REPORT FOR: OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting:	**14th April 2015**
Subject:	The integration of Public Health within the Council
Responsible Officer:	**Dr. Andrew Howe**
Scrutiny Lead Member area:	Councillor Michael Borio Councillor Chris Mote
Exempt:	**No**
Wards affected:	**All**
Enclosures:	**None**

Section 1 – Summary and Recommendations

Recommendations:
Members are requested to not the contents of the report.

Harrow COUNCIL
LONDON

Section 2 – Report

Background

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. Members wished to evaluate how successful the integration of public health and a public health perspective within the Council has been to date; the sufficiency, or otherwise, of funding for the public health task; and, plans for the future.

Both Harrow and Barnet 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.

Changes to the Public Health Service since April 2013 (the baseline)
The transition from the NHS was done on an 'as is' basis. That is, the Service structure was designed to accommodate the public health staff then working in Barnet and in Harrow Primary Care Trusts and the services transferred were those extant at this time (less those responsibilities which transferred to other parts of the NHS, e.g. cancer screening).

The intervening period has been one of gradual changes in service focus via the annual commissioning intentions cycle and the recently agreed changes to the Service structure designed to increase alignment with both Councils priorities and structures. In both boroughs there were resources available for investment in new areas in addition to meeting the costs of existing contracts. These investments have all had a local focus and have enabled, for example, additional services and resources to be made available to Children's Centres, Schools, Older Peoples provision, as well as community initiatives to promote health. A full list of the new areas of new programmes is given at Appendix 1. Additionally, in both boroughs, Public Health has contributed to funding in other departments that contribute to the wider determinants of health as Public Health commitments have been reduced in other areas.

The current Public Health positon (funding, services, performance)

<u>Funding of Local Authority Public Health</u>
The funding of Public Health since the transfer to Local Government has been via a ring fence grant (Appendix 2 covers the salient points of the grant conditions). This has covered the financial years 2013-14, 2014-15 and 2015-16. It is not clear whether the ring fencing arrangement will continue post 2015-16. NHS Public Health funding was based on historical spend rather than levels of local need. In determining the Public Health allocations for Local Government the Department of Health (DH) moved to the use of a national funding formula comprised of two components. The first component was the methodology developed by the Advisory

Committee on Resource Allocation (ACRA) based on health needs in local populations. The second component was the DH Pace of Change Policy (PoC). Overall DH aimed "to allocate the new ring-fenced public health grant across upper tier and unitary local authority areas based on relative need". The long term aim was to move away from the historical locally determined allocations for Public Health to a national level-playing-field.

The first component was developed by the Advisory committee on Resource allocation (ACRA) - an independent expert body made up of individuals with a wide range of relevant experience and expertise from within, and outside, the National Health Service (NHS) and local government. Their remit was to advise on the appropriate distribution of resources across local authorities for public health. The formula developed has a number of elements:

Standardised mortality ratio for those aged under 75 years (the SMR<75 is applied to take account of inequality within local authorities as well as between local authorities).
A cost adjustment for Market Forces (updated regularly)
An age-gender adjustment applied to those services with the highest proportion of public health spend which are also directed at specific age-gender groups to weight for relative needs between different age-gender groups
A component to support drug treatment services previously funded through the pooled treatment budget continues to broadly follow the approach used to allocate that budget. (Based on a need component, an activity component and an outcome component)
Population data is based on the Office for National Statistics (ONS) resident population projections based on the 2011 Census

The second component is the DH Pace of change (PoC) policy. The policy seeks to move all Local Authority public health spend toward the national methodology derived 'target allocation' for each council by adjusting each year the DH allocation to individual councils. Councils above the target receiving proportionately lower allocations, with those Councils below target receiving proportionately more of the overall DH budget.

This policy was based on a phased movement of resources over a period of years. How quickly the change impacts on individual authorities depend on how far they are away from the target allocation. The difference between the baseline expenditure of public health services and the target allocations is known as the distance from target (DFT). The DFT differs between local authorities, in both size and direction.

In the financial year 2014-15 19 Harrow Council was one of 19 London Boroughs that were below target baseline allocation. The range from target of this group of councils was 39.6% below (Waltham Forest) to -2.7% below target (Brent). Harrow at 7.7% ranked at sixth below target allocation. Another measure frequently used to measure allocation of resources for the public health task is allocation of £ per head of population. On this measure Harrow ranks at second lowest in London. Further data for all London Councils is given at Appendix 3.

The overall growth rate of the public health grant in 2014-15 was 5.5%. How much was received by individual Councils depended on whether they were under or over target, and how far away they were from target relative to all other local authorities. Local authorities most under target received the maximum growth rate of 10%, and those least under target received a minimum of 2.8%. The growth for Harrow for 2014-15 was 3.1%. The allocation for 2015-16 was held at 2014-15 levels for all authorities.

At this point in time Harrow Public Health is under funded relative to the level defined by ACRA by 7.7% or approximately £745,000 (there are 7 other London Boroughs who are more underfunded than Harrow).

The Department of Health has introduced the Health Premium Incentive Scheme (HPIS) this year. This is a pilot for a payment by results model of funding. The model was also developed by ACRA. DH is running the pilot "to ensure the learning feeds into any future scheme, subject to ministerial decision."

During 2014/15, the pilot scheme will be measured against two indicators, one national indicator (successful completion of drug treatment) and one locally selected indicator. "Successful completion of drugs treatment" with combined data for opiate and non-opiate users is the national indicator. The local proposed indicator for Harrow is *Smoking prevalence –Adults aged 18 and over* and for Barnet it is *Life Expectancy at Birth*

Any payment made will be done on the basis of demonstrating improvement from baseline using the national Public Health Outcomes Framework (PHOF) indicator data. The money available is a fixed pot and so how much any individual Council will receive is dependent on how many Councils demonstrate improvement (the total pot being divided by the number of 'successful' Councils). The maximum payment Harrow might receive from this exercise is approximately £10k. Whether this scheme will be developed and broadened is unknown at this point.

Current Services

Public Health delivers specific public health functions and mandatory services in line with national guidance in the major areas of public health activity in the following areas:

- Leading health Improvement and reducing health inequalities
- Health protection
- Public health support to Councils' and health service commissioning and joint commissioning
- Providing public health knowledge and intelligence

A list of services and functions currently provided is given at Appendix 5.

Performance – Public Health Outcomes Framework

Nationally, public health is evaluated against the Public Health Outcomes Framework. The Public Health Outcomes Framework (PHOF) 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 help 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 indicators into four 'domains' that cover the full spectrum of public health.

- Improving wider determinants
- Health improvement
- Health Protection
- 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. Although the framework is about public health outcomes, these outcomes cover the whole range of factors that impact on health and wellbeing – from housing to health services; from fruit and vegetable consumption to fuel poverty; from violence to vaccinations and from education to emergency admissions. The public health team monitor these indicators but do not necessarily have the primary impact on them as many are both multifactorial and the actions cross organisational boundaries. The appendix notes where other departments within the Department have a lead responsibility for the indicator.

Overall Harrow compares favourably on many measures. The full data is given at Appendix 4 with further explanation.

