

SHARED HARROW AND BARNET PUBLIC HEALTH

TARGET OPERATING MODEL

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Author:	David Fabbro		
Document Owners:	Trina Thompson, Harrow Council Richard McSorley, Barnet Council		

Revision History

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13.09.12	1.0	Initial Draft
19.02.12	1.1	Incorporation of comments received from Public Health staff workshop 17.09.12
20.02.12	1.2	Further updates & original team structure chart substituted with placeholder
25.09.12	1.3	Further updates and new structure chart included
01.10.12	Final	Further updates and minor change to structure chart

Barnet and Harrow Public Health Team Target Operating Model

Introduction

This paper sets out the functional areas of responsibility of the proposed Public Health Team. These derive from and align with the PH Outcomes Framework, guidance issued by Department of Health, and take account of current JSNAs and draft Health and Wellbeing strategies, local service delivery, and information provided by Public Health staff.

Each functional area is analysed by the required sub processes and the roles involved in delivering them.

This paper is in addition to the Transition Plans for Barnet and Harrow. Where relevant it cross references the Transition Plans but does not duplicate matters addressed elsewhere – IT, finance and HR issues for example.

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1.0 The Public Health remit in Local Government

1.1 Design Parameters

A range of factors have been incorporated in the design of the operating model. These include over-arching principles, the Public Health Outcomes Framework, guidance issued by Department of Health, the current JSNAs and draft Health and Wellbeing strategies, local service delivery, and information provided by Public Health staff. These are explored in more detail below.

Keyprinciples:

- (A) The model of operation of a specialist public health team has to be responsive to local need taking account of the local Joint Strategic Needs Assessment and the Health and Wellbeing strategies
- (B) The specialist public health team has to lead and support the whole council approach to improving health and wellbeing in both Boroughs
- (C) The model delivers the most cost effective and efficient solution to ensuring a robust, comprehensive and specialist public health service that secures recruitment and retention of a high quality workforce.

Overall the intention of the integration of Public Health with the Councils is:

- a. To build on local knowledge and experience
- b. To align public health responsibility with the levers to tackle the wider determinants of health and health inequalities
- c. To include public healthperspectives in Council policies and decisions

A set of initial principles have been agreed between Barnet and Harrow Councils to guide the development of the shared Public Health Team:

1. To minimise the risk of destabilising the local Public Health system in the first year of operation by adopting a 'transfer as is' approach to service provision and support.
2. Director of Public Health to equally share their working time physically between Harrow and Barnet
3. Dedicated Barnet based posts to undertake at least 60% of their work from Barnet locations and 80% for CCG core offer posts
4. The host authority to not profit from hosting the shared service
5. Staffing costs arising from restructuring within the shared service should be split pro rata
6. A quarterly Governance Board is convened and chaired by the non-host Portfolio Holder
7. A Task and Finish Group is established to scrutinise the performance of the Joint Public Health Service and will report to both Barnet and Harrow Overview and Scrutiny Committees every two years

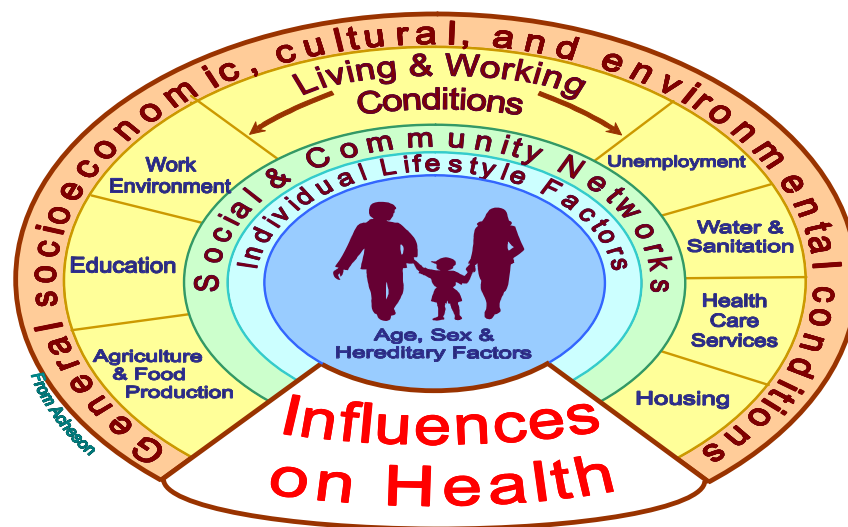
Improving Health and Wellbeing in the Boroughs

Development of health and wellbeing strategies in both boroughs has been based upon the local JSNAs, and the Marmot Review "Fair Society Healthy Lives".

The Marmot Review (which adds further weight to a number of other national reviews of the evidence connecting health with socioeconomic status and the importance of prevention, such as 'The Black Report', 'The Acheson Report', and 'The Wanless Report'), makes it clear that:

- people in higher socioeconomic groups generally experience better health – there is a social gradient’ in health, and work should focus on reducing this gradient;
- action on health inequalities requires action across all of the social determinants of health (see figure 1 below)
- it is necessary to take actions across all social groups, albeit with a scale and intensity that is proportionate to the level of disadvantage;
- action to reduce health inequalities will have economic benefits in reducing losses from illness associated with health inequalities which currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs – this is in addition to improving people’s sense of wellbeing; and
- effective local delivery of this requires empowerment of individuals and local communities.

Figure 1:The determinants of health



The health and wellbeing priorities identified in the JSNA and Health and Wellbeing strategy for Harrow are:

- To reduce the incidence of long term conditions through targeted lifestyle interventions and improve care of the people experiencing them;
- To reduce deaths from cancer;
- To promote the early identification of mental health problems and to improve the care of people experiencing them;
- To ensure every child has a good start in life by supporting their parents and carers;
- To reduce the impact of poverty on those most in need in Harrow;
- To reduce worklessness and promote health at work; and
- To improve services for people suffering from dementia.

The Health and wellbeing priorities of the Barnet Health and Wellbeing strategy include four themes:

- Preparation for a healthy life – that is, enabling the delivery of effective prenatal advice and maternity care and early years development
- Wellbeing in the community- that is creating circumstances that better enable people to be healthier and have greater life opportunities
- How we live- that is enabling and encouraging healthier lifestyles; and
- Care when needed – that is providing appropriate care and support to facilitate good outcomes

The operating model takes account of a number of aligned developments:

- West London Alliance joint working

Five Boroughs (Harrow, Barnet, Ealing, Hounslow and Brent) have agreed to participate in the development of a shared procurement function. This work remains in progress but the scope of this work encompasses the potential procurement of a range of services. It is envisaged that this procurement 'hub' would undertake the following elements of the commissioning cycle: developing services; shaping structure of supply; planning, capacity, and managing demand; managing performance. The other elements of the commissioning cycle including assessing need and prioritizing programmes in line with local decision making would continue to take place at Borough level.

- Wider system developments

Delivery of Local Government public health roles and responsibilities will need to take account of, and be aligned with, other elements of the wider public health system. Work is in progress at National and London levels to define the role of Public Health England and the National Commissioning Board. Functions, structures and operating plans are expected to be published in the coming weeks/ months.

The role of the public health team:

The operating model for the public health team is designed to support implementation of the Borough Health and Wellbeing Strategies and particularly to ensure that the wider determinants of health are addressed through work with all areas of Barnet and Harrow Councils.

The operating model described below is designed to deliver the specific public health functions and mandatory services as outlined in national guidance in the major areas of public health activity:

1. Leading health Improvement and reducing health inequalities
2. Health protection
3. Public health support to health service commissioning and joint commissioning
4. Providing public health knowledge and intelligence

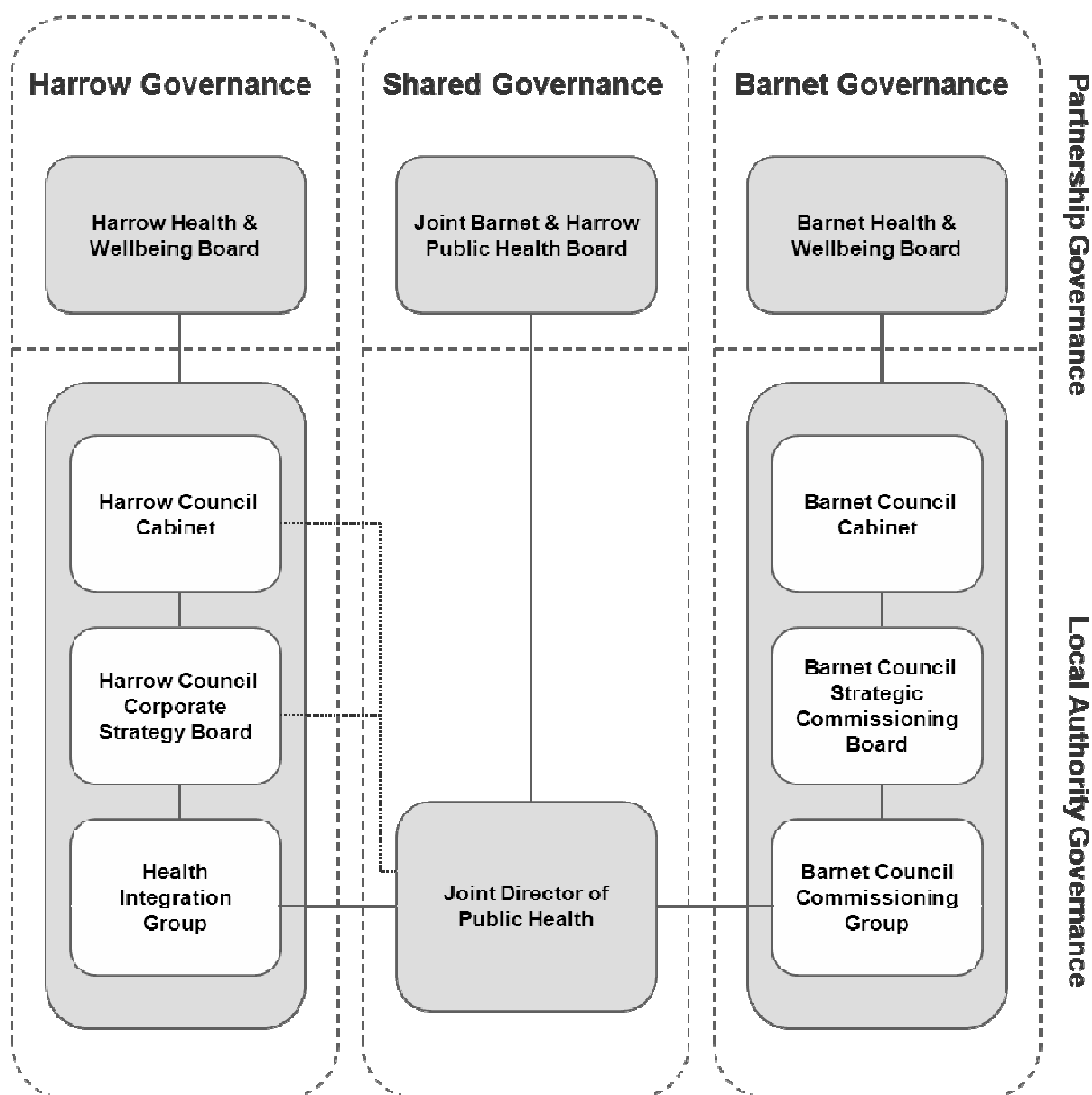
Delivery requires application of the wide range of public health skills including: assessing health need (epidemiological, comparative, corporate, qualitative and quantitative, and sociological approaches); reviewing service provision: equity audit; predictive modelling; assessing the evidence of effectiveness and cost effectiveness; synthesis and critical appraisal of the scientific evidence; supporting prioritisation; service procurement; care pathway redesign from prevention to end-of-life care; monitoring and evaluation; supporting performance management of health targets, health impact assessment, health inequalities impact assessment and integrated impact assessment.

