

**REPORT FOR: Health & Social Care
Scrutiny Sub-Committee**

Date of Meeting: 4 September 2014

Subject: Public Health integration

Responsible Officer: Andrew Howe, Director of Public Health

**Scrutiny Lead
Member area:** Councillor Michael Borio, Policy Lead Member
& Councillor Mrs Vina Mithani, Performance Lead Member

Exempt: No

Wards affected: All

Enclosures: Appendix 1 – Service Achievements
in 2013-14
Appendix 2 – Working with Councils

Section 1 – Summary and Recommendations

This report sets out the work and experience of the Joint Public Health Service in its first year of operation 1 April 2013 to 31 March 2014.

Recommendations: The Sub-Committee is requested to note the report

Section 2 – Report

Introduction

The Joint Public Health Service was established on 1st April 2013 on transition from the National Health Service. The Service is hosted by Harrow Council and provides a joint service to Barnet Council.

The report sets out the work of the Joint Public Health Service in its first year of operation - 1st April 2013 to 31st March 2014.

Context

The Joint Public Health Service works for Barnet and Harrow Councils. Both boroughs have similar health profiles and needs and deliver similar services in responding to these needs. The team works with both councils and organisations within the NHS – Clinical Commissioning Groups, NHS England and Public Health England. The Public Health Service has formal links to all of these organisations in order to fulfil statutory requirements and to ensure effective health provision for both boroughs.

Responsibilities and Functions

The Joint Public Health Service has four key responsibilities:

1. Leading health Improvement and reducing health inequalities
2. Health protection and ensuring appropriate plans are in place.
3. Public health support to health service commissioning and joint commissioning
4. Providing public health knowledge and intelligence

The Division is made up of the following functions:

- **Director of Public Health role**
 - Surveillance & assessment of populations' health and wellbeing
 - Assess the evidence of effectiveness of health and social care interventions, programmes and services
 - Policy and strategy development and implementation

- Leadership and collaborative working for health
- **Procurement & commissioning of health improvement services**
 - Review current services and pathways of care
 - Review/ develop service specifications based on evidence of effectiveness and cost effectiveness
 - Procurement and contract negotiation
 - Contract monitoring and performance assessment
 - Commission & performance managing health improvement programmes
 - Supporting commissioning activity within CCGs, the NHS England and PHE
 - Supporting commissioning activity within the Councils
- **Health improvement**
 - Interpretation and application of new policies
 - Coordinate health improvement projects and programmes and monitor and evaluate them
 - Involve the public in assessing their health and wellbeing needs and identify means to address such needs
- **Public Health analysis**
 - Collection & analysis of data on defined populations
 - Support identification & evaluation of user strategic need for health data and intelligence and negotiation of solutions
 - Disseminate health data and intelligence from diverse sources to various audiences
 - Inform and influence policy and priority setting and performance
 - Assess relevance and usability of health data and intelligence, methods and systems

Overview of Year

The year 2013-14 was the first year for the joint Public Health Service. The year has been one of transition from the NHS and embedding functions within councils and developing a wide range of relationships within Councils.

Key highlights are given here with more information attached at Appendix 1.

The Service has been developing and refining the way it works with two Councils and the new organisations within the NHS – Clinical commissioning Groups, NHS England and Public Health England; and how resources are

deployed to best effect to support the local populations. This will continue to be an on-going focus for the Service.

New investment totalling £1.65 million across the two councils has been deployed across a range of new services and initiatives. This has proved a significant challenge for the service while at the same time delivering all of its statutory and previously existing discretionary services.

Much work has gone into reviewing contracts and negotiating with providers which again has required significant time and resources. The overall quality and cost of services has been maintained similar to that of the last year in the Primary Care Trust. Significant savings have been made on GUM contracts with the Service leading on some of the negotiations for the West London Alliance.

