

# **Association of Directors of Public Health**

## **Annual Report 2007-2008**



**Tim Crayford, President**  
**Nicola Close, Chief Executive**  
**April 2008**

## **Foreword by the President**

This has been a year of solid progress for our Association.

The biggest strides this year have been in improved governance and sustainability.

I am delighted to say that we have opened a small executive office hosted by Cambridgeshire PCT, which is led by Nicola Close. This function has greatly improved our capacity to provide membership services.

Second, we have started to become self-sustaining. We went out in February with a call for subscriptions, as mandated by the AGM last year. Only about a dozen PCTs have decided not to pay, and a similar number have been unable to pay. That leaves a significant majority of us who are likely to contribute to the work of the Association.

Third, we have introduced stronger democracy, through a systematic approach to regional and national representation.

In policy, we have developed significant alliances with other public health and Transport bodies on our Active Transport policy call released last month. We are also working jointly with the Faculty to produce our position statement on alcohol.

Finally, we have worked with Sir Muir Gray to develop the public health commissioning network. Introducing a network of lead departments on particular conditions, we will increase the efficiency and timeliness with which we are able to analyse clinical evidence.

This feels very much as if we are putting in place the right infrastructure to work effectively with our key partners in government and the non-statutory sectors.

Dr. Tim Crayford  
President  
Director of Public Health, Croydon PCT  
May 2008

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## **Introduction**

This Annual Report for the year 2007/08 summarises the development of the Association in what has been a significant year, seeing the appointment of staff, introduction of a new governance structure, development of a Business Plan (2007-2010), and the building of improved communication, services and support for members. It also details achievements in advocacy and policy work where the emphasis this year has been on collaboration and partnership.

## **Context to development of the Association**

Public Health has been high on the political agenda for several years now. The Wanless reviews brought a new understanding of the economic importance of public health measures to improve and protect health. The intransigence of health inequalities, the increasing importance of emergency planning and the need to commission health services more intelligently all mean the role of Public Health across the three domains is greater than ever.

The role of the Director of Public Health (DPH) with oversight across the whole agenda in leading public health teams and collaborating across agencies is key to achieving successful health outcomes. Devolution has brought some divergence in health policy across the UK but irrespective of changes in NHS structures and differences in the health agenda in the four UK countries the DPH as guardian of the population's health remains a vital and challenging job.

There are many national public health associations with a variety of remits. The emphasis now is on collaboration and partnership where goals are similar and support for each other where agendas overlap. Funding and indeed expertise is limited and duplication of effort is clearly wasted resource. The national Public Health organisations with a remit across the whole of public health are coming together not only to share knowledge and experience and maximise resources but also to strengthen their voice as advocates for health.

In 2006/08, the Department of Health provided financial support to enable the development of the ADPH, providing pump-priming for the appointment of staff to assure an Association fit for purpose.

## **Values**

As a public health association the ADPH aims to follow the values as laid down by the Faculty of Public Health. As a public sector organisation it expects its staff and executive to follow Nolan's seven principles of public life along with the more recently realised imperative of environmental awareness.

## **Aims & Objectives**

The aim of the ADPH is to support Directors of Public Health (DsPH) in improving and protecting the health of the population by working to:

- collate and present the views of DsPH on public health policy to national governments, the media and other organisations;
- influence legislation and policy at a local, regional, national and international level;
- facilitate a support network for DsPH to share ideas and good practice and support problem-solving;
- identify and fulfil the development needs of DsPH where practicable and appropriate;
- in collaboration with others, further the development of comprehensive, equitable public health policies through relevant statutory and other bodies.

As well as opportunistic interventions, there will be initiated prioritised activity where:

- DsPH are the major stakeholders;
- DsPH have specific and separate issues to consider;
- the DsPH contribution will have greater impact if expressed independently;
- there is a gap that is a priority for DsPH that is not being covered by others.

