Public Health- 2013/14

1.1 DELIVERY UNIT DASHBOARD

| Revenue budget projected year end variance £000 | Capital actual variance £000 | Corporate Plan Performance | Management Agreement |
|---|------------------------------|----------------------------|----------------------|
| 0 | N/A | 0.5 | -0.5 |

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements

Safe transition of service from NHS to joint service, maintaining performance.

New investments in Barnet schools wellbeing programme, Physical Activity opportunities and environment

In a recent publication of the Municipal Journal, Barnet was placed 4th in a National table of Local Authorities for its work on tackling health inequalities and the wider determinants of health

| Key challenges | Actions required |
|--|--|
| Smoking cessation – behind target | Recovery Programme has been developed |
| Carrying out health checks – behind target | Recovery Programme has been developed |
| On-going issues with IT systems are causing problems | Meeting with Capita arranged to discuss how the issue is to be resolved. |

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

Work is now focused towards the implementation of programmes of work include areas such as the Barnet Schools well-being programme, Alcohol, Falls Prevention and Adult weight management programmes.

Following a procurement process, a provider has been identified to complete the School Nursing and Health Visiting review and discussions are underway to agree the high level 'heads of terms' for the contract. Whilst the review has encountered some slippage and is now due to begin on the 1st November 2013, it is not expected that this would have a material impact upon the original date of delivery.

The West London Alliance proposal for collaboration amongst Public Health commissioners has been developed and the project initiation document considered with a number of Local Authorities agreeing to collaboration. Information and data will be made available to the programme team to support this work.

The public health intelligence function continues to work with Barnet Council to integrate public health data into other information systems.

The team are continuing to experience problems with the information technology systems; a meeting has now been organised with Capita in an attempt to gain clarity on the causes of the problems and to resolve the situation.

The Commissioning Intentions for 2014/15 are being prepared for consideration and agreement. These will continue to reflect the commitment of the two Councils to providing support to those most in need. Additional investments should be expected in priority areas such as children's and older people's activities to ensure that these services remain at a consistently high standard.

Service Plan

Significant progress continues to be made with the "early years programme". Building on our close work relationship with the children's services team, health targets have now been added to the children's centre KPIs and the team are working closely with Central London Community Hospital to enable smoking cessation training to be offered to children's centre staff.

We have been working on ways to promote physical activity with older adults and are preparing to launch a new programme of grants to support proposed schemes in November. The shared Barnet and Harrow Public Health Team wish to award small grants for seed funding to charities or not for profit organisations to provide physical activity sessions for older adults in Barnet.

Examples of physical activities including: walks, dance (line dancing, ballroom and traditional dances), Tai-Chi, Wheelchair bound aerobic sessions, swimming, bowling, cycling, gardening.

Funding will be limited to those activities where there is evidence of demand. They need to reflect the interests of older people, to take place in easily accessible, safe and age-friendly locations, provide opportunities for people to try out new as well as continue with familiar activities, are provided on a group basis, to encourage social interaction and are culturally appropriate.

Wellbeing Schools Programme

The offer will cover the following areas of health and wellbeing delivery programme:

- Physical Activity
- Healthy eating
- Tobacco control / smoking cessation
- Drugs and Alcohol

Sexual Health and Relationships

The offer will be available for Primary and Secondary Schools in Barnet. Sexual health and relationships and smoking cessation at present is directed to secondary schools. Physical activity and healthy eating intervention will be primarily focused on primary schools. Some contracts have now been awarded.

The physical activity, nutrition and emotional wellbeing components of the programme will be delivered in schools by the Health Education Partnership. A detailed action plan for the delivery of the programme has been produced by the provider. The tobacco control component will be delivered by the Deborah Hutton Trust (both Cut Films and Operation Smokestorm).

In terms of Sexual health, clinic in a box will continue to be delivered by Central London Community Hospital (CLCH) but a provider for the SRE programme is to be confirmed.

A provider for the drugs and alcohol prevention component is also to be confirmed.

2. DELIVERING THE CORPORATE PLAN

2.1 How the Delivery Unit is performing against its Corporate Plan indicators

| CPI NO | Indicator description | Period Covered | Previous outturn | Target | Numerator and Denominator | Outturn | Target Variance | DoT Variance | Benchmarking |
|-----------|--|-------------------|---------------------|--------|---------------------------------|---------------|--------------------|-----------------|--------------|
| 2002 a | Reduce the proportion of children aged 4 to 5 classified as overweight or obese to 21.5% | | | | Appual indicat | or (24.19/.or | nd 22 10/ ro | ano ativoly) | |
| 2002 b | Reduce the proportion of children aged 10 to 11 classified as overweight or obese to 33.9% | | | | Annual indicat | or (21.1% ar | na 33.1% fe | spectively) | |
| 2003 | Increase the number of eligible people who receive an NHS Health Check to 9000 | Apr 13- Jun 13 | N/A | 1800 | N/A | 1520 | 15.2% | N/A | |

^{*}The relevant previous outturn used will either be the previous quarter, or the same quarter of the previous year. The same quarter of the previous year will be used for annual indicators, cumulative indicators (where the numbers add up during the year and are reported as 'year to date') and if the indicator is affected by seasonal fluctuations.

