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Public Health Directorate

Finance and Performance Report – Closedown 2017/18

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)	7	5	16	2	30

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Feb) £000	Service	Budget for 2017/18 £000	Actual £000	Outturn Variance £000	Outturn Variance %
-46	Children Health	9,200	9,163	-38	-0.5%
-9	Drug & Alcohol Misuse	5,845	5,809	-35	-0.5%
0	Sexual Health & Contraception	5,297	5,212	-84	-1.6%
-50	Behaviour Change / Preventing Long Term Conditions	3,910	3,914	4	0.1%
-8	General Prevention Activities	56	45	-11	-20.2%
0	Adult Mental Health & Community Safety	263	261	-2	-0.7%
-146	Public Health Directorate	2,149	1,927	-222	-10.3%
-259	Total Expenditure	26,720	26,332	-388	-1.5%
0	Public Health Grant	-26,041	-26,041	0	0%
0	s75 Agreement NHSE-HIV	-144	-144	0	0%
0	Other Income	-149	-97	52	35.0%
0	Drawdown From Reserves	0	0	0	0%
0	Total Income	-26,334	-26,282	52	0.2%
-259	Net Total	386	51	-336	-87.0%

The service level budgetary control report for 2017/18 can be found in [appendix 1](#).

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

2.2 Significant Issues

At the end of Closedown 2017/18, the Public Health Directorate have an underspend of £336k. This is an increase of £77k compared to the previously reported forecast underspend of £259k.

A significant component is an underspend of £222k in Public Health Directorate staffing and non-pay budget, partially offset by a reduction in Public Health Directorate income of £52k. The reduced income is mainly from Peterborough City Council – and results from a change in the balance of staffing across Cambridgeshire County Council and Peterborough City Council in the joint public health team. Vacancies in the PH Directorate also contributed to the underspend, including a vacant substance misuse post, and some additional underspend on substance misuse staffing and non-pay budgets transferred to the PH directorate in May 2017. Further non-recurrent underspend were as a result of supervised 'acting up' of senior public health specialist trainees to cover maternity leave of two public health consultants. ('Acting up' is generally seen as beneficial to the career progression of specialist trainees in the final year of their five year training, who are placed with local authorities by the regional public health training scheme).

There were changes to forecast out-turns in some other parts of directorate expenditure, including an underspend in payments to GP practices for provision of long acting reversible contraception (LARCs) and an overspend on recharges for attendance at out-of-area sexual health clinics.

The County Council core budget allocated to the Public Health Directorate to supplement the national ring-fenced grant in 2017/18 was £386k, therefore the first call on any underspend up to that level is into the County Council's general reserve. The full £336k underspend will therefore be transferred to the County Council's general 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 2017/18 is £26.9m, of which £26.041m is allocated directly to the Public Health Directorate.

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE SUMMARY

4.1 Performance overview (Appendix 6)

The performance data reported on relates to activity in March 2018.

Sexual Health (KPI 1 & 2)

- Performance of sexual health and contraception services remains good with all indicators green and a stable trajectory.

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 which is slightly lower than at the same time last year. The commentary in Appendix 6 provides further explanations.

National Child Measurement Programme (KPI 14 & 15)

- Performance remains good with both indicators green although below previous months actual figures.
- Measurements for the 2017/18 programme are taken during the academic year and the programme commenced in September 2017. The final figures will only be available at the end of the 17/18 academic year.

NHS Health Checks (KPI 3 & 4)

- The data presented for the NHS Health Checks completed and the number of outreach health checks carried out remains the same as last month with both indicators at red but with an upward trajectory.
- The commentary in Appendix 6 focuses on improvements in Health Checks completed in Fenland this year with 82% of the Fenland target being met.

Lifestyle Services (KPI 5, 16-30)

- There are now 16 Lifestyle Service indicators reported on, the overall performance is very good and shows 11 green, 2 amber and 3 red indicators.
- Direction of travel from the previous month is mixed with 10 indicators moving up.

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

Health Visiting and School Nursing data is reported on quarterly and the data provided reflects the Quarter 4 period for 2017/18 (Jan-March).

