

Public Health (PH) – Q2 2015/16 reported in Q3 2015/16

1. SUMMARY

1.1 DELIVERY UNIT DASHBOARD

Financial			Performance	Commissioning intentions
Projected year-end revenue budget variance	Capital actual variance			
0	N/A	Green rated	69% (25)	42% (5)
		Green Amber rated	8% (3)	42% (5)
		Red Amber rated	8% (3)	16% (2)
		Red rated	14% (5)	0% (0)

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top achievements

In December 2015 Mathilda Marks Kennedy School and Parkfield Primary School became the first two schools in Barnet to achieve their Healthy Schools London (HSL) Gold Award. The HSL Gold Award is the top award in the scheme. Currently, only 15 other schools across London hold the HSL Gold Award.

To achieve the Healthy Schools London Gold Award a school has to: achieve the Healthy Schools London Bronze and Silver awards, undertake a needs analysis and develop an action plan that aims to improve the health and wellbeing of their pupils, and implement their action plan and evaluate its success.

Parkfield Primary School chose to develop an action plan to improve school lunches, promote healthy eating throughout the day and implement a motor skills programme to support identified pupils. Some of their key achievements included:

- A 75% increase in the percentage of pupils eating a portion of fruit or vegetables at lunchtime
- A 89% decrease in the percentage of pupils eating crisps at lunchtime
- A 76% decrease in the percentage of pupils eating an item of confectionary at lunchtime.

Mathilda Marks Kennedy Primary School chose to develop an action plan to develop the emotional health and wellbeing of their pupils, focusing on bullying prevention and improving their peer mediation programme. Some of their key achievements included:

- A 38% increase in the percentage of pupils who would tell a teacher if they saw another pupil being bullied
- A 45% reduction in the percentage of pupils who wouldn't tell anyone that they were being bullied.

The post Health Checks interventions programme has begun to receive referrals from GPs. This is a partnership between public health, the NHS, the council and Greenwich Leisure Limited (GLL).

The Barnet Substance Misuse Service was featured in the Public Health England report 'Shooting Up: infections among people who inject drugs in the UK' (update, November 2015). This highlighted our Service's Performance Action Plan to increase uptake of blood-borne virus testing and improve access to services and treatment, to maximise clients' chances of early treatment and a favourable prognosis. This concerted piece of work resulted in 266 service users being tested. Of these, 50 tested positive for one or more of the following: hepatitis C virus, hepatitis B virus or HIV. See 'Shooting Up: infections among people who inject drugs in the UK - update November 2015' (page 15, box 3) at: <https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>

Regarding future developments, a new substance misuse strategy has been agreed by the Health and Wellbeing Board and outlines a number of actions to be taken across the council. This will help ensure that the recently re-commissioned treatment services work effectively in cooperation with council services, to improve safeguarding and community safety and help to address domestic violence and violence against women and girls. It will also help ensure that opportunities for prevention of substance misuse are identified and utilised (e.g. through offering a post-discharge 'check-in' service to identify early warning signs of relapse and offer immediate intervention).

Key challenges	Actions required
<p>Reviewing the Ageing Well programme in light of funding uncertainties and strategic priorities</p>	<p>The Ageing Well programme has been partly funded by Public Health since transition to the local authority. It incorporates a range of community based projects particularly focused on the needs of older residents. The current model appears to be unsustainable given funding pressures and priorities. In particular, with the majority of funding provided via the Better Care Fund, the programme needs to</p>

	<p>evolve to focus on demand management (including early intervention) for high risk groups rather than wider community engagement.</p>
<p>Data sharing agreement required for Health Checks IT system</p>	<p>Barnet Local Medical Council raised objections to the data sharing agreement (DSA) for the new Health Checks IT system and an alternative solution was sought. The alternative solution will be the addition of patient consent for data sharing, to be introduced in January 2016.</p> <p>The objection to the DSA may have impacted on quarter 2 performance, as practices would have minimised activity until agreement was reached. We expect greater activity levels from quarter 3 onwards. We had anticipated 'teething problems' with the new Health Checks IT system and the main issues have now been overcome.</p> <p>There will be residual work in ensuring practices use the system correctly and we'll continue to offer support through the provider to ensure competency.</p>
<p>Sexual health and contraception services re-procurement work through to 2017</p>	<p>This is a longer term challenge that is not specific to this quarter. Challenges include:</p> <ul style="list-style-type: none"> - Individual council approval to participate in a joint collaborative procurement exercise - Councils working together in sub-regions within an overall strategic approach - Complex nature of collaborative working, with each council advancing their best interests - Development of a service specification - Dialogue and negotiation with many providers in a complex market - Maintaining current service productivity and working relationships during procurement.

