Public Health (PH) – Q4 2015/16 reported in Q1 2016/17

1. SUMMARY

1.1 DELIVERY UNIT DASHBOARD

Financial	
Projected year-end revenue budget variance	Capital actual variance
0	

	Q4 Performance	2015/16 Commissioning Intentions
Green rated	67% (24)	25% (3)
Green Amber rated	3% (1)	42% (5)
Red Amber rated	0% (0)	33% (4)
Red rated	31% (11)	0% (0)

1.2 TOP ACHIEVEMENTS AND ACTIONS IN Q4

Top achievements
Sexual Health Services We held a market engagement event to give information to providers regarding the procurement services in Barnet, alongside other local authorities in the region (Camden, Islington, Hackney & City, and Haringey). The event was well attended and providers understood the vision commissioners have for new services. This was very good for all London commissioners, as the vision for new services can only come to fruition through providers recognising the potential and feasibility of such services. The procurement of new reproductive and sexual health services is on target, and the draft national specification is complete. Barnet commissioners will be localising this with consideration of the needs of residents as specified in the Barnet sexual health services review and the Barnet sexual health strategy 2015–20.
NHS Health Checks We have almost finalised all invoices. This has been a huge task given the lack of data, and the new team has worked hard to complete it. We have also substantially rewritten the specification, which will be issued very shortly. In addition, we are recruiting to the new post for GP/pharmacy liaison; interviews are being held on 30 June and 4 July 2016. A training day has been arranged for 5 July 2016 to train more staff on delivery and keep up as much momentum as possible in the current challenging circumstances.

Top achievements
Smoking Cessation We have continued to provide support to GP practices and pharmacies despite not having any specialist service in Barnet. The purchase of a few selected resources from the Harrow specialist team has assisted this support.
Barnet Adult Substance Misuse Service Employment outcomes following successful completion of treatment for opiate clients were encouraging: the percentage of clients who, on exit from the service, were working more than 10 days in the last 28 days was 38.7%, higher than the national average of 24%.

Key challenges	Actions required
Sub-regional procurement of sexual health services	Keeping to timelines with other interdependences and working to tight deadlines to ensure that new services are in place by 1 April 2017.
Smoking cessation and the lack of specialist service	Without a specialist service it is very difficult to deliver an effective service. The options paper on service delivery will be published by September 2016 and will help improve delivery.
Barnet Young People's Substance Misuse Service	The number of young people in specialist treatment is down 22% from baseline, compared with a 7% fall nationally. Planned exits of 71% are now below the national planned exit rate of 79%. A new treatment and recovery pathway will commence on 1 September 2016 and will prioritise outreach, engagement, and joint working with children and family services, the youth offending team, school nursing and colleges, in order to increase referrals into treatment and successful completions of care. In the interim, the current provider is developing a performance action plan.

1.3 SUMMARY OF THE DELIVERY UNIT'S 2015/16 END-OF-YEAR PERFORMANCE

	End-of year outturn RAG						Annual Direction of Travel			No. of indicators reported in 2015/16
	Green	Green Amber	Red Amber	Red	Total RAG ratings	Monitor	Improving or the same	Worsening	Not applicable*	
Strategic	7	0	0	2	9	0	4	3	2	9
Critical	11	3	1	1	16	10	6	3	18	27
Overall	**50% (18)**	**8% (3)**	**3% (1)**	**8% (3)**	**69% (25)**	**28% (10)**	**28% (10)**	**17% (6)**	**56% (20)**	**36**

*The indicator was not measured in 2014/15 so direction of travel cannot be calculated, or the 2015/16 end-of year outturn cannot be calculated because of overlap amongst quarterly outturns (due to the calculation methodology used for these externally sourced values).

Adult drug and alcohol treatment

A new substance misuse service commenced in October 2015, delivering an integrated treatment and recovery pathway with one main provider, WDP. Specialist recovery practitioners assess clients, establish goals, coordinate input from many different agencies (including family support, health, social care, criminal justice, housing, training and employment), and work with clients to reduce the risk of relapse. While KPIs for alcohol addiction treatment (PH/C12 &PH/C16) and non-opiates treatment without re-presentation (PH/C29) performed well in 2015/16, other drug treatment KPIs did not, so a detailed recovery plan and additional performance monitoring systems were instigated with the new provider.

Alcohol intervention and brief advice

In October 2015, provision of intervention and brief advice (IBA) for alcohol became the responsibility of a new drug and alcohol treatment provider WDP, which committed to undertaking alcohol IBAs in pharmacies, accident and emergency (A&E) departments, criminal justice settings and other community contexts (including street drinking). The new provider switched to a more time-intensive but effective IBA method and also undertook IBAs on all their existing substance misuse clients (in a drive for best practice), resulting in a Q3 activity spike which could not be repeated in Q4 (as IBAs should not be repeated on the same person, in the short term). WDP also invested staff time developing new alcohol intervention services within the Royal Free and Barnet Hospitals (including a hospital alcohol liaison nurse; see details later in this report). Performance is expected to improve from early 2016/17 onwards as investment in these new innovations begins to bear fruit.

Schools wellbeing

Barnet's school wellbeing programme delivered exceptional performance in 2015/16. School registrations with the Healthy Schools London (HSL) scheme greatly exceeded their target (25 schools registered in 2015/16; the target was 15). Annual targets were also exceeded for HSL gold awards (achieved by 4 schools) and bronze awards (18 schools); the number of silver awards (5 schools) was only 1 short of its target of 6.

Barnet performed highly throughout the year for HSL activity, compared with other London boroughs. At the point of Q4 2015/16 reporting, Barnet had the highest number of HSL-registered schools in London (95 schools) and was joint second of all 33 London boroughs for Gold awards, third for Silver awards and fifth for Bronze awards.

The Healthy Schools co-ordinator will continue to liaise with Barnet schools in 2016/17 to increase HSL uptake even more and encourage additional health and wellbeing activity in schools.

Although Children's Centres healthy eating workshops (KPI PH/C24) greatly surpassed their annual target in 2015/16, Q4 activity figures were obscured by discrepancies in the provider's reporting. When challenged, the provider admitted that they had broadened their definition of what constituted a 'workshop', between Q3 and Q4, resulting in a much higher outturn figure for Q4 ("317", representing formal workshops plus sessions previously not described as such) compared with Q1 (79 workshops), Q2 (65 workshops) and Q3 (62 workshops). The provider was unable retrospectively to supply a detailed break-down of different activity types in Q1 to Q3, so comparable figures could not be established for those quarters. This means that end-of-year activity for healthy eating workshops cannot be accurately established. However, the annual target of 78 workshops was exceeded almost three-fold by activity in Q1, Q2 and Q3 alone (206 workshops over three quarters), so broadening of the definition does not jeopardise the general 2016/17 achievement for this activity, which remains excellent.

Child and adult weight management

The Barnet Child Weight Management Programme had a very successful year in 2015/16, and was praised as "excellent" by the Chief Nurse of Public Health England during a site visit. The Programme was launched in Q1 2015/16, and by Q4 8 Barnet venues were offering two tier 2 (i.e. targeted) child weight management programmes: 'Alive N Kicking' and 'School Time Obesity Programme' ('STOP'). These programmes engaged 484 children in 2015/16, and most of the overweight children who completed the programmes either lost weight or ceased to gain additional weight. Specialist, individual support is provided (as a tier 3 service) for very overweight children. The public health team continues to identify Barnet schools with the highest levels of obesity, based on evidence from the National Child Measurement Programme (NCMP), and work with them to promote integration of appropriate health and wellbeing services. Public Health also works with GP practices to raise awareness of the Barnet Children's Obesity Pathway among primary care staff.

There has been good progress on adult weight management in 2015/16, led by the adult obesity pathway group. Preparatory work has been completed, the tier 2 (targeted intervention) service specification has been finalised, and procurement will begin shortly. Public health has met with local practitioners to discuss integration of the Tier 2 service with existing post-Health-Check and leisure services. A new Public Health Strategist (appointed February 2016) is planning a tier 3 (specialist intervention) option and coordinating strategy development. Engagement with the Clinical Commissioning Group (CCG) has been positive and we look forward to more progress early in 2016/17.