The Public Health team will work in the following ways:

- Work to professional standards, as set out by the Faculty of Public Health in *Good Public Health Practice* and *Standards for Organisations with a Public Health Function*
- Provide leadership in all areas of public health, including ensuring the population and health perspectives are included in council strategies and policies
- Work in partnership with other council teams and external agencies.
- Work with the local community - including volunteers - understanding and appreciating their needs and views, respecting their dignity, valuing their contributions and involving them in development of strategies and services to build social capital, improve health and reduce health inequalities.
- Ensure the highest quality and best value for money approaches to commissioning and delivering public health services.
- Identify inequalities in health and work to reduce them through targeted and whole population measures.
- Working with the community and voluntary sector to build capacity, as well as improve the health of residents.
- Attract external funding.

1.2 Governance Arrangements

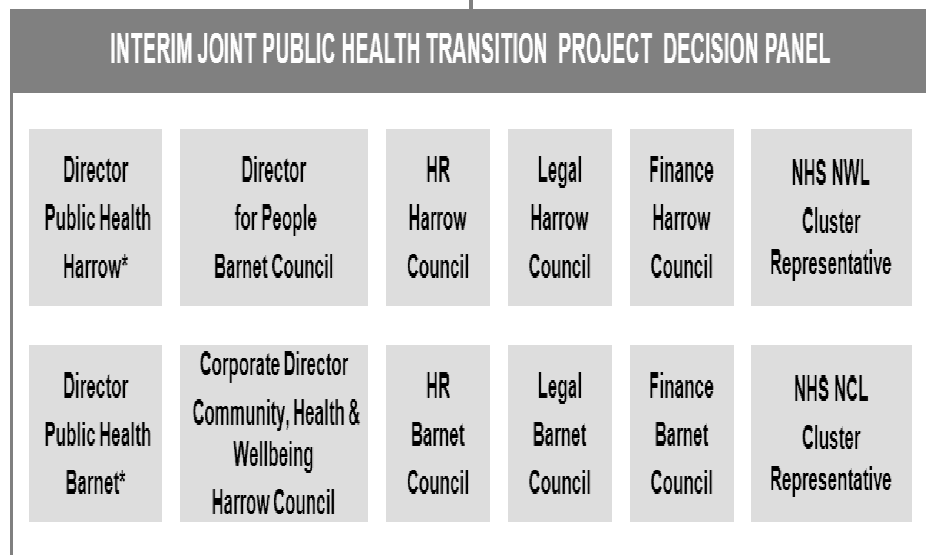
Overall governance arrangements for the shared Public Health Team are developing and will need to align to planned changes in the structure of Barnet Council. The diagrams below have been agreed by the Councils and provide the overall strategic management for the joint Public Health Team and arrangements for managing a joint transition process. The joint Director of Public Health will report operationally to the Corporate Director for Community, Health and Wellbeing in Harrow Council.



**SHADOW
OPERATING
GOVERNANCE**

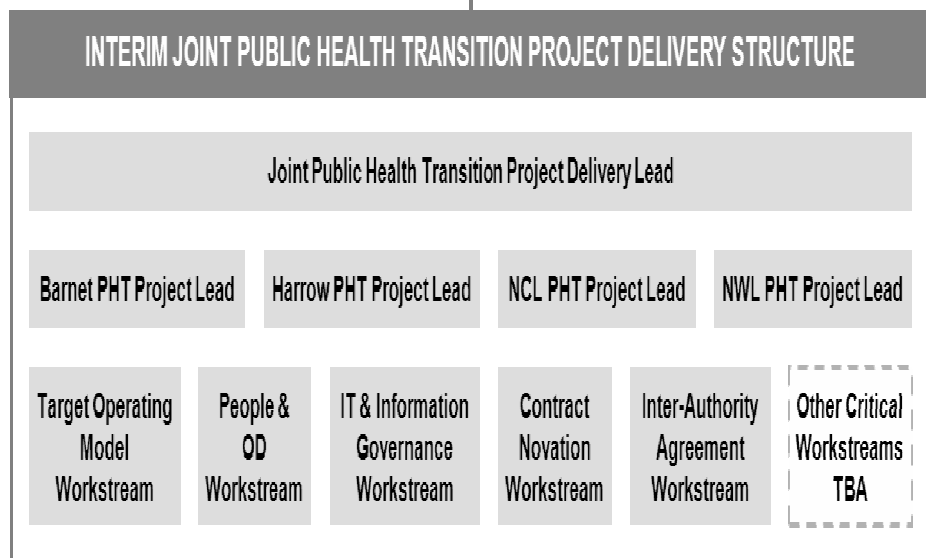


**JOINT PROJECT
GOVERNANCE**



* Advisory Role

**JOINT PROJECT
DELIVERY**



1.3 Public Health Outcomes Framework

The new Public Health Outcomes Framework sets out in broad terms how Public Health will be monitored and measured. Work is on-going within the public health transition plans to identify which outcomes will be delivered by which directorates of the councils. The following table sets out the likely allocation of these indicators within the Councils. Those indicators likely to be identified as a Public Health Team responsibility are also included within the relevant sections of the operating model.

Improving the wider determinants of health		
Objective: Improvement against wider factors that affect health and wellbeing and health inequalities		
Indicator	Barnet	Harrow
Children in Poverty	TBC	TBC
School readiness (Placeholder)	TBC	TBC
Pupil absence	Children Services	Children Services
First time entrants to the youth justice system	Children Services	Children Services
16-18 year olds not in education, employment or training (NEET)	Children Services	Children Services
People with mental illness or disability in settled accommodation	TBC	TBC
People in prison who have a mental illness or significant mental illness (Placeholder)	Awaiting Further Guidance	Awaiting Further Guidance
Employment for those with long-term health condition including those with a learning difficulty/disability or mental illness	Awaiting Further Guidance	Awaiting Further Guidance
Sickness absence rate	Awaiting Further Guidance	Awaiting Further Guidance
Killed or seriously injured casualties on roads	Children Services	Children Services
Domestic Abuse (Placeholder)	Local Authority - connections from Police	Local Authority - connections from Police
Violent Crime (including sexual violence (Placeholder)	Local Authority - connections from Police	Local Authority - connections from Police
Re-offending	Children Services	Children Services
The percentage of the population affected by noise (Placeholder)	Environmental Health	Environmental Health
Statutory Homelessness	Housing	Housing
Utilisation of green space for exercise/health reasons	TBC	TBC
Fuel poverty	TBC	TBC
Social connectedness (Placeholder)	TBC	TBC
Older people's perception of community safety (Placeholder)	TBC	TBC
Health improvement		
Objective: People are helped to live healthy lifestyles, make healthy choices and reduce		

health inequalities		
Indicator	Barnet	Harrow
Under 18 Conceptions	PH	PH
Child development at 2-2.5 years (Placeholder)	TBC	TBC
Excess weight in 4-5 and 10-11 year olds	PH (NCMP data)	PH (NCMP data)
Hospital admissions caused by unintentional and deliberate injuries in under 18s	CSU	CSU
Emotional wellbeing of looked-after children (Placeholder)	TBC	TBC
Smoking prevalence - 15 year olds (Placeholder)	TBC	TBC
Hospital admissions as a result of self-harm	CSU	CSU
Diet (Placeholder)	TBC	TBC
Excess weight in adults	PH	PH
Proportion of physically active and inactive adults	PH	PH
Smoking prevalence - adult (over 18)	PH	PH
Successful completion of drug treatment	PH	PH
Alcohol related admissions to hospitals	PH	PH
Cancer diagnosed at stage 1 and 2 (Placeholder)	TBC	TBC
Take up if the NHS Health Check Programme - by those eligible	PH	PH
Self-reported wellbeing	PH	PH
Falls and injuries in the over 65s	CSU	CSU
Health Protection Objective : The population's health is protected from major incidents and other threats, while reducing health inequalities		
Indicator	Barnet	Harrow
Air pollution	TBC	TBC
Chlamydia diagnoses (15-24 year olds)	PHE	PHE
HPV	?	?
People presenting with HIV at a late stage of infection	PHE	PHE
Treatment completion for TB	PHE	PHE
Public sector organisations with board-approved sustainable development management plans	TBC	TBC
Comprehensive agreed inter-agency plans for responding to public health incidents (Placeholder)	TBC	TBC
Healthcare public health and preventing premature mortality Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities		
Indicator	Barnet	Harrow
Infant mortality	TBC	TBC
Tooth decay in children aged five	TBC	TBC

Mortality from causes considered preventable	TBC	TBC
Mortality from all cardiovascular diseases (including heart disease and stroke)	TBC	TBC
Mortality from cancer	TBC	TBC
Mortality from liver disease	TBC	TBC
Mortality from respiratory diseases	TBC	TBC
Mortality from communicable diseases (Placeholder)	TBC	TBC

1.4 Working with Directorates in Barnet and Harrow Councils

Operating Model

Taking account of the new Public Health Outcomes Framework the integration of Public Health within Councils will afford many opportunities to develop a new approach to Public Health consciousness and delivery across Councils for the benefit of local residents. The development and management of a complex set of working relationships and partnerships will facilitate this. The deployment of core Public Health knowledge and skills will be crucial in developing this new approach. Core skills and knowledge likely to be deployed include:

- Assessing Health need using comparative, corporate, qualitative and quantitative, sociological
- Reviewing service provision: equity audit; predictive modelling
- Evidence of effectiveness / cost effectiveness: from specialist sources, e.g. Medline, CINAHL, Cochrane; critical appraisal
- Procuring services
- Health Impact Assessments
- Care pathway redesign from prevention to end-of-life care
- Monitoring and evaluation

Working with Adult Social Care

Work with Adult Social Care will be approached generically using the public health core skills. The aim of this work will be to bring a health outcome focus to the work of the Adult social care directorate and support the integration of health and social care services.

Areas of activity may include:

- Leading strategy development, commissioning and implementation to support delivery of Borough priorities in line with the Public Health Outcomes Framework.
- Behavioural and lifestyle campaigns to prevent ill-health in older and or vulnerable people working with partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- Supporting development and delivery of integrated care pathways for older or vulnerable people
- Undertaking Health Impact Assessment on policies and strategies within the Adult Social Care team.

Indicators

People with mental illness or disability in settled accommodation

Social connectedness

Older people's perception of community safety

Self-reported wellbeing

Age-sex standardised rate of emergency admissions for fractured neck of femur in persons 65 and over per 100,000 population

Mortality from causes considered preventable

Examples of Possible Output	Input/ Processes	Lead/ Responsible Post
Health Impact Assessment on policies	Development of evidence base	Knowledge Manager
	Undertaking assessments	Public Health Consultant
Joint commissioning plans	Evidence base for cost effective joint commissioning	Knowledge Manager/ Public Health Consultant
	Care Pathway development	Public Health Specialist
Equity Audit		
Falls Prevention programme	Evidence base and data analysis	Health intelligence team
	Pathway design and costing	Public Health Specialist
	Promotional campaigns	Health Development Officer

Working with Children's Services

Work with Children's Services will be approached generically using the public health core skills. The aim of this work will be to bring a health outcome focus to the work of the Children's Service directorate; to commission public health services that impact on children and young people and support the integration of health and social care services.

