

Public Health (PH) – Q2 2014/15

1.1 DELIVERY UNIT DASHBOARD

Projected Revenue budget variance £000 ^[1]	Capital actual variance £000	Corporate Plan Performance	Management Agreement Performance
(552)	N/A	4	5

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements

Two new employment support services have commenced. These are the Motivational and Psychological Support (MaPS) and the Individual Placement and Support service provision. The pilot programmes which led to the establishment of these services performed very well compared to national benchmarks. The cost of each job obtained was £1,600 compared to the bench mark range of £1,600 - £4,000. The pilot cohort achieved 31% employment compared to the benchmark of 30% - 56%; which means a very cost effective solution was developed.

Barnet continues to perform exceptionally well in the Healthy School London (HSL) awards. There are currently 48 schools registered for the award, Of the schools registered 20 have the bronze and 4 have the silver award. A HSL celebration event is being planned for Summer 2015.

There has been good progress with Health and social care integration programme. The Tier 1 plans were finalised and submitted as part of the Barnet Better Care Fund (BCF) application. The WinterWell programme has been planned and agreed with RE during Q2. It will commence implementation in Q3

Key Challenges	Actions required
Containment of GUM (Genito-Urinary Medicine – specialising in the detection and treatment of sexually transmitted infections) spend.	Re-commissioning and service redesign - a collaborative GUM commissioning / procurement strategy is currently in development (phase 2) and it is expected that a procurement strategy will be presented for approval by Barnet Council Procurement Board during the summer 2015.
Establishing collaborative commissioning arrangements (across the Council, with others).	PH continue exploring collaborative commissioning with Barnet Clinical Commissioning Group (CCG) (the GPs) in relation to integration agenda; exploring contract consolidation encompassing Children’s Centres, School Nursing and Health Visiting, exploring collaborative commissioning with other single Councils and joint work with the West London Alliance [WLA]
Extending PH intelligence and influence across the Local Authority to influence the wider determinants of health.	PH continue to use the refresh of Joint Strategic Needs assessment (JSNA) to engage various other parts of the Council. Releasing funds for investment in the wider determinants of health within the Council is providing opportunities to engage with various parts of the Council about the Public Health agenda. Discussions are ongoing with a view to deployment in financial year 2015-16

1.3 SUMMARY OF THE DELIVERY UNIT’S PERFORMANCE

CPI2003: Increase the number of eligible people who receive an NHS Health Check to 9300 – UPDATE from Q2

This was previously a Level 2 Intervention but Public Health has implemented a recovery action plan which includes a practice profiling exercise to review GP performance. This is helping to establish how Health Checks are being delivered and what improvements can be made. In terms of a new monitoring and data collection system, a multi-function IT solution procurement exercise is currently underway to establish the feasibility of a solution that would be a cost effective and potentially provide a single solution for substance misuse and NHS Health Checks. The outcome of this exercise will be known by the end of January 2015.

Barnet has hosted two community outreach sessions to deliver NHS Health Checks. The first one in August enabled 22 people to have a health check, with a second one scheduled for 7 December. More outreach sessions are planned for the coming financial year. A service remodelling proposal is planned for the end of January 2014, to incorporate the potential use of pharmacists or leisure centres as alternative providers. One training session for Health Check staff took place in July with a further one planned for November 2014. Training has been well received

and created a positive impact on staff to build confidence to deliver more Health Checks. Further sessions are planned for 2015. Performance in Quarters 1 and 2 of 14/15 exceeded targets due to more focussed activity within the programme. Barnet's performance has improved considerably - from 2nd to bottom in London to 8th from the top in London

PH012 Number healthy eating workshops provided in children centres – Update from Q2 report - after a delayed start to the programme the Q2 target was met and exceeded. 43 workshops have been delivered within children's centres with 433 parents being reached. More workshops are planned for next quarter as well as training for staff

PH001- Number of people setting a quit date with Smoking Cessation services who successfully quit at 4 weeks – update from Q2 report the percentage of people who smoke in Barnet has dropped considerably in the past 2 years and the stop smoking service targets have been adjusted to reflect this. Currently, 15% of Barnet residents are smokers. This brings additional challenge to get the “hard core” of smokers to quit. Despite this, research has shown that 70% of smokers want to quit so there should be a good sized target group. The increasing use of “e-cigarettes” is also reported to be having an impact on the service with more smokers eschewing stop smoking services in favour of harm reduction from e-cigarettes.

