

Public Health Directorate**Finance and Performance Report – July 2018****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
Jun (No. of indicators)	7		4	17	3	31

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

Forecast Outturn Variance (Jun) £000	Service	Budget for 2018/19 £000	Actual to end of Jul 18 £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Children Health	9,266	1,576	0	0%
0	Drug & Alcohol Misuse	5,625	1,177	0	0%
0	Sexual Health & Contraception	5,157	662	0	0%
0	Behaviour Change / Preventing Long Term Conditions	3,812	126	0	0%
0	Falls Prevention	80	2	0	0%
0	General Prevention Activities	56	24	0	0%
0	Adult Mental Health & Community Safety	256	-9	0	0%
0	Public Health Directorate	2,019	475	0	0%
0	Total Expenditure	26,271	4,033	0	0%
0	Public Health Grant	-25,419	-12,916	0	0%
0	s75 Agreement NHSE-HIV	-144	144	0	0%
0	Other Income	-40	-0	0	0%
0	Drawdown From Reserves	-39	0	0	0%
0	Total Income	-25,642	-12,772	0	0%
0	Net Total	629	-8,739	0	0%

The service level budgetary control report for 2018/19 can be found in [appendix 1](#).

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

2.2 Significant Issues

A balanced budget has been set for the financial year 2018/19. Savings totalling £465k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Heath Committee and any resulting overspends reported through this monthly Finance and Performance 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 £26.253m, of which £25.541m 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 June 2018.

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 have moved to Red.
- Public Health Outcomes Framework (PHOF) data for 2017 has been released suggesting smoking prevalence in Cambridgeshire is similar to the England figure
- Appendix 6 commentary provides further details.

National Child Measurement Programme (KPI 14 & 15)

- The coverage target for the programme was met. Year end data for the 2017/18 programme will be available at the end of 2018.
- Measurements for the 2018/19 programme are taken during the academic year and the programme will re-commence in September 2018.

NHS Health Checks (KPI 3 & 4)

- Indicator 3 for the number of health checks completed by GPs is reported on quarterly. For Q1 this indicator is reporting as red.
- Indicator 4 for the number of outreach health checks remains red although there is an upward trajectory.
- Further details of the refocus for the service are available in the commentary in Appendix 6.

Lifestyle Services (KPI 5,16-30)

- There are now 16 Lifestyle Service indicators reported on, the overall performance is good and shows 12 green, 1 amber and 3 red indicators.
- Appendix 6 provides further explanation on the red indicators for the personal health trainer service, proportion of Tier 2 clients completing weight loss interventions and smoking cessation.

Health Visitor and School Nursing Data (KPI 6-13)

The performance data provided reports on the Q1 (April –June 2018) for the Health Visiting and School Nurse service.

Health Visiting

- The breastfeeding target for 2018/19 will remain at 56% although this is recognised across the county that this is a challenging target. Performance indicator for the first quarter is at amber.
- Breastfeeding rates are very varied across Cambridgeshire and Appendix 6 provides more detail on this.
- Health visiting mandated checks (face to face antenatal contact with HV from 28 weeks) indicator is at red. A local target for 50% has been set in Cambridgeshire. Although the overall performance for this quarter has decreased by 1% this does not reflect the month on month improvements. Appendix 6 provides further details
- Health Visiting mandated checks for new birth visit with HV (within 14 days) indicator is green. Mandated checks for both 6-8 week review and 12-15 month review are both at Amber for this quarter. Cambridgeshire exceeds the national average for the 6-8 week review.

School Nursing

- Performance indicator 13 has been further broken down into number of calls made to the duty desk (13a) and number of young people who access advise and support through Chat Health (13b).
- In quarter 1 period the duty desk has received 801 calls offering immediate access to staff and support. Chat Health has been accessed by 742 children and young people in this quarter. More detail is available in Appendix 6

