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Public Health Directorate

Finance and Performance Report – January 2015

1. SUMMARY

1.1 Finance

Previous Status	Category	Target	Current Status	Section Ref.
-	Income and Expenditure	Balanced year end position	Green	2.1

1.2 Performance Indicators

Monthly Indicators	Red	Amber	Green	No Status	Total
December (No. of indicators)	10	1	7	0	18

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Dec) £000	Directorate	Current Budget for 2014/15 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
0	Health Improvement	8,982	-388	-5.7%	0	0.0%
0	Children Health	1,710	-27	-2.1%	0	0.0%
0	Adult Health & Well Being	895	-246	-37.9%	-220	-24.6%
0	Intelligence Team	37	-37	-118.6%	0	0.0%
0	Health Protection	20	-12	-71.0%	0	0.0%
0	Programme Team	189	-46	-30.3%	0	0.0%
0	Public Health Directorate	2,805	-339	-14.4%	-135	-4.8%
0	Total Expenditure	14,637	-1,096	-9.7%	-355	0.0%
0	Anticipated carry-forward of Public Health grant	0	0	0.0%	355	0.0%
0	Total Income	-14,637	0	-0.0%	0	0.0%
0	Net Total	0	-1,096		0	

The service level budgetary control report for January 15 can be found in [appendix 1](#).

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

2.2 Significant Issues

An ear-marked reserve has been set aside from non-recurrent underspends on 2013/14 and 2014/15 public health grant funding, in order to ensure £400k non-recurrent public health funding is available to support falls prevention in 2015/16 and 2016/17

It is also anticipated that reserves will increase by £220k as a result of delayed expenditure in the NHS Health Checks Programme, and £135k as a result of current year underspend on training for Council staff in motivating clients towards healthy behaviours (part of the cross-directorate public health MOU).

Details of variances from budget at this point in the year are explained at appendix 2.

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

Public Health is funded by a ring-fenced grant in the sum of £22.3m. Of this, £14.6m 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)

There have been no virements made in the year to date, and this can be seen in [appendix 4](#).

Transfers to earmarked reserves have been made of £500k to Healthy Fenland Fund and £400k to Falls Prevention Fund, and this can be seen in [appendix 5](#)

3. BALANCE SHEET

3.1 Reserves

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

4. PERFORMANCE

4.1 The Public Health Service Performance Management Framework (PMF) for December 2014 can be found in [Appendix 6](#).

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

Sexual Health:

October 1st 2014 saw the start of the new Integrated Sexual Health and Contraception Contract which has new trajectories for each of its constituent services. New trajectories have been developed for all the services.

Access to Sexual Health Services within 48 Hours

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
GUM Access - Clinic 6 Oaktree Centre - 80% within 2 working days (from 1 October 2014)	80%	80%	55%	55%	R	48%	80%	55%	↑

- The target of 80% of GUM patients being seen within 48 hours of contacting the services was not met. The service continues to be severely affected by the Addenbrookes "e Hospital" issues which has created serious data problems and the diversion of clinical staff to address the subsequent issues, ensuring that results are correct and following up with patients. These are now being monitored on a daily basis to ensure compliance improves. New laboratory arrangements are now in place as from the last week of January and there have been immediate improvements

Chlamydia Screening

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Prevalence of Chlamydia. Number of positive screens. (from 1 October 2014)	686	270	200	74%	R	73%	110	61%	↓
Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach, remote testing (from 1 October 2014)	9060	4098	3005	73%	R	78%	1580	52%	↓