The findings of a review of school nursing and health visiting are being used to inform service development. Useful links were established while undertaking the review with local and national partners and providers which paved the way for developing detailed proposals for the children's integrated health offer. This is an important piece of work as it includes preparation for the receipt of Health Visiting services in 2015.

The Service has also established an extensive range of working links within the Councils and local partners. The scale and breadth of this work is given at Appendix 2.

Finance

The Service is funded by a ring fence grant from Central Government. The ring fence continues in 2014-15. The budgets for 2013 -14 were:

Harrow: £8,874,000
Barnet: £13,799,000

Performance

Performance summary

Harrow PH scorecard indicators

Three high level indicators were chosen in Harrow to reflect the long term health status of the population.

Premature mortality from cancer is the lowest in England and is continuing to fall. Premature mortality from circulatory diseases also continues to fall and is in the lowest 5% of English Local Authorities.

Smoking is a major risk factor for both premature mortality indicators and so smoking prevalence (percentage of adults who smoker) was chosen as the third high level indicator. It gives an indication of longer term health trends. The rate of smoking in Harrow has continued to decrease from 14.6% in 2012

to 13.2% at the end of 2013. This continues to be considerably lower than the national rate.

Getting a good start in life is vital and we chose breast feeding rates as an indicator for this. NHS England are now responsible for collecting and collating the data on this indicator. There have been some problems across the country in accessing accurate data but the majority of these now seem to be resolved, However, data for Harrow, Brent and Ealing is not held on the CHIS and must be collected from GPs. This means that the data does not meet all of the validation criteria required by the Department of Health. The data for Harrow shows that 68.1% of babies were either fully or partially breast fed at 6-8 weeks in 2013-14 but that the status is unknown for 22% of babies. This gap in availability of data has made it difficult to assess the impact of the work being undertaken in hospitals, GP surgeries, children's centres and by community midwives, health visitors and the peer support programme, established and funded by the Harrow Public Health team.

Drugs and Alcohol programmes not only improve the lives of the people who use them but also has an impact on their families and on the wider community in terms of community safety and reducing crime rates. The indicators chosen looks at the medium term impact of the drug and alcohol services rather than just the short term impact. We measure the number of people successfully treated who did not come back into any drug and alcohol service in the country in the following 6 months. The data shows that the local services are successful in sustaining longer term behaviour change with over 12% of opiate users and over 46% of non-opiate users not returning to services compared to 8.4% and 40.2% nationally.

Not all of the indicators have shown good performance. The transfer of services to the council and the problems with the payments to the stop smoking service providers which resulted in no payments for their work until quarter 3, meant that they were reluctant to promote and deliver the services. As a result, the smoking quitter target was not met in 2013-14. Targets for 2014-15 have been reassessed to coincide with the significant drop in smoking prevalence (from 14.6% to 13.2%).

The Health Checks programme was similarly affected by transition. The service is currently delivered solely by general practices. The changes to the health systems in April 2013 have had repercussions in practices with many practices prioritising the projects and initiatives promoted by the CCG rather than delivering the challenging health checks targets. Combined with payment issues, the practices did not deliver on their health checks targets. The service increased performance in the last quarter. The changes that are planned include an improved data collection method which will mean that the practices will not have to do additional work to report their performance; ad hoc community events which will take place throughout the summer; and additional providers will be commissioned to both provide an alternative to the practice as a venue to get a health check and to increase the reach of the programme by providing a service to people in practices that have not signed up to the programme. This new service should be in place by the autumn. The national estimate of the population needing a health check has also been revised and in line with this we have readjusted the targets for 2014-15.

