Public Health (PH) – Q3 2015/16 reported in Q4 2015/16

1. SUMMARY

1.1 DELIVERY UNIT DASHBOARD

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

	Performance	Commissioning Intentions
Green rated	61% (22)	42% (5)
Green Amber rated	8% (3)	50% (6)
Red Amber rated	8% (3)	8% (1)
Red rated	22% (8)	0% (0)

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top achievements
Two additional schools have received Healthy Schools London Gold awards: a total of four schools now hold this award. Barnet has the second highest number of Gold award schools in London. Four additional Children's Centres have received Healthy Children's Centre status; 8 of 10 Children's Centres now have this award. Finally, we carried out joint partnership working with Barnet Partnership Schools Sports, Saracens Sports Foundation, Councillors and other Council officers to launch the Mayor of Barnet Golden Kilometre Challenge in Barnet Primary Schools. The Mayor of Barnet Golden Kilometre Challenge aims to encourage all primary school children in Barnet to walk, run or move an additional kilometre each school day for a minimum of 6 weeks. This Challenge should be carried out during school time and should where possible utilise local parks and open spaces, or the school playground. The 2016 challenge started in February 2016 and the intended outcomes are improved child fitness and reduced child obesity levels, in children participating in the Challenge.
Barnet Council recently obtained achievement level accreditation in the London Healthy Workplace Charter (LHWC). Public Health has provided strategic support to the steering group leading this work and was responsible for developing the health promotion programme

currently being implemented in the Council (including initiatives such as staff combined yoga-pilates classes and a staff running club, aiming to increase workforce health and mental health, which in turn are likely to reduce absence levels). Barnet Council's staff restaurant has received a Gold Healthier Catering Commitment award; the Healthy Catering Commitment supports the objectives of the LHWC in relation to providing, encouraging and promoting healthier eating options for Council employees. Receipt of the Gold Healthier Catering Commitment award means that Barnet council has achieved its KPI PH007 2014/15 target of five businesses signed up to the LHWC.

The Director of Public Health Annual Report, entitled 'Five Ways to Mental Wellbeing', was successfully developed and published. This report has been well received by the Health & Wellbeing Board, Councillors and council officers, and plans to incorporate the 'Five Ways' into relevant action plans are in progress. The 'Five Ways' to mental wellbeing are: connect, get active, take notice, learn and give.

Key challenges	Actions required
Lower rates of successful drug treatment completion	National Drug Treatment Monitoring Service (NDTMS) data indicates lower rates of successful drug treatment completion and lower numbers of clients in treatment. The decrease in numbers is probably due to the fact that, during recent recommissioning of the Service, a number of historical cases (that should have previously been closed) were erroneously left open but not transferred to the new service. The KPIs which are affected are: PH/C10 (percentage of opiate drug users successfully completing drug treatment); PH/C11 (percentage of non-opiate drug users successfully completing drug treatment; and PH/C13 (percentage of non-opiate drug and alcohol users successfully completing drug and alcohol treatment). The Public Health England Programme Manager has already met with our new provider to help identify any other possible reasons for these decreases, and there will also be on-going close monitoring by the substance misuse service commissioner to analyse activity levels.
Commissioning staff training to help achieve 'excellence' accreditation (London Healthy Workplace Charter)	Barnet is now working towards 'excellence' accreditation as part of the London Healthy Workplace Charter. A key challenge in this process is identifying and commissioning suitable training to meet staff needs. The aim is to raise awareness of mental ill health and equip managers in particular with the skills necessary to provide basic support to staff having mental health difficulties. Staff awareness-raising activities will take place in May and training plans will be finalised by June, with the aim of achieving 'excellence' accreditation in July.

Sexual health and contraception services re-procurement through to 2017	This is a longer term project that is not specific to this quarter. Challenges include: - Obtaining individual council approval to participate in a joint collaborative procurement exercise - Councils working together effectively in subregions, within an overall strategic approach - Complex nature of collaborative working, with each council protecting their own best interests - Development of a service specification - Dialogue and negotiation with many providers in a complex market - Maintaining current services productivity and working relationships during re-procurement.
Ongoing sustainability of the Healthy Children's Centre Programme	In order to avoid discontinuity of service, we will ensure that the Healthy Children's Centre Programme will link into the Early Years offer through the Menu of Interventions. This will mean that the Healthy Children's Centre programme is part of the core work delivered by Children's Centres.

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

The new Barnet Adult Substance Misuse Service commenced on 1 October 2015. The new integrated Treatment and Recovery pathways were commissioned in order to improve the recovery potential for adults with drug and alcohol misuse problems. Westminster Drug Project (WDP) is the lead provider. They are building on previous joint work with key stakeholders to create stronger relationships and ensure that appropriate and timely interventions are available for individuals in recovery.

