

	Health and Wellbeing Board 15 September 2016
Title	Public Health Annual Performance Report for 2015/16
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Public Health Commissioning Plan – Annual Performance Report 2015/16 Appendix B: Barnet Public Health Commissioning Outcomes: London context Appendix C: Public Health Activity Report: Summary of recent patient/client contacts with public health services
Officer contact details	Rachel Wells, Consultant in Public Health Rachel.Wells@harrow.gov.uk Lisa Colledge, Senior Public Health Analyst Lisa.Colledge@harrow.gov.uk

Summary
<p>The Barnet and Harrow public health team report on performance quarterly and produce an annual report to the Health and Wellbeing Board. This has been a successful year for the team, with a number of achievements. This report outlines the progress made against the Commissioning Intentions and the Management Agreement, and the innovative work undertaken by the team. A number of changes have taken place this year, with the establishment of a public health intelligence team and a successful recruitment programme.</p> <p>In 2015/16, the public health service delivered excellent work on healthy schools, child obesity, sexual health services redesign, and adult substance misuse treatment and recovery implementation, despite a 7% in-year grant reduction.</p> <p>Well recognised, ongoing challenges regarding smoking cessation and NHS Health Checks received strong new input from focussed recruitment and fundamental redevelopment,</p>

aiming for sustained, long-term recovery.

Alcohol misuse intervention was successfully transferred to the general substance misuse services contract.

Innovative partnership working schemes were developed to tackle shisha smoking and youth self-harm and suicide risk, and to support healthy eating, family and child health, mental wellbeing, primary care delivery and Winter health.

Development of the adult obesity and young person's drug and alcohol treatment services continued throughout the year, boosted by new recruitment, with launches planned in 2016/17.

The team established the 'Healthy Places' approach, following adoption of this concept by the Board. Taking a Healthy Places approach has begun to bring together work with planning, licensing, regulation, and growth and regeneration.

The health intelligence team has brought much-needed expertise to the public health service, including more experience in Health Impact Assessment and highly skilled analysis.

The Barnet public health team received national recognition in 2015/16 for its work on child obesity, mental health employment and blood-borne virus intervention.

Recommendation

- 1. That the Health and Wellbeing Board notes and comments on the report and its appendices.**

1. WHY THIS REPORT IS NEEDED

- 1.1 Public health services are now well integrated with other Barnet Council functions, and deliver cost-efficient health and wellbeing interventions with long-term benefits for Barnet residents. Public health team members also work collaboratively with other Council staff to add social, economic and environmental value to non-health initiatives which affect the 'wider determinants of health'. However, the public health team faces ongoing financial challenges, not least the 7% public health grant cut in 2015/16 and the removal of the public health grant 'ring-fence' in 2018/19. Ongoing commitment to preventative health measures is needed now more than ever, in order to support Barnet residents and workers to live long, healthy and independent lives, and to rationalise health and social care service use.
- 1.2 This report collates public health performance outcomes for 2015/16. It summarises activity using narrative description, Key Performance Indicator (KPI) statistics, and RAG (red/amber/green) ratings (indicating commissioners' concern or satisfaction regarding their programmes).
- 1.3 The public health team is required to report activity for its agreed Commissioning Intentions and KPIs every quarter.

Commissioning Intentions

- 1.4 In 2015/16, Barnet Public Health worked to deliver 12 Commissioning Intentions, falling under 5 headings: (1) giving every child the best start in life; (2) enabling all children, young people and adults to maximise their capabilities and have control over their lives; (3) creating fair employment and good work for all, which helps ensure a healthy standard of living for all; (4) creating and developing healthy and sustainable places and communities; and (5) strengthening the role and impact of ill health prevention. Some of the most successful public health Commissioning Intentions in 2015/16 were as follows.
 - 1.4.1 **Healthy schools:** At the time of Q4 reporting, Barnet had the highest number of schools registered with the Healthy Schools London scheme, of all London boroughs (95 schools), and the second highest number of schools winning a Gold award (4 schools).
 - 1.4.2 **Child obesity:** Two tier two (i.e. targeted) school obesity programmes were successfully launched, targeting both overweight children and their families. The great majority of overweight child participants either lost weight or stopped gaining further weight. A tier three (i.e. specialist) programme was provided for very overweight children.
 - 1.4.3 **Sexual health services redesign:** The Barnet public health team has taken a central role in the London Sexual Health Transformation Programme, a collaborative procurement project involving seven North Central London and neighbouring boroughs. Extensive review and engagement work has been conducted involving community members (including young people), primary care professionals, current and prospective providers, and other stakeholders,

The new service aims to deliver more integrated, appropriate and accessible contraception and sexual health services across the seven boroughs, and is on target to commence in April 2017. In addition, Barnet Public Health contributed expert support to a national online HIV testing service launched in November 2015. Meanwhile, sexual health activity via the existing provider has improved in Q4 following provider training support.