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.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Jun) £'000	Service	Budget 2018/19 £'000	Actual to end of July £'000	Outturn Forecast	
				£'000	%
Children Health					
0	Children 0-5 PH Programme	7,253	251	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	1,044	0	0%
0	Children Mental Health	307	281	0	0%
0	Children Health Total	9,266	1,576	0	0%
Drugs & Alcohol					
0	Drug & Alcohol Misuse	5,625	1,177	0	0%
0	Drugs & Alcohol Total	5,625	1,177	0	0%
Sexual Health & Contraception					
0	SH STI testing & treatment – Prescribed	3,829	617	0	0%
0	SH Contraception - Prescribed	1,176	45	0	0%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	0	0	0%
0	Sexual Health & Contraception Total	5,157	662	0	0%
Behaviour Change / Preventing Long Term Conditions					
0	Integrated Lifestyle Services	2,062	335	0	0%
0	Other Health Improvement	299	-47	0	0%
0	Smoking Cessation GP & Pharmacy	735	-231	0	0%
0	NHS Health Checks Prog – Prescribed	716	68	0	0%
0	Behaviour Change / Preventing Long Term Conditions Total	3,812	126	0	0%
Falls Prevention					
0	Falls Prevention	80	2	0	0%
0	Falls Prevention Total	80	2	0	0%
General Prevention Activities					
0	General Prevention, Traveller Health	56	24	0	0%
0	General Prevention Activities Total	56	24	0	0%
Adult Mental Health & Community Safety					
0	Adult Mental Health & Community Safety	256	-9	0	0%
0	Adult Mental Health & Community Safety Total	256	-9	0	0%

Previous Outturn (Jun) £'000	Service	Budget 2018/19 £'000	Actual to end of July £'000	Outturn Forecast £'000 %	
Public Health Directorate					
0	Children Health	189	50	0	0%
0	Drugs & Alcohol	287	61	0	0%
0	Sexual Health & Contraception	164	38	0	0%
0	Behaviour Change	753	176	0	0%
0	General Prevention	199	55	0	0%
0	Adult Mental Health	36	8	0	0%
0	Health Protection	53	16	0	0%
0	Analysts	338	71	0	0%
0		2,019	475	0	0%
Total Expenditure before Carry forward					
0		26,271	4,033	0	0%
Anticipated contribution to Public Health grant reserve					
0		0	0	0	0.00%
Funded By					
0	Public Health Grant	-25,419	-12,916	0	0%
0	S75 Agreement NHSE HIV	-144	144	0	0%
0	Other Income	-40	0	0	0%
	Drawdown From Reserves	-39	0	0	0%
0	Income Total	-25,642	-12,772	0	0%
Net Total					
0		629	-8,739	0	0%

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 2018/19 £'000	Forecast Outturn Variance	
		£'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	26,253	26,253	Ring-fenced grant
Grant allocated as follows;			
Public Health Directorate	25,419	25,419	
P&C Directorate	283	283	
P&E Directorate	130	130	
CS&T Directorate	201	201	
LGSS Cambridge Office	220	220	
Total	26,253	26,253	

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan		
Virements		
Non-material virements (+/- £160k)		
Budget Reconciliation		
Current Budget 2018/19		

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end July 2018		
	£'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	300	0	300	200	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	378	0	378	259	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	579	0	579	300	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years from July 2017-June 2019.
subtotal	1,527	0	1,527	1,029	
TOTAL	2,567	0	2,567	2,069	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2018	2018/19		Forecast Closing Balance	Notes
		Movements in 2018/19	Balance at end July 2018		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	136	0	136	136	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	145		145	145	

APPENDIX 6 PERFORMANCE

The Public Health Service
Performance Management Framework (PMF) for
June 2018 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 2018/19	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	May-18	98%	98%	100%	102%	G	99%	98%	98%	↓	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	May-18	80%	80%	93%	116%	G	92%	80%	93%	↑	
3	Number of Health Checks completed (GPs)	Q1 (Apr - Jun18)	18,000	4500	3489	78%	R	N/A	4500	3489	↔	
4	Number of outreach health checks carried out	Jun-18	1,800	400	332	83%	R	78%	122	93%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. The key challenge is securing access to workplaces in Fenland where there are high risk workforces. Mean while Wisbech Job Centre Plus have received sessions for 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. Performance in Fenland continues to be good with it currently hitting 106% of its monthly target. However performance in the rest of county has improved target has been achieved. The service is now asked to focus upon areas where there is higher risk of cardio vascular disease and where GP Health Checks are low.
5	Smoking Cessation - four week quitters	May-18	2154	295	195	66%	R	55%	162	69%	↑	<ul style="list-style-type: none"> •There has been some improvement which reflects new staff have now been recruited. there had been a problem with long term sickness and recruitment. • 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. •The most recent Public Health Outcomes Framework figures released in July 2018 with data for 2017) suggest the prevalence of smoking in Cambridgeshire is statistically similar to the England figure , 14.5% v 14.9%. All districts are now statistically similar to the England figure. Most notable has been the improvement in Fenland where it has dropped from 21.6% to 16.3%, making it lower than the Cambridge City rate of 17.0%