2014-15 PH Scorecard

We have expanded the number and range of indicators we will report on in 2014-15. We have excluded the high level indicators as they are covered in the PHOF which we report on separately. The indicators represent the broad range of responsibilities of the public health team. Some of these will be challenging and some are not solely within the remit of the public health team to deliver. The indicators are:

- Number of people setting a quit date with SC services who successfully quit at 4 weeks
- Increased number of drug users successfully completing drug treatment and not returning within 6 months - opiate users
- Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users
- Number of people receiving brief advice about alcohol (ABI)
- Number of medium/large employers signing up to the healthy workplace charter
- % of people with needs relating to STIs who have a record of a) being offered and b) % accepting an HIV test at first attendance (excluding those already diagnosed HIV positive).
- Number of eligible people receiving health checks
- Reduction in numbers of mothers that smoke at time of delivery
- Proportion of children aged 4-5 classified as overweight or obese
- Proportion of children aged 10-11 classified as overweight or obese
- Number of schools registered for the Healthy Schools London Awards - a) primary b) secondary
- Numbers of schools and children's centre taking part in the oral health promotion campaign

The National Public Health Outcomes Framework

The Public Health Outcomes Framework is part of Healthy lives, healthy people: Improving outcomes and supporting transparency. It sets out a vision for public health with desired outcomes and a set of indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system; life expectancy and the inequality gap (as measured by the slope index of inequality). The framework groups further indicators into four 'domains' that cover the full spectrum of public health, from housing to health services; from fruit and vegetable consumption to fuel poverty; from violence to vaccinations and from education to emergency admissions.

- Domain 1: Improving wider determinants
- Domain 2: Health improvement
- Domain 3: Health Protection
- Domain 4: Healthcare public health and preventing premature mortality

The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The outcomes indicators will be discussed as part of updating the Health and Wellbeing Board Strategy.

Risk

For risk, the past year has been largely focused on managing the transition and the risks that arise as a result of this. The introduction of the Health and Social Care Act 2012 resulted in one of the largest single transformations that the NHS had witnessed for a decades. Inevitably with the abolition of organisations and transfer of functions to numerous entities, risks will undoubtedly arise.

There was acknowledgement across the Health and Social Care system that whilst legislation required organisations to take on their new responsibilities from the 1st April 2013, systems and structures would not be fully implemented and operational by that date. There is a level of interdependency between Public Health and a number of organisations; particularly Public Health England. Whilst we were waiting for systems and processes to be embedded, we managed this risk through increased monitoring and liaison with partners.

Whilst significant effort was invested in readiness for the transition; the novation of individual service contracts was considered to be of high risk. Effective management of the contracts by Commissioners ensured that negotiations were concluded efficiently and within the financial envelope proposed within the Commissioning Intentions.

The management of clinical risk within service contracts and the resulting framework in which this operates is, to some extent, new to Local Authorities. Whilst we are developing a common Clinical Governance framework across the Barnet and Harrow shared service, we have implemented additional systems to monitor clinical related risks with our providers that affect the service delivery of our contracts.

Public Health continues to report regularly, via individual Performance Boards and the joint Governance Board on risks encountered within the service. This effective reporting has enabled continuous oversight by the each Authority; providing assurance that risk is managed effectively.

Corporate Priorities

Please identify how the report incorporates the administration's Corporate Priorities Listed below:

The Council's vision is Harrow:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for all businesses
- Making a difference for families
- An Efficient and Effective Organisation

The Public Health Service in Harrow contributes to corporate priorities in the following areas:

Corporate Priority	Public Health contribution
Making a difference for the vulnerable	<p>Older people - Contributing investment to delay onset of ill health, supporting expansion of self-care, maintaining mobility and tackling social isolation. Diabetes self care. Expert patient programme. Winter Warmth.</p> <p>Employment - public health work includes development of targeted services to help people into work with the lead for addressing health related barriers to entering employment e.g. drug and alcohol dependence.</p> <p>Working with GPs to identify people on long-term sickness benefit, who could be supported back into work</p> <p>Commissioning health counselling for long-term unemployed</p> <p>Mental Health promotional work</p>
Making a difference for communities	<p>Promoting physical activity outside via environmental improvements and behavioural interventions building on existing investments, e.g. Green Gyms. The Public Health Service recruits and supports volunteer lead walks programmes which are open to all borough residents.</p> <p>The provision of services (e.g. health checks, smoking cessation, promoting physical activity) the Service also works with local and national NHS</p>
Making a difference for local businesses	<p>Supporting business to understand DDA compliance</p> <p>Working in partnership with Economic Development</p> <p>Continuing support for implementation of the London Healthy Workplace Charter in Harrow.</p>