- The new data for Quarter 4 shows 1 green, 3 amber and 2 red indicators (KPI data is not available at this time for indicators 12 & 13 school nursing but the commentary provides an update)
- Performance for Health Visiting mandated checks for 6-8 months is amber but Cambridgeshire does exceed the national average for this visit. The performance indicator for Health Visiting mandated check at 2- 2 ½ years is red but includes data from checks that are not wanted resulting in a high did not attend rate. The commentary provides further explanation to the analysis and plans to address this in the immediate future.
- Breastfeeding prevalence rates fluctuate but are higher than the national average. Details of localised actions to increase breastfeeding are provided in the commentary.

4.2 Health Committee Priorities

Priorities identified on 7 September 2017 are as follows:

- Behaviour Change
- Mental Health for children and young people
- Health Inequalities
- Air pollution
- School readiness
- Review of effective public health interventions
- Access to services.

4.3 Health Scrutiny Indicators

Priorities identified on 7 September 2017 are as follows

- Delayed Transfer of Care (DTOCs)
- Sustainable Transformation Plans
 - Work programme, risk register and project list
 - Workforce planning
 - Communications and engagement
 - Primary Care developments

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

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Previous Outturn (Feb) £'000	Service	Budget 2017/18	Actual 2017/18	Outturn Variance	
		£'000	£'000	£'000	%
Children Health					
0	Children 0-5 PH Programme	7,253	7,253	0	0.00%
-46	Children 5-19 PH Programme - Non Prescribed	1,707	1,669	-38	-2.25%
0	Children Mental Health	240	241	1	0.27%
-46	Children Health Total	9,200	9,163	-38	-0.41%
Drugs & Alcohol					
-9	Drug & Alcohol Misuse	5,845	5,809	-35	-0.60%
0	Drugs & Alcohol Total	5,845	5,809	-35	-0.60%
Sexual Health & Contraception					
0	SH STI testing & treatment – Prescribed	3,975	4,109	134	3.38%
0	SH Contraception - Prescribed	1,170	988	-182	-15.55%
0	SH Services Advice Prevn Promtn - Non-Prescribed	152	115	-37	-24.08%
0	Sexual Health & Contraception Total	5,297	5,212	-84	-1.59%
Behaviour Change / Preventing Long Term Conditions					
0	Integrated Lifestyle Services	2,006	2,058	52	2.57%
0	Other Health Improvement	279	314	35	12.45%
-30	Smoking Cessation GP & Pharmacy	828	811	-17	-2.04%
0	Falls Prevention	80	87	7	8.66%
-20	NHS Health Checks Prog – Prescribed	716	644	-72	-10.08%
-50	Behaviour Change / Preventing Long Term Conditions Total	3,910	3,914	4	0.11%
General Prevention Activities					
-8	General Prevention, Traveller Health	56	45	-11	-20.19%
-8	General Prevention Activities Total	56	45	-11	-20.19%
Adult Mental Health & Community Safety					
0	Adult Mental Health & Community Safety	263	261	-2	-0.66%
0	Adult Mental Health & Community Safety Total	263	261	-2	-0.66%

Previous Outturn (Feb) £'000	Service	Budget 2017/18	Actual 2017/18	Outturn Variance	
		£'000	£'000	£'000	%
Public Health Directorate					
0	Children Health	315	294	-21	-6.67%
-111	Drugs & Alcohol	265	223	-42	-15.85%
0	Sexual Health & Contraception	189	194	5	2.65%
-35	Behaviour Change	723	572	-151	-20.89%
0	General Prevention	152	155	3	1.97%
0	Adult Mental Health	43	42	-1	-2.33%
0	Health Protection	140	143	3	2.14%
0	Analysts	322	305	-17	-5.28%
-146		2,149	1,927	-222	-10.31%
-259	Total Expenditure before Carry forward	26,720	26,332	-388	-1.45%
0	Anticipated contribution to Public Health grant reserve	0	0	0	0.00%
Funded By					
0	Public Health Grant	-26,041	-26,041	0	0.00%
0	S75 Agreement NHSE HIV	-144	-144	0	0.00%
0	Other Income	-149	-97	52	34.90%
	Drawdown From Reserves	0	0	0	0.00%
0	Income Total	-26,334	-26,282	52	0.20%
-259	Net Total	386	50	-336	-86.98%