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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	Q1 April - June 2018	56%	56%	53%	53%	A	50%	56%	53%	↑	The breastfeeding prevalence target will remain at 56% in 2018/19, although it is recognised that across the county this is a challenging target. Breastfeeding statistics have seen a 3% increase since the last reporting period. Analysis does show very different breastfeeding rates across the county. Breast feeding rates in South Cambridgeshire is 67% over this period, whilst the rates for East Cambs and Fenland are currently 33%. An action plan is in place and the Health Visitor Infant Feeding lead is working with acute midwifery units to attempt to improve the breastfeeding rates collaboratively. A pilot is to begin whereby mothers are contacted via telephone on discharge from hospital to offer an early follow up appointment to support breast feeding. In order to measure the impact and outcome of this pilot a change in process needs to take place within System One - this is being addressed. Overall however, the breastfeeding rates in Cambridgeshire remains higher than the national average of 44%. Breastfeeding prevalence rates will continue to be monitored closely, particularly in East Cambs and Fenland, with the aim of achieving the 56% target.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks	Q1 April - June 2018	50%	50%	20%	20%	R	21%	50%	20%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. The overall performance this quarter has decreased by 1%. However, this does not reflect the month on month improvements in working towards this target. There was, in April an initial fall in performance to 14%, but then has been followed by significant improvement in June reaching 27% of face to face contacts completed. Looking at each individual areas, all have seen improvements with Huntingdon achieving 38%, East Cambs and Fenland reaching 37% and Cambs City and South reaching 13%. Whilst all areas need to continue to improve, a particular focus is required to improve the position in Cambs City and South. These improvements are in part due to the improvements in the notification process with midwifery, but also as a result of the health visiting team now beginning to recognise the importance of this assessment and are therefore beginning to embed this contact into their day to day working practice. An electronic process has been established with the Queen Elizabeth Hospital EH and went live two weeks ago. The clinical lead has had successful discussions with Hinchinbrook and Peterborough midwifery units and we are awaiting a 'go live' date. Once these hospital are established negotiations will then commence with Addenbrookes.
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	Q1 April - June 2018	90%	90%	95%	95%	G	95%	90%	95%	↔	The 10 - 14 new birth visit remains consistent each month and numbers are well within the 90% target.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q1 April - June 2018	90%	90%	85%	85%	A	84%	90%	85%	↑	The performance for the 6 - 8 week review has increased one percentile this quarter, from 84% in Q4 2017/18, to 85%. Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%. Analysis of the data shows that the 90% target was achieved in both Cambs City and South (91%) and Hunts (95%), but East Cambs and Fenland only achieved 66%. This was a local capacity issue in East Cambs and Fenland. Consequently it was locally agreed not to prioritise the review, meaning completion levels in this area fell, impacting the county figure as a whole. The Area Manager is working with staff to ensure this is re-prioritised moving forward.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q1 April - June 2018	95%	95%	85%	85%	A	85%	95%	85%	↔	Performance against the 12 month visit by 15 months target has remained at 85% this quarter. However if exception reporting is accounted for, this increases to a quarterly average of 95%, thus meeting the target. This quarter 72 visits were not wanted by the family and a further 90 were not attended. Staff working in the East Cambs and Fenland locality have now returned to offering this review as a home visit rather than in a clinic setting as data demonstrated that clinic appointments increased the number of people not attending. By returning to home visits there has been an increase in success of completing this assessment in this area.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q1 April - June 2018	90%	90%	67%	67%	R	77%	90%	67%	↓	The number of two year old checks completed this quarter has declined, from 77% in Q4 2017/18 to 67%. If data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the average percentage achieved for this quarter increases to 82%. During this quarter, 137 appointments were not wanted and 118 were not attended. Both Cambs City and South and Huntingdon Districts have performed at 72% and 75% respectively, but East Cambs and Fenland only achieved 56% during this quarter. A decrease in performance is attributed to a change in delivery model for the East Cambridgeshire and Fenland team, who introduced development clinics to account for staffing and capacity issues. This is led to an increase in DNA's, however due to pre-booked appointments, the team are unable to return to home-visiting until July. This has now been addressed and performance is expected to improve next quarter. There has also been recruitment to 2.6fte Nursery Nurse posts. These are currently progressing through the recruitment process. One post will be placed in East Cambs and Fenland and the remaining will work in Cambs City. These posts will increase the teams capacity and ability to meet this target.