The Barnet Healthier Catering Commitment, now in its third year, is a voluntary scheme which recognises food outlets that take simple steps to offer healthier food options. Service leads from Re described Q4 activity for this scheme as follows; "A minimum of 50 restaurants/takeaways were approached in the previous quarter to encourage healthier catering and entry to the HCC award scheme. Four clear candidates identified for conversion to the HCC scheme will now be taken through the process as part of the next financial year 2016/17 plan. The delay has been necessary to allow the settling in of the identified Public Health personnel scheduled to take up post in April 2016. In the meantime Public Health developed printed, local publicity/guidance material which it was felt was an essential precursor to the "conversion". Through conversations with peers in London Boroughs it has been recognised that the conversion process will take much longer and be more unpredictable where businesses are not close to meeting the standard. This knowledge will be built into the 2016/17 plan."

Community emotional wellbeing

Several innovative programmes have addressed Barnet community emotional wellbeing in 2015/16. The Community Centred Practices initiative has selected appropriate participating GP practices, and the provider has engaged a coordinator to provide training. A family and perinatal health coaching service has commenced, working in partnership with Children's Services. A training programme was conducted to help relevant professionals recognise and reduce the risk of suicidality and self-harm in young people. Finally, Barnet is participating in the London Digital Mental Wellbeing Service, on schedule for its October 2016 launch, which will provide online, instantly accessible self-assessment and self-help tools

Sexual health

Sexual health performance improved over 2015/16, and by Q4 all three sexual health KPIs had exceeded their quarterly target. This success followed on from provider payment changes which incentivised good performance.

During the year, the Barnet public health team has worked in collaboration with other boroughs and partners to design and deliver better, more cost-effective sexual health services.

Team members have played leadership roles in the London Sexual Health Transformation Programme (together with other North Central London sub-region boroughs), due for implementation April 2017, and have worked to develop and procure more appropriate, accessible, integrated contraception and sexual health services. The new programme will include specific young person's service provision and educational outreach. Work has been guided by a review of residents' and stakeholders' experiences and views.

Barnet has joined forces with 22 other London boroughs to procure a web-based sexual health service, providing easier, more private access to sexually transmitted infection (STI) testing kits and acting as a central triage system signposting users to local resources.

Barnet has also contributed expert support to the development of a national HIV home sampling service, now in operation since November 2015, which aims to reduce new HIV infections and late diagnoses. Public health team members have also worked with Boots pharmacy outlets to supply HIV test kits to Barnet residents who prefer not to receive kits at home.

Making Every Contact Count

Making Every Contact Count (MECC) is a new public health approach which seeks to deliver health improvement and health protection messages and interventions via existing social and community contacts.

Implementation of the Barnet Making Every Contact Count (MECC) programme was delayed in 2015/16 because the formal tendering exercise received no applications, despite previous, informal interest from prospective providers. Following this, all organisations which had shown initial interest were contacted, delivery options were reconsidered, specifications were rewritten, and new providers were sought. The project still aims to issue a provider contract by September 2016.

Support for self-management by people with long-term conditions

In 2015/16, a range of new, creative joint working projects were investigated with the aim of supporting and encouraging people with long-term health conditions to better manage their health. These include 'Healthy Living Pharmacies' (i.e. working with pharmacy partners to monitor medication, dispense expert health advice and provide some health assessment services), 'Health Champions' (volunteer GP patient liaison workers), structured diabetes education, and 'Visbuzz' (provision of simple digital tablet devices to counter social isolation).

Much of this proposed work required collaboration with the Barnet Clinical Commissioning Group (CCG), which unfortunately was not in a position to provide the necessary support.

However, the Visbuzz scheme was successfully launched: funding for 100 tablets was secured from the London Council's Capital Ambition programme, training was held in March 2016 and referrals began in the same month.

The Winter Well project continued on from 2014/15 activity, and aimed to reduce the harmful effects of cold weather on the health of Barnet residents, primarily vulnerable people living in owner-occupied or privately rented accommodation. Service leads from Re described 2015/16 activity for this project as follows: "241 professionals and 895 residents were briefed on the need to stay warm and well this winter and how to help themselves and their friends and relatives to do this. A full report on the project activities and outcomes will be produced at the end of the 2015/16 winter season. 49 Winter Well packs were given out to vulnerable people to support them in the colder weather. There were 39 service requests for advice and assistance from Winter Well. Winter Well

Grants were completed in 8 cases. The winner of NEA (National Energy Action - an independent UK charity) funding to support this programme has been very beneficial and this funding will continue for the next 12 months. Issues arose with the ability of the Red Cross to refer clients across to the scheme on hospital discharge. Discussions are continuing and the situation is improving gradually. A full report on the project activities and outcomes will be produced early in the new financial year."

Support for employment of people with mental health needs

People with mental health problems are less likely to find and keep employment, compounding the inequalities they face. In 2015/16 Barnet public health commissioned employment support for jobless people with mental health problems via two targeted programmes: Motivation And Psychological Support (MAPs) for people with common mental illness; and Individual Placement and Support (IPS) for people with severe mental illness. The two programmes support clients to access mental and physical health services, increase their employability, and find and keep jobs they want. The MAPS and IPS programmes were provided by Future Path and Twining, respectively, as part of the West London Alliance Mental Health & Employment Trailblazer project. The two programmes worked in partnership with: Job Centres; employers and social investors; Barnet, Enfield & Haringey Mental Health Trust; Mental Health Key Workers; Housing and Benefit Task Force; and Youth Offending and Troubled Families Teams. The two programmes were very popular with clients, and waiting lists were established. Monitoring reports showed that the MAPS and IPS schemes were far more successful in securing client jobs than were existing employment support services. The achievements of both schemes were externally acknowledged during the year: the MAPS scheme attracted a visit from the Public Health England Chief Executive Duncan Selbie, and the IPS scheme was awarded Centre of Excellence status by the Centre for Mental Health Excellence.

Over the financial year, the MAPS scheme (KPI PH/S9) exactly achieved its yearly performance target: 204 people accessed the scheme. The IPS scheme (KPI PH/S10) fell short: 87 people accessed the scheme, below the target of 146; this was mainly due to a two-month delay in commencement. An IPS recovery plan has been developed which aims to redress the shortfall by March 2017. We are confident that the future performance target will be met, as current performance conforms to national benchmarks and the programme adheres closely to an (evidence-based) operational model which is proven to deliver cost-effective results.

Smoking cessation

Improving smoking cessation rates has been a challenge in 2015/16 and will continue to be so for the remainder of 2016/17.

The Barnet specialist Stop Smoking Service ceased in April 2015 (following de-commissioning of the old provider) and was replaced by an interim, non-specialist, 'skeleton' service delivered by existing accredited pharmacy and GP providers. These individual providers were encouraged to improve their performance via online accredited training (with the National Centre for Smoking Cessation & Training), attendance at neighbouring boroughs' training events, and participation in well-received provider update events. Providers' accreditation was audited during the year, selected resources were purchased from the Harrow public health team, and all providers were offered support for any aspect of their service. Willing but understaffed GP Practices were matched with nearby pharmacy smoking cessation providers to facilitate referrals. The Harrow Stop Smoking Service provided general staff training as well as specific training in the use of QuitManager, the activity reporting system.

A new Public Health Commissioning Manager started work in March 2016. He has researched an options appraisal paper (due for publication September 2016) proposing a number of possible service models, chosen based on best practice and value for money, in order to inform service redesign. Once the best service model is selected, the new model will be implemented.