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 2017/18 £'000	Outturn Variance	
		£'000	%
Public Health Directorate	2,149	-222	-10.3

There is an underspend of £222k in Public Health Directorate staffing and non-pay budget, partially offset by a reduction in Public Health Directorate income of £52k. The reduced income is mainly from Peterborough City Council – and results from a change in the balance of staffing across Cambridgeshire County Council and Peterborough City Council in the joint public health team. Vacancies in the PH Directorate also contributed to the underspend, including a vacant substance misuse post, and some additional underspend on substance misuse staffing and non-pay budgets transferred to the PH directorate in May 2017. Further non-recurrent underspend was the result of supervised 'acting up' of senior public health specialist trainees to cover maternity leave of two public health consultants. ('Acting up' is generally seen as beneficial to the career progression of specialist trainees in the final year of their five year training, who are placed with local authorities by the regional public health training scheme).

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	
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		Closing Balance 2017/18	Notes
		Movements in 2017/18	Balance at Close 2017/18		
	£'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	-100	300	300	Anticipated spend £100k per year over 5 years.
Falls Prevention Fund	400	-22	378	378	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	850	-271	579	579	£517k Committed to the countywide 'Let's Get Moving' physical activity programme which runs for two years 2017/18 and 2018/19.
subtotal	1,920	-393	1,527	1,527	
TOTAL	2,960	-393	2,567	2,567	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Fund Description	Balance at 31 March 2017	2017/18		Closing Balance 2017/18	Notes
		Movements in 2017/18	Balance at Close 2017/18		
	£'000	£'000	£'000	£'000	
General Reserve					
Joint Improvement Programme (JIP)	59	77	136	136	
Improving Screening & Immunisation uptake	9	0	9	9	£9k from NHS ~England for expenditure in Cambridgeshire and Peterborough
TOTAL	68		145	145	

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 March 2018 can be seen within the tables below:

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	Measures					Direction of travel (from previous period)	Comments
							YTD Actual RAG Status	Previous period actual	Current period target	Current period actual			
1	GUM Access - offered appointments within 2 working days	Mar-18	98%	98%	100%	102%	G	99%	98%	100%	↔		
2	GUM ACCESS - % seen within 48 hours (% of those offered an appointment)	Mar-18	80%	80%	93%	116%	G	89%	80%	93%	↑		
3	Number of Health Checks completed (GPs)	Q4 Oct - Dec 17	18,000	18,000	15,898	88%	R	74%	4500	104%	↑	The comprehensive Improvement Programme is continuing this year. The introduction of the new software into some practices has commenced which is increasing the accuracy of the number of invitations that are sent out for NHS Health Checks. There has been considerable work with the CCG Data teams and issues regarding templates have been resolved which is also supporting improvements in data quality. and returns. However the full benefits cannot be realised as the NHS has made a major change to its IT connectors, so the Health Checks software cannot be fully utilized until changes have been made in the bespoke server for the programme. However performance is better than last year's. and not all data has been collated at the time of this report.	
4	Number of outreach health checks carried out	Mar-18	2,000	2000	1144	57%	R	58%	220	114%	↑	The Lifestyle Service is commissioned to provide outreach Health Checks for hard to reach groups in the community and in workplaces. There has been considerable improvement in the number of health checks completed in Fenland this year with 82% of the Fenland target being met. This is a consequence of providing the service in community venues such as the Job Centre Plus and community centres. Although workplaces remain a challenge. However performance in the rest of county has fallen and currently only 49% of its target has been achieved. This does reflect to some degree the targeting of resources in Fenland. However there has been limited improvement in recent months.	
5	Smoking Cessation - four week quitters	Feb-18	2278	2088	1563	75%	R	83%	188	76%	↓	<ul style="list-style-type: none"> Performance is slightly lower than at the same time last year. This has been attributed to staff leaving and long term sickness. Some posts have now been filled so improvement are anticipated 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 (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. 	

