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Public Health Directorate
 Director of Public Health, Liz Robin

Subject: Public Health Finance & Performance Report – Close 2013/14

1. SUMMARY

1.1 Finance

Previous Status		Target	Predicted Status at Year End	Section Ref.
Green	Income and Expenditure	Balanced year end position	Green	2.1
Green	Debt	Meet corporate debt targets	Green	3.2
Green	Prompt Payment	Meet corporate prompt payment targets	Green	3.3

1.2 Performance Indicators – Latest Data

	Green	Amber	Red	No status	Total
Public Health March data	11	0	8	1	20

2. INCOME AND EXPENDITURE

2.1 Overall position

Previous Outturn £'000	Area of Spend	Budget £'000	Actual £'000	Outturn £'000	Outturn %
-176	Health Improvement & Prevention	8,608	8,466	-142	-1.7%
-3	Children & Health	1,386	1,383	-3	-0.2%
-286	Adult Health & Wellbeing	785	500	-286	-36.4%
-42	Intelligence Team	71	24	-47	-66.5%
-19	Programmes Team	156	138	-18	-11.3%
-256	Public Health Directorate	3,147	2,894	-253	-8.0%
0	Corporate Overheads	475	475	0	0.0%
-782	Total Expenditure before carryforward	14,153	13,404	-749	-5.3%
782	Anticipated carryforward of Public Health grant	0	749	749	N/A
0	Total Expenditure	14,153	14,153	0	0.0%

The Service Level budgetary control report for Closedown 2013/14 can be found at Appendix 1. Explanatory comments are in Appendix 2.

2.2 Significant Issues

There is a significant underspend of £286k against NHS health checks, associated with a 33% under performance against target, and of £83k against smoking cessation, also associated with under performance. There is £129k underspend against Public Health directly provided services

as a result of vacancies and recruitment delays. There are underspends against public health intelligence and the public health directorate totalling £173k, due to holding back funds to cover in-year risks or national initiatives which did not materialise. These underspends will be carried forward, to comply with conditions of the PH ring-fenced grant.

2.3 Additional Income

Public Health have small Grants allocated however, these are very small amounts. Income of £39k is expected from the Medical School.

2.4 Virement and Transfers to/from Reserves

The Director can approve revenue virements up to £160k within the Directorate.

A list of virements over £50k into or out of PH in the year can be found in [appendix 3](#). The underspend at year end has been transferred to the Public Health reserve as shown in [Appendix 4](#).

2.5 Memorandum Accounts

The memorandum account for total spend against the full Public Health grant is shown at [appendix 5](#).

3. **BALANCE SHEET**

3.1 Capital Expenditure

There is no capital expenditure for the Public Health Directorate.

3.2 Debtors

There are no Public Health debts over 4 months old as shown in the table below. More detailed information can be found in [appendix 6](#)

	Actual at 31st Mar 2014	Comments
Debt 4 – 6 months old	£0k	None
Debt > 6 months old	£0k	None

3.3 Creditors

The council's performance target for payment of undisputed invoices is 97% paid within 30 days. A breakdown of current payment performance can be found in [appendix 7](#). In March 2014, 99.8% of Public Health invoices were paid on time.

Cumulative performance for the year exceeds the 'excellent' target, at 99.9%.

4. **PERFORMANCE COMMENTARY**

The Public Health Service Performance Management Framework (PMF) for March can be found in Appendix 8.

The following commentary should be read in conjunction with the PMF.

Chlamydia

- The Chlamydia Screening Programme targets young people between the age of 15 and 24 years of age. The programme was established in 2005 in response to an increase in the numbers of young people with the sexually transmitted infection chlamydia. Initially the focus was on screening a percentage of the target population each year. This has now changed to identifying and screening young people who are most at risk of being screened positive for chlamydia to enable them to be treated to decrease the spread of infection in the population. The recommended annual positive diagnosis rate is at least 2,400 per 100,000 15 – 24 year olds per year. Local areas are encouraged to identify their own diagnosis rates based on historical trends.
- The number of young people screened in Cambridgeshire is the highest in the East of England but the County has historically had a low positivity rate which is reflected in the local positivity trajectory for 13/14.
- Chlamydia Screening Programme includes screening sites in GP practices, community pharmacies and contraceptive and sexual health, currently all these services especially GP practices are reporting high positivity rates relative to the outreach part of the Programme. The Programme's strategic approach is to target those most at risk through outreach programmes to capture as many positive screens as possible. There has been some decrease in performance in the outreach programme but this has been addressed following a review through revising the outreach programme to focus upon new pockets of infection.
- The March end of year positivity achievement was 71% of the target. However there has been a maintained small improvement over the past three months. GP practices continue to perform well. Staff shortage within the CASH services had an impact but this has now been addressed. IN addition there has been three changes of leadership of the Programme and this has had an effect on staff morale. A new Screening Chlamydia Co-ordinator has now been appointed and is bringing some stability to the Programme
- Outreach work has been further developed and diversified, this is key as this part of the Programme accesses the hard to reach groups where there is a risk of a higher positivity rate