- Chlamydia Screening is part of the new Sexual Health and Contraception Services
- The new Chlamydia target includes performance data from all the CCS services where screening is offered, and outreach activity. In addition GP practice and remote testing screens are included in this total as CCS has responsibility for promoting and supporting these services.
- In October following a competitive process a new provider for the online chlamydia screening service started a new contract. There have been some issues with signposting to the new provider on the website of the former provider which has affected uptake of this service. This is being addressed working with the National Chlamydia Screening Team and NHS Choices
- Cambridgeshire Community Services has contracted with the Terence Higgins Trust to provide the outreach programme in the north of the county and will bring considerable experience of working with hard to reach groups. This is expected to increase the number of screens and the number of positives identified. However the programme has also been affected by the Addenbrookes e Hospital issue with efforts being diverted to ensuring that results are obtained and followed up.
- 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 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 one of the highest in the East of England but historically a low number of positive screens have been diagnosed. This reflects the unclear picture of Chlamydia in the County
- Chlamydia Screening Programme includes screening sites in GP practices, community pharmacies and contraceptive and sexual health services, 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.

Long Acting Reversible Contraception (LARC):

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
LARC - access to long acting reversible contraception - Implanon Insertion	3098	2188	1864	85%	R	76%	183	84%	↑
LARC - access to long acting reversible contraception - IUCD Insertion	3204	2399	2130	89%	R	86%	232	77%	↓

The Long Acting Reversible Contraception (LARC) targets are based on actual figures achieved in 2013/14. Historically targets have been exceeded each year. This was associated with a training programme that ran between 2011 and 12. However there has been fall off in performance this year. Part of this being addressed by interrogation of the data. However there are issues with GP practice staff retiring or leaving. A training needs analysis is being developed that will inform a new training programme that will be delivered in collaboration with the new SH service

Health Checks:

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Number of Health Checks completed	20000	15,000	12,146	81%	R	81%	15,000	81%	↔
Percentage of people who received a health check of those offered	50%	40%	40%	40%	G	n/a	40%	40%	↔

- Health Checks is cardio vascular risk assessment offered to people between the ages of 40 to 74. There is a 5 year rolling programme and each year up to 20% of the eligible population should be invited to a health check. The important indicators are the number of health checks completed and the number of those invited who actually complete a health checks (the conversion rate). The Health Checks Programme is provided by GP practices that are responsible for sending out invitations to the eligible population. The main concern has been the low take up of the invitations to a health check.
- The conversion rate for 13/14 was 40.6%. Nationally it was 49%. In Cambridgeshire 24.7% of the eligible population was offered a health check and 10% of the eligible population had a health check. Nationally the figures were 18.5% and 9%. In terms of overall numbers of health checks the target was 26,959 and 18,256 was achieved
- Reporting of Health Checks is quarterly. In 14/15 Q1 76% of the target number of health checks was achieved, Q2 the figure was 80% of the target to date being achieved. In Q3 the figure was 81%. However there was a drop in the percentage of health checks that were converted from offered to completed i.e. 42% in Q2 to 40%
- This year there is a comprehensive Improvement Programme which involves staff training, new data collection software for practices, awareness campaigns for the public and additional staff support for practices. A CHD nurse has been commissioned to work with practices to improve quality of the offer. In addition in Fenland a mobile service has been established and is visiting factories to offer Health Checks especially to those more hard to reach groups.

Stop Smoking Programme:

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Smoking Cessation - four week quitters	3600	2059	1364	66%	R	58%	283	58%	↔

- 76% of the stop smoking target for 2013/14 was achieved, a drop from 92% in 12/13. This is reflected in the national trend that is attributed at least in part to the use of e-cigarettes. The lower level of performance is continuing in 14/15 in Cambridgeshire with the performance figures generally remaining static, at circa 65-70% of the monthly performance target. However for the past two months this has been 58%
- Performance in GP practices was especially poor and there is a consistent problem with recruiting smokers to make quit attempts. There is an ongoing programme to improve performance with CamQuit the core service providing increasingly higher levels of support to the other providers along with promotional activities. Practices are regularly visited with poor performers being targeted.
- A wide ranging intervention plan has been developed that will focus upon Fenland. This includes a mobile workplace service, a migrant worker Health Trainer post that will target these communities where smoking rates are high, a wide ranging promotional campaign and recruitment of an additional Stop Smoking Advisor to focus upon Fenland.
- Smoking rates in Cambridgeshire are also high amongst routine and manual workers and the programme of intervention also targets these groups.

