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Public Health Directorate

Finance and Performance Report – May 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
April (No. of indicators)	8	1	7	2	18

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (April) £000	Directorate	Current Budget for 2014/15 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (May) £000	Forecast Variance - Outturn (May) %
-	Health Improvement & Prevention	9,001	-563	-128.7%	0	0.0%
-	Children & Health	1,730	0	0.0%	0	0.0%
-	Adult Health & Well Being	948	-11	-174.45%	0	0.0%
-	Intelligence Team	37	-20	-541.8%	0	0.0%
-	Health Protection	20	0	0.0%	0	0.0%
-	Programmes Team	149	-16	-63.8%	0	0.0%
-	Public Health Directorate	2,597	-48	-11.1%	0	0.0%
-	Total Expenditure	14,482	-658	-72.8%	0	0.0%
-	Total Income	-14,482	16	-0.4%	0	0.0%
-	Anticipated carry-forward of Public Health grant	0	0	0.0%	0	0.0%
-	Total	0	-642	23.7%	0	0.0%

The service level budgetary control report for May 2014 can be found in [appendix 1](#).

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

2.2 Significant Issues

There are no significant issues to note at this time. 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, £14.5m 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 minimus 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 April 2014 can be found in Appendix 6. 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 14/15
- 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.

- The new Chlamydia Screening Co-ordinator is working hard to develop the programme and address the instability and low staff moral created by staff turnover. Outreach screens have increased which means that the more hard to reach high risk populations are being accessed.
- 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 has been consistently exceeding the trajectory. This reflects the improved training programme that has been accessed by primary care staff providing the service. The fall in performance this month is unusual and will require monitoring to establish if there underlying issues that could compromise performance in the longer term. Two LARC training days were provided for primary care staff responsible for providing or referring during June

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. There is a 5 year rolling programme and each year 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 have one of the 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 is 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

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. Please note reporting for Health Checks is now quarterly.

Stop Smoking Programme:

- Overall there has been a lower performance than last year which reflects the national trend which has seen over a 20% drop in activity. This is associated with e cigarettes with more people adopting a harm reduction approach. There was a drop from 78.8% in February to 75.3% in March against the monthly trajectory .Please note that because of the nature of the intervention there is a two month lag in the data reporting. Therefore the final 13/14 figure will not be available until the end of June.
- 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 has commenced which usually yields unreported data.

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,
- Year to date figures for school nursing show an underperformance on “group attendances” and an over-performance on “contacts”. Some variation in school nursing performance may be attributable to school holidays as the service is term-time only.
- The activity monitoring refers to a historical (set before the commissioning of school nursing transferred to the local authority) high-level overall activity indicators.
- 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 also 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. Performance data from November – April 2014 indicates this performance has been generally maintained. The areas where the performance is lower are number of referrals received and number of personal health plans completed. Referrals are made mostly from GPs and other GP Practice staff and this affected by practice pressures however the health trainers do work with practices to increase referrals. Similarly the

number of personal health plans completed will fluctuate as a client may see a health trainer for up to year.

Although there has been some fall in performance it is generally good which 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.

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

APPENDIX 1 – Public Health Directorate Budgetary Control Report

Forecast Variance - Outturn (April) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000 %		Forecast Variance - Outturn (May) £'000 %	
Health Improvement Directorate								
- 1	Sexual Health STI testing & treatment	4,640	236	-72	-308	-131%	0	0.0%
- 2	Sexual Health and Contraception	1,139	57	-115	-173	-302%	0	0.0%
-	National Child Measurement Programme	86	0	0	0	0.0%	0	0.0%
-	Sexual Health Services Prevention and Promotion	266	10	-3	-13	-129%	0	0.0%
-	Obesity Adults	312	10	3	-7	-71.3%	0	0.0%
-	Obesity Children	182	0	4	4	0.0%	0	0.0%
-	Physical Activity Adults	97	0	0	0	0.0%	0	0.0%
-	Physical Activity Children	0	0	0	0	0.0%	0	0.0%
-	Stop Smoking Service & Intervention	1,260	46	-30	-76	-167%	0	0.0%
-	Wider Tobacco Control	31	0	0	0	0.0%	0	0.0%
-	General Prevention Activities	939	73	88	15	20.2%	0	0.0%
-	Dental Health	51	5	0	-5	-100%	0	0.0%
-	Health Improvement Total	9,002	437	-126	-563	-129%	0	0.0%
Children Health Directorate								
-	Children 5-19 PH Programme	1,730	0	0	0	0.0%	0	0.0%
-	Children Health Total	1,730	0	0	0	0.0%	0	0.0%
Adult Health & Wellbeing Directorate								
	NHS Health Checks Programme	810	0	-5	-5	0.0%	0	0.0%
	Public Mental Health	102	0	0	0	0.0%	0	0.0%
	Community Safety	36	6	0	-6	0.0%	0	0.0%
	Adult Health & Wellbeing Total	948	6	-5	-11	-174.5%	0	0.0%
Intelligence Team Directorate								
	Public Health Advice	15	0	-1	-1	0.0%	0	0.0%
	Info & Intelligence Misc	21	4	-15	-19	-507%	0	0.0%
	Intelligence Team Total	37	4	-16	-20	-542%	0	0.0%
Health Protection								
	LA Role in Health Protection	15	0	0	0	0.0%	0	0.0%
	Health Protection Emergency Planning	5	0	0	0	0.0%	0	0.0%
	Health Protection Total	20	0	0	0	0.0%	0	0.0%
Programme Team Directorate								
	Obesity Adults	26	4	8	4	91.8%	0	0.0%
	Stop Smoking no pay staff costs	31	5	3	-2	-39.7%	0	0.0%
	General Prevention, Traveller, Lifestyle	92	16	-2	-18	-115%	0	0.0%
	Programme Team Total	149	26	9	-16	-63.8%	0	0.0%

