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Public Health Directorate**Finance and Performance Report – May 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
April (No. of indicators)	3	10	14	3	30

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

Forecast Variance - Outturn (Apr) £000	Service	Current Budget for 2017/18 £000	Current Variance £000	Forecast Variance - Outturn (May) £000	Forecast Variance - Outturn (May) %
-	Children Health	9,200	0	0	0%
-	Drug & Alcohol Misuse	6,058	0	0	0%
-	Sexual Health & Contraception	5,297	-4	0	0%
-	Behaviour Change / Preventing Long Term Conditions	3,638	-12	0	0%
-	General Prevention Activities	56	-5	0	0%
-	Adult Mental Health & Community Safety	263	-6	0	0%
-	Public Health Directorate	2,208	-39	0	0%
-	Total Expenditure	26,720	-67	0	0%
-	Public Health Grant	-26,041	19	0	0%
-	s75 Agreement NHSE-HIV	-144	0	0	0%
-	Other Income	-149	0	0	0%
-	Drawdown From Reserves	0	0	0	0%
-	Total Income	-26,334	19	0	0%
-	Net Total	386	-48	0	0%

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

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

2.2 Significant Issues

A balanced budget has been set for the financial year 2017/18. Savings totalling £606k have been budgeted for and the achievement of savings will be monitored through the monthly savings tracker, with exceptions being reported to Health Committee and any resulting overspends reported through the 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 £26.9m, 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)

The budget for the Drug and Alcohol treatment contracts has been vired from CFA to Public Health, due to the creation of the Public Health Joint Commissioning Unit (PHJCU), who will manage the commissioning of drug and alcohol treatment services going forward. The budget consists of £5,880k funded from the ringfenced public health grant, and £178k funded from County Council budgets (£6,058k gross budget). This budget will still be used for the same purpose but the budget management and commissioning responsibilities will transfer to the PHJCU. This will be noted by General Purposes Committee (GPC) as part of the Integrated Resources and Performance Report for May, to be presented to July GPC.

The budget for youth counselling (£111k) previously held within CFA as part of the public health grant MOU has been vired to Public Health. This budget will still be used for the same purpose but will sit within the Public Health budget rather than within CFA, and will be managed through the joint children's commissioning unit.

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

- End of year performance figures are not available until July 2017 due to the length of the intervention. The commentary provides details around smoking rates in routine and manual workers.

National Child Measurement Programme

- Measurements are undertaken during school term time and commenced in November 2016. Both key performance indicators are green.

NHS Health Checks

- The end of year results for 2016/17 is presented and the performance indicators remains at amber. Outreach NHS Health Checks are red, this reflects the target set for Fenland which has proved challenging particularly around engagement of workplaces in Fenland.

Lifestyle Service

- From the 17 Lifestyle Service indicators reported the overall performance shows seven green, seven amber and three red indicators. It is noted in the commentary that the provider has had two senior management vacancies in this period that may have affected performance.
- Performance around falls prevention remains good with the two key performance monthly indicators achieved.

Health Visiting and School Nursing data

- The overall performance indicators for Health Visiting and School Nursing show three amber and three green indicators, the commentary provides further details of targets not met which has been attributed to a reduction of staffing levels by 16%
- Health Visiting data is reported quarterly and at the end of Q4 performance is at amber for mandated checks.
- The number of infants recorded as breast feeding at six weeks is one of the highest in the Eastern region.

4.2 Health Committee Priorities (Appendix 7 – not attached)

Reports due bi-monthly and will be reported on next month.

4.3 Health Scrutiny Indicators (Appendix 8 – not attached)

Reports due bi-monthly and will be reported on next month.

4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates (Appendix 9)