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

In quarter two, 25 Key Performance Indicators (KPIs) were on or above target and a total of 11 KPIs were below target. For details about KPIs that did not meet their performance targets, please see sections 2.2a and 2.2b. Other important activities undertaken during the quarter include the following –

Distribution of the Health Checks POC (point of care) equipment has been agreed and will be deployed during Q3. Ten practices have been identified as suitable to host these pieces of equipment. They were selected based on a number of criteria including: size of eligible population (i.e. over 100 patients), location within deprived areas of the borough, high prevalence of cardiovascular disease, and access to South Indian population (given the greater incidence of cardiovascular disease in this ethnic group). The Local Medical Council (LMC) agreed to removal of a previous £5 invitation payment scheme, and replacement with a tiered payment system which encourages practices to fully complete the Health Check process.

A new IT system was introduced to make the payment of GP practices and recording of Health Checks data more accurate. Training for the new Health Checks IT system was well attended in August. There was also a lot of interest, with many questions asked by practice staff. Over 61 staff attended four sessions that were booked in August and September. The new IT system has a designated helpline for GPs who require any assistance using the system.

We completed a sexual health service review which identified gaps in current provision and a pathway to sexual health and contraception services across community and primary care. We are currently using the information from the services and service users' engagement review to develop an options appraisal and service specification. We plan to procure new contraceptive and sexual health (CaSH) services through primary and community care provision, starting in April 2017.

We participated in National HIV Testing Week, providing HIV awareness and testing in community settings. This was well received by Barnet residents. We are continuing to provide local residents with innovative and easy access to HIV testing through HIV home sampling. These initiatives increase access to treatment services, aiming to increase life expectancy.

The Winter Well project running in quarter 3 has been planned and a new partnership established with the Red Cross. The project aims to ensure that older and vulnerable people discharged from hospital receive advice, information and an emergency advice pack on staying well in winter and managing increased fuel bills.

The Healthier Catering Commitment (HCC) has been launched with updated materials, in conjunction with Environmental Health. The Barnet Healthier Catering Commitment, which is now in its third year, is a voluntary scheme which recognises food outlets that take simple steps to offer healthier food options. The objective to approach a minimum of 50 restaurants/takeaways during the quarter was achieved; this intervention aimed to encourage healthier catering and prompt entry into the HCC award scheme. As a direct result of the intervention, four

clear candidates for conversion (food outlets which would currently be considered less healthy) have been enlisted for engagement during the next quarter.

As previously reported, the Public Health Service has achieved the successful re-procurement of School Nursing and Substance Misuse contracts for Barnet and Harrow Councils. The School Nursing Service and School Aged Immunisations Service, which were commissioned by NHS England, have been delivered by a common provider in Barnet since October 2015.

The team have contributed to the Parks and Open Spaces Strategy, led by Environment Health, with a review of the evidence supporting health outcomes for parks and open spaces. A Health Impact Assessment for leisure centres was completed and included as part of the recommendations for the new leisure centre location.

The Government's decision on reducing the Public Health Grant (either one-off or on-going) will increase pressure on delivery of services. A range of actions are in place to reduce the impact of this, including: putting a budget monitoring system in place, presenting monthly finance reports to the senior management team (SMT) and considering the option of reducing the number of 'wider determinants of health' interventions supported by the public health grant.

Following the recent recruitment campaign, all posts have been successfully filled and new starters have dates to start or already have.

2. Performance

2.1 How the Delivery Unit is performing against its performance indicators

	RAG						Direction of Travel			No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red	Total RAG ratings	Monitor	Improving or the same	Worsening	No previous outturn	
Overall	69% (25)	8% (3)	8% (3)	14% (5)	100% (36)	0% (0)	67% (24)	33% (12)	0% (0)	36

2.2a Performance Indicators that did not meet their target

Appendix A outlines the indicators which have met their target.