Forecast Variance - Outturn (April) £'000	Service	Current Budget for 2014/15 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000 %		Forecast Variance - Outturn (May) £'000 %	
Public Health Directorate								
-	Health Improvement	362	60	69	9	14.3%	0	0.0%
-	Public Health Advice	875	144	111	-33	-22.8%	0	0.0%
-	Health Protection	148	25	15	-10	-39.2%	0	0.0%
-	Programme Team	1,019	170	164	-6	-3.4%	0	0.0%
-	Childrens Health	64	11	9	-2	-15.6%	0	0.0%
-	Comm Safety, Violence Protection	32	5	5	0	-6.3%	0	0.0%
-	Public Mental Health	97	16	10	-6	-38.1%	0	0.0%
-	Public Health Total	2,597	431	383	-48	-11.1%	0	0.0%
-	Total Expenditure before Carry forward	14,482	904	246	-658	-72.8%	0	0.0%
-	Carry forward of Public Health grant	0	0	0	0	0.0%	0	0.0%
Funded By								
-	Public Health Grant	-14,443	-3,611	-3,616	-5		0	0.0%
-	Other Income	-39	0	21	21		0	0.0%
-	Income Total	-14,482	-3,611	-3,595	16		0	0.0%
-	Net Total	0	-2,707	-3,349	-642	23.7%	0	0.0%

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) Sexual Health STI testing & treatment	4,640	-308	-130.7%	0	0%
<p>The variance on Sexual Health STI testing and treatment has arisen as final payments have not yet been made relating to the prior year. Invoices are anticipated in June, and in some cases will be accompanied by performance data to substantiate amounts due under payment by results arrangements.</p> <p>The forecast for year end is for this area to operate to budget.</p>					
2) Sexual Health Contraception	1,139	-173	-302.1%	0	0
<p>The variance on Sexual Health Contraception has arisen as final payments have not yet been made relating to the prior year. Invoices are anticipated in late June, along with data to substantiate the amounts due.</p> <p>The forecast for year end is for this area to operate to budget.</p>					

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		14,443
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		20
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
Other Trading Standards initiatives		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)	0	
Current Budget 2014/15	14,482	

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 31 May 14		
	£'000	£'000	£'000	£'000	
General Reserve					
Public Health carry-forward	749	0	749	749	
subtotal	749	0	749	749	
Equipment Reserves					
Equipment Replacement Reserve	0	0	0		
subtotal	0	0	0		
Other Earmarked Funds					
Other Reserves (<£50k)	0	0	0		
subtotal	0	0	0		
SUB TOTAL	749	0	749	749	

(+) positive figures should represent surplus funds.

(-) negative figures should represent deficit funds.

Appendix 6: Performance – see following page

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

	More than 10% away from YTD target
	Within 10% of YTD target
	YTD Target met

	Below previous month actual
	No movement
	Above previous month actual

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	R	Prevalence of Chlamydia. Number of positive screens.	631	47	34	72%	R	108%	47	72%	↓	10% tolerance
		Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach	14427	1085	791	73%	R	82%	1085	73%	↓	Information based on attendances
		GUM Access - Clinic 6 Oaktree Centre - 90% within 2 working days	90%	90%	98%	98%	G	98%	90%	98%	↔	Information based on attendances. Currently achieving 100% of target set.
		DHIVERSE (HIV Prevention)										Information reported quarterly
		LARC - access to long acting reversible contraception - Implanon Insertion	3098	285	259	91%	A	107%	285	91%	↓	2013/14 targets were exceeded
		LARC - access to long acting reversible contraception - IUCD Insertion	3204	249	219	88%	R	103%	249	88%	↓	
		Access to contraception and family planning	7088	1116	1188	106%	G	100%	1116	106%	↑	
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	A	Number of Health Checks completed	20000									Information reported quarterly
		Smoking Cessation - four week quitters	3900	3649	2721	75%	R	56%	472	52%	↓	Figures for smoking cessation are two months behind - these figures related to February 2014. 2014/15 targets will be based on last 3 years monthly performance
		School Nursing : Contacts made	8125	625	625	100%	G	225%	625	100%	↓	Reduction in activity expected around the school holiday periods
		School Nursing : Group activities	4784	368	79	21%	R	346%	368	21%	↓	
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	92%	92%	G	92%	90%	92%	↔	This is reported on Annually. Figures show that targets were achieved in 2012/13. Final figures for 2013/14 awaited.
		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	1103	983	89%	R	96%	184	84%	↓	Plans in place to increase referrals
		Personal Health Trainer Service - number of initial assessments completed	1874	937	968	103%	G	83%	156	78%	↓	1-12 months intervention period. Figures are based on a rolling performance.
		Personal Health Trainer Service - Personal Health Plans produced	1593	797	687	86%	R	66%	133	85%	↓	Figures reflect number of referrals received
		Personal Health Trainer Service - Personal Health Plans completed	1115	557	457	82%	R	85%	93	87%	↑	Figures are based on a rolling performance.
		Number of referrals from Vulnerable Groups	661	330	598	181%	G	218%	295	40%	↓	

* All figures received in May, relate to April 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.