Long Acting Reversible Contraception (LARC):

- The Long Acting Reversible Contraception (LARC) targets are based on actual figures achieved in 2012/13, and has been consistently exceeding the trajectory, which has been the trend for the past two years. This reflects the improved training programme that has been accessed by primary care staff who provide the service.

Health Checks:

- Health Checks is cardio vascular risk assessment offered to people between the ages of 40 to 74. Targets for this area are based on actuals for 2012/13. The Health Checks Programme is provided by GP practices that are responsible for sending out invitations to the eligible population. Currently the main concern is the low take up of the invitations to a health check. The recent Q3 data indicated that nationally at Q3 47% of those invited to a Health Check received one. In Cambridgeshire this figure was 39%. However in Cambridgeshire 5.9% population was invited whereas nationally this figure was 4.5%. Similarly nationally 2.1% of the population had health check and in Cambridgeshire this figure was 2.3%. Q4 data has now been submitted to the DH, with an end of total number of Health Checks standing at 18,256, which has an uptake rate of 41% which is an improvement over the year. However it is below the target number of health checks of 26,959.
- A training package was provided between January and March for practice staff to raise awareness and develop skills to increase the effectiveness of the health check and prepare for the introduction of the alcohol screening to the Health Checks. This was successful and identified a clear demand for training. A promotional campaign is planned to raise public awareness and understanding of the Health Checks Programme to

encourage uptake. Practices have been supplied with patient information leaflets to distribute alongside the invitations. The new contract for 2014/15 has been issued to practices which includes training expectations and improved data returns.

Stop Smoking Programme:

- Overall there has been a lower performance than last year which reflects the national trend which has seen an over 20% drop in activity. This is associated with e cigarettes with more people adopting a harm reduction approach. There was a drop from 82.5% in January to 78.8% in February against the monthly trajectory .(Please note that because of the nature of the intervention there is a two month lag in the data reporting)
- Performance in GP practices, the main provider, remains low but there has been more interest from practices about their smoking activity. And some improvement
- CAMQUIT the Stop Smoking Service is providing intensive support to all providers including the provision of additional clinics.
- The Stop Smoking message is being promoted across a range of media and is well supported by CCC's Communications Team.
- Visits to Practice Manager and Practice Nurse are taking place to increase awareness of the poor performance and problem solve.
- Data trawling in practices to identify unreported data will commence shortly and this usually yields a substantial number of quitters.

School Nursing:

- The School Nursing Service is a workforce of specialist public health nurses who provide child-centred expert advice, support and interventions to school age children and their families (the service currently covers 5-16 in Cambridgeshire). School nurses are clinically skilled in providing holistic, individualised and population health needs assessment, with, as a team, a broad range of skills to assess, deliver and refer for a broad range of health interventions,
- Overall in 2013/14 School Nursing performed above expected targets.
- The activity monitoring refers to historical (set before the commissioning of school nursing transferred to the local authority) high-level overall activity indicators. The service has consistently performed above target.
- Work is currently in progress to develop a set of measures which more accurately reflect school nursing activity as part of the service specification for school nursing. In 2014/15 these data will be used to establish a baseline for future target setting.

Childhood obesity:

- The National Childhood Measurement Programme is undertaken annually over the course of the school year when all children in maintained schools in years 6 and reception are measured. The coverage levels and obesity rates are monitored. Appointments are made with schools but change over the year and the obesity rates are released after the end of the school year when the data has been cleaned. Therefore annual measurements will be reported. The results for the 12/13 year are now available and have the following headlines;
 - Participation rates were 95.0% in Reception and 93.1% in Year 6 (England was 94.0% and 92.7% respectively)
 - Reception obesity = 7.5% (9.3% England) - a decrease from 8.0% in 2011/12
 - Year 6 obesity = 15.8% (19.2% England) - a decrease from 16.3% in 2011/12. Both have decreased nationally also.
 - Fenland remains the highest for obesity prevalence - but saw a noticeable decrease between 2011/12 and 2012/13 in Reception prevalence (12.2% to 9.4%) and Year 6 prevalence (22.3% to 18.9%). Hunts experienced an increase in Year 6 prevalence between the two years from 15.8% to 17.1%.