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/S8	Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check	Strategic	July-Sept 2015	2,150	2,225	889/N/A	889	60.0%	Worsening	England = 2.3%; London = 2.7% [Barnet = 0.94%]
PH/S10	Number of people with mental health problems who have accessed the IPS employment support programme	Strategic	July-Sept 2015	18	38	25/N/A	25	34.2%	Improving	Not available for either MaPS or IPS in London or England.

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PH/C5	Number of people setting a quit date with SC services who successfully quit at 4 weeks	Critical	July-Sept 2015	76	120	64/N/A	64	46.7%	Worsening	Not currently available for either London or England.
PH/C7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive).	Critical	July-Sept 2015	95.2%	97.0%	4,581/4,819	95.1%	2.0%	Same	London and England benchmarking data not currently available.
PH/C8	Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive).	Critical	July-Sept 2015	76.9%	80.0%	3,581/4,581	78.2%	2.3%	Improving	London and England benchmarking data not currently available.
PH/C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Critical	July-Sept 2015	9.7%	11.2%	46/590	7.8%	30.4%	Worsening	National = 7.2%

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PH/C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Critical	July-Sept 2015	33.6%	36.2%	31/99	31.3%	13.5%	Worsening	National = 40.3%
PH/C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Critical	July-Sept 2015	31.2%	35.5%	58/189	30.7%	13.5%	Worsening	National = 35.3%
PH/C15	Percentage of service users who successfully completed treatment re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Critical	July-Sept 2015	5.3%	0.0%	2/22	9.1%	N/A	Worsening	National = 5.3%
PH/C18	Number of people receiving brief advice about alcohol (ABI)	Critical	July-Sept 2015	403	350	170/N/A	170	51.4%	Worsening	Benchmarking data for London and England is not

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										available for this indicator.
PH/C27	Number of professional/community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Critical	July-Sept 2015	19	100	92/N/A	92	8.0%	Improving	England = N/A; London = N/A

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

Ref and title	Comments and proposed intervention
<p style="text-align: center;">PH/S8 Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check</p>	<p>Intervention Level 1</p> <p>The Health Check programme underwent a major change during this quarter with the implementation of a new IT system, which posed the following challenges to meeting performance target:</p> <ol style="list-style-type: none"> 1. The Local Medical Committee raised an objection to the data sharing agreement (DSA), which impacted on the volume of completed Health Checks during the quarter. 2. The delay in finalising the DSA meant that the launch and implementation of the new IT system was delayed. 3. Implementation issues with the new IT system resulted in some Health Checks not being recorded in time and thus not counting towards the quarter 2 performance target. These unrecorded Health Checks will appear in 2016/17 quarter 1 performance reporting (when public health reports 2015/16 quarter 4 data). It is anticipated that inclusion of these unrecorded 2015/16 quarter 2 Health Checks will allow us retrospectively to meet our 2015/16 annual target of 9000 completed Health Checks. 4. Changes to the payment structure were introduced in October 2015 - removal of the £5 invitation payment and use of the new, tiered payment system may have interrupted patient Health Check invitations. The full impact of the new payment structure will need to be assessed over the course of the year. <p>The above issues are typical 'teething problems' associated with the implementation of a new IT system. These issues have now been resolved and activity levels are expected to improve by the next quarter.</p>

Ref and title	Comments and proposed intervention
<p style="text-align: center;">PH/S10 Number of people with mental health problems who have accessed the IPS employment support programme</p>	<p>Intervention Level 1</p> <p>The Individual Placement and Support (IPS) service has been commissioned to provide employment support for people with mental health problems who are unemployed and supported by specialist mental health services. IPS is an evidence-based model that bases employment specialists alongside clinical and social care teams, and offers intensive one to one support and rapid job searches. People who use IPS tend to have complex needs and are further away from the job market. This model ensures that the employment support is provided in conjunction with mental health support as part of people's recovery.</p> <p>Recovery plan: Although performance targets were not met by the IPS service in quarter 2, performance has improved since quarter 1. This is a new service, and the initial focus was to get it up and running and to build relationships with teams within the secondary mental health services. An independent evaluation carried out during the summer of 2015 indicated that the initial slow start is not regarded as a cause for concern. Both the IPS provider and commissioners are confident that the targets will be achieved, as current demand for the IPS service is strong.</p> <p>The IPS service is providing performance reports on a quarterly basis. This coincides with commissioners meeting with the provider as well as representatives of secondary mental health services. The meetings are an opportunity to monitor performance and discuss any delivery issues. The next performance report will be submitted on 13th January and a meeting will be held on 18th January. This meeting will decide whether to increase the level of performance reporting and monitoring. This decision will be based on actual and projected performance. However, increased demand indicates that the targets will probably be met.</p>

