

Public Health – Q3 2016/17 reported in Q4 2016/17

1. SUMMARY

1.1 SERVICE DASHBOARD

Finance	Revenue Budget Variance				Capital Actual Variance		
	0% (0)				Not applicable		

Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
• Indicators	64% (16)	4% (1)	0% (0)	32% (8)	50% (12)	50% (12)
• Key Actions	73% (17.5)	21% (5)	0% (0)	6% (1.5)	92% (22)	8% (2)

Service Risks	Low	Medium Low	Medium High	High	Reduced/Same	Increased	New
	0% (0)	50% (2)	50% (2)	0% (0)	100% (4)	0% (0)	0% (0)

1.2 KEY SUCCESSES AND CHALLENGES

Key Successes

Regarding tier 2 child weight management programmes: In Q3 Alive and Kicking received 48 referrals, 34 children started the programme and 34 completed it (completers have attended 8 out of 12 sessions). 56% of referrals were self-referrals, 18% from the school nurse, 17% from the GP and 9% from the family support worker. 70% of completers achieved a decrease in BMI z score and 13% maintained their BMI z score.

100% of the children rated the ANK programme in evaluation form's and said it was good-excellent (rated 7-10 out of 10).

The Alive N Kicking STOP programme was delivered at Blessed Dominic Primary School, Martin Primary School and Holly Park Primary School between October and December 2016. The programmes ran for 12 weeks and involved working with seven year 5 classes. All classes engaged in nutrition workshops and physical activity sessions. 186 children were weighed and measured at week 1 and week 12, 8 children opted out from having measurements taken, 44 children were identified as being overweight or obese at week 1, and 80% maintained or reduced their BMI z score.

- Regarding smoking options appraisal development: Establishment of Barnet Smoking Cessation Strategy Development Group. Two meetings have now been held and draft Needs Analysis has now been produced and considered by the Group. This will be further refined over the next weeks.

Key Successes

- Six days of specialist support have been purchased from Lewisham Stop Smoking Service to look at performance in individual practices/pharmacies. The outcomes of this work will inform the strategy.
- Two rounds of Level 2 training for community stop smoking practitioners (20 new practitioners trained over a 2-day course); update training (20 attendees); 5 volunteers from Barnet Healthwatch trained to deliver Very Brief Advice and take CO readings and direct smokers to local pharmacy or GP practice.

Development of website to enable smokers to find their nearest stop smoking service more easily. See the interactive map on this page: <https://www.barnet.gov.uk/citizen-home/public-health/stop-smoking-support.html>

Regarding healthy places and planning: Public health has engaged successfully with the planning department and the local plan development. We have researched the evidence for the local plan and joined a national pilot project with the TCPA which aims to enhance relationships with developers.

Key Challenges	Actions Required
Health Schools programme	<p>The targets for registration for primary and secondary were not reached with no schools registering this quarter. The target for bronze was also not reached this quarter. Please see justifications for figures below:</p> <ul style="list-style-type: none"> • Primary Registrations: There are only 9 primary schools in Barnet that haven't registered with Healthy Schools London. These schools are the hardest to engage as they haven't since the start of the programme. So schools will often only register with the website once they are ready to submit their HSL Bronze application • Secondary Registrations: It can be challenging to find the right contact within secondary schools in order to be able to promote the support available. As secondary schools are so big, this can present a challenge. In particular, as the HSL Bronze Review Tool includes criteria relating to Healthy Eating, Physical Activity, PSHE and Emotional Wellbeing it can be challenging to find one person to lead on completing the Review Tool within the school • Bronze: This looks like the provider is behind target due to the quarterly reports not matching up with term times and contract length. In Q3 they should have got 3 Bronze awards and achieved 1. However, if you look at it from a school term time perspective, 4 schools have achieved Bronze awards between Sept-Dec 2016; there is another two terms to work with schools on HSL awards. If the provider has the same success rate (which is likely) they will achieve the overall annual

Key Challenges	Actions Required
	<p>target of 10 Bronze awards</p> <p>There is now a new local quality assurance process to review HSL silver and gold applications. Application review dates are now set up once a month. This may dis-credit the quality of awards in some boroughs and affect London summary review tables making some boroughs look better than others because their quality assurance is not as strict - the GLA are looking to carry our audits to address this (this is an on-going challenge).</p>
Mental health employment support	<p>The provider has indicated that they can no longer deliver the contract within the existing financial envelope. We are expecting the provider to submit re-profiling to help building future options. The provider has grown very rapidly and the market is underdeveloped for IPS service providers. Local performance benchmarks well against that observed nationally. We have approached Barnet CCG to assess their interest in the future of this service. There is also potential for Social Finance funding from social impact bonds. We are in the process of reviewing and building options.</p>
Regarding self-management of long-term conditions	<p>Building sufficient momentum to ensure that all MECC sessions are adequately filled has been challenging, although this has improved since Q2. The following action will be taken to improve this:</p> <ul style="list-style-type: none"> • Engagement with delivery units to promote MECC and ensure ongoing buy-in. • Promotion of MECC at the next Management Conference (May 2017). • Attendance of the Chief Executive and the Commissioning Director of Adults and Health at a MECC training session, and promotion of this in the council. <p>Visbuzz:</p> <ul style="list-style-type: none"> • The council is working with London Councils to look at next steps.

1.3 OVERVIEW – FINANCE, PERFORMANCE AND RISK

Further Q3 public health team successes included:

