

## **Public Health Annual Performance Report, Dr Andrew Howe – for information**

### Introduction

This report provides an overview of the work of the Public Health Service from March 2014 to April 2015. This includes a review of activity and performance of the service, highlighting progress made against the Corporate Plan commissioning priorities and a review of activity and performance against the Management Agreement priorities. The report also outlines other key achievements and progress on challenges encountered during the year. The report concludes with a brief outline of priorities for, and anticipated pressures in, 2015-16.

### **1.1 Executive Summary and Scene Setting**

Overall 2014-15 was a very successful and busy year for the Public Health Service. The five commissioning priorities were all delivered successfully gaining significant benefits for Barnet residents. Initiatives included in the Management Agreement with Barnet Council have also been successfully delivered. In addition to commissioning priorities and the management agreement the Public Health Service was engaged in a range of other developments.

Following a review of the functioning and future direction of the Service it was agreed that organisational changes would be made. These structural changes will allow further alignment with commissioning processes in the Council and enhance working with and providing support to other parts of the Council.

Externally the Service has continued to work with other boroughs under the West London Alliance umbrella. The Joint Public Health Service is leading 22 boroughs in the work to re-procure sexual health and genito urinary medical services. 2014-15 has also seen extensive partnership working; with local communities to extend the Ageing Well initiative and with economic development and Job Centre Plus to implement a local employment support initiative are examples.

The year has also had its challenges. Analysis and remedial work was undertaken to improve Health Checks provision; the re procurement of the substance misuse contract (Drug and Alcohol) provided the opportunity to redesign the treatment pathway and in doing so facilitate improved recovery outcomes. The new service contract became operational on 1<sup>st</sup> October 2015. The Smoking Cessation Service also required much attention and after continued under performance by the main provider the contract was terminated. In all of these cases there were indications by year end that performance was improving.

### **1.2 Review of 2014-2015 Activity**

#### **Achievement of Commissioning Priorities**

The five Public Health commissioning priorities for 2014-15 were:

- School Nursing and Health Visiting Integration
- Strategic Leadership for the Fit and Active Barnet campaign
- Self Care Programme
- Re procure Sexual Health and Drug & alcohol Services
- Support for employment

These have all been successfully completed. Their completion has seen a number of significant gains for the local population and Barnet Council.

#### Priority 1

*Complete the School nursing and health visiting review and ensure appropriate development of the early years and schools well-being programmes ahead of assuming commissioning responsibilities for Health Visiting services in 2015.*

Through West London Alliance Public Health lead the successful procurement of the school nursing service.

The review was completed and the outcomes used to develop a structure that will allow future integration of health visitors with Children's Centres. The school nursing contract was successfully re-procured with the Service leading for the West London Alliance group re-procurement. The School Nursing Service and School Aged Immunisations which is being commissioned by NHS England will be delivered by a common provider in Barnet from October 2015.

#### Priority 2

*Provide strategic leadership of the Fit and Active Barnet (FAB) Campaign and delivering environmental and behavioural interventions to promote physical activity*

The FAB Partnership Board was established to ensure coordination of activity and adopted the Sport and Physical Activity Strategy Statement and developed a delivery plan. The Board agreed to prioritise target groups for participation - people with disabilities, older people and children. The FAB campaign promoted the Council brand and encouraged residents to be active – for example, a double page spread on FAB in Barnet First on the theme of al fresco exercise with an emphasis on the outdoor gyms and marked and measured routes. An 'inclusive' section was added to the website to encourage people with disability to participate in sports and physical activity.

#### Priority 3

*As part of the integrated care agenda, introduce a new self care programme in partnership with the Clinical Commissioning Group*

Health and social care integration Tier 1 plans were developed and submitted as part of the Barnet Better Care Fund application. A steering group was established with membership from the Local Pharmaceuticals Committee and Barnet Clinical Commissioning Group.

The programme continues in 2015-16.

#### Priority 4

*Re-procure sexual health services, and drug and alcohol services (following a service review); in collaboration with the West London Alliance where appropriate*

*Sexual Health Services*

This is a medium term length programme with the intention to re-procure services by 2017. A collaborative GUM commissioning and procurement strategy is in development.

Public Health is leading on the re procurement process for 22 London boroughs. A local sexual health strategy for Barnet was presented to the Health and Wellbeing Board in November 2014.

A sexual health service review, with a particular focus on stakeholder engagement, is in progress. This will inform the requirements in terms of shape and nature of the future service.

The potential for the Harrow and Barnet public health team to lead a sexual health commissioning support function is currently under review.