The Barnet stop smoking service is provided by Central London Community Health (CLCH). The service has failed to deliver on its Q1 and Q2 targets. We have given notice on the service and will be seeking to appoint a new provider by April 2015. CLCH have a number of activities planned to promote the service. As yet these are not proving successful in recruiting new clients. A recently updated action plan has been received but is not considered adequate. The service has been asked to resubmit their action plan and will have a concomitant reduction in their contract value. The PH target for smoking quitters has therefore been reset to 611 for 2014-5 (split by quarter as follows: 150, 155, 142, and 164).

The numbers of quitters from GP practices is also low but is increasing following work with the Clinical Commissioning Group (CG). Notice has been given to practices that are failing to achieve the minimum quit rate of 40% and the minimum number of smokers being supported in their quit attempt by the practice.

Additional stop smoking advisors in primary care or in pharmacy have been considered but they would require a training period and the service would be unlikely to deliver significant numbers of quitters before the end of the financial year.

2. DELIVERING THE CORPORATE PLAN

2.1 How the Delivery Unit is performing against its Corporate Plan indicators

CPI No	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous outturn <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
2001	Reduction in numbers of mothers that smoke at time of delivery	July – September 14	4.1%	6%	$\frac{37}{1,258}$	2.9%	1.9%	improving	Public Health Indicator Framework July - Sept 14 - ranked 7th out of 19. Average England 11%
2002 (a)	Reduce the proportion of children aged 4 to 5 classified as overweight or obese	July – September 14	21.0%	21%	Data not available from CCG	20.8%	0.9%	Improving	National Child Measurement Programme 2013-14 data: England 23.3%; London 23.0%
2002 (b)	Reduce the proportion of children aged 10 to 11 classified as overweight or obese	July – September 14	33.6%	34%	Data not available from CCG	33.6%	1.3%	Same	National Child Measurement Programme 2013-14 data: England 33.3%; London 37.4%
2003	Increase the number of eligible people who receive an NHS Health Check	July – September 14	2647*	1,350	N/A	1,926	42.7%	Worsening	Public Health Outcomes Framework July - September 14 - ranked 19 out of 19. England Average 9.03%

* Updated Q1 achievement from 2633 to 2647 due to delay in receiving data from a GP practice

3. BUSINESS PLANNING

3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red			
14	9	0	0	3	6	5	12

3.2.1 How is the Delivery Unit achieving against Commissioning Priorities

Commissioning Priority	Subjective RAG	Commentary
Complete the School nursing and health visiting review and ensure appropriate development of the early years and schools well-being programmes ahead of assuming commissioning responsibilities for Health Visiting services in 2015.	GREEN	<p>Through West London Alliance (WLA), Public Health is leading the procurement of the school nursing service. Service specification and tender documents are being finalised and will be out to tender in November.</p> <p>A series of dialogues has commenced with NHSE on the transfer of health visiting focusing on reviewing finance and workforce information. Formal written response to NHSE is in development. Discussions are underway with NHSE for the current provider of immunisations in school to continue.</p> <p>Work is continuing on an Integrated Governance framework. This will be in place in October 2014.</p>
Provide strategic leadership of the Fit and Active Barnet (FAB) Campaign and delivering environmental and behavioural interventions to promote physical activity	GREEN	<p>FAB campaign continues to promote the brand and encourage residents to be active. An 'inclusive' section added to the website to encourage people with disability to participate in sports and physical activity.</p> <p>FAB Partnership Board</p> <p>The Board was launched in June and is responsible for the implementation of the Sport and Physical Activity Strategy Delivery Plan.</p>