- 1.4.4 Adult substance misuse treatment: Barnet Public Health has worked with the new lead provider to implement a comprehensive new Adult Substance Misuse Treatment and Recovery Pathway with extra focus on recovery and relapse prevention, and to respond swiftly to initial low performance with a broad-reaching recovery plan.
- 1.5 The strongest performance challenges for Public Health in 2015/16 were smoking cessation and NHS Health Checks, two long-standing and well recognised public health concerns in Barnet. Recovery work in 2015/16 is expected to extend throughout most of 2016/17, as follows.
 - 1.5.1 Smoking cessation: Following contract termination (due to persistent poor performance), an interim 'skeleton' service has been in place since April 2015 (delivered by accredited pharmacies and GP providers), pending service redevelopment. The interim service has been dogged by problems with finance and reporting systems. A new senior Public Health Commissioning Manager began working in March 2016 to map out challenges, research service options and procure the best possible new service model, informed by best practice elsewhere. A new joint Smoking Cessation/Health Checks Coordinator has been recruited and will start work in September 2016. Smoking cessation recovery is anticipated from Q4 2016/17 at the latest.
 - 1.5.2 NHS Health Checks: Despite procuring a new data management system in April 2015, ongoing problems with activity reporting, invoicing and system complexity have now forced IT system reprocurement at short notice. General Practitioners' concerns over data-sharing (now resolved) also caused long delays. Because of IT system problems, reported Q4 performance is partially an estimate (based on previous activity) and will be replaced by definitive figures published retrospectively in Q1 2016/17. A new senior Public Health Commissioning Manager began working in March 2016 to liaise with GP providers, identify barriers and improve all relevant systems. In addition, a new joint Health Checks/Smoking Cessation Coordinator will start work in September 2016 to improve communication and performance management in both performance areas (including data system user support); his work is expected to improve activity from Q4 2016/17 at the latest. A new training contract has also been secured to support health staff using the Health Checks IT system.
 - 1.5.3 Please refer to Appendix A of this report for further detail on recovery activity for both smoking cessation and Health Checks.

- 1.6 In addition to Health Checks, a Post Health Checks interventions project was successfully established 2015, working in partnership with GLL (Greater London Leisure, the provider) and Age UK Barnet. The Post Health Checks project is run by a Senior Health Trainer who is part of the public health team. The Senior Trainer takes referrals from GPs, after Health Checks have been completed, and then coordinates an interventions programme which includes motivational interviewing and referral for a 12-week physical activity programme plus cooking classes; the Senior Trainer also delivers regular, one-to-one follow-up meetings. After a slow start, referrals are now steady, and the first cohort of finishers have signed up to continue their physical activity on into the future. Further follow-up meetings with the Senior Health Trainer will be arranged after one year.
- 1.7 Alongside the development of a child obesity intervention, the development of a tier two service for adult obesity has been developed and is in the process of being commissioned.
- 1.8 In addition, the public health team has been working with Regional Enterprise Ltd (Re) on three key public health projects – Winter wellbeing, Healthier Catering Commitment and shisha – as follows.
 - 1.8.1 The Winter wellbeing project (entitled 'Keep Well and Warm in Winter' for Winter 2016/17) has this year been expanded to include more comprehensive advice and information on energy suppliers. This enables vulnerable people to access support to avoid and deal with fuel debt, helping them to alleviate their winter energy expenses. In addition to this, the project provides emergency kits to vulnerable people and families, and undertakes small repairs and improvement work to address immediate heating problems. The project takes referrals from anyone concerned about a specific individual. It also works closely with the Red Cross, and now Age UK Barnet, to ensure that people leaving hospital are provided for. This project plans a launch in Autumn 2016 to distribute information and supplies to those in greatest need. This year the Winter wellbeing project has expanded to include more focus on energy advice. This is for two reasons: (1) to access more funding; and (2) to adapt to recent warmer winters in which fuel debts still accumulate even if heating crises are less common.
 - 1.8.2 The Healthier Catering Commitment (HCC) aims to encourage local food outlets to provide a healthier choice on their menus. We have been successful in achieving our first Gold level food outlet, together with a number of Silver and standard awards. The Barnet scheme incorporates the London HCC scheme but also includes additional, Barnet-specific standards to encourage a greater degree of achievement. The scheme is managed by Public Health in partnership with Regional Enterprise food team colleagues.
 - 1.8.3 Shisha smoking was identified as a local priority late in 2015. This year, the public health team has planned a shisha educational campaign to run in 2016/17; the team also has the potential to use licensing options to limit shisha use, as part of their Healthy Places work. This work is being

undertaken in partnership with Regional Enterprise, Her Majesty's Revenue and Customs (HMRC), and Trading Standards.

