

Public Health– 2013/14

1.1 DELIVERY UNIT DASHBOARD

Revenue budget actual variance £000 ^[1]	Capital actual variance £000	Corporate Plan Performance	Management Agreement
0	n/a	3	n/a

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements	Key Escalations	Actions required
Transition of public health to local authority successfully completed	None	None
Significant reduction in smoking in pregnancy achieved		
Workplace health month delivered		

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

The Public Health team joined Harrow Council on 1st April 2013 from the NHS. In agreement with Barnet Council a joint team was developed to support both councils. The team is employed by Harrow Council with the Director of Public Health being appointed to both Barnet and Harrow councils. The team deliver a range of statutory and discretionary services to both communities and support the various bodies within the NHS.

The public health team continues to work with NHS England and Public Health England at both national and London levels to clarify roles and responsibilities particularly in relation to health protection: immunisations, infection control and emergency planning.

The local health protection assurance role is still to be fully defined and national guidance is awaited. The Public Health Business Continuity plan has been shared with both councils. This will require testing. A Joint Tobacco Control Alliance has been established and a joint scrutiny review of NHS Health Checks is underway.

The Director of Public Health has been approached by several organisations with a view to the Public Health Team providing paid-for services to them. These approaches are currently being explored.

Successful bids have been made to the (London) Mayor's Office for Policing and Crime (MOPAC) grant. In previous years this was an automatic inclusion with the drug and alcohol funding from government. £88k has been received for Barnet and £56k for Harrow. In Harrow the money will be deployed to reduce drug offending and in Barnet will support reduction in substance misuse offending and custody based alcohol interventions.

Information technology systems continue to be a concern and this matter has been escalated.

There has been agreement for a number of business cases to be implemented including the school's programme and green gyms. Progress is continuing in various other areas including work for the CCG and the development of a number of strategies.

In quarter 1, Barnet received 36 member enquiries. No Complaints or FOIs were received by the service.

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
2001	Reduce the prevalence of smoking in pregnancy rate		10%	6%	54/1174	4.6%	23.3%	▲ 54%	No benchmarking submitted
2002 a	Reduce the proportion of children aged 4 to 5 classified as overweight or obese	Academic year	21.9%	21.5%	N/A	21.1%	1.9%	▲ 3.7%	No benchmarking submitted
2002 b	Reduce the proportion of children aged 10 to 11 classified as overweight or obese	Academic year	33.9%	33.5%	N/A	33.1%	1.2%	▲ 2.4%	No benchmarking submitted
2003	Increase the number of eligible people who receive an NHS Health Check to 9000	Data expected to be reported in Q2.							

*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.

2.2 Interventions & Escalations

CPI NO	Comments and Proposed Intervention
<i>None</i>	

3. BUSINESS PLANNING

3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red			
11	n/a	n/a	n/a	n/a	1	0	1

The one reported KPI has not got a target, so no RAAG status is given.

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

KPIs not rated as green. Green rated KPIs are contained in the Appendix.

KPI NO and title	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
	None								

3.3 Interventions & Escalations

KPI NO and title	Comments and Proposed Intervention
None	

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget £000	Budget V1 £000	Q1 forecast £000	Variation £000		
Public Health	13,799	13,766	13,766	-	Currently forecast as full spend but likelihood of a small underspend becoming evident as this is the first year of the shared services and some projects are taking longer to start up than originally anticipated.	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	n/a	n/a	Data not reported this quarter
Barnet Schools Wellbeing Programme	n/a	n/a	
Weight management	n/a	n/a	

Children's health pathway development through school nursing and health visiting services review	n/a	n/a	
Children's Centre wellbeing initiative	n/a	n/a	
Review of tobacco control and smoking cessation services	n/a	n/a	
Local health and wellbeing initiatives	n/a	n/a	
Sport and Physical Activity Review	n/a	n/a	

5.2 Risk Overview

There are currently 4 risks identified on the Public Health risk register. These are represented by the following categories:

- Contracts
- New investment
- Assurance
- Clinical Governance

Apart from clinical governance, which has been recently added, the mitigating actions adopted are enabling the remainder to reduce. Clinical governance is the highest rated at 12, due to the lack of identified and robust systems in place to support an adequate clinical governance framework.

The implementation of a Risk Management System within public health, Information Management, and integrated working with our partners at the Clinical Commissioning Groups to ensure appropriate oversight of quality all support the immediate actions necessary to ensure controls are in place and effective.

Planned controls include the identification of a quality lead within the public health team and the development of a clinical governance framework that will be integrated with partners such as the respective CCG's and NHS England.

Appendix

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
PH005	Percentage of physically active adults (16+) TBC	Measure to be confirmed.							
PH006	Percentage of physically inactive adults (16+) TBC								
PH007	Reduction in smoking prevalence for adults (over 18)	Due to report in Q3.							
PH008	Increased number of drug users successfully completing drug treatment	Apr 12 - Mar 13	107	Target TBC	N/A	140	N/A	▲	Not currently available
PH009	Reduction in alcohol related admissions to hospitals per 100,000 population (males)	Annual indicator. New measure to be confirmed.							
PH010	Reduction in alcohol related admissions to hospitals 100,000 population (females)								
PH011	To halt the year on year increase in hospital admissions due to falls and injuries in the over 65s (per 100,000)	Annual Indicator. New measure to be confirmed.							