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Public Health Directorate

Finance and Performance Report – November 2014

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
October (No. of indicators)	6	3	9	0	18

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Oct) £000	Directorate	Current Budget for 2014/15 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %
-500	Health Improvement	9,022	-295	-6.4%	0	0.0%
0	Children Health	1,670	-2	-0.3%	0	0.0%
0	Adult Health & Well Being	895	-32	-10.2%	0	0.0%
0	Intelligence Team	37	-35	-141.5%	0	0.0%
0	Health Protection	20	-14	-100.0%	0	0.0%
0	Programme Team	189	-37	-31.5%	0	0.0%
0	Public Health Directorate	2,670	-206	-11.6%	0	0.0%
-500	Total Expenditure	14,502	-620	-14.2%	0	0.0%
500	Anticipated carry-forward of Public Health grant	0	0	0.0%	0	0.0%
0	Total Income	-14,502	2	-0.0%	0	0.0%
0	Net Total	0	-618		0	

The service level budgetary control report for November 14 can be found in [appendix 1](#).

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

2.2 Significant Issues

The £500k earmarked from known underspends to pump prime a Healthy Fenland Fund has been transferred to an earmarked reserve to be used as outlined in 'Service Committee Review of the final draft 2015-20 revenue proposals' paragraph 5.5.

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 minimis reporting limit = £160,000)

Public Health is funded by a ring-fenced grant in the sum of £22.3m. Of this, £14.5m 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 minimis reporting limit = £160,000)

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

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 October 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 - 90% within 2 working days	90%	90%	62%	69%	R	96%	90%	62%	↓

- The target of 90% of GUM patients being seen within 48 hours of contacting the services was not met. This reflected the transfer of the Addenbrooke's Hospital Service to Cambridgeshire Community Services (CCS). To facilitate the move Addenbrooke's Hospital booked appointments within a week of the initial contact by patients to enable the physical move of staff, records and equipment to the new premises.

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.	686	70	67	96%	A	65%	70	96%	↑
Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach, remote testing	9060	1138	1109	97%	A	89%	1138	97%	↑

- 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.
- 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.
- 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 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 14/15
- 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	1715	1504	88%	R	83%	305	61%	↓
LARC - access to long acting reversible contraception - IUCD Insertion	3204	1899	1593	84%	R	104%	287	52%	↓

The Long Acting Reversible Contraception (LARC) targets are based on actual figures achieved in 2013/14. Performance has improved over the past three years and over that period was consistently exceeding the trajectory. This reflects the improved ongoing training programme that has been accessed by primary care staff providing the service. There are two types of LARCs provided. The two types remain below the YTD target and achievement of the monthly target varies between the two types. This month activity in both LARC services has dropped considerably. Currently poor data returns from practices are being followed up with some data being returned for checking by the practices. Visits to practices are also taking place. The data will be revised following completion of these actions.

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	10,000	7947	80%	R	80%	10000		↑

- 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 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 final end of year Health Checks data indicated that in Q4 there was an increase in the conversion rate from 39% in Q3 to 45.8%. However the figure for the whole of 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. The Q2 figures showed an improvement to 80% of the target to date being achieved. Importantly there was improvement in the number of health checks that were converted from offered to complete i.e. 42% from an annual figure of 41%. This represents efforts to encourage practices to improve their style of invitations and to promote the programme generally

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.

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	1471	1023	70%	R	65%	279	62%	↓

- 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, ranging from 65-70% of the monthly performance target. This month this has dropped to 62%.
- 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)
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School Nursing : Contacts made	8125	4375	5299	121%	G	94%	625	148%	↑
School Nursing : Group activities	4784	2576	2382	92%	A	7%	368	102%	↑

- A new service specification and Key performance indicators for School nursing have been developed . 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.