Health Trainer Service

- The Health Trainer Services is lifestyles service focusing on supporting people to make healthy lifestyle changes. Based in GP practices found in the 20% most deprived areas. The last Health Trainer contractual year ran from November 2012 to October 2013. All targets relating to behavioural support and change were achieved or exceeded for this period. Performance data from November – March

2013 indicates this above performance has been generally maintained. Although there has been a slight fall this reflects staff turnover. This continued good performance reflects the on-going new types of initiatives that the service provides which includes new ways of working with GP practices and the use of social media and the wider community activities.

Appendix 1 – Public Health Directorate Budgetary Control Report

Previous Outturn		Budget for 2013/14	Actual 2013/14	Outturn	
£'000		£'000	£'000	£'000	%
	Health Improvement				
37	Sexual Health STI testing & treatment	4,590	4,598	8	0.18%
35	Sexual Health and Contraception	1,148	1,183	35	3.05%
0	National Child Measurement Programme	84	84	0	0.00%
-74	Sexual Health Services Prevention and Promotion	198	198	0	0.20%
-70	¹ Obesity Adults	343	274	-69	-20.21%
17	Obesity Children	150	158	8	5.46%
-15	Physical Activity Adults	95	80	-15	-15.88%
-15	Physical Activity Children	15	0	-15	-100.00%
-78	² Stop Smoking Service & Intervention	1,261	1,178	-83	-6.55%
2	Wider Tobacco Control	30	32	2	7.14%
-16	General Prevention Activities	696	681	-14	-2.05%
-176	Health Improvement Total	8,608	8,466	-142	-1.65%
	Children Health				
-3	Children 5-19 PH Programme	1,386	1,383	-3	-0.23%
-3	Children Health Total	1,386	1,383	-3	-0.23%
	Adult Health & Wellbeing				
-286	³ NHS Health Checks Programme	785	500	-286	-36.39%
-286	Adult Health & Wellbeing Total	785	500	-286	-36.39%
	Intelligence Team				
0	Public Health Advice	15	15	0	1.68%
-42	⁴ Info & Intelligence Misc	56	8	-47	-84.85%
-42	Intelligence Team Total	71	24	-47	-66.54%
	Programme Team				
0	Obesity Adults	35	36	1	2.11%
0	Stop Smoking no pay staff costs	30	28	-2	-5.72%
-19	General Prevention, Traveller, Lifestyle	91	74	-17	-18.23%
-19	Programme Team Total	156	138	-18	-11.25%
	Public Health Directorate				
-131	⁵ Public Health – Directly provided services	2,472	2,343	-129	-5.21%
0	LA Role in Health Protection	20	20	-0	-2.21%
0	Health Protection Emergency Planning	0	1	1	0.00%
0	Public Mental Health	55	55	0	0.00%
-75	⁶ Community Safety, Violence Prevention	75	0	-75	-100.00%
-50	⁷ Dental PH	50	0	-50	-100.00%
-256	Public Health Directorate total	3,147	2,894	-253	-8.04%
0	Corporate Overheads	475	475	-0	0.00%
-782	Total Expenditure before carryforward	14,153	13,404	-749	-5.29%
782	Carryforward of Public Health grant	0	749	749	0.00%
0	Total Expenditure	14,153	14,153	0	0.00%

Appendix 2 – Commentary on Variance and Forecast Position

FP8 Indicator = Number of budgets measured at service level that have an adverse/positive variance greater than 2% of annual budget or £50,000 whichever is greater.

Commentary on Service Budgets reported in the FP8 Indicator				
Service	Budget 2013/14 (£000)	Actual (£000)	Outturn (£000)	Outturn (%)
1 Obesity Adults	343	274	-69	-20.2%
Vacancies and reduced in-year requirement for tier 3 obesity services funding has resulted in under activity in this area.				
2 Stop Smoking Service & Intervention	1,261	1,178	-83	-6.6%
Under activity (currently 18% below target although some data remains to be collected) has resulted in an under spend in this area.				
3 NHS Health Checks Programme	785	500	-286	-36.4%
There has been significant under performance against this year's target (33%), resulting in an under spend. The planned addition of alcohol to the overall health check was delayed, resulting in additional underspend.				
4 Info & Intelligence	56	8	-47	-84.9%
£35k used in previous years to pay for external support was held back to cover in-year risks which did not materialise, resulting in underspend.				
5 Public Health – Directly provided services	2,472	2,343	-129	-5.2%
The budget shown is for staff cost. Public Health has a number of staff vacancies for which recruitment has been delayed by transitional issues, and this has created the current underspend. Some vacancies are now being covered by agency or short term posts, and recruitment is underway. However, there is a £129k underspend.				
6 Community Safety, Violence Prevention	75	0	-75	-100.0%
This budget was originally for GP practice based health inequalities projects (not community safety) and has been held as contingency against in-year risks which did not materialise, resulting in underspend.				
7 Dental PH	50	0	-50	-100.0%
Budget has not been spent this year – Public Health England advised that there would be no appropriate dental health promotion initiatives for this funding in 2013/14, but it should be carried over to 2014/15.				