We are continuing provision of long-acting reversible contraception through GPs and emergency hormonal contraception through community pharmacies. Contracts with GPs and pharmacies for these services will be sent out before the beginning of the new financial year (2016/17).

We have set up the Barnet sexual health network in response to service review recommendations. The launch meeting will be in April 2016 and will be used to share information about on-going procurement and secure providers' input in designing innovative, effective sexual health services which also provide value for money and support implementation of the Barnet sexual health strategy 2015–2020. This strategy aims to:

- Prevent and reduce the transmission of STIs
- Reduce the prevalence of undiagnosed HIV infection and improve early diagnosis particularly among target groups
- Expand the provision of sexual health and reproductive services in primary care and community settings
- Increase the uptake of contraception throughout the borough by providing more choice in different healthcare settings
- Reduce the rate of unintended pregnancies, particularly repeat pregnancies
- Improve the provision of services designed for young people's sexual health needs, and promote sex and relationship education

- Promote the welfare of children and reduce the risk of child sexual exploitation in Barnet
- Expand sexual health promotion and reduce sexual health inequalities among vulnerable groups.

We are continuing to work alongside other local authorities in the London North Central sub-region to collaboratively procure sexual health services for this sub-region. Camden and Islington Councils are chairing the procurement joint working group.

We have revived the Public Health sexual health steering group to support implementation of the Barnet sexual health strategy and service review recommendations via new service procurement, to ensure that future services respond to population needs.

The recovery plan for the Individual Placement and Support (IPS) mental health employment support scheme was received in February 2016. The shortfall in achieving the quarterly target was mostly due to a two month delay in starting the service. In addition, given that getting a job takes time, there will inevitably be a time lag between commencing the IPS programme and securing work, so there will probably be a further few months before jobs can be delivered and performance recovers. The provider also proposes the following actions to ensure success: (1) increased localised management via a new Team Leader position providing increased staff supervision and on-site mentoring, to ensure high fidelity IPS provision whilst allowing the Service Manager to focus on contract performance; (2) increased team capacity to engage employers via further employer engagement training; (3) engagement of public sector organisations as employers to increase employment opportunities; and (4) continued analysis of IPS service performance at local team level. The Centre for Mental Health Excellence has advised that the current Barnet IPS service activity levels are entirely appropriate for a completely new IPS service. There is sufficient documented evidence on the robustness and effectiveness of the IPS model in terms of delivering comparably successful job outcome rates at a lower cost once services are fully established. The evidence to-date for these services demonstrates that if all the right quality measures are in place then successful job outcomes follow. The provider has recently been awarded 'Centre for Excellence' status by the Centre for Mental Health Excellence, which is highly commendable for a new service; the Barnet provider is only the second such 'Centre for Excellence' in London. This award confirms that the majority of the key IPS principles are in place. Model fidelity brings with it significant strengths in its evidence-based approach to the delivery of this specific type of employment support. 'Centre for Excellence' status supports the current approach of limiting caseload to 20 active cases per employment specialist, while also maintaining successful job seekers requiring in-work support. This enables the team to work with clients who are more motivated to actively seek work, which should in turn increase successful employment outcomes.

For NHS Health Checks, activity is likely to remain constant, so we are expecting Q4 numbers to be similar to those for Q1 to Q3. There remain issues about the collection of data from the automated data system (Health Intelligence). This is due to as yet unresolved issues around obtaining access to a third party website. The final hurdles are expected to be resolved with Harrow's IT provider by May 2016. This has made it difficult to cross-reference the data and understand the number of 'unrecorded Health Checks', as reported previously. Significant effort has been expended to resolve data-sharing problems. We persuaded our data management provider to develop a special programme to anonymise the data. Several meetings were held with the Local Medical Committee (LMC, representing local GPs) before their agreement was obtained; this message was then communicated to the GP practices. We plan to meet with practice managers and the LMC to address performance issues and to establish levels of support required. A helpdesk and training for the Health Intelligence system are currently available. We will also need to address the tier payment issue, which is proving to be a problem; unfortunately, we are still receiving communications from GP practices querying this issue. It is difficult to ensure communications reach all staff in practices. A staff member of the Barnet Post Health Check Intervention Programme has assisting practices with Health Check IT issues during visits; almost all practices have

been visited in this way (although this is not a formal arrangement). Ten point of care (POC) devices (equipment which enables a much cheaper and easier method of testing glucose and cholesterol levels, and which also encourages clients to return as they do not need separate blood tests) have been distributed, to remove barriers to Health Check completion. Following a review, we will consider distributing more POC devices. An options paper is currently being prepared to ensure that more Health Checks are carried out, more hard-to-reach clients receive a Health Check, and we have a better data baseline for practice performance comparisons. The options appraisal paper will also include the description of a temporary post better to engage practices on Health Checks (and also smoking cessation). Two training sessions for practice staff have been purchased for this financial year and these will be delivered in the coming months.