The next update to Appendix 9 will be made at the end of the first quarter of 2017/18.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000 %		Forecast Variance Outturn (May) £'000 %	
Children Health								
0	Children 0-5 PH Programme	7,253	0	0	0	0.00%	0	0.00%
0	Children 5-19 PH Programme - Non Prescribed	1,707	-32	-32	0	0.00%	0	0.00%
0	Children Mental Health	240	26	26	0	0.00%	0	0.00%
0	Children Health Total	9,200	-6	-6	0	0.00%	0	0.00%
Drugs & Alcohol								
0	Drug & Alcohol Misuse	6,058	-113	-112	0	0.00%	0	0.00%
0	Drugs & Alcohol Total	6,058	-113	-112	0	0.00%	0	0.00%
Sexual Health & Contraception								
0	SH STI testing & treatment – Prescribed	3,975	51	64	13	25.37%	0	0.00%
0	SH Contraception - Prescribed	1,170	-233	-244	-10	-4.35%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	8	1	-7	-90.51%	0	0.00%
0	Sexual Health & Contraception Total	5,297	-174	-178	-4	-2.32%	0	0.00%
Behaviour Change / Preventing Long Term Conditions								
0	Integrated Lifestyle Services	1,732	22	20	-2	-8.86%	0	0.00%
0	Other Health Improvement	281	29	17	-12	-41.40%	0	0.00%
0	Smoking Cessation GP & Pharmacy	828	-95	-106	-11	-11.72%	0	0.00%
0	Falls Prevention	80	0	0	0	0.00%	0	0.00%
0	NHS Health Checks Prog – Prescribed	716	11	24	13	114.87%	0	0.00%
0	Behaviour Change / Preventing Long Term Conditions Total	3,638	-33	-45	-12	-37.65%	0	0.00%
General Prevention Activities								
0	General Prevention, Traveller Health	56	26	21	-5	-19.77%	0	0.00%
0	General Prevention Activities Total	56	26	21	-5	-19.77%	0	0.00%
Adult Mental Health & Community Safety								
0	Adult Mental Health & Community Safety	263	6	0	-6	-99.99%	0	0.00%
0	Adult Mental Health & Community Safety Total	263	6	0	-6	-99.99%	0	0.00%

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance		Forecast Variance Outturn (May)	
					£'000	%	£'000	
	Public Health Directorate							
0	Public Health - Admin & Salaries							
0	Health Improvement	450	75	86	11	14.67%	0	0.00%
0	Public Health Advice	694	116	96	-20	-17.00%	0	0.00%
0	Health Protection	214	36	35	-1	-1.87%	0	0.00%
0	Childrens Health	649	108	88	-20	-18.64%	0	0.00%
0	Comm Safety, Violence Prevention	56	9	9	-0	-3.57%	0	0.00%
0	Public Mental Health	21	4	1	-3	-71.43%	0	0.00%
0	Cross Directorate Costs	124	21	14	-7	-32.26%	0	0.00%
0	Public Health Directorate total	2,208	368	329	-39	-10.64%	0	0.00%
0	Total Expenditure before Carry forward	26,720	74	8	-67	-90.26%	0	0.00%
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	-6,755	-6,736	19	0.28%	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	-6,539	-6,520	19	0.29%	0	0.00%
0	Net Total	386	-6,465	-6,512	-48	-0.75%	0	0.00%

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		Ringfenced 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 31 May 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 31 May 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

	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
April 2017 can be seen within the tables below:

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%	98%	98%	G	98%	98%	98%	↔	
GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	80%	80%	94%	94%	G	93%	80%	94%	↑	
Number of Health Checks completed	18,000	18,000	17,452	97%	A	94%	4500	106%	↑	This is the end of year result for 2016/17 • Actual health check numbers compare reasonably well to other areas and have increased by 3000 but the issue is the conversion rate which is attributed to the poor public understanding of the Programme and ongoing data issues. • The comprehensive Improvement Programme is continuing this year with an extensive promotional campaign in high risk areas and 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.
Percentage of people who received a health check of those offered	45%	45%	35%	35%	A	41%	45%	35%	↓	
Number of outreach health checks carried out	2,000	120	73	61%	R	N/A	120	61%	↔	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. Workplaces in the South of the county are performing well, however it has not been possible to secure access to the factories in Fenland where there are high risk workforces. This has affected performance. However the service being delivered outside of Fenland is on target. Engaging workplaces in Fenland however is challenging. In excess of 100 workplaces and community centres have been contacted with very little uptake.
Smoking Cessation - four week quitters	2249	2129	2008	94%	A	112%	259	81%	↓	The end of year data for the Stop Smoking Services will not be available until July 2017 due to the length of the intervention. • The most recent Public Health Outcomes Framework figures (August 2016 data for 2015) suggest the prevalence of smoking in Cambridgeshire has increased slightly in the last few years, returning to a level statistically similar to the England average (16.4% v. 16.9%), although the trend is not statistically significant. Smoking rates in routine and manual workers are consistently higher than in the general population (27.2% in Cambridgeshire), and notably in Fenland where routine and manual smoking rates have returned to a level worse than the average for England (39.8%). There has been ongoing performance improvement this year. • There is an ongoing programme to improve performance that includes targeting routine and manual workers 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	58%	58%	56%	N/A	G	53%	58%	57%	↑	A stretch target for the percentage of infants being breastfed was set at 58% for 2016/17, - above the national average for England. The number of infants recorded as breastfed (fully or partially) at 6 weeks for Q4 has increased to 57%, from a position of 53% in Q3 and the figure is one of the highest statistics in the Eastern region in published Public Health England data (2015/16).
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	/	47%	N/A	A	36%	50%	33%	↓	All of the health visiting data is reported quarterly. The data presented relates to the Q4 period (Jan to March 2017) and is compared to Q3 2016-2017 data for trend. Since Q3 there has been a further fall in the antenatal contacts from 36% to 33%. Priority is being given to those parents who are assessed as being most vulnerable. Since the same period last year, staffing levels are down by 16%. There has been recruitment days, and posts have been recruited to as a result. New staff are expected to start in the next 3 months.
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%	96%	N/A	G	96%	90%	95%	↓	There has been a small reduction since Q3 - however, the performance is well within the target of 90%
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	94%	N/A	G	92%	90%	95%	↑	Performance has increased since Q3, with an increase of 3% - this is well within the performance targets set
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	92%	N/A	A	92%	100%	91%	↓	The target of 100% for percentage of children who received a 12 month review by age 15 months has not been met, however if 'not wanted and not attended' figures are included, the figure rises to 96%, which is the same as the previous quarter.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	77%	N/A	A	79%	90%	82%	↑	The target of 90% for percentage of children who received a 2-2.5 year review has not been reported as met, although the proportion has increased since the last reporting period again. However, if 'not wanted and not attended' figures are included, Q4 figure rises to 93% which does meet the performance target.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	1388	N/A	N/A	35	N/A	59	↑	Interventions have increased since Q3, particularly in the area of emotional health and well being. An action plan has been put in place to address staffing issues and improve the school nursing service which is being closely monitored with providers
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	3521	N/A	N/A	105	N/A	305	↑	