<p>Making a difference for families</p>	<p>Public Health is working closely with its commissioned drug and alcohol service providers and partners to ensure that service users are able to reduce and end their dependencies. (Indicator: The percentage of individuals leaving treatment drug-free and not returning to treatment within 6 months)</p> <p>Contributions to educational achievement from better emotional wellbeing – schools programme. Input to early help in Children’s Centres.</p> <p>Early years - Development of single children’s health offer (with transition of health visiting from the NHS to local authorities in 2015): investing in pre- and post- natal support and develop parenting skills programmes and tackling obesity in early years</p>
<p>An Efficient and Effective Organisation</p>	<p>As a shared service with The London Borough of Barnet, Public Health is maximising efficiencies through the development of joint strategies and service re-procurements.</p>

Section 4 - Contact Details and Background Papers

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Appendix 1 Service Achievements in 2013-14

Harrow

- The Alcohol Identification and Brief Advice (IBA) in Community Pharmacy service started and commissioned 15 pharmacies across Harrow. All pharmacies signed up have at least one pharmacist trained in IBA and began in November 2013 to deliver the service to users of the pharmacies and residents who wanted support around safer drinking. The service was for Alcohol Awareness Week and publicity included a stall in the town centre, posters and pop up banners around Harrow to let people know about the new service which offers assessment of drinking and advice on how to manage alcohol in safe way.
- The improving access to fruit and vegetables among families project was initiated. This project is training parents to run fruit and vegetable stalls in schools and a provider has been allocated to train parents, offer healthy eating support and to ensure the stalls are managed to become self sufficient. Schools have recruited parents to run the stalls and the project will ensure that parents receive training that improves confidence, skills and employability. The stalls have also started January 2014 and schools are using the stalls as a platform to engage on healthy eating with their parents and pupils.
- Outdoor Gym Project has been successful in helping Harrow resident's access outdoor gym equipment in local parks. Volunteers trained as Level 2 Fitness Instructors provided support and guidance to outdoor gym users. A small scale survey which was carried out between June and November 2013 indicated improved access and satisfaction by users.
- Public Health has been coordinating a review of the obesity pathway for adults and children in Harrow with a group of stakeholders. An obesity needs assessment is now in draft form and key stakeholders and the community will be part of a wider consultation in January 2014. The Harrow Obesity Strategy 2014 will be drafted in the next two months and taken to the Health and Wellbeing Board in March 2014
- The Learning Disability Needs Assessment was completed and used by Harrow CCG and Social Care for the Joint Health and Social Care Learning Disability Self-Assessment Framework.
- A clear evaluation framework for the tool supporting long term conditions at the primary care level was developed as a part of joint NWL Integrated Care Pilot
- The Public Health Team led on implementation of the London Healthy Workplace Charter in Harrow. The project is based on the Greater London Authority initiative to recognise and support

business investment in staff health and wellbeing. Our local project also encompasses support for the Healthy Catering Initiative launched by Harrow Environmental Health Team in 2012. Partnership working with Harrow in Business and the Healthwatch Harrow has helped to develop a strategy to engage with local employers. The Public Health Team is pleased to confirm Harrow Council's participation as an employer in the first phase of work towards the verification process for the London Workplace Charter, which will lead as an example to local employers.

