

	Health and Wellbeing Board 14 September 2017
Title	Public Health Annual Performance Report for 2016/17
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Public Health Commissioning Plan – Annual Performance Report 2016/17 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
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Summary
<p>The Barnet and Harrow public health team report on performance quarterly through Council performance management systems and produce an annual report for the Health and Wellbeing Board. 2016/17 has been a successful year for the team. This report outlines the progress made against the agreed Key Actions and Management Agreement, and the innovative work undertaken by the team.</p> <p>In 2016/17, the public health service worked on child obesity, healthy schools, sexual health services redesign, health coaches, practice health champions, and adult substance misuse treatment.</p> <p>The new Barnet Sports and Physical Activity (SPA) leisure services procurement has been carried out with public health outcomes embedded as a central component of provider requirements, due to the public health team's central involvement. This development of added public health value is believed to be unique within English local authority leisure</p>

services procurement.

Ongoing challenges regarding smoking cessation and NHS Health Checks received strong input from service redevelopment, new staffing and new data provision.

Partnership working schemes were developed to address shisha smoking, healthy eating, workplace health, family and child health, mental wellbeing and winter health.

The public health team further developed its 'Healthy Places' approach, developing new working relationships with planning, housing, transport, open and green spaces, and growth and regeneration teams, as well as external community and professional partners.

The health intelligence team expanded its data resource base and provided in-depth data analysis, research and Health Impact Assessment, strengthening public health support for broader Barnet Council and Clinical Commissioning Group (CCG) work.

The Barnet shisha campaign, jointly developed by the public health and communications teams, was shortlisted for a national communications award in July 2017.

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 that affect the 'wider determinants of health'. The Council is committed to preventative health measures, in order to support Barnet residents and workers to live long, healthy and independent lives, and to manage health and social care demand.
- 1.2 This report collates public health performance outcomes for 2016/17. It summarises activity using narrative description, Key Performance Indicator (KPI) statistics, and red/amber/green (RAG) ratings (indicating commissioners' satisfaction or concern regarding their programmes).
- 1.3 The public health team is required to report activity for its agreed Key Actions and KPIs every quarter.

Key Actions

- 1.4 In 2016/17, Barnet Public Health worked to deliver 24 Key Actions, falling under 5 headings: (1) Supporting children, young people and their families to be physically, mentally and emotionally healthy; (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) healthy and sustainable places

and communities; and (5) ill health prevention. Some of the most successful public health Commissioning Intentions in 2015/16 were as follows.

- 1.4.1 Sport and physical activity (SPA) leisure procurement: public health outcomes have been embedded as a central component of provider requirements. This is the result of Public Health's central involvement in this procurement process; contributions included sitting on tender review panels and writing parts of the specification and the Memorandum of Understanding. Due to this collaborative working, the SPA leisure procurement should add extra public health value at no extra cost to Barnet Council, an achievement believed to be unique within English local authority leisure services procurement.
- 1.4.2 A Shisha educational campaign was developed and run in 2016/17 by public health working in partnership with Barnet Council's corporate communications team colleagues. Evidence-based health messages were developed, independently tested on various audiences (including young people, and black, Asian and minority ethnic residents) and revised. After consultation with partners, messages and images were approved by the Health & Wellbeing Board. Shisha smoking establishments were engaged and informed of their responsibilities under the Smoke free law (working in partnership with Regional Enterprise and Environmental Health), and supporting literature was developed. School pupils received shisha workshops. An extensive communications campaign was conducted, including bus shelter and High Street posters, website material, social media posts, a video blog, Twitter polls, digital advertising, press releases, and content in relevant publications. In July 2017, the Barnet shisha campaign was shortlisted for a national communications award.
- 1.4.3 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 (101 schools), and the second highest number of schools winning a Gold award (10 schools).
- 1.4.4 Child obesity: Two tier two (i.e. targeted) school obesity programmes operated successfully, targeting both overweight children and their families. As the year progressed, a growing proportion 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.
- 1.4.5 Sexual health services redesign: The Barnet public health team took a leading role in the London Sexual Health Transformation Programme. Working with Camden colleagues, Public Health agreed the new genito-urinary medicine contract and tariffs on behalf of London commissioners (including a reduced tariff for 2016/17); the team also worked with sub-regional partners in Camden, Islington and Haringey to complete procurement of the sexual and reproductive health service. This work proceeded alongside ongoing delivery of sexual and reproductive health education and services to Barnet young

people, improving sexual health and reducing the risk of unplanned pregnancy.