- A recent update to the Public Health Outcomes Framework has shown a positive movement in smoking prevalence, with a statistically significant fall in the percentage of adults smoking across the County between 2012 and 2013. However inequalities in smoking rates remain, with the prevalence in Fenland and amongst manual workers being statistically significantly higher than the Cambridgeshire average.

School Nursing:

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
School Nursing : Contacts made	8125	5833	7234	124%	G	130%	625	136%	↑
School Nursing : Group activities	4784	3435	2764	80%	R	49%	368	36%	↑

- A new service specification and key performance indicators for School Nursing have been agreed. A new performance template has been developed and this will be used to understand baseline activity. Over the next year we will be able to agree targets in areas which contribute towards public health outcomes and reflect this in our reporting. This will also reflect the activity across different parts of the county. The fall in the performance of group activities that occurred in December reflected the Christmas holidays. It is anticipated that these activities will continue to recover following the start of the new term in January.

Childhood obesity:

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%			104%	G	104%	90%		↔
Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%			106%	G	106%	90%		↔

- 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 i.e. the number of children measured, and obesity rates are monitored. Appointments are made with schools but change over the year so there is no monthly trajectory for the measuring target. The obesity rates are released after the end of the school year when the data has been cleaned and the annual rate is then available. The results for the 13/14 year have recently been released and have the following headlines
 - Participation rates were 95.4% in Reception and 94.2% in Year 6 (England was 93.8% and 93.6% respectively)
 - Reception obesity = 8.1% (9.5% England) – an increase from 7.5% in 2012/13
 - Year 6 obesity = 16.2% (19.1% England) – an increase from 15.8% in 2012/13. Both have also increased nationally.

Fenland remains the highest for obesity prevalence and had a statistically significantly high Year 6 proportion compared to Cambridgeshire in 2013/14.

Health Trainer Service

Measure	Y/E Target 2014/15	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)
Personal Health Trainer Service - number of referrals received	1286	367	295	80%	R	104%	184	57%	↓
Personal Health Trainer Service - number of initial assessments completed	1093	312	320	103%	G	148%	156	88%	↓
Personal Health Trainer Service - Personal Health Plans completed	650	185	365	197%	G	252%	93	141%	↓
Number of referrals from Vulnerable Groups	386	64	89	139%	G	209%	32	241%	↑

- The Health Trainer Service is a lifestyle service focusing on supporting people to make healthy lifestyle changes. It is based in GP practices found in the 20% most deprived areas. The Health Trainer contractual year runs from November October. The area where performance has remained lower is the number of referrals to the service and reflects staff turnover associated with the Service being currently tendered. There have been periods when some practices have had a limited service and referrals have fallen. However the Service's other key indicators have been above target performance. The Service is affected by pressures experienced by other services dependent on referrals from GP practices. Many practices have considerable capacity issues and are struggling with meeting targets.

4.2 The detailed Service performance data can be found in [appendix 6](#).

5 PUBLIC HEALTH MEMORANDUM OF UNDERSTANDING 2015/16

- 5.1** At the Health Committee meeting on 15th January 2015, the Committee agreed 'to note progress with development of action plans for shared public health priorities across Council directorates, which will lead to a revision of the current public health memorandum of understanding (PHMOU), to be brought to the Committee in March'
- 5.2** In addition an internal audit review of public health grant spend across directorates in 2013/14 recommended developing the PHMOU into a comprehensive framework document which will clearly set out the allocation of grant money to services, the health outcomes which are expected to be achieved through this, and how this will be monitored.
- 5.3** The financial allocation of the public health grant to each Executive Directorate was agreed as part of the 2015/16 Business Plan by full Council on February 17th (see section 4, page 190 of the Business Plan). However the 2015/16 Business Plan did not describe the further detail of the activities and public health outcomes which the grant into each executive directorate would fund.
- 5.4** Appendix 7 lays out the detailed proposals for allocating public health grant funding into other Council Directorates, through the 2015/16 PHMOU. Appendix 8 demonstrates how the PHMOU has been developed into a comprehensive framework document. The example given is the MOU with the Customer Services and Transformation Directorate (CS&T), and the use of the same