Regarding 4-week smoking quit rates, data from Q3 shows a further decline in quitting levels. Quarter four data will show whether the training events held earlier in the year translated into increased numbers of quitters. Some pharmacies and GP practices have remained reluctant to use the QuitManager web-based reporting system, which is the only way of recording data and checking invoices. We are currently planning to recruit to a fixed-term post to work directly with GP practices and pharmacies to improve uptake as well as reporting. An options appraisal paper for the service will be produced by June 2016. Further data analysis has been commissioned to provide more detailed figures with regard to the demographics of smoking quitters, and to match these with the local tobacco control profile, which shows, for example, that while overall smoking prevalence is low in Barnet, smoking prevalence in adults in routine and manual occupations is amber-rated and worse than the London average. This work will inform the options paper.

For more detail on other Key Performance Indicators and Commissioning Intentions, please see information presented elsewhere in this report.

2. Performance

2.1 How the Delivery Unit is performing against its performance indicators

	RAG						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 Direction of Travel	
Strategic	6	1	0	2	9	0	7	2	0	9
Critical	16	2	3	6	27	0	16	11	0	27
Overall	**61% (22)**	**8% (3)**	**8% (3)**	**22% (8)**	**100% (36)**	**0% (0)**	**64% (23)**	**36% (13)**		**36**

2.2a Performance Indicators that did not meet their target

Appendix A outlines the indicators which have met their target.

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achieve ment level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measure ment*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/S 8	Number of eligible population aged 40-74 who have received an NHS Health Check	Strategic	Oct-Dec 2015	889	2225	902/N/A	902	59.5%	Improving	England = 2.1%; London = 2.4% [Barnet = 0.9%]

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/S 9	Number of people with mental health problems who have accessed the MaPS employment support programme	Strategic	Oct-Dec 2015	65	63	61/N/A	61	3.2%	Worsening	Not available for either MaPS or IPS in London or England.
PH/S 10	Number of people with mental health problems who have accessed the IPS employment support programme	Strategic	Oct-Dec 2015	25	38	19/N/A	19	50.0%	Worsening	Not available for either MaPS or IPS in London or England.
PH/C 5	Number of people setting a quit date with SC services who successfully quit at 4 weeks	Critical	Oct-Dec 2015	64	120	58/N/A	58	51.7%	Worsening	Not currently available for either London or England.
PH/C 7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive)	Critical	Oct-Dec 2015	95.1%	97.0%	4766/4939	96.5%	0.5%	Improving	London and England benchmarking data not currently available.

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period. July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/C 8	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	Oct-Dec 2015	78.2%	80.0%	3702/4766	77.7%	2.9%	Worsening	London and England benchmarking data not currently available.
PH/C 10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Critical	Jan-Dec 2015	7.8%	11.2%	38/596	6.4%	43.1%	Worsening	National = 7.0%
PH/C 11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Critical	Jan-Dec 2015	31.3%	36.2%	26/98	26.5%	26.7%	Worsening	National = 40.7%
PH/C 13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Critical	Jan-Dec 2015	30.7%	35.5%	48/173	27.7%	21.8%	Worsening	National = 35.3%

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/C 14	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Critical	Jan-Dec 2015	12.5%	14.0%	7/29	24.1%	72.4%	Worsening	National = 19.7%
PH/C 15	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Critical	Jan-Dec 2015	9.1%	0.0%	1/19	5.3%	N/A	Improving	National = 5.8%
PH/C 21	Number of schools reaching bronze award	Critical	Oct-Dec 2015	4	3	2/N/A	2	33.3%	Worsening	England (N/A); joint 4th highest of all London boroughs
PH/C 27	Number of professional/community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Critical	Oct-Dec 2015	92	200	128/N/A	128	36.0%	Improving	England = N/A; London = N/A

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achieve ment level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measure ment*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/C 28	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) - opiate users	Critical	Jan 2014 to Dec 2015	10.8%	10.0%	52/603	8.6%	13.8%	Worsening	England = 7.0%

2.2b Comments and proposed interventions for indicators which did not meet target

Ref and title	Comments and Proposed Intervention
PH/S8 **Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check**	**Intervention Level 1** The Health Check service has been through a great deal of change in the past year and providers have demonstrated patience and understanding while we worked to implement the new IT system and payment structure. With 902 Health Checks received, activity is significantly below target performance levels. Activity in Q4 is likely to remain similar to Q3 so this KPI is not likely to catch up with its annual cumulative target of 9,000 Health Checks received in 2015/16. The new IT system is still experiencing various teething problems and we are working diligently to correct them. Underperformance can be attributed to: (1) continued issues with the data sharing agreement (only officially put in place on 1 December 2015; up to this time GP practices were resistant to deliver data without Local Medical Committee (LMC) agreement (which took time to obtain and publicise) (2) some practices still experiencing challenges using the new IT system; difficulties accessing the data collection system are expected to be resolved with the IT systems provider in April 2016. Our recovery plan to increase Health Checks comprises five key components: 1. Meet with GP Practice Managers and the LMC to identify persistent obstacles, establish what support is needed, and promote the data system training and user support, which are already available. 2. Deliver two training sessions for practice staff in the coming months. 3. Provide additional Health Checks IT system support to GP practices as part of the Post Health Checks Intervention Project (extra support has already been received by almost all GP practices in this way). 4. Review the effectiveness of the 10 ‘point of care’ equipment kits distributed (based