Areas of activity may include:

- Leading strategy development and implementation to support delivery of Borough priorities in line with the Public Health Outcomes Framework.
- Commissioning of school nursing, sexual health services and drug and alcohol services for young people and support the future commissioning of health visitor services
- Undertake behavioural and lifestyle campaigns to promote good health in children and young people working with partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- Monitoring and evaluating immunisation services which will be commissioned by the NHS Commissioning Board
- Supporting development and delivery of integrated care pathways for children and young people
- Undertaking Health Impact Assessment on policies and strategies within Children's Services

Indicators

Children in Poverty

School readiness

Pupil absence

First time entrants to the youth justice system

16-18 year olds not in education, employment or training (NEET)

HPV Immunisation rates

Child development at 2-2.5 years

Excess weight in 4-5 and 10-11 year olds

Emotional wellbeing of looked-after children

Smoking prevalence - 15 year olds

Hospital admissions as a result of self-harm

Under 18 Conceptions

Hospital admissions following all injury (0-17 years)

Rate of tooth decay in children aged five years (based on the mean number of teeth per child sampled) which were either actively decayed or had been filled or extracted

Examples of Possible Output	Input/ Processes	Lead/ Responsible Post
Early intervention and parenting	Promoting breast feeding initiation and maintenance at 6 weeks	Public Health Consultant
	Reducing teenage conception, through commissioning of Sexual Health services - Section 5.1	Public Health Consultant
	Activities to reduce low birth weight babies and infant mortality	Public Health Consultant
Child obesity (see) Physical activity & obesity Section 4.7	National Child Measurement Programme and pathways for interventions	Health Improvement Officer
School Nursing	Identify elements of need for school nursing; benchmarking against similar areas, Contract and service specification development Indicators for Contract Monitoring	Consultant in Public Health / Commissioning Manager
Domestic violence/ VAWG	Needs assessment and programme evaluation	Health Improvement Manager
YOT and early intervention programme	Contract with mental health trust to ensure access to services	Health Improvement Manager
Drugs and Alcohol needs assessment	Annual assessment Evaluation and Data monitoring Contracting and procurement	Substance misuse commissioner

Working with Environmental Services

Work with Environmental Services will be approached generically using the public health core skills. The aim of this work will be to bring a health outcome focus to the work of the directorate.

Areas of activity may include:

- Leading strategy development and implementation to support delivery of Borough priorities in line with the Public Health Outcomes Framework.
- Needs assessments
- Supporting development and delivery of fuel poverty and warm homes strategy
- Undertaking Health Impact Assessment on policies and strategies
- Supporting the work of Environmental Health team

Examples of Possible Output	Input/ Processes	Lead/ Responsible Post
Health Impact Assessment		Consultant in Public Health
Reducing infections in care homes	Awareness raising Training for care home staff Development of local protocols	Public Health Specialist
Fuel Poverty strategy	Development of winter plans Evaluation of programme	Consultant in Public Health
Outbreak Management and control	Proactive response to outbreaks Coordination of response team where necessary Untoward incident review	Public Health Specialist
Tobacco Control Alliance	Coordination of the Tobacco Control Alliance including reducing tobacco use by enforcement of legislation by licencing team; undertaking underage sales investigation;	Health Improvement Specialist

Working with Housing/ Benefits/ Council Tax/ Planning/ Transport/ Economic Development

Work with Environmental Services will be approached generically using the public health core skills. The aim of this work will be to bring a health outcome focus to the work of the directorate.

Areas of activity may include:

- Leading strategy development and implementation to support delivery of Borough priorities in line with the Public Health Outcomes Framework.
- Input into needs assessments
- Supporting development and delivery of green transport policy and linking to physical activity programme; reducing road traffic accidents
- Undertaking Health Impact Assessment on policies and strategies with particular reference to the welfare reforms
- Advice to supporting people programme

- Advice on planning developments for health improvement

Indicators

Child Poverty

Fuel poverty

Utilisation of green space for exercise/health reasons

Killed or seriously injured casualties on roads

Falls and injuries in the over 65s

Public sector organisations with board-approved sustainable development management plans

Mortality from respiratory diseases

Examples of Possible Output	Input/ Processes	Lead/ Responsible Post
Health Impact Assessments	HIA on council tax reform in Harrow	Consultant in Public Health
	Input into the Welfare reform strategy group including health impact assessment	Consultant in Public Health
Green transport plans	Supporting evidence for green transport and physical activity increases	Health Improvement Specialist
Housing strategy development	Supporting strategy development - needs assessment	Consultant in Public Health
Fuel Poverty and Winter plans	Fuel poverty bid Data analysis on winter deaths and hospital admissions and attendances Reducing impact of cold weather on people with chronic conditions	Consultant in Public Health

Working with Community, Leisure and Cultural Services

Work with community, leisure and cultural services will utilise public health core skills on areas of similar delivery. The aim of this work will be to bring a health outcome focus to the work of the remainder of the Community Health and Wellbeing Directorate; to commission public health services; to support community development and capacity building in the voluntary sector.

Indicators

Social connectedness

Utilisation of green space for exercise/health reasons

Excess weight in adults

Proportion of physically active and inactive adults

Self-reported wellbeing

Falls and injuries in the over 65s

Mortality from all cardiovascular diseases

Examples of Possible Output	Input/ Processes	Lead/ Responsible Post
Building social capital	Support community development approaches to build social capital and increase health literacy and healthy behaviours, including working with 'community champions' and, for example, working with allotments	Health Improvement Specialist
Increasing physical activity in high risk groups	Identifying and targeting services towards people with long term conditions and excess weight	Health Improvement Specialist
	Identifying people with a high risk of developing cardiovascular disease and/or diabetes as part of the health checks programme and commissioning appropriate physical activity programme	Health Improvement Specialist
Increasing physical activity in the community	Training and development of community volunteers and physical activity champions to promote walking, green gym use and programmes in parks and green spaces	Health Improvement Specialist
	Cycling promotional activity	Health Improvement Specialist

2.0 Health intelligence and health protection functions

2.1 Health Intelligence and Knowledge Management

Operating Model

The Knowledge and intelligence function involves:

- production of technical reports on the health of the population including JSNA (mandatory) and Director Public Health annual report (mandatory)
- production and oversee implementation of health and wellbeing strategies

- a programme of critical appraisal of scientific evidence, including systematic reviews; programme budgeting and marginal analysis (PBMA); needs assessments; equity audits and Health Impact Assessments, as agreed with key stakeholders and in support of CCGs and Council Directorates
- supporting the Clinical Commissioning Boards (CCBs) and public health CCB support teams
- specialist health intelligence input to Councils' analytical teams to support wider policy development and decisions
- Performance Management and monitoring of PH Outcome Framework Indicators

Output	Input/ Processes	Lead/ Responsible Post
Joint Strategic Needs Assessment	Data Collection	PH Data Officer
	Data Analysis	Intelligence Analysts
	Evidence Review	Knowledge Manager PH Consultant
	Draft Report	PH Consultant plus health intelligence team
	Stakeholder Consultation	PH Consultant
	Priority Setting	PH Consultant
	Redraft Report	PH Consultant
Health & Wellbeing Strategy	Priority Setting	PH Consultant
	Evidence Review	Knowledge Manager PH Consultant
	Service Review	PH Consultant
	Draft Report	PH Consultant
	Consultation	PH Consultant
	Final Report	PH Consultant
	Monitoring reports	Intelligence Analyst Senior PH Analyst
Annual Public Health Report	Data Collection	PH Data Officer
	Data Analysis	Intelligence Analysts
	Evidence Review	Knowledge Manager PH Consultant
	Draft Report	PH Consultant plus health intelligence team
Reviews, Needs Assessments, Health Impact Assessments	Data Collection	PH Data Officer
	Data Analysis/ synthesis	Intelligence Analyst Senior PH Analyst
	Evidence Reviews	Knowledge Manager
	Report production	PH Consultant Knowledge Manager
	Social Marketing Analyses	Intelligence Analyst Senior PH Analyst
Supporting CCBs	Data analysis, evidence collection	Knowledge manager Analytical team
	Service Reviews	Knowledge manager

		Analytical team
	Pathway (re)design data	Intelligence Analyst Senior PH Analyst
	Evidence to support IFRs	Knowledge Manager
	Impact modelling	Senior PH Analyst
	Programme Budgeting	Intelligence Analyst Senior PH Analyst
	Social Marketing Analyses	Intelligence Analyst Senior PH Analyst
	Work with the business intelligence unit of each NHS commissioning support unit (CSU) to agree and implement data sharing arrangements.	Intelligence Analyst Senior PH Analyst
Other specialist input to Councils	Health Impact assessment	PH consultant Analytical team
	Equity audit	PH consultants
Performance Management and monitoring of PH Outcome Framework Indicators	Data Collection	PH Data Officer
	Data Analysis/ synthesis	Intelligence Analyst Senior PH Analyst
	Report production	Intelligence Analysts

2.2 Health Protection & Emergency Planning

The Health protection function requires:

- Working with Public Health England (PHE), the National Commissioning Board (NCB), and the Councils' environmental health teams to deliver the local authority role in dealing with health protection incidents, outbreaks and emergencies. Steps to protect the health of the population, including the duty of the Director of Public Health to ensure there are health protection plans in place, are a 'mandatory' duty
- 'Local Authority Directors of Public Health will have a duty to ensure plans are in place to protect their population including through screening and immunisation. They will provide independent scrutiny and challenge of the plans of NHS Commissioning Board (NCB), Public Health England (PHE) and providers. PHE will support Local Authority Directors of Public Health to hold the NHS CB to account through the provision of data and information on performance against standards. Local Authority Directors of Public Health will need to assure themselves that the combined plans of all these organisations will deliver effective screening and immunisation programmes to their local populations. PHE QA teams will also provide Local Authority Directors of Public Health with information and expert advice on performance of the programmes to inform their scrutiny and challenge roles.'
- Working with clinical commissioners to ensure that population level interventions to reduce and prevent birth defects are in place
- Supporting Council's Environmental Health & Emergency Planning teams
- develop local initiatives to raise awareness of risks of infectious diseases based on population needs identified through the local JSNAs
- Ensure there are integrated services in place to prevent and control tuberculosis in line with local need.

Indicators

Crude rate of infant deaths (persons aged less than one year) per 1,000 live births

The ratio of extra deaths from all causes that occur in the winter months compared to the expected number of deaths, based on the average of the number of non-winter deaths

Output	Input/ Processes	Lead/ Responsible Post
Working with PHE/ CB to manage health protection incidents, outbreaks & emergencies	[to be developed as operations of PHE / CB are clarified]	Public Health specialist
Assurance of comprehensiveness of plans	Receipt of plans	Knowledge Manager
	Assessment of plans/ gap analysis	PH Consultant/ PH specialist
Assurance of screening	Receipt PHE data	Data Manager
	Data Analysis	Senior PH Analyst Intelligence Analyst
	Report Preparation	Senior PH Analyst
	Work with local CCB , PHE	Public Health specialist

	and CB to ensure services are appropriately targeting the populations of Barnet and Harrow	
	Quarterly Reporting to Health & Wellbeing Boards	Public Health specialist
	Consultation with PHE	Public Health consultant / PH specialist Senior PH Analyst
Assurance of immunisations	Receipt PHE data	Data Manager
	Data Analysis	Senior PH Analyst Intelligence Analyst
	Report Preparation	Senior PH Analyst
	Brief DPH	Senior PH Analyst
	Consultation with PHE	DPH Senior PH Analyst
Assurance that population interventions to prevent/ reduce birth defects are in place	In development	Public Health specialist
Supporting Council's Environmental Health & Emergency Planning teams		
Prevention & early diagnosis of TB	Community awareness and education	PH Specialist
	BCG vaccinations in new-borns	PH Specialist
	Latent TB screening	PH Specialist

3.0 Delivering Public Health support to commissioners

There is a mandatory requirement to provide support to the National Commissioning Board (NCB), to local Clinical Commissioning Groups and Commissioning Support Organisations. The relationship between Public Health Teams and the NCB is still to be defined,

3.1 Public Health Advice to NHS Commissioners (NCB, Clinical Commissioning Groups and Commissioning Support Organisations) and Joint Commissioning

Operating Model

Support to NHS commissioners will be defined in the Memoranda of Understanding (MoU). It is envisaged these will be high level documents setting out the overall aims and intentions of the Public Health core offers to and the reciprocal offers from each Clinical Commissioning Group and Commissioning Support Organisation. (The relationship of the PH department and local authorities with the NHS National Commissioning Board local area teams is still to be defined). They will be underpinned by annual work plans that will contain the operational detail. These will be agreed with each of the parties yearly in advance. There will be an overlap between MOUs and work plans agreed with NHS commissioners and public health support for joint commissioning.