In a recent publication of the Municipal Journal, Barnet was placed 4th in a National table of Local Authorities for its work on tackling health inequalities and the wider determinants of health. These results are the early signs of the benefits that can be achieved of cross organisational working between Public Health and our colleagues within other directorates with whom we have been working closely.

The majority of Public Health targets are measured annually; with the exception of Smoking Cessation and Health-checks. The information for period one for these two services has been detailed below.

The target for Q1 Health Checks offered was achieved, whereas the number of health checks actually carried out fell short of the target.

The overall Qtr. 1 target relating to smoking cessation in Barnet was not achieved (the target was 565 and the actual 285).

2.2 Interventions & Escalations

| CPI NO | Comments and Proposed Intervention |
|--|--|
| Increase the number of eligible people who receive an NHS Health Check to 9000 | Level 2 - A recovery plan has been put in place by Public Health |

3. CONTRACT REPORTING

3.1 Overview of performance against Management Agreement

| | | RAG r | atings | | | No. of indicators expected to | |
|----------------------|-------|-------------|-------------|-----|----------------------|-------------------------------|---------------------|
| Total No. of KPIs | Green | Green Amber | Red Amber | Red | Positive/neutral DoT | Negative DoT | report this quarter |
| 12 | 0 | 0 | 1 (100%) | 0 | 1 | 0 | 1 |

3.2 How is the Delivery Unit achieving against its Key Performance Indicators (KPIs): Escalated KPIs only

| KPI NO | Indicator description | Period Covered | Previous outturn | Target | Numerator and Denominator | Outturn | Target Variance | DoT Variance |
|--------|--|-------------------|---------------------|--------|---------------------------|---------|--------------------|-----------------|
| PH012 | To stop the year on year increases in alcohol related admissions to hospitals (per 100,000 population) | Jan 13- Mar 13 | 456.0 | 438.0 | N/A | 444 | 1.4% | 2.6% |

3.3 Interventions & Escalations

| KPI NO | Comments and Proposed Intervention |
|---|--|
| PH012 Reduction in alcohol related admissions to hospitals per 100,000 population | Level 2 – A recovery plan has been put in place by Public Health |

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

It is likely that there will be larger than anticipated balances at the end of the financial year but any balances will be carried forward within specific Public Health reserves and will enable the funding of expenditure committed in 2013/14 and provide capacity for additional one-off projects to be delivered (subject to the relevant approvals).. Expenditure to date is lower than anticipated, reflecting largely by a delay in providers submitting invoices for payment as a result of contract finalisation but also due to staff vacancies, delays in commencing some of the investment projects, together with prudent assumptions made around contingencies and liabilities to avoid over committing the grant. Forecasts will be reviewed in more detail next quarter when more invoices have been received. The Department of Health have recently announced the extension of the ring fenced grant for a further year to 31st March 2016.

| | | Var | iations | | | |
|---------------|--------------------|--------|-------------|-----------|---|------------------------|
| Description | Original Budget | | Q2 forecast | Variation | | % Variation of revised |
| | £000 | £000 | £000 | £000 | | budget |
| Public Health | 13,799 | 13,766 | 13,766 | | Any underspend will be placed in a reserve and carried over for PH (ring fenced) hence full spend quoted here includes transfer of underspend to a specific reserve, at present this is likely to be £0.7m unallocated (with a further £1m underspend potential | 0.0% |
| Total | 13,799 | 13,766 | 13,766 | - | | 0.0% |

4.2 Capital

N/A

5. OVERVIEW OF DELIVERY UNIT

5.1 Change projects

| Project | Outturn | Direction of Travel | Commentary |
|--|---------|------------------------|---|
| Ageing Well project | Green | N/A | Focused on wider influence by building on initial successes to reach further communities |
| Barnet Schools Wellbeing Programme | Green | N/A | Initial investments have been made and services have commenced. Too early for indication of initial impact. Further investments are being explored with partners. |
| Weight management | Green | N/A | Physical activity and healthy eating programmes are underway. Targeted weight management options are under review with CCG. |
| Children's health pathway development through school nursing and health visiting services review | Amber | N/A | Review delayed but to commence Nov |
| Children's Centre wellbeing initiative | Green | N/A | Investments underway |
| Review of Tobacco Control and Smoking Cessation services | Red | N/A | Red on performance. Recovery plan produced |
| Local Health and Wellbeing Initiatives | Green | N/A | Business case for back to work support for those effected by welfare reform has been completed, target start date Nov |
| Sport and Physical Activity Review | Red | N/A | Red on savings target. Options under consideration |

5.2 Risk Overview

There are currently 5 risks identified on the Public Health risk register. These are:

- Contracts
- New investment
- Assurance (Outbreaks)
- Clinical Governance
- IT

We have received further clarity in relation to the role of Public Health and localised outbreaks, this has enabled the division to further downgrade the assurance risk.

Clinical Governance remains a high risk whilst we are considering appropriate models to support this. Planned controls remain in place and a Clinical Governance strategy has been developed. This has been attached as an appendix.

IT remains a considerable challenge within the team and this has been added as a new significant risk. The disruption caused to the team from system problems is causing a noticeable negative impact upon the successful delivery of key projects

5.3 Equalities

| Equalities description | Comments and Proposed Intervention |
|------------------------|---|
| | Will be included when equalities data is available. |