## **Development and Activity 2007/08**

This Annual Report describes developments and activity during 2007/08 on: the reinvigoration of the Association, the delivery of membership services, and activity on behalf of members, which can be summarised as:

- policy development and advocacy;
- representation on government and other bodies, and response to consultations;
- preparation of a core data set of membership that will be completed during 2008 to provide an overview of the DPH population;
- supporting networking and communication between members;
- continuing development of the ADPH website
- regular communications through the local representative structure and the ADPH e-bulletin *e-DPH*; responding to membership enquiries;
- organising events aimed directly at DsPH and their current issues;
- support for DPH development;
- new governance structure, Business Plan and Constitution;
- the establishment of staffing, an office base for ADPH staff, and organisational systems & infrastructure;
- introduction of a new corporate subscription.

### ***Policy development***

The Association is involved in policy development in order to positively impact on health and healthcare. Wherever possible policies are developed in partnership with other national Public Health Associations and other organisations working within the wider Public Health context.

The Association has begun a programme of building existing relationships and widening the circle of relevant contacts, developing an understanding of how we should work together with partners such as the Faculty of Public Health (FPH), RIPH/RSH, ADASS, ADCS, the LGA and the NHS Confederation; collaborators such as IDeA (and specifically the Healthy Communities Programme), CIEH, PH Commissioning Network, the HPA and the Association of Public Health Observatories; and with single topic public health organisations such as ASH, Sustrans, the Terrence Higgins Trust or broader based organisations with a public health stream such as the BMA, NHS Alliance etc.

The development of the new ADPH representative structure and constitution provide frameworks that aim to improve and support policy development and the involvement of members in this. During 2008 we aim to fully implement these new frameworks which will improve our ability to build a portfolio of ADPH and joint policies.

Specific policy work during 2007/08 has focused on:

Alcohol – ADPH has worked jointly with the Faculty to produce an Alcohol Position Statement, which is being finalised during April 2008. Discussions have also been held with the Association of Chief Police Officers (ACPO) to explore potential joint initiatives; and the 2007 Annual Conference included presentations and workshops on alcohol.

Sexual health – ADPH worked with RIPH on their Sexual Health conference in November 2007, and it is intended to produce a joint sexual health policy. Discussions have also been held with the Terrence Higgins Trust to explore potential joint work on sexual health.

Active travel – ADPH President Tim Crayford led a joint initiative with Sustrans to develop a unique collaboration of over 70 organisations working across the broad spectrum of public health and environmental issues. The outcome was a powerful policy call for decision-makers nationally and locally to take action on active travel and to make a positive impact on obesity levels. The policy call was launched in April 2008 and continues to attract the support of a wide range of influential organisations.

We have also collaborated with partners on other topics:

Commissioning - in April 2008, ADPH President Tim Crayford joined with Sir Muir Gray, Chief Knowledge Officer & Director of the NHS National Knowledge Service, to announce the launch of the new NHS Public Health Commissioning Network for England. The ADPH are currently collating expressions of interest for involvement in the network, and members will be kept informed as development of the network progresses.

Children's services - we have worked alongside the FPH and Association of Directors of Children's Services on the production of guidance on joint commissioning of children's services across local authorities & PCTs (April 2008).

Sustainable development – the ADPH signed up to the Convergence of Health and Sustainable Development Manifesto early in the year and also endorsed the FPH publication Sustaining a Healthy Future (January 2008).

Smoking – discussions were instigated with ASH to explore potential joint support; and a joint statement was issued with FPH, ASH and CIEH calling on DsPH to press for inclusion of smoking in LAAs (December 2007).

Commercially funded research - joint statement with FPH (December 2007).

## ***Advocacy***

The President also leads a programme of advocacy, seeking to highlight key public health issues, addressing priority topics, responding to policy statements, news items, media requests, and invitations to present at external events. He is supported in this by the PR and media consultancy organisation Fishburn Hedges who have supported the introduction of media contacts and acted as media desk for the ADPH. Funding for this was through a DH grant.

Topics and issues that the President has addressed during 2007/08 include:

U-CAN – Tim Crayford began the year by advocating for Urban Community Access Networks which would provide safer routes for walking and cycling across urban areas. This initiative developed into the hugely powerful collaboration which produced the Take Action on Active

Travel publication. Work will continue to add further signatories and to ensure action is taken.

