

Public Health Directorate**Finance and Performance Report – Closedown 2018/19****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
Mar (No. of indicators)	9	3	16	3	31

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

Forecast Outturn Variance (Feb) £000	Service	Budget for 2018/19 £000	Actual 2018/19 £000	Outturn Variance £000	Outturn Variance %
0	Children Health	9,266	9,230	-36	0%
0	Drug & Alcohol Misuse	5,625	5,583	-42	-1%
-331	Sexual Health & Contraception	5,157	4,826	-331	-6%
-50	Behaviour Change / Preventing Long Term Conditions	3,812	3,752	-59	-2%
0	Falls Prevention	80	73	-7	-9%
-8	General Prevention Activities	56	52	-4	-8%
0	Adult Mental Health & Community Safety	256	255	-1	0%
-85	Public Health Directorate	2,019	1,871	-148	-7%
-474	Total Expenditure	26,271	25,642	-629	-2%
0	Public Health Grant	-25,419	-25,419	0	0%
0	s75 Agreement NHSE-HIV	-144	-144	0	0%
0	Other Income	-40	-54	-14	-35%
0	Drawdown From Reserves	-39	0	39	100%
0	Total Income	-25,642	-25,617	25	0%
-474	Net Total	629	25	-604	-96%
83	Contribution to PH Reserve	0	213	213	-
-391	Grand Total	629	238	-391	-62%

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

As at the end of Closedown 2018/19, the Public Health Directorate have an underspend of -£604k. This is an increase of £130k compared to the previously forecast underspend of £474k.

Much of this underspend reflects preparation to deliver a FY £900k saving in the Public Health Directorate budget in 2019/20, which is required due to a further cash reduction in the national public health grant allocated to the Council. Where it made sense to implement 2019/20 savings early – for example not appointing to vacant posts where these were likely to be deleted in 2019/20, changing recharge arrangements for consumables in Long Acting Reversible Contraception services, and ceasing funding for a primary care health checks IT system that was not GDPR compliant – this was done in 2018/19.

An underspend of £148k in the Public Health Directorate staffing budget was largely as a result of posts (shared with Peterborough) which were proposed for 2019/20 savings relatively early 2018/19 and therefore held vacant for most of the year. In addition there were some posts which were vacant for part of the year and then reappointed to, which resulted in non-recurrent underspend.

An underspend of £331k in Sexual Health & Contraception was as a result of three main factors.

1. Access to Online Testing

A growing number of tests for Sexually Transmitted Infections (STIs) are available through ordering testing packs online and returning them for analysis. In Cambridgeshire for several years an online service has been commissioned for the 15 -24 year old Chlamydia Screening Programme.

In 2018/19 the Integrated Contraception and Sexual Health Service (iCaSH) commissioned from Cambridgeshire Community Services launched online testing for asymptomatic STIs. This service also included the online Chlamydia Screening Programme testing.

Funding from the online service for Chlamydia Screening Programme was released through decommissioning the previous online provider.

This funding will be transferred to CCS on confirmation of the supporting online data.

2. Long Acting Reversible Contraception.(LARC)

The cost of the recharges for the LARC devices have been re-negotiated with the Clinical Commissioning Group (CCG)

3. Out of Area GUM Activity

Additional funding had been allocated to out of area GUM activity which in 2017/18 had been overspent. However this increase was not sustained in 2018/19.

Several service areas identified small underspends at outturn including Children's Health, Drug & Alcohol and Behaviour Change/Preventing Long Term Conditions.

The County Council core budget allocated to the Public Health Directorate to supplement the national ring-fenced grant in 2018/19 was £391k, therefore the first call on any underspend up to that level is into the Council's general reserve. £391k underspend will therefore be transferred to the Council's general reserve, with a further £213k transferred to the Public Health Grant ring-fenced reserve.

**2.3 Additional Income and Grant Budgeted this Period
(De minimus reporting limit = £160,000)**

The total Public Health ring-fenced grant allocation for 2018/19 is £26.253m, of which £25.419m is allocated directly to the Public Health Directorate.

The allocation of the full Public Health grant is set out in [appendix 3](#).

**2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve)
(De minimus reporting limit = £160,000)**

Details of virements made this year can be found in [appendix 4](#).

3. BALANCE SHEET

3.1 Reserves

A schedule of the Directorate's reserves can be found in [appendix 5](#).