Commissioning Priority	Subjective RAG	Commentary
		FAB Reference Group will ensure that the new leisure contract is public health outcomes focused
As part of the integrated care agenda, introduce a new self care programme in partnership with the CCG	GREEN	Health and social care integration tier 1 plans were finalised and submitted as part of the Barnet BCF application.
Re-procure sexual health services, and drug and alcohol services (following a service review); in collaboration with the West London Alliance where appropriate	GREEN	<p>A local sexual health strategy for Barnet will be presented to the Barnet Health and Wellbeing Board in November 2014. Barnet Council is part of, and indeed leading, a collaborative approach to future GUM commissioning across 20 London Councils.</p> <p>A collaborative GUM commissioning / procurement strategy is currently in development and is expected to be available by the 1st November 2014 in order that it can be presented to the Councils procurement Board to seek delegated authority to proceed with re-procurement.</p>
Provide strategic leadership and, where appropriate, investment support to other areas of the council that influence the wider determinants of health. In particular via improvements in the built environment and supporting people with health problems back to work.	GREEN	<p>Supporting people with health problems back to work:</p> <p>Two new employment services – Motivational and Psychological Support (MaPS) Individual Placement and Support service provisions have commenced. An evaluation framework is now completed. Phase I evaluation will take place between April – June 2015.</p> <p>The West London Alliance (WLA) bid for funds to develop an integrated mental health and employment pilot was successful. Barnet has been selected as a spearhead borough to implement the pilot. The pilot is intended to test whether the Individual Placement & Support (IPS) model of service can be extended to support people with lower level mental health needs. Competitive employment is the primary goal of the project.</p>

3.3.1 How is the Delivery Unit achieving against its Key Performance Indicators (KPIs): Escalated KPIs only

KPI NO	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous result <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	Direction of Travel <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
PH007	Number of large employers signing up to the healthy workplace charter	July – Sept 14	1	1	N/A	0	100%	Worsening	No comparable indicator
PH002	Increased number of drug users successfully completing drug treatment and not returning within 6 months - opiate users	July – Sept 14	9.2%	8.2%	N/A	7.99%	3.7%	Worsening	Public Health Outcomes Framework July - September 14 - ranked 13th out of 19. Average England 7.6%
PH003	Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users	July – Sept 14	23.7%	40.2%	N/A	22.2%	44.8%	Worsening	Public Health Outcomes Framework July - September 14 - ranked 17th out of 19. Average England 37.66%

3.3.2 Interventions and Escalations (KPIs)

KPI NO and title	Comments and Proposed Intervention
PH007 Number of large employers signing up to the healthy	Intervention Level 1 We are engaged with one large employer interested in signing up to charter and are supporting one to achieve the further 'Commitment' Level of the Charter. The 14-15 target for this performance measure is 5 large employers to have signed up to the Charter. This is unlikely to be achieved. The Council has yet to become involved in the initiative.

KPI NO and title	Comments and Proposed Intervention
workplace charter	Various meetings have taken place to take this matter forward but no decision has been made to date.
<p>PH002 Increased number of drug users successfully completing drug treatment and not returning within 6 months - opiate users</p>	<p>Intervention level 1 The targets are based on the numbers of clients who completed treatment during 12-13 (i.e. when the council was not the service commissioner) who do not then represent for treatment in the following 6 months. There is a significant lag on this data due to the nature of what is being measured as treatment times are long. Therefore the changes made to services in 12-13 will not show in the data until at least the second quarter reporting in 14-15. This latter point was advised in the Q4 report for 13-14.</p> <p>A key issue is encouraging clients to ‘move’ through the system and ensure that providers are not ‘holding’ clients. To support this it has been agreed that providers will have their staff work across each others sites to support clients’ to move on and the providers have developed a Memorandum of Understanding (MOU) to support this.</p> <p>The data presented here is the Public Health England nationally validated data. It is based on locally collected DOMES data. The local DOMES data (while not validated by PHE is the basis for the PHE data) is available earlier. Recent (October 2014) DOMES data indicates that successful completions are increasing: Opiates: 10.8% (increase in performance) which is now just outside the top quartile range</p>
<p>PH003 Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users</p>	<p>Intervention Level 1 The targets are based on the numbers of clients who completed treatment during 12-13 (i.e. when the council was not the service commissioner) who do not then represent for treatment in the following 6 months. There is a significant lag on this data due to the nature of what is being measured as treatment times are long. Therefore the changes made to services in 12-13 will not show in the data until at least the second quarter reporting in 14-15. This latter point was advised in the Q4 report for 13-14.</p> <p>A key issue is encouraging clients to ‘move’ through the system and ensure that providers are not ‘holding’ clients. To support this it has been agreed that providers will have their staff work across each others sites to support clients’ to move on and the providers have developed a Memorandum of Understanding (MOU) to support this.</p> <p>The data presented here is the Public Health England nationally validated data. It is based on locally collected DOMES data. The local DOMES data (while not validated by PHE is the basis for the PHE data) is available earlier. Recent (October 2014) DOMES data indicates that successful completions are increasing: Non-Opiates: 27.% (increase in performance) although remains well outside, the top quartile range is continuing to go in the right direction</p>