Appendix 3 – Virement Listing

This table outlines the key budget adjustments that have been transferred into or out of Public Health during the year. It also provides reconciliation between the main Income and Expenditure account budget shown in Appendix 1 and the Budget Book.

Directorate	Service Area	£'000	Notes
Budget as per Budget Book		13,678	
Public Health	Public Health - Admin & Salaries	475	Corporate Overheads 2013/14
Updated Total Budget		14,153	See appendix 1

Appendix 4 – Public Health Reserves

Please note, Surplus = positive figure whereas Deficit = negative figure

	Opening Balance 2013/14 £'000	Closing Balance 2013/14 £'000	Note
PUBLIC HEALTH RESERVES			
Reserves / Carry-forward			
Public Health	0	749	In year underspend reflected against Public Health reserves.
Earmarked Reserves			
Other Reserves (under £50k)	0	0	
Total Public Health Reserves	0	749	

Appendix 5 – Public Health Memorandum

Area of Spend	Service Area / Directorate	Amount £000
Spend within the Public Health Directorate (incl Corporate Overheads)		14,153
Spend in Other Services		
Making Every Adult Matter	CFA / Adult Social Care	91
Community Navigators	CFA / Adult Social Care	117
Age UK Contract - winterwise healthy homes assessment and physical activity promotion	CFA / Adult Social Care	50
Older People Day Services - physical activity promotion	CFA / Adult Social Care	50
Housing related support	CFA / Adult Social Care	50
Public Health Researcher	CFA / Adult Social Care	20
Personal, Social and Health Education (PSHE)	CFA / Learning	55
Children Centres	CFA / Enhanced & Preventative Services	167
Mental Health Youth Counselling Service	CFA / Children's Social Care	109
Child and Adolescent Mental Health (CAMH) Trainer	CFA / Children's Social Care	69
Teenage Pregnancy	CFA / Enhanced & Preventative Services	57
Drug and Alcohol Action Team (DAAT)	CFA / Enhanced & Preventative Services	5,742
Changing behaviours of staff within CCC	CFA	90
Road Safety - Campaigns for Children	ETE	225
Road Safety - Accident awareness signs	ETE	20
Trading Standards - Kick Ash	ETE	30
Trading Standards - Alcohol underage sales	ETE	15
Trading Standards - grants to encourage sporting activities	ETE	25
Trading Standards - Arts / Museums, to support wellbeing, social inclusion, etc.	ETE	20
Bikeability - cycling promotion	ETE	35
Changing behaviours of staff within CCC	ETE	30
Registration and Library Service promotions	CS	10
TOTAL Public Health spend		21,230

Budgets and outturns for the whole Public Health grant for 2013/14 are shown below. Underspends against the grant allocations have been carried forward to 2014/15 within the relevant services.

Directorate	Public Health services to be funded	Public Health Budget 2013/14 £'000	Public Health Outturn 2013/14 £000	Underspend carried forward to 2014/15
Public Health directorate	Existing public health services (excluding drug and alcohol misuse services)	£14,153	£13,404 (inc £135k for Gainsborough)	£749
Drug and Alcohol Action Team (CFA Directorate)	Existing drug and alcohol misuse services	£5,742 (exc £135k Gainsborough)	£5,627	£115
CFA, ETE, Corporate Directorates (see above)	Existing council services which have a positive impact on health	£1,335	£1,233	£102
TOTAL		£21,230	£20,264	£966

Appendix 6 – Debt Management

Debt is closely managed throughout the year, with Finance taking an active role in chasing amounts outstanding. Monthly full self-service reports are produced and circulated to all budget holders, with monthly summary debt reports being shared with Directors.