Finance and activity reporting systems proved problematic in 2015/16. Some providers were reluctant to use the online activity reporting system provided (for GPs this was a 'stand-alone' system and required a separate log-in and re-entry of all patient data) so quarterly activity was probably under-reported. Public health staff are currently working with QuitManager designers to develop a solution which enables QuitManager forms to be embedded within the GP EMIS database (the existing patient database used by GP practices). One other local authority has already done this and we are aiming to replicate their success.

A new Health Check/Smoking Cessation Co-ordinator was appointed in July 2016 and it is hoped they will be able to start work in September 2016. Their initial focus will be on Health Checks. However, even if only limited smoking cessation work is possible in Q3 and Q4 2016/17, we are expecting that the new Co-ordinator's work will have an effect from Q4 2016/17 at the latest.

The Tobacco Project promotes compliance with smoke-free legislation and sales legislation, with a greater focus on shisha premises. Service leads from Re described Q4 activity for this project as follows. "271 compliance check visits were carried out this quarter to public premises where smoke free legislation applies. No cigarette or shisha smoking was identified except at one existing shisha café in a Council park. A warning was given and property services were advised and asked to take action as this is a breach of tenancy agreements. It can be safely concluded, we believe, that cigarette smoking in prohibited public and work places is very rare and that the relevant issue in Barnet is the growing prevalence of shisha smoking, particularly in non-compliant premises. Six shisha outlet inspections were also carried out this quarter. Four were undertaken with HMRC and at three of them non-duty paid shisha tobacco was seized. Two of the three have since closed down and one was an otherwise compliant premises. In March, a report on shisha control was submitted to the Health and Wellbeing Barnet Board by Barnet and Harrow Public Health with major contributions from Re Environmental Health and Trading Standards. The report was well received and all recommendations were approved, namely, a multi-pronged approach of health education and promotion, regulation and influencing local planning policy to tackle the growing use of shisha in Barnet. The Board approved the formation of a Task and Finish group of relevant partners; with the aim of developing and implementing the health education and promotion campaign to non-compliant premises and users of shisha. It is expected that the Board's recommendations and the Task and Finish Group's plans will inform the objectives and activities of the 2016/17 Tobacco control project."

Young person's drug and alcohol treatment service

Procurement of the new young person's drug and alcohol service has been delayed, as more time was needed to review tenders' subsmissions, In Q1 the anticipated start date was 1 April 2016; the commencement date for the new service is now 1 September 2016.

Health Checks

The Health Checks programme has faced substantial challenges in 2015/16, and the situation for 2016/17 will get worse before it gets better.

Performance reporting and finance systems were problematic throughout 2015/16. Finalising year-end invoices was a significant drain on resources as not all activity had been recorded on the designated 'Health Intelligence' data system. A tiered payments system was introduced part way through the year in an attempt to incentivise full Health Checks completion. However, this proved unworkable in practice and had to be revised, working in collaboration with GP practices. We will only be able to give definitive figures for Q4 2015/16 Health Checks activity at the end of Q1 2016/17, when we receive all Q4 data from practices not using the Health Intelligence system (these practices have been allowed to submit their Q4 2015/16 invoices in Q1 2016/17, due to difficulties using the Health Intelligence system).

The new Health Intelligence data management system was procured in April 2015 to provide live information based on existing GP data systems, and to make payment and activity reporting more accurate. Four training sessions for GP Practice Managers and staff were held in August and September 2015, and a GP assistance helpline was made available. Despite this, GP staff found the system difficult to use, and further meetings and training were needed. In addition, GPs raised a number of data-sharing objections which meant that approximately a third of practices which wanted to deliver Health Checks refused to use Health Intelligence.

A new Public Health Commissioning Manager commenced his role in March 2016. Although it was reported that a solution had been agreed with the Local Medical Committee (LMC, representing Barnet GPs), at a subsequent meeting with the LMC in May 2016 it was obvious that fundamental issues persisted. Upon further exploration, it became clear that new 'bolt-on' addition to the data system was required in order to resolve operational problems, which would need to be either purchased or developed by the provider, and then go through all the relevant testing and approval processes.

To resolve these issues, we are currently in the process of procuring, at short notice, a new data system to replace Health Intelligence. In the meantime, GPs who are not using the Health Intelligence system have no way to record their Health Check activity. Newly developed service specifications make agreement to use Health Intelligence a pre-condition for delivering Health Checks.

The new Public Health Commissioning Manager is also working in other ways to increase Health Check activity, target population groups at greatest health risk, and ensure accurate data reporting.

We have recruited a new Health Check/Smoking Cessation Co-ordinator to improve communication and performance management for both the Health Checks and smoking cessation contracts. It is hoped they will be able to start in September 2016, and that improved results will be noticeable in the Q4 2016/17 outturn at the latest.

We have renegotiated a new training contract to train staff delivering Health Checks. The first round of training took place in July 2016 and was fully booked and well received.

The Health Checks service specification has been substantially rewritten and was issued to GP practices at the end of June 2016.

General practices that are not using the Health Intelligence data system had until the end of Q1 2016/17 to submit their Q4 2015/16 figures, and we are currently still processing the invoices that have been returned. We were only able to estimate these practices' Q4 activity, based on their Q1 and Q2 submissions. On that basis (and for the purpose of accruals), we estimated that these practices carried out 521 Health Checks in Q4. GP practices using the Health Intelligence system completed 1079 Health Checks in Q4. This gave a total of 1600 Health Checks estimated for Q4, representing 72% of the Q4 target figure. This is a great improvement on activity in Q3 (902 Health Checks; 41% of the quarterly target) and Q2 (889 Health Checks; 40% of the quarterly target).

A new Post Health Checks Lifestyle Intervention Programme was introduced in 2015/16, as a partnership between the public health team, the NHS, Barnet Council, Greenwich Leisure Ltd, Age UK and volunteer nutrition students, and has developed extremely well. The programme comprises activity sessions, cooking lessons and nutritional advice, accessed on a referral basis. It is overseen by a newly recruited Senior Health Trainer who engages, manages and supports clients through the programme, and who also collects GP referrals and liaises with GP staff. However, data issues and practice nurses' inability to understand the Health Intelligence system have been constant barriers for the Senior Health Trainer; he deals with staff queries to the best of his ability in an informal capacity, in order to expedite the programme referral process. It will be part of the Health Checks/Smoking Cessation Co-ordinator's role to improve practices' use of the Health Intelligence system.

Ten point-of-care (POC) glucose and cholesterol testing units were purchased and distributed in September 2015 to selected GP practices (based on evidence-based selection criteria). These units supply quick, cheap testing with immediate, on-site results, and help provide faster, more efficient, more accessible Health Checks to those population groups at greatest need. GP staff training took place during August and September 2015, and staff use of the POC units was regularly monitored thereafter.

The above structural improvements in the Health Checks process are intended to deliver substantial, sustainable improvement in Health Checks activity in 2016/17. Systems and performance will be regularly monitored to assess activity, and commissioners will intervene early if required to ensure ongoing improvement.