Integration with the Council
At the point of transition a number of benefits were identified that would derive from the successful integration of public health and a public health perspective within the Council (Cabinet Report: Shared Public Health Service – Outline Business Case, 20 June 2012).

The key ones relating to influence were:

- Greater capacity to provide public health leadership across all aspects of local authority activity and influence the wider determinants of health and tackle health inequalities
- Opportunities to pool resources and deliver greater impact and progress in the achievement of outcomes
- Increased capacity and opportunities to maximise the impact of health promotion activity and deliver greater efficiencies for reinvestment in future campaigns
- Increased opportunities for specialisation and to share specialist public health capacity and expertise to lead and improve specific population public health outcomes
- More capacity and opportunities to shape the development of health sustaining communities and influence regeneration policy
- Increased capacity for greater and more sustained community engagement
- Increase opportunities to share learning, knowledge and experience gained from working in difference locations and with different communities
- Greater opportunities to streamline and consolidate operational processes

- Increased capacity to support the new healthcare public advice core offer and an enhanced services for CCGs and NHS commissioners
- Greater opportunities to influence and shape the provider market through joint commissioning of integrated health and wellbeing early intervention and prevention pathways and services
- Shared response to common public health issues
- Greater opportunities for operational and provider contract efficiencies
- Increased savings potential through economies of scale

Much productive work has been undertaken across the Councils and with other partners. The following examples are given by way of illustration:

Working with schools, parents and volunteers:
The improving access to fruit and vegetables among families project trained parents to run fruit and vegetable stalls in schools. A number of schools also used this to promote healthy eating and activity. This project will become self funding in 15-16. The project was showcased in an edition of *Good Food for London,* published by The London Food Board which is charged with overseeing the Mayor of London's food strategy implementation

Working with Leisure, volunteers and the community:
The Outdoor Gym Project was successful in helping Harrow resident's access outdoor gym equipment in local parks. Volunteers trained as Level 2 Fitness Instructors provide support and guidance to outdoor gym users. Follow up indicated improved access and satisfaction by users

Working with the Council, Environmental Health, Harrow in Business:
The Public Health Team led on implementation of the London Healthy Workplace Charter in Harrow. The project was based on the Greater London Authority initiative to recognise and support business investment in staff health and wellbeing. The project also encompassed support for the Healthy Catering Initiative launched by Harrow Environmental Health Team. Partnership working with Harrow in Business and the Healthwatch Harrow helped to develop a strategy to engage with local employers. Harrow Council's participation as an employer in the first phase of work towards the verification process for the London Workplace Charter acted as an example to local employers.

West London Alliance and partner Councils:
Work undertaken with the West London Alliance with Public Health leading on a number of contract areas resulted 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 sexual health contracts. Public Health has been leading for a number of Councils on the re-procurement of the School Nursing contract.

Adult Social Services, Winter Well Team, Meals on Wheels and the community:
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

Adult Social Care, Access Harrow, community, volunteers
During 2014 -15 over 40 local volunteers were recruited to provide support and guidance to Harrow's communities in relation to long term conditions. These champions are now being deployed across Harrow to support specific Council wide projects such as *Warm Homes Healthy People* (Winter Well) – referring vulnerable residents to access Harrow Council support and interventions in relation to heating, accommodation and insulation needs; *TB Awareness campaign* – helping to raise awareness amongst those vulnerable and most likely affected groups and communities of TB conditions and its treatment; and integrating health activity into the wider Community Volunteers Network of the Council.
Harrow Council Human resources, Council Departments and staff:
Bespoke mental health awareness training has been provided for over 250 Harrow Council staff. This has been very positively received by staff as being both timely and helpful, given the prevailing operational and cost management pressures facing the Council. Such is the demand for attendance that the most recent sessions have been overbooked. In addition, the recent and highly successful collaborative, cross departmental Staff *Healthy Selfie* event also underscored public health's contribution to raising staff health awareness

Similar work has been undertaken in Barnet. For example:

Barnet Council Benefits Task Force, Job Centre Plus, Barnet, Enfield and Haringey Mental Health Trust:
Two employment support services for people with severe and enduring mental health problems whose employment /vocational requirements form part of their recovery plan were established after successful pilots - the Motivational and Psychological Support (MaPS) and the Individual Placement and Support service provision. The pilot programmes which lead to the establishment of these services performed very well compared to national benchmarks. The cost of each job obtained was £1,600 compared to the bench mark range of £1,600 - £4,000. The pilot cohort pilot achieved 31% employment compared to the benchmark of 30% - 56%; which means a very cost effective solution was developed.

A list of all joint work is given at Appendix 6.

The Future

<u>Finance</u>
For as long as the ring fence grant continues Public Health will continue to provide broadly similar services to those currently funded both directly and via resources provided to other parts of the Council to support the wider determinants of health. If Public Health funding is channelled via the general support grant then Public Health will work with the savings rounds.

Future Developments

Public Health has worked with external partners on various commissioning initiatives to maximise benefits deriving from economies of scale and market management. Currently Public Health is leading on a London wide initiative to procure sexual health services. Another current initiative is exploring the feasibility of establishing a Harrow Council based commissioning support unit on behalf of other Councils to manage sexual health contracts and potentially in the future to commission sexual health services.

Conclusion

The period since April 2013 has witnessed increased integration and alignment of the Public Service and public health precepts within the Council and the local interagency and community environment. Undoubtedly changes will occur to the nature and scale of funding available for public health but the integration of public health principles, approaches and skills will serve to support the maintenance and improvement of local public health.

Ward Councillors notified:	**YES/ NO**

Section 4 - Contact Details and Background Papers

Contact: Dr. Andrew Howe

Background Papers: None

Appendix 1: New Programmes

Harrow
Warmer Homes (focus on vulnerable adults and families).
Older persons' health pathway
Schools programme - physical activity and nutrition, emotional health, substance misuse prevention
Mental health promotion
Unemployment and health
Community growing
Workplace health
Healthy Eating stalls in schools (Fruitables project)
Volunteers to support Outdoor Gyms

Barnet
Adult's activity and obesity
Outdoor Gyms and Activator programme
Unemployment and Health
Healthy Children's Centres - Parenting support, nutrition and healthy eating, oral health, smoking cessation (parents)
Schools Programme – physical activity and nutrition, sexual health, emotional health, substance misuse prevention
Self care long term conditions
Ageing Well
Adults emotional well being
Childhood obesity
Children's Tier 2 weight management programme
Outdoor gyms and volunteer activators
Older Peoples physical activity

Appendix 2: Terms of the ring fence grant

Local Authority Circular LAC (DH) (2013)1
RING-FENCED PUBLIC HEALTH GRANT 10 January 2013
"The public health grant is being provided to give local authorities the funding needed to discharge their new public heath responsibilities. It is vital that these funds are used to:
Improve significantly the health and wellbeing of local populations
Carry out health protection functions delegated from the Secretary of State
Reduce health inequalities across the life course, including within hard reaching groups
Ensure the provision of population healthcare advice."