Directorate	Debt 4-6 Months Old			Debt over 6 months old			Secured Debts & Pay Plans		
	As at 28 th Feb £'000	As at 31 st Mar £'000	Change £'000	As at 28 th Feb £'000	As at 31 st Mar £'000	Change £'000	As at 28 th Feb £'000	As at 31 st Mar £'000	Change £'000
Public Health	0	0	0	0	0	0	0	0	0

Total	0	0	0	0	0	0	0	0	0
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Debt Target 2013/14 £'000	0	0
Variance from Target	0	0

Appendix 7 – Prompt Payment Performance (Creditors)

% of Invoices Paid on Time	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
Manual Invoices	96.3%	97.7%	100.0%	100.0%	100.0%	97.8%	100.0%	97.8%	99.2%
Self Billing Invoices	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Interface Invoices	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Purchase Cards	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Overall	99.5%	99.8%	100.0%	100.0%	100.0%	99.7%	100.0%	99.8%	99.8%
Cumulative Performance	99.8%	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%

The council's performance target for payment of undisputed invoices is 97% paid within 30 days. The following performance targets are used –

- > 97% Excellent
- > 95% Very Good
- > 93% Good
- > 90% Satisfactory
- < 90% Poor

The cumulative performance from corporate reports of 99.9% significantly exceeds the 'Excellent' threshold.

Appendix 8 : Public Health PMF Dashboard

The Public Health Service Performance Management Framework (PMF) for March can be seen within the tables below:

	More than 5% away from YTD target
	Within 5% of YTD target
	YTD Target met

↓	Below previous month actual
↔	No movement
↑	Above previous month actual

HEALTH IMPROVEMENT												
Service	Measures											
	Overall RAG status	Measure	Y/E Target 2013/14	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
Sexual Health & Family Planning : Treating and caring for people in a safe environment and protecting them from avoidable harm	A	Prevalence of Chlamydia. Number of positive screens.	651	651	601	92%	R	96%	63	108%	↑	
		Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach	18119	18119	13740	76%	R	104%	1427	82%	↓	Information based on attendances
		GUM Access - Clinic 6 Oaktree Centre - 90% within 2 working days	90%	90%	95%	95%	G	98%	90%	95%	↓	Information based on attendances
		GUM Access - other (includes services in Cambridge, Ely and Fenland) - 90% within 2 working days	90%	90%	84%	84%	R	92%	90%	92%	↔	Information based on attendances
		DHIVERSE (HIV Prevention)										Information awaited
		LARC - access to long acting reversible contraception - Implanon Insertion	2618	2618	2826	108%	G	106%	218	107%	↑	Targets are based on 2012/13 actuals. LARC is running above all expectations year to date. February has seen an decrease in attendances.
		LARC - access to long acting reversible contraception - Implanon Removal	2047	2047	2210	108%	G	93%	171	117%	↑	
		LARC - access to long acting reversible contraception - IUCD Insertion	2781	2781	2928	105%	G	101%	231	103%	↑	
		LARC - access to long acting reversible contraception - 6/52 checks	1697	1697	1814	107%	G	101%	141	134%	↑	
		Access to contraception and family planning	14175	14175	14712	104%	G	106%	1116	100%	↓	
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Ensuring Health Check invitations are sent, and health checks carried out	26959	26959	18004	67%	R	52%	2702	65%	↑	Targets are based on 2012/13 actuals. Invitations are being sent out by the GP practices, but it would appear that the current uptake is very low
		Smoking Cessation - four week quitters	3900	3136	2472	79%	R	67%	429	56%	↓	Figures for January showed no impact as expected with New Year quitters
		School Nursing : one to one activities	6800	6800	9688	142%	G	162%	536	225%	↑	Activity is currently exceeding expectations, and the only dips anticipated will be around the school holiday periods
		School Nursing : Group activities	3200	3200	5796	181%	G		252	346%	↑	
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	92%	92%	G	92%	90%	92%	↔	
		Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	92%	92%	G	92%	90%	92%	↔	
		Personal Health Trainer Service - number of referrals received	2205	919	828	90%	R	77%	184	96%	↑	Plans in place to increase referrals.
		Personal Health Trainer Service - number of initial assessments completed	1874	781	847	108%	G	124%	156	83%	↓	Plans in place to increase assessments.
		Personal Health Trainer Service - Personal Health Plans produced	1593	665	547	82%	R	82%	133	66%	↓	
		Personal Health Trainer Service - Personal Health Plans completed	1115	465	376	81%	R	81%	93	85%	↑	

* All figures received in April, relate to March year end actuals.

** 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.