The work plans are likely to include planned and reactive components in a number of areas that impact on the health of Barnet and Harrow residents. It will probably include activity in the following areas:

1. Topic-based needs assessments (by care group/ risk factor/service area)
2. Support commissioning of maternity care, mental health care and services for people with learning disability, children, older people, ,
3. Prioritisation (including planned procedures with a threshold- PPwT and IFR)
4. Demand management
5. Service redesign to improve health outcomes for the population as a whole: e.g. COPD (pulmonary rehab); heart failure, to include prevention; early diagnosis; improved quality of care; service coordination; patient experience; support for carers
6. Ambulatory care
7. Urgent care and case management
8. Reducing avoidable admissions
9. Planned care
10. Integrated care
11. Intermediate care and reablement
12. End of life care
13. Supporting the Integrated Care Pilot in North West London
14. Advising on equity audit
15. Out of hospital strategy
16. Working with primary care to improve quality

Indicators

Age-standardised rate of mortality from causes considered preventable per 100,000 population.

Age standardised rate of mortality from all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age per 100,000 population

Age standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Age standardised rate of mortality from Liver disease in persons less than 75 years of age per 100,000 population

Age standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Output	Input/ Processes	Lead/ Responsible Post
Memorandum of Understanding (Barnet & Harrow CCGs)	Agree principles, ways of working, areas for collaboration and cooperation, data sharing, etc.	DPH PH Consultant
Develop/ agree Annual Work Plan	Specific work streams, time frame	PH Consultant
Implement annual work plan		PH consultant
	Needs assessments	PH consultant Intelligence analyst
	Service reviews	PH consultant PH commissioning support manager
	Literature reviews	Knowledge manager CCB support team
	Prioritisation policies and process	PH consultant Analytical team
Contribute to development of care pathways	Liaise with primary and secondary care clinicians	PH consultant
	Patient and public engagement – experience-based design	PH consultant, health improvement specialists, health improvement officers
	Lead on improvement methodology	PH consultant
	Evaluation – set framework, identify metrics, data collection and collation, analysis, evaluation report and recommendations	PH analyst, health improvement specialist, PH consultant
Support to individual funding requests process and/or panel	PH assessment of cases, summarize evidence, report for panel	Knowledge manager, health improvement specialists, PH specialists and PH consultants
	Attend and participate in triage and panel meetings (Harrow)	PH consultants

	Support development of IFR and PPwT processes post-transition	DPH and PH consultants
Support to London NHS Commissioning Board		PH Consultant
Key relationship management	Attend CCG board meetings; peer group/	PH consultants

3.2 Public Health Advice to Local Authority Commissioners

This section requires further development in collaboration with colleagues from both local authorities, to understand and define where public health could contribute and how the PH team could work with the relevant council team(s). Similar to support to NHS commissioning, this work would include planned and reactive components, including:

17. Topic-based needs assessments (by care group/ risk factor/service area)
18. Health impact assessments
19. Evidence-based prioritisation
20. Demand management
21. Equity audit
22. Evaluation

Output	Input/ Processes	Lead/ Responsible Post*
Develop/ agree Annual Work Plan	Specific work streams, time frame	PH Consultant
Implement annual work plan		PH consultant
	Needs assessments	PH consultant Intelligence analyst
	Service reviews	PH consultant PH commissioning support manager
	Literature reviews	Knowledge manager CCB support team
	Evidence-based prioritisation policies and process	PH consultant Knowledge manager
	Health impact assessment	PH consultant
	Equity audit	PH consultant PH analytical team
	Evaluation	PH consultant

4.0 Health improvement

Health improvement functions include:

- 1 Leadership of strategy development, commissioning and implementation for key prevention themes to deliver Borough priorities in line with the Public Health Outcomes Framework. NHS Health Checks and open access GUM services are designated as 'mandatory services'.
- 2 Behavioural and lifestyle campaigns to prevent cancer and long term conditions working with other partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- 3 Delivering a 'core offer' of public health support to Council Directorates and Divisions on a range of matters, responsibilities and developments.
- 4 Working with local businesses on workplace health and support for people with no work
- 5 Services and projects will be delivered through a mix of externally commissioned and 'in-house' developments.

4.1 Sexual Health, Family Planning & Genito-Urinary Medicine (GUM)

Operating Model

There are three areas of commissioning within sexual health:

- Genito-Urinary Medicine (GUM)
- Family Planning
- Prevention

Work is currently in progress (31st August 2012) to achieve an agreement with the NHS Commissioning Support Organisations (CSOs) whereby the CSOs will commissioning GUM contracts for the year 2013 - 2014. Currently a range of different providers are used by Barnet and Harrow.

The delivery of these three elements will be coordinated within an overall sexual health commissioning strategy.

Indicators

Under 18 conception rate per 1,000 females aged 15-17 crude rate

Output	Input/ Processes	Lead/ Responsible Post
Develop/ implement sexual health commissioning strategy	Sexual Health Needs Assessment - Assemble prevalence, service performance and service feedback information	PH Consultant Senior PH Specialist
	Provide leadership in setting local priorities – Health & Wellbeing strategies, JSNAs	PH Consultant
Agree role of CSS in GUM commissioning	CSS to provide contract negotiation supported by PH representatives	CSS Commissioner PH Consultant Senior PH Specialist
	Commission and develop contract for GUM services	CSS Commissioner
	Check and monitor SUS/DATA download	CSS Commissioner
	Receive monthly activity and finance reporting	CSS Commissioner Senior PH Specialist Senior PH Commissioner
	Raise contract queries and performance issues to the Provider via CSS	Senior PH Consultant Senior PH Specialist
	Validate invoice and confirm payment and send report to PH	CSS Commissioner
	Check and authorize invoice payment on a monthly basis	Senior PH Commissioner

Develop a local sexual health service commissioning plan regarding open access, family planning, prevention and promotion.	Establish demands and needs for service and establish service priorities	Senior PH Specialist PH Intelligence Analyst
	Produce a Service Commissioning Plan with links to the Sexual Health Strategy	Senior PH Specialist Senior PH Commissioner
	Contribute to Children and YP Commissioning Plan, JSNA and Health and Wellbeing Strategy	Senior PH Specialist PH Intelligence Analyst
	Sexual health promotion / social marketing	Health Improvement officer
Agree Annual Service Plan through Sexual Health and HIV Sexual Health Partnership Board	Circulate Draft Plan to stakeholders for comments and amendment	Senior PH Specialist
	Stakeholder engagement	Senior PH Specialist PH Service Commissioning Officer
	Oversee the implementation of the plan	Senior PH Specialist Senior PH Commissioner
	Monitor the progress of the action Plan	PH Service Commissioning Officer
	Review and evaluate annual service plan	Senior PH Specialist PH Service Commissioning Officer
Support/maintain YP and Adult Sexual Health networks within the Councils	Attend and contribute to Partnership Groups, i.e.LSCB, Children and YP Commissioning Group	Senior PH Specialist
Commission and procure Sexual Health promotion/HIV prevention Services, Specialist contraception, STI and integrated SRH, sexual health prevention services from GP and pharmacy setting	Develop service specification Contract monitoring,	PH Service Commissioning Officer Health improvement officer
	Review Services to improve services	Senior PH Specialist Senior PH Commissioner PH Service Commissioning Officer
	Market management via information sharing, benchmarking and observation	Senior PH Service Commissioner
	-tender service and follow the Council Procurement Policy when required	Senior PH Commissioner PH Service Commissioning Officer

Monitor Service Delivery/ contract compliance	Collate, monitor data and performance manage delivery of services commissioned from family planning, Open Access contraception/integrated services	PH Service Commissioning Officer
	Distribute monthly activity/service quality performance to all stakeholders for comments	PH Service Commissioning Officer
	Provider meetings to review contract performance and improvement plan	Senior PH Commissioner PH Service Commissioning Officer
	Prepare contract queries, contract variation and notice/performance letters as required	Senior PH Commissioner PH Service Commissioning Officer
Authorise Payments to providers	Letters to confirm contract/SLA/ funding and payment methods annually	Senior PH Service Commissioner
	Check and validate invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	
Budget monitoring	Distribute Monthly monitoring report	Business Manager
	Monitoring meeting	Business Manager Senior PH Specialist PH Commissioner
	Contingency planning if required	Business Manager PH Consultant Senior PH Specialist

4.2 Drug and Alcohol

Operating Model

This area of service is responsible for the development, oversight, facilitation and coordination of substance misuse strategy, services and related partnership working.

Indicators

Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment

Alcohol related admissions to hospitals - age and sex standardised rate per 100,000 population

Output	Input/ Processes	Lead/ Responsible Post
Develop required implementation plans	Population needs analysis	Intelligence Analyst Senior PH Specialist
	Assemble prevalence, service performance and service feedback information	Intelligence Analyst
	Establish demands and needs for service and establish service priorities	Senior PH Service commissioner
	Stakeholder Engagement to determine treatment priorities	Senior PH Specialist Senior PH Service commissioner Key Stakeholders
	Draft Plan	Senior PH Service Commissioner Senior PH Specialist
	Contribute to JSNAs, Health and Wellbeing Strategies and Integrated Offender Management Plan.	Senior PH Specialist
Agree through the DAAT/Public Partnerships an annual service plan	Produce Draft Annual Treatment Plan	Senior PH Service commissioner Senior PH Specialist
	Circulate Draft Plan to stakeholders for comments and amendment	Partnership Boards
	Present Draft Plan for approval	Senior PH Service commissioner
	Send final treatment plan to Chairs of JCB and Strategic Partnership Boards for authorization	Senior PH Service commissioner
Support /maintain drug and alcohol misuse networks within the Councils	Attend and contribute to Partnership Groups, e.g. New Arrival Group, IOM Steering Group.	Senior PH Service Commissioner
Establish/ maintain DAAT sub-groups	Set up sub-groups i.e., Steering group, service	Senior PH Service commissioner

	provider group, commissioner networking group and service user involvement group.	Senior PH Specialist
	Draw up and agree TOR and frequency of meetings	Senior PH Specialist
	Service groups as required	PH Service Commissioning Officer
Gap analysis of substance misuse policies across the partnership	Evaluation of policies	SMS Commissioner
	Data analysis	Senior PH Analyst Intelligence Analyst
	Identify gaps and risks for policy implementation. Prepare communication materials	Health Improvement Specialist
	Disseminate information to the Partnership.	PH Service Commissioning Officer
	Draft report	Senior PH Service Commissioner
	Advise DAAT & Partnership Chair	Senior PH Service Commissioner
Commission and procure services	Market management via contract monitoring, information sharing, benchmarking and observations	Senior PH Service Commissioner
	Review, realign and redesign services for capacity building and service improvement	PH Service Commissioning Officer Health Improvement Specialist
	Procurement of services	Senior PH Service Commissioner PH Service Commissioning Officer
	Manage tendering process: MOI, advertising, PQQ, ITT, and contract award as required	Senior PH Service Commissioner PH Service Commissioning Officer
Monitor Service Delivery/ contract compliance	Conduct Performance and Quality audit on a monthly basis	PH Service Commissioning Officer
	Distribute monthly performance report to all providers	PH Service Commissioning Officer
	Providers submit performance report and improvement plans	
	Provider meetings to review contract performance	Senior PH Service Commissioner
	Prepare contract queries, contract variation and notice/performance letters as	Senior PH Service Commissioner PH Service Commissioning

	required.	Officer
Authorise Payments to providers	Annual letter confirming contract/SLA/ funding and payment methods	Senior PH Service Commissioner
	Check and validate invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	PH Service Commissioning Officer
Budget monitoring	Distribute Monthly monitoring report	Business Manager
	Monitoring meeting	Business Manager
	Contingency planning if required	Business Manager PH Consultant PH Service Commissioning Officer

4.3 School Nursing

Operating Model

The public health team will commission school nursing services for Barnet and Harrow. Both current contracts incorporate a National Child Measurement service component (Section 5.4 below).

In Harrow, school nursing is currently part of the community service contract with Ealing Hospital Trust; the community health service contract is provided by the Integrated Commissioning Organization (ICO) in Ealing hospital for Brent, Harrow and Ealing. The Acute Commissioning Vehicle has led on the negotiation of this contract on behalf of the three boroughs. In Barnet school nursing service will be transferred from NCL to the Public Health Team.