template has been agreed for Children, Families and Adults Executive Directorate (CFA) and for Economy Transport and Environment Executive Directorate (ETE).

- 5.5 In relation to the shared priorities work across directorates, Committee is asked to note that the focus of the shared priority action plan with ETE to promote walking and cycling,, brought to the Health Committee in January, has since changed. Further work showed that the projects initially identified for this priority, which targeted specific schools, would not be eligible for public health grant funding. PH grant funding is now aligned with ETE work on transport strategies in Fenland, East Cambridgeshire and Huntingdonshire (where population physical activity rates are lower than in the south of the County, and obtaining external grants for active travel infrastructure is more challenging) and with work to promote safe active travel for cyclists and walkers.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Health Improvement								
0	Sexual Health STI testing & treatment	4,552	3,598	3,536	-61	-1.70%	0	0.00%
0	Sexual Health Contraception	1,187	891	801	-90	-10.10%	0	0.00%
0	National Child Measurement Programme	86	72	42	-30	-41.79%	0	0.00%
0	Sexual Health Services Advice Prevention and Promotion	256	232	164	-69	-29.56%	0	0.00%
0	Obesity Adults	412	156	135	-21	-13.43%	0	0.00%
0	Obesity Children	182	88	79	-9	-10.26%	0	0.00%
0	Physical Activity Adults	97	89	46	-43	-47.92%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
0	Stop Smoking Service & Intervention	1,220	807	776	-31	-3.83%	0	0.00%
0	Wider Tobacco Control	31	31	30	-1	-1.96%	0	0.00%
0	General Prevention Activities	909	759	726	-33	-4.32%	0	0.00%
0	Dental Health	51	51	50	-1	-1.96%	0	0.00%
0	Health Improvement Total	8,982	6,774	6,386	-388	-5.73%	0	0.00%
Children Health								
0	Children 5-19 PH Programme	1,710	1,303	1,276	-27	-2.09%	0	0.00%
0	Children Health Total	1,710	1,303	1,276	-27	-2.09%	0	0.00%
Adult Health & Wellbeing								
0	1 NHS Health Checks Programme	757	525	293	-232	-44.20%	-220	-29.06%
0	Public Mental Health	102	89	75	-14	-15.70%	0	0.00%
0	Comm Safety, Violence Prevention	36	36	36	0	0.00%	0	0.00%
0	Adult Health & Wellbeing Total	895	650	404	-246	-37.85%	-220	-24.58%
Intelligence Team								
0	Public Health Advice	15	13	8	-5	-38.08%	0	0.00%
0	Info & Intelligence Misc	21	18	-14	-32	-176.54%	0	0.00%
0	Intelligence Team Total	37	31	-6	-37	-118.63%	0	0.00%
Health Protection								
0	LA Role in Health Protection	15	13	5	-8	-61.62%	0	0.00%
0	Health Protection Emergency Planning	5	4	0	-4	-100.00%	0	0.00%
0	Health Protection Total	20	17	5	-12	-71.03%	0	0.00%
Programme Team								
0	Obesity Adults	36	30	20	-9	-31.83%	0	0.00%
0	Stop Smoking no pay staff costs	31	26	19	-7	-26.85%	0	0.00%
0	General Prevention, Traveller, Lifestyle	122	98	68	-30	-30.80%	0	0.00%