- Healthy Schools programme: In Q3 there were 4 more silver and 1 more gold award achieved. Barnet now have 10 gold awards in total and are now currently second highest across the 33 London boroughs. In total we now have 99 schools (primary and secondary) registered this is the highest across London. 100% of schools reported a positive experience with Healthy Schools London support.
- Health coaches: Home-Start has been very proactive in recruitment, training and supporting volunteers. As a result both services met their expected annual target within the first 9 months. 25 volunteers were recruited. 21 have completed psychosocial coping strategies training. 20 volunteers and staff attended Perinatal MH Training Day. Evaluation of the service is awaited but 90% of volunteers reported enhanced awareness of local health and social care system and support services. These services have also improved joint working between Home-Start and key partners – Health Visitors, Midwifery, Social Care and most importantly the Community. The Perinatal Health Coaches project seems to now be embedded in the Health Visiting service. Families' progress is measured by the Radar Chart as part of Children and Families standard approach. According to this tool majority of families have experienced a positive distance travelled during the 3-6 month period of support offered by Home-Start. 70% of families are engaged with positive activities in the community and accessed supporting services. 90% of families are supported to be able to address their basic physical health needs.
- London Healthy Workplace Charter: A successful Health and Wellbeing at Work event was held to inform local businesses of the London Healthy Workplace Charter, to enable them to register their interest and find out about resources to support them to implement health promotion initiatives in the workplace. A Health and Wellbeing at Work webpage was set up on the Barnet Council website to provide online support with useful resources and case studies of achieving London Healthy Workplace Charter accreditation.
- Community-centred practices: The Provider has received 490 inquiries from residents interested in volunteering across five surgeries, clearly showing interest in involving with the Practice Health Champion role. The number of Champions who are trained started to develop activities are as follows: 10 Champions Boyne Avenue (South); 23 Champions Brunswick Park (North) ; 17 Champions St Andrews Medical Centre (North); 14 Champions Longrove Surgery (North) . A range of Champion activities have been conducted including: Help with Blood Clinics; Self-care campaign ensuring that patients are diverted to other sources of information such as pharmacies; Delivering information about new initiatives for example Clinical Pharmacists and changes in the appointment systems in the surgery to ensure that patients used the system correctly; Collecting views of patients with regards to the new developments introduced in the surgeries; Social groups, knit and chatter, walking groups and more. Champions also contributed to the CQC inspection in one of the participating practices. The feedback from CQC suggested that they were very impressed with the level of engagement of the Practice with their local community.
- Digital mental health resources: This is a Pan London Programme and there has been significant progress in coordinating efforts across the capital and the design has become increasingly ambitious.
- Mental health employment support: MAPS: The MAPS service provider Future Path was successful in winning the Troubled Families employment support contract. This will release further capacity in the MAPS programme which is welcomed by the JCP. The Mental Health First Aid training to job centres are

almost complete. This was a requirement from this contract with a view to increasing awareness of mental health issues amongst the job centre staff. MAPS will start to offer sessions within the Adults Social Care Assessment Hub 'Care Space' and the 'Barnet Wellbeing Hub'. Referrals from Home Start and Primary Care Link Workers are increasing. MAPS have become a well-connected and well-known service in Barnet. IPS: Staffing challenges have been successfully addressed and this is reflected in quarter 3 performance. Service performance is on target in quarter 3 (13/13 job outcomes) but the provider still has to recover a shortfall from quarter 2. The new IPS trailblazer for common mental illness is due soon. Staff inductions are underway. This will bring 3 x employment specialists to the Borough. The IPS provider Twining was also successful in securing funds from the Big Lottery to run another IPS pilot with CMIs. This pilot will bring 2 x employment specialists covering the postcodes that are not part of the Trailblazer.

- Self-management of long-term conditions: By December 2016 103 frontline staff and volunteers were trained in Making Every Contact Count. Overall the course has been very well received. Progress on MECC was presented at the Strategic Commissioning Board and received good support from senior management. At completion of phase one 150 staff will have been trained. Follow up with attendees has started to inform evaluation. Progression into phase two, targeting a further 150 people is expected is the evaluation is favourable. Barnet CCG commissioned HeLP Diabetes, an online structured education programme. This will provide additional support to type 2 diabetics, particularly those who are not currently accessing face to face structured education. Visbuzz: Barnet, like the other four boroughs in the pilot, continues to experience difficulties with the product and therefore distribution has stopped. Support is still being offered to the 4 people who have units.
- Public Health contribution to parks and open spaces strategy: An active member of the P&OS board, attends all meetings and actively participates in the re development discussions putting forward Public Health initiatives and commitments to creating healthy places.
- Health Checks management: We have advertised the opportunity to tender for the replacement to Health Intelligence data monitoring system. If this tender is successful it will resolve all the issues regarding data as well as being significantly cheaper and able better to meet our needs and those of the GP practices. The timetable envisages go live on 1 April 2017. Since January 2016 all participating GP practices have been receiving monthly individual performance email with comparative league table. This has had an immediate impact through peer pressure. We had very good attendance at the February round of Health Check training with 23 attendees. Performance is also improving. The internal target was for 5,678 NHS Health Checks to be completed. On the current trajectory we are in line to deliver nearly 5,900 health checks. This is also thanks to the work of the Health Check & Smoking Cessation Co-ordinator who has been in post since 1 September 2016.
- Health Checks Options Appraisal: We have now consulted with LMC on moving to federation model as well as having further conversations with the CCG about moving the federation model forward. Discussions have been held with procurement who have drawn up a timetable. The specification has been drafted and the intention is now to go out to procurement in Q1 17-18.
- Regarding shisha: Shisha questionnaire to health professionals developed and distributed to stop smoking advisers (GP's) to ascertain knowledge and understanding of shisha. Links with GLL agreed and prize of free Gym pass as an incentive to encourage more traffic to the webpage in order to assess impact of shisha campaign from residents. Confirmation of regulatory work in another borough to review and compare shisha bars with Barnet based on specific criteria. Secondary schools continue to receive training workshops from Cut Films.