Output	Input/ Processes	Lead/ Responsible Post
Review current service specifications, terms and conditions and performance	Review type of services being commissioned, length of contract, review dates, termination date and, value of contract.	PH Specialist PH Senior Commissioner Business Manager
	Undertake scoping exercise to register any contract issues and risks including legal, clinical, performance and financial.	PH Specialist PH Senior Commissioner Business Manager
	Benchmarking service performance and value for money	PH Senior Commissioner Business Manager
Develop strategic service plan	Population needs analysis -- assemble prevalence, service performance and service feedback information Establish demands and needs for service Stakeholder Engagement to determine the range of school nursing services, service quality and clinical governance Draft School Nursing Service Plan Contribute to Children and YP Service Plan, JSNA,	Intelligence Analyst Senior PH Specialist

	Health and Wellbeing Strategy	
Agree through the School Improvement Partnership Board and LSCB an annual service plan	<p>Circulate Draft Plan to stakeholders for comments and amendment</p> <p>Present Plan to School Improvement Partnership Board for approval</p> <p>Submit Service Plan to Council Cabinet for authorization</p>	Senior PH Specialist PH Improvement specialist
Support/maintain child health and wellbeing networks within the Councils	Attend and contribute to Partnership Groups, i.e., LSCB, Children and YP Commissioning Group	Senior PH Specialist
Commission and procure services	Market management via contract monitoring, information sharing and benchmarking	Senior PH Commissioner
	Develop Collaborative Commissioning if/ when required	PH Service Commissioning Officer
Monitor Service Delivery/ contract compliance	Conduct Performance and Quality audit on a monthly basis	PH Service Commissioning Officer
	Distribute monthly performance report to all providers	PH Service Commissioning Officer
	Providers submit performance report and improvement plans	
	Provider meetings to review contract performance	Senior PH Service Commissioner
	Prepare contract queries, contract variation and notice/performance letters as required.	Senior PH Service Commissioner PH Service Commissioning Officer
Authorise Payments to providers	Letters to confirm contract/SLA/ funding and payment methods annually	Senior PH Service Commissioner
	Check and validate invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	Senior PH Service Commissioner
Budget monitoring	Distribute Monthly monitoring	Business Manager

	report	
	Monitoring meeting	Business Manager
	Contingency planning if required	Business Manager

4.4 National Child Measurement Programme (NCMP)

Operating Model

This will be commissioned as part of the School Nursing contract/s.

Indicators

Proportion of children aged 4-5 classified as overweight or obese

Proportion of children aged 10-11 classified as overweight or obese

Output	Input/ Processes	Lead/ Responsible Post
NCMP data collection	Liaise with schools re participation	School Nursing service (Specify in School Nursing contract)
	Generate and send invitation & consent letters to parents	School Nursing service (Specify in School Nursing contract)
	Identify children to be measured	School Nursing service (Specify in School Nursing contract)
	Equipment calibration	School Nursing service (Specify in School Nursing contract)
	Take measurements	School Nursing service (Specify in School Nursing contract)
	Data collation and reporting to PH consultant	School Nursing service (Specify in School Nursing contract)
Data assurance	Quality check	PH Consultant
	Data upload	PH Consultant
Results	Results letter generation & distribution	PH Consultant School Nursing service
Identify evidence-based services for children found to be overweight	Identify providers	PH Consultant
	Commission providers	Senior PH Specialist Senior Health Services Commissioner
	Monitor service delivery/ contract compliance	Senior PH Specialist Senior Health Services Commissioner
	Report activity	PH Consultant
	Authorise Payments	Will probably be part of School Nursing contract

4.5 Children

Operating Model

The following are potential areas for Public Health support and feature within existing work plans within Barnet and/or Harrow. Work programmes will need to be agreed.

- To promote the health & well-being of children and families to maximise life chances
- Reducing inequalities in health, for example poverty.
- To work with Public Health England and the HNS to prevent the spread of disease in communities.
- To engage with the wider public health agenda by working collaboratively with voluntary and statutory organisations in securing the well-being and safeguarding of children.
- Reduce the rate of obesity among children
- Increasing the levels of breast feeding
- Improve the experience of parents with disabled children
- Reducing smoking prevalence
- Reducing conceptions in under 18 year olds
- Work with primary and secondary providers in reducing unnecessary A&E attendance
- Review future models of healthy schools
- Assure the efficacy of immunisations for children and young people including school based programmes such as HPV and DPT

Output	Input/ Processes	Lead/ Responsible Post
Supporting the reduction of Infant Mortality	Needs assessment Literature review Service review	PH Consultant/ Senior Public Health Specialist PH Commissioning Public Health intelligence analyst
Antenatal 12 week access	Health Equity Audit Service review Literature reviews Monitor activity – Quarterly reporting/ performance reporting Implementation of NICE guidance Identify gaps & risks	PH Consultant/ Senior Public Health Specialist PH Commissioning Public Health intelligence analyst CSS
Breast Feeding Initiation	Implementation of NICE guidance	PH Consultant/ Senior Public Health Specialist

	<p>Literature review</p> <p>Health Equity Audit</p> <p>Service review</p> <p>Identify gaps & risks</p> <p>Monitor initiation rates - Quarterly reporting/ performance reporting</p>	<p>PH Commissioning</p> <p>Public Health intelligence analyst</p>
Family Nurse Partnership	<p>Needs Assessment</p> <p>Service review</p> <p>Monitor activity</p> <p>Children and YP Commissioning Plan, JSNA and Health and Wellbeing Strategy</p>	<p>PH Consultant/ Senior Public Health Specialist</p> <p>PH Commissioning</p> <p>Public Health intelligence analyst</p>
Safe guarding	<p>CDOP</p> <p>Local Safeguarding Board Report</p> <p>Serious Incident Reviews</p>	<p>PH Consultant Senior Public Health Specialist</p>
Children with Special Needs	<p>Needs assessments</p> <p>Children and YP Commissioning Plan, JSNA and Health and Wellbeing Strategy</p>	<p>PH consultant/ Senior Public Health Specialist</p> <p>PH Commissioning Intelligence analyst</p>
Troubled families Agenda	<p>Literature reviews</p> <p>Service reviews</p> <p>Monitor activity</p> <p>Children and YP Commissioning Plan</p> <p>JSNA</p> <p>Health and Wellbeing Strategy</p>	<p>PH consultant /Senior Public Health Specialist</p> <p>PH Commissioning Intelligence analyst</p>
Domestic Violence	<p>Literature reviews and support</p>	<p>PH consultant/ Senior Public Health Specialist</p>
CAMHS	<p>Literature reviews</p>	<p>PH consultant/ Senior Public Health Specialist</p>

	Needs assessment Service review Children and YP Commissioning Plan, JSNA Health and Wellbeing Strategy	PH Commissioning Intelligence analyst CCG
Accident prevention and promotion of safety	Monitor activity	PH consultant/ Senior Public Health Specialist PH Commissioning Intelligence analyst
Smoking Cessation	Monitor Prevalence	Senior Public Health Specialist Smoking Cessation health Improvement practitioner Intelligence analyst
Teenage Pregnancy	Monitor rates Input into C & YP Board Children and YP Commissioning Plan, JSNA Health and Wellbeing Strategy	PH consultants/Senior Public Health Specialist PH Commissioning Intelligence analyst
Dental Health	Needs assessment Service review Implement Health promotion activity Monitor dental caries	PH consultants/Senior Public Health Specialist PH Commissioning Intelligence analyst CCB
Immunisation	Quality assurance function	PH consultants/Senior Public Health Specialist PH Commissioning Intelligence analyst CCB
Child Hood Obesity	Needs Assessment	PH consultants/Senior

	<p>Obesity Strategy</p> <p>Implement Nice guidance</p> <p>Service review</p> <p>Children and YP Commissioning Plan, JSNA</p> <p>Health and Wellbeing Strategy</p>	<p>Public Health Specialist</p> <p>PH Commissioning</p> <p>Intelligence analyst</p>
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4.6 Health Checks

Operating Model

The end to end process for Health Checks requires the commissioning of health checks and the commissioning of risk mitigation/ risk management support for those who require post check interventions.

In Harrow there is currently a full health checks programme. In Barnet funds have been recently allocated for a programme which is currently being defined.

Indicators

Percentage of eligible people who receive an NHS Health Check

Output	Input/ Processes	Lead/ Responsible Post
Commission Health Checks provision	Ensure service model/content complies with current DH guidelines	Health Improvement Specialist
	Identify eligible population	Health Improvement Specialist
	Identify providers	Health Improvement Specialist PH Commissioner
	Commission providers	PH Commissioner
	Enter into contracts	PH Commissioner
	Receive data/activity reports	Health Improvement Officer
	Validate data	Health Improvement Officer
	Prepare performance report	Health Improvement Officer
	Quality assurance of service provided (checks)	
	Authorise Payments to providers	(See below)
Commission service for non GP registered population	Population needs assessment	Health Improvement Specialist Senior Public Health Analyst
Supplier relationship management	Identify providers	Health Improvement Specialist
	Commission providers	PH Commissioner
	Enter into contracts	PH Commissioner
	Monitor take up and patient response rates	Health Improvement Specialist
	Monitor activity	Health Improvement Officer
	Receive data/activity reports	Health Improvement Officer
	Validate data	Health Improvement Officer
	Prepare performance report	Health Improvement Officer
	Quality assurance of service provided (checks)	Health Improvement Officer
	Authorise payments	
Assure linked post check risk management	Needs assessment	Health Improvement Specialist

programmes		
	Identify providers	Health Improvement Specialist PH Commissioner
	Commission providers	PH Commissioner
	Enter into contracts	PH Commissioner
	Monitor activity	Health Improvement Officer
Programme evaluation	Set evaluation framework	Senior PH Service Specialist
	Collate & analyse data	PH data officer Senior PH Service Specialist
	Write evaluation report	Senior PH Service Specialist
Authorise Payments to providers	Letters to confirm contract/SLA/ funding and payment methods annually	Senior PH Service Commissioner
	Check and validate invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	Senior PH Service Specialist
Budget monitoring	Distribute Monthly monitoring report	Business Manager
	Monitoring meeting	Business Manager Senior PH Service Specialist
	Contingency planning if required	Business Manager PH Consultant Senior PH Service Specialist

4.7 Smoking cessation and tobacco control

Operating Model

It is envisaged that for year one (2013/14) current service delivery arrangements will continue:

- (A) Harrows stop smoking service will be delivered by an in-house team
- (B) Barnet's stop smoking services will be commissioned from the external provider

Indicators

Prevalence of smoking among 15 years olds (yet to be agreed)

Prevalence of smoking among persons aged 18 years and over

Output	Input/ Processes	Lead/ Responsible Post
Develop/ implement tobacco control strategy	Needs Assessment	PH Consultant Senior PH Specialist
	Strategy development	PH Consultant Senior PH Specialist
	Social Marketing plan(s)	Senior PH Specialist
	Establishment of, and action plans for Tobacco Alliance(s)	PH Consultant Senior PH Specialist
Commissioned services (Barnet & Harrow)	Commissioning Plan	Senior PH Specialist PH Commissioner
	Enter into contracts	PH Commissioner
	Monitor activity	Stop Smoking Coordinator PH Analyst
	Investigate possibility of tendering out of core Specialist Stop Smoking team	Senior PH Specialist PH Commissioner
Authorise Payments to providers	Letters to confirm contract/SLA/ funding and payment methods annually	Senior PH Service Commissioner
	Check, validate and code invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	Senior PH Service Commissioner
Deliver service (Harrow)	Develop service delivery plan	Senior PH Specialist
	Monitoring of delivery plan	Senior PH Specialist
	Stop smoking community clinics	Stop Smoking Advisors
	Stock Management (NRT and resources)	Stop Smoking Coordinator
	Stop smoking advisor training	Stop Smoking Advisors

	Promotional events, campaigns and interventions	Stop Smoking Coordinator Stop Smoking Advisors
	Advisor network meetings and updates	Stop Smoking Coordinator
Budget monitoring	Distribute Monthly monitoring report	Business Manager
	Monitoring meeting	Business Manager Senior PH specialist
	Contingency planning if required	Business Manager Senior PH specialist PH Consultant

4.8 Physical Activity and Obesity

Operating Model

Exercise on referral is delivered for people with long-term conditions such as cardiovascular disease and mental illnesses. A range of physical activities is available, from swimming to aerobics classes, to suit all preferences. Participants are guided by physical activity instructors, who have been specially trained to work with people with LTC. Physical activity reduces the effects of and improves the symptoms of illness, and improves wellbeing. Exit routes are provided to encourage ongoing physical activity, once participants have completed their courses. It also encourages people to think of active travel which affects transport and the environment. There is no current provision in Barnet. A recent review of sport and physical activity in Barnet will inform future developments.