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

Sexual Health (KPI 1 & 2)

- Performance of sexual health and contraception services is good.

Smoking Cessation (KPI 5)

This service is being delivered by Everyone Health as part of the wider Lifestyle Service.

- The indicators for people setting and achieving a four week quit remain still remain at red but with an upward trajectory. Everyone Health is exceeding its targets for quits for routine and manual workers but activity in primary care has been decreasing (See Appendix 6)
- Appendix 6 provides further commentary on the ongoing programme to improve performance and the impact of the new promotional campaign “missing moments” in Jan/Feb 2019 is being monitored.

National Child Measurement Programme (KPI 14 & 15)

- The coverage target for the programme was met in 2017/18 and data has been submitted to PHE. Updates on performance in last year’s programme were provided in February 2019 performance report.
- Measurements for the 2018/19 programme are taken during the academic year and the programme commenced in November 2018.

NHS Health Checks (KPI 3 & 4)

- Indicator 3 for the number of health checks completed by GPs is reported on quarterly. Q4 is presented whilst this indicator is reporting as red it is comparable with performance from this time last year.
- The commentary provides more details on the outreach health checks provision measured in Indicator 4 which remains at red.

Lifestyles Services (KPI 5, 16-30)

- There are 16 Lifestyle Service indicators reported on, the overall performance is good with 9 green 2 amber and 5 red indicators.
- Appendix 6 provides further explanation of the red indicators for smoking cessation and the personal health trainer service. The commentary further explains performance against the proportion of Tier 2 clients completing weight loss interventions and subcontracting arrangements of which data from the first cohort is still pending.

Health Visiting and School Nurse Services (KPI 6-13)

The performance data provided reports on Q4 (Jan – March 2019) for the Health Visiting and School Nurse services.

Health Visiting

- Breast feeding rates in the county remain just above the challenging target of 56% and are significantly exceeding the national average of 45%. Performance for this indicator is green. Please see commentary for locality information.
- Health visiting mandated checks (face to face antenatal contact with HV from 28 weeks) quarter 4 shows an increase by 4% in performance of antenatal contacts achieved across the service in comparison to Q3.

Performance for this indicator is red. Appendix 6 provides a breakdown of performance across all localities.

- Health visiting mandated checks for new birth visits by a Health Visitor (within 14 days) and mandated checks for 6-8 week review are green. For the 6-8week checks the continuing good performance has meant the year to date performance has improved from 89% to 92%
- Health visiting mandated checks for 12-15 month review remain at amber for Q3. Performance has declined for Health Visiting mandated checks (% of children who receive a 2 – 2 ½ year review) with the indicator at red. The commentary provides further explanation of the performance issues for this target.

School Nursing

- Performance indicator 13 has been further broken down into number of calls made to the duty desk (13a) which has dropped this quarter (but still higher than Q2)
- The trajectory is showing an upward trend for indicator (13b) number of young people who access advise and support through Chat Health

Appendix 6 provides a more detailed analysis

4.2 Public Health Services provided through a Memorandum of Understanding (MOU) with other Directorates

The Q3 update was provided in the February finance and performance report. Q4 updated is pending.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Feb) £'000	Service	Budget 2018/19 £'000	Actual 2018/19 £'000	Outturn Variance £'000 %	
Children Health					
0	Children 0-5 PH Programme	7,253	7,253	0	0%
0	Children 5-19 PH Programme - Non Prescribed	1,706	1,670	-36	-2%
0	Children Mental Health	307	307	0	0%
0	Children Health Total	9,266	9,230	-36	0%
Drugs & Alcohol					
0	Drug & Alcohol Misuse	5,625	5,583	-42	-1%
0	Drugs & Alcohol Total	5,625	5,583	-42	-1%
Sexual Health & Contraception					
-281	SH STI testing & treatment – Prescribed	3,829	3,596	-233	-6%
-50	SH Contraception - Prescribed	1,176	1,081	-95	-8%
0	SH Services Advice Prevn Promtn - Non-Presribed	152	149	-3	-2%
-331	Sexual Health & Contraception Total	5,157	4,826	-331	-6%
Behaviour Change / Preventing Long Term Conditions					
0	Integrated Lifestyle Services	1,980	2,093	113	6%
0	Other Health Improvement	413	397	-16	-4%
-50	Smoking Cessation GP & Pharmacy	703	662	-42	-6%
0	NHS Health Checks Prog – Prescribed	716	601	-115	-16%
-50	Behaviour Change / Preventing Long Term Conditions Total	3,812	3,752	-59	-2%
Falls Prevention					
0	Falls Prevention	80	73	-7	-9%
0	Falls Prevention Total	80	73	-7	-9%
General Prevention Activities					
-8	General Prevention, Traveller Health	56	52	-4	-8%
-10	General Prevention Activities Total	56	52	-4	-8%
Adult Mental Health & Community Safety					
0	Adult Mental Health & Community Safety	256	255	-1	0%
0	Adult Mental Health & Community Safety Total	256	255	-1	0%