2015/16 end-of-year outturn for indicators which did not meet their end-of-year target:

Ref	Indicator Description	Type of Indicator	Period Covered *Data timeframe*	Previous Result *2014/15 end-of-year outturn*	Annual Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required for the indicator, out of total for indicator*	2015/16 End-of-Year Result *Annual result for indicator*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since 2014/15 end-of-year outturn*	Bench-marking *How performance compares to other areas*
PH/S8	Eligible population aged 40-74 who have received an NHS Health Check	Strategic	Apr 2015 - Mar 2016	7711	9000	5020/N/A	5020	44.2%	Worsening	England = 2.4%; London = 2.8% [Barnet = 1.1%]
PH/ S10	Number of people with mental health problems who have accessed the IPS employment support programme	Strategic	Apr 2015 - Mar 2016	N/A	146	87/N/A	87	40.4%	N/A	Not available for England or London
PH/C5	Number of people setting a quit date with SC services who successfully quit at 4 weeks	Critical	Apr 2015 - Mar 2016	606	604	302/N/A	302	50.0%	Worsening	Not available for England or London
PH/C7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive)	Critical	Apr 2015 - Mar 2016	N/A	97.0%	14,201/ 14,842	95.7%	1.4%	N/A	Not available for England or London

Ref	Indicator Description	Type of Indicator	Period Covered *Data timeframe*	Previous Result *2014/15 end-of-year outturn*	Annual Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required for the indicator, out of total for indicator*	2015/16 End-of-Year Result *Annual result for indicator*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since 2014/15 end-of-year outturn*	Bench-marking *How performance compares to other areas*
PH/C8	Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive)	Critical	Apr 2015 - Mar 2016	90.5%	80.0%	11,057/ 14,204	77.8%	2.7%	Worsening	Not available for England or London
PH/ C22	Number of schools reaching silver award	Critical	Apr 2015 - Mar 2016	N/A	6	5/N/A	5	16.7%	N/A	Not available for England or London
PH/ C27	Number of professional/ community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Critical	Apr 2015 - Mar 2016	N/A	300	239/N/A	239	20.3%	N/A	Not available for England or London

2015/16 end-of-year outturn for indicators which met their end-of-year target:

Ref	Indicator Description	Type of Indicator	Period Covered *Data timeframe*	Previous Result *2014/15 end-of-year outturn*	Annual Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required for the indicator, out of total for indicator*	2015/16 End-of-Year Result *Annual result for indicator*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since 2014/15 end-of-year outturn*	Bench-marking *How performance compares to other areas*
PH/S1	Smoking status at time of delivery	Strategic	Apr 2015 - Mar 2016	3.7%	5.0%	181/4869	3.7%	25.7%	Worsening	England = 11.4%; London = 4.8%
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Strategic	Apr 2015 - Mar 2016	20.8%	21.0%	783/3930	19.9%	5.1%	Improving	England = 21.9%; London = 22.2%
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Strategic	Apr 2015 - Mar 2016	34.4%	36.7%	1104/3389	32.6%	11.2%	Improving	England = 33.2%; London = 37.2%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Strategic	Apr 2015 - Mar 2016	404.78	458.76	1593/ 37,4915	425.00	7.40%	Worsening	England (DSR*) = 641 per 100,000; London (DSR*) = 526 per 100,000
PH/S5	Smoking prevalence	Strategic	Apr 2015 - Mar 2016	15.0%	15.0%	N/A/672	13.2%	12.0%	Improving	England = 18.0%; London = 17.0%
PH/S7	Physical activity participation	Strategic	Apr 2015 - Mar 2016	55.1%	54.0%	N/A/540	58.5%	8.3%	Improving	England = 57.0%; London = 57.8%
PH/S9	Number of people with mental health problems who have accessed the MaPS employment support programme	Strategic	Apr 2015 - Mar 2016	N/A	204	204/N/A	204	0.0%	N/A	Not available for England or London

Ref	Indicator Description	Type of Indicator	Period Covered *Data timeframe*	Previous Result *2014/15 end-of-year outturn*	Annual Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required for the indicator, out of total for indicator*	2015/16 End-of-Year Result *Annual result for indicator*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since 2014/15 end-of-year outturn*	Bench-marking *How performance compares to other areas*
PH/C1	Prevalence of 4-5 year olds classified as overweight	Critical	July-Sept 2015	11.6%	11.1%	N/A/3840	11.0%	0.9%	Improving	England = 12.8%; London = 12.0%
PH/C2	Prevalence of 4-5 year olds classified as obese	Critical	Apr 2015 - Mar 2016	9.4%	9.4%	N/A/3840	9.0%	4.5%	Improving	England = 9.1%; London = 10.1%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Critical	Apr 2015 - Mar 2016	15.2%	20.8%	N/A/3360	14.6%	29.8%	Improving	England = 14.2%; London = 14.6%
PH/C4	Prevalence of 10-11 year olds classified as obese	Critical	Apr 2015 - Mar 2016	19.4%	19.4%	N/A/3360	18.4%	5.2%	Improving	England = 19.1%; London = 22.6%
PH/C6	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	Critical	Apr 2015 - Mar 2016	100.0%	98.0%	15,821/ 15,866	99.7%	1.8%	Worsening	Not available for England or London
PH/ C18	Number of people receiving brief advice about alcohol (ABI)	Critical	Apr 2015 - Mar 2016	148	1400	1662/N/A	1662	18.7%	Improving	Not available for England or London

Ref	Indicator Description	Type of Indicator	Period Covered *Data timeframe*	Previous Result *2014/15 end-of-year outturn*	Annual Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required for the indicator, out of total for indicator*	2015/16 End-of-Year Result *Annual result for indicator*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since 2014/15 end-of-year outturn*	Bench-marking *How performance compares to other areas*
PH/ C19	Number of schools registered for the Healthy Schools London Awards - a) primary	Critical	Apr 2015 - Mar 2016	N/A	9	19/N/A	19	111.1%	N/A	Not available for England or London
PH/ C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Critical	Apr 2015 - Mar 2016	N/A	6	6/N/A	6	0.0%	N/A	Not available for England or London
PH/ C21	Number of schools reaching bronze award	Critical	Apr 2015 - Mar 2016	N/A	9	18/N/A	18	100.0%	N/A	Not available for England or London
PH/ C23	Number of schools reaching gold award	Critical	Apr 2015 - Mar 2016	N/A	3	4/N/A	4	33.3%	N/A	Not available for England or London
PH/ C24	Number healthy eating workshops provided in children centres	Critical	Apr 2015 - Mar 2016	230	78	483/N/A	483	519.2%	Improving	Not available for England or London

*DSR = directly standardised rate

Note that an end-of-year result could not be reported for 11 Key Performance Indicators (KPIs), because their Q1 to Q4 data were drawn from overlapping periods and thus could not be summed; these KPIs are C9, C10, C11, C12, C13, C14, C15, C16, C17, C28 and C29.

2. Performance in Q4

2.1 How the Delivery Unit is performing against its Q4 performance indicators

	Q4 RAG						Q4 Direction of Travel			No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red	Total RAG ratings	Monitor	Improving or the same	Worsening	No previous outturn	
Strategic	7	0	0	2	9	0	7	2	0	9
Critical	17	1	0	9	27	0	17	10	0	27
Overall	**67% (24)**	**3% (1)**	**0% (0)**	**31% (11)**	**100% (36)**	**0% (0)**	**67% (24)**	**33% (12)**	**0% (0)**	**36**

2.2a Performance Indicators that did not meet their Q4 target

(Appendix A outlines indicators that met their Q4 target)

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/S8	Eligible population aged 40-74 who have received an NHS Health Check	Strategic	Jan-Mar 2016	902	2225	1079/N/A	1079	51.5%	Improving	England = 2.4%; London = 2.8% [Barnet = 1.1%]
PH/ S10	Number of people with mental health problems who have accessed the IPS employment support programme	Strategic	Jan-Mar 2016	19	30	25/N/A	25	16.7%	Improving	Not available for England or London

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/C5	Number of people setting a quit date with SC services who successfully quit at 4 weeks	Critical	Jan-Mar 2016	58	214	104/N/A	104	51.4%	Improving	Not available for England or London
PH/ C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Critical	Jan-Mar 2016	6.4%	11.2%	37/578	6.4%	42.8%	Improving	National = 6.9%
PH/ C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Critical	Jan-Mar 2016	26.5%	36.2%	28/89	31.5%	13.1%	Improving	National = 40.3%
PH/ C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Critical	Jan-Mar 2016	27.7%	35.5%	41/171	24.0%	32.5%	Worsening	National = 35.3%

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/ C14	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Critical	Jan-Mar 2016	24.1%	14.0%	6/21	28.6%	104.1%	Worsening	National = 19.3%
PH/ C17	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)	Critical	July-Sept 2015	6.9%	8.1%	4/21	19.0%	135.2%	Worsening	National = 8.6%
PH/ C18	Number of people receiving brief advice about alcohol (IBA)	Critical	Jan-Mar 2016	849	350	240/N/A	240	31.4%	Worsening	Not available for England or London
PH/ C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Critical	Jan-Mar 2016	3	3	0/N/A	0	100.0%	Worsening	Not available for England or London
PH/ C22	Number of schools reaching silver award	Critical	Jan-Mar 2016	2	3	2/N/A	2	33.3%	Same	England = N/A; London = 3rd highest