"The grant has been made under Section 31 of the Local Government Act 2003 and we have set down some conditions to govern its use. The primary purpose of the conditions is to ensure that it is spent on the new public health responsibilities being transferred from the NHS to local authorities, that it is spent appropriately and accounted for properly."

"In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."

Appendix 3: London Boroughs Public Health Allocations 2013-14 to 2015-16

LA Name	2013-14 allocation	2013-14 allocation per head £	2014-15 increase	2014-15 increase %	2014-15 allocation	2014-15 allocation per head £	2015-16 allocation £	2015-16 allocation per head £
Bexley	6,886	29	689	10.0%	7,574	32	7,574	32
Harrow	8,874	36	272	3.1%	9,146	36	9,146	36
Barnet	13,799	37	536	3.9%	14,335	38	14,335	38
Redbridge	10,374	35	1,037	10.0%	11,411	38	11,411	38
Havering	8,833	36	883	10.0%	9,717	39	9,717	39
Richmond	7,676	40	215	2.8%	7,891	40	7,891	40
Bromley	12,601	40	353	2.8%	12,954	40	12,954	40
Merton	8,985	43	252	2.8%	9,236	43	9,236	43
Sutton	8,384	43	235	2.8%	8,619	43	8,619	43
Enfield	12,961	40	1,296	10.0%	14,257	43	14,257	43
Waltham Forest	11,161	42	1,116	10.0%	12,277	45	12,277	45
Croydon	18,312	49	513	2.8%	18,825	50	18,825	50
Hounslow	12,804	48	1,280	10.0%	14,084	52	14,084	52
Kingston	9,049	53	253	2.8%	9,302	54	9,302	54
Hillingdon	15,281	54	428	2.8%	15,709	54	15,709	54
Brent	18,335	58	513	2.8%	18,848	59	18,848	59
Ealing	21,376	62	599	2.8%	21,974	63	21,974	63
Haringey	17,587	67	603	3.4%	18,189	68	18,189	68
Lewisham	19,541	68	547	2.8%	20,088	69	20,088	69
Barking	12,921		1,292	10.0%	14,213	71	14,213	71

and Dagenham		66						
Greenwich	18,277	71	784	4.3%	19,061	73	19,061	73
Southwark	21,809	72	1,137	5.2%	22,946	74	22,946	74
Wandsworth	24,738	78	693	2.8%	25,431	80	25,431	80
Newham	23,738	75	2,374	10.0%	26,112	81	26,112	81
Lambeth	25,438	82	999	3.9%	26,437	84	26,437	84
Camden	25,649	111	718	2.8%	26,368	112	26,368	112
Hammersmith and Fulham	20,287	111	568	2.8%	20,855	114	20,855	114
Islington	24,737	115	693	2.8%	25,429	116	25,429	116
Tower Hamlets	31,382	116	879	2.8%	32,261	116	32,261	116
Hackney	29,005	115	812	2.8%	29,818	117	29,818	117
Westminster	30,384	132	851	2.8%	31,235	133	31,235	133
Kensington and Chelsea	20,636	130	578	2.8%	21,214	133	21,214	133
City of London	1,651	192	46	2.8%	1,698	185	1,698	185

Appendix 4: Current Services

Statutory Services
Public health advice to clinical commissioners
Assurance of screening / immunisations / infection control
Emergency planning in local government
National Child Measurement
Health Protection
Child Death Overview Panel
Sexual health commissioning
Drugs and alcohol
Health checks
Director Public Health Annual Report
Pharmaceutical Needs Assessment

Other Services
School nursing
Children's Centres and Schools Programmes
Physical activity
Long term conditions
Health intelligence and knowledge management (JSNA)
Support to Council departments and commissioning
Tobacco control / stop smoking
Obesity
Leading health Improvement and reducing health inequalities
Commissioning, monitoring, and supporting secondary and tertiary prevention programmes including expert patient and self-care programmes
Locally-led nutrition initiatives
Public mental health services
Dental public health services
Population level interventions to reduce and prevent birth defects
Local initiatives on workplace health
Local initiatives to reduce excess deaths as a result of seasonal mortality
Public health aspects of promotion of community safety, violence prevention and response

Appendix 5: public Health outcomes framework indicators (tartan rug)

The published data gives the baselines for the Public Health Outcomes Framework, with more recent and historical trend data where these are available. The baseline period is 2010 or equivalent, unless these data are unavailable or not deemed to be of sufficient quality. Each indicator is shown against the benchmark of the England average and against similar local authorities. Each indicator is rated as red, amber or green based on how the council measures against the England average. The format is referred to as a Tartan Rug.

The data shows each of the indicators against the benchmark of the England average. Each indicator has been rated as red, amber or green based on how each council measures against the England average.

Green	indicates that, according to the latest data, the area is either performing better or has lower need than England average.
Amber	indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average. Choosing a 5% margin would make little difference in RAG status.
Red	indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Summary table of indicators

Domain 1: Improving the wider determinants of health

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
1.01i - Percentage of dependent children aged under 20 in relative poverty	⇩	20.1	19.9	20.1	18.6	16.7	18.9	25.1	32.5	22.0	24.4	18.9	13.8	17.7	20.8	23.4	10.2	21.6	16.0	28.8	22.1	Chris Spencer
1.01ii - Percentage of children in low income family, under 16s only	⇩	20.6	19.7	19.9	19.0	17.4	19.7	24.6	32.8	22.2	24.3	20.0	13.6	17.5	21.2	23.0	10.0	21.7	16.6	28.1	21.6	Chris Spencer
1.02i - Children defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children	⇧	51.7	44.73	59.6	47.9	61.0	64.1	56.3	48.9	41.3	40.3	58.6	56.8	46.0	51.1	59.7	42.7	49.9	40.6	55.6	53.9	Chris Spencer
1.02i - Children with free school meal status defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children with free school meal status	⇧	36.2	30.73	46.47	32.3	39.8	47.4	48.9	41.1	28.3	29.2	39.5	37.0	32.9	40.4	48.3	20.5	38.5	26.6	52.4	39.9	Chris Spencer
1.02ii - Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils	⇧	69.1	77.65	72.2	70.1	75.2	75.6	71.6	66.1	70.8	72.6	68.6	71.9	67.9	65.1	67.0	78.6	69.9	77.8	74.6	75.3	Chris Spencer
1.02ii - Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils with free school meal status	⇧	55.8	66.15	60.81	51.6	57.8	58.0	64.5	60.7	59.5	62.0	58.0	54.1	52.1	47.3	54.9	59.7	61.1	66.8	69.4	62.7	Chris Spencer
1.03 - Percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence)	⇩	5.26	4.89	5.1	5.29	4.76	4.49	4.66	5.10	4.92	4.84	5.35	4.50	4.92	5.14	4.84	4.47	4.79	4.74	4.95	4.82	Chris Spencer