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management, emotional health and well being, substance misuse or domestic violence	Q1 April - June 2018	N/A	N/A	100	N/A	N/A	N/A	N/A	100	N/A	Whilst the school nursing services has seen changes to the way it is delivered the service continues to offer face to face interventions to children and young people in settings relating to a range of subjects. There has been a fall in the number of interventions around emotional health and well being, although this may be attributed to the introduction of CHUMS Counselling and Talking Therapies service and Emotional Wellbeing Practitioners, who are offering services to children and young people and supporting existing services including schools and the School Nursing service.
13a	School nursing - number of calls made to the duty desk	Q1 April - June 2018	N/A	N/A	801	N/A	N/A	Not applicable	N/A	801	N/A	The school nursing service has developed over the last 12 months, which includes the introduction of a duty desk, which operates as a single point of access and CHAT Health, a text based support service for children and young people. As a result the information collected and reported has changed and therefore the measure provided in this report has been changed to reflect the services being accessed via the 5 - 19 services.
13b	School nursing - Number of children and young people who access health advice and support through Chat Health	Q1 April - June 2018	N/A	N/A	742	N/A	N/A	Not applicable	N/A	742	N/A	The duty desk has received 801 calls during the quarter 1 period offering immediate access to staff for support, referral and advice. Chat Health has been accessed by 742 children and young people over the quarter. Analysis of the Chat Health attributes indicate that the service has been used to support an additional 11 CYP regarding sexual health, 27 for emotional health and well being concerns and 2 for substance misuse.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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)	Jun-18	90%	90.0%	90.4%	100%	G	72.0%	90.0%	90.0%	↑	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 in line with the required timeline. The cleaned measurement data will be available at the end of the year.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Jun-18	90%	90.0%	93.5%	104%	G	70.0%	90.0%	90.0%	↑	
15	Overall referrals to the service	Jun-18	5610	1287	2591	201%	G	194%	393	185%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Jun-18	1670	401	421	105%	G	91%	117	55%	↓	
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Jun-18	1252	301	264	88%	R	96%	88	82%	↓	This is being carefully monitored.
19	Number of physical activity groups held (Pre-existing GP based service)	Jun-18	730	175	221	126%	G	129%	51	116%	↓	The trend id downwards but the target is still exceeded.
20	Number of healthy eating groups held (Pre-existing GP based service)	Jun-18	495	120	168	140%	G	131%	35	186%	↑	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Jun-18	795	192	239	124%	G	167%	56	84%	↓	The trend is downwards but the year to date target is exceeded.
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Jun-18	596	144	148	103%	G	87%	42	126%	↑	
23	Number of physical activity groups held (Extended Service)	Jun-18	913	219	159	73%	A	90%	64	91%	↑	
24	Number of healthy eating groups held (Extended Service)	Jun-18	627	150	198	132%	G	102%	44	181%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Jun-18	30%	30%	22.0%	73.3%	R	17%	30%	31%	↑	
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Jun-18	60%	60%	65.0%	108.3%	G	67.0%	60%	54.0%	↓	The trend is downward but the year to date target is exceeded.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Jun-18	80%	80%	80%	100.0%	G	N/A	80%	80%	↔	There have been ongoing issues with this services that reflect the national issues of recruitment and retention. This summer a different approach is being implemented that utilizes the summer school holiday period.

KPI no.	Measure	Period data relates to	Y/E Target 2018/19	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
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Jun-18	425	102	129	126%	G	121%	30	197%	↑	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Jun-18	180	43	188	437%	G	406%	13	338%	↓	
30	Number clients completing their PHP - Falls Prevention	Jun-18	230	55	58	105%	G	100%	16	163%	↑	

* All figures received in July 2018 relate to June 2018 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 2018-19 UPDATE FOR Q1

This will be provided in the next F&PR report.