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%	58.9%	70.0%	119%	G	122%	58.9%	119%	↓	The National Child Measurement Programme is undertaken during school term times. It is not possible to formulate a trajectory as this is dependent on school timetabling. Measurements commenced in November 2016.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	58.9%	65.5%	111%	G	116%	58.9%	111.2%	↓	
Overall referrals to the service	5100	360	342	95%	A	N/A	360	95%	↔	The Countywide Integrated Lifestyle Service provided by Everyone Health has been without two senior managers during this period, although these staff were covered by interims it has had an effect on service delivery. We have been working with EH on their data returns supported by the Chief Executive Officer and reviewing the Service to ensure that measures are being put in place to address those areas where there is under achievement. However there is an overall upward trend in activity in recent months but this it is now static which reflects the staff turnover. Because of the lower referrals due to recruitment issues with frontline staff the number of plans produced remain behind target. Clients may take up to 12 months to complete their personal health plans. A new senior manager has now been appointed and improvement action has commenced.
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	1517	108	107	99%	A	N/A	108	99%	↔	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1138	81	67	83%	R	N/A	81	83%	↔	An action plan is in place to address this which aims to promote the service with the GP referrers and the general public
Number of physical activity groups held (Pre-existing GP based service)	664	30	30	100%	G	N/A	30	100%	↔	
Number of healthy eating groups held (Pre-existing GP based service)	450	45	51	113%	G	N/A	45	113%	↔	
Personal Health Trainer Service - number of PHPs produced (Extended Service)	723	61	58	95%	A	N/A	61	95%	↔	This reflects the recruitment issue which was resolved in November when the new staff were trained.
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	542	46	19	41%	R	N/A	46	41%	↔	This intervention can take up to one year and therefore performance will vary over the year. The poor performance reflects to some degree the recruitment issues in years 1 and 2 of the contract and the associated lower number of PHPs produced. And therefore the lower number of completions.
Number of physical activity groups held (Extended Service)	830	30	29	97%	A	N/A	30	97%	↔	

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
Number of healthy eating groups held (Extended Service)	830	55	55	100%	G	N/A	55	100%	↔	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	N/A	133%	G	131%	30%	133%	↑	
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	N/A	83%	G	167%	60%	50%	↓	Although the 60% target was not achieved this reflects the high percentage (167%) achieved in the previous month. Patient flows vary greatly each month and after having such high % in the previous month there were fewer people completing in April
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	0%	0%	0%	N/A	n/a	80%	n/a	↔	
Falls prevention - number of referrals	386	20	20	100%	G	46%	20	100%	↑	
Falls prevention - number of personal health plans written	279	14	14	100%	G	39%	14	100%	↑	

* All figures received in May 2017 relate to April 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

Health Committee Priorities

Reports due bi-monthly and will be reported on next month.

APPENDIX 8

Health Scrutiny Indicators

Reports due bi-monthly and will be reported on next month.

APPENDIX 9

PUBLIC HEALTH MOU 2017-18

An update will be provided after the end of Quarter 1.