

Public Health Programmes Board

Chair: Matthew Cole Director of Public Health

Items to be escalated to the Health and Wellbeing Board

None

Performance

2015/16 Budget and Performance of Programmes

The public health programme performance and expenditure was reviewed. Most services/projects meet targets, however those that are red include:

Child Weight Management Programme Q1 target not met

The child and young people weight management service is a programme for children and young people (aged 5 to 17 years) who are overweight or obese. The service aims to improve participants' skills, knowledge and confidence in healthy eating and physical activity to prevent further weight gain/achieve a healthy weight. Table 1 shows that the service was not on target at the end of Q1.

Table 1: Leisure Services Child Weight Management Programme Performance, Q1 2015/16

	Q1 Actual	Q1 Target	Annual Target
Tier 1	20	36	144
Tier 2 (starters)	56	120	480
Tier 3	0	24	96

Performance improvement actions

1. To improve performance, an outcomes-based service specification has been written and will be agreed.
2. The interfaces and pathways with the National Child Measurement Programme and physical activity interventions have been joined up.
3. Public Health is undertaking a local obesity evaluation to evaluate the impact of local child weight management and physical activity programmes, with the aim of improving the impact.
4. Based on the outcome of the evaluation the allocation of the public health grant will be reviewed.

Number of four-week smoking quitters

The four-week smoking quitter indicator measures the number of individuals who have successfully quit for four weeks. In July, there were 33 quitters through Tier 2 and 3 smoking cessation services. To date, there have been 13 successful quits in August. The monthly target for quitters is 250 people; therefore, this target is highly unlikely to be

achieved once the number of quitters is finalised.

Table 2: Number of smoking quitters by provider type

	April	May	June	July	August	Total Achieved to date	Annual Target
GP	6	12	13	5	4	40	2,000
Pharmacy	28	20	22	22	4	96	
Tier 3	5	5	8	6	5	29	1,000
Total Achieved	39	37	43	33	13	165	3,000
Target	250	250	250	250	250	1,250	

Performance since April 2015 (with the exception of June) shows a month-on month decrease in the number of people setting a 4-week quit date. This trend is not unusual for the summer months.

Performance improvement actions

1. Increasing primary care performance and coverage
2. Improving stop smoking service awareness and accessibility
3. Increasing the number of patients that GPs and pharmacies support to quit smoking, and improving systems to allow better referral and navigation of the stop smoking pathway.
4. Quitters will be signposted to support including access to lifestyle support, nicotine replacement therapy, intensive specialist advice, or through referral to other specialist services, as appropriate.
5. Public Health is scoping potential incentive schemes to support quitters.
6. £15,000 has been budgeted for promotional campaigns (including Stoptober, No Smoking Day and #makeachange) to raise the profile of stop smoking services.
7. As part of the Healthy Schools bronze award programme, Barking and Dagenham has invested £60,000 in smoking prevention via tobacco control and £15,000 towards health promotion, as well as the other investment across the Council in environmental protection and schools.
8. Finally, a procurement exercise is underway to re-procure primary care public health services including smoking cessation by 1 April 2016.

Meeting Attendance

Good attendance

Action(s) since last report to the Health and Wellbeing Board

Integrated Sexual Health service

We have agreed a new contract with Barking Havering and Redbridge Hospitals University NHS Trust (BHRUT) commencing from 1st October on the basis of 1 year with the option to extend for a further 2 years (one year at a time). This is based on the current tariff prices

with efficiencies of at least 5% to be achieved each year.

In year 1 we will continue the financial negotiations with BHRUT to reduce the current tariff prices and reduce clinical staffing and operating costs as follows:

- Reduce staffing ratios and operating costs across the existing sites to provide a more cost-effective clinical delivery model
- Negotiate the current tariffs in line with national tariff guide prices, proposed Pan-London arrangements and benchmarking of other sub-regional arrangements where efficiencies have been achieved (we gave the current NCA GUM tariffs from Wandsworth as an example of competitive rates currently being negotiated with competitor Trusts)
- Review first appointment to follow-up activity and ratios to understand patient flows at the current sites in order to determine where FP, LARC and GUM activity can be diverted to primary care and / or the community e.g. home testing for Chlamydia and HIV.

Childhood Immunisation

Director of Public Health and NHS England joint visits to support the 25 practices where coverage requires improvement is ongoing. A report will be due at the Health Protection Committee's next meeting.

0-5 years Healthy Child Programme and Family Nurse Partnership commissioning
Transition completed between the Council and NHS England

Action and Priorities for the coming period

1. Implement the In year savings plan
2. Monitor recovery plans on areas of poor performance.
3. Immunisation improvement report

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