

From: Martin Wade

Tel.: 01223 699733

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## **Public Health Directorate**

### **Finance and Performance Report – Aug 2017**

#### **1 SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
Green	Income and Expenditure	Balanced year end position	<b>Green</b>	2.1

##### **1.2 Performance Indicators**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Status</b>	<b>Total</b>
Jul (No. of indicators)	3	7	17	2	29

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

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

<b>Forecast Variance - Outturn (Jul) £000</b>	<b>Service</b>	<b>Current Budget for 2017/18 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance - Outturn (Aug) £000</b>	<b>Forecast Variance - Outturn (Aug) %</b>
0	Children Health	9,200	-3	0	0%
0	Drug & Alcohol Misuse	5,845	-25	0	0%
0	Sexual Health & Contraception	5,297	-21	0	0%
0	Behaviour Change / Preventing Long Term Conditions	3,638	-3	0	0%
0	General Prevention Activities	56	1	0	0%
0	Adult Mental Health & Community Safety	263	-0	0	0%
0	Public Health Directorate	2,421	-196	0	0%
0	<b>Total Expenditure</b>	<b>26,720</b>	<b>-248</b>	<b>0</b>	<b>0%</b>
0	Public Health Grant	-26,041	-92	0	0%
0	s75 Agreement NHSE-HIV	-144	216	0	0%
0	Other Income	-149	63	0	0%
0	Drawdown From Reserves	0	0	0	0%
0	<b>Total Income</b>	<b>-26,334</b>	<b>187</b>	<b>0</b>	<b>0%</b>
0	<b>Net Total</b>	<b>386</b>	<b>-61</b>	<b>0</b>	<b>0%</b>

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

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

## **2.2 Significant Issues**

There are currently no over or underspends expected within the Public Health Directorate. A balanced budget was 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 Heath 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)**

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

- The service is now being delivered by Everyone Health as part of the wider Lifestyle Service. Performance indicators for people setting a four week quit remains good.

#### National Child Measurement Programme

- The measurement programme for 2017/18 will commence in September 2017, measurements are undertaken during school term.

#### NHS Health Checks

- NHS Health Checks completed performance indicator remains red but the number of outreach health checks carried out is amber. Please see commentary for further details.

#### Lifestyle Services

- From the 14 Integrated Lifestyle Service indicators reported the overall performance shows nine green, four amber and one red indicator.

#### Health Visitor and School Nurse Data

- The overall performance indicators for Health Visiting and School Nursing show three green, two amber and one red indicator.
- Health Visiting data is reported on quarterly and this data provided reflects the quarter 1 period for 2017/18 (April-June).

### **4.2 Health Committee Priorities (Appendix 7)**

Reports due bi-monthly and will next be reported in the September report at November's Health Committee.

### **4.3 Health Scrutiny Indicators (Appendix 8)**

Reports due bi-monthly and will next be reported in the September report at November's Health Committee.

### **4.4 Public Health Services provided through a Memorandum of Understanding with other Directorates**

The next update will be provided after the end of Quarter 2.

## APPENDIX 1 – Public Health Directorate Budgetary Control Report

<i>Forecast Variance Outturn (Jul) £'000</i>	Service	Current Budget for 2017/18 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance £'000   %		Forecast Variance Outturn (Aug) £'000   %	
Children Health								
0	Children 0-5 PH Programme	7,253	2,491	2,491	0	0.00%	0	0.00%
0	Children 5-19 PH Programme - Non Prescribed	1,947	527	524	-3	-0.65%	0	0.00%
0	Children Mental Health	0	0	0	0	0.00%	0	0.00%
0	Children Health Total	9,200	3,019	3,015	-3	-0.11%	0	0.00%
Drugs & Alcohol								
0	Drug & Alcohol Misuse	5,845	1,419	1,394	-25	-1.75%	0	0.00%
0	Drugs & Alcohol Total	5,845	1,419	1,394	-25	-1.75%	0	0.00%
Sexual Health & Contraception								
0	SH STI testing & treatment – Prescribed	3,975	1,359	1,343	-16	-1.19%	0	0.00%
0	SH Contraception - Prescribed	1,170	33	28	-5	-14.68%	0	0.00%
0	SH Services Advice Prevn Promtn - Non-Prescribed	152	34	34	1	1.57%	0	0.00%
0	Sexual Health & Contraception Total	5,297	1,426	1,406	-21	-1.44%	0	0.00%
Behaviour Change / Preventing Long Term Conditions								
0	Integrated Lifestyle Services	1,732	301	291	-10	-3.34%	0	0.00%
0	Other Health Improvement	281	139	133	-6	-4.00%	0	0.00%
0	Smoking Cessation GP & Pharmacy	828	-37	-28	9	25.00%	0	0.00%
0	Falls Prevention	80	34	40	6	18.21%	0	0.00%
0	NHS Health Checks Prog – Prescribed	716	209	207	-3	-1.25%	0	0.00%
0	Behaviour Change / Preventing Long Term Conditions Total	3,638	645	643	-3	-0.42%	0	0.00%
General Prevention Activities								
0	General Prevention, Traveller Health	56	44	45	1	1.82%	0	0.00%
0	General Prevention Activities Total	56	44	45	1	1.82%	0	0.00%
Adult Mental Health & Community Safety								
0	Adult Mental Health & Community Safety	263	11	11	-0	-3.97%	0	0.00%
0	Adult Mental Health & Community Safety Total	263	11	11	-0	-3.97%	0	0.00%