0	Programme Team Total	189	153	107	-46	-30.34%	0	0.00%
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Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000 %		Forecast Variance Outturn (Jan) £'000 %	
	Public Health Directorate							
0	Health Improvement	488	410	370	-40	-9.86%		0.00%
0	2 Public Health Advice	910	765	610	-155	-20.31%	-135	-14.84%
0	Health Protection	227	191	127	-64	-33.49%		0.00%
0	Programme Team	1,026	863	821	-42	-4.87%		0.00%
0	Childrens Health	62	52	49	-3	-6.05%		0.00%
0	Comm Safety, Violence Prevention	33	28	25	-3	-9.94%		0.00%
0	Public Mental Health	59	50	18	-32	-63.73%		0.00%
0	Public Health Directorate total	2,805	2,359	2,020	-339	-14.37%	-135	-4.81%
0	Total Expenditure before Carry forward	14,637	11,287	10,191	-1,096	-9.71%	-355	0.00%
0	Anticipated Carry forward of Public Health grant	0	0	0	0	0.00%	355	0.00%
	Funded By							
0	Public Health Grant	-14,598	-14,598	-14,601	-3	0.02%		0.00%
0	Other Income	-39	-39	-36	3	-7.69%		0.00%
0	Income Total	-14,637	-14,637	-14,637	0	0.00%	0	0.00%
0	Net Total	0	-3,350	-4,446	-1,096	-	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 2014/15 £'000	Current Variance		Forecast Variance - Outturn	
		£'000	%	£'000	%
1. Adult Health & Wellbeing, NHS Health Checks Programme	757	-232	-44.2%	-220	-24.6%
It was anticipated that £70k would be spent on Software and £150k on POCT (Point of Care Testing) by the end of January. This expenditure has been delayed, and it is anticipated that it will be carried forward as an earmarked reserve and be spent in 2015/16					
2. Public Health Directorate, Public Health Advice	910	-155	-20.3%	-135	-14.8%
The grant income and the expenditure on the Public Health Directorate have been increased by £135k in January. This is a non-recurrent adjustment as Professional Assurance cannot be given to the £154k allocation in the cross-directorate MOU for 'Changing Behaviours' training for Council staff, less £19k allowable for training that can be assured. It is anticipated that this will transfer to the public health reserve.					

APPENDIX 3 – Grant Income Analysis

The table below outlines the allocation of the full Public Health grant.

Grant	Awarding Body	Expected Amount £'000
Public Health Grant as per Business Plan	DofH	22,299
Grant allocated as follows;		
Public Health Directorate		14,598
Children, Families & Adults Services		
Making Every Adult Matter		93
Community Navigators		119
Age UK Contract		51
Older People Day Services		51
Housing Related Support		51
Public Health Researcher		0
Personal, Social & Health Education		56
Children Centres		170
Mental Health Youth Counselling		111
Child & Adolescent Mental Health Trainer		71
Teenage Pregnancy		58
Drug & Alcohol Action Team		6,010
Changing Behaviours training - Staff in CCC		11
Economy, Transport & Environment Services		
Road Safety – Campaigns for Children		230
Road Safety – Accident awareness signs		20
Trading Standards – Kick Ash		31
Trading Standards – Alcohol underage sales		15
Trading Standards – Grants to encourage sporting activities		25
Trading Standards – Arts/Museums, to support wellbeing, social inclusion etc		20
Bikeability – cycling promotion		36
Registration & Library Service promotions		10
Changing Behaviours training - Staff in CCC		4

Grant	Awarding Body	Expected Amount £'000
Corporate Services		
Research		51
Health & Wellbeing Board Support		26
Contact Centre		20
Overhead functions on behalf of Public Health		102
Changing Behaviours training - Staff in CCC		4
Overheads associated with Public Health function (LGSS Managed)		100
LGSS Cambridge Office		
Overheads associated with Public Health function		155
Total Public Health Grant		22,299