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q3 Forecast	Variation		
	£000	£000	£000	£000		
Public Health	14,302	14,335	13,783	(552)	<p>£165k underspend - contingency for 2014/15 Public Health Grant forecast assumes that this contingency will not be required.</p> <p>£132k underspend - GP Health Checks, performance data for first quarter of the financial year and indicative figures for the second quarter suggest reduced activity resulting in a projected underspend.</p> <p>£20k underspend - dual diagnosis for supporting mental health and substance misuse. A strategy is now in place which will be agreed by the Health and Wellbeing board in January. It is therefore likely that there will not be full spend in year.</p> <p>£100k underspend - GUM activity is slightly down on planned activity, overall (9%). This reduction in activity has been extrapolated until the end of the financial year to show forecast underspend.</p> <p>£150k underspend - Self care (Long term conditions): A business case has been agreed by Partnership Board in the third quarter of the financial year, however, delays in the implementation of governance arrangements has led to forecast slippage against planned spend.</p>	-3.9%
Total	14,302	14,335	13,783	(552)		-3.9%

5. OVERVIEW OF DELIVERY UNIT

5.2 Change projects

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
<p>Children's health pathway development through school nursing and health visiting services review/ preparation for receipt of Health Visiting responsibilities in 2015 (This is a continuation of the project commenced in 2013-14)</p>	GREEN	SAME	<p>Through WLA, Public Health is leading the procurement of the school nursing service. Service specification and tender documents are being finalised and will be out to tender in November.</p> <p>A series of dialogues has commenced with NHSE on the transfer of health visiting focusing on reviewing finance and workforce information. Formal written response to NHSE is in development. Discussions are underway with NHSE for the</p>

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
			<p>current provider of immunisations in school to continue.</p> <p>Work on an Integrated Governance framework is continuing and will be in place in October.</p>
<p>Barnet Schools Wellbeing Programme The Programme provides resources, training and consultancy support for physical activity, healthy eating, emotional wellbeing (EWB) and Tobacco Control, Sex and Relationships Education (SRE) and Drugs & Alcohol</p>	<p>GREEN</p>	<p>SAME</p>	<p>New contract extension in place with Health Education Partnership (HEP) from September 2014.</p> <p>By the end of August 2014:</p> <ul style="list-style-type: none"> • Engaged with 58 out of a total of 93 primary schools in Barnet (62.4%) • 48 schools registered on Healthy Schools London website – 430% increase since September 2013 • 20 schools achieved Healthy Schools London Bronze Award • 4 schools have achieved the Healthy Schools London Silver Award • Engaged with partners from 20 different organisations who work with primary schools in Barnet on health and wellbeing topics • Provided training to 300 members of school staff around the themes of Healthy Eating, Physical Activity and Emotional Wellbeing. <p>HEP reported in the end of year evaluation (Aug 2014) that:</p> <ul style="list-style-type: none"> • 94 school staff have attended training around physical activity • 66 school staff have attended training around healthy eating • 139 school staff have attended training around emotional wellbeing (primary) • 100% of staff reported that their knowledge, skills and confidence have increased as a result of the training attended.