- Adult services were introduced to the Harrow Health Improvement Schemes to improve access to healthy lifestyle services. Public Health contributed to the Integrated Care Pilot - a joint initiative between CCG and Adult services to reduce A&E attendance. As part of this Health Improvement services introduced to a group of patients with a high number of visits to A&E.
- Mental health promotion and wellbeing strategy has been drafted and consulted with key stakeholders. A wider public consultation was held in February 2014.
- Mental Health Promotion programme encompassing workplace mental health training for council staff, activity based training for staff working with older people in residential care homes and Outreach information and advice sessions for difficult to engage older people is being commissioned from external providers.
- Joint working with Silverstar Diabetes to arrange for their mobile testing unit to be at various locations around the borough to raise awareness about diabetes and offer a diabetes health check for people at higher risk of developing it.
- Co-ordinated public health involvement and presence at Harrow Under One Sky.
- Running Expert Patient programme for people living with long term conditions to help them to become better self managers. Also trained a new EPP tutor who has passed assessment.
- Walk programme continuing to run with walks across the borough and numbers of walkers increasing.
- Harrow Reablement Social Services Team introduced to Harrow Health Improvement services via meetings and presentations.
- The in house smoking cessation service achieved the National Centre for Smoking Cessation and Training (NCSCT) accreditation in November – the first service in the country to do so.
- Much useful work has been undertaken with the West London Alliance with the service leading on a number of contract areas

resulting in financial savings and efficiencies. A 17% increase in volume in Drug and Alcohol services with no decline in quality and savings of £117k on GUM contracts.

- Work was undertaken in children's centres to promote healthy eating including nutrition and cooking workshops for parents and children. The Public Health team are currently part of a working group developing standardised weaning guidance across Harrow.
- Work undertaken with Ealing Hospital NHS Trust (Integrated Care Organisation) to appoint an oral health coordinator to work on a part time basis across the borough delivering a tooth brushing programme in primary schools and nurseries and supporting the oral health workshops that already take place within children's centres. Health visitors have been trained in delivering the brushing for life programme and will distribute the brushing for life information packs at children's developmental reviews. Work also undertaken with the Public Health England Dental Public Health consultant to encourage local dentists to apply fluoride varnish and to promote fluoride varnish amongst parents.
- The Winter-well programme distributed 3,500 leaflets and information packs on the subject of 'winter warmth' to vulnerable adults and older people known to Adult Social Services, of these 428 were identified as highly vulnerable. This group was contacted directly by the Winter Well Team and offered a home visit to assess the need for draft proofing, further insulation and central heating boiler upgrade/ replacement. Packs including slippers and electric blankets were also delivered to this group.
- £350,000 of new investment was deployed to support work on childhood obesity, a review of the school nursing service in preparation for health visitors joining the Council in April 2015 (to ensure a joined up preventive health support for Children 0-19 is in place), warmer homes, work to improve the older peoples health and social care pathway (undertaken by Adults Services). Harrow Childhood obesity, Alcohol brief advice in pharmacies, and healthy eating in schools and Children's Centres.

Barnet

- Early Years Programme - Healthy Children's Centre Standards – which consist of a range of priority health areas including nutrition, physical activity, breastfeeding, and oral health - were implemented in January. A Service Level Agreement was agreed with Family Support and Early Intervention at Barnet Council to provide support to Children's Centres to implement these standards.
- Engagement work has been undertaken with Barnet Dentists and a Dental Health Consultant with Public Health England to link dental practices to children's centres.