Smoking legislation – Tim appeared on the Radio 4 ‘You and Yours’ programme to discuss the 2007 smoking legislation.

Health Select Committee review of NICE – Tim gave evidence to the Health Select Committee during its review of NICE.

Choosing Health funding – in October 2007 the ADPH released a press statement giving the results of our survey on the Choosing Health funding. This was widely reported and Tim Crayford was interviewed on several national TV and radio programmes.

Screening proposals – in February 2008, Tim was interviewed by the BBC and the Telegraph concerning the new health screening proposals.

ADPH feature in the Times – Tim was also interviewed by the Times as part of a feature on the Association.

LGA Health Commission – in March 2008 Tim gave evidence to the LGA Health Commission reviewing the future structure & organisation of public health.

London Mayoral elections – in the lead up to the elections, Tim took the opportunity to lobby candidates on the ADPH Active Travel initiative; and also met with Boris Johnson to discuss public health issues for London and the U-CAN and Active Travel initiatives.

### ***Representation and consultations***

The ADPH is frequently invited to input to and participate in groups and committees, and representatives are sought from the Executive members or where possible from the wider membership. A summary of representation is provided at Appendix 1.

ADPH also participates in a range of public health consultation exercises (including requests for evidence) that relate to public health policy and practice, with members’ expertise being used to draw up responses and evidence. Responses to consultations are disseminated to members and are available on the ADPH website.

During 2007/08 we participated in the following consultation exercises:

- Health Select Committee Inquiry into Health Inequalities - January 2008
- HPA Local and Regional Services Framework - October 2007
- PH Career Framework – September 2007
- Control of disease – June 2007
- NHS core curriculum – June 2007
- Commissioning Framework for Health and Well Being – May 2007
- Pandemic Flu plan – May 2007
- Conservative Party consultation on public health – April/May 2007

Members were also asked to input views into early drafts of the JSNA guidance from the DH and the Social Marketing Centre materials aimed at supporting public health teams with childhood obesity.



## ***Core data set***

Work began in early 2008 on the preparation of a core data set of members. During 2008, members will be asked to contribute information on their role and associated core data. The data will then be collated to provide a unique and comprehensive overview of the DPH population throughout the UK, and to inform the planning of membership services.

The review, maintenance and updating of this core data set is the subject of a funding bid to DH.

## ***Networking and communication***

The new representative structure described elsewhere in this report provides for two ADPH representatives from each devolved country/English NHS Region, with the aim of increasing membership engagement with the Association, and supporting networking and communication between local members.

Continuing improvements to the website, and plans for the re-development of the ADPH e-group (currently hosted through the FPH website) will further improve communication.

### Website

During 2007/08 there has been continuing development of the ADPH website ([www.adph.org.uk](http://www.adph.org.uk)), with the aim of providing immediate and useful information to members on the Association and its activities. Work will continue during 2008.

In 2007 a new service was introduced, with the addition of a daily news-feed that provides up-to-date information and web links to topical public health issues.

### Communication

As previously mentioned, the new representative structure increased local ADPH representation, with the aim of improving communication between the Association and its members.

During the year members have received five *e-DPH* newsletters providing news and updates on the work and activities of the Association, membership benefits, events and topical information. Further e-mails have asked for policy input and provided time-limited information.

Most communication with members and others is now carried out using e-mail and this is proving very effective as well as keeping stationery and postage costs to a minimum. Teleconferencing is used as a matter of course for the monthly executive meetings and other planning meetings, reducing travel cost, time and environmental impact.

The introduction of ADPH staffing enables prompt response to membership enquiries; and the website provides a facility for members and others outside the organisation to make immediate email contact with staff via an *enquiries* email link.

## ***Events***

The Association continues to provide events aimed directly at DsPH, with programmes that are topical and useful to DsPH and their current issues. During 2007/08 the following events were held.

### ADPH Annual Conference, AGM and Parliamentary reception - May 2007

Over sixty members attended the 2007 Annual Conference, which focused on the political and advocacy role of Directors of Public Health and also:

- explored working together with partners for health and wellbeing
- examined collaboration with national organisations to tackle alcohol issues
- considered how social marketing can promote and achieve change.