- Leading on public health outcomes for leisure procurement: This is an almost unique procurement in which public health features very highly and as such can be used as an example of the ways in which public health can influence large systems and procurements in local governments.
- Funding and monitoring of sexual health services: Sexual health performance continued to exceed quarterly target achievement through to Q3 2016/17 on the following Key Performance Indicators: 100% of women accessed Emergency Hormonal Contraception (EHC) within 48 hours; Percentage of new attendances of all under 25 year olds tested for chlamydia; (74.20%) against the 74% target; 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; (99.84%) against 98% target; Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive); (98.44%) against a 97% target; 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); (89.81%) against 80% target. During the reporting quarter among other activities, the BME HIV awareness & testing, and Sex Relationship Education (SRE) project reached out to 100 community organisations providers in Barnet to provide: HIV awareness and testing. At Boots Pharmacy (Barnet High Street) the project staff carried HIV testing with 8 people consented to an HIV test.
- Sexual health GUM contracts: The GUM 2016/17 contracts were agreed, signed and exchanged with the provider.
- Developing a local sexual health tender: During the reporting period, Barnet and Harrow Public health shared service continued to collaborate with North Central London commissioning colleagues in the sub region to procure an integrated sexual and reproductive health service, led by Camden and Islington Councils. Commissioners in the North Central London region agreed and issued the specification for an integrated sexual health service across the sub-region. During quarter 3 (October-December 2016) bidders submitted bids as part of the first step in a competitive process followed by negotiation meetings with commissioners and finance colleagues. Negotiation meetings included clarifications and discussions relating to pricing and integrated sexual health models suitable for the sub-region.
- Regarding teenage pregnancy: Of 1333 young people who accessed contraception services 767 (58%) were provided with Long Active Reversible Contraception (LARC) in comparison to user dependent forms of contraception. LARC is recommended as the most effective and reliable form of contraception, hence an increase in uptake by this target group leads to reduction in risks of unplanned pregnancies. 74% of under 25's accessing contraception services had a chlamydia test and of those tested 28% were positive and 91% of those who were positive were treated within 10 days reducing the risk of onward transmission.
- Funding and monitoring of the drug and alcohol service: Alison Keating - Head of Alcohol and Drugs Team, PHE (London) has sent an e-mail to SMS Commissioner to highlight Barnet's improvement of successful completions: "Barnet's rate of successful completions for drugs has improved over the year by 3.9% and is currently at 16.1% which is now greater than the national average. Given the progress, it is easy to believe that Barnet will continue to improve to equal or exceed the London rate. At the same time, the outcomes for alcohol users in Barnet have also increased and the outcomes being achieved continue to exceed both the national and London average".
- Better Together: Public Health has continued to provide funding for Better Together alongside ASC. Community activities continue and are incorporated into wider prevention planning.

Further Q3 public health challenges included:

- Tier 2 child weight management programmes: Currently a lot of referrals to the programme have been children measured above the 98th centile. An issue has arisen with the lack of engagement and promotion among the 91st-98th centile. Our Healthy Weight Nurse Team also provide 1:1 support for families with children above the 98th centile. We are currently in the process of redefining the healthy weight pathway and making it clear to both providers of the centile range they should be targeting. There is more work to do with families who have children identified as overweight but not obese in the prevention of increase of weight.
- Health coaches: The main reasons for referrals to both services are predominantly for mental health needs (80-90%). Physical health needs and social issues alongside mental health problems make it difficult for some clients to make a commitment to the service, resulting in a "stop/start" situation. However, the service has persisted with these families and is examining ways of addressing this challenge.
- Community-centred practices: The key challenge was the overwhelming response from the citizens and having limited capacity to involve them all. The provider contacts every person who expressed an interest and assesses their suitability to become a Health Champion. One of the advantages of this is to maintaining the pipeline of potential Champions in case of drop out in future. As reported in the previous quarter space for Champions to meet is still an issue as surgeries have limited availability.
- Digital mental health resources: The expected delivery has been delayed until Sept 2017.
- London Healthy Workplace Charter: Public Health will work to build strategic links between the London Healthy Workplace Charter/workplace health promotion and the Entrepreneurial Barnet Strategy through engagement with the Entrepreneurial Barnet Board and further Health and Wellbeing at Work events.
- Physical activity and diet: In discussions with 2 weight management providers with more group weight management experience. Hoping to complete this process shortly.
- Smoking options appraisal development: The challenges are to develop an options paper in the context of significant changes in the STP landscape and significantly reducing budgets, as well as the nascent Pan-London Smoking Channel Shift project that Barnet will be participating in. Given these delays in being able to develop a strategy an interim solution it has been decided to let a contract for specialist smoking support. This opportunity will be advertised in Q1. We have had success in a mini-tender/request for quotes for 6 days of specialist smoking support to look at performance in individual practices/pharmacies. This work has begun and will continue until the end of March 2017. It will inform the strategy in regard to community services. The work with the training provider that has now delivered two rounds of Level 2 Smoking Cessation as well as annual update training and annual CO monitor calibration. The learning from these events will also feed in to the development of the specification for the interim specialist support and the new contracts for pharmacies and GP practices for 17/18.

- Health Checks management: The key challenge will be in mobilising the new data system. GP practices will benefit from a system that is less onerous for them and does not necessitate major changes as the templates on their systems will remain the same. The data reporting and invoicing will be much easier for them. The work will be for public health to work with the new provider to set up the new reporting system for the meta-data. We had good pre-market engagement and are hopeful that strong bids will be received.
- Health Checks options appraisal: The key challenge will be to set up the federation model. We will advertise the opportunity in Q1. The plan and financial plan is for it to start in the autumn 2017. We will be able to report the outcome in Q2 17/18.
- Regarding shisha: Ensuring enough residents are exposed to the shisha campaign materials and fill out the online survey to give an indication of impact of campaign. Gathering information from comparator borough (Islington) on how shisha is regulated in order to feed into the wider evaluation work.
- Leading on public health outcomes of leisure procurement: ISOS is very structured and as such it is very time consuming.
- Healthy places and planning: Encouraging planners to engage has been a challenge. We are also needing to promote public health more vigorously than before in other areas of the council, previously receptive.
- Funding and monitoring of sexual health services: The challenge to deliver the BME HIV awareness & testing, and Sex Relationship Education (SRE) project in tight timescales whilst ensuring delivery outcomes to the end of March 2017. Commissioners sought and agreed with the provider to extend the project for three months from 1st April to 2nd July 2017. The extension of the contract will enable the provider achieve project objectives and desired outcomes.
- Sexual health GUM contracts: Ensuring smooth transition of the new integrated service as the current service winds down with minimal impact on people who access the services.
- Funding and monitoring of drug and alcohol services: Barnet SMS has are lower proportions of clients reporting living with children than national averages. The SMS Commissioner has tasked the Provider to review the current data against client records to establish if this is a recording issue or if it reflects the local population. A SMS Hidden Harm Service is now established including: co-location at MASH and the Duty and Assessment Team; engagement with Barnet Young Carers to discuss support for young carers and referral route; engagement with Barnet Children Centre Co-ordinator to put protocols in place, undertake joint audits and review staff SMS training needs; presentation to Barnet Homes staff; and engagement with Health Visitors at Edgware hospital.
- Better Together: The service faces a significant staffing challenge with the recent departure of staff but the community response has been very positive as options are being reviewed.