APPENDIX 4 – Virements and Budget Reconciliation

	£'000	Notes
Budget as per Business Plan	14,482	
Non-material virements (+/- £160k)	0	
Budget Reconciliation	20	PH Researcher now funded from PH, funding no longer transferred to CFA
Budget Reconciliation	135	Expenditure allocated in MOU for Changing Behaviours training (net of allowable expenditure on training) now moved back to PH Directorate non-recurrently.
Current Budget 2014/15	14,637	

APPENDIX 5 – Reserve Schedule



Fund Description	Balanc e at 31 March 2014	2014/15		Forecast Balance at 31 March 2015	Notes
		Movements in 2014/15	Balance at 31 Jan 15		
		£'000	£'000		
General Reserve					
Public Health carry-forward	749	20	769	769	Amendment to 13/14 re PH Researcher
				135	Adjustment reference non eligible expenditure
subtotal	749	20	769	904	
Equipment Reserves					
Equipment Replacement Reserve	0	0	0	0	
subtotal	0	0	0	0	
Other Earmarked Funds					
Healthy Fenland Fund	0	500	500	500	
Falls Prevention Fund		400	400	400	Anticipated spend over 2 years
NHS Healthchecks programme				220	Delayed expenditure
Other Reserves (<£50k)	0	0	0	0	
subtotal	0	900	900	1,120	
SUB TOTAL	749	920	1,669	2,024	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

It should be noted that £217k of the ring-fenced Public Health grant was carried forward by other service areas into 2014/15.

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	Hungary: 10th country from 1st August
	Slovakia: 11th from 1st August
	Poland: 12th from 1st August

	Red flower icon
	Yellow flower icon
	Green flower icon

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and the β parameter is the inverse of the variance of the error term.

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APPENDIX 7:

Public Health Memorandum of Understanding 2015/16: Summary of public health grant funding managed by directorates other than the Public Health Directorates

Children Families and Adults Executive Directorate (CFA)

Drug and Alcohol Action Team (DAAT)

Commissioning of services for drug and alcohol misuse	£6269k
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Total DAAT	£6269k
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CFA Shared priorities

Reducing self harm among children and young people

Voluntary sector counselling for children & young people	£111k
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CAMH mental health trainer	£71
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Contribution to anti-bullying strategy	£7k
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Older people's physical activity: promoting mental health and falls prevention

Physical activity promotion through tier 1 and tier 2 day services	£150k
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Total CFA shared priorities	£339k
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CFA General Public Health

Children's Centres: public health interventions	£170k
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Kick Ash –reducing smoking among children and young people	£56k
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Homelessness and health:

Chronically excluded adults team (MEAM)	£93k
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Improving health through housing related support	£16k
--	------

Total CFA general public health	£325k
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Total public health grant funding into CFA	£6933k
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Economy Transport and Environment Executive Directorate (ETE)

ETE Shared priorities

Increasing physical activity through active travel (walking and cycling) with a focus on areas of the county with low physical activity rates

Developing sustainable transport strategies	£40k
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Overcoming safety barriers to active travel (schools focus)	£55k
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Explore additional interventions for cyclist/pedestrian safety	£30k
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Reducing road traffic injuries and deaths

Child road safety	£65k
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Young drivers/riders and their passengers	£20k
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Road user behaviour change campaigns	£55k
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Engaging with communities in Fenland:

Fenland learning centres	£90k
Business and Communities team	£10k
Total ETE shared priorities	£365k

ETE General public health

Business and Communities Team

Kick Ash – reducing smoking amongst children and young people	£31k
Alcohol under-age sales – input to licensing and test purchasing	£15k
Illicit tobacco – joint working	£7k

Total ETE general public health	£53k
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Total Public Health grant funding into ETE	£418k
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Customer Services and Transformation Directorate (CS&T)

CS&T Shared priorities

Engaging with communities in Fenland

Community engagement and timebank	£28.5k
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Total CS&T shared priorities	£28.5k
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CS&T General public health/support services