- Barnet Schools Wellbeing Programme - The Programme is underway providing resources, training and consultancy support for physical activity, healthy eating, emotional wellbeing (EWB) and Tobacco Control. Procurement for separate providers to deliver the Sex and Relationships Education (SRE) and the Drugs & Alcohol work streams has commenced. The overall programme is currently focused on universal intervention and consideration is now being given to the potential efficacy of developing targeted programmes; for example, for childhood obesity.
- The provider, the Health Education Partnership (HEP) has provided consultancy support in 8 primary schools in the borough to date – of these four were to support renewal of Healthy School status, two for Healthy Eating and two for Personal, Social and Health Education (PSHE). HEP has also provided two Emotional Wellbeing and Nutrition training courses open to all primary schools in the borough in November. 23 primary schools have registered for Healthy Schools (London) with HEP to support the schools to meet the criteria for the Bronze Award initially.
- A meeting with Head teachers in the Borough was held on 14th November to discuss extending the Wellbeing Programme to Secondary Schools. The commissioning of providers to support secondary schools is underway.
- Sex and Relationships Education and Clinic in a Box have now been commissioned and will be available in January. Smoking prevention and Drugs & Alcohol awareness work streams are also expected to commence during January.
- Alcohol brief intervention initiative in Pharmacies commenced in early November in 21 pharmacies in Barnet. The service provides risk assessment and case Identification with brief structured advice for those at risk, provision of supportive literature and referral to specialist services where appropriate. To date (with some pharmacies still to submit data) 220 people have received an alcohol screen. 45% of these (98 people) were consuming at a higher risk level and received brief advice. 13 further people were referred to the alcohol treatment service.
- Outdoor gyms, marked & measured routes and the activator programme
- Consultation and procurement for the gyms is completed with installation by March 2014. The Activator programme will provide fitness instructor training opportunities for residents who will then provide advice and motivational support at the outdoor gyms from their formal launch in April. Middlesex University has been appointed to provide the training and delivery of the Activators.
- Physical activity opportunities for older people

The small grants scheme for community physical activity opportunities has been launched. Expansion of walking schemes, dance programmes and tai chi provision is anticipated. The scheme was launched on 12th November with invitations extended to a range of organisations across the Borough. A website has been developed to support this initiative

http://www.barnet.gov.uk/info/940439/physical_activity_grants_for_older_adults/1152/physical_activity_grants_for_older_adults

- 10 residential homes in the borough have received 13 exercise DVDs. Of their 400 residents overall, the target audience is 168. One home is adapting the DVD to make it appropriate for their residents. The others are using the DVD as produced.
- Fit and Active Barnet Campaign
The Fit and Active Barnet campaign was launched in January 2014. It will run throughout 2014 and will involve a coordinated sequence of events and media stories.
- Supporting those affected by welfare reform back to work
Health promotion advice and motivational support will be provided for those affected by welfare reform. A provider has been commissioned and the service commenced in January 2014.
- Supporting people into work who have a mental health or learning disability
A programme of Individual Placement Support for patients with mental health diagnoses and learning disabilities was launched in early 2014.
- In a recent publication of the Municipal Journal, Barnet was placed 4th in a National table of Local Authorities for its work on tackling health inequalities and the wider determinants of health. These results are the early signs of the benefits that can be achieved of cross organisational working between Public Health and our colleagues within other directorates.
- Work with the West London Alliance with the service leading on a number of contract areas resulting in financial savings and efficiencies giving savings of £361k on GUM contracts.
- £1.3 million of new Public Health investment monies has been deployed in the following areas:
The Schools Programme for increased physical activity and improved nutrition, sexual health promotion and drug and alcohol awareness.
The Early Years programme supported first time mothers and breastfeeding, childhood obesity and smoking cessation in pregnancy.
Significant investment went into physical activity programmes and outdoor gyms with specialist support for older people, community emotional well being and warmer homes.

Appendix 2 Working with Councils

Since the transfer of the service, Public Health has been working with colleagues from across the two Local Authorities. The following list demonstrates our joint working, in partnership, with other directorates to deliver key projects and strategies.