2. Finance

2.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Revised Budget	Period 11 forecast	Variation		
	£000	£000	£000	£000		
Public Health	18,544	18,055	18,055	-		0.0%
Total	18,544	18,055	18,055	-		0.0%

2.2 Capital

N/A

3. Performance

3.1 Overview of performance for Corporate Plan and Service indicators

	RAG						Long Term 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	
CPI	2	0	0	3	5	0	2	3	0	5
SPI	11	1	0	2	14	0	8	5	1	14
MPI	3	0	0	3	6	0	2	4	0	6
Overall	64% (16)	4% (1)	0% (0)	32% (8)	100% (25)	0% (0)	48% (12)	48% (12)	4% (1)	100% (25)

Key:

CPI	Corporate Plan Indicator
SPI	Commissioning Plan Indicator
MPI	Management Agreement Indicator
KPI	Contract Performance Indicator

3.2a Indicators

Transforming services (Opportunity)

GIVING CHILDREN THE BEST START IN LIFE - Children, young people and their families are supported to be physically, mentally and emotionally healthy

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Smaller is Better	21.0%	21.0%	800/4177	19.15%	19.9%	Improving	19.9%	Improving	England = 22.14%; London = 21.97% (17/3/17; Public Health Outcomes Framework)
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Smaller is Better	32.0%	32.0%	1253/3639	34.43%	32.6%	Worsening	32.6%	Worsening	England = 34.17%; London = 38.07% (17/3/17; Public Health Outcomes Framework)
PH/S5	Smoking prevalence	Smaller is Better	13.0%	13.0%	N/A	14.6%	14.4%	Worsening	13.2%	Worsening	England = 16.93%; London = 16.26% (17/3/17; Public Health Outcomes Framework)
PH/C19	Number of schools registered for the Healthy Schools London awards - (a) primary	Bigger is Better	6	2	N/A	0	1	Worsening	7	Worsening	Not applicable

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
PH/C20	Number of schools registered for the Healthy Schools London awards - (b) secondary	Bigger is Better	4	1	N/A	0	0	Same	3	Worsening	Not applicable
PH/C21	Number of schools reaching bronze award	Bigger is Better	10	3	N/A	1	3	Worsening	2	Worsening	Not applicable
PH/C22	Number of schools reaching silver award	Bigger is Better	6	2	N/A	4	0	Improving	2	Improving	Not applicable
PH/C23	Number of schools reaching gold award	Bigger is Better	5	1	N/A	1	2	Worsening	2	Worsening	Not applicable
PH/C24	Number of healthy eating workshops provided in Children's Centres	Bigger is Better	570	156	N/A	181	208	Worsening	62	Improving	Not applicable

Managing demand for services (Fairness)

ILL HEALTH PREVENTION - Health and lifestyle checks help reduce the risk factors associated with long-term conditions, and people with a long-term condition are supported to self-manage their condition

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
PH/S4	Rate of hospital admissions related to alcohol	Smaller is Better	400.00	400	1593/374915	424.8	310.4	Worsening	404.8	Worsening	Not applicable
PH/S12	Percentage of women accessing Emergency Hormonal Contraception (EHC) within 48 hours	Bigger is Better	80.0%	80.0%	138/138	100.00%	100.00%	Same	New	Not applicable	Not applicable
PH/S13	Percentage of new attendances of all under 25 year olds tested for chlamydia	Bigger is Better	70.0%	70.0%	233/314	74.20%	77.3%	Worsening	New	Not applicable	Not applicable
PH/S14	Number of people engaged or supported by Winter Well	Bigger is Better	1200	1038	N/A	142359	N/A	N/A	New	Not applicable	Not applicable
PH/C6	Percentage of people with needs	Bigger is Better	98.0%	98.0%	7150/7161	99.84%	99.0%	Improving	99.8%	Improving	Not applicable

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
	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										
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)	Bigger is Better	97.0%	97.0%	4230/4297	98.44%	97.2%	Improving	96.5%	Improving	Not applicable
PH/C8	Percentage of people with needs relating to STIs who have a record of having an	Bigger is Better	80.0%	80.0%	3799/4230	89.81%	88.0%	Improving	77.7%	Improving	Not applicable

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
	HIV test at first attendance (excluding those already diagnosed HIV positive)										
PH/C10	Successful treatment - opiate users	Bigger is Better	8.0%	8.0%	51/561	9.1%	8.3%	Improving	6.4%	Improving	National = 6.8% (17/3/17; National Adult Quarterly Activity Partnership Report)
PH/C11	Successful treatment - non-opiate users	Bigger is Better	33.0%	33.0%	26/73	35.6%	36.1%	Worsening	26.5%	Improving	National = 40.0% (17/3/17; National Adult Quarterly Activity Partnership Report)
PH/C12	Successful treatment - alcohol users	Bigger is Better	42.0%	42.0%	105/256	41.0%	43.4%	Worsening	36.6%	Improving	National = 39.3% (17/3/17; National Adult Quarterly Activity Partnership Report)
PH/C13	Successful treatment - non-opiate and alcohol users	Bigger is Better	32.0%	32.0%	44/132	33.3%	34.7%	Worsening	27.8%	Improving	National = 35.0% (17/3/17; National Adult Quarterly Activity Partnership Report)

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
											Partnership Report)
PH/C14	Re-presentations - opiate users	Smaller is Better	12.0%	12.0%	4/29	13.8%	23.1%	Improving	24.1%	Improving	National = 18.7% (17/3/17; National Adult Quarterly Activity Partnership Report)
PH/C15	Re-presentations - non-opiate users	Smaller is Better	8.0%	8.0%	3/19	15.8%	22.2%	Improving	5.3%	Worsening	National = 6.1% (17/3/17; National Adult Quarterly Activity Partnership Report)
PH/C16	Re-presentations - alcohol users	Smaller is Better	11.0%	11.0%	5/68	7.35%	7.8%	Improving	9.2%	Improving	National = 9.0% (17/3/17; National Adult Quarterly Activity Partnership Report)

Responsible growth and regeneration (Opportunity)

HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES - The built environment is conducive to healthy living choices such as walking and the accessibility of safe open spaces

Ref	Indicator	Polarity	Annual 2016/17 Target	Q3 2016/17 Target	Numerator / Denominator	Q3 2016/17 Result	Q2 2016/17 Result	DOT Short-Term (From Q2 2016/17)	Q3 2015/16 Result	DOT Long-Term (From Q3 2015/16)	Benchmarking
PH/S7	Physical activity participation	Bigger is Better	59.0%	59.0%	N/A	59.5%	59.47%	Improving	58.5%	Improving	England = 57.1%; London = 57.8% (17/3/17; Public Health Outcomes Framework)
PH/S11	Excess weight in adults	Smaller is Better	56.8%	56.8%	N/A	56.8%	56.75%	Worsening	New	Not applicable	England = 64.8%; London = 58.8% (17/3/17; Public Health Outcomes Framework)