This programme of work continues in 2015-16

### *Drug & Alcohol Services*

A review of the Drug & Alcohol (substance misuse) service was undertaken and identified the need to reform the treatment pathway to improve recovery outcomes. This was incorporated into the tender requirements for the new service which commenced on 1<sup>st</sup> October 2015.

### Priority 5

*Provide strategic leadership and, where appropriate, investment support to other areas of the council that influence the wider determinants of health. In particular via improvements in the built environment and supporting people with health problems back to work.*

Pilot employment support programmes were run initially - the Individual Placement and Support service. The cost of each job obtained was £1,600 compared to the bench mark range of £1,600 - £4,000. The pilot cohort achieved 31% employment compared to the benchmark of 30% - 56%; which means a very successful and cost effective solution was developed. The pilots informed the development of two new employment support services outlined below.

Barnet was involved in the successful West London Alliance (WLA) bid for funds to develop an integrated mental health and employment pilot. As a result of the successful pilot scheme above Barnet was selected as a spearhead borough to implement a further initiative. This will test whether the Individual Placement & Support (IPS) model of service can be extended to support people with lower level mental health needs - the Motivational and Psychological Support (MaPS) service. Competitive employment is the primary goal of the project.

## **1.3 Achievement delivering the Management Agreement with Barnet Council**

### The schools wellbeing programme and next steps

The Barnet Schools Wellbeing Programme commenced in the 2013-14 academic year and provided a suite of resources and consultancy support for schools to help them incorporate health and well-being measures and also support them with Healthy Schools London status.

Schools have taken up the offer of support in areas of

- Healthy Eating and Physical Activity
- Emotional Health & Wellbeing
- Sex & Relationship Education
- Drug & Alcohol Education and Awareness
- Smoking prevention

Schools responded well to the Healthy Schools London (HSL) awards with 83% of all Barnet schools registered. 35 schools achieved their bronze award, 13 schools the silver award and 2 have submitted for the gold award. Barnet is amongst the top 5 for achieving HSL awards in London.

As the funding for the programme was for two years fixed term, ending in July 2015, sustainability options were discussed with schools. A consultation with schools was carried out through the steering group for the programme and through an online survey. This included Deputy Heads, Head of Key Stage 2, Heads of PE Senior leadership team, Assistant Heads, PSHE Leads, and Assistant Principals. In total 12 schools were involved in the consultation.

Schools valued the support they had received, in particular, specific support in applying for the HSL awards. They recognised, that through the training, resource packs and consultancy support, they had embedded several measures within their schools and if on-going support was required in those areas, they would purchase direct from the providers of the programme.

For the 2015-16 academic year, the Health Education Partnership has been commissioned to provide the Healthy Schools London coordinator role. The role supports primary and secondary schools with 'hands on' support to obtain their HSL awards and increase the number of bronze, silver and gold accreditations within the borough. Schools were also supported to form a network and share best practice and learning.

The Public Health service will continue to have on-going engagement with schools. In the 2015-16 academic year the National Child Measurement Programme data will be used to rank schools according to the numbers of children above a healthy weight. Schools with children of excess weight in the upper quartiles will be contacted and offered support, including; HSL support if they are not already involved; specific weight management support, which includes referral to the recently commissioned tier 2 child weight management programme Alive N kicking and the STOP (school time obesity prevention) programme. Schools are also encouraged to engage in the Mayor's Golden Kilometre initiative, where schools are encouraged to encourage their pupils to run or walk a kilometre each day and to engage with their local environment.

### Children's Centres Wellbeing initiative

This programme has a number of work streams. The Breast feeding service in addition to gaining Level 1 UNICEF accreditation also provided four paid peer supporters which supported nine peer support breast feeding groups.

A Health and Wellbeing Coordinator was funded to take forward the Healthy Children's Centre Standards. 82 cooking and healthy eating workshops took place across Children's Centres involving 823 parents. This included healthy eating and cooking advice, practical sessions for parents and training for staff. 11 out of 13 centres received the 'eat better, start better' training and 13 Children's Centre staff were nominated as Health & Wellbeing champions.

An Oral Health Coordinator was funded to support the supervised tooth brushing programme in Reception and Nursery classes and oral health workshops for parents were provided in all 13 Children's Centres; this exceeded the set target.

### Winter Well

The 2014-15 Winter Well project was delivered. The mild weather reduced demand for emergency equipment although the energy efficiency component of the work continued to grow.