Forecast Variance Outturn (Jul) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance £'000   %		Forecast Variance Outturn (Aug) £'000	
	Public Health Directorate							
0	Public Health - Admin & Salaries							
0	Health Improvement	463	193	202	9	4.71%	0	0.00%
0	Public Health Advice	714	298	263	-35	-11.60%	0	0.00%
0	Health Protection	221	92	100	8	8.60%	0	0.00%
0	Childrens Health	57	24	26	2	9.47%	0	0.00%
0	Comm Safety, Violence Prevention	22	9	4	-5	-56.36%	0	0.00%
0	Public Mental Health	127	53	36	-17	-31.97%	0	0.00%
0	Drug & Alcohol Misuse	150	63	22	-41	-64.80%	0	0.00%
	Cross Directorate Costs	667	278	159	-119	-42.79%	0	0.00%
0		2,421	1,009	812	-196	-19.47%	0	0.00%
0	Total Expenditure before Carry forward	26,720	7,573	7,325	-248	-3.27%	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	-13,155	-13,247	-92	-0.70%	0	0.00%
0	S75 Agreement NHSE HIV	-144	0	216	216	0.00%	0	0.00%
0	Other Income	-149	-63	0	63	100.00%	0	0.00%
	Drawdown From Reserves	0	0	0	0	0.00%	0	0.00%
0	Income Total	-26,334	-13,218	-13,031	187	1.41%	0	0.00%
0	Net Total	386	-5,645	-5,706	-61	-1.07%	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		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

	<b>£'000</b>	<b>Notes</b>
<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 Aug 2017		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
Public Health carry-forward	1,040	0	1,040	1,040	
<b>subtotal</b>	<b>1,040</b>	<b>0</b>	<b>1,040</b>	<b>1,040</b>	
<b>Other Earmarked Funds</b>					
Healthy Fenland Fund	400	0	400	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	0	400	200	Planned for use on joint work with the NHS in 2017/18 and 2018/19.
NHS Healthchecks programme	270	0	270	170	This funding will be used to install new software into GP practices which will identify patients for inclusion in Health Checks. The installation work will commence in June 2017. Funding will also be used for a comprehensive campaign to boost participation in NHS Health Checks.
Implementation of Cambridgeshire Public Health Integration Strategy	850	0	850	592	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
Other Reserves (<£50k)	0	0	0	0	
<b>subtotal</b>	<b>1,920</b>	<b>0</b>	<b>1,920</b>	<b>1,262</b>	
<b>TOTAL</b>	<b>2,960</b>	<b>0</b>	<b>2,960</b>	<b>2,302</b>	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2017	2017/18		Forecast Closing Balance	Notes
		Movements in 2017/18	Balance at 31 Aug 2017		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
Joint Improvement Programme (JIP)	59	0	59	59	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
<b>TOTAL</b>	<b>68</b>		<b>0</b>	<b>68</b>	

## APPENDIX 6 PERFORMANCE

The Public Health Service  
Performance Management Framework (PMF) for  
July 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										
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	99%	98%	98%	↔	
GUM ACCESS - % seen within 48 hours ( % of those offered an appointment)	80%	80%	92%	92%	G	91%	80%	92%	↔	
Number of Health Checks completed	18,000	4,000	3,810	85%	R	N/A	4500	85%	↔	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.
Number of outreach health checks carried out	2,000	340	315	93%	A	85%	95	84%	↓	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.
Smoking Cessation - four week quitters	2278	396	401	101%	G	121%	396	101%	↓	<ul style="list-style-type: none"> <li>The most recent Public Health Outcomes Framework figures (June 2017 data for 2016) suggest the prevalence of smoking in Cambridgeshire remains at a level statistically similar to the England average (15.2% v. 15.5%). Rates remain higher in Fenland (21.6%) than the Cambridgeshire and England figure</li> <li>There is an ongoing programme to improve performance that includes targeting routine and manual workers (rates are known to be higher in these groups) and the Fenland area.</li> </ul>