Research (including JSNA programme manager)	£51k
Health and wellbeing board support	£27k
Communications support	£25k
Strategic advice, strategy development and corporate support	£22k
Use of contact centre	£6.5k
Emergency planning support	£5k
LGSS managed overheads (includes IT, office base etc)	£100k

Total CS&T general public health/ support services	£236.5k
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Total Public Health grant funding into CS&T	£265k
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LGSS Cambridge Office

Overheads associated with public health function	£220k
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Total public health grant managed in other service areas	£7836k
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APPENDIX 8

Public Health Memorandum of Understanding

Customer Services and Transformation Directorate:

Duration: April 2015 - March 2016

1.0 Introduction

This MOU sets out the understanding between Director of Public Health (DPH) and the Director of Customer Services and Transformation (DCS&T) as to how the CS&T Directorate will engage with and support the delivery of the public health functions of Cambridgeshire County Council.

2.0 Background

Following the implementation of the Health and Social Care Act (2012) Cambridgeshire County Council has a statutory public health duty to 'take such steps as it considers appropriate for improving the health of the people in its area'. Funding has been transferred from the NHS to the County Council in the form of a ring-fenced public health grant from the Department of Health, to support the new public health functions of the Council. The Council's constitution delegates the Council's public health functions to the Health Committee. The Health and Social Care Act (2012) gives statutory accountability for delivery of these functions to the Director of Public Health.

3.0 Purpose

A range of Council services outside the Public Health Directorate impact on public health, and about one third of public health ring-fenced funding is spent within these services. The purpose of this MOU is to establish clear governance and monitoring for public health funded services outside the public health directorate in order to:

- a) Ensure that all ring-fenced public health grant spend meets the grant conditions and is fully auditable
- b) Provide assurance to the Health Committee and Director of Public Health on delivery of the Council's public health functions, for which they are statutorily accountable.
- c) Support wider Council services receiving public health grant to fully understand the Council's new public health functions, and to maximise their effectiveness in delivering these functions.

4.0 Objectives

This MOU outlines how CS&T directorate will

- a) Work with the Public Health Directorate in 2014/15 to deliver the general public health functions of the Council through:

- Incorporation of public health outcomes into corporate strategies and policies
- Research Group support to JSNA and other public health analyses
- Communications and press office support to campaigns, communication strategies and reactive press releases
- Officer support for the Health and Wellbeing Board
- Emergency planning e.g. LRF payment, out of hours support to health SCG secretariat
- Contact centre support (e.g. winter warmth)

b) Support the shared public health priority of engaging with the community in Fenland

5.0 Activities

5.1 General public health functions

Incorporation of public health outcomes into corporate strategies and policies:

CS&T will support the development of a public health strategy for Cambridgeshire, by advising how to shape the public health strategy so that it is well integrated with County Council corporate strategies and policies.

CS&T will enable and support public health staff to input to whole Council strategies and policies led or co-ordinated by CS&T staff.

Research Group support to JSNA and other public health analyses

CS&T Research Group will provide

- [JSNA programme management]
- demographic information and analyses
- consultation support
- access and support for the public health elements of the Cambridgeshire Insight website
- other tailored analyses as appropriate

for the JSNA process and other public health analyses, within the resource envelope outlined in the MOU financial breakdown (Annex A)

Communications and press office support

CS&T will provide approximately 0.5 wte press office support to the public health directorate, including

- advice and support on public health campaigns
- general communications support to the Health Committee and Health and Wellbeing Board
- reactive work on public health issues.

Officer support to Health and Wellbeing Board

CS&T Policy and Projects Officer will work with supervision from the DPH on:

- Researching and writing papers for the HWB Board
- Organising stakeholder days and development meetings
- Preparing the HWB Board newsletter
- Dealing with queries in relation to HWB Board business
- Agenda planning for HWB Officer Support Group and (working with democratic services) the HWB Board meetings.
- Staying up to date with policy, legislation and guidance regarding HWB Boards and briefing the DPH and Members appropriately.
- Bringing a HWB Board perspective to relevant officer working groups (e.g. working group on future of the Children's Trust).