Presentations were received from the President of the Association of Directors of Adult Social Services, the Association of Directors of Children's Services, the Head of Public Health Development at the Department of Health, Chief Executive of The Portman Group, and the Director of the Institute for Social Marketing. Members were also able to participate in workshops on topical issues.

The ADPH AGM followed the conference, and in the evening members were given the opportunity to join their Members of Parliament at an ADPH parliamentary reception held at Westminster.

### The Great Public Health Debate at the FPH Conference

ADPH President Tim Crayford chaired the first Great Public Health Debate which was held as part of the Faculty of Public Health's 2007 conference. Panel members were: shadow Public Health Ministers Andrew Murrison MP and Sandra Gidley MP, Niall Dickson (Chief Executive of the King's Fund) and Faculty President Alan Maryon-Davis. This successful event will be held again as part of the Faculty's 2008 conference in Cardiff.

### ADPH Governance & Policy workshop

In November 2007 all members of the re-formed and extended ADPH Executive were invited to participate in a workshop to discuss policy priorities and the future development of the Association. Outcomes from this workshop have contributed to the development of the Business Plan and governance framework. A further workshop will be held in November 2008.

### Joint ADPH/ADASS/ADCS conference May 2008

Following feedback from the 2007 conference the Association has been working alongside the Association of Directors of Adult Social Services and the Association of Directors of Children's Services to plan and deliver the joint conference being held on 20<sup>th</sup> May. This will focus on working together to narrow the gap in health inequalities, and will be the first time these three organisations have combined to provide a joint conference for their members.

## ***Director of Public Health development and support***

DPH Annual Report Competition – full details at: [http://www.adph.org.uk/annual\\_report\\_competition.php](http://www.adph.org.uk/annual_report_competition.php)

The 2007 Annual Report competition received thirty two entries. Sheffield PCT took first place, with Portsmouth City Teaching PCT in second place and Hull PCT taking third place. Runners up were Leeds PCT and Suffolk PCT.

The 2008 competition is currently underway, with awards being presented in June at the FPH conference.

### The DPH role

The ADPH was asked by the DH to develop with the FPH a short publication on the role of the DPH. Work is continuing on this project.

### Learning sets

During 2007 ADPH initiated discussions with ADASS and ADCS around holding regionally based learning sets between Directors of Adult Social Services, Directors of Children's Services and DsPH to maximise the potential of the three-way relationship in terms of joint strategic needs assessments and tackling health inequalities. The other Associations are enthusiastic and this is currently the subject of a funding bid to DH.

## ***Governance***

One of the first tasks for staff was ensuring a robust governance framework to take the Association forward.

### ADPH Executive

In early 2007 a new representative structure was developed supporting improved engagement and ownership by DsPH at local and national levels. These new arrangements were shared with all members and discussed at the 2007 AGM, when the go-ahead was given to put them in place.

The new representative structure provides more democratic and inclusive governance, widening membership of the Executive and improving engagement and ownership by DsPH at regional and national levels, and comprises:

- Honorary Officers;
- two representatives for each of Scotland, Wales and Northern Ireland;
- two representatives for each NHS Region in England;
- two representatives drawn from the Regional Directors of Public Health;
- observers and ex-officio members.

Full details of the roles and rules for all Executive members can be found in the new Constitution.

Over the summer of 2007, full members were invited to submit nominations for the new representative positions. As no positions were contested, it was not necessary to hold elections, and the new representatives took up post in October.

Executive membership throughout 2007/2008 appears at Appendix 2. There are currently two vacancies at Honorary Officer level and three further representative vacancies.

There have been nine minuted executive meetings held by teleconference and two executive workshops during the year. This balance between face to face and distance meetings has worked well and will be continued.

### Constitution

The current constitution was written in 2005 before the opportunity to employ staff came about. It was also before the new more representative structure was decided upon. The constitution has therefore been revised to reflect these changes and add further detail to make it a more complete document. It will be presented for approval by members at the 2008 AGM.

Detailed descriptions of roles and responsibilities for the staff and Executive have been produced. Work will continue during 2008 on the development of policies (such as conflict of interest; representation etc) and protocols to ensure probity and accountability.