Ref and title	Comments and Proposed Intervention
	on patient need) to Barnet GPs in December 2015 (these kits make Health Checks cheaper and easier for both doctor and patient, and are expected to enhance performance), and consider distributing more kits if benefits are proven. 5. Prepare an options appraisal paper to better establish practice baseline data and high priority target groups (i.e. patients with greater health needs), and to guide the recruitment of a new temporary Health Checks and smoking cessation GP practice outreach worker.
PH/S9 **Number of people with mental health problems who have accessed the MaPS employment support programme**	**Intervention Level 1** Sixty-one people accessed the service during the quarter, against a target of 63. The Motivational and Psychological Support (MaPS) service aims to provide a combination of employment and low level psychological support to people with mild to moderate mental health problems, delivered within the Job Centre Plus itself. The capacity of this service is proportionate to demand, and there is no waiting list. Motivational and Psychological Support activity will continue in Q4 2015/16 and into 2016/17; if the current level of activity continues, the annual target will be met.
PH/S10 **Number of people with mental health problems who have accessed the IPS employment support programme**	**Intervention Level 1** During the quarter, the service provider raised a concern that quarterly targets would not be met, due to a two-month delay in activity commencement, and an inevitable delay between clients starting the programme and securing employment. In February 2016, the provider supplied a detailed recovery plan which anticipated performance recovery by June 2017. The provider proposed the following actions:– Increase localised management, with a new Team Leader position providing increased staff supervision and field mentoring to ensure high fidelity Individual Placement and Support (IPS) provision. This will provide better on-site support for Employment Specialists whilst allowing Service Managers to focus on contract performance. – Increase team capacity to engage employers, via further Employer Engagement training. – Engage public sector organisations to increase employment opportunities, welcoming input from partners to enable public sector Human Resources engagement with the IPS service. – Continue analysis of IPS service performance at local team level.

Ref and title	Comments and Proposed Intervention
	The Commissioners will continue to meet monthly with the provider to ensure that the agreed plan is delivered and to maximise value. In addition, quarterly partnership meetings including Public Health and the Barnet, Enfield and Haringey Mental Health Trust will support recovery plan implementation.
PH/C5 **Number of people setting a quit date with smoking cessation services who successfully quit at 4 weeks**	**Intervention Level 1** The Barnet Stop Smoking service is currently delivered through General Practices and pharmacies, on an interim basis. In early January 2016, two update events were held for providers, one for GP staff and the other for pharmacies. Both events were well attended and left the delegates feeling inspired to take more action to improve service delivery. The impact of these sessions should be reflected in Jan–Mar 2016 activity data. All providers have been contacted and offered support for any aspect of the service. There are a number of GP practices which would like to deliver the service but are unable to do so; four have stated that this is due to insufficient staff numbers. The interim service lead has matched up these practices with neighbouring pharmacies to ensure that practices know where to refer patients for Stop Smoking services. A new service commissioning manager has joined the team in March 2016, and will produce an options appraisal for the new smoking cessation service by June 2016. Data analysis for this work is underway. We also plan to recruit a new (fixed-term) GP and pharmacy support worker to assist uptake and reporting of Stop Smoking work.
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)**	**Intervention Level 1** A total of 96.5% of people with needs relating to STIs were offered an HIV test at first attendance, against a target of 97%. The provider has reported that the low activity for this KPI is due to HIV test coding problems, and that all patients who are eligible for an HIV test are offered one. We have agreed that the provider will produce a weekly report listing patients who do not have a T4, P1B, P1C or H code, and will validate this information. The relevant codes are:

Ref and title	Comments and Proposed Intervention
	T4 = Full sexual health screen including HIV antibody test P1B = HIV antibody test offered and refused P1C = HIV test inappropriate H = HIV positive - previously diagnosed
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)**	**Intervention Level 1** At 77.7%, the percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance is 2.3% lower than the target figure of 80%. The provider has reported that this is due to HIV test coding problems, and that activity will improve once these problems are rectified. We have agreed that the provider will produce a weekly report validating patient test results, which should address the coding problems and supply more information on low HIV test uptake (e.g. why HIV testing was inappropriate for specific patients). Further ways to improve on this KPI will be explored on receipt of the coding validation report, in the event that activity remains low.
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** **users (as per DOMES report)**	**Intervention Level 2*** National Drug Treatment Monitoring Service (NDTMS) data shows decreases in successful treatment completion rates and treatment numbers. The decrease in treatment numbers is probably due to the fact that, during recent recommissioning of the service, a number of historical cases (which should have been closed previously) were erroneously left open but not transferred to the new service. The Public Health England Programme Manager and Substance Misuse Service (SMS) Commissioner have met with our new provider to help identify any other possible reasons for decreased treatment completion rates. There will be on-going, close monitoring by the SMS Commissioner, comparing provider activity to the performance pathway specified in the new contract performance template. The treatment element of the new service will focus on early intervention and harm minimisation, while the recovery element will provide tailored group interventions across substances. All service users leaving treatment will be offered post-discharge ’check-ins’ from a

