99 children where an appointment was made but the family did not attend and 106 instances where this was not recorded. A separate briefing is provided on this target. The National performance for 2016/17 was 77.6%.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q3 Oct-Dec 17	N/A	N/A	226	N/A	N/A	33	N/A	81	↑	The School Nursing service has introduced a duty desk 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; this figure is only representative for those seen in clinics. There was a significant reduction in the number of pupils being seen last quarter due to the school summer break when no clinic based appointments are run, however this has since increased. The main reason pupils are being seen for, after mental health issues, are sexual health; 69% of appointments in this indicator were for sexual health related matters.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q3 Oct-Dec 17	N/A	N/A	1996	N/A	N/A	411	N/A	666	↑	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service - reconfiguration on how this activity is reported on is underway and a clearer picture will be available in Q4. As such, these 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 number of young people being seen for emotional health and wellbeing issues, moving forward this may decline due to the introduction of Chathealth which is a text messaging service and the recently launched Emotional Wellbeing and Mental Health service (CHUMS).

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)	Dec-17	90%	90.0%	300.0%	300.0%	G	163%	90.0%	300.0%	↑	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)	Dec-17	90%	90.0%	300.0%	300%	G	163%	90.0%	300.0%	↑	
16	Overall referrals to the service	Dec-17	5100	3162	4756	150%	G	161%	255	249%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Dec-17	1517	941	947	101%	G	48%	76	26%	↓	
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Dec-17	1138	706	727	103%	G	156%	57	68%	↓	
19	Number of physical activity groups held (Pre-existing GP based service)	Dec-17	664	412	430	104%	G	172%	33	52%	↓	
20	Number of healthy eating groups held (Pre-existing GP based service)	Dec-17	450	279	281	101%	G	47%	23	22%	↓	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Dec-17	723	448	592	132%	G	102%	36	72%	↓	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Dec-17	542	336	464	136%	G	189%	27	189%	↔	
23	Number of physical activity groups held (Extended Service)	Dec-17	830	515	542	105%	G	25%	42	31%	↑	
24	Number of healthy eating groups held (Extended Service)	Dec-17	830	515	550	107%	G	109%	42	124%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Dec-17	30%	30%	24.0%	80.0%	A	24%	30%	24%	↔	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. The movement however is upwards.

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	Dec-17	60%	60%	57.0%	95.0%	A	64.0%	60%	80.0%	↑	It is difficult to make any robust observations about the % achieving the 10% weight loss from such small numbers, however the movement is upwards.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Dec-17	80%	80%	100%	125%	N/A	n/a	N/A	N/A	↔	No courses completed during this period. First course will be completed at the end of December 2017
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Dec-17	386	239	313	131%	G	166%	19	184%	↑	Changes in the wider system wide Falls Programme provided the opportunity to revise the KPIs and what is reported
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Dec-17	164	102	139	197%	G	46%	8	325%	↑	
30	Number clients completing their PHP - Falls Prevention	Dec-17	209	130	190	147%	G	25	10	20	↓	

\* All figures received in January 2018 relate to December 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 2017-18 UPDATE FOR Q3