<i>Previous Outturn (Feb) £'000</i>	Service	Budget 2018/19 £'000	Actual 2018/19 £'000	Outturn Variance £'000 %	
	Public Health Directorate				
0	Children Health	189	200	11	6%
0	Drugs & Alcohol	287	251	-36	-13%
0	Sexual Health & Contraception	164	153	-11	-7%
-75	Behaviour Change	753	697	-56	-7%
0	General Prevention	199	224	25	13%
0	Adult Mental Health	36	25	-11	-31%
-10	Health Protection	53	61	8	15%
0	Analysts	338	260	-78	-23%
-85		2,019	1,871	-148	-7%
-474	Total Expenditure before Carry forward	26,271	25,642	-629	-2%
83	Contribution to Public Health grant reserve	0	0	213	-
	Funded By				
0	Public Health Grant	-25,419	-25,419	0	0%
0	S75 Agreement NHSE HIV	-144	-144	0	0%
0	Other Income	-40	-54	-14	-35%
	Drawdown From Reserves	-39	0	39	100%
0	Income Total	-25,642	-25,617	25	0%
-391	Net Total	629	238	-391	-62%

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	Outturn Variance	
		£'000	%
Sexual Health Testing and Treatment	5,157	-331	-6%
<p>An underspend of £331k in Sexual Health & Contraception was as a result of three main factors.</p> <ol style="list-style-type: none"> 1. Access to Online Testing A growing number of tests for Sexually Transmitted Infections (STIs) are available through ordering testing packs online and returning them for analysis. In Cambridgeshire for several years an online service has been commissioned for the 15 -24 year old Chlamydia Screening Programme. In 2018/19 the Integrated Contraception and Sexual Health Service (iCaSH) commissioned from Cambridgeshire Community Services launched online testing for asymptomatic STIs. This service also included the online Chlamydia Screening Programme testing. Funding from the online service for Chlamydia Screening Programme was released through decommissioning the previous online provider. This funding will be transferred to CCS on confirmation of the supporting online data. 2. Long Acting Reversible Contraception.(LARC) The cost of the recharges for the LARC devices have been re-negotiated with the Clinical Commissioning Group (CCG) 3. Out of Area GUM Activity Additional funding had been allocated to out of area GUM activity which in 2017/18 had been overspent. However this increase was not sustained in 2018/19. 			
Public Health Directorate	2,019	-148	-7%
<p>An underspend of £148k in the Public Health Directorate staffing budget was largely as a result of posts (shared with Peterborough) which were proposed for 2019/20 savings relatively early 2018/19 and therefore held vacant for most of the year. In addition there were some posts which were vacant for part of the year and then reappointed to, which resulted in non-recurrent underspend.</p>			

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	293	£10k movement of Strengthening Communities Funding moved from P&E to P&C
P&E Directorate	130	120	£10k movement of Strengthening Communities Funding moved from P&E to P&C
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		Closing Balance 2018/19	Notes
		Movements in 2018/19	Balance at 31 March 2019		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					Increase of +£643k, made up of:
Public Health carry-forward	1,040	643	1,683	1,683	+£213k underspend 2018/19. +£668k prior year adjustments -£238k funding of delayed Healthy Child Programme saving to 19/20.
subtotal	1,040	643	1,683	1,683	
<u>Other Earmarked Funds</u>					
Healthy Fenland Fund	300	-101	199	199	Spend £100k per year over 5 years.
Falls Prevention Fund	378	-107	271	271	Joint project with the NHS
NHS Healthchecks programme	270	0	270	270	
Implementation of Cambridgeshire Public Health Integration Strategy	579	-116	463	463	'Let's Get Moving' physical activity programme.
subtotal	1,527	-324	1,203	1,203	
TOTAL	2,567	319	2,886	2,886	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2018	2018/19		Closing Balance 2018/19	Notes
		Movements in 2018/19	Balance at 31 March 2019		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
Joint Improvement Programme (JIP)	136	8	128	128	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	145	8	137	137	