Harrow

- § Worked with 19 organisations/ departments from NHS, Harrow Council and Third Sector to deliver a very well attended 'Health at Work' month across the Council
- § Adult Social Care Harrow Council and Harrow CCG to deliver a 1 day Dementia workshop
- § Worked as part of Cross (Harrow) Council Welfare Reform Group to provide the Harrow Help scheme to support individuals with benefits problems in a holistic manner.
- § Development of Obesity Strategy Group (Harrow) involving among others: Adult Social Care, Sports Development and Active Transport producing draft needs assessment.
- § Job Centre Plus, Disability Advisor, Third Sector, Harrow Council policy Officer to develop approach to supporting return to work for people with health barriers.
- § Harrow Council Housing – to identify suitable sites for community growing project.
- § Outdoor Gyms Harrow – delivery of Activator Programme volunteers to encourage activity and advise public on use of outdoor gym equipment.
- § Community pharmacies (alcohol brief advice)
- § Schools – healthy eating and access to fresh fruit and vegetables
- § Obesity partnership group (established it with ToR)
- § Harrow Council mental health commissioning team – review mapping exercise for mental health and wellbeing strategy
- § Probation – supporting Probation to enable their clients to register with GPs and in turn facilitate access to health checks.
- § Adult Social care including Reablement service over Expert Patient Programme (EPP) and Long term conditions – to explore links with the EPP programme.
- § Harrow Council Public Realm and Chief Execs office on Silver Star (diabetes charity) to organise and promote Diabetes week including mobile screening for individuals
- § Under One Sky – worked with other organisers to define and deliver a Public Health Presence on the day. This included the launch of the gym activator programme with volunteers and outdoor gym equipment available plus other aspects of PH work.
- § Safeguarding Adults
- § Safeguarding Children
- § Multi Agency Safeguarding Hub
- § Police
- § CCG Mental Health commissioner
- § MOPAC

Children's Harrow

- § Harrow Partnership for School Improvement – joint training for schools to obtain Healthy Schools London Award – 23 schools registered. Schools engagement has led to further development of the programme.
- § Harrow health visiting team & early years service lead – brushing for life – Children's Centre staff and Health Visitors working together on oral health for under 5s – Brushing for Life programme
- § Harrow Joint Analytical group – Police, Harrow Council central performance team, Community Safety, Harrow Council Census Team to deliver various work including Vitality Profiles and the new public health information web site Harrow Informed.
- § Establishing Tobacco Control Alliance - Licensing, Trading standards, Environmental Health
- § Harrow house warmers programme - Climate change team – to achieve receipt of an extra £16.5k income for fuel poverty, helped 488 people overall. This help also included advocacy support, legal advice, and practical support such as hats and duvets.

Barnet

- § Sports Partnership – joint planning for the Fit and Active Barnet campaign.
- § Older Peoples Assembly, Adults and Communities Dept. (Barnet Council) and Third Sector organisations to develop older people's physical activity provisions.
- § Barnet Council Street Scene & Adults and Community, Middlesex University, Barnet College, Saracens rugby club and Barnet Football club to deliver outdoor gyms and activators programme.
- § Teachers, School Sports Partnership, PE consultants and service providers to deliver nutrition and physical activity as part of the Barnet Schools Well being programme.

Children's Barnet

- § Children's Centres Managers, Early Intervention and family's team – incorporation of health priority areas in Children's Centre work.
- § Dentists in Barnet – to deliver children's dental health in Children's Centres and schools – child friendly practices working closely with PHE dental health consultant - Lauren
- § Barnet Partnership for School Sports (BPSS) outcome - schools access well being programme resources via vehicle they trust and are familiar with. BPSS offer increased to cover wellbeing
- § Barnet Children's Services workforce development – promoting 'healthy eating' and booking training for school staff for wellbeing programme; putting 'health' on the schools agenda
- § Barnet Commissioning Board – smooth processing of new investment business cases
- § Harrow Council procurement – to ensure effective and timely procurement and consistency of approach

- § Harrow Council Contingency planning team – delivery of the PH business continuity plan which will be used inform the corporate continuity plan.
- § Barnet Council grants staff – manage part of the new investment money – going to third sector
- § Legal Services - to ensure streamlined approach to contracting
- § Work with Harrow Council finance to set up SAP/ budgets etc. and training for staff
- § Work with Harrow Council HR re initial pay roll set up and, later, the job evaluations.