Ref and title	Comments and proposed intervention
<p align="center">PH/C5 Number of people setting a quit date with SC services who successfully quit at 4 weeks</p>	<p>Intervention Level 1 The Barnet Stop Smoking service is delivered through General Practices and pharmacies. The service had previously been provided by a specialist provider offering support in a group setting. Barnet Stop Smoking Service had, by mutual agreement, decommissioned the specialist service. The remaining providers deliver on a one to one basis using GPs or pharmacists. A service redesign is planned and a new post holder has been appointed to manage the service. The key priority is to develop this service though it will not be in place until May 2016. As a result it is expected that, until early in the new financial year (2016/17), performance will probably be at a much lower level than in previous years.</p> <ul style="list-style-type: none"> - Once a new service design has been agreed then a new provider can be procured. - In the meantime, pharmacists and GP staff have been supported to enable delivery of the best one to one service that they can offer at this time.
<p align="center">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).</p>	<p>Intervention Level 1 This KPI is collected from genito-urinary medicine (GUM) services in Barnet. Below-target performance on this indicator is due to two factors:</p> <p>(1) The Royal Free Hospital has been formed from the merger of Royal Free London with Barnet and Chase Farm. Since the merger, the Trust has been working on the use of one IT system for data collection for clinical services. This has presented multiple challenges, and the Trust has been reporting these to commissioners as they try to resolve them.</p> <p>(2) The provider stated that all patients are offered HIV testing. However some members of staff forget to code some of this activity, which may have contributed to the low outturn on this target. The provider will be training all staff and senior clinical staff will be carrying out spot checks, to ensure all staff enter appropriate codes when patients are offered or receive an HIV test. The Trust will continue to provide regular training in the future. These measures should lead to higher outturn next quarter.</p>

Ref and title	Comments and proposed intervention
<p style="text-align: center;">PH/C8 Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive).</p>	<p>Intervention Level 1</p> <p>This KPI is collected from GUM services in Barnet. Below-target performance on this indicator is due to two factors:</p> <p>(1) The Royal Free Hospital has been formed from the merger of Royal Free London with Barnet and Chase Farm. Since the merger, the Trust has been working on the use of one IT system for data collection for clinical services. This has presented multiple challenges, and the Trust has been reporting these to commissioners as they try to resolve them.</p> <p>(2) The provider stated that all patients are offered HIV testing. However some members of staff forget to code some of this activity, which may have contributed to the low outturn on this target. The provider will be training all staff and senior clinical staff will be carrying out spot checks, to ensure all staff enter appropriate codes when patients are offered or receive an HIV test. The Trust will continue to provide regular training in the future. These measures should lead to higher outturn next quarter.</p> <p>Providing a more detailed recovery plan is difficult as some factors that influence performance are beyond the direct control of commissioners. For example, improving performance for this KPI also depends upon more people presenting to GUM clinics and consenting to HIV testing, something that people can be reluctant to do. A plan to change this indicator for the next reporting cycle is being considered.</p>