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/ C28	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) - opiate users	Critical	Jan-Mar 2016	8.6%	10.0%	43/590	7.3%	27.1%	Worsening	England = 6.8%

PHOF = Public Health Outcome Framework

2.2b Comments and proposed interventions for indicators that did not meet their Q4 target

Ref and title	Comments and Proposed Intervention
PH/S8 Eligible population aged 40-74 who have received an NHS Health Check	**Intervention level 1** A tiered payments system was introduced part way through the year, which has proven unworkable in practice. We have had to revise this payment system, working together with GP practices. There have been a number of data-sharing queries from GPs which are still not completely resolved. Public Health met with the Local Medical Committee on 7 June 2016, and it is hoped that a way forward has been agreed. - GP practices that are not on the Health Intelligence data system have until the end of Q1 2016/17 to submit their Q4 2015/16 figures, so at present we can only estimate their Q4 activity based on their Q1 and Q2 submissions. On that basis (and for the purpose of accruals) we estimate that these practices have carried out 521 Health Checks in Q4. - GP practices which are on the Health Intelligence system completed 1079 Health Checks in Q4. - This gives a total of 1600 Health Checks for Q4, representing 72% of the Q4 target figure. This is a great improvement on activity in Q3 (902 Health Checks; 41% of the quarterly target) and Q2 (889 Health Checks; 40% of the quarterly target). Definitive figures for Q4 2015/16 activity will become available at the end of Q1 2016/17. Even if the final outturn for 2015/16 increases after definitive Q4 figures are finalised, it is anticipated that this KPI would not meet its annual target of 9,000 checks received and the RAG rating would remain 'red'. - We are recruiting to a GP/pharmacy liaison post to improve communication and performance management of both the Health Checks and smoking cessation contracts. It will be part of the new GP/pharmacy liaison worker's role to improve practices' use of the Health Intelligence system. It is hoped that the successful candidate will start work by 1 September 2016, and that the results of their input will be noticeable in the Q4 outturn at the latest. - We have renegotiated a new training contract to train staff delivering Health Checks. The first round of training takes place on 5 July 2016.
PH/S10 **Number of people with mental health problems who have accessed the IPS employment support programme**	**Intervention level 1** In 2015/16, the Individual Placement and Support (IPS) programme engaged 87 clients, representing 60% of the annual target of 146. However, over its initial 17 month contract period (Nov 2014 to Mar 2016), the IPS programme engaged 152 residents (84% of the 17-month target of 180) and secured 39 jobs (72% of the 17-month target of 54 jobs). The shortfall in achieving targets was mostly due to a two-month delay in starting the service. Given that getting a job takes time, there will

Ref and title	Comments and Proposed Intervention
	inevitably be a time lag between commencing the IPS programme and securing work, so there will probably be a further few months before all likely jobs have been delivered and performance recovers. A recovery plan has been developed to address and make up the shortfall in IPS job outcomes by the end of March 2017. Although performance is below target, a recent external evaluation report clearly indicated that our service compares well against similar services elsewhere. This comparison includes cost-effectiveness data from similar evidence-based services. We previously reported that the service provider has been awarded 'Centre of Excellence' status by the Centre for Mental Health Excellence. Since our service is based on a national fidelity model, we have evidence that our service model is likely to generate a cost-benefit surplus. The provider's performance is in line with national benchmarks so we do not have any particular concern over their achievements; however, we will continue to be ambitious regarding performance, and will closely monitor recruitment and outcomes in light of the provider's recovery plan.
PH/C5 **Number of people setting a quit date with SC services who successfully quit at 4 weeks**	**Intervention level 1** We have continued to provide smoking cessation support to GP practices and pharmacies despite not having any specialist service in Barnet. We have bought a few selected resources from the Harrow specialist team; however, without a specialist service it is very difficult to deliver an effective service. We are recruiting a GP/pharmacy liaison worker to improve communication and performance management for both the Health Checks and smoking cessation contracts. It is hoped that the effects of their work will begin to appear in Q4 data at the latest. The options appraisal paper for the smoking cessation service will now be published by September 2016.
PH/C10 **Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)** **PH/C11** **Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)** **PH/C13** **Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol**	**Intervention level 2** In order to improve these KPIs' activity in the next quarter, the following actions will take place: - Review all care plans and set new targets/goals for relevant clients by end of Q1 2016/17. - Identify whether any clients take their treatment medication for pain management and, if so, how they can be transferred to Primary Care or a pain management clinic by 31 July 2016. - Move those clients who fit the criteria into GP Shared Care. - Target clients on low doses for an increase in motivational and recovery interventions, and assess these clients for their suitability for reduced prescriptions and 'detox' withdrawal from current medication.

Ref and title	Comments and Proposed Intervention
users (as per DOMES report)	- All staff will ensure that newly presenting clients are given recovery care plans and are focused on recovery. - The provider (WDP) will instil a focus on recovery into the service's work culture across the borough, including training and organisational input from Learning and Development. - All clients will be reviewed and divided into those on low dose medication, those needing psychosocial interventions, and those who can be moved into a recovery modality.
PH/C14 **Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)** **PH/C17** **Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)** **PH/C28** **Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) - opiate users**	**Intervention level 2** In order to improve activity in the next quarter, the following actions will take place: - All clients will be given a Recovery Booklet, to keep, as part of their initial assessment pack. This will contain essential information and relevant contact details should clients drop out of treatment. - Volunteers and peer mentors will be utilised to follow up clients who have dropped out of treatment. They will use a number of methods (e.g. texting, calling, and/or meeting clients in person at the service) to attempt to contact clients and re-engage them in treatment; these re-engagement methods will have previously been agreed by the client during their initial assessment. - All clients will be classified as Tier 0 on completion of the Contact Sheet, until engagement has taken place. Once initial assessment has been conducted, clients will be placed under a Tier 2 modality and, once engaged in treatment, under a Tier 3 modality. - All Team Leaders will discuss all their Tier 3 client cases within supervision sessions, so clients who are not being seen regularly are followed up, to reduce the risk of drop-outs; no Tier 3 client cases will be closed/discharged until further attempts to engage via volunteers are exhausted. - All clients dropping out of treatment will be identified and a weekly list compiled and given to volunteers and peer mentors, to enable them to contact these clients, in an effort to re-engage clients with treatment. - All new clients will undertake a SMART care plan incorporating a recovery and discharge plan, so clients can be worked with in a more effective way which reduces the risk of unplanned discharge. In order to minimise relapse, the New Adult Substance Misuse Service incorporates processes designed to manage disengagement, catch potential relapsing early and provide a reminder of recovery techniques learned during treatment. These processes are proactive rather than reactive. All service users leaving treatment are offered post-discharge “check ins” for up to 12 months to identify warning signs of relapse and offer immediate intervention. The Service also liaises with the Referrer and other multi-agency colleagues, as required, regarding planned and unplanned