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%			105%	G	105%	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 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 also decreased nationally.
 - 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%.
- The 2013/14 Measurement Programme coverage target has been met. The final data for the Measurement Programme is expected shortly

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	2205	2205	1957	89%	R	82%	184	84%	↑
Personal Health Trainer Service - number of initial assessments completed	1874	1874	2244	120%	G	100%	156	197%	↑
Personal Health Trainer Service - Personal Health Plans completed	1115	1115	1391	125%	G	105%	98	616%	↑

- The Health Trainer Service is a lifestyle 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. 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 referral have fallen. However the Service's other key indicators there has been above target performance

4.2 The detailed Service performance data can be found in appendix 6.

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov)	
					£'000	%	£'000	%
Health Improvement								
-99	Sexual Health STI testing & treatment	4,592	2,109	2,038	-71	-3.39%	0	0.00%
0	Sexual Health Contraception	1,187	692	626	-66	-9.53%	0	0.00%
0	National Child Measurement Programme	86	43	42	-1	-2.73%	0	0.00%
-30	Sexual Health Services Advice Prevention and Promotion	256	177	125	-52	-29.41%	0	0.00%
0	Obesity Adults	372	158	135	-23	-14.46%	0	0.00%
0	Obesity Children	182	94	68	-26	-27.84%	0	0.00%
0	Physical Activity Adults	97	54	46	-8	-14.17%	0	0.00%
0	Physical Activity Children	0	0	0	0	0.00%	0	0.00%
-186	Stop Smoking Service & Intervention	1,260	633	565	-68	-10.71%	0	0.00%
0	Wider Tobacco Control	31	31	30	-1	-1.96%	0	0.00%
-185	General Prevention Activities	909	557	588	31	5.51%	0	0.00%
0	Dental Health	51	10	0	-10	-100.00%	0	0.00%
-500	Health Improvement Total	9,022	4,558	4,263	-295	-6.47%	0	0.00%
Children Health								
0	Children 5-19 PH Programme	1,670	757	755	-2	-0.32%	0	0.00%
0	Children Health Total	1,670	757	755	-2	-0.32%	0	0.00%
Adult Health & Wellbeing								
0	NHS Health Checks Programme	757	200	188	-12	-5.97%	0	0.00%
0	Public Mental Health	102	75	55	-20	-26.40%	0	0.00%
0	Comm Safety, Violence Prevention	36	36	36	0	0.00%	0	0.00%
0	Adult Health & Wellbeing Total	895	311	279	-32	-10.19%	0	0.00%
Intelligence Team								
0	Public Health Advice	15	10	5	-6	-54.91%	0	0.00%
0	Info & Intelligence Misc	21	14	-15	-29	-203.80%	0	0.00%
0	Intelligence Team Total	37	25	-10	-35	-141.53%	0	0.00%
Health Protection								
0	LA Role in Health Protection	15	10	0	-10	-100.00%	0	0.00%
0	Health Protection Emergency Planning	5	3	0	-3	-100.00%	0	0.00%
0	Health Protection Total	20	14	0	-14	-100.00%	0	0.00%
Programme Team								
0	Obesity Adults	36	24	18	-6	-23.52%	0	0.00%
0	Stop Smoking no pay staff costs	31	20	12	-9	-42.61%	0	0.00%
0	General Prevention, Traveller, Lifestyle	122	72	50	-22	-31.04%	0	0.00%

0	Programme Team Total	189	116	80	-37	-31.54%	0	0.00%
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Forecast Variance Outturn (Oct) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of Nov £'000	Actual to end of Nov £'000	Current Variance		Forecast Variance Outturn (Nov)	
					£'000	%	£'000	%
	Public Health Directorate							
0	Health Improvement	446	297	261	-36	-12.22%	0	0.00%
0	Public Health Advice	862	575	562	-13	-2.20%	0	0.00%
0	Health Protection	146	97	37	-60	-61.33%	0	0.00%
0	Programme Team	1,027	683	648	-36	-5.22%	0	0.00%
0	Childrens Health	62	41	38	-3	-8.06%	0	0.00%
0	Comm Safety, Violence Prevention	31	21	19	-2	-8.06%	0	0.00%
0	Public Mental Health	96	64	8	-56	-87.5%	0	0.00%
0	Public Health Directorate total	2,670	1,778	1,573	-206	-11.56%	0	0.00%
-500	Total Expenditure before Carry forward	14,502	7,558	6,939	-620	-8.20%	0	0.00%
500	Anticipated Carry forward of Public Health grant	0	0	0	0	0.00%	0	0.00%
	Funded By							
0	Public Health Grant	-14,463	-10,847	-10,847	0	0.00%		0.00%
0	Other Income	-39	-20	-18	2	-7.69%		0.00%
0	Income Total	-14,502	-10,867	-10,865	2	-0.02%	0	0.00%
0	Net Total	0	-3,309	-3,926	-618	-	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	%
None					