### Business Plan 2007-2010

The Chief Executive has produced a 2007-2010 Business Plan for the Association, which was written after discussions with the executive and between members at events and meetings over the last two years. The draft Business Plan has been shared with members and will be presented to the 2008 AGM for ratification.

## ***Staffing and infrastructure***

### ADPH staffing

Until the summer of 2007 the Association did not have staff and relied on time given by its members, plus external project management (including the Faculty of Public Health and ALPHA) to organise events and development opportunities largely paid for by Department of Health (DH) grants. The DH funding in 2007 provided the ability to employ staff to set up the framework to take the Association forward.

Currently there are three members of staff (2.1 wte) who are seconded from Cambridgeshire PCT until April 2009. These are: Chief Executive (full time); Project Manager (22 hrs per week); Administrator & Project Manager (20 hrs per week). HR policies and procedures used are those of the host PCT.

Staff are part of the local public health network and the Chief Executive has regular meetings with the local DPH to ensure local accountability. The Chief Executive meets regularly with, and is accountable to, the President, other Honorary Officers and the Executive.

The use of Fishburn Hedges (a PR and media relations consultancy based in London) as a media desk during periods of high activity has enabled a fast response to media enquiries following press releases.

## ADPH office

The Association has set up an office in Cambridge hosted by the local Primary Care Trust. The arrangement has been agreed until April 2009 in the first instance. This provides good value for money whilst retaining the ability of staff to travel widely and attend regular meetings in London, and elsewhere as necessary.

## Communications

The IT network is part of the NHS web and supported under the PCT contract. As well as office PCs there is the opportunity for remote and mobile working to allow staff to work flexibly. Although by no means paperless, the ADPH encourages e-mail and web-based communication wherever possible.

## ***Finance***

The ADPH budget is managed by Cambridgeshire PCT as host, with NHS systems and policies applying to all transactions. The Chief Executive has established robust financial accounting and monitoring systems to ensure probity and accountability, including an agreed budget profile, monthly budget statements, in-house monitoring and oversight by the Treasurer.

A statement of the accounts for 2007/08 has been prepared separately and will be reported to the 2008 AGM. Auditing is undertaken under existing NHS procedures and carry forward is allowed to ensure business continuity.

## Subscriptions

During 2006/07 the Association discussed with and consulted members on the introduction of an ADPH subscription, without which the Association could not progress and thrive as an active, sustainable and independent organisation working on behalf of Directors of Public Health. At the 2007 AGM it was agreed that the ADPH should introduce a subscription and the Executive was mandated to work up detailed proposals. The model adopted was one of a corporate subscription based on a fixed sum (£500) for each Primary Care Organisation in England plus a population levy.

As Wales, Scotland and Northern Ireland have differing structures and funding streams, discussions are continuing as to the most appropriate methods of raising their subscriptions.

## Appendix 1 – Representation on other bodies

Details	ADPH Representative
Public Health Leadership Group Development Meeting	Diana Grice
PH Leadership Forum for Pharmacy	Paul Edmondson-Jones
Pharmaceutical public health implementation advisory group	Paul Edmondson-Jones
Implementation Group for Scientific & Technical Advice to Strategic Co-ordinating Groups (STAC Implementation Group)	Andrew Clark
Information Centre for Health & Social Care: Review of Survey Programme	Ian Cameron
Home Office consultation on young people & substance misuse	Paul Redgrave, Barnsley PCT
LGA Community Well-being Board Away-day: 3.9.07	Nick Hicks
DH Dental Public Health Review – Stakeholder Group	Dympna Edwards
Know Your Limits National Steering Group	Paul Edmondson-Jones

## Appendix 2 – ADPH Executive Membership 2007/08

### *Elected Honorary Officers:*

Position	Name	Term of office
<b>President</b>	Tim Crayford	2006/09
<b>Vice-President</b>	Nigel Monaghan (stepping down at '08 AGM)	2006/09
<b>Secretary</b>	Paul Edmondson-Jones (co-opted Jan '08 – '08 AGM )	2006/09
<b>Treasurer</b>	Janet Atherton	2007/10
<b>Membership Secretary</b>	Mike Robinson	2006/09