- 1.4.6 Mental health employment support: The Motivation and Psychological Support (MAPS) scheme (for residents with common mental illness) successfully recovered from the previous year's below-target results, and went on to consistent achievement over the year. Results for the Individual Placement and Support (IPS) scheme (for residents with severe mental illness) improved over the course of the year, despite the loss of three staff members.
- 1.4.7 Adult substance misuse treatment: Barnet Public Health has worked with the lead provider to embed the comprehensive new Adult Substance Misuse Treatment and Recovery Pathway, using a broad-reaching recovery plan to address initial low performance. Data mis-reporting issues were resolved, and the public health team worked with regional counterparts and the provider to resolve concerns. Public Health England commented on the resulting improvements, stating its belief that this positive trajectory would continue.
- 1.5 The strongest performance challenges for Public Health in 2016/17 were smoking cessation and NHS Health Checks, two long-standing and well recognised public health concerns in Barnet. Recovery work begun in 2015/16 continued throughout 2016/17, as follows.
 - 1.5.1 Smoking cessation: A new Smoking Cessation and Health Checks Coordinator began work in September 2016, reporting to the new senior Public Health Commissioning Manager (who began work in March 2016). The new Coordinator engaged with GPs and pharmacies to secure new smoking cessation service contracts. In addition, new Smoking Advisors were trained, and specialist smoking cessation staff support was delivered, targeting the most under-performing GP surgeries. Barnet Public Health and Clinical Commissioning Group (CCG) established a formal Smoking Strategy Development Group.
 - 1.5.2 NHS Health Checks: A new senior Public Health Commissioning Manager began working in March 2016, and a new Smoking Cessation and Health Checks Coordinator began work in September 2016 covering all 50 Barnet GP surgeries. All participating practices received a monthly Health Checks performance report enabling benchmarking against peers, producing an immediate impact. A new contract for Health Checks data support was finalised, with significant savings obtained (enabling management of very significant budget cuts for this work). Monitoring and delivery structures were developed. Training was delivered to 44 practice staff responsible for delivering Health Checks.
 - 1.5.3 Please refer to Appendix A of this report for further detail on activity for both smoking cessation and Health Checks.

- 1.6 The Post Health Checks intervention project continued to operate successfully in 2016, working in partnership with Better (Greater London Leisure, or GLL, the Council's current leisure services 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 that 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.
- 1.7 In addition, the public health team has been working with Regional Enterprise Ltd (Re) on winter wellbeing and the Healthier Catering Commitment, as follows.
 - 1.7.1 The 2016/17 winter wellbeing scheme ('Keep Well and Warm in Winter') included introduction of an online, tailored information service ('Joule Tool'), which prompted positive feedback from partners and residents.
 - 1.7.2 The Healthier Catering Commitment (HCC) aims to encourage local food outlets to provide a healthier choice on their menus, and is managed by Public Health in partnership with Regional Enterprise food team colleagues.
- 1.8 In 2016/17, the public health team continued to wholly fund the Barnet Joint Commissioning Unit to provide breastfeeding, child oral health, Family Nurse Partnership, School Nursing and Home Visiting programmes, working with relevant lead commissioners in other teams. Public Health also continued to contribute funding to the Better Together (Ageing Well) scheme.
- 1.9 Other public health joint working projects included: Community Centred Practices (with local GPs); family and perinatal health coaching; 'Making Every Contact Count' (MECC) training (to deliver opportunistic health promotion); structured diabetes education (with Barnet CCG); and Healthy Living Pharmacies.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report sets out the performance of the Barnet Public Health Service, as part of the Council's agreed performance management and assurance processes.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 N/A

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 vision, strategy and plans for Barnet, including its plans to improve health and wellbeing for Barnet residents. The Public Health performance report shows how the Public Health Service has contributed to the achievement of the Council's corporate plan.
- 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 In addition, the commitments to growth and business identified in Entrepreneurial Barnet provide an excellent springboard for improving the experiences of Barnet residents, workers and students, through integrating public health concerns and town centre challenges.
- 5.1.4 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.
- 5.1.5 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.

5.2 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>