Ref and title	Comments and proposed intervention
<p data-bbox="197 284 555 486">PH/C10 Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)</p> <p data-bbox="197 523 555 726">PH/C11 Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)</p>	<p data-bbox="577 188 862 215">Intervention Level 1</p> <p data-bbox="577 220 2045 354">This figure may have been affected by the changeover of both the data system and the treatment and recovery service itself. A new Substance Misuse Service commenced on 1 October 2015 and will deliver a new treatment and recovery pathway. The service will operate from two hubs – both providing treatment and recovery – to avoid clients becoming ‘lost to follow up’ between services.</p> <p data-bbox="577 391 2045 555">The treatment element of the new service will focus on early intervention and harm minimisation, and the recovery element will provide tailored group interventions across substances. All service users leaving treatment will be offered post-discharge “check ins” from a trained peer mentor at three month intervals for up to 12 months. These check-ins will aim to identify warning signs of risk of relapse and offer immediate intervention, to avoid unnecessary return to treatment.</p> <p data-bbox="577 592 2045 794">Performance monitoring: The new Substance Misuse Treatment and Recovery Pathway is in the final stages of mobilisation. As well as holding standard quarterly review meetings to discuss performance in the previous quarter, the commissioner is meeting with the new provider on a regular basis. These meetings discuss performance during the mobilisation period and identify and mitigate risks of service user disengagement during transition. In the case of a drop in performance, Performance Action Plans will be issued to the provider to identify cause and risk, mitigate risk, and agree a timetable of improvement.</p>
<p data-bbox="197 1013 555 1248">PH/C13 Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)</p>	<p data-bbox="577 826 862 853">Intervention Level 1</p> <p data-bbox="577 858 2045 992">This figure may have been affected by the changeover of both the data system and the treatment and recovery service itself. A new Substance Misuse Service commenced on 1 October 2015 and will deliver a new treatment and recovery pathway. The service will operate from two hubs – both providing treatment and recovery – to avoid clients becoming ‘lost to follow up’ between services.</p> <p data-bbox="577 1029 2045 1264">The treatment element of the new service will focus on early intervention and harm minimisation, and the recovery element will provide tailored group interventions for non-opiate and alcohol users. Post-discharge planning will be considered early in an individual’s treatment journey and service users will be given a menu of “Recovery Support Activities”, i.e. mutual aid meetings, peer support groups and education/training/employment (ETE) support. All service users leaving treatment will be offered post-discharge “check ins” from a trained peer mentor at three month intervals for up to 12 months. These check-ins will aim to identify warning signs of risk of relapse and offer immediate intervention to avoid unnecessary return to treatment.</p> <p data-bbox="577 1332 2045 1433">Performance monitoring: The new Substance Misuse Treatment and Recovery Pathway is in the final stages of mobilisation. As well as holding standard quarterly review meetings to discuss performance in the previous quarter, the commissioner is meeting with the new provider on a regular basis. These meetings discuss</p>

Ref and title	Comments and proposed intervention
	<p>performance during the mobilisation period and identify and mitigate risks of service user disengagement during transition. In the case of a drop in performance, Performance Action Plans will be issued to the provider to identify cause and risk, mitigate risk, and agree a timetable of improvement.</p>
<p>PH/C15 Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)</p>	<p>Intervention Level 1 This figure may have been affected by the changeover of both the data system and the treatment and recovery service itself. A new Substance Misuse Service commenced on 1 October 2015 and will deliver a new treatment and recovery pathway. The service will operate from two hubs – both providing treatment and recovery – to avoid clients becoming ‘lost to follow up’ between services.</p> <p>The treatment element of the new service will focus on early intervention and harm minimisation, and the recovery element will provide tailored group interventions across substances. All service users leaving treatment will be offered post-discharge “check ins” from a trained peer mentor at three month intervals for up to 12 months, to identify warning signs of risk of relapse and offer immediate intervention to avoid unnecessary return to treatment.</p>
<p>PH/C18 Number of people receiving brief advice about alcohol (ABI)</p>	<p>Intervention Level 1 Brief advice about alcohol (advice and brief intervention; ABI) is provided by pharmacy staff in Barnet, who are incentivised to complete an assessment of alcohol consumption with customers and provide advice and onward referral if indicated. After strong performance in quarter one, quarter two performance has deteriorated markedly, although this may have been affected by pharmacies’ late submission of returns. Administration of ABI transferred to the new drug and alcohol service provider in October 2015.</p> <p>Recovery plan: ABI performance will be raised with the new drug and alcohol service provider at contract monitoring, an assessment made of the reasons for declining performance, and a recovery plan developed for agreement with commissioners. It is expected that performance will recover, although given that the new provider took over the service in October 2015 this is unlikely to be reflected until quarter 4 returns.</p>