Ref and title	Comments and Proposed Intervention
PH/C14 **Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)** **PH/C15** **Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)**	trained peer mentor at 3 month intervals for up to 12 months, to identify early warning signs of risk of relapse and offer immediate intervention, in order to avoid unnecessary return to treatment. *Note that, for KPI PH/C15, failure to meet the quarterly target was due to one individual out of a total of 19 returning to treatment, against a target of 0. Intervention for this specific KPI is therefore at level 1.
PH/C21 **Number of schools reaching Bronze award**	**Intervention Level 1** During Q3, two schools achieved the Bronze award, against a target of three. However, the annual target of 9 awards had already been achieved in Q2, and by Q3 the year-to-date total was 12 Bronze awards.
PH/C27 **Number of professional/community representatives in contact with vulnerable groups training in recognising and preventing self-harm/suicide**	**Intervention Level 1** Young Minds were commissioned to provide suicide and self-harm prevention training to frontline staff working with children and young people in Barnet. As of March 2016, 274 people (including 17 staff of Barnet and Southgate College) had undergone training, compared with an annual target of 300 (the target was set following expressions of interest from colleagues and providers). Recruitment to the training has been the key issue; higher uptake would have required better ‘shared ownership’ support from Council partners. Eligibility for the training programme was widened in an effort to increase numbers. Additional promotion to commissioning and delivery unit directors was also undertaken to increase numbers.
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 1** National Drug Treatment Monitoring Service (NDTMS) data shows decreases in successful treatment completion rates and treatment numbers. The decrease in treatment numbers is probably due to the fact that, during recent recommissioning of the service, a number of historical cases (which should have been closed previously) were erroneously left open but not transferred to the new service. The Public Health England Programme Manager and Substance Misuse Service (SMS) Commissioner have met with our new provider to help identify any other

Ref and title	Comments and Proposed Intervention
	possible reasons for decreased treatment completion rates. There will be on-going close monitoring by the SMS Commissioner, comparing provider activity to the performance pathway specified in the new contract performance template. The treatment element of the new service will focus on early intervention and harm minimisation, while the recovery element will provide tailored group interventions across substances. All service users leaving treatment will be offered post-discharge ’check-ins’ from a trained peer mentor at 3 month intervals for up to 12 months, to identify early warning signs of risk of relapse and offer immediate intervention, in order to avoid unnecessary return to treatment.

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 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)	
5	6	1	0	0	12

3.2 Commissioning intentions

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

Commissioning intention	RAG	Commentary
Barnet Schools Wellbeing Programme	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. Eighty of the 90 primary schools and 9 secondary schools are registered for HSL. Of these schools, 44 have achieved their Bronze award and 18 have achieved their Silver award. Barnet continues to be the fourth best local authority in London for overall HSL awards. Four schools have achieved Gold awards; Barnet has the second highest number of Gold awards of all London boroughs. Barnet schools have been very successful with the award scheme so far. At the time of reporting, of all 32 London boroughs, Barnet had:

Commissioning intention	RAG	Commentary
		• the most schools registered with the award scheme – 92 Barnet schools have registered with the award scheme • the 5th highest number of HSL Bronze awards – 44 schools in Barnet have achieved a Bronze award • the 4th highest number of HSL Silver awards – 18 schools in Barnet have achieved a Silver award • the 2nd highest number of HSL Gold awards – 4 schools in Barnet have achieved a Gold award
Children and adults who are overweight and obese are encouraged and supported to lose weight	Green amber	The child weight management programme is available in five venues across the borough. Ninety-one children who are above the healthy weight have engaged in the 12 week after-school programme, from April 2015 to January 2016, as part of the tier two weight management service. In addition, one of the programmes has delivered 12 week sessions to 176 children as part of their School Time Obesity Prevention programme in Barnet schools. This will allow us to work more closely with them to implement measures aimed at attaining a healthy weight. 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. In February 2016, Professor Viv Bennett, the Chief Nurse at Public Health England, was welcomed to Barnet. Professor Bennett was particularly impressed by the borough's approach to childhood obesity, from the focus on healthy lunches and 'play as physical activity', through to the targeted support provided for very overweight children in schools. The "excellent interactive obesity pathway" presented by the public health team was the first she had seen. She also commended the passion and commitment of Barnet's Public Health Team.