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
1.04 - Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	⇩	440.93	334.59	315.05	381.40	278.37	230.01	382.42	615.75	392.19	424.26	265.69	421.51	382.49	498.88	405.87	310.10	533.77	290.59	536.68	475.74	Chris Spencer
1.05 - Percentage of 16-18 year olds not in education, employment or training (NEET)	⇩	5.30	1.80	2.30	6.20	5.80	4.20	3.30	4.20	3.50	4.10	4.30	4.20	4.60	6.30	3.40	4.50	6.10	4.00	3.00	3.50	Chris Spencer
1.06i - Percentage of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family	⇧	73.5	68.7	61.7	67.7	52.4	78.6	62.6	79.4	68.2	32.6	53.8	75.4	73.4	69.8	76.4	64.1	78.5	67.6	96.6	76.4	Bernie Flaherty
1.06ii - Percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting	⇧	58.5	77.8	71.1	75.7	73.3	73.3	83.9	71.1	81.3	85.1	95.6	81.3	76.9	85.7	85.9	89.2	85.1	85.2	82.1	87.1	Bernie Flaherty
1.07 - Proportion of all people in prison aged 18 or over who have a mental illness or a significant mental illness	⇩																					Bernie Flaherty
1.08i - Percentage of respondents in the Labour Force Survey (LFS) who have a long-term condition who are classed as employed using the International Labour Organisation (ILO) definition of employment, compared to the percentage of all respondents classed as employed	⇧	7.1	5.5	2.0	0.10	-0.70	3.00	8.20	8.60	2.00	7.30	3.20	3.00	5.00	4.60	6.60	13.20	4.50	9.80	14.50	9.00	Caroline Bruce
1.08ii - Percentage of adults with a learning disability in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed	⇧	65.1	49.6	63.1	71.0	66.2	49.1	57.9	48.9	69.6	65.2	65.8	62.6	64.5	65.9	52.1	64.5	65.1	75.4	52.1	67.2	Caroline Bruce

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
1.08iii - Percentage of adults in contact with secondary mental health services in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed	⇧	62.3	64.6	62.9	68.9	67.4	66.5	58.5	62.7	60.5	62.2	63.6	57.6	63.0	57.6	60.9	65.3	62.2	64.8	59.0	66.5	Caroline Bruce
1.09i - Percentage of employees who had at least one day off sick in the previous week	⇩	2.5	1.11	1.31	1.92	2.85	4.56	3.19	2.00	2.38	3.07	3.11	3.68	2.92	1.86	1.58	2.65	2.81	2.94	1.31	2.12	Caroline Bruce
1.09ii - Percentage of working days lost due to sickness absence	⇩	1.56	0.59	0.59	1.54	2.01	2.31	1.96	.82	1.55	1.40	1.45	2.10	1.62	1.18	1.03	1.73	1.77	1.57	.39	.83	Caroline Bruce
1.9iii - Rate of Fit Notes issued per quarter	⇩																					Caroline Bruce
1.10 - Number of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population	⇩	39.7	16.6	35.9	35.2	25.6	19.2	23.0	26.9	25.6	27.0	28.2	23.4	23.6	30.1	25.8	29.8	32.9	20.3	25.6	34.6	Caroline Bruce
1.11 -Rate of domestic abuse incidents reported to the police, per 1,000 population	⇩	18.77	18.55	18.55	17.42	18.55	18.55	18.55	18.55	18.55	18.55	18.55	18.55	18.55	19.4	18.55	18.55	19.4	18.55	18.55	18.55	Caroline Bruce
1.12i - Age-standardised rate of emergency hospital admissions for violence per 100,000 population	⇩	57.59	33.41	37.59	54.66	31.70	34.96	70.65	39.87	55.16	58.03	49.20	17.42	51.69	23.26	61.47	23.25	63.26	39.92	53.13	50.02	Caroline Bruce
1.12ii -Rate of violence against the person offences based on police recorded crime data, per 1,000 population	⇩	11.1	11.3	10.5	11.3	11.6	10.2	15.4	12.7	15.3	17.0	11.9	10.5	10.4	13.4	13.7	8.4	16.1	11.2	16.72	11.49	Caroline Bruce

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
1.12iii - Rate of sexual offences based on police recorded crime data, per 1,000 population	⇩	1.01	0.81	0.84	.82	.89	.99	1.07	1.03	1.02	1.13	.82	.80	.99	1.51	.94	.60	1.59	1.05	1.07	1.06	Caroline Bruce
1.13i - The percentage of offenders who re-offend from a rolling 12 month cohort	⇩	26.9	25.2	23.6	27.1	24.6	22.2	26.1	25.5	24.9	27.3	22.7	23.3	24.9	29.7	28.2	24.6	28.3	23.0	28.4	25.4	Caroline Bruce
1.13ii - The average number of re-offences committed per offender from a rolling 12 month cohort	⇩	0.78	0.63	0.63	.80	.63	.57	.72	.67	.66	.77	.63	.70	.65	.90	.84	.68	.90	.59	.73	.69	Caroline Bruce
1.14i - Number of complaints per year per local authority about noise per thousand population (according to statistics collected by CIEH)	⇩	7.54	7.86	6.56	3.72	9.92	5.80	2.79	10.09	6.67	16.53	5.21	9.76	9.68	4.64	16.64	6.89	3.64	9.40	6.57	13.18	Caroline Bruce
1.14ii - The proportion of the population exposed to road and rail transport noise of 65 dB(A) or more, LAeq,16h per local authority (16h is the period 0700 – 2300)	⇩	8.01	8.36	13.64	6.63	11.13	7.80	11.74	13.10	10.57	42.42	5.02	14.15	11.15	11.29	13.33	16.80	14.84	9.01	14.65	13.29	Caroline Bruce
1.14iii - The proportion of the population exposed to road and rail transport noise of 55 dB(A) or more, Lnight (LAeq,8h) per local authority (8h is the period 2300 – 0700)	⇩	12.77	13.78	17.35	3.21	11.32	10.43	15.64	12.01	13.21	47.49	7.12	14.02	15.86	20.34	14.88	18.59	57.49	9.01	20.50	16.51	Caroline Bruce
1.15i - Homelessness acceptances (per thousand households)	⇩	2.32	2.1	4.75	2.7	3.7	4.4	4.4	5.0	2.9	6.3	1.6	3.1	1.2	3.9	4.3	3.4	1.4	2.4	6.5	5.4	Lynn Pennington
1.15ii - Households in temporary accommodation (per thousand households)	⇩	2.59	4.81	16.92	.94	6.13	5.68	15.10	17.84	5.29	10.98	6.26	7.18	1.32	1.76	19.79	2.88	1.55	2.78	29.69	5.78	Lynn Pennington
1.16 - Percentage of people using outdoor space for exercise/health reasons	⇧	17.13	16.62	20.12	29.09	13.64	11.00	11.45	13.80	5.52	5.67	.30	17.14	14.98	10.07	7.73	22.71	7.15	20.21	15.82	20.41	Marianne Locke