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
			<p>Sexual health support to Primary schools is underway. Currently 18 schools are interested and will receive in class training and inset training. HSL support will be offered too. Support regarding the new science curriculum will be offered too. Discussions are ongoing regarding the development of a contract variation to extend this service to secondary schools. 19 school staff have attended SRE training to date, this has exceeded their target.</p> <p>Tavistock and Portman have developed the resources and training is scheduled to start in September for drug and alcohol prevention. Much work was undertaken to create bespoke resources for Secondary Schools.</p> <p>In Q2 (Jul-Sept) targets had not been reached but this was attributed to summer term time pressures and lack of engagement. However, it's anticipated that Q3 will be the busiest period as schools return for the autumn term and better positioned to engage with the service. A progress update is scheduled for September</p> <p>A partners group has been set up for providers and school nurses to share information about the programme.</p> <p>The Cut Films project (smoking) will continue to be delivered in Barnet. The programme starts in September and will run through out the school year. The target is for at least 30 films to be produced by young people in Barnet by May 2015.</p>
<p>Children's Centre wellbeing initiative. This contains the following elements: Focus on improving mother and baby's health and wellbeing before, during pregnancy and beyond including:</p> <ul style="list-style-type: none"> • Childhood Obesity 	GREEN	SAME	<p>The Breast feeding service has commenced and applied for Level 1 UNICEF accreditation. 6 peer support groups are up and running across the borough. Volunteers are being recruited.</p> <p>A Health and Wellbeing Coordinator commenced taking forward the Healthy Children's Centre Standards. 43 Cooking</p>

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
<ul style="list-style-type: none"> • Parenting support • Support for First Time Mothers/Breastfeeding • Oral Health of Children • Smoking cessation and smoke free homes 			<p>and healthy eating workshops have taken place across centres. This includes healthy eating and cooking advice, practical sessions for parents and training for staff. 11 out of 13 centres have received the eat better, start better training. 13 children centre staff have been nominated as Health & Wellbeing champions.</p> <p>An oral health programme has commenced delivered by an oral health coordinator. Q2 monitoring shows(Jul-Sept):</p> <ul style="list-style-type: none"> • Supervised tooth brushing programme for reception and nursery classes within primary schools (3 schools and 1 children centre rolling out the programme) • Oral health workshops for parents in children's centres (also helping them to achieve their oral health standards) (5 centres have workshops planned) • Brushing for Life programme (B4L) coordinates a scheme and trains children's centre staff to give brief oral health messages and distribute B4L packs to parents at a child's developmental progress check (24 staff members trained) • 19 oral health champions have been identified and attended training • Engagement with vulnerable groups running within 2 special schools and work underway with young parents from the Family Nurse Partnership
<p>Targeted weight management programme for overweight and obese children</p>	<p>GREEN</p>	<p>SAME</p>	<p>A childhood obesity pathway that includes a tier 2 weight management programme is in development with partners. A tender for the service elements will be published in September/October.</p> <p>As this is reporting for Q2, then there's nothing to change - the tender process began in Q3.</p>

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
Development of Sport & Physical Activity (SPA)	GREEN	SAME	The FAB Partnership board was established and has met. The board has adopted the SPA strategy statement and developed a delivery plan. The board has agreed to prioritise target groups for participation of disabilities, older people and children.
Further investment in Outdoor Gyms	GREEN	SAME	It has been decided by the Chair of the Health and Wellbeing Board not to continue with the extension of outdoor gym provision.
FAB Campaign	GREEN	SAME	FAB campaign continues to promote the brand and encourage residents to be active. An 'inclusive' section added to the website to encourage people with disability to participate in sports and physical activity.
FAB partnership Board	GREEN	SAME	<p>FAB Partnership Board The Board including a wide range of stakeholders was launched in June and will be responsible for the implementation of the SPA Strategy Delivery Plan.</p> <p>FAB Reference Group This internal group will ensure that the new leisure contract is public health outcomes focused.</p>
Public Health promotion and campaigns	GREEN	SAME	<p>Features on al fresco exercise, outdoor gyms and marked and measured routes published. Further promotional material in planning.</p> <p>As part of the cancer awareness campaign, we commissioned Cancer Research UK to run a Cancer Pop up shop. This promoted awareness of signs and symptoms of cancer, screening programmes and early detection as well as giving information on the support available for people with cancer and their relatives. A sun awareness campaign was also promoted.</p> <p>In Q1, the Stop Smoking service were promoting their service across the borough with stands in shopping centres to continue</p>