## **1.4 Other Achievements**

### Smoking prevention - Cut Films

Barnet schools and groups did exceptionally well in the national Deborah Hutton Campaign, Cut Films smoking prevention competition. Susie Earnshaw Theatre School won the Popular Choice, Judges Choice and 12-15 age group categories with their film, "If you could see it". Barnet Young Carers and Siblings won the Young Judges Choices and Under 11 categories with "Something will happen"

### Public Health Service reorganisation

Agreement for the service to reorganise was given by the Joint Public Health Service Governance Board. The new structure enables the service to have increased dedicated links to the various directorates within the Council and will further enable embedding of public health perspectives in the commissioning and delivery of services.

### Work placements

The service continues to receive high numbers of GPs and Public Health Registrars in training and unpaid volunteers who are frequently graduates for placements. They all contribute, on an unpaid basis, to the work of the Service.

## **1.5 Issues**

There were three service areas which proved challenging in 2014-2015. Significant effort went into these areas to improve service delivery and performance.

### Health Checks Service performance

The Health Checks programme commenced approximately six months before the transfer of public Health to the Council. In the intervening two years much work has taken place to improve the take up of health checks. Training has been provided to GP practices and various events staged to increase uptake based on analysis of take up rates in various parts of the borough and effort targeted accordingly. A new IT data management system that provides live information based on GP data systems and a new payment structure will be introduced in October 2015. New equipment has been procured to expedite testing. This will be distributed to GP practices selected on the basis of performance and local population need.

Overall, performance for people receiving health checks has improved substantially with Barnet now ranking 8th out of London 33 Councils.

### Tobacco Control & Smoking Cessation performance

#### *Tobacco control*

Whilst smoking prevalence is falling year on year across London tobacco use remains one of the greatest threats to the health of people in the capital. Public Health England (PHE) data indicated that at least 1 in 6 Londoners are smokers although this varies significantly by deprivation with levels of up to 1 in 4 in the most deprived boroughs. At the same time there continue to be issues around the widespread availability of cheap illegal tobacco, the relatively recent issue of shisha use in young people and the emergence of e-cigarettes.

Adult smoking prevalence in Barnet is 15% which is lower than national average of 19%. Smoking rates vary across the borough with highest rates in Burnt oak ward (17%).

Barnet took part in a Sector Led Improvement (SLI) initiative on tobacco and undertook a self assessment with peer review workshops. Self assessment showed some areas for improvement such as vision and leadership, partnership working, planning and commissioning and innovation and learning.

Comprehensive tobacco control interventions, implemented at local level and part of a strategic partnership approach, reduce smoking prevalence and have been proven effective at reducing social and health inequalities.

Regional Enterprise Ltd, a collaboration between Barnet Council and Capita provide environmental health, licensing and trading standards and one of their work areas supporting public health is a tobacco project. A number of actions were taken in 2014/15:-

#### Shisha

In early 2014-15 work was undertaken identifying the number of Shisha premises in Barnet. This involved scoping which of these premises were compliant or non-compliant with legislation – i.e. labelling and smoke free. As a result of this four premises were prioritised

A number of officers attended shisha workshops to look at current enforcement best practice across North London Boroughs. The conclusion from this was that prosecution of smoke free offences was a labour intensive and protracted process and a joint approach by regulators was considered more likely to be effective with limited resources.

Shisha premises have been flagged as an issue at the Joint Tasking Group (JTaG). An intelligence package was created mapping Shisha premises and crime and anti-social behaviour to see whether they are having an impact on other issues within Barnet.

In September 2014 a local shisha task force was established and the four priority premises were visited

#### Counterfeiting and illegally imported Cigarettes

Trading standards takes a strong stance against any trader found selling cigarettes purchased from any illegitimate sources. A trader who purchases these items has no means of confirming that what they are buying is not harmful to human health, regardless of whether they are marketed as “grey” imports or as counterfeits. Furthermore even if the items turn out to be legitimate but illegally imported from abroad they will not have the UK standard warnings about the dangers of smoking. There has been a slight reduction in the reports to trading standards this year with only 5 complaints received.

Wagtail have been approached and are in the process of setting up an operation. There is a possibility of this being funded by HMRC therefore this is being explored.

#### Safety of e – cigarettes

Trading Standards received a number of enquiries and allegations relating to unsafe e cigarette chargers. There has also been an increase in the media coverage of this with due to the death of a man attributed to a fire caused by an e cigarette in August 2014.

#### Young people

Modelled prevalence of people aged 15 who are regular smokers in Barnet is 6.8%. The national modelled prevalence is 9.0% Hendon ward has the highest prevalence of 15%. The earlier children become regular smokers, the greater their risk of developing life-threatening conditions, such as lung cancer or heart disease, if they continue smoking into adulthood. Those who start smoking before the age of 16 are twice as likely to continue to smoke as those who begin later in life – and are more likely to be heavier smokers (Muller 2007).