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%	56%	56%	56%	G	57%	56%	56%	↓	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%, and has decreased slightly to 56% for this quarter, meeting the revised target. This figure is one of the highest statistics in the Eastern region in published Public Health England data (2015/16) and Cambridgeshire continues to exceed the 45% national target.
Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	50%	50%	28%	28%	R	33%	50%	28%	↓	All of the health visiting data is reported quarterly. The data presented relates to the Q1 period (April to July 2017). The proportion of antenatal contacts continues to fall well below the 50% target and a strategy is in place to improve the notification process between maternity services and health visiting to remedy this. If we take into account exceptions the figure for Q1 increases to 31%. 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%	96%	G	95%	90%	96%	↑	The number of New Birth Visits completed within 14 days of birth continues exceed the 90% target.
Health visiting mandated check - Percentage of children who received a 6 - 8 week review	90%	90%	92%	92%	G	95%	90%	92%	↓	The proportion of 6-8 week development checks completed within 8 weeks has declined slightly this quarter but continues to be above the 90% target.
Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	100%	100%	87%	87%	A	91%	100%	87%	↓	This figure is below the set target. However if we take into account exception (which included visits not wanted or "did not attend") reporting the figure for Q1 increases to 91%, although this is still below target and need to be monitored.
Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	90%	90%	78%	78%	A	82%	90%	78%	↓	The number of 2-2.5 year reviews being completed is below the set target. However if exception reporting (which included visits not wanted or "did not attend") is accounted for, the figure for Q1 increases to 92% which is above target.
School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	N/A	N/A	100	100	N/A	59	N/A	100	↑	The School Nursing service has introduced a duty desk this quarter to offer a more efficient service. The figures reported are for those that have been seen in clinics in relation to a specific intervention.
School nursing - number of young people seen for mental health & wellbeing concerns	N/A	N/A	733	733	N/A	305	N/A	733	↑	The School Nursing service has introduced a duty desk this quarter to offer a more efficient service. The figures reported are for those that have been seen in clinics in relation to a specific intervention. There has been a sharp increase in the number of children being seen for issues relating to their emotional health and wellbeing.

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%	90.0%	91.6%		G	91%	90.0%	92%	↑	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 for in line required timeline. The cleaned measurement data will be available at the end of the year. The new measurement programme for 2017/18 will start in September.
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90.0%	95.0%		G	95%	90.0%	95.0%	↔	
Overall referrals to the service	5100	1480	1488	101%	G	107%	390	101%	↓	
Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	1517	415	417	100%	G	112%	100	97%	↓	
Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	1138	257	221	86%	R	65%	87	53%	↓	A larger number than usual of patients were referred to Tier 2 weight management which has increased the length of intervention (on average normally 6 months). Consequently there were fewer completions.
Number of physical activity groups held (Pre-existing GP based service)	664	190	214	113%	G	116%	60	87%	↓	
Number of healthy eating groups held (Pre-existing GP based service)	450	160	201	126%	G	115%	30	187%	↑	
Personal Health Trainer Service - number of PHPs produced (Extended Service)	723	217	231	106%	G	88%	54	150%	↑	
Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	542	150	148	99%	A	93%	50	80%	↓	
Number of physical activity groups held (Extended Service)	830	175	155	89%	A	68%	35	94%	↑	
Number of healthy eating groups held (Extended Service)	830	270	310	115%	G	133%	55	80%	↓	
Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	30%	30%	25%		A	115%	30%	79%	↓	The percentage of participants who achieve the recommended weight loss is affected by the severity of the obesity. As part of demand management for the Tier 3 service patients are directed to Tier 2, these patients are more complex and have higher levels of obesity.

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
Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	60%	60%	61%		G	0%	60%	75%	↑	
% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	80%	80%	100%		G	n/a	80%	100%	↑	No courses completed during this period
Falls prevention - number of referrals	386	90	92	101%	G	150%	20	105%	↓	
Falls prevention - number of personal health plans written	279	59	58	98%	A	143%	14	107%	↓	This reflects the number of referrals that occurred in the preceding months. Referrals originate from the wider Falls Prevention Service which was being re-organised and consequently the referral number fell.

\* All figures received in August 2017 relate to July 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 next be reported on in the September report at November Health Committee.

## **APPENDIX 8**

Reports due bi-monthly and will next be reported on in the September report at November Health Committee.