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
6	Percentage of infants being breastfed (fully or partially) at 6 - 8 weeks	Q4 Jan-Mar 2018	56%	56%	53%	53%	A	49%	56%	50%	↑	The breastfeeding prevalence target has been set locally 56%, although performance against this fluctuates. The target has been missed over the last three quarters, including this quarter but remains within the 10% tolerance limit. Over the 2017/18 period the breastfeeding prevalence is an average of 53.25%. The Health Visitor Infant Feeding Lead is developing an action plan to address localised issues where breastfeeding rates are below target. The breastfeeding rates in Cambridgeshire are higher than the national breastfeeding rates (national average 44%), however prevalence will continue to be monitored closely, with the aim of achieving the 56% target.
7	Health visiting mandated check - Percentage of first face-to-face antenatal contact with a HV at >28 weeks	Q4 Jan-Mar 2018	50%	50%	25%	25%	R	22%	50%	20%	↓	In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% in 2 years. The contact is currently low as it is currently targeted at first time mothers and those who are vulnerable, rather than universally offered. Additionally, the notification process between Midwifery and the Healthy child programme (HCP) has not been robust and poses a challenge in achieving the target. Since the last quarter, a locality workshop has been held to engage with the staff on how to work differently in order to build capacity to meet this mandated target. The provider clinical lead and service lead are working with the acute midwifery units to establish an electronic notification system so that there is assurance that health visitors are notified of every expectant woman to enable the ante natal contact to take place. Furthermore Health Visitors are being asked to complete incident forms when a new birth visit is carried out but they weren't notified of the pregnancy to understand the extent of the problem.
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 2018	90%	90%	95%	95%	G	94%	90%	96%	↑	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	Q4 Jan-Mar 2018	90%	90%	88%	88%	A	88%	90%	84%	↓	The performance for the 6 - 8 week review has fallen to 84%. A staffing deficit in East Cambs & Fenland and Cambridge City has affected the overall performance this quarter. Engagement workshops undertaken in April was undertaken to support staff to work consistently across caseloads, including the implementation of a review tool which will support staff to focus work where there are identified health needs, thus increasing capacity to support mandated contacts. The provider achieved an average of 88% over 2017/18, and Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%.
10	Health visiting mandated check - Percentage of children who received a 12 month review by 15 months	Q4 Jan-Mar 2018	100%	95%	85%	85%	A	81%	95%	85%	↑	The 12 month visit by 15 months has increased this quarter from 81% to 85%. Service Leads will review this assessment with the staff to ensure that the planning of this development assessment is completed within a 12 month timeframe, to ensure that this target is achieved.
11	Health visiting mandated check - Percentage of children who received a 2 -2.5 year review	Q4 Jan-Mar 2018	90%	90%	79%	79%	R	80%	90%	77%	↓	The number of two year old checks completed this quarter is 77%. 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 90%. During quarter 4, 144 appointments were not wanted and 116 were not attended. Performance in March has reduced the overall figures for this quarter as only 67% checks were completed. Three Nursery Nurses were supported during this period to undertake their nurse training, resulting in reduced staffing capacity in March. Moving forward, to ensure that the 2 year old checks are completed, additional staff hours are being offered and positions are being advertised for bank staff to fill this shortfall in the interim.
12	School nursing - Number of young people seen for behavioural interventions - smoking, sexual health advice, weight management or substance misuse	Q4 Jan-Mar 2018	N/A	N/A	249	N/A	N/A	81	N/A	29	N/A	The School Nursing service has introduced a duty desk to offer a more efficient and accessible service, which does mean that there is an expected reduction in children and young people attending clinic based appointments in school. This figure is only representative for those seen in clinics. The duty desk has received 1082 calls during the quarter 4 period and feedback from school regarding the introduction of the duty desk has been positive, identifying the value of immediate access to staff for support, referral and advice. Chat Health has also been introduced, a text based support for children and young people. This service is now starting to establish itself, in increasing access to health support and advice for young people. Following the promotion of the service, there has been an increase in usage.
13	School nursing - number of young people seen for mental health & wellbeing concerns	Q4 Jan-Mar 2018	N/A	N/A	2381	N/A	N/A	666	N/A	385	N/A	By far the largest number of referrals is for mental health and wellbeing, which is mirroring a national trend. To address staffing and capacity issues, an action plan has been implemented, including the county wide duty desk and the Chat Health service, which offers text based support to young people and launched in March. This quarter has witnessed the introduction of CHUMS Counselling and Talking Therapies service and Emotional Wellbeing Practitioners. It is anticipated that these organisations will work with the School Nursing team to reduce pressures. The reduction in the volume of pupils seen this quarter for emotional health concerns may be attributed to this.