- 1.9 In 2015/16, the public health team wholly funded the Barnet Joint Commissioning Unit to provide breastfeeding, child oral health, Family Nurse Partnership, School Nursing and Home Visiting programmes, working with the Barnet Clinical Commissioning Group (CCG). This work has now been transferred to other lead commissioners.
- 1.10 Other public health joint working projects included: Community Centred Practices (with local GPs and the CCG); family and perinatal health coaching (with Children's Services, as part of their Early Intervention and Prevention services); youth self-harm and suicide prevention training (with Barnet Council officers and local community sector and education professionals); alcohol 'Intervention and Brief Advice' (with the Royal Free and Barnet Hospitals, local pharmacies, police and the Safer Communities partnership); mental health employment support (with Job Centre Plus, employers, social investors, Housing and Benefit Task Force, Youth Offending and Troubled Families teams, mental health Key Workers, and the Barnet, Enfield & Haringey Mental Health Trust); Healthy Living Pharmacies (with local pharmacies); national HIV home sampling service (with Boots, Superdrug and Terrence Higgins Trust); and Visbuzz (funded by a Capital Ambition programme grant).

2. REASONS FOR RECOMMENDATIONS

- 2.1 Barnet Public Health ask that the Barnet Health and Wellbeing Board be aware of the breadth and depth of public health team activity within Barnet Council and beyond in 2015/16. Furthermore, Public Health call on the Board to actively support and advocate for a strong, expert and fully resourced public health role within all relevant Barnet Council operations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The alternative option is not to receive and note this annual performance report; however, this would hamper the Board's awareness of progress with agreed strategies and plans.

4. POST-DECISION IMPLEMENTATION

- 4.1 No immediate action is required.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Council's Corporate Plan 2015–2020 sets out the Council's intention to implement its Community Participation Strategy and Action Plan, in order to (a) achieve its vision of greater community collaboration and resilience, (b) build stronger partnerships with community groups, and (c) coordinate and improve the support it gives to communities. The development of local space, regeneration and growth, and the initiation of community-based responses to health, are central to this intention.

- 5.1.2 The Corporate Plan also identifies Public Health as central to future regeneration schemes: the borough's changes to the built environment need to be designed to help people keep fit and active.
- 5.1.3 The Corporate Plan mandates the development of more innovative ways of maintaining Barnet's parks and green spaces, including broader partnerships with community groups, and using parks to achieve wider public health priorities for the borough.
- 5.1.4 In addition, the commitments to growth and business identified in Entrepreneurial Barnet¹ provide an excellent springboard for improving the experiences of Barnet residents, workers and students, through integrating public health concerns and town centre challenges.
- 5.1.5 Deprivation, heart disease, obesity and mental illness are important factors for life-long health. The Barnet public health team works to reduce the severity and effects of common and severe mental illness through their mental health employment support programmes. The Barnet Joint Strategic Needs Assessment (JSNA) identifies coronary heart disease as the biggest cause of death amongst both men and women in Barnet. As male life expectancy continues to converge with that of women, it is likely that the prevalence of some long-term conditions will increase in men faster than in women.
- 5.1.6 Adult and child obesity rates are currently lower in Barnet compared with average London rates. However, adult hospital admission rates due to obesity are higher, suggesting a need for targeted interventions.
- 5.1.7 The Barnet wards with the highest rates of child obesity are Colindale, Burnt Oak and Underhill. These areas also have some of the lowest levels of participation in sport, and the lowest levels of park use and volunteering. Public Health involvement in pilots has been aligned with these locations.
- 5.1.8 Opportunities for physical activity and obesity interventions are closely tied to the built environment and access to open spaces, and also to access to a variety of good quality food choices.
- 5.1.9 The work of the public health team supports Barnet's 2015–2020 Corporate Plan and Barnet's vision for 2020; these documents include the following commitments.
- 5.1.10 Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes. By 2020, social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. People with mental health issues will receive support in the community to help them stay well, get a job and remain active; this support will address people's

¹ Entrepreneurial Barnet - <https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html>

broader lives rather than just focus on clinical diagnosis.

5.1.11 There is also a commitment to meeting the Public Sector Equality Duty by focussing on housing and employment for vulnerable groups, for example, people with learning disabilities and people with mental health issues.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications of the recommendations of the Public Health Annual Performance Report.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 The Council's constitution sets out the Terms of Reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board as follows.

5.4.2 To jointly assess the health and social care needs of the population, with NHS England commissioners, and to apply the findings of the Barnet JSNA to all relevant strategies and policies.

5.4.3 To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

5.4.4 To directly address health inequalities through its strategies and have specific responsibility for regeneration and development as they relate to health and care, and to champion the commissioning of services and activities across the range of responsibilities of all partners, in order to achieve this.

5.4.5 To promote partnership and, as appropriate, integration, across all necessary areas, including the use of 'joined-up' commissioning plans across social care, public health and the NHS.

5.4.6 To take specific responsibility for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 No issues identified.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act sets out the Public Sector Equality Duty which requires public bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, to advance equality of opportunity between people from different groups, and to foster good relations between people from different

groups. Both the local authority and the CCG are public bodies. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

5.7 Consultation and Engagement

5.7.1 Consultation and engagement will be an important component, and where this is not already integrated into existing work it will be added.

5.8 Insight

5.8.1 The public health data used in this report was collected by the team from sources known to them. No specific requests were made to Insight as this was not required.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 12 May 2016, Agenda Item 10, Creating Healthy Places - opportunities to align public health outcomes and planning
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4>