Commissioning intention	RAG	Commentary
		The adult obesity pathway group has met and considered the options for a care pathway with a tier two (i.e. targeted intervention) option. This is challenging due to the lack of a clear tier three (i.e. specialist intervention) option but progress is being made. A new appointee started in January/February 2016 and is tasked with taking this forward. Progress is slow but steady on adult obesity. A team (comprising a Senior Diabetes Dietician, two Senior Public Health Strategists, a dietician and a Public Health Strategist) has met to develop the obesity strategy, and this is expected to be ready for sharing with stakeholders by late Summer 2016. The tier two service has been discussed with local practitioners with a view to integration with our post Health Checks and leisure services offer; this is currently in progress. The action for the next quarter is to publish a draft strategy.
People are encouraged and supported to quit smoking	Red amber	Support is underway for the pharmacies and general practices that deliver the Stop Smoking programme. A new commissioning manager has been appointed and is due to start in March 2016. Conducting an options appraisal for a new service is a key priority. Update events were held in January 2016 for all providers. The events were very well received and inspired providers to improve activity. It is likely that we will see an increase in activity in Q4 as a result of these events.
Community emotional wellbeing	Green	The Health Champions project, now referred to as Community Centred Practices, has progressed well in the last quarter. Strategic commitment to the programme was confirmed and a request for volunteer GP practices was sent to all practices via the Clinical Commissioning Group (CCG) Chairs' bulletin. A very good response has been received and we are now proceeding with the award. The Family Health and Perinatal Health Coaches service has been awarded. The service will commence in April 2016. The availability of funds and the added value of external evaluation are currently under review. Self-harm and suicide prevention training is now complete, and we are awaiting the provider's report of final numbers trained.

Commissioning intention	RAG	Commentary
		Members of the team are involved in planning the London Digital Mental Wellbeing Service, ahead of its expected launch in July 2016. The team is also identifying means of promoting service uptake once it is launched.
Making every contact count (MECC)	Green amber	The tender was issued but no applications were received. Organisations that previously expressed interest are being contacted to understand what prevented them from applying. Based on the feedback, amendments to the specification will be made as necessary. Further work will be undertaken to identify potential providers. Because of these issues, the launch schedule is delayed, but we aim to have awarded the provider contract by September 2016.
Alcohol brief intervention	Green amber	As a result of a recent procurement process, the Barnet Substance Misuse Service Treatment and Recovery pathway has incorporated the Intervention & Brief Advice (IBA) provision (from Q3 2015/16). The new provider (Westminster Drug Project - WDP) is required to deliver IBAs in A&E departments, pharmacies, the Criminal Justice Service (CJS) and community venues. The Q3 report reflects IBA activity in the CJS and other locations. Joint working has commenced with the Royal Free Hospital/Barnet Hospital to implement IBA and an Alcohol Care Pathway for Barnet residents presenting to A&E with alcohol-related conditions. WDP will also be undertaking joint work with pharmacies to provide IBA training and reinforce referral pathways to the Substance Misuse Service.
Residents with mental health needs are supported to retain/return to employment	Green amber	Our employment support services have received recent attention from Public Health England, with the Chief Executive Duncan Selbie visiting the service at Burnt Oak. The Individual Placement and Support (IPS) service has also achieved Centre of Excellence status, demonstrating fidelity to the evidence-based IPS model. On the other hand, performance reported this quarter is below target for both the IPS and the Motivational and Psychological Support (MaPS) services. For the MaPS service, the discrepancy is small (outturn of 282, compared with a target of 300). The IPS provider raised a concern that targets would not be met. We are awaiting a recovery plan with the expectation that the shortfall in job outcomes will be made up during the first six months of an extended contract. We will continue to work closely with the provider to ensure that the contract delivers as much value as possible.

Commissioning intention	RAG	Commentary
Ensuring robust sexual health services	Green	We are working with other neighbouring local authorities as a sub-regional group (based on the North Central London NHS sub–region) on the London Sexual Health Transformation Programme. The boroughs involved in the North Central London sub-region are Barnet, Camden, Islington, Enfield, Haringey, Hackney and City of London. We are in the process of procuring integrated contraception and sexual health services in order to: - Create a 'one stop shop' for residents - Increase service accessibility - Create a clear pathway for patients and residents, - Ensure patients access appropriate services based on their needs In parallel with physically accessible services, we have joined forces with 22 London local authorities to procure a web-based sexual health service. This will provide access to STI screening kits and also operate as a triage system signposting patients to appropriate local services based on their individual needs. The joint collaborative commissioning will be good value for money and will increase service visibility, accessibility and choice. These service developments and reconfigurations have been proposed by residents and stakeholders through the services review carried out from May to October 2015. As commissioners we are using residents' feedback when procuring and designing services. The developments will also support the prevention and reduction of sexually transmitted infections (STIs), and contribute to reduced teenage conceptions/pregnancies and fewer late HIV diagnoses in the borough, through ensuring accessible services. The Terrence Higgins Trust contract for HIV home sampling ended on 31 January 2016. Due to the novelty and cost-effectiveness of the service, we joined forces with other local authorities to procure a national HIV home sampling service. This has been active since the end of November 2015. This service will help to increase levels of testing, reduce late HIV diagnosis, and reduce new HIV infections (as early treatment reduces the chance of further transmission).
Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing	Green	New Adult Substance Misuse Service commenced on 1 October 2015, and we anticipate better performance in response to the new service. The new integrated Treatment and Recovery pathways were commissioned in order to improve the recovery potential for adults