Ref and title	Comments and proposed intervention
<p>PH/C27 Number of professional/community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention</p>	<p>Young Minds was commissioned to provide half- and full-day training on self-harm and suicide prevention for frontline staff working with children and young people in Barnet. We are aiming to train 300 staff. As of 27th November, 221 people had undergone training. Additional dates have been added, to which a further 37 people have been booked. Staff from Barnet and Southgate College have also been recruited to undergo training in the new year.</p> <p>Recovery plan: The key issue has been difficulty in recruiting sufficient staff to undertake training. Targets were set based on partners' expressions of interest. After a slow start, Commissioning and Delivery Unit Directors were asked to help promote the training, and recruitment has picked up.</p>

3. Commissioning intentions

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

3.1 Overview of progress against commissioning intentions

RAG ratings					No. of commissioning intentions
Green - met	Green amber - delayed, low Impact	Red amber - delayed, medium impact	Red - risk of not delivering or high impact	Not rated (not due or N/A)	
42% (5)	42% (5)	16% (2)	0% (0)	0% (0)	12

3.2 Commissioning intentions

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

Commissioning intention	RAG	Commentary
Barnet Schools Wellbeing Programme	Green	The Healthy Schools co-ordinator continues to liaise with schools to improve uptake of the Healthy Schools London (HSL) programme and encourage schools to embed other health and wellbeing measures. Seventy primary schools and six secondary schools are registered for HSL. Of these schools, 38 have achieved their Bronze award and 14 have achieved their Silver award. Barnet continues to be the fourth best local authority in London for HSL awards. Two schools achieved their Gold award in December 2015. These will be reflected in quarter four reporting.
Children and adults who are overweight and obese are encouraged and supported to lose weight	Green amber	A child weight management programme is up and running. The programme is available in five venues across the borough. Ten families were enrolled on the first 12 week programme and all completed (100% completion rate). There were a further 26 families enrolled and due to complete the sessions in December 2015. The children's obesity pathway group continues to map out the pathway with the support of the stakeholders. Public health is currently mapping out schools in the borough with the

Commissioning intention	RAG	Commentary
		<p>highest levels of obesity, using National Child Measurement Programme (NCMP) data. This will allow us to work more closely with them to implement measures aimed at attaining a healthy weight.</p> <p>The adult obesity pathway group has met and considered the options for a care pathway with a tier 2 option. This is challenging due to the lack of a clear tier 3 but progress is being made. A new appointee starts in January who will be tasked with taking this forward.</p>
People are encouraged and supported to quit smoking	Red amber	<p>There is further work to be done to increase the number of people who quit smoking. Pharmacies and GPs are being encouraged to achieve accreditation through National Centre for Smoking Cessation and Training (NCSCT) on-line training and by attending neighbouring boroughs' training programmes. We are also working with referrers such as the Royal Free to increase the number of referrals to the service.</p> <p>Work is underway to support the pharmacies and general practices which deliver the programme. There is a shortfall in performance and a service redesign is needed. A new commissioning manager has been appointed and a service plan will be a key priority. The new post holder will start in March 2016.</p> <p>In the meantime, the interim commissioning manager has planned update events in January for all providers. These events are likely to increase activity by building new enthusiasm. An audit of all providers and their accreditation is also underway.</p>
Community emotional wellbeing	Green amber	<p>The Health Champions project phase one (engagement with GPs) is underway and it is intended that phase two (training of health champions) will begin in January 2016. The engagement is raising some issues about partner involvement and as a result it may be necessary to review the intended intervention and its launch date. We still expect to commission a service before the end of the current financial year.</p> <p>The Family Health and Perinatal Health Coaches service is out to tender as part of Early Intervention and Prevention externally commissioned services. Service commencement is due in April 2016. In addition, public health is in the process of procuring an external organisation to conduct evaluation.</p> <p>Self-harm and suicide prevention training continues to be delivered. Recruitment efforts have</p>