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
1.17 - The percentage of households estimated to be fuel poor	⇩	10.4	11.7	9.7	9.9	7.1	7.6	12.0	8.8	9.1	10.5	6.9	8.9	8.6	10.7	10.8	7.6	10.0	7.4	11.6	7.0	Caroline Bruce
1.18i - Percentage of adults social care users who have as much social contact as they would like	⇧	43.2	37.6	39.8	40.5	40.6	43.0	40.5	40.5	35.5	32.7	38.5	40.7	32.8	43.9	50.0	45.9	NA	46.6	38.7	44.1	Bernie Flaherty
1.18ii - The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".	⇧	41.3	48.7	35.8	44.0	36.0	38.1	29.1	43.9	34.0	31.1	47.8	35.8	40.2	52.2	48.2	39.0	46.4	32.4	23.9	38.8	Bernie Flaherty
1.19i - Percentage of older people (65yrs+) who feel very safe or fairly safe walking alone in their area during the day	⇧	97.46	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Bernie Flaherty
1.19ii - Percentage of older people (65yrs+) who feel very safe or fairly safe walking alone in their area after dark	⇧	61.87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Bernie Flaherty

Domain 2: Health Improvements

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
2.1 Percentage of all live births at term with low birth weight	⇩	2.8	4.22	2.91	2.62	2.26	2.33	3.10	2.95	2.85	3.35	2.53	2.90	2.16	2.81	3.97	1.55	4.00	2.86	3.97	2.94	Chris Spencer
2.2i Breastfeeding initiation	⇧	73.93	84.82	89.25	79.71	NA	NA	89.16	78.72	82.35	90.97	73.26	88.89	NA	78.53	NA	92.54	76.84	NA	86.38	92.95	Chris Spencer
2.2ii Breastfeeding prevalence at 6-8 weeks after birth	⇧	NA	NA	NA	49.3	NA	NA	NA	NA	61.92	NA	NA	76.49	NA	NA	NA	NA	NA	NA	NA	77.35	Chris Spencer
2.3 Rate of smoking at time of delivery per 100 maternities	⇩	11.99	4.6	4.4	12.61	5.87	10.37	3.34	5.48	7.99	3.49	11.41	3.74	4.9	8.45	4.13	1.91	10.36	6.06	3.2	4.63	Chris Spencer
2.4 Under 18 conception rate per 1,000 population	⇩	27.75	14.22	14.66	28.86	24.22	3.96	22.43	26.38	27.71	30.35	6.61	20.02	25.51	35.93	16.16	19.88	21.05	25.82	19.63	25.50	Chris Spencer
2.5 Child development at 2–2½ years	⇧																					Chris Spencer
2.06i - Percentage of reception children classified as overweight and obese, by child residence	⇩	22.23	21.16	23.56	23.72	21.12	26.79	22.43	26.19	21.44	23.05	20.95	16.13	21.11	22.04	20.71	16.28	22.11	20.04	22.37	22.04	Chris Spencer
2.06ii - Percentage of Year 6 children classified as overweight and obese, by child residence	⇩	33.32	34.2	33.63	34.46	31.97	39.68	37.95	39.14	34.6	39.45	35.06	30.34	35	34.45	36.26	26.12	34.08	32.98	39.81	35.2	Chris Spencer
2.7i Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years, per 10,000 resident population	⇩	103.83	89.27	69.31	86.87	61.72	107.88	91.31	75.13	85.91	76.87	100.54	75.95	83.63	85.32	67.98	93.01	101.43	103.65	85.64	116.87	Chris Spencer

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
2.7ii Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 15-24 years, per 10,000 resident population	⇩	130.65	86.93	86.94	116.71	117.43	85.91	125.19	74.33	102.46	125.31	100.81	63.75	110.47	66.24	101.82	104.09	132.63	127.54	77.84	109.10	Chris Spencer
2.8 Average total difficulties score for all looked after children aged between 4 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March	⇩	14	15.8	13	15.80	13.50	13.90	13.30	13.40	12.70	13.50	14.60	15.40	14.50	17.90	11.90	13.10	14.20	17.60	20.20	14.40	Chris Spencer
2.9 Prevalence of smoking among 15 years olds	⇩																					
2.10i Attendances at A&E for self-harm per 100,000 population	⇩																					
2.10ii Percentage of attendances at A&E for self-harm that received a psychosocial assessment	⇧																					
2.11i Proportion of the population meeting the recommended '5-A-Day'	⇧																					
2.11ii - Average number of portions of fruit consumed daily	⇧																					
2.11iii - Average number of portions of vegetables consumed daily	⇧																					
2.12 - Proportion of adults classified as overweight or obese	⇩	63.78	59.03	55.6	NA	65.01	66.13	57.29	64.16	67.23	62.84	63.32	55.11	58.28	55.29	55.41	47.6	64.12	62.48	54.32	52.23	Andrew Howe
2.13i - Percentage of physically active and inactive adults - active adults	⇧	55.58	50.74	53.9	62.91	58.12	51.91	48.68	50.67	55.45	52.61	48.59	61.53	61.98	55.92	50.05	65.58	52.26	58.35	47.34	62.21	Andrew Howe
2.13ii - Percentage of active and inactive adults - inactive adults	⇩	58.86	30.54	26.59	27.98	25.56	33.47	32.55	36.95	30.70	29.20	33.96	22.71	24.24	26.83	29.32	16.34	31.04	26.47	34.79	19.45	Andrew Howe
2.14 Prevalence of smoking among persons aged 18 years and over	⇩	18.45	12.82	15.04	13.7	16.0	18.2	14.8	15.8	16.3	13.2	18.9	16.8	13.9	17.1	13.5	11.4	22.0	15.7	16.9	16.6	Andrew Howe

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
2.15i Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of opiate users in treatment	⇧	7.76	11.46	8.59	8.58	10.90	11.07	12.52	10.03	10.87	5.57	11.63	6.27	11.11	6.12	8.03	11.55	11.31	11.73	10.70	7.05	Andrew Howe
2.15ii Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number of non-opiate users in treatment	⇧	37.66	41.39	20.39	26.89	43.97	40.96	45.48	47.25	39.73	20.77	39.91	23.33	43.23	40.96	60.19	42.19	47.83	51.15	42.83	29.42	Andrew Howe
2.16 Proportion of people assessed for substance dependence issues when entering prison who then required structured treatment and have not already received it in the community	⇩	46.87	58.11	55.45	49.27	50	69.81	54.7	63.39	54.77	57.78	53.54	48.28	50	54.9	60.2	55	50.44	36.14	54.36	62.1	Andrew Howe
2.17 Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices (17 years and over)	⇩	6.01	8.18	5.9	6.60	5.17	6.71	6.81	6.83	6.43	6.28	5.73	4.80	5.37	4.47	7.53	3.69	7.78	5.71	7.84	4.25	Andrew Howe
2.18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised)	⇩	636.85	462.47	507.29	481.88	505.62	563.06	549.51	546.06	597.08	547.24	442.49	386.41	501.59	511.34	522.89	430.81	541.98	514.55	517.78	529.18	Andrew Howe
2.19 Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed	⇧	41.6	NA	NA	60.33	NA	41.24	NA	39.98	NA	NA	48.22	NA	35.96	NA	42.25	NA	NA	NA	NA	NA	Harrow CCG
2.20i The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	⇧	75.9	74.45	71.23	75.27	74.30	77.71	67.64	72.41	70.77	67.70	77.31	69.28	69.61	74.33	72.41	70.34	70.04	75.17	67.38	61.15	NHSE
2.20ii The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	⇧	74.16	65.33	68.84	75.39	75.64	76.97	64.38	72.38	67.12	65.29	74.93	69.48	73.28	71.41	69.58	71.92	68.54	75.60	67.46	73.94	NHSE