Ref and title	Comments and Proposed Intervention
	discharges from treatment.
PH/C18 **Number of people receiving brief advice about alcohol (IBA)**	**Intervention level 1** In Q4 2015/16, 240 people accessed the alcohol Intervention and Brief Advice (IBA) programme, representing 69% of the Q4 target of 350. However, over the whole of 2015/16, 1662 people accessed the service, significantly exceeding the annual target of 1400. Following a recent procurement change, the Barnet Substance Misuse Service Treatment and Recovery pathway has incorporated the IBA provision (from Q3 2015/16). The new provider (WDP) is required to deliver IBAs in accident & emergency (A&E) departments, pharmacies, Criminal Justice Service (CJS) settings and community venues. The Q4 report addresses IBA activity in CJS and (non-pharmacy) community settings and in A&E departments. With regards to hospital and pharmacy activity: - Joint working has commenced with the Royal Free Hospital/Barnet Hospital to implement IBAs, and an Ambulatory Alcohol Care Pathway is now in place for Barnet residents presenting to A&E with alcohol-related conditions. - A Hospital Liaison Nurse based at Barnet Hospital will deliver a range of brief, structured alcohol interventions. Alcohol clinics will provide more extended motivational intervention for patients who have attended hospital previously and would benefit from more intervention. - Shared protocols and pathways will be developed for delivery of alcohol screening & IBAs. - The Substance Misuse Service provider (WDP) will increase joint working with pharmacies in Q1 2016/17 to develop IBA contracts alongside pharmacies' supervised consumption and needle exchange contracts; this joint working will also reinforce referral pathways to the Substance Misuse Service. - WDP will work with police and the Safer Communities partnership to tackle street drinking through assertive outreach, IBA and referral into structured treatment, in response to Barnet's high level of alcohol presentations to A&E, fuelled by the night-time economy. Note that there was no IBA activity in Q4 which was not reported. Overall IBA activity in Q4 was much lower than that in Q3 for three reasons: (1) In Q4, no provider commissioned IBA activity occurred in pharmacies because the new provider was commencing engagement/developing new contracts with Pharmacies. The provider has also recently recruited to a new Alcohol Liaison Nurse post (based at Barnet Hospital) to undertake drug and alcohol assessments (including IBA's) and to increase referrals into the treatment and recovery pathway. IBAs did occur within

Ref and title	Comments and Proposed Intervention
	criminal justice and 'other community' settings; (2) in Q3, as part of a holistic assessment (and in line with the new service specification), the provider conducted IBAs on all clients transferred from previous providers to the new service in a drive for best practice from the start of their contract – this resulted in a very high level of activity in Q3 which could not be repeated in Q4, as IBAs should (in the short term) only be conducted once per person; (3) the new provider also uses other methods to undertake IBA's (i.e. face-to-face initial assessment) which can be more thorough and effective than the previous process i.e. scratch card assessment
PH/C20 **Number of schools registered for the Healthy Schools London Awards - b) secondary**	**Intervention level 1** Whilst the target of 3 was missed for Q4, the annual target of achieving 6 registrations had already been achieved in Q3 (even though the Healthy School London support contract had less than a year to achieve this target (September to March 2016)).
PH/C22 **Number of schools reaching silver award**	**Intervention level 1** The Healthy School London support contract operates from August 2015 to July 2016. The contract therefore started in Q2 of the 2015/16 performance cycle and had a shorter time period in which to achieve the annual target (i.e. schools only had September to March 2016 to reach their silver award). In 2015/16, the annual KPI target (six schools) was not reached. However, at the time of Q4 reporting this KPI has exceeded its overall contract target: eight Silver awards have been achieved between August 2015 and June 2016.

3. Commissioning intentions

Theme committees have agreed the commissioning intentions for the council up to 2020. The tables below provide an update on the progress.

3.1 Overview of 2015/16 end-of-year progress against commissioning intentions

RAG ratings					No. of commissioning intentions
Green - met	Green amber - delayed, low Impact	Red amber - delayed, medium impact	Red - risk of not delivering or high impact	Not rated (not due or N/A)	
25% (3)	42% (5)	33% (4)	0% (0)	0	12

3.2 Commissioning intentions: 2015/16 end-of-year position

RAG	Description
Green	Commitment met
Green Amber	Commitment delayed, low impact
Red Amber	Commitment delayed, medium impact
Red	Risk of not delivering or high impact

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
PH19	Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and full recovery	Procurement of a new Integrated database which will have a shared assessment process	May-15	1	2015/16	Green	New Adult Substance Misuse Service commenced 1st October 2015. Transition from four previous providers to one integrated Treatment and Recovery pathway has been completed.
PH18		Procurement of a new Adult Integrated Drug and Alcohol Service Treatment and Recovery pathway	Oct-15	3	2015/16		
PH9	Alcohol brief intervention	Incorporated into drug and alcohol service specification	Oct-15	3	2015/16	Green-amber	The new Substance Misuse Service provider (WDP) is required to deliver intervention and brief advice (IBA) in A&E departments, pharmacies, Criminal Justice Service (CJS) settings and community venues. The Q4 report reflects IBA activity in A&E, CJS and (non-pharmacy) community settings. There was no IBA activity in Q4 which was not reported. Overall IBA activity in Q4 was much lower than that

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
							in Q3 for three reasons: (1) In Q4, no provider commissioned IBA activity occurred in pharmacies because the new provider was commencing engagement/developing new contracts with Pharmacies. The provider has also recently recruited to a new Alcohol Liaison Nurse post (based at Barnet Hospital) to undertake drug and alcohol assessments (including IBA's) and to increase referrals into the treatment and recovery pathway. IBAs did occur within criminal justice and 'other community' settings; (2) in Q3, as part of a holistic assessment (and in line with the new service specification), the provider conducted IBAs on all clients transferred from previous providers to the new service in a drive for best practice from the start of their contract – this resulted in a very high level of activity in Q3 which could not be repeated in Q4, as IBAs should (in the short term) only be conducted once per person; (3) the new provider also uses other methods to undertake IBA's (i.e. face-to-face initial assessment) which can be more thorough and effective than the previous process i.e. scratch card assessment
PH1	Barnet Schools Wellbeing Programme	Planning with council colleagues and school partners for the future	Mar-16	4	2015/16	Green	The Healthy Schools co-ordinator continues to liaise with schools to increase uptake of the Healthy Schools London (HSL) programme and encourage schools to embed other health and wellbeing measures.
PH2	Children and adults who are overweight and obese are encouraged and supported to lose weight	Tier 2 children's weight management programme with specific support from the school nursing service	Apr-15	1	2015/16	Green-amber	<u>Children</u> Tier 2 child weight management programmes are available in eight venues across the borough. Between April 2015 and March 2016, 91 children who were above healthy weight were engaged in the Alive N Kicking programme. Of these 91 children, 80 (88%) completed the programme, and 69 completers (86%) had reduced or maintained their body mass index (BMI) z score (i.e. had either reduced their BMI score compared with their
PH3		Develop a weight management offer for adults	Apr-15	1	2015/16		

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
							national peer group, or not increased their comparative score, during the programme). From April 2015 to March 2016, 393 children took part in the 12-week School Time Obesity Programme, of whom 87 were above healthy weight; 68% of children had reduced or maintained their BMI-z score at the end of the programme. The children's healthy weight pathway group has mapped out the pathway with the support of partners and stakeholders. Public health is currently working with those schools in the borough with the highest levels of obesity, using National Child Measurement Programme (NCMP) data to signpost schools to appropriate health and wellbeing services. Public Health is also working with GP practices to raise awareness of the pathway among primary care staff. <u>Adults</u> We have made good progress on adult weight management in the last quarter. The specification for the Tier 2 service has been developed and will be procured shortly. The care pathway preparation work has been completed and a 'task and finish' group will meet in July to confirm the future direction. With regards to strategy development, a review of strategies has been completed and the strategy group is scheduled to meet in September. Our engagement with the CCG has been positive and we are looking forward to more progress in the next quarter.
PH6	Community emotional wellbeing	Monitoring of new investments: training in dealing with self-harm; London digital mental health programme	Sep-15	2	2015/16	Green-amber	Those GP practices that expressed an interest in the Community Centred Practices initiative have been visited during the last quarter to ensure that selected sites are a good fit. The initiative has been recognised as an important one within the