Commissioning intention	RAG	Commentary
early treatment, harm minimisation and full recovery		with drug and alcohol misuse problems. Westminster Drug Project (WDP) is the lead provider. They are building on previous joint work with key stakeholders to create stronger relationships and ensure that appropriate and timely interventions are available for individuals in recovery.
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm	Green amber	Procurement is underway for a new Young People's Substance Misuse Service, to commence 1 July 2016.
People with a long term condition are encouraged and supported to self-manage their condition	Green amber	Options for the development and continued implementation of tier one (i.e. universal intervention) have been reviewed and there has been good progress. In other areas, the capacity of the CCG to support plans is unclear. Health Champions – The CCG reiterated its support for the strategic direction, after some initial challenges with recruitment. This led to a very strong response. Making Every Contact Count (MECC) – Locally termed 'Prevention and Wellbeing Training'; a specification has been developed for face-to-face training, and this training is about to be commissioned. Visbuzz – Capital Ambition funding has been secured for 100 tablets to enable video calling (as a pilot) for social isolated and digitally excluded residents. Training was held in March 2016 and referrals to the initiative began in the same month. Structured Education – Potential areas for investment and activity have been identified, to improve diabetes pathway and respiratory conditions. The availability of funds has been communicated to the CCG and the current provider. Healthy Living Pharmacy – Options for long term care and medicines management have been

Commissioning intention	RAG	Commentary
		shared with the CCG; however, there does not appear to be the capacity to explore these. The option of a carer-focused offer is being considered.
Health and lifestyle checks are offered and taken up	Green	The Post NHS Health Checks Lifestyle Intervention Programme is underway. GP surgeries are visited by our Senior Health Trainer on a regular basis to collect referrals for the programme; there is a steady stream of referrals at present and numbers are increasing. Patients are referred onto the GLL 12 week physical activity programme and a 10 week cooking and nutritional advice programme. This is in partnership with Age UK and volunteer nutrition students. These programmes are well attended.

4. Financial

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget £000	Revised Budget £000	Actuals £000	Outturn Variation £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 how they are currently rated:

PROBABILITY	SCORE		IMPACT				
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Catast0rophic
	5	Almost certain	0	0	0	0	0
	4	Likely	0	0	1	0	0
	3	Possible	0	1	0	0	0
	2	Unlikely	0	0	2	0	0
	1	Rare	0	0	0	0	0

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, as well as further mitigating actions, are detailed in the table below.

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

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board (timing)	Target Assessment Impact Probability Rating		
COMPH0013 – Financial Failure to deliver public health outcomes within the reduced annual funding envelope	Moderate 3	Likely 4	Medium High 12	• Robust budget monitoring system in place. • Monthly finance reports presented to Senior Management Team (SMT). • The service is undertaking regular monitoring of its financial position, which provides detailed information on financial commitments,	Treat	Quarterly	Negligible 1	Likely 4	Medium Low 4

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board (timing)	Target Assessment Impact Probability Rating		
				against which any grant reduction can be assessed and/or mitigated. • The specific public health reserve enables a one-off mitigation, if required, should the in-year financial position not be able to fully mitigate any grant reduction. • Review of longer term financial plans is ongoing, including a redesign of sexual health services and ongoing re-procurement activity.					

7. Equalities

Equalities description	Comments and proposed intervention
	Link to the latest Public Health England Health Profile for Barnet (Published June 2015): http://www.apho.org.uk/resource/view.aspx?RID=171822 For further details please see the link to the latest Joint Strategic Needs Assessment (JSNA) for Barnet: https://www.barnet.gov.uk/citizen-home/council-and-democracy/council-and-community/maps-statistics-and-census-information/JSNA.html. See section 7.4 (page 133) ‘Health inequalities in Barnet.’