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2.21i HIV coverage: The percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result	□																					
2.21ii Syphilis, hepatitis B and susceptibility to rubella uptake: The percentage of women booked for antenatal care, as reported by maternity services, who have a screening test for syphilis, hepatitis B and susceptibility to rubella leading to a conclusive result	□																					
2.21iii The percentage of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report	□																					
2.21iv The percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for new-born blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe.	□																					
2.21v The percentage of babies eligible for new-born hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes – well babies, all programmes – NICU babies) or 5 weeks corrected age (community programmes – well babies)	□																					
2.21vi The percentage of babies eligible for the new-born physical examination who were tested within 72 hours of birth	□																					
2.21vii - Access to non-cancer screening programmes - diabetic retinopathy	⇧	79.15	81.66	80.71	NA	86.87	84.55	73.98	74.59	73.00	73.54	75.51	78.26	NA	73.26	77.69	86.51	74.73	NA	77.58	80.65	NHSE
2.22i Percentage of eligible population aged 40-74 offered an NHS Health Check in the financial year	⇧	16.5	16.2	16	35.72	23.11	NA	22.28	16.05	9.25	12.65	NA	14.27	21.35	15.82	16.69	28.69	5.83	21.35	20.16	NA	Andrew Howe

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2.22ii Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year	⇧	49.1	46.7	25.9	59.74	39.11	NA	62.90	43.17	56.11	64.33	NA	73.99	55.26	43.51	52.32	33.95	44.84	55.26	61.68	NA	Andrew Howe
2.22iii Percentage of eligible population offered an NHS health check (5 year cumulative)	□	18.45	11.75	16.08	18.47	25.92	19.56	22.08	21.50	11.23	18.09	20.21	44.39	23.15	25.61	12.94	25.42	21.94	20.02	16.64	24.04	Andrew Howe
2.22iv Percentage of eligible population offered an NHS health check who received an NHS health check (5 year cumulative)	□	48.96	56.41	37.31	68.74	37.83	38.25	75.60	34.91	71.99	46.94	45.05	41.06	57.86	47.75	78.35	44.23	49.14	40.63	51.39	74.78	Andrew Howe
2.22v Percentage of eligible population who received an NHS Health Check (5 year cumulative)	□	9.03	6.63	6	12.70	9.80	7.48	16.69	7.51	8.08	8.49	9.11	18.22	13.49	12.23	10.13	11.24	10.78	8.14	8.55	17.98	Andrew Howe
2.23i The percentage of respondents scoring 0-6 to the question “Overall, how satisfied are you with your life nowadays?”	⇩	5.77	6.74	5.97	NA	5.97	5.97	5.97	5.97	5.97	5.97	5.97	5.97	6.90	4.43	6.52	5.97	6.78	5.97	4.73	6.71	Andrew Howe
2.23ii The percentage of respondents scoring 0-6 to the question “Overall, to what extent do you feel the things you do in your life are worthwhile?”	⇩	4.36	4.08	4.08	NA	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	3.57	4.08	4.08	NA	4.08	4.08	4.36	Andrew Howe
2.23iii The percentage of respondents who answered 0-6 to the question “Overall, how happy did you feel yesterday?”	⇩	10.36	10.48	8.17	13.53	7.59	12.07	9.06	6.69	8.19	10.79	13.65	10.69	14.11	7.59	10.63	7.67	12.87	10.50	10.99	7.74	Andrew Howe
2.23iv The percentage of respondents scoring 4-10 to the question “Overall, how anxious did you feel yesterday?”	⇩	20.98	19.81	15.88	22.62	23.59	22.74	27.34	12.00	21.66	24.82	21.95	20.56	26.27	21.98	21.70	25.44	25.23	20.66	19.46	22.53	Andrew Howe
2.24i Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population	⇩	2,419.93	2104.24	2265.34	1883.08	1623.05	2135.60	2923.26	1441.75	2375.70	2522.12	2276.52	1630.45	2431.90	1584.84	2193.37	2032.55	2190.21	2438.21	2285.50	3110.99	Bernie Flaherty

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2.24ii Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 to 79 per 100,000 population	⇩	975.03	986.62	1085.78	882.63	731.70	858.41	1595.39	544.32	1104.16	1345.76	928.30	789.56	1096.36	755.05	945.59	1039.40	991.42	926.07	1118.17	1459.77	Bernie Flahert y
2.24iii Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 80 and over per 100,000 population	⇩	5,015.33	5345.30	5686.07	4784.39	4207.94	4462.07	6774.07	4044.30	6063.15	5933.55	5051.39	4096.06	6304.98	3991.23	5811.94	4912.69	5666.70	6823.44	5670.76	6169.79	Bernie Flahert y

Domain 3: Health Protection

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
3.1 Fraction of annual all-cause adult mortality attributable to long term exposure to current levels of anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5*)	⇩	5.1	6.1	6.4	5.20	5.60	6.00	6.80	6.30	6.20	6.50	5.90	6.10	6.20	5.70	6.60	6.10	6.40	5.80	6.90	6.60	Caroline Bruce
3.2 Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24	⇩	2,125.0	1201.0	1492.0	2635.0	1778.8	1175.2	1655.1	1713.6	1509.1	2206.0	1516.8	1647.7	1987.8	2212.2	1650.3	1502.1	2007.6	2001.0	2579.5	2618.9	Andrew Howe
3.2ii Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24	⇩	2,633.5	1087.4	1098.1	2992.5	1688.8	1764.6	1391.8	1462.7	1484.8	1696.5	2150.9	1585.4	2063.4	2888.4	1175.7	-	1758.9	1997.1	1990.7	4755.3	Andrew Howe
3.3i Hepatitis B vaccination coverage (1 Year old)	⇧	NA	NA	68.4	40.0	100.0	100.0	82.9	48.28	100.0	69.2	50.0	88.9	66.7	100	77.8	NA	100	66.7	NA	90.9	NHSE