In Harrow there is a Walking for Health Programme. The walks are volunteer-led, open to all and encourage use of green spaces all over the Borough. They improve wellbeing and social capital, reduce the incidence and prevalence of conditions known to be associated with inactive lifestyles such as diabetes, and help increase people's perception of community safety

The childhood obesity programme links to the NCMP service by providing advice and practical help to young people identified as overweight/obese via NCMP. It can help prevent illnesses known to be associated with overweight and obesity such as cancer.

Indicators

Proportion of adults classified as overweight or obese

Proportion of adults achieving at least 150 minutes physical activity per week in accordance with UK Chief Medical Officer recommended guidelines on physical activity

Plus the indicators identified in the section 5.4 NCMP

Output	Input/ Processes	Lead/ Responsible Post
Work with the London Health Improvement Board (LHIB)		PH Consultant
Develop physical activity / obesity strategy for Barnet and Harrow Councils		PH Consultant
Physical activity programmes for people with long-term conditions	Population needs assessment	PH Consultant
	Identify providers	Health Improvement Specialist PH Commissioner
	Commission providers	Health Improvement Specialist PH Commissioner
	Monitor service delivery/ contract compliance	PH Service Commissioning Officer
	Report activity	Provider Service Commissioning Officer

Health promotion to improve levels of physical activity	Identify providers	As above
	Commission providers	As above
	Monitor service delivery/ contract compliance	As above
	Liaise with LHIB	PH Consultant
	Liaise with transport teams	Health Improvement Specialist
	Liaise with local sports clubs and leisure services	Health Improvement Specialist
Authorise Payments to providers	Letters to confirm contract/SLA/ funding and payment methods annually	Senior PH Service Commissioner
	Check and validate invoices and resolve any disputes	PH Service Commissioning Officer
	Finance System Authorisation	Senior PH Specialist
Budget monitoring	Distribute Monthly monitoring report	Business Manager
	Monitoring meeting	Business Manager Health Improvement Specialist
	Contingency planning if required	Business Manager PH Consultant Senior PH Commissioner

4.9 Behaviour change

Operating Model

The behaviour change function involves:

- Producing and overseeing the implementation of cross-council behaviour change strategies
- Identifying target audiences for behaviour change interventions, e.g. by communities, languages, geographical areas,
- a programme of social marketing campaigns
- supporting community and voluntary groups to deliver health education
- Commissioning health education, e.g. sex education
- Campaigns to reduce risk factors, increase healthy behaviours and increase early identification of disease, e.g. through diabetes champions, etc.
- Supporting campaigns to increase responsible behaviours, including energy conversation, etc.
- supporting local authority teams and Clinical Commissioning Groups (CCGs) in social marketing and stimulating behaviour change

Current and future behaviour change work streams and priorities include:

- Health trainers
- Community education on TB
- Diabetes peer educators and mentors
- Breast feeding peer educators
- Community health champions
- Substance misuse peer mentors
- Cancer awareness
- Promoting organ donation among BME communities

Output	Input/ Processes	Lead/ Responsible Post
Develop behaviour change & social marketing strategy		PH Consultant
	Identify equality gaps and target groups	Intelligence Analysts Health improvement specialists
	Evidence Reviews	Knowledge Manager/ PH Consultant
	Draft Report	PH Consultant
	Stakeholder Consultation	PH Consultant
	Priority Setting	PH Consultant
	Redraft Report	PH Consultant
Commission health	Needs assessment and	Health improvement

education programmes	identify target audience	specialists
	Focus groups	Health improvement specialists
	Identify providers	Health improvement specialists
	Commission providers	Health improvement specialists
	Monitor activity & quality assurance	Health improvement officer
Community campaigns	Needs assessment and identify target audiences	Health improvement specialists
	Identify appropriate community/voluntary groups	Health improvement officer
	Recruit and select volunteers	Health improvement officer
	Training/development	Health improvement officer
	Monitor delivery& quality assurance	Health improvement officer
Volunteer management	Recruit volunteers	Health improvement officer
	Ensuring compliance with relevant council or NHS policies	Health improvement officer
	Contracts in place	Health improvement officer
	Supporting volunteer networks	Health improvement officer
	Coordinating activity	Health improvement officer
Social marketing campaigns	Needs assessment and identify target audiences	Health improvement specialists
	Focus groups	Health improvement specialists
	Devise and deliver campaigns	Health improvement specialists & officers
Commission social marketing campaigns	Identify providers	Health improvement specialists
	Commission providers	Health improvement specialists
	Monitor activity & quality assurance	Health improvement officer

4.10 Child Death Overview Panel (CDOP)

Operating Model

The Public Health input to DCOP will need to be agreed with the two Local Safeguarding Children Boards.

Indicators

Output	Input/ Processes	Lead/ Responsible Post
In Development	In Development	In Development

4.11 Mental Health

Operating Model

Mental health will be approached generically and applied on a condition-specific basis. Generic approaches will include health promotion and social marketing e.g. promotion of physical activity and use of green spaces to improve wellbeing and prevent mental illness.

Condition-specific approaches would include health promotion and other activities to improve the awareness of different mental illnesses and the primary and secondary prevention of these conditions. Conditions would include the common mental disorders, such as depression and anxiety, as well as illnesses such as psychosis, bipolar disorder and schizophrenia.

In addition, the support offered by public health to commissioning will influence a number of the NHS outcomes framework indicators, for example, enhancing quality of life for people with mental illness and carers and improving experience of health care for people with mental illness. Areas of activity may include:

- Leadership of strategy development, commissioning and implementation for key prevention themes to deliver Borough priorities in line with the Public Health Outcomes Framework.
- Behavioural and lifestyle campaigns to prevent mental ill-health, especially amongst those with long term conditions, working with partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- Supporting other council directorates to deliver health and public health roles and responsibilities e.g. leisure services delivering physical activity and use of green spaces, worklessness and health; social exclusion; community safety.
- Working with local businesses on workplace health, including mental health
- Services and projects will be delivered primarily through 'in-house' developments, with external commissioning where external monies become available.
- Suicide

Indicators

Excess under 75 mortality in adults with serious mental illness

Output	Input/ Processes	Lead/ Responsible Post
Develop Public mental health strategies for Barnet and Harrow Councils	Consultation with partners	PH consultant
Develop/ agree and Implement Annual Work Plan		PH Consultant
Suicide prevention action plans for Barnet and Harrow Councils		PH Consultant Health improvement officer
Suicide prevention group	Arrange meetings	Health improvement officer
	Provide strategic direction	PH consultant
	Liaise with regional and	PH consultant

	national agencies	Health improvement officer
	Develop and implement action plan	PH consultant
Suicide audit		PH consultant Health improvement officer
Social marketing plan		Health improvement officer
Mental Health Promotion activity		Health improvement officer
Working with 3 rd sector organisations		Health improvement officer
Needs assessment		Health improvement officer PH analyst PH consultant
Equity audit		PH consultant
Peer support	Consult patient groups	PH consultant
Carers support	Social marketing	Health improvement officer
	Needs assessment	
	Health promotion	
Strategic input into partnership working on mental health	Attendance at meetings - including: IAPT steering group Dual Diagnosis group Mental Health Modernisation Board Dementia strategy/Intermediate Care Group	PH consultant
Support to commissioners in CCG and local authority	Assist with prioritisation policies and frameworks	PH Consultant
	Programme budgeting analysis	PH Consultant PH analyst
	Literature reviews	PH consultant Analytical team
	Service reviews	PH consultant Intelligence analyst
	Needs assessments	PH consultant

4.12 Learning Disability

Operating Model

Learning disability refers to a wide spectrum of intellectual difficulty/disability. People with learning disability and their carers often require considerable input from a wide range of local authority and NHS services, for example, social care, education, housing, adjustments made to NHS appointments etc.

People with learning disability may also find it difficult to access services such as dental services because they require specialist services. This can lead to widening of health inequalities.

Often, people with learning disability do not attend for screening e.g. breast cancer screening and this is a current priority in Harrow.

- Leadership of strategy development, commissioning and implementation for key prevention themes to deliver Borough priorities in line with the Public Health Outcomes Framework.
- Behavioural and lifestyle campaigns to prevent ill-health amongst those with learning disability, working with partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- Supporting other council directorates to deliver health and public health roles and responsibilities e.g. leisure services delivering physical activity and use of green spaces, worklessness and health; social exclusion; community safety.
- Services and projects will be delivered primarily through 'in-house' developments, with external commissioning where external monies become available.

Output	Input/ Processes	Lead/ Responsible Post
Lead on Public health aspects of Learning Disability strategy.	Consultation with partners Attendance at Health sub-group of Learning Disability Partnership Board (LDPB)	PH Health improvement officer consultant
Develop/ agree and Implement Annual Work Plan		PH Consultant
Health Promotion		Health improvement officer
Social marketing		Health improvement officer
Needs assessment		Health improvement officer PH analyst PH consultant
Working with 3 rd sector organisations		Health improvement officer

Equity audit		PH consultant
Carers support	Social marketing	Health improvement officer
	Needs assessment	
	Health promotion	
Strategic input into partnership working on learning disability	Attendance at meetings - including: Learning Disability Partnership Board (LDPB) LDPB Health Sub-Group Dementia strategy/Intermediate Care Group	PH consultant
Improving access to health services	Input into commissioning and promotion of services including e.g. dental services	PH Consultant
Support to commissioners in CCG and local authority	Assist with prioritisation policies and frameworks	PH Consultant
	Programme budgeting analysis	PH Consultant PH analyst
	Literature reviews	PH consultant Analytical team
	Service reviews	PH consultant Intelligence analyst
	Needs assessments	PH consultant

4.13 Older People

Operating Model

Older people's public health will be approached generically and applied on a condition-specific basis. E.g. prevention of falls.

Condition-specific approaches would include health promotion and other activities to improve the awareness of different illnesses and conditions that have a greater prevalence amongst older people and how these can be prevented. Conditions would include the common mental disorders, such as depression and anxiety, as well as illnesses such as dementia and Parkinson's disease and events such as stroke...

In addition, the support offered by public health to commissioning will influence a number of the NHS outcomes framework indicators. Areas of activity may include:

- Leadership of strategy development, commissioning and implementation for key prevention themes to deliver Borough priorities in line with the Public Health Outcomes Framework. This would be in partnership with both local authorities and both CCGs.
- Behavioural and lifestyle campaigns to prevent ill-health in older people, especially co-morbidities among those with long term conditions, working with partners including the voluntary and community sector and as part of wider communications strategies i.e. with PHE and the London Health Improvement Board.
- Supporting other council directorates to deliver health and public health roles and responsibilities e.g. dementia strategy; stroke pathway design and implementation; reduction of social exclusion and increased community safety.
- Services and projects will be delivered primarily through 'in-house' developments, with external commissioning where external monies become available.