There is evidence that school based interventions are effective in reducing uptake of smoking and NICE have published a series of recommendations. Schools are being supported by Public Health to reach and maintain their Healthy School status and thus their statutory duty to promote the health and wellbeing of pupils. All schools applying for a bronze award are required to show evidence they have a schools smoking prevention policy. They can chose to take this further in applying for silver ward through an action plan to address particular issues.

Public Health commission a young people’s smoking project called Cut Films through their school well-being programme. It is an anti-tobacco education campaign, created by young people for young people through the medium of filmmaking.

‘Smoking Bullet’ by Barnet Youth & Family Support Services won the prestigious Judges Choice award for its powerful anti-smoking message aimed at other young people across the country. The team from Barnet Council’s Canada Villa Youth Centre also won the best film in the 12 to 15 year old category. Another group of Barnet residents from JCoSS (Jewish Community Secondary School) achieved joint third place in the national awards.

## *Smoking Cessation*

The percentage of people who smoke in Barnet has dropped considerably over the last two years and the stop smoking service targets have been adjusted to reflect this. Currently, 15% of Barnet residents are smokers. This brings additional challenge to get the “hard core” of smokers to quit. Despite this, research has shown that 70% of smokers want to quit so there is a good sized target group. The increasing use of “e-cigarettes” is also reported to be having a potentially negative impact on the service with more smokers eschewing stop smoking services in favour of harm reduction from e-cigarettes.

The Barnet Stop Smoking Service was commissioned through Central London Community Healthcare (CLCH) and was due to expire at the end of July 2015. Due to CLCH consistent underperformance, the contract was terminated and the service ceased at the end April 2015. In the interim, pharmacies and GPs will be delivering the local stop smoking service and supporting the Public Health service to achieve the quit target. Training and support for promotional activities is being provided by the Harrow stop smoking team in the interim. The plan is to develop an options appraisal which will propose a number of service models based on best practice and value of money.

### Drug & Alcohol Service performance

The service has been re-procured

Analysis of the operation of the previous service – the configuration of provision and the individual service components - identified a number of areas where changes could be made to improve recovery outcomes. The tender for the new service included a new treatment pathway based on this analysis. A new service has been commissioned and commenced operation on 1st October 2015.

## **1.6 Financial Performance**

The Public Health Delivery Unit is the main Delivery Unit for the services commissioned by the Health and Wellbeing Board. Of the £14.335m budget (representing 5% of overall Council budgets), £14.044m was spent; with the remaining £0.291m transferred to the Public Health Reserve to meet contingencies and future commissioning priorities.

## **1.7 Priorities and pressures in 2015-16**

### Priorities

There is a considerable degree of continuity in the priorities of 2014-15 and 2015-16 and they continue to support Council corporate priorities and the four strands of the Health and Wellbeing Strategy - Preparing for a Healthy Life, Wellbeing in the Community, How we Live, and Care when needed.

The priorities have evolved in response to the Council’s Corporate Plan which sets the framework for each of the Commissioning Committees five year Commissioning Plans including a commitment to earlier intervention and demand management, and working with residents to prevent problems rather than treating the symptoms when they materialise.



The commissioning priorities are the culmination of prioritisation work conducted by elected Members of the Health and Well-Being Board with the support of lead commissioners from the Council and senior leaders from the Clinical Commissioning Group.

The most significant shift in spending is towards early years where the greatest returns on investment are seen but which are realised over longer time scales. These investments are important in moving toward sustainable service models for the future.

#### Commissioning Priorities for 2015-16:

##### *Give every child the best start in life*

School nursing commissioning arrangements  
Funding of family nurse partnership

##### *Enabling all children, young people and adults to maximise their capabilities and have control over their lives*

Children and adults who are overweight and obese encouraged & supported to lose weight.  
People are encouraged and supported to quit smoking  
Community emotional wellbeing  
Making every contact count

##### *Create fair employment and good work for all, which helps ensure a healthy standard of living for all*

Ensuring robust Sexual Health services  
Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and recovery.  
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm - Procurement of a new Young People's Drug and Alcohol Service by April 2016

##### *Strengthen the role and impact of ill health prevention*

People with a long term condition are encouraged and supported to self-manage their condition  
Health and lifestyle checks are offered and taken up

#### Pressures

Central Government has announced a 7.4% cut to the Public Health grant in-year during 2015-16. Plans for reducing activity to achieve the cut have been developed while awaiting the conclusion of the Department Health consultation on how the reduction is to be achieved.