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	**Wandsworth**	Responsible Director (Harrow)
3.3i Hepatitis B vaccination coverage (2 Year old)	⇧	NA	NA	50.0	NA	100.0	82.4	80.8	29.41	100.0	45.0	37.5	12.5	90.0	82.6	72.7	40.0	84.38	90.0		85.2	NHSE
3.3ii BCG vaccination coverage (aged under 1 year)	⇧																					NHSE
3.3iii DTaP/IPV/Hib vaccination coverage (1, 2 and 5 year olds)	⇧	94.7	95.48	91.76	97.15	95.01	95.06	95.28	86.32	94.78	92.24	92.94	93.98	82.58	94.18	93.57	93.9	93.08	82.58	95.74	92.24	NHSE
	⇧	96.3	96.6	94.3	98.2	96.0	96.4	96.8	90.5	96.3	93.7	95.8	96.0	89.2	96.64	94.8	95.1	94.44	89.2	95.9	91.2	NHSE
3.3iv MenC vaccination coverage (1 year olds)	⇧	93.9	95.0	91.4	96.3	94.9	95.0	93.5	85.5	93.2	86.7	92.0	92.8	83.6	92.91	91.5	92.0	92.32	83.6	95.0	91.2	NHSE
3.3v PCV vaccination coverage (1 year olds)	⇧	94.4	95.9	92.3	96.9	94.5	95.0	94.1	85.9	94.3	91.6	92.6	93.6	83.2	93.5	92.5	93.5	92.7	81.6	95.5	91.9	NHSE
3.3vi Hib/MenC booster vaccination coverage (2 and 5 year olds)	⇧	92.7	92.5	87.8	95.6	90.5	91.2	90.1	83.5	91.8	88.6	92.4	85.5	80.3	93.54	89.1	87.3	88.55	80.3	93.0	83.0	NHSE
	⇧	91.5	91.1	86.9	95.6	91.6	93.9	90.0	84.4	91.8	89.7	91.2	87.2	75.7	91.07	87.1	87.0	90.16	75.7	91.0	82.9	NHSE
3.3vii PCV booster vaccination coverage (2 year olds)	⇧	92.5	90.5	88.3	95.3	90.3	89.3	88.8	83.2	91.0	87.6	91.5	88.4	80.2	93.58	88.8	87.5	88.52	80.2	91.3	81.4	NHSE

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	**Wandsworth**	Responsible Director (Harrow)
3.3viii MMR vaccination coverage for one dose (2 year olds)	⇧	92.3	92.5	87.8	94.0	90.6	88.5	89.3	82.8	90.8	87.7	91.3	88.6	80.7	94.52	89.8	88.0	89.19	80.7	91.8	82.8	NHSE
3.3ix MMR vaccination coverage for one dose (5 year olds)	⇧	93.9	94.6	92.3	95.2	94.0	93.7	94.1	87.2	93.6	93.4	90.7	91.8	82.1	95.14	90.9	91.4	91.91	82.1	94.4	88.5	NHSE
3.3x MMR vaccination coverage for two doses (5 year olds)	⇧	87.72	89.0	78.1	92.1	87.5	88.1	82.5	74.0	89.0	77.4	87.1	83.7	68.9	90.91	80.1	79.5	82.28	68.9	88.4	78.9	NHSE
3.3xi Td/IPV booster vaccination coverage (13-18 year olds)	⇧																					NHSE
3.3xii HPV vaccination coverage (females 12-13 year olds)	⇧	86.08	85.37	66.21	90.28	83.94	76.04	79.04	74.51	86.99	87.33	86.47	83.70	82.71	84.43	75.70	78.51	85.88	82.71	83.20	69.82	NHSE
3.3xiii PPV vaccination coverage (aged 65 and over)	⇧	69.09	65.44	67.35	69.01	61.68	65.72	67.67	68.27	64.82	66.22	65.97	69.51	58.33	74.60	66.59	67.69	69.50	58.33	70.62	56.84	NHSE
3.3xiv Flu vaccination coverage (aged 65 and over)	⇧	73.38	71.32	74.34	72.88	73.48	69.59	67.86	73.28	71.07	67.55	71.78	69.00	70.40	75.86	74.05	75.15	71.59	70.40	72.70	71.33	NHSE
3.3xv Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding pregnant women)	⇧	51.52	46.95	50.23	46.56	45.49	49.18	49.85	51.77	53.03	46.10	54.22	48.81	50.26	56.37	50.02	52.51	52.83	50.26	57.06	50.01	NHSE
3.4 Proportion of persons presenting with HIV at a late stage of infection	⇩	49.99	51.22	53.57	65.79	42.68	63.86	53.70	55.12	56.88	56.41	53.85	47.37	47.79	50.00	60.42	42.31	56.76	55.77	50.22	42.42	Andrew Howe

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
3.5i The percentage of people completing treatment for tuberculosis within 12 months prior to 31st December, of all those whose case was notified the previous year	⇧	82.80	85.00	90.80	83.30	90.50	82.90	85.60	77.60	88.40	82.20	NA	90.00	87.30	96.10	90.70		91.70	100.00	86.10	75.60	Harrow CCG
3.5ii TB incidence per 100,000 population	⇩	15.13	66.09	30.02	16.51	11.31	11.64	69.14	26.56	47.82	74.42	8.01	13.74	32.05	32.76	54.13	8.02	56.35	16.30	98.32	29.97	Andrew Howe
3.6 Percentage of NHS organisations with a board approved sustainable development management plan	⇧	41.61	50.00	16.67	80.00	40.00	50.00	57.14	20.00	20.00	50.00	40.00	42.86	71.43	42.86	50.00	37.50	60.00	66.67	42.86	50.00	Harrow CCG
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents	□																					

Domain 4: Healthcare, public health and preventing premature mortality

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
4.1 Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births	⇩	4.11	5.87	3.01	5.69	1.94	2.60	3.54	5.76	3.97	4.41	4.65	3.61	4.46	4.52	3.75	2.71	5.40	2.33	4.68	3.76	Chris Spencer

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
4.2 Rate of tooth decay in children aged 5 years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth (dmft)	⇩	.94	1.36	.86	.83	.52	NA	1.67	2.05	1.51	1.08	.54	.53	.92	1.43	.96	.40	1.65	.80	1.81	.84	Chris Spencer
4.3 Age-standardised rate of mortality from causes considered preventable per 100,000 population	⇩	138.01	132.14	137.71	176.49	145.59	165.09	166.08	151.03	169.31	179.06	162.47	147.82	160.93	195.37	141.15	137.93	203.61	159.67	165.01	180.32	Andrew Howe
4.4i Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	⇩	78.21	70.31	62.88	73.06	64.38	68.29	84.12	73.68	78.30	83.83	72.43	69.17	80.22	91.06	76.75	55.93	106.32	63.12	93.50	87.25	Andrew Howe
4.4ii Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	⇩	50.89	46.4	39.74	49.55	39.79	43.57	54.64	47.17	48.99	55.03	49.35	46.42	45.73	60.27	47.91	35.69	71.71	35.75	56.36	50.90	Andrew Howe
4.5i Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	⇩	144.36	104.0	118.02	131.93	125.99	139.50	132.08	128.84	139.34	134.87	141.38	122.10	133.45	139.78	123.23	123.54	146.34	141.77	128.39	145.26	Andrew Howe
4.5ii Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years of age per 100,000 population	⇩	83.76	61.29	65.99	75.09	70.78	82.54	72.94	72.86	78.34	78.95	75.90	69.42	73.79	75.05	64.26	66.99	83.84	79.33	72.14	82.34	Andrew Howe
4.6i Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population	⇩	17.91	12.48	12.21	21.28	13.61	15.01	18.65	14.55	17.82	21.53	15.32	14.77	13.28	25.40	19.23	17.54	19.05	16.55	18.14	17.81	Andrew Howe
4.6ii Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population	⇩	15.7	9.87	11.07	17.87	12.30	13.50	16.04	12.60	16.50	19.31	12.88	12.26	11.53	21.41	16.33	16.57	13.59	16.13	15.38	15.66	Andrew Howe
4.7i Age-standardised rate of mortality from respiratory diseases in persons less than 75 years of age per 100,000 population	⇩	33.17	25.75	23	35.44	22.44	26.93	30.53	28.91	30.91	34.01	31.15	24.71	28.37	35.21	25.60	23.34	35.97	29.82	26.49	32.28	Andrew Howe