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
PH7		Commission health champions	Sep-15	2	2015/16		CCGs PC strategy. A local coordinator has been recruited by the provider and training will commence shortly. The Family Health and Perinatal Health Coaches service has commenced. Evaluation will be undertaken internally by the Children Services. The final number of people trained in self-harm and suicide prevention in 2015/16 is 239. Staged release of the London Digital Mental Wellbeing Service is planned from October 2016, including online self-assessment and self-help tools.
PH13	Ensuring robust Sexual Health services	Agree GUM contracts as part of the London collaborative commissioning programme	Apr-15	1	2015/16	Green	Sexual health procurement is running according to schedule; market engagement with prospective providers is scheduled for 9 June 2016. Commissioners have been keeping stakeholders and providers informed of progress. Commissioners are engaging with Barnet sexual health and reproductive health providers through a providers' forum, which is also attended by youth services workers. Commissioners are working collaboratively with other London councils to procure a web-based (e-services) sexual health service which will form part of the new sexual health services pathway. This will increase service accessibility; residents will be able to request testing kits and will be sign-posted to services according to their needs or symptoms. This will enable residents to overcome service access barriers such as work commitments, travelling time and confidentiality concerns. The uptake of HIV home sampling has slowly
PH14		Review Contraceptive and Sexual Health Service	Oct-15	3	2015/16		
PH15		Review sexual health service provision for young people under the age of 25	Apr-16	1	2016/17		
PH16		Review and develop the provision of sexual health services in primary care and community health settings	Oct-15	3	2015/16		
PH17		Work with key partners to reduce teenage pregnancies and to promote sexual health, e.g. health education, social services, youth support	Oct-15	3	2015/16		

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
		services and the voluntary sector					increased and will be widely advertised alongside the accompanying e-services, to ensure residents are aware of the services available to them. Genito-urinary medicine (GUM) and contraceptive and sexual health (CaSH) providers have been working closely to identify ways of increasing sexual health and contraceptive services at the Edgware community hospital, where there is higher need for these services. This work will lead to an increased number of clinics for residents, thus reducing barriers to access. The CaSH service has organised training for GPs, which was well attended and was very informative for both commissioners and GPs. Such information-sharing by practitioners ensures that GPs are up to date with sexual health and reproduction information and enables them to deliver high quality services to residents.
PH8	Making every contact count	Making every contact count – options developed	Sept-15	1	2015/16	Green-amber	Options for delivery have been assessed following a previously failed tender exercise. Potential providers have been contacted to determine their capacity to deliver the service, and we are awaiting proposals. We continue to aim to have awarded the provider contract by September 2016.
PH21	People with a long term condition are encouraged and supported to self-manage their condition	Mapping and gap analysis of services related to Tier 2 services as part of the HCSI programme	May-15	1	2015/16	Red-amber	Although options for the development and continued implementation of Tier one (i.e. universal intervention) have been reviewed, the capacity of the CCG to support plans remains unclear. Options that would not require CCG engagement are being considered.
PH22		Identify and prioritise Tier 2 programme gaps and develop appropriate responses to these	May-15	1	2015/16		

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
PH23		Management of Tier 1 services including Health Living pharmacies	May-15	1	2015/16		
PH10	Residents with mental health needs are supported to retain/return to employment	Monitor and evaluate two newly commissioned services: Motivational and Psychological Support (MAPS, within Job Centre Plus); and Individual Placement and Support (IPS, for those in contact with secondary mental health services)	Mar-16	4	2015/16	Red amber	Our employment support services continue to receive interest as attention is directed to the services regionally and sub-regionally. External evaluation of our services has recently been completed and clearly indicates that our service compare well with similar services elsewhere.
PH11		Establish a community IPS-based pilot with funding from West London Alliance	Mar-16	4	2015/16		
PH12		Services to be monitored via Enterprise	Mar-16	4	2015/16		
PH4	People are encouraged and supported to quit smoking	Review and design service provision	Apr-16	1	2016/17	Red amber	Improving smoking cessation rates has been a challenge in 2015/16 and will continue to be so for the remainder of 2016/17.
PH5		Commission a new Smoking Cessation Service	Apr-16	1	2016/17		The Barnet specialist Stop Smoking Service ceased in April 2015 (following de-commissioning of the old provider) and was replaced by an interim, non-specialist, 'skeleton' service delivered by existing accredited pharmacy and GP providers. These individual providers were encouraged to improve their performance via online accredited training (with the National Centre for Smoking Cessation & Training), attendance at neighbouring boroughs' training events, and participation in well-received provider update events. Providers' accreditation was audited during the year, selected resources were purchased from the Harrow public health team, and all providers were offered support for any aspect of their service. Willing but understaffed GP Practices were matched with nearby pharmacy smoking cessation providers to facilitate referrals.

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
							The Harrow Stop Smoking Service provided general staff training as well as specific training in the use of QuitManager, the activity reporting system. A new Public Health Commissioning Manager started work in March 2016. He has researched an options appraisal paper (due for publication September 2016) proposing a number of possible service models, chosen based on best practice and value for money, in order to inform service redesign. Once the best service model is selected, the new model will be implemented. Finance and activity reporting systems proved problematic in 2015/16. Some providers were reluctant to use the online activity reporting system provided (for GPs this was a 'stand-alone' system and required a separate log-in and re-entry of all patient data) so quarterly activity was probably under-reported. Public health staff are currently working with QuitManager designers to develop a solution which enables QuitManager forms to be embedded within the GP EMIS database (the existing patient database used by GP practices). One other local authority has already done this and we are aiming to replicate their success. A new Health Check/Smoking Cessation Co-ordinator was appointed in July 2016 and it is hoped they will be able to start work in September 2016. Their initial focus will be on Health Checks. However, even if only limited smoking cessation work is possible in Q3 and Q4 2016/17, we are expecting that the new Co-ordinator's work will have an effect from Q4 2016/17 at the latest.
PH20	Young People's Drug and Alcohol Service focusing on prevention of substance misuse	Procurement of a new Young People's Drug and Alcohol Service	Apr-16	1	2016/17	Green-amber	The procurement process for a new Young People's Substance Misuse Service is in the final stages of completion. Due to increased time required to review submission of tenders, the date

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
	and escalation of misuse and associated harm						of commencement of the new service is now 1 September 2016.
PH24	Health and lifestyle checks are offered and taken up	Continue to commission GPs to deliver checks	Apr-16	1	2016/17	Red-amber	There has been a lot of activity behind the scenes that will hopefully mean we can close activity for Q4 2015/16 and look forward to seeing improvements from Q4 of 2016/17. It has been a significant drain on resources to sort out the invoices from 2015/16 as not all activity has been recorded on the Health Intelligence data system. A tiered payments system was introduced part way through the year, which has proven unworkable in practice. We have had to revise this payment system, working together with GP practices. There have been a number of data-sharing queries from GPs which are still not completely resolved. Public Health met with the Local Medical Committee on 7 June 2016, and it is hoped that a way forward has been agreed. We are recruiting to a GP/pharmacy liaison post to improve communication and performance management of both the Health Checks and smoking cessation contracts. It is hoped that the results will be noticeable in the Q4 2016/17 outturn at the latest. We have renegotiated a new training contract to train staff delivering Health Checks. The first round of training takes place on 5 July 2016. GP practices that are not on the Health Intelligence data system have until the end of Q1 2016/17 to submit their Q4 2015/16 figures, so at present we can only estimate their Q4 activity based on their Q1 and Q2 submissions. On that basis (and for the purposes of accruals) we estimate that these practices have carried out 521 Health Checks in Q4. GP practices which are on the Health Intelligence system completed 1079 Health Checks
PH25		Increase the uptake of NHS Health Checks	Apr-16	1	2016/17		
PH26		Expand the community outreach programme	Apr-16	1	2016/17		
PH27		Provide lifestyle management interventions for those with low risk factor scores	Apr-16	1	2016/17		
PH28		Provide Health Trainer Post Health Check interventions in GP cluster (as a pilot), evaluate, and recommend action	Apr-16	1	2016/17		

Ref	Commissioning Intention	Commitment	Due Date	Quarter	Year	Status	COMMENTS (Annual Position)
							in Q4. This gives a total of 1600 Health Checks for Q4, representing 72% of the Q4 target figure. This is a great improvement on activity in Q3 (902 Health Checks; 41% of the quarterly target) and Q2 (889 Health Checks; 40% of the quarterly target). The Post Health Checks Lifestyle Intervention Programme is going extremely well. However, data issues and practice nurses' inability to understand the Health Intelligence system are constant barriers for the Programme's Senior Health Trainer; he deals with staff queries to the best of his ability in order to expedite the Programme referral process. It will be part of the new GP/pharmacy liaison worker's role to improve practices' use of the Health Intelligence system. We will only be able to give definitive figures for Q4 2015/16 at the end of Q1 2016/17, when we receive all the Q4 data from practices not using the Health Intelligence system (as they have until the end of Q1 to submit their invoices).