3.2b Comments and proposed interventions for indicators that have not met target

Ref and Indicator Title	Comments and Proposed Intervention
<p>PH/S3 Excess weight in 10-11 year olds (overweight or obese)</p>	<p>Intervention level 1 Barnet has a number of initiatives in place to decrease levels of excess weight in 10-11 year olds. We have a tier 2 weight management programme (Alive & Kicking) for 4-12 year olds and a School Time Obesity Prevention programme delivered in Years 3, 4 and 5. Our Healthy Weight Nurse team also work individually with children and parents/carers identified as above the 98th centile for weight. Recently, a new top priority school list based on NCMP results has been developed to help target work in particular schools to help reduce obesity levels. Barnet has also been involved with the Great Weight Debate- a London conversation on childhood obesity, and we have been encouraging residents to have their say on the issue. A workshop was held with parents in a local children centre and an evaluation at a local and regional level will be available in 2017.</p> <p>A new initiative around trans fats is being delivered with secondary schools. The project highlights the dangers of trans fats and what to look out for when purchasing foods in popular take away outlets, this will hopefully allow young people to make better informed choices.</p>
<p>PH/S4 Rate of hospital admissions related to alcohol</p>	<p>Intervention level 1 The Adult Substance Misuse Service's (SMS) provides a full time Alcohol Liaison Nurse who is based at Barnet Hospital and works as part of the Hospital Alcohol Liaison Team. Recent developments have included joint engagement work with Barnet's Young People's Drug and Alcohol Service to meeting with the A&E Medical and Nursing Staff and Paediatric team to discuss training of staff and referrals into Adult and Young Peoples SMS.</p>
<p>PH/S5 Smoking prevalence</p>	<p>Intervention level 1 As has been reported previously, the prevalence indicator is unreliable at a local level. It is based on the Annual Population Survey conducted every year by the Office for National Statistics. Across the UK 320,000 adults complete the survey and the results are then scaled up to make projections for each local area. The methodology is set out here: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/qmis/annualpopulationsurveyapsqmi</p> <p>There is regular discussion among local authority commissioners of smoking cessation services about the outturns for each area which can vary from year to year by a couple of percentage points. It can even lead to some very significant changes for smaller, more specific categories of smokers. By way of example, Barnet's Local Tobacco Profile from the beginning of 2016 stated that in 2014 Barnet had a smoking prevalence among adults in routine and manual occupations of 27.7%. By mid-2016 when the new Local Tobacco Profile was published with the data from 2015 this figure had dropped very significantly to 19.7%. It is not credible that the prevalence can have dropped so sharply in 12 months. The only credible explanation is that the methodology for calculating these figures is not reliable at a local level – and ever less reliable the smaller the group in question is.</p> <p>That is not to say that we do not recognise that performance needs to improve and that the strategy needs to be refreshed in the light of the budget that will be a third of what it was two years ago, falling to a quarter by 2018-19. As has been reported in the quarterly monitoring reports this work is ongoing and will determine the extent to which there is a focus on general prevalence or whether the significantly reduced resources are targeted at certain patient groups e.g. those with COPD, pregnant mothers, mental health patients etc. and that much more limited support is provided to 'standard' smokers.</p>

Ref and Indicator Title	Comments and Proposed Intervention
	<p>In terms of what we have been doing over the last six months, we are addressing a number of issues around 1) quality and data systems; 2) quality of community based support; 3) increasing traffic to community based services. As has been reported for all the quarterly monitoring reports we have:</p> <ul style="list-style-type: none"> a) recruited a smoking cessation co-ordinator who has been crucial in providing the link on the ground with the providers, getting more providers set up, setting up the training etc. Providers are reporting that they feel more supported by Barnet public health; b) organised two rounds of Level 2 training for new smoking advisers (20 new practitioners trained over two 2-day courses); c) delivered update training for existing providers (20 attendees) which included the annual calibration of the carbon monoxide monitors; d) trained 5 volunteers from Barnet Healthwatch trained to deliver Very Brief Advice and take CO readings and direct smokers to local pharmacy or GP practice (in the first five sessions they spoke with 244 passers-by, carried out 131 CO tests and referred 5 smokers immediately – others may take up the offer of support at a later point; of the 131 tests: 24 had a high reading, 8 had a medium reading and 99 had a low reading); e) engaged six days of specialist support from Lewisham Stop Smoking Service to look at performance in individual practices/pharmacies (this work has involved focussing on the 6 practices/pharmacies with the highest numbers of those setting a quit date, calling those smokers who had set a quit date but not managed successfully to quit to understand the quality of the support provided (47 clients were called of whom 15 agreed to complete a survey), then visited those practices/pharmacies to speak with the advisers directly and provide feedback; pulling this together into a report); f) started negotiating about extending that support (1 day per week) until the end of June – a process complicated by the HMRC requirements on all LAs re. IR35; g) had discussions with QuitManager (the data systems provider) about purchasing new modules that will make the process easier but it comes with some significant systems changes plus changes to training and we need to ensure that these are all co-ordinated – it is likely we will not introduce them until we have more on-going specialist support in place; h) strengthened clinical governance in the specification for community based providers and looked again at the payments by results to bring them more in line with other boroughs and to increase the incentives for achieving a successful quit; i) booked a new round of Level 2 training plus a day of annual update training (and CO monitor calibration) for May 2017.
<p>C12 Successful treatment - alcohol users</p>	<p>Intervention level 1 Performance level achieved is 41% against a target of 42%. The most up to date data has shown that the outcomes for alcohol users in Barnet has increased and the outcomes being achieved continue to exceed both the national (39.3%) and London average.</p>
<p>PH/C14 Re-presentations - opiate users PH/C15 Re-presentations - non-opiate</p>	<p>Intervention level 1 Based on the most recent DOMES data, performance for representations has improved since the last quarter for both these KPIs. The Public Health England Programme Manager, Substance Misuse Service (SMS) Commissioner and Provider continue to review performance. There has also been continued close monitoring by the SMS Commissioner.</p>