PHOF Indicator	Polarity	England	Harrow	Barnet	Bedford	Bromley	Bexley	Ealing	Enfield	Hillingdon	Hounslow	Havering	Kingston	Merton	Reading	Redbridge	Richmond	Slough	Sutton	Brent	Wandsworth	Responsible Director (Harrow)
4.7ii Age-standardised rate of mortality that is considered preventable from respiratory diseases in persons less than 75 years of age per 100,000 population	⇩	17.85	8.97	10.75	17.17	13.73	15.88	13.44	13.54	17.52	18.66	16.15	12.67	15.28	18.34	7.64	12.23	20.70	18.05	10.67	16.70	Andrew Howe
4.8 Age-standardised mortality rate from communicable diseases per 100,000 population	⇩	62.23	68.76	59.61	65.27	53.58	55.03	73.06	59.91	69.53	80.33	65.96	65.32	62.26	91.25	74.22	60.21	72.80	58.25	61.14	64.28	Andrew Howe
4.9 Excess mortality rate in adults with serious mental illness, ages under 75, per 100,000 population	⇩	337.4	158.9	222.9	336.50	284.30	303.60	334.60	246.30	270.30	309.30	310.10	453.80	355.60	375.90	256.70	312.40	415.60	351.20	300	427.8	Bernie Flaherty
4.10 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	⇩	8.77	4.99	5.7	9.09	7.21	8.85	7.80	5.70	7.78	5.87	6.92	7.04	7.88	8.31	6.09	6.45	9.55	7.25	7.20	8.69	Bernie Flaherty
4.11 Indirectly standardised percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission	⇩	11.78	12.07	11.73	10.44	11.58	11.14	12.30	10.33	12.26	12.75	12.13	11.39	11.28	11.07	12.85	11.59	13.44	12.4	12.06	11.16	Bernie Flaherty
4.12i Crude rate of sight loss due to Age Related Macular Degeneration (AMD) in persons aged 65 and over per 100,000 population	⇩	104.38	92.12	75.06	84.39	99.74	77.88	72.10	44.87	62.75	115.05	84.18	32.93	122.03	135.36	69.84	94.01	221.34	166.92	71.17	89.94	Bernie Flaherty
4.12ii Crude rate of sight loss due to glaucoma in persons aged 40 and over per 100,000 population	⇩	12.46	23.9	9.54	29.30	13.77	6.98	16.02	6.63	12.49	24.54	7.32	NA	11.93	11.36	12.88	12.23	21.00	15.16	13.81	13.28	Bernie Flaherty
4.12iii Crude rate of sight loss due to Diabetic Eye Disease in persons aged 12 and over per 100,000 population	⇩	3.47	5.35	4.92	10.34	1.87	NA	3.85	2.29	4.65	5.53	NA	NA	4.11	6.79	4.25	NA	13.99	6.09	4.53	1.88	Bernie Flaherty
4.12iv Crude rate of sight loss certifications per 100,000 population	⇩	42.34	45.8	33.52	58.41	38.85	31.16	30.23	23.01	24.84	43.62	35.04	17.69	43.02	40.74	31.97	30.14	57.81	63.52	33.37	29.52	Bernie Flaherty

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4.13 Average health status score for adults aged 65 and over	⇧	0.73	0.72	0.74	0.73	0.76	0.73	0.7	0.71	0.73	0.71	0.73	0.75	0.73	0.75	0.7	0.77	0.73	0.75	0.7	0.72	Bernie Flaherty
4.14i Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population	⇩	568.13	503.34	538.16	452.06	496.81	565.61	8.88	505.90	555.13	559.72	541.49	532.36	510.46	589.73	617.07	518.51	595.58	536.93	403.06	569.35	Bernie Flaherty
4.14ii Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 to 79 per 100,000 population	⇩	237.29	249.53	209.7	212.89	197.36	224.85	244.66	156.66	257.38	243.81	218.89	184.18	186.84	254.24	227.41	259.54	213.80	146.48	160.06	232.81	Bernie Flaherty
4.14iii Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 80 and over per 100,000 population	⇩	1,527.55	1239.39	1481.45	1661.37	1365.21	1553.80	1119.12	1518.69	1418.62	1475.88	1477.01	1542.10	1448.96	1747.07	1523.57	1269.54	1702.76	1669.24	1107.75	1545.31	Bernie Flaherty
4.15i - Excess Winter Deaths Index (single year, 01/08/2011 to 31/07/2012+1): The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	⇩	15.8	17.8	21.7	15.9	21.2	20.27	27.6	29.3	19	19.9	20.21	20.5	15	16.9	14.3	11.6	20.9	15.6	8.19	26.7	Bernie Flaherty
4.15ii - Excess Winter Deaths Index (single year, ages 85+): The ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over.	⇩	21.22	32.90	17.68	2.27	23.26	40.36	26.32	32.39	10.12	34.04	21.82	38.40	-.72	34.51	25.85	24.57	31.25	14.37	6.35	40.30	Bernie Flaherty
4.15iii- Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	⇩	16.45	15.52	20.15	13.57	23.82	16.75	18.7	21.79	20.06	21.29	17.68	20.99	16.13	27.44	13.19	12.51	14.09	15.8	14.36	25.3	Bernie Flaherty

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4.15iv - Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over.	⇩	22.59	25.83	28.78	16.11	28.01	28.76	31.03	32.3	17.1	17.91	23.85	30.76	12.57	37.94	25.57	22.36	25.59	17.53	20.83	30.22	Bernie Flaherty

Appendix 6: Joint work within the Council and with partners

Harrow

Worked with 19 organisations/ departments from NHS, Harrow Council and Third Sector to deliver a '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 the cross 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 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
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
Harrow Partnership for School Improvement – joint training for schools to obtain Healthy Schools London Award. Schools engagement has lead 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, Community Safety, Harrow Council Census Team to deliver various work including Vitality Profiles and the public health information web site
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 haters and duvets.
Community Growing - worked with Council Public Realm team to identify sites (Cedars Manor, Kenmore, Wealds and Belmont); 96 volunteers currently engaged with the growing activity with 25 being provided sustainable training on growing; and successful integration of community growing focus into Harrow's long established Harrow Council Estates in Bloom (now re-titled *Harrow in Bloom)* annual growing.
Promoting Mental Health and Wellbeing through Purposeful Activity - Older People Commissioning Service – 2 days training delivered to 44 care staff across the 25 Council's commissioned care homes in Harrow by Occupational Therapist specialist.

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 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 Public Health England dental health consultant.
Barnet Partnership for School Sports (BPSS) outcome - schools access well being programme resources. 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