APPENDIX 6 PERFORMANCE

The Public Health Service
Performance Management Framework (PMF) for
March 2019 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+D9:O12	Mar-19	98%	98%	100%	102%	G	100%	98%	100%	↔	
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Mar-19	80%	80%	90%	113%	G	89%	80%	90%	↑	
3	Number of Health Checks completed (GPs)	Q4 (Jan-Mar)	18,000	18000	15498	86%	R	78%	4500	86%	↑	The focus this year has been on improving the quality of the data and this has led to more accurate recording of activity. There are currently many changes and increased demands being made upon primary care. GP practices. However this performance is comparable to last years
4	Number of outreach health checks carried out	Mar-19	1,800	1800	1221	68%	R	134%	108	81%	↓	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. This year has seen a range of innovative approaches which includes sessions in workplaces in Fenland where there are high risk workforces. Wisbech Job Centre Plus, community centres in areas that have high risk populations are ongoing, a mobile service and "pop up" shops opening.. Although there have been substantial efforts made to increase activity in Fenland there has been an overall percentage fall in Fenland from last year, though not to the levels in previous years.
5	Smoking Cessation - four week quitters	Feb-19	2154	1974	1489	75%	R	109%	156	99%	↓	<ul style="list-style-type: none"> The main issue is the core Everyone Health service is exceeding its targets for number of quitters, from routine and manual groups, pregnant smokers and carbon monoxide verification rates. In previous months quit rates from primary care have been falling some of this is due to poor data returns but generally activity has decreased. The Provider is asked to increase its support to practices to increase their engagement in delivering stop smoking services. The ongoing improvement represents work undertaken worth GP practices to improve their data returns by JCU staff. 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 new promotional campaign "missing moments" has secured a lot of local coverage. Any impacts upon Services will be monitored. 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% <p>The end of year data will not be available until the end of June and this will include data from February and March in addition to the data trawls that are undertaken in practices..</p>