8. Customer experience

Customer experience description	Comments and proposed intervention
	The latest results for satisfaction with local health services are available in the Autumn 2015 Residents’ Perception Survey. Sixty-one percent of respondents rated local health services as “good or excellent” (two percent increase since Spring 2015). Twenty-one percent of respondents listed quality of health service as a top concern (2% decrease since Spring 2015). For more details please see the link to the Autumn 2015 Residents’ Perception Survey: https://engage.barnet.gov.uk/consultation-team/residents-perception-survey-spring-2015/user_uploads/residents--perception-survey-headline-summary-spring-2015---publishing-on-engage-barnet-v2.pdf

Appendix A

Performance indicators which have met or exceeded their target:

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	Type of indicator	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/S1	Smoking status at time of delivery	Strategic	Jul 2014 - Jun 2015	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	Oct 2014 - Sep 2015	21.0%	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	Oct 2014 - Sep 2015	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	Mar 2013 - Feb 2014	404.78	458.76	1494/369088	404.78	11.8%	Same	No benchmarks available
PH/S5	Smoking prevalence	Strategic	Jul 2014 - Jun 2015	13.2%	15.0%	N/A/672	13.2%	12.0%	Same	England = 18.0%; London = 17.0%
PH/S7	Physical activity	Strategic	Apr 2014 - Mar 2015	58.5%	54.0%	N/A/504	58.5%	8.3%	Same	England = 57.0%; London

Ref	Indicator description *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	Type of indicator	Period Covered *Timeframe data has been measured*	Previous Result *Previous result from the most relevant period.* *July – Sept 2316*	Target *Achievement level expected*	Numerator and Denominator *Relevant number that achieved the level required by the indicator out of total for indicator*	Result *Most recent result of the indicator measurement*	Target Variance *A calculation of how far the outturn is from the target*	Direction of Travel *An assessment of whether performance has improved since the previous results*	Benchmarking *How performance compared to other councils*
	participation									= 57.8%
PH/C1	Prevalence of 4-5 year olds classified as overweight	Critical	Jul 2014 - Jun 2015	11.0%	11.1%	N/A/3840	11.0%	0.9%	Same	England = 12.8%; London = 12.0%
PH/C2	Prevalence of 4-5 year olds classified as obese	Critical	Jul 2014 - Jun 2015	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	Jul 2014 - Jun 2015	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	Jul 2014 - Jun 2015	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	Critical	Oct-Dec 2015	99.5%	98.0%	N/A/N/A	99.8%	1.8%	Improving	London and England benchmarking data not currently available.

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
	assessed with an appointment or as a 'walk-in' within two working days of first contacting the service									
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	Critical	Oct-Dec 2015	60.0%	90.0%	226/278	81.3%	9.7%	Worsening	England: 90.0%

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	Type of indicator	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
	presentations YtD who accepted HBV vaccinations")									
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Critical	Jan-Dec 2015	41.1%	35.8%	119/325	36.6%	2.3%	Worsening	National = 39.3%
PH/C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Critical	Jan-Dec 2015	11.5%	13.6%	7/76	9.2%	32.3%	Improving	National = 10.1%

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
PH/C17	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)	Critical	Jan-Dec 2015	7.9%	8.1%	2/29	6.9%	14.9%	Improving	National = 9.2%
PH/C18	Number of people receiving brief advice about alcohol (ABI)	Critical	Oct-Dec 2015	170	350	849/N/A	849	142.6%	Improving	Benchmarking data for London and England is not available for this indicator.
PH/C19	Number of schools registered for the Healthy Schools London Awards - a)	Critical	Oct-Dec 2015	6	3	7/N/A	7	133.3%	Improving	England (N/A); London = (N/A)

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	Type of indicator	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
	primary									
PH/C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Critical	Oct-Dec 2015	0	3	3/N/A	3	0.0%	Improving	England (N/A); London = (N/A)
PH/C22	Number of schools reaching silver award	Critical	Oct-Dec 2015	1	2	2/N/A	2	0.0%	Improving	England (N/A); Joint 5th highest of all London boroughs
PH/C23	Number of schools reaching gold award	Critical	Oct-Dec 2015	0	1	2/N/A	2	100.0%	Improving	England (N/A); Joint 2nd highest of all London boroughs.
PH/C24	Number healthy eating workshops provided in children centres	Critical	Oct-Dec 2015	25	19	62/N/A	62	226.3%	Improving	England = N/A; London = N/A

Ref	**Indicator description** *Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan*	**Type of indicator**	**Period Covered** *Timeframe data has been measured*	**Previous Result** *Previous result from the most relevant period.* *July – Sept 2316*	**Target** *Achievement level expected*	**Numerator and Denominator** *Relevant number that achieved the level required by the indicator out of total for indicator*	**Result** *Most recent result of the indicator measurement*	**Target Variance** *A calculation of how far the outturn is from the target*	**Direction of Travel** *An assessment of whether performance has improved since the previous results*	**Benchmarking** *How performance compared to other councils*
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 2014 - Dec 2015	34.2%	27.0%	92/298	30.9%	14.3%	Worsening	England = 37.7%