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
	GREEN		<p>the impetus from National Stop Smoking day in March. Towards the end of Q2, the service were promoting Stoptober to maximise the number of potential quitters in Q3.</p> <p>A twitter and Facebook campaign promoted awareness of the Barnet Cut Films project (encouraging young people not to start to smoke) and encouraged people to view the films and vote for them.</p>
Supporting people with long term health conditions – self management- (supporting the personalisation agenda)	GREEN	SAME	Options paper in development for completion by November 2014 with a view to commissioning new service by April 2015
Ageing Well	GREEN	SAME	Consideration now being given to extending the Winterwell programme via Ageing well. Involvement in integrated care also being explored for tier 1 of that programme.
Sexual Health Commissioning	GREEN	SAME	<p>A local sexual health strategy for Barnet will be presented to the Barnet Health and Wellbeing Board in November 2014. Barnet Council is part of, and indeed leading, a collaborative approach to future GUM commissioning across 20 London Councils.</p> <p>A collaborative GUM commissioning / procurement strategy is currently in development and is expected to be available by the 1st November 2014 in order that it can be presented to the Councils procurement Board to seek delegated authority to proceed with re-procurement.</p>
Employment support	GREEN	SAME	Two new employment support services have commenced. These are the Motivational and Psychological Support (MaPS) and the Individual Placement and Support service provision. The pilot programmes which lead to the establishment of these services performed very well compared to national benchmarks. The cost of job provided was £1,600 compared to the bench mark range of £1,600 - £4,000. The pilot cohort pilot achieved 31% employment compared to the benchmark of

Name of project and brief description	RAG	Direction of Travel	Include narrative to reflect current status of project
			30% - 56%; which means a very cost effective solution was developed.
RE/ Public Health Projects	GREEN	SAME	<p>Three initiatives running through RE in Barnet: Winterwell – plans underway for 2014/15 season, resources being redesigned and this year engagement with the CCG has been achieved and will ensure co-ordination where possible. Media also booked and at present awaiting design from Barnet comms, currently delaying project.</p> <p>HCC - awaiting an update from RE on how this will be progressing. New legal requirements have diverted RE from delivery and we have asked for an update on how this can be brought back on track. We made excellent progress last quarter and wish to build on it.</p> <p>RE Programme board – to reconvene in the next few weeks.</p>

5.3. Risk Overview

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

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

Risk Commentary for Delivery Unit:
 There were no risks rated 12 or above in this quarter.

There were no risks rated above 12 this quarter.

Appendix

KPI NO	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous result <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	Direction of Travel <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
PH005	Number of people undertaking drinking level assessment (scratch card)	July 14 – Sept 14	448	350	N/A	829	136.9%	Improving	Local Scheme only
PH006	Numbers of people receiving brief advice or referred to alcohol services)	July 14 – Sept 14	147	87	N/A	191	119.4%	Improving	Local Scheme only
PH012	Number healthy eating workshops provided in children centres	July 14 – Sept 14	3	18	N/A	43	138.9%	Improving	Local Scheme only
PH011	Number of newly registered schools for the Bronze Healthy Schools London Award	July 14 – Sept 14	54	40	N/A	54	35%	Same	Local Scheme only
PH001	Number of people setting a quit date with SC services who successfully quit at 4 weeks	July 14 – Sept 14	166	155	N/A	155	0%	Worsening	Inappropriate to benchmark as targets vary with smoking prevalence and size of population.
PH004	% of eligible new SMS service users (year to date) who accepted HBV vaccinations	July 14 – Sept 14	N/A	40%	$\frac{89}{153}$	58.2%	45.4%	Improving	Benchmarking data is not produced quarterly

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PH008	Number of people with mental health problems who have accessed employment support programme	July 14 – Sept 14	N/A	65	N/A	65	0%	N/A	Local Scheme only
PH009	% 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.	July 14 – Sept 14	100%	98%	N/A	100%	2%	Same	Not available quarterly
PH010	% 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).	July 14 – Sept 14	99%	80%	N/A	89.5%	11.9%	Worsening	Not available quarterly