Administrative support will be provided by the public health directorate

Emergency Planning

CS&T Emergency Management Team will

- Provide £2.5k public health grant contribution to the LRF secretariat as part of the wider County Council contribution:
- Provide general support and guidance for the County Council Health Emergency Planning Officer on corporate issues and plans.
- Contribute to public health emergency planning through attendance at the Local Health Resilience Partnership
- Provide out of hours support through (a) including the DPH in information circulated about ongoing incidents which may impact on health (b) maintaining 24/7 availability through the existing EMT rota to provide the secretariat for a Health led SCG.

Contact Centre Support

- Provide direct support to specific public health initiatives as the contact number for the general public (e.g. Winter warmth programme)
- Provide analyses of contacts from the public. to inform public health strategy and programmes.

External website presence and support

- *TBC*

5.2 Shared priority: Engaging with communities in Fenland

CS&T community engagement staff will support delivery of the “shared public health priorities” action plan for engaging with communities in Fenland. The action plan is attached as Annex B and includes strategic advice and support from CS&T staff on the following projects:

- Increase the capacity and skills for adopting a community engagement approach within existing and new areas of work
- Identify projects that can be develop and expanded to increase community engagement
- Increasing skills and capacity to engage communities
- Building Community leadership
- Increasing Community led Interventions
- Identification and support provided for community leaders
- Establish a community chest fund for Fenland

6.0 Compliance with public health grant conditions:

Checklists demonstrating that funding allocated to the CS&T services included in this MOU is in compliance with ring-fenced public health grant conditions are attached at Annex C.

7.0 Reporting

7.1 Reporting of activity and outcomes: General public health functions

Delivery of the activities and outcomes outlined under ‘General Public Health Functions’ will be defined where possible by agreed KPIs (see Annex D). In many cases these will be KPIs which are already collected by the service and should not be onerous to collect/report. They should be designed to confirm that activities are effective and deliver value for money. The DPH and DCS&T will meet quarterly to

review activity in relation to the PH MOU, identify any further opportunities to enhance joint working, and raise any issues or concerns.

7.2 Reporting of activity and outcomes: Shared public health priorities

Delivery of CS&T activities to support shared public health priority

- Engaging with the community in Fenland

Will be monitored through the KPIs for shared priority action plan, and reviewed quarterly by the cross directorate Shared Public Health Priorities Steering Group.

7.3 Reporting of spend against the public health grant

Spend against the public health grant in CS&T will be monitored by the Service with assistance by the Finance Team as required. Monitoring will be on a quarterly or six monthly basis, depending on the size and nature of the spend, using the spreadsheet in Annex E.

7.4 Reports to Health Committee and Department of Health

The Health Committee will receive a quarterly performance report on the activity and outcomes of all services included in the Public Health MOU.

The Health Committee will receive a quarterly finance report on all spend against the public health MOU. The same spending figures will be used for quarterly RO returns to the Department of Health.

7.5 Process when public health spend or activity is not delivered

Where the allocated public health grant is not spent in year due to vacancies or for other reasons, the funds saved should be returned to the ring-fenced public health reserve. Where funding is spent but agreed activity is not delivered, this should be discussed at quarterly review meetings. If it is not possible to demonstrate delivery of activity which meets the public health grant conditions, alternative routes to deliver the service and meet grant conditions should be discussed. If no alternative is possible and compliance with grant conditions cannot be demonstrated, then as a last resort funds should be returned to the public health reserve.

8.0 Duration and review

This MOU is for the financial year 2015/16. It will be reviewed in January 2016 in preparation for financial year 2016/17.

9.0 Contact information:

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CS&T: sue.grace@cambridgeshire.gov.uk