Output	Input/ Processes	Lead/ Responsible Post
Develop strategies for older peoples' public health for Barnet and Harrow Councils	Consultation with partners	PH consultant
Develop/ agree and Implement Annual Work Plan		PH Consultant
Dementia strategy plans for Barnet and Harrow Councils	Consultation with partners Provide strategic direction Liaise with regional and national agencies Develop and implement action plan	PH Consultant Health improvement officer
Social marketing plan		Health improvement officer
Health Promotion activity for older people including 'Later Life Planning' in Barnet		Health improvement officer

Working with 3 rd sector organisations		Health improvement officer
Needs assessment		Health improvement officer PH analyst PH consultant
Equity audit		PH consultant PH analyst
Peer support	Consult patient groups	PH consultant
Carers support	Needs assessment Health promotion Social marketing	Health improvement officer PH analyst PH consultant
Strategic input into partnership working on older peoples' health	Attendance at meetings - including: Older persons partnership group (Barnet) Stroke Pathway development group (Barnet) Mental Health Modernisation Board Dementia strategy Intermediate Care Group	PH consultant
Support to commissioners in CCG and local authority	Assist with prioritisation policies and frameworks Programme budgeting analysis Literature reviews Service reviews	PH consultant Intelligence analyst

4.14 End of Life Care

Operating Model

End of Life Care (EoLC) is the term used for the care and services available to people who are likely to be within the last year of their life, and their carers and relatives. It encompasses a wide range of services from specialist palliative care and hospices to district nursing and therapists, general practice and community and voluntary services.

The EoLC work will be approached generically but may require some application for condition-specific emphasis. Generic approaches will include development of a standardised care pathway, development of a strategic approach to commissioning of EoLC services and public health analysis of service use and outcomes.

Condition-specific approaches may be necessary when considering the specific issues presented by the condition e.g. for cancer versus dementia.

Indicator

Proportion of deaths that occur in home or usual place of residence

Output	Input/ Processes	Lead/ Responsible Post
Lead on Public health aspects of EoLC strategy.	Consultation with partners	PH Health improvement officer/consultant
	Needs assessment	Health improvement officer PH analyst PH consultant
	Literature reviews	PH consultant Analytical team
	Service reviews	PH consultant Intelligence analyst
	Equity audit	PH consultant Intelligence analyst
	Working with 3 rd sector organisations	Health improvement officer
	Carers support	Health improvement officer
Improving access to health services	Input into commissioning of palliative care services	
	Promotion of GOLD standards for EoLC in general practice	

4.15 Long Term Conditions (LTC)

Operating Model

The approach to Long-term conditions (LTC) will be both generic and disease-specific. The generic approach will focus on elements of care or living with LTC that are common to most LTC and aims to provide support to individuals and their carers for the self-management of LTC. This will involve:

- Skills development in primary and community care clinicians and practitioners including pharmacists and social workers, such as health coaching and care planning/shared decision making
- Providing peer support to patients and carers, including mentoring and networks
- Developing skills in patient and carers, through education programmes, such as the Expert Patient Programme.

The disease-specific approach will cover a range of conditions, taking account of the HWB strategies priorities, including cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), diabetes, obesity, falls and osteoporosis and Parkinson's disease. The focus here will be primarily on prevention – primary and secondary – so will involve working with the public, e.g. social marketing, as well as with the NHS.

Volunteers will be recruited and deployed to support individuals and carers within an overall network of support.

Output	Input/ Processes	Lead/ Responsible Post
Develop LTC strategies for Barnet and Harrow Councils		PH consultant
	Identify & secure funding	PH consultant
Clinician training	Training needs analyses	Health improvement officer
	Develop training programme	PH consultant
	Deliver training programme	PH consultant
Patient education programmes	Needs assessment	Health improvement officer/ intelligence analyst
	Identify providers	Health improvement officer
	Commission providers	Health improvement officer
	Monitor activity & quality assurance	Health improvement officer
Peer support	Consult patient groups	PH consultant
Coordination of voluntary activity	Recruit Volunteers	Health improvement officer
	Assessment & checks of volunteers	Health improvement officer
	Managing and supporting volunteers	Health improvement officer
Volunteer training	Identify providers	Health improvement officer
	Commission providers	Health improvement officer

	Train volunteers	Training provider
	Match volunteers to individuals & programmes	Health improvement officer
Social marketing		Health improvement officer

5.0 Public Health Team

5.1 Structure

Consultants in Public Health will hold a broad portfolio of responsibilities including Borough specific work as well as broader expert roles across the two Boroughs (to provide expert public health advice to all council directorates)

Role one: Health intelligence and knowledge

The post holder will lead the functions of: health intelligence and knowledge management; health protection (including assurance of immunisations and screening); and be the expert lead for housing, environment, and welfare benefits.

Role two: Lead Barnet - health improvement and commissioning support

The postholder will lead health improvement and commissioning support for Barnet (CCB, Joint commissioning, CSU); lead training, research and development for the public health team; and be the public health expert lead for adults, mental health, LD, PD and carers

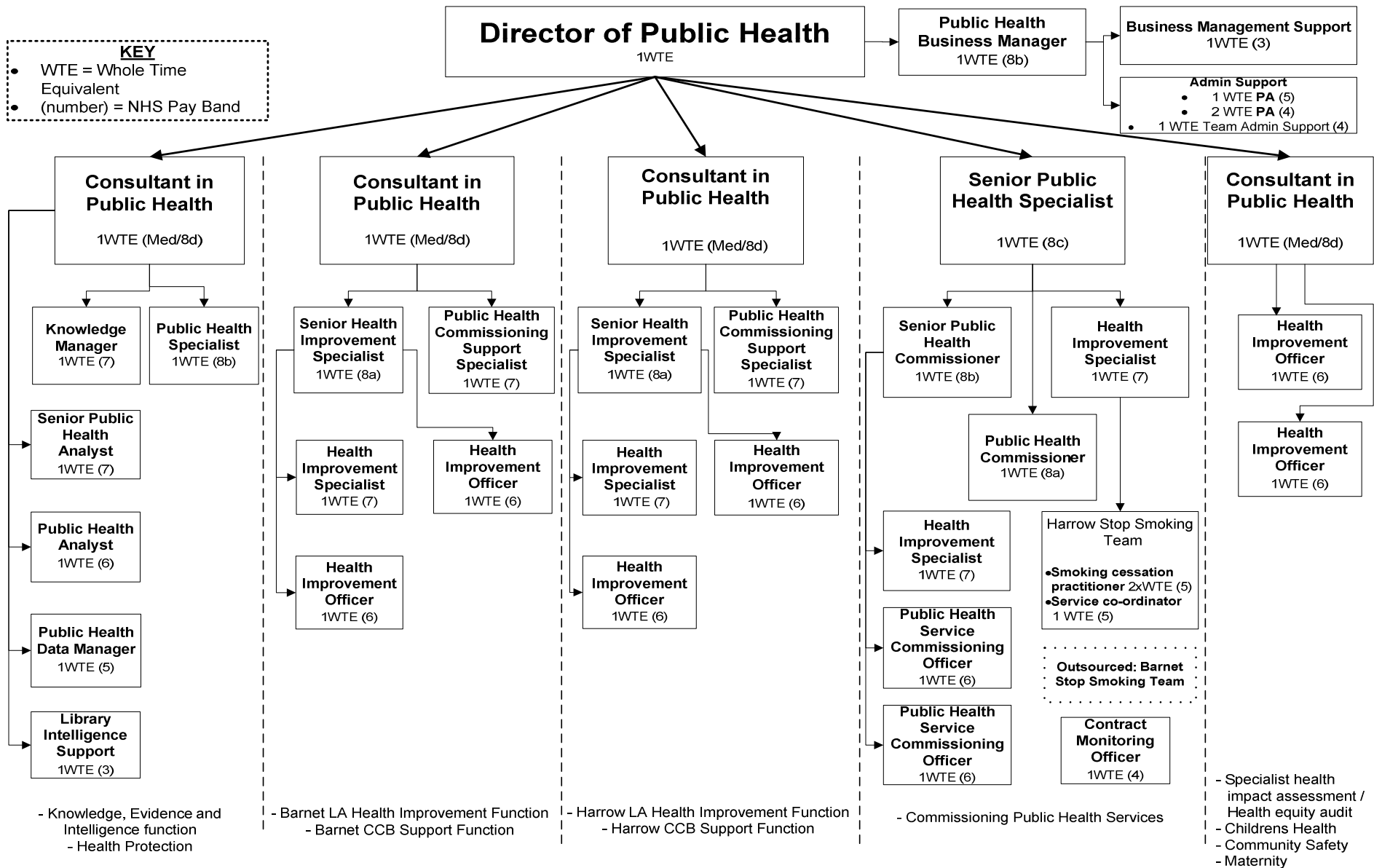
Role three: Lead Harrow - health improvement and commissioning support

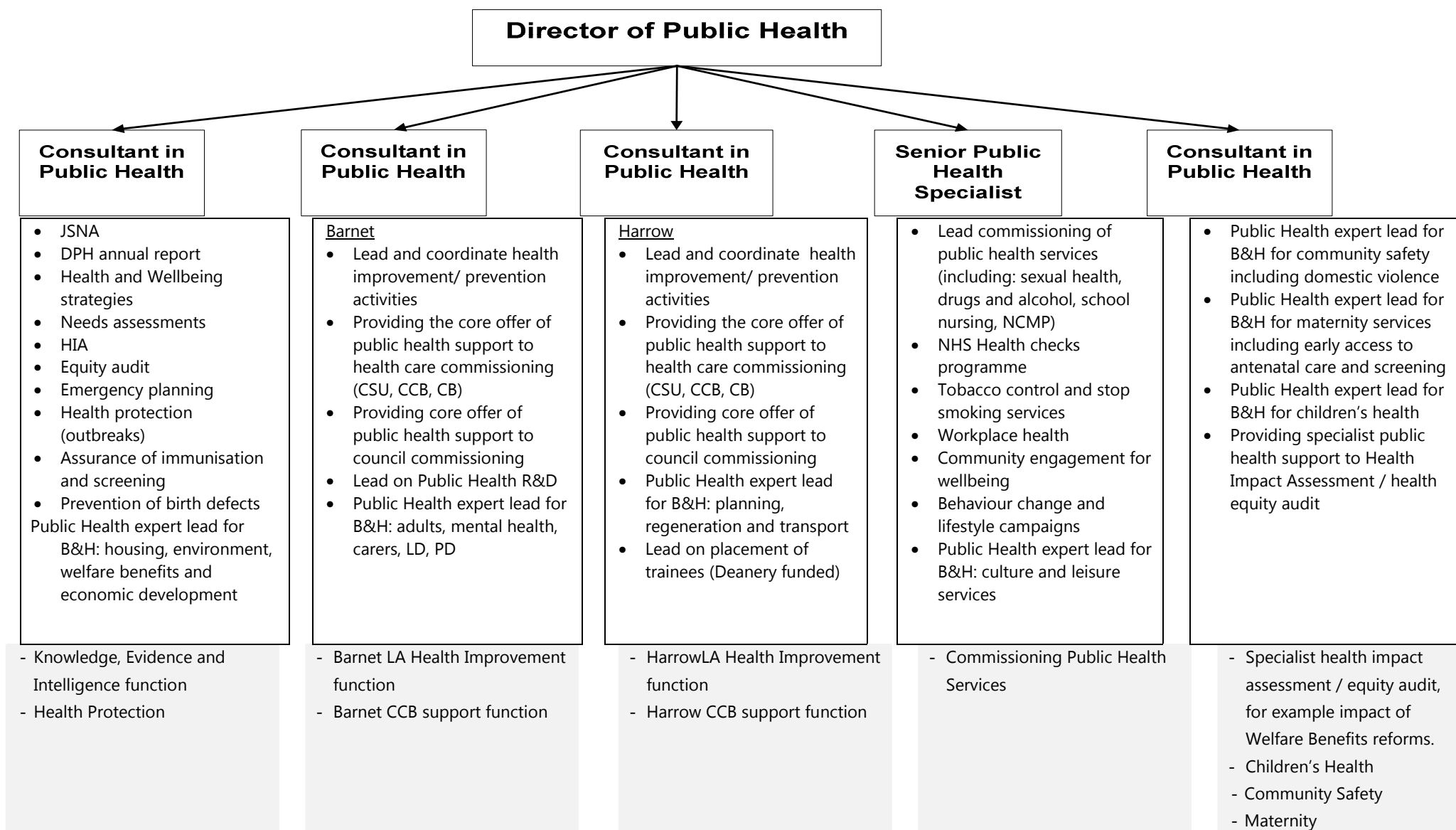
The postholder will lead health improvement and commissioning support for Harrow (CCB, Joint commissioning, CSU); lead training for the public health team; and be the public health expert lead for planning, regeneration and transport.