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
14	Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	Mar-18	90%	53.0%	65.0%	123%	G	111.0%	53.0%	68.0%	↓	The National Child Measurement Programme (NCMP) runs in line with the academic year. The final figures will only be available at the end of 17/18 school year.
15	Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	Mar-18	90%	53.0%	58.0%	109%	G	111.0%	53.0%	58.0%	↓	
16	Overall referrals to the service	Mar-18	5100	5100	8586	168%	G	106%	425	244%	↑	
17	Personal Health Trainer Service - number of Personal Health Plans produced (PHPs) (Pre-existing GP based service)	Mar-18	1517	1517	1234	81%	R	35%	167	91%	↑	There has been considerable improvement in the number of PHPs produced. However discussion with the provider has indicated that the data is not complete and it is being revisited.
18	Personal Health Trainer Service - Personal Health Plans completed (Pre-existing GP based service)	Mar-18	1138	1138	1189	104%	G	92%	125	158%	↑	
19	Number of physical activity groups held (Pre-existing GP based service)	Mar-18	664	664	676	102%	G	127%	73	170%	↑	
20	Number of healthy eating groups held (Pre-existing GP based service)	Mar-18	450	450	472	105%	G	117%	50	228%	↑	
21	Personal Health Trainer Service - number of PHPs produced (Extended Service)	Mar-18	723	723	745	103%	G	41%	8	375%	↓	

KPI no.	Measure	Period data relates to	Y/E Target 2017/18	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous period actual	Current period target	Current period actual	Direction of travel (from previous period)	Comments
22	Personal Health Trainer Service - Personal Health Plans completed (Extended Service)	Mar-18	542	542	642	118%	G	80%	60	85%	↑	
23	Number of physical activity groups held (Extended Service)	Mar-18	830	830	792	95%	A	92%	69	90%	↓	This result is surprising. The service is being encouraged to work other organisations to acquire more referrals
24	Number of healthy eating groups held (Extended Service)	Mar-18	570	570	673	118%	G	100%	48	102%	↑	
25	Proportion of Tier 2 clients completing the intervention who have achieved 5% weight loss.	Mar-18	30%	30%	18.0%	60.0%	R	37%	30%	17%	↓	The 60% completion rate is low and this is being investigated with clients who have dropped out to try and understand the reasons. Most occur at around 6 weeks into course.
26	Proportion of Tier 3 clients completing the course who have achieved 10% weight loss	Mar-18	60%	60%	54.0%	90.0%	A	44.0%	60%	67.0%	↑	There is considerable improvement in the weight loss outcomes this month. The drop in recent months in performance has been concerning and is being addressed contractually by the Lifestyle provider Everyone Health with CUHFT which provides the Tier 3 service through a sub-contractual arrangements. Although there has been a considerable improvement this month.
27	% of children recruited who complete the weight management programme and maintain or reduce their BMI Z score by agreed amounts	Mar-18	80%	80%	88%	110.0%	G	N/A	80%	82%	↔	
28	Number of referrals received for multi factorial risk assessment for Falls Prevention	Mar-18	386	386	523	135%	G	174%	42	174%	↔	
29	Number of Multi Factorial Risk Assessments Completed - Falls Prevention	Mar-18	164	164	296	180%	G	200%	19	295%	↑	
30	Number clients completing their PHP - Falls Prevention	Mar-18	209	209	230	110%	G	44%	23	139%	↑	

* All figures received in April 2018 relate to March 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.