Commissioning intention	RAG	Commentary
		<p>led to greater numbers enrolled. Two hundred and twenty-one people have so far undergone training and a further 37 are booked to attend training days in December and January. There is on-going engagement with Middlesex University and Barnet and Southgate College to try to increase numbers further.</p> <p>The London Digital Mental Wellbeing Service is expected to go live in July 2016. The public health team are developing plans to ensure that the service is well used. These plans include advertising the scheme to employers and employees as part of our workplace health activity aimed at reducing sickness absence.</p>
Making every contact count (MECC)	Green	Development of MECC plans are currently underway led by the health and social care integration (tiers 1 & 2) steering group. The preferred delivery mechanism has been selected and procurement is being considered.
Alcohol brief intervention	Green amber	As a result of a recent procurement process, the Barnet Substance Misuse Service Treatment and Recovery pathway will incorporate the Intervention & Brief Advice (IBA) provision (from 2015/16 quarter three onwards). The new provider (Westminster Drug Project) will be required to deliver IBAs in A&E departments, pharmacies, the criminal justice service and community venues.
Residents with mental health needs are supported to retain/return to employment	Green	<p>The draft interim report for the evaluation of the two mental health and employment support projects (Motivational and Psychological Support (MaPS) and Individual Placement and Support (IPS)) was presented to stakeholders on 15th October 2015. Findings from this report include:</p> <p><u>What is going well</u></p> <ul style="list-style-type: none"> - Co-location and integration into existing partner teams, in part due to good communication and relationship building - Good partnership relationships between commissioners and providers, aided by regular contact and reporting, flexibility on the part of both providers and commissioners, and good scene setting (e.g. ensuring 'buy-in' from the sector) by commissioners. - The holistic approach and model which has evolved and is being used within the MaPS service - not necessarily focusing on the labels of 'employment' and 'mental health' in the usual ways

Commissioning intention	RAG	Commentary
		<ul style="list-style-type: none"> - The flexibility, skills and experience - and relative independence - of job coaches, enabling them to respond to individual needs (including having time to sit down with clients and being able to visit them at their preferred location) - Use of motivational interviewing training & techniques within the IPS service <p><u>Challenges</u></p> <ul style="list-style-type: none"> - Demand for the services exceeding capacity to provide: Both services have looked to screening referrals as a solution to the high demand, feeling that there were some people referred who appeared to be more suited to their service than others - Reaching the right people: Linked to the challenges described above, a few concerns were expressed that the MaPS service in particular is not necessarily / wholly reaching the target group, e.g. those not receiving Job Seekers' Allowance who wouldn't normally get intensive support - Engaging all partners: As described above, local partnership working is generally reported to be strong. However more steps are being planned and need to be taken to engage some parts of the system, including service users (at a strategic level), and primary care and social care.
Ensuring robust sexual health services	Green	<p>To ensure that we have robust sexual health services, we carried out a review of sexual health services and service users' engagement, which identified gaps in the current provision.</p> <p>We are currently using the information from this review to develop an options appraisal and service specification with a clear pathway across community and primary care. There is a plan to procure new Contraception and Sexual Health (CaSH) services, including young people's service provision starting in April 2017.</p> <p>We have included outreach in the CaSH specification, and the provider has recruited staff to deliver outreach in educational and other settings used by young people. This will ensure that young people are educated about sex and relationships and are sign-posted to local sexual health services if they need to use them.</p> <p>We are continuing to provide local residents with innovative and easy access to HIV testing through HIV home sampling. We have recently collaborated with Boots pharmacy to allow</p>

Commissioning intention	RAG	Commentary
		local residents to pick up HIV testing kits. This reduces the barrier for those who do not wish to receive testing kits at their home address.
Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and full recovery	Green amber	<p>We are progressing well against this commissioning intention. For example, the PHOF indicator for the proportion of all local non-opiate clients who completed treatment and did not re-present is above target (Q2 target 27%; Q2 outturn 34.2%). Although this activity remains lower than both the national and top quartile range for comparator local authorities, the direction of travel is upwards. This continuing positive trend is following a joint Provider Performance Action Plan. This started in late 2014, to support service users to transition between the treatment and recovery services, which at the time were delivered by two different providers.</p> <p>A new substance misuse service commenced on 1st October 2015 and will deliver a new treatment and recovery pathway through one main provider. This will operate from two hubs, providing both treatment and recovery, to avoid clients becoming lost to follow up between services. The treatment element of the new service will focus on early intervention and harm minimisation. The recovery element will provide tailored group interventions across substances. All service users leaving treatment will be offered post-discharge “check ins” from a trained peer mentor at three month intervals for up to 12 months. This will allow us to identify warning signs of risk of relapse and offer immediate intervention early, to avoid unnecessary return to treatment.</p>
Young People’s Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm	Green amber	The current service has been extended by one quarter to facilitate mobilisation of new services. Procurement of the new service is on track to commence 1st July 2016.
People with a long term condition are encouraged and supported to self-manage their condition	Green	Self-management is promoted through the Healthy Living pharmacies that have been established in the borough. Health Champions are being introduced into GP practices and options for structured education and social prescribing are under review. We are looking to build on the Central London Community Healthcare service to improve access for a greater range of patient groups.