Directorate	Service	Allocated	Q3 Update
P&C	Chronically Excluded Adults (MEAM)	£68k	<p>CEA caseload update:</p> <p>Referrals: 17 Accepted: 4 Closed: 2</p> <p>Active: 28 (at end of quarter)</p> <p>21 positively engaged in treatment and support including drug and alcohol treatment, mental health support, probation, physical health issues.</p>
P&C	Education Wellbeing/PSHE KickAsh	£15k	<p>10 secondary schools recruited and participating in the Kick Ash Programme for 2017-2018.</p> <p>Training programme for mentors completed.</p> <p>Primary programme planned for partner primary schools and currently being delivered across schools.</p> <p>Whole school collaborative event planned for all Kick Ash mentors for April 2018.</p>
P&C	Children's Centres	£170k	No update available.
P&C	CAMH Trainer	£51k	<p>The CAMH trainers are employed by CPFT and deliver specialist mental health training for a range of roles working with children and young people. Training specifically tailored to the needs of schools is also provided with a 1 day Youth Mental health Awareness course. They also provided a whole school briefing; setting the foundations for further engagement in training.</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 came into effect on 1<sup>st</sup> January 2018 and has been awarded to CHUMS. Therefore the school briefings work is being reduced and the service offer is being altered to complement the new landscape.</p> <p>Between 1/4/17-17/10/17 there was delivery of:</p> <ul style="list-style-type: none"> <li>• Whole School Briefing (1 hour sessions) – delivered to 3 schools</li> <li>• Schools Workshops (follow-up to Whole School Briefing) – 2 schools</li> <li>• 'Be Confident' Seminar delivered</li> <li>• Youth Mental Health Awareness – 4 courses</li> <li>• Continued delivery of the Foundation Course for cohorts 14 and 15 (11 days across the 2 courses)</li> <li>• CPD day delivered</li> <li>• Resilience training – 3 courses</li> <li>• Youth Mental Health First Aid – 1 course.</li> </ul>
P & C	Strengthening Communities Service - KickAsh	£23k	<p><b>October</b> <b>Training</b> was delivered to:</p> <ul style="list-style-type: none"> <li>• <b>20 mentors</b> at Cromwell Community College.</li> <li>• <b>18 mentors</b> at Sawtry Village College.</li> <li>• <b>12 mentors</b> at Cottenham Village College.</li> </ul> <p>The Trading Standards <b>Safety Zone</b> workshop was delivered to <b>over 500</b> year 5 pupils during the week 9<sup>th</sup> – 13<sup>th</sup> October at <b>Ely Fire Station</b>.</p> <p><b>November</b> <b>Meetings</b> took place with new mentors at Longsands, Cottenham and Sawtry Colleges to discuss the year ahead and plan the work to be delivered including working with businesses and testing their compliance.</p>

			<p>Took part in a discussion with Bottisham Village College to plan a Christmas awareness display for the school show.</p> <p>The Trading Standards <b>Safety Zone</b> workshop was delivered to <b>over 220</b> year 5 pupils over 2.5 days at <b>Ramsey Fire Station</b>.</p> <p><b>December</b>  <b>Business visits</b> took place with <b>8 participating mentors</b> from Cromwell Community College. <b>7 shops</b> were visited in total – each receiving information about the Kick Ash project from the mentors, compliance with legislation and a Challenge 25 training pack to help the business comply with the age restriction applicable to tobacco products and NIPs</p>
P & C	Strengthening Communities Service	£10k	<ul style="list-style-type: none"> <li>• Providing regular support to the Area Champion for Fenland,.</li> <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>• Facilitating discussions between Support Cambridgeshire and the training provider for the CLG fully funded accredited training for public sector officers</li> <li>• Managing the Support Cambridgeshire contract</li> <li>• Regular meetings/sharing of information by the SCS 'Fenland Community Place Team',</li> <li>• Time Credit networks in Chatteris, March and Wisbech continue with support from officers in SCS.</li> <li>• Community Protection officers have been giving advice and support to four Fenland residents who were referred to the team as a result of investigations by the National Scams Team. Encouraging increased physical activity, health and wellbeing continues through</li> <li>• The Fenland Trails, promoting long distance walking routes within Wisbech, Wimblington, Chatteris and March.</li> <li>• Rings End Nature Intervention, with Friends of Rings end working with volunteers and developing their own nature intervention for health and wellbeing.</li> <li>• Wisbech Footpaths Volunteer Group, improved right of way network to encourage more people being physically active.</li> <li>• Table Tennis and sports sessions for young people and families with additional needs being provided in Wisbech.</li> <li>• Support for young people and families continues through</li> <li>• Weekly youth club run by volunteers in Gorefield and supported by Youth and Community coordinators.</li> <li>• Paws for Wellbeing: supporting animal assisted therapies for young people from a wellbeing centre in a primary school.</li> <li>• Library activities and Arts Alive/Library Presents performances in Fenland Libraries.</li> </ul> <p>Community resilience development</p> <ul style="list-style-type: none"> <li>• Rima Ladies and Families</li> <li>• Strengthening workforce in museums</li> <li>• Viva Communities and Families, play sessions for families</li> </ul>
P&C	Contribution to Anti-Bullying	£7k	<p>This is a nominal amount and is part of a large budget, it is therefore difficult to pull out exactly what the £7k covers, and difficult to apportion amounts. This will be spent in total.</p>
			<b>SUB TOTAL : P&amp;C Q3</b>
ETE	Active Travel (overcoming safety barriers)	£55k	<p>A total of 93 schools are now using Modeshift STARS for school travel planning</p> <p>48 schools achieved bronze accreditation for their Modeshift STARS travel plans in July, 1 school has achieved silver and 2 Gold. The next submission date is January.</p> <p>Walk to School Month activity was delivered in October.</p> <p>Barnabas Oley school won School of the East of England and have therefore been put forward for the School of the Nation Award to be announced in the Spring</p>
ETE	Explore	£30k	<p>Adverts for students in Student Pocket Guide to promote safe cycling.</p>