***Elected regional and country representatives (2007 – 2010):***

<b>Region/ Country</b>	<b>Executive Committee member</b>		<b>Policy Member</b>
<b>Scotland</b>	<b>Dorothy Moir</b> DPH, NHS Lanarkshire		<b>Alison McCallum</b> DPH, NHS Lothian
<b>Wales</b>	<b>Stephen Monaghan,</b> Local DPH Cardiff, NPHS Wales		Jo Charles Associate DPH, Gwynedd & Anglesey NPHS Wales (stood down February 2008)  Vacant (since February 2008)
<b>Northern Ireland</b>	<b>Bill McConnell</b> Western HSSB		Vacant
<b>North East</b>	<b>Danny Ruta</b> DPH, Newcastle PCT		Vacant
<b>North West</b>	<b>Frank Atherton</b> DPH, North Lancashire PCT		<b>Mike Leaf</b> DPH, Blackburn with Darwen PCT
<b>Yorkshire &amp; the Humber</b>	<b>Ian Cameron</b> DPH Leeds PCT		<b>Judith Hooper</b> DPH, Kirklees PCT
<b>East Midlands</b>	<b>David Black</b> DPH, Derbyshire County PCT		<b>Chris Packham</b> DPH, Nottingham City PCT
<b>West Midlands</b>	<b>Catherine Woodward</b> DPH, Telford & Wrekin PCT		<b>Isabel Gillis</b> DPH, Shropshire County PCT
<b>East of England</b>	<b>Andy Liggins</b> DPH, Peterborough PCT		<b>Peter Bradley</b> DPH, Suffolk PCT/CC
<b>London</b>	<b>Maggie Harding</b> DPH, Sutton & Merton PCT		<b>Ruth Wallis</b> DPH Lambeth PCT
<b>South East</b>	<b>Diana Grice</b> DPH & Wellbeing/Medical Director, East Sussex Downs & Weald & Hastings & Rother PCTs		<b>Farhang Tahzib</b> DPH, West Sussex PCT
<b>South Central</b>	<b>Nick Hicks</b> DPH, Milton Keynes PCT		<b>Paul Edmondson-Jones</b> Director of Health & Wellbeing, Portsmouth City tPCT & Portsmouth City Council
<b>South West</b>	<b>Debra Laphorne</b> DPH, Plymouth Teaching PCT		<b>Rosemary Geller</b> DPH, Jersey
<b>Regional DPH</b> (shared role)	<b>Paul Cosford</b> RDPH, NHS East of England	<b>Andrew Jones</b> RDPH, North Wales NPHS Wales	<b>Andrew Clark</b> Deputy RDPH NHS Yorkshire & the Humber

**Ex-officio (non-voting):**

<b>Position</b>	<b>Name</b>	<b>Term of office</b>
Chief Executive	Nicola Close	Ex-officio

**Observers (non-voting):**

<b>Position</b>	<b>Name</b>	<b>Term of office</b>
Faculty Observer	Margaret Guy	2006 - 2009

## Appendix 3 - ADPH Budget 2007-2008

### Income

DH - bus cont	-£220,000	
Subscriptions	-£65,150	approx
Project funding	-£74,970	
Carryover reserves	-£133,079	
		<b>-£493,198.53</b>

### Expenditure

#### Staffing

Salaries	£78,161	not whole year
Backfill for President	£34,135	
		£112,296.16

#### Infrastructure

Rent and hosting charges	£1,000	rent not yet invoiced
IT & comms	£4,702	
Stationery etc	£360	not whole year
Staff expenses	£1,963	not whole year
Office set-up (one-off)	£975	

#### Membership services

Web-site	£2,709
Events	£9,874
Ann Report Comp	£1,450
DPH Devt	£42,000

#### Policy and Advocacy

Policy devt	£1,453	
Advocacy	£13,913	
		£80,399.58

**£192,695.74**

Carry forward	<b>£150,502.79</b>
Contingency reserve	<b>£150,000.00</b>