Role four: Specialist Public Health

The postholder will provide specialist expert leadership and support on areas including health impact assessment and equity audit and will be the expert lead for children's health, maternity and community safety.

Individual staff work portfolios will be described in the job descriptions (to follow).





5.2 Accommodation

Operational considerations

The public health team will be a single team, hosted by Harrow Council in the Civic Centre. It will operate extensively in both Boroughs and will require 'hot desk' facilities. Harrow Council, as host authority, will provide up to 40 touchdown places so that the whole team can be accommodated from time to time. Staff who have a dedicated Barnet responsibility (CCG) will have accommodation allocated. Currently there are 16 places allocated within the Council and these will be retained. Discussions will be required with the CCGs as to where staff may be co-located for part of their working time. It is expected that all staff, regardless, of role will spend at least one day per week in Harrow.

5.3 Staff Induction & Development

The induction process for public health moving to local authorities is a two way process between the council and public health and work has already commenced to prepare for the transition.

A Health Integration Group has been formed by Harrow Council, which is made up of key senior officers. Part of the remit of this group has included oversight of the transition process. Through this involvement the senior managers of the Council are building their understanding of the role and responsibilities of public health and how the public health specialists can interface with existing Council directorates.

Public Health performance and financial information has also been reported as part of the regular reporting process and quarterly member health policy briefings are held.

An online communications board is currently being developed that will provide regular updated information on the progress of the transition and provide an opportunity for public health staff to raise any questions and for answers to be shared.

Upon commencement with the Council, public health employees will be able to attend corporate staff induction sessions (half day) and corporate 2 day manager's induction event. A staff induction booklet will be available to all staff and in addition the Community, Health and Wellbeing Directorate will provide a bespoke induction on their directorate/services.

The corporate induction sessions will help staff to understand the Council's vision, priorities and values. The council's Health and Safety, Data Protection and Diversity commitments, understand their role in the external and internal context, political awareness and decision making processes as well as key fact and figures for Harrow Council.

The training needs from the previous year will be gathered and analysed to help build into an annual training needs analysis and learning and development plan. Staff will also be subject to the Individual Performance and Development (IPAD) process which focuses on each member of staff and how they will be able to achieve what is expected of them to achieve

their objectives and the Council priorities and how they can improve the Council's performance.

Areas for induction:

Council's structure and processes

HR policies and processes

Finance systems and processes for budget holders

IT systems and support

Access, security, and health and safety

Meet key contacts within the Councils.

5.4 Deputising arrangements

It is envisaged that robust deputising arrangements for the Director of Public Health will be put into place. All the Consultants in Public Health will deputise for the DPH at meetings at both internal and external meetings.

5.5 Training, Education and Continuous Professional Development

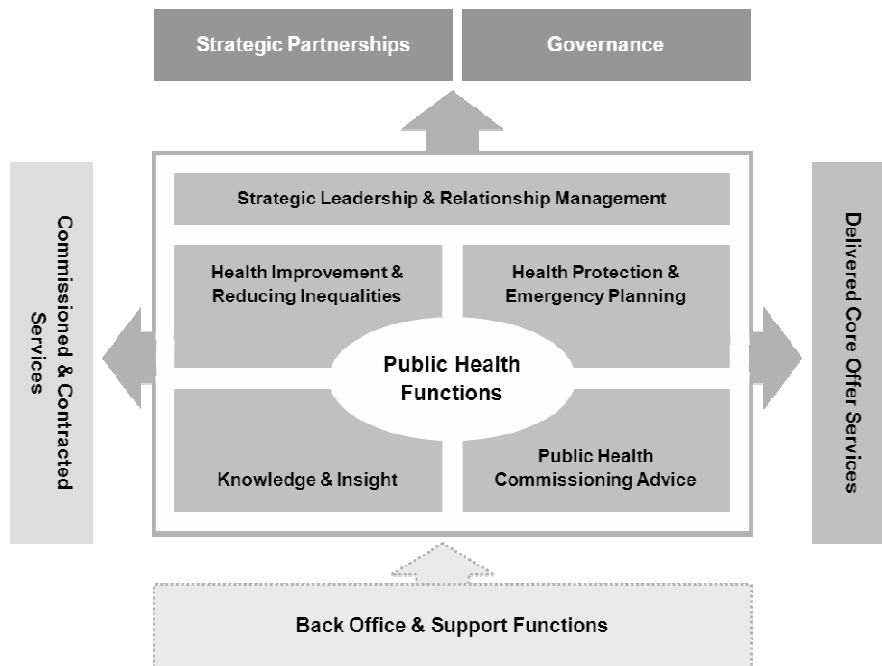
It is anticipated that Barnet and Harrow public health team will continue to be 'faculty approved' training locations for externally funded trainees in public health (including GP trainees, Foundation Year doctors (FY1 and FY2), and Specialty Registrars (medical and non-medical)). These posts are fully funded by London Deanery and will require honorary contracts with the Borough. Public Health consultants will continue to act as educational and project supervisors. London Boroughs of Harrow and/or Barnet will need to become training locations accredited with the General Medical Council and approved by London Deanery.

The DPH and PH consultants are required to undertake a minimum amount of continual professional development in public health in order to maintain their professional registration and be eligible for revalidation (retaining their licences to practise).

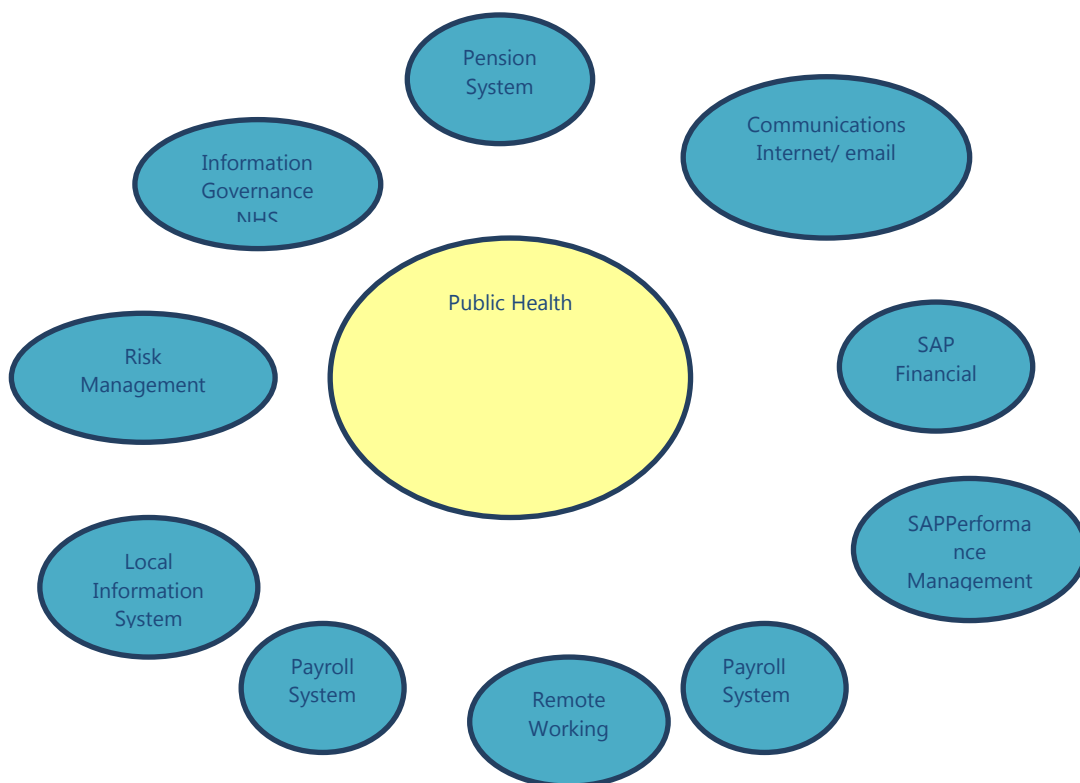
Links will be maintained with academic institutions. This will include the supervision of students, for example Brunel University taking MSc students, together with teaching at university or Deanery sessions for trainees.

5.6 Organisational and support systems environments

The Public Health operating model sits within a wider organisational and operational context.



The Public Health Team will require two different aspects of infrastructure support. One set of support relates to the employing authority responsibilities, for example payroll and pensions and basic office systems. The other, and more complex area, relates to operational service delivery and includes supplier payment processes and systems and access to data systems. This area is in an early stage of development. The diagram below provides an overview of the necessary interfaces.



6.0 Aligning service provision in Barnet and Harrow

6.1 Current differences and gaps in provision

The following Table lists areas of function and service where there are either differences in approach between the two boroughs or there are gaps in service provision. Ideally resolution of these matters will form part of a programme of service reviews with a view to rationalising approaches and services. The final content and timing of such a programme is contingent on Council decisions on commissioning intentions and related budgets for 2012-13 and when these decisions are made relative to contract novation time scales.

The information in the Table is derived from meetings with Public Health staff in Barnet and Harrow. The detail is contained in Appendix 2. A range of issues were identified many of which are already captured in the Transition Plans. The issues presented here are solely concerned with function and service delivery. The other issues raised are captured in the council Transformation Plans documentation (see Appendix 3).

Barnet and Harrow service alignment analysis

Service/ Function	Differences Issues	Appendix 2 source
Health Intelligence & Protection Functions		
<ul style="list-style-type: none"> Individual Funding Requests (IFR) 	(A) Harrow and Barnet IFR have different processes and varying PH responsibilities	Page 4
Delivering the 'core offer' of Public Health support to health service commissioners:		
<ul style="list-style-type: none"> Long Term Conditions (LTC) 	(A) Differences in focus and approach.	Page 6
<ul style="list-style-type: none"> MOU 	(B) Barnet and Harrow CCGs have different expectations and will require separate MOUs.	
Health improvement		
1. Sexual Health, Family Planning & Genito-Urinary Medicine (GUM)	<ul style="list-style-type: none"> No Chlamydia screening service in Barnet or Harrow Sexual Health services limited to under 25's in Barnet whereas Harrow is not age restricted. Barnet Teenage pregnancy team was decommissioned in 2010. No prevention budgets in Barnet. Harrow has prevention budget. 	Page 9
2. Drug and Alcohol	(A) Different providers used by Barnet and Harrow	Page 10
3. National Child Measurement Programme (NCMP)	<ul style="list-style-type: none"> No programme support for children identified as obese in Barnet. 	Page 12

4. Health Checks	(A) Barnet has no formal Health Checks programme.	Page 13
5. Smoking Cessation/ Tobacco Control	(A) Harrow has 'in house' stop smoking service whereas Barnet is outsourced to CLCH provider (B) Barnet has no Tobacco Control Alliance (C) Barnet service is mainly GP based while Harrow utilises pharmacists with different associated costs.	Pages 14-15
6. Physical Activity and Obesity	<ul style="list-style-type: none"> No service currently provided in Barnet, whereas Harrow programmes are well established. 	Page 16
General Issues		
7. Commissioning Processes	(A) Barnet use NHS NCL to undertake commissioning whereas Harrow uses Public Health staff and PCT commissioners.	
8. Commissioned Services	(A) There is no commonality in NHS or other sector providers.	

6.2 Next Steps

Taking the Target Operating Model forward requires the development of an implementation plan. This will need to work in conjunction with work stream plans within the forthcoming joint Transition Plan. The Target Operating Model plan will need to specifically address key areas identified above as 'in progress' and include the detail of working with other Council departments and the new organisations within the NHS.

7.0 Appendices

7.1 Appendix 1: As Is Business Processes in Barnet and Harrow

7.2 Appendix 2: Service delivery issues in Barnet and Harrow

7.2 Appendix 3: Public Health Transition Risks and Issues

The appendices are attached separately.