Ref and Indicator Title	Comments and Proposed Intervention
users	
PH/C19 Number of schools registered for the Healthy Schools London awards - (a) primary	<p>Intervention Level 1</p> <p>We only have 9 primary's left to reach so the ones that are left are the hardest to engage as they haven't since the start of the programme. A new schools prioritisation list will be produced soon based on NCMP data so may help to target those schools left by using this as a tool to get in and help the school focus on the health and wellbeing of their pupils. Despite the target not being reached this quarter we still have in total 99 schools (primary and secondary) registered, this is the highest across London. We also have a new THRIVE programme being offered to schools around mental wellbeing and schools that are successful with their applications will need to make sure they are engaged and signed up with healthy schools too.</p>
PH/C20 Number of schools registered for the Healthy Schools London awards - (b) secondary	<p>Intervention Level 1</p> <p>A drive to increase secondary school registrations is happening with increased promotion of those schools that achieve awards. There is a new service specification in development which will focus on specific targets for secondary's which doesn't exist in the current contract. We also have a new THRIVE programme being offered to schools around mental wellbeing and schools that are successful with their applications will need to make sure they are engaged and signed up with healthy schools too.</p>
PH/C21 Number of schools reaching bronze award	<p>Intervention Level 1</p> <p>This looks like the provider is behind on the target due to the quarter reports not matching up with term times and contract length. In Q3 they should have got 3 Bronze awards and achieved 1. However, if you look at it from a school term time perspective, 4 schools have achieved Bronze awards between Sept-Dec 2016; there is another two terms to work with schools on HSL awards. If the provider has the same success rate (which is likely) they will achieve the overall annual target of 10 Bronze awards</p>

4. Key Actions

The tables below provide an update on progress in delivering the strategic and commissioning priorities, as set out in the refreshed Corporate Plan and Public Health Commissioning Plan for 2016/17.

4.1 Overview of Key Actions

RAG Ratings					No. of Key Actions
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)	
17.5	5	0	1.5	0	24

Key

RAG	Description
Green	Action on track or met
Green Amber	Action delayed, Low Impact
Red Amber	Action delayed, Medium Impact
Red	Risk of Not Delivering Or High Impact

4.2 Progress on Key Actions

The section below outlines the Key Actions which were due to be completed this quarter.

Transforming services (Opportunity)

GIVING CHILDREN THE BEST START IN LIFE - Children, young people and their families are supported to be physically, mentally and emotionally healthy

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH/1617/001	Childhood obesity: PH funding and commissioning of childhood obesity and nutrition investment via a tier 2 weight management programme	Green	<p>Alive & Kicking continue to deliver successfully across the borough. In Q3 they received 48 referrals and 34 children started the programme and 34 completed it (completers have attended 8 out of 12 sessions). 56% of referrals were self-referrals, 18% from the school nurse, 17% from the GP and 9% from the family support worker. 70% of completers achieved a decrease in BMI z score and 13% maintained their BMI z score.</p> <p>100% of the children rated the ANK programme in evaluation form's and said it was good-excellent (rated 7-10 out of 10).</p> <p>The Alive N Kicking STOP programme was delivered at Blessed Dominic Primary School, Martin Primary School and Holly Park Primary School between October and December 2016. The programmes ran for 12 weeks and involved working with seven year 5 classes. All classes engaged in nutrition workshops and physical activity sessions. 186 children were weighed and measured at week 1 and week 12, 8 children opted out from having measurements taken, 44 children were identified as being overweight or obese at week 1, and 80% maintained or reduced their BMI z score.</p> <p>Future development plans involve redefining the healthy weight pathway for tier 2 to make sure all centile ranges from the 91st and above are covered seamlessly by both the weight management programme and Healthy Weight Nurse Team. 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 ensures that the tier 2 service targets and works with these schools.</p>
PH/1617/002	Commission 5-19 Wellbeing programme: 5-19 Wellbeing program - ongoing commissioning of support to the Healthy Schools programme.	Green-amber	<p>In Q3 there were 4 more silver and 1 more gold award achieved. Barnet now have 10 gold awards in total and are now currently second highest across the 33 London boroughs.</p> <p>The targets for registration for primary and secondary were not reached with no</p>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
			<p>schools registering this quarter. We only have 9 primary's left to reach so the ones that are left are harder to engage with but the provider continues to try and engage with them, a new schools prioritisation list will be produced soon based on NCMP data so may help to target those schools left by using this as a tool to get in and help the school.</p> <p>A drive to increase secondary school registrations is happening with increased promotion of those schools that achieve awards. There is a new service specification in development which will focus on specific targets for secondary schools.</p> <p>Despite the above we still have in total 99 schools (primary and secondary) registered, this is the highest across London.</p>
PH/1617/003	Commission Health Coaches: Development of health coaches in support of the families first agenda and those affected by peri/post natal depression to contain demand and assess sustainability.	Green	<p>Family Health Coaches</p> <p>127 referrals and 60 families received the service</p> <p>Perinatal Mental Health Coaches</p> <p>96 referrals and 51 families received the service</p> <p>Both services achieved their targets.</p>

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH1617/005	Physical activity and healthy diet: Develop and commission adults weight management offer, and engage in the development of the SPA strategy	Green-amber	<p>Public Health still in the process of jointly procuring (with Harrow) a targeted adult weight management service for Barnet.</p> <p>The service will target people from black and minority ethnic groups, people from low income wards, and people with diabetes and pre-diabetes. This will be a pilot programme running for 12 months from commencement. The information obtained from the pilot will be analysed and used to inform future procurement.</p>
PH1617/006	Mental health: Develop a community centred practices programme to build capacity in practices in identifying and	Green	<p>The work is progressing as planned.</p> <ul style="list-style-type: none"> 490 inquiries were received across five surgeries - showing the significant