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	Q4 Jan-Mar 2019	56%	56%	56%	100%	G	58%	56%	57%	↓	Despite being a challenging target and experiencing a 1 percentile decrease this quarter, county breastfeeding statistics remain just above the 56% target and significantly exceeding the national average of 45%. Across the year performance has fluctuated but has shown improvement over the last two quarters. Breastfeeding prevalence rates, which comprise of both exclusive breastfeeding and mixed feeding vary across the county. In February however, due to service redesign changes, the data for Huntingdonshire and Fenland have been amalgamated to form the North Locality area, whereas East Cambs has been included in the South Cambs and City data, therefore the disaggregated data cannot be comparable to previous quarters. Prevalence stands at 66% in the South Locality and 50% in the newly formed North Locality, it is expected that district level data will be available from Q1 2019/20. The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited, which demonstrates quality of care in terms of support, advice and guidance offered to parents/carers and the excellent knowledge that staff have in respect of responsive feeding.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV from 28 weeks	Q4 Jan-Mar 2019	50%	50%	21%	42%	R	19%	50%	23%	↑	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. Service transformation, which has included use of the Benson Modelling tool to determine workforce required to deliver the service, has accounted for Health Visitors to be completing all antenatal contacts and will start to be worked against from April 2019. Quarter 4 shows an increase of 4% of antenatal contacts achieved across the service in comparison to quarter 3 and is comparable to Q2 performance. Despite these improvements, overall performance still remains significantly below target. Disaggregated into the two new Locality areas, the North team completed 38% of contacts, however the South Locality continues to face challenges, only achieving 5%. The provider reports that the South Cambs locality remains under pressure with its current staffing capacity and the staffing capacity tool has identified that for Q4 staffing reduced from 81% availability to 77%, which impacted on the mandated reviews. Staff engagement identified that the workforce do value the importance of this contact however feel processes challenges are an issue. These are being addressed and work is underway to streamline the waiting list to aid assessment and contact planning as well as improving communication with Maternity services. Monthly face to face HV/Midwifery meetings are being established to discuss identified vulnerable pregnant women and there is ongoing development to embed an electronic notification process. To mitigate the situation in the immediacy, a Business Continuity Plan has been implemented and a meeting has been scheduled to discuss next steps. Options include reviewing the frequency and delivery style of some clinics in the South Locality to include a greater skill mix, freeing up Health Visitors to complete more antenatal contacts and temporarily halting face to face contacts for universal families for the 12 month and 2-2.5 year reviews, instead offering them a letter containing an ASQ self-assessment, advising parents to get in contact if there are any concerns. It is anticipated performance will increase significantly from September, when 4 newly qualified Health Visitors come into post in the locality.
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	Q4 Jan-Mar 2019	90%	90%	94%	104%	G	95%	90%	93%	↓	The 10 - 14 day new birth visit remains consistent each month and numbers are exceeding the 90% target, despite a 2 percentile decrease this quarter. If those completed after 14 days are accounted for, the quarterly average increase to 97%.
9	Health visiting mandated check - Percentage of children who received a 6 - 8 week review	Q4 Jan-Mar 2019	90%	90%	91%	101%	G	93%	90%	93%	↔	Performance for the 6 - 8 week review has remained steady throughout the year and comparable to the previous quarter. The continuation of good performance has meant that the YTD performance has also improved, increasing from 89% to 92%, which is positive. During quarter 4, in some areas, as a temporary measure, universal pathway families have been invited to a clinic based appointment to build capacity elsewhere within the system. For universal plus/partnership plus families a home visit contact has been maintained.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q4 Jan-Mar 2019	95%	95%	83%	87%	A	84%	95%	84%	↔	Performance has remained stable this quarter, standing at 84%; by comparison 79% of families received this visit by the time the child turned 12 months old. The inclusion of exception reporting would increase the quarterly performance to 97% of families having this review by the time the child turns 15 months, which would exceed the 95% target. Of all appointments offered this quarter, 156 were not wanted by the family and 86 were not attended. Assurances are in place to ensure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is in place if these mandated visits are missed. A further 58 of contacts were 'not recorded'. The provider again cites pressures attributed to ongoing challenges in the South Locality and increased levels of short term sickness during the period.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q4 Jan-Mar 2019	90%	90%	72%	80%	R	76%	90%	73%	↓	Despite demonstrating an upward trajectory over the course of the year, performance has declined from 76% to 73% over the duration of the quarter and continues to fall below the target threshold of 90%. The main cause of performance issues against this target was staffing and capacity challenges in the South Locality being exacerbated by short term sickness, resulting in performance reducing to 54% by this team in March, significantly impacting on overall figures. If exception reporting is accounted for, overall performance increases to 88%, a decrease of 7% from Q3. This quarter it was reported that 152 reviews were not wanted and 127 were not attended. 225 contacts were listed as 'not recorded', which has shown slippage compared to only 87 in Q3. The data indicates that non recorded contacts are predominantly an issue within the South Locality team and is being addressed with the provider through the Business Continuity Plan and options being considered in the Antenatal narrative.
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	Q4 Jan-Mar 2019	N/A	N/A	402	N/A	N/A	109	N/A	89	↓	The School Nursing service is actively delivering brief interventions for Healthy Weight, Mental Health, Sexual Health and Domestic Violence. There have also been 4 interventions in relation to immunisations undertaken this quarter. The numbers of brief interventions for Domestic Violence continues to be the highest recorded intervention young people are seeking support with (n=32), followed by Sexual Health (n=21) and Mental Health (n=19); there continues to be no young people seeking support for issues related to smoking or substance misuse. The provider reports that in the duration of the quarter, 573 CYP received a face-to-face intervention by the School Nursing team, however only 89 themed interventions were recorded. Work is to be conducted with the provider and their data analytics team to obtain a more rounded picture of what issues School Nurses are supporting young people with, including conducting an audit to check whether this is a recording issue.
13a	School nursing - number of calls made to the duty desk	Q4 Jan-Mar 2019	N/A	N/A	3269	N/A	N/A	1048	N/A	731	↓	The number of contacts to the Duty Desk made by telephone call, has dropped significantly this quarter, although it still higher than reported in Q2. In addition to phone contacts, this quarter there have been 2174 email contacts and 138 letter. This indicates that overwhelmingly email is the preferred method of communication into the duty desk, however further analysis is required to determine the proportion of professional contacts and those coming from young people or families. Furthermore, the provider has reported that there has been a 4.4% increase in the amount of young people requiring a 1:1 Intervention this quarter.
13b	School nursing - Number of children and young people who access health advice and support through Chat Health	Q4 Jan-Mar 2019	N/A	N/A	3936	N/A	N/A	1265	N/A	1548	↑	Chat Health continues to be well embedded as the universal offer for the School Nursing service and figures are showing continual improvement. Over the duration of the quarter there have been a total of 1548 text messages received from young people, resulting in 71 conversations. Analysis of contact attributes indicates that the majority of contacts relate to seeking emotional health and health wellbeing support (54%) and signposting to other services (31%), however further development is required to increase the number of attributes allocated to conversations - this will be picked up with the provider. Additionally, it is reported that the significant difference in figures are likely due to issues/queries being resolved by a singular message rather than requiring numerous message exchanges. ChatHealth is now available nationally to 2 million young people and CCS is the health provider nationally with the most usage of licences across the 4 Healthy Child Programme services the trust delivers, evidencing that it is the right service for this cohort of people and that you can deliver this service in non traditional ways.