	additional interventions for cyclist/ pedestrian safety		Be bright be seen campaign was delivered in October/November for school pupils and in wider media.
ETE	Road Safety	£20k	There are now 26 schools on the JTA scheme and 15 on the waiting list.  There are now 144 JTAs and the new ones have been trained by the Road Safety Officer and are undertaking activity in their schools. Many took part in a competition to write a song or poem to encourage being seen as the clocks changed.
ETE	Illicit Tobacco	£15k	<ul style="list-style-type: none"> <li>Following warrants executed in February and further warrants and visits in late March, investigation work has continued. Pace interviews conducted and cases prepared for court. Proving ownership of a number of businesses is particularly problematical.</li> <li>Financial investigations ongoing</li> <li>Intelligence work ongoing</li> <li>Two alcohol licence review hearings. One licence revoked and one suspended for 6 weeks. Neither decision appealed.</li> <li>First court hearing for one seller of illicit</li> <li>Liaison with Norfolk TS with regard to addresses in Kings Lynn and Gt Yarmouth which are linked to Cambridgeshire sellers</li> </ul>
			<b>SUB TOTAL : ETE Q3</b>
C&CS	Research	£22k	<ul style="list-style-type: none"> <li>Development of Cambridgeshire Insight to ensure sound and future-proofed platform for publishing JSNAs and other PHI data aligned with other datasets about the county</li> <li>Production of population forecasts</li> <li>New development surveys to support robust population forecasting methodology</li> </ul>
C&CS	Transformation Team Support	£27k	<p><b>Business Planning</b> 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</p> <p><b>Business Transformation</b> The Transformation Team continued to provide project management support and advice to Public Health; as well as operating a range of projects that include public health representation</p> <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>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	£25k	<p>Working on a range of campaigns including health checks, Stay Well Dry January, Stoptober, Be Well launch etc</p> <p>Development work also took place on the Be Well website</p> <p>We also supported PH on reactive comms (e.g. smoking and pregnancy etc)</p>
C&CS	Strategic Advice	£22k	Leading the corporate Health, Safety and Wellbeing Board to ensure that Public Health, & its role in supporting for staff wellbeing, is given greater focus
C&CS	Emergency Planning Support	£5k	<p>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, including issuing of cold weather updates</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>On-going support across all areas of resilience preparation</li> </ul>
C&CS	LGSS Managed Overheads	£100k	<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>SUB TOTAL : CS&amp;T Q3</b>
<b>LGSS</b>	<b>Overheads associated with PH function</b>	£220k	<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>
			<b>SUB TOTAL : LGSS Q3</b>

## SUMMARY

Directorate	YTD (Q3) expected spend	YTD (Q3) actual spend	Variance
P&C	£273,000	£272,171.90	£828.10
ETE	£90,000	£91,329	£1,329
CS&T	£150,750	£150,750	0
LGSS	£165,000	£165,000	0
<b>TOTAL Q3</b>	<b>£678,750</b>	<b>£679,250.9</b>	<b>-£500.90</b>

- ETE are showing an overspend of £1,329 at the end of Q3 against Illicit tobacco. We are assured that there will be no overspend at the end of Q4 and this will come in on target.