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
	referring to community resources to support patients		<p>interest of citizens to become volunteers in Barnet.</p> <ul style="list-style-type: none"> Champions across five surgeries have been trained and some have already started their activities. Greenfield Surgery no longer has capacity to continue with the pilot. This surgery has been replaced with a Residential Home. This is with a view to extend Champion's role to support residents and staff with new activities in the care home to improve outcomes. Jai Medical Centre will start in March 2017.
PH1617 /007	Mental health: Expand digital based resources available for residents with common mental illness.	Red	The London Digital Mental Wellbeing is a London wide initiative. The programme has been delayed and will be implemented in Sept 2017. It is however increasingly ambitious.
PH1617 /008	Reduce smoking: Develop options appraisal for targeted service	Green	<p>The challenges are to develop an options paper in the context of significant changes in the STP landscape and significantly reducing budgets, as well as the nascent Pan-London Smoking Channel Shift project that Barnet will be participating in.</p> <p>Given these delays in being able to develop a strategy an interim solution it has been decided to let a contract for specialist smoking support. This opportunity will be advertised in Q1.</p> <p>We have had success in a mini-tender/request for quotes for 6 days of specialist smoking support to look at performance in individual practices/pharmacies. This work has begun and will continue till the end of March 2017. It will inform the strategy in regard to community services.</p> <p>The work with the training provider that has now delivered two rounds of Level 2 Smoking Cessation (20 new practitioners trained) as well as annual update training and CO monitor calibration (20 attendees). The learning from these events will also feed in to the development of the specification for the interim specialist support and the new contracts for pharmacies and GP practices for 17/18.</p>
PH1617 /009	Reduce smoking: Work with partners on wider tobacco control issues such as shisha	Green	Most secondary schools have received the shisha workshops and give positive feedback on the imagery and messages. Finalisation of the shisha images has been confirmed and the script for the vlog is being developed. It is anticipated that a re-launch of the communications will be undertaken in Jan 2017.

Create fair employment and good work for all, which helps ensure a healthy standard of living for all

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH1617 /010	Create fair employment: PH support of contract monitoring, service development and assessment of options for sustainability and/or mainstreaming of service	½ Green	<p>April – December 2016</p> <p>The MAPS service is on target. The service received 344 referrals, engaged 161 residents and helped 51 residents to move into jobs.</p>
		½ Red	<p>The IPS service has engaged 59 residents and secured 30 jobs against the target of 36. There is a shortfall of 6 job outcomes. This has caused by losing three employees last summer. Although the performance picked up in quarter 3/2016, the shortfall from the quarter 2/2016 has not yet recovered.</p> <p>The provider flagged that they could no longer able to deliver the contract within the existing financial envelope. We are expecting the provider to submit re-profiling to help building future options. It should be noted that the performance benchmarks well nationally.</p>
PH1617 /011	Create fair employment: PH expertise support for workplace health promotion and the London Healthy Workplace Charter amongst local businesses including approaches for managing long term sickness.	Green	<p>Achievement of London Healthy Workplace Charter Excellence accreditation for Barnet Council was confirmed.</p> <p>Two Barnet organisations registered interest in the London Healthy Workplace Charter between October and December 2016.</p> <p>The first Health and Wellbeing at Work event for local businesses was held and was a success.</p> <p>Public Health will work to build strategic links between the London Healthy Workplace Charter/workplace health promotion and Entrepreneurial Barnet.</p>

Responsible growth and regeneration (Opportunity)

Healthy and sustainable places and communities

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH1617 /012	Investing in facilities: PH lead on the PH outcomes component of the leisure procurement	Green	PH has been contributing to the development and evaluation of the method statements for potential providers for the new leisure services for Barnet. Our steps for the next quarter is are to continue support for procurement, evaluation of ISOS and next stage participation.
PH1617 /013	Access to health facilities: PH contribution to the continuing SPA strategy	Green	Public health team have made a contribution to the consultation of the SPA strategy known as FAB. We are awaiting the next steps from the SPA commissioner and will take action once these are relayed to us
PH1617 /014	Access to health facilities: Support with healthy places, planning support and PH expertise	Green	Public health has engaged successfully with the planning department and the local plan development. We have researched the evidence for the local plan and joined a national pilot project with the TCPA which aims to enhance relationships with developers. Next steps are to develop the TCPA project and take our support for the local plan forward.
PH1617 /015	Access to health facilities: PH expertise contribution to the Parks and Open spaces strategy	Green	PH actively involved in these meetings, putting forward PH commitments and initiates. Actively participating in re development discussions.

Managing demand for services (Fairness)