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		14,463
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 of Staff in CCC		92
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 of Staff in CCC		31

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 of Staff in CCC		31
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)	20	PH Researcher now funded from PH, funding no longer transferred to CFA
Current Budget 2014/15	14,502	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2014	2014/15		Forecast Balance at 31 March 2015	Notes
		Movements in 2014/15	Balance at 30 Nov 14		
	£'000	£'000	£'000	£'000	
General Reserve Public Health carry-forward	749	20	769	769	Amendment to 13/14 re PH Researcher
subtotal	749	20	769	769	
Equipment Reserves Equipment Replacement Reserve	0	0	0	0	
subtotal	0	0	0	0	
Other Earmarked Funds Healthy Fenland Fund	0	500	500	500	
Other Reserves (<£50k)	0	0	0	0	
subtotal	0	500	500	500	
SUB TOTAL	749	520	1,269	1,269	

(+) 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.

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 October can be seen within the tables below:

HEALTH IMPROVEMENT												
Service		Measures										
	Overall RAG status	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)	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.	686	70	67	96%	A	65%	70	96%	↑	10% tolerance Please note this is the beginning of the new SH contract with new trajectories
		Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach, remote testing	9060	1138	1109	97%	A	89%	1138	97%	↑	10% tolerance Please note this is the beginning of the new SH contract with new trajectories
		GUM Access - Clinic 6 Oaktree Centre - 90% within 2 working days	90%	90%	62%	69%	R	96%	90%	62%	↓	This is a new contract. The figures represent the transfer of the Addenbrookes Service to CCC. Appointments were booked by Addenbrookes for within 7 days to facilitate this transfer of staff, records and equipment.
		Diverse	100%	100%	100%	100%	G	100%	100%	100%	↔	
		LARC - access to long acting reversible contraception - Implanon Insertion	3098	1715	1504	88%	R	83%	305	61%	↓	2013/14 targets were exceeded. The data for the the 2 LARC services is incomplete and some has been returned to the practices for checking. They report will be updated as soon as possible
		LARC - access to long acting reversible contraception - IUCD Insertion	3204	1899	1593	84%	R	104%	287	52%	↓	
		Access to contraception and family planning	7088	1000	1081	108%	G	96%	1000	108%	↑	10% tolerance Please note this is the beginning of the new SH contract with new trajectories
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Number of Health Checks completed	20000	10,000	7947	80%	R	80%	10000		↑	Information reported quarterly
		Percentage of people who received a health check of those offered	50%	42%	42%	42%	G	n/a	42%			This provides information about the promotion of the Programme and patient engagement
		Smoking Cessation - four week quitters	3600	1471	1023	70%	R	65%	279	62%	↓	Figures shown are for September 2014. A quit attempt and data follow up means a two month delay in reporting
		School Nursing : Contacts made	8125	4375	5299	121%	G	94%	625	148%	↑	Reduction in activity expected around the school holiday periods
		School Nursing : Group activities	4784	2576	2382	92%	A	7%	368	102%	↑	
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%			104%	G	104%	90%		↔	This is reported on Annually. This data is the final for the 2012/13 academic year
		Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%			105%	G	105%	90%		↔	
		Personal Health Trainer Service - number of referrals received	2205	2205	1957	89%	R	82%	184	84%	↑	
		Personal Health Trainer Service - number of initial assessments completed	1874	1874	2244	120%	G	100%	156	197%	↑	1-12 months intervention period. Figures are based on a rolling performance.
		Personal Health Trainer Service - Personal Health Plans completed	1115	1115	1391	125%	G	105%	98	616%	↑	Figures are based on a rolling performance.
		Number of referrals from Vulnerable Groups	661	661	1307	198%	G	169%	55	209%	↑	

* All figures received in November relate to October 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.