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)	Mar-19	>90%	65%	68%	110%	G	57.0%	90%	57%	↔	The National Child Measurement Programme (NCMP) has been completed for the 2017/18 academic year. The coverage target was met and the measurement data has been submitted to the PHE in line with the required timeline. The current programme is on track. It is difficult to develop a trajectory for this as it depends on school availability for the measuring team to visit.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Mar-19	>90%	55%	58%	105%	G	50.0%	90%	50%	↔	
16	Overall referrals to the service	Mar-19	5300	5300	6236	118%	G	218%	318	256%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Mar-19	1670	1670	1244	74%	R	99%	100	182%	↑	Although this indicator is still red overall there has been a general improvement in recent months . This reflects the appointment of two new Health Trainers to fill two empty posts.. Lack of capacity had compromised the ability of the Service to develop PHPs. The increased performance has not been large enough to compensate for lack of capacity earlier in the year.
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Mar-19	1252	1252	1126	90%	A	82%	75	93%	↑	The continued improvement reflects the increase in capacity .
19	Number of physical activity groups held (Pre-existing GP based service)	Mar-19	730	730	1028	141%	G	120%	44	118%	↓	
20	Number of healthy eating groups held (Pre-existing GP based service)	Mar-19	495	495	479	97%	A	70%	30	116%	↑	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Mar-19	800	800	863	108%	G	119%	48	329%	↑	
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Mar-19	650	650	537	83%	R	61%	39	85%	↑	There is a continued upward trend but again lack of capacity earlier in the year has compromised end of year delivery.
23	Number of physical activity groups held (Extended Service)	Mar-19	830	830	869	105%	G	212%	50	300%	↑	
24	Number of healthy eating groups held (Extended Service)	Mar-19	570	570	572	100%	G	142%	50	216%	↑	Although still rated amber the Service is performing well and the trajectory remains upward.
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Mar-19	30%	30%	26%	86.7%	R	17%	30%	17%	↔	This has been an ongoing issue and in October Weight Watchers and Slimming World were subcontracted to provide a percentage of the Tier 2 service. The first cohorts completed courses in February. However clients were also asked to engage with some physical activity sessions. in line with NICE Guidance but not part of the Slimming World or Weight Watcher sessions These were not popular and a number of people did not continue. The course has now been re-modelled .
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Mar-19	60%	60%	59%	98%	G	71%	60%	75%	↑	

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
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Mar-19	80%	80%	67%	84%	R	0%	80%	0%	↔	A new programme has commenced. A lot of work has been undertaken to increase engagement but it remains challenging. However there has been a recent improvement that reflects a more effective use of NCMP data to secure referrals.
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Mar-19	520	520	1109	213%	G	661%	31	671%	↑	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Mar-19	442	442	710	161%	G	159%	27	181%	↑	
30	Number clients completing their PHP - Falls Prevention	Mar-19	331	331	355	107%	G	110%	20	160%	↑	

* All figures received in April 2019 relate to March 2019 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 Q3

Q4 (year-end) update to be provided on receipt of final Q4 returns from services.

SUMMARY

Directorate	YTD (Q3) expected spend	YTD (Q3) actual spend	Variance
P&C	£223,500	£220,889	£2,611
ETE	£90,000	£89,796	£204
CS&T	£150,750	£150,750	0
LGSS	£165,000	£165,000	0
TOTAL Q3	£629,250	£626,435	£2,815