III health prevention

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH1617 /016	Integrated and sustainable sexual health service: PH funding & monitoring of sexual health services	Green	<p>Sexual health performance on all five sexual health KPIs exceeded quarterly target in Q3 2016/17 (refer to key achievements report for details).</p> <p>Barnet and Harrow shared service sexual health commissioners continued to monitor sexual and reproductive health services quarterly on budget, review financial spend against activity and performance monitoring contracts on schedule.</p>
PH1617 /017	Integrated and sustainable sexual health service: To agree GUM contracts as part of the London collaborative commissioning programme	Green	<p>The 2016/17 contract is coming to end on 31st March 2017.</p> <p>Commissioners are seeking an extension from the current provider to align end of the contract and new services commencement around the 3rd of July 2017.</p>
PH1617 /018	Integrated and sustainable sexual health service: Development of local specification and tender; sub regional procurement partnership	Green	<p>There has been great progress in the tendering process. The specification has been developed, finalised and agreed by collaborating commissioners in the North Central Sub-Region.</p> <p>Invitations to tender documents were published to the London Tenders Portal (LTP) which is an electronic procurement system used by London Councils. During this reporting quarter, bids were submitted to the Portal, commencing a competitive process between providers.</p> <p>Barnet and Harrow Public health shared service continued to work in collaboration with NCL collaborating boroughs (Camden & Islington, Haringey) and other partners in quarter 3 to design and deliver better, more cost-effective sexual health services for the North Central London sub-region.</p>
PH1617 /019	Integrated and sustainable sexual health service: Work with key partners to reduce teenage pregnancies and to promote sexual health e.g. health education, social services, youth support services and the voluntary sector.	Green	<p>There has been increased provision of outreach in schools and colleges. The outreach sessions provided at the college saw 80 young people registering for condom access and at least 20 coming back for repeat collection of condoms through the Barnet condom distribution scheme locally known as BU21.</p> <p>Young people received information on contraception and sexual health including HIV. Feedback from young people through comment cards was overwhelmingly positive and indicated great grasp of the topics discussed.</p>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH/1617/020	Improve treatment outcomes in drug & alcohol services: PH funding & monitoring of service	Green-amber	<p>The National Drug Treatment Monitoring Service (NDTMS) previously showed decreases in successful treatment completion rates. During the re-commissioning of the service, the new Provider found a number of historical cases (which should have been closed previously) were erroneously left open but not transferred to the new service – therefore these cases were closed and could not be identified as recent successful completions. The Public Health England Programme Manager, Substance Misuse Service (SMS) Commissioner and Provider have continued to meet to review performance data There has also been continued close monitoring by the SMS Commissioner.</p> <p>Recent NDTMS data for October – December 2016 shows:</p> <p>Opiate 9.1% which has exceeded target of 8%</p> <p>Non-opiate 35.6% which has exceeded target of 33%</p> <p>Alcohol 41.0% which is just 1% under the target of 42%</p> <p>Alcohol and non-Opiate 33.3% which has exceed target of 32%</p> <p>A recent e-mail from PHE highlighted (based on the most recent unpublished data) highlighted “Barnet’s rate of successful completions for drugs has improved over the year by 3.9% and is currently at 16.1% which is now greater than the national average. Given the progress, it is easy to believe that Barnet will continue to improve to equal or exceed the London rate. At the same time, the outcomes for alcohol users in Barnet have also increased and the outcomes being achieved continue to exceed both the national and London average”.</p>
PH/1617/021	Promotion of self-management of health: PH funding of Better Together (Ageing Well)	Green	<p>PH has continued to provide funding for Better Together alongside ASC.</p> <p>Community activities continue and are incorporated into wider prevention planning.</p> <p>The service faces a significant staffing challenge with the recent departure of staff but the community response has been very positive as options are reviewed.</p>
PH1617/022	Promotion of self-management of health: PH funding of long term conditions. Development and continued implementation of tier 1 including Healthy living pharmacies, MECC, Visbuzz (provision of simple digital	Green-amber	<p>Social Marketing Gateway had provided MECC training for a total of 103 people by December 2016. Eight sessions were delivered between during this quarter.</p> <p>Barnet CCG decided to commission HeLP Diabetes, an online structured education programme for type 2 diabetics. This implementation of this will be supported by CLCH who currently provide face to face structured education.</p>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
	tablet devices to counter social isolation) initiative, community centred practices. Consider options for structured education and social prescribing.		Visbuzz: Barnet, like the other four boroughs in the pilot, continues to experience difficulties with the product and therefore distribution has stopped. Support is still being offered to the 4 people who have units. The council is working with London Councils to look at next steps
PH/161 7/023	Develop a more targeted Health Checks programme: PH funding and monitoring of Health Checks	Green	<p>We have advertised the opportunity to tender for the replacement to Health Intelligence data monitoring system. The deadline for submissions is 3 March. If this tender is successful it will resolve all the issues regarding data as well as being significantly cheaper and able better to meet our needs and those of the GP practices. The timetable envisages go live on 1 April 2017.</p> <p>Since January 2016 all participating GP practices have been receiving monthly individual performance email with comparative league table for overall numbers as well as percentage of fully completed health checks. This has had an immediate impact through peer pressure. We had very good attendance at the February round of Health Check training as a result with 23 attendees.</p> <p>Performance is improving. The internal target was for 5,678 NHS Health Checks to be completed in 16/17. On the current trajectory we are in line to deliver nearly 5,900 health checks. This is also thanks to the work of the Health Check & Smoking Cessation Co-ordinator who has been in post since 1 September 2016, as well as the Commissioning Support Team who have all been working very hard over the last year to put the infrastructure and systems in place to enable the processes to run smoothly.</p>
PH/161 7/024	Develop a more targeted Health Checks programme: Develop options appraisal for future Health Checks service delivery	Green	<p>We have now consulted with LMC on moving to federation model as well as having further conversations with the CCG about moving the federation model forward.</p> <p>Legal advice was that, even though this would be a list based service (i.e. can only be delivered by providers that have access to GP patient lists), the opportunity should be offered in an open process.</p> <p>Discussions have been held with procurement who have drawn up a provisional timetable. The intention is now to go out to procurement in Q1 17-18. The specification has been drafted.</p> <p>The spec envisages a focus on offers of NHS Health Checks only to those in the more deprived postcodes (which PHE has recommended as a way of targeting health checks given the evidence between poverty and cardiovascular disease). A small number of health checks will be reserved for any eligible resident who wishes to have a health check in order for us to meet our statutory duties.</p>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
PH/161 7/025	Maintain Winter Well investment: PH funding of winter well	Green-amber	<p>Targeting vulnerable people through carers</p> <p>To be able to reach the most vulnerable residents, organisations such as Barnet Carers Centre, Home Instead, North London Hospice and others have been contacted. So far, meetings to discuss the opportunity to work together to deliver the Keep Warm and Well services to extremely vulnerable and house-bound residents were arranged with the High Barnet Good Neighbour Scheme and Barnet Carers Centre. However, previous cancellations have caused a bit of delay and the meetings are now being scheduled for March.</p> <p>Presentation will also be given to carers providing them with information on the scheme, advising them on the risks associated with cold housing, helping them to recognise the signs of cold housing and encouraging them to refer those at risk.</p>

5. Customer Experience

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

6. Risk

The 5 X 5 matrix (heat map) below shows the residual risk assessment (probability and impact scores) for each risk.

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

Risk Commentary:

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

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Direction of Travel	Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score		
PH04	Failure to deliver public health outcomes within the reduced annual funding envelope	Planned ongoing reduction in government funding under the 2016 Comprehensive Spending Review could lead to failure to deliver public health outcomes within the reduced annual funding envelope, leading to an inability to fully deliver public health outcomes.	Donna Edwards / Andrew Howe	Financial	<p>Robust budget monitoring system in place, and monthly finance reports presented at SMT.</p> <p>The service continues to undertake regular monitoring of financial position, however the respective financial challenges across both Councils does mean that the grant will be redirected towards wider determinants of health, requiring the cessation of certain projects to ensure that funding can be contained within the financial envelope.</p> <p>The specific public health reserve enables a one-off mitigation, if required, should the in-year position not be able to fully mitigate any grant reduction. For Barnet the use of the specific reserve will be utilised to fund wider determinants of health and therefore any pressures which arise which exceed the grant will need to be met by the Council's general fund reserves.</p> <p>Cabinet agreed the</p>	4	5	3	4	12	Same	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Direction of Travel	Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score		
					<p>2017/18 financial plan in February and no further reductions in grant are anticipated.</p> <p>Review of longer term financial plans ongoing, including service redesign of sexual health and ongoing re-procurement activity.</p> <p>PHE have confirmed the continuation of the ring-fence until March 2019 although grant allocations for 2018/19 have not been confirmed.</p>							

7. Equalities

Equalities Description	Comments and Proposed Intervention
Joint Strategic Needs Assessment	For further details on health inequalities in Barnet please see the on-line Joint Strategic Needs Assessment (JSNA) for Barnet: https://www.barnet.gov.uk/jsna-home