4. Financial

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Revised Budget	Actuals	Outturn Variation		
	£000	£000	£000	£000		
Public Health	14,335	15,835	15,835	-		0.0%
Total	**14,335**	**15,835**	**15,835**	**-**		**0.0%**

4.2 Capital

N/A

5. Risk

The following is the 5 X 5 matrix 'heat map' highlighting the number of risks at a Directorate Level and where they are currently rated:

PROBABILITY	SCORE		IMPACT				
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Catastrophic
	5	Almost Certain					
	4	Likely			1		
	3	Possible					
	2	Unlikely			3		
	1	Rare					

Risk Commentary for Delivery Unit:

There are four risks on the Barnet & Harrow Public Health risk register, one of which is rated as 12. The controls which are in place for this risk, as well as further mitigating actions, are shown in the table below.

The following risk register lists those risks rated as 12 and above:

Risk	Current Assessment Impact	Current Assessment Probability	Current Assessment Rating	Control Actions	Risk Status	Board Assurance (timing)	Target Assessment Impact	Target Assessment Probability	Target Assessment Rating
Failure to deliver public health outcomes within the reduced annual funding envelope	Moderate impact 3	Likely probability 4	12	• Robust budget monitoring system in place • Monthly finance reports presented at Senior Management Team meeting • The service is undertaking regular monitoring of its financial position, which provides detailed information on its financial commitments, against which any grant reduction can be assessed and/or mitigated. • The specific public health reserve			Negligible impact	Likely probability	4

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment Impact Probability Rating		
				enables a one-off mitigation, if required, should the in-year position not be able to fully mitigate any grant reduction. • Review of longer term financial plans is ongoing, including redesign of the sexual health service and ongoing re-procurement activity					

7. Equalities

Equalities description	Comments and proposed intervention
	For further details on health inequalities in Barnet please see the on-line 2015–2020 Joint Strategic Needs Assessment (JSNA) for Barnet: https://www.barnet.gov.uk/jsna-home

8. Customer experience

Customer experience description	Comments and proposed intervention
	The Spring 2016 Residents' Perception Survey indicates satisfaction with Barnet health services. Twenty per cent of respondents listed quality of health service as one of their top three concerns (a 1% decrease since Autumn 2015). For more details please see the Spring 2016 Residents' Perception Survey: https://engage.barnet.gov.uk/consultation-team/residents-perception-survey-spring-2016

Appendix A Performance indicators that have met or exceeded their Q4 target

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/S1	Smoking status at time of delivery	Strategic	Jan-Mar 2016	3.7%	5.0%	181/4869	3.7%	25.7%	Same	England = 11.4%; London = 4.8%
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Strategic	Jan-Mar 2016	19.9%	21.0%	783/3930	19.9%	5.1%	Same	England = 21.9%; London = 22.2%
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Strategic	Jan-Mar 2016	32.6%	36.7%	1104/3389	32.6%	11.2%	Same	England = 33.2%; London = 37.2%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Strategic	Jan-Mar 2016	404.78	458.76	1593/ 374,915	425.00	7.4%	Worsening	England DSR* = 641 per 100,000; London DSR* = 526 per 100,000
PH/S5	Smoking prevalence	Strategic	Jan-Mar 2016	13.2%	15.0%	N/A/672	13.2%	12.0%	Same	England = 18.0%; London = 17.0%
PH/S7	Physical activity participation	Strategic	Jan-Mar 2016	58.5%	54.0%	N/A/540	58.5%	8.3%	Same	England = 57.0%; London = 57.8%
PH/S9	Number of people with mental health problems who have accessed the MaPS employment support programme	Strategic	Jan-Mar 2016	61	0	27/N/A	27	N/A	Worsening	Not available for England or London
PH/C1	Prevalence of 4-5 year olds classified as overweight	Critical	July-Sept 2015	11.0%	11.1%	N/A/3840	11.0%	0.9%	Same	England = 12.8%; London = 12.0%

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/C2	Prevalence of 4-5 year olds classified as obese	Critical	Jan-Mar 2016	9.0%	9.4%	N/A/3840	9.0%	4.5%	Same	England = 9.1%; London = 10.1%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Critical	Jan-Mar 2016	14.6%	20.8%	N/A/3360	14.6%	29.8%	Same	England = 14.2%; London = 14.6%
PH/C4	Prevalence of 10-11 year olds classified as obese	Critical	Jan-Mar 2016	18.4%	19.4%	N/A/3360	18.4%	5.2%	Same	England = 19.1%; London = 22.6%
PH/C6	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	Critical	Jan-Mar 2016	99.8%	98.0%	400/400	100.0%	2.0%	Improving	Not available for England or London
PH/C7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive)	Critical	Jan-Mar 2016	96.5%	97.0%	397/400	99.3%	2.3%	Improving	Not available for England or London

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/C8	Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive)	Critical	Jan-Mar 2016	77.7%	80.0%	345/400	86.3%	7.8%	Improving	Not available for England or London
PH/C9	Clients with no record of completing a course of HBV vaccinations as a proportion of eligible clients in treatment at the end of the reporting period (replaces: "Percentage of eligible new presentations YtD who accepted HBV vaccinations")	Critical	Jan-Mar 2016	81.3%	90.0%	229/269	85.1%	5.4%	Worsening	National = 90.0%
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Critical	Jan-Mar 2016	36.6%	35.8%	126/333	37.8%	5.7%	Improving	National = 39.2%
PH/C15	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Critical	Jan-Mar 2016	5.3%	0.0%	0/10	0.0%	N/A	Improving	National = 5.8%

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/ C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Critical	Jan-Mar 2016	9.2%	13.6%	4/74	5.4%	60.3%	Improving	National = 9.3%
PH/ C19	Number of schools registered for the Healthy Schools London Awards - a) primary	Critical	Jan-Mar 2016	7	3	3/N/A	3	0.0%	Worsening	Not available for England or London
PH/ C21	Number of schools reaching bronze award	Critical	Jan-Mar 2016	2	3	6/N/A	6	100.0%	Improving	England = N/A; London = 5th highest
PH/ C23	Number of schools reaching gold award	Critical	Jan-Mar 2016	2	2	2/N/A	2	0.0%	Same	England = N/A; London = Joint 2nd
PH/ C24	Number healthy eating workshops provided in children centres	Critical	Jan-Mar 2016	62	19	317/N/A	317	1568.4%	Improving	Not available for England or London
PH/ C27	Number of professional/community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Critical	Jan-Mar 2016	128	0	0/N/A	0	N/A	Worsening	Not available for England or London

Ref	Indicator description	Type of indicator	Period Covered *Data timeframe*	Previous Result *Result from Q3*	Target *Achievement level expected*	Numerator and Denominator *Number that achieved the level required for indicator, out of total for indicator*	Result *Most recent indicator measurement*	Target Variance *How far the outturn is from the target*	Direction of Travel *How performance has changed since the previous result*	Bench-marking *How performance compares to other areas*
PH/ C29	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15ii) - non-opiate users	Critical	Jan-Mar 2016	30.9%	27.0%	83/290	28.6%	6.0%	Worsening	England = 37.3%

*DSR = directly standardised rate; PHOF = Public Health Outcome Framework