Commissioning intention	RAG	Commentary
Health and lifestyle checks are offered and taken up	Red amber	<p>The Health Check programme underwent a major change during this quarter with the implementation of a new IT system. There were typical 'teething problems' associated with the implementation of a new IT system. These issues have now been resolved and activity levels are expected to improve by the next quarter.</p> <p>A new health trainer based model is being rolled out, which will complement the Health Checks programme. The model comprises physical activity sessions and cooking lessons. This is a new programme and data is currently not available on uptake.</p> <p>Health Check Point of Care (POC) equipment was distributed in September 2015. Access to this equipment will make the delivery of Health Checks more efficient and streamlined. Training took place during August and September and regular monitoring of the ten practices will take place from September 2015 onwards.</p>

4. Financial

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q3 Forecast	Variation		
	£000	£000	£000	£000		
Public Health	14,335	15,835	15,835	-		0.0%
Total	14,335	15,835	15,835	-		0.0%

4.2 Capital

N/A

5. Risk

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

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

Risk Commentary for Delivery Unit:

There are 4 risks on the Barnet & Harrow Public Health risk register, one of which is new this quarter and is rated red: the controls which are in place, as well as further mitigating actions, are detailed in the table below.

The risk register lists those risks rated as 12 and above.

Risk	Current assessment impact probability rating			Control actions	Risk status	Board assurance (timing)	Target assessment impact probability rating		
	Impact	Probability	Rating				Impact	Probability	Rating
Government decision around reductions in public health grant (either one-off or on-going) may lead to: - budget overspend - inability to meet Council savings to deliver wider determinants of health - reductions in service provision	Almost certain	Moderate impact	15	<ul style="list-style-type: none"> Robust budget monitoring system in place Monthly finance reports presented at SMT The service is undertaking regular monitoring of financial position which provides detailed information on the financial commitments, against which any grant reduction can be assessed 	Treat	Quarterly	Likely probability	Negligible impact	4

Risk	Current assessment impact probability rating			Control actions	Risk status	Board assurance (timing)	Target assessment impact probability rating		
				<p>and/or mitigated.</p> <ul style="list-style-type: none"> • 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. • Review of wider determinants of health supported by grant, reducing as / where appropriate • Public Health in Harrow has recently launched an engagement programme in relation to 2016-17 savings proposals. The findings will be presented to Members to assist in the budget savings decisions. • Financial plans are being reviewed in light of the CSR announcements and will be reflected in planned Public Health spend for 2016-17, to be approved within the respective Council budget setting reports in February 2016. 					

7. Equalities

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

8. Customer experience

Customer Experience description	Comments and proposed intervention
	<p>Latest results for satisfaction with local health services will be released from the Autumn 2015 Residents' Perception Survey (published in February 2016).</p> <p>The Spring 2015 Residents' Perception Survey showed satisfaction with the local health services in Barnet. 59% of respondents rated local health services as "good/excellent" (down 2.1% since Autumn 2014). The same survey found 23% of respondents listed quality of health service as a top concern (a significant 4.4% increase since Autumn 2014). Link to Spring 2015 Residents' Perception Survey 2015: https://engage.barnet.gov.uk/consultation-team/residents-perception-survey-spring-2015</p>

Appendix A

Performance indicators which have met or exceeded their target:

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	Period Covered <i>Timeframe data has been measured</i>	Previous Result <i>Previous result from the most relevant period</i>	Target Achievement <i>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>
PH/S1	Smoking status at time of delivery	Strategic	July-Sept 2015	4.4%	5.0%	181/4869	3.7%	26.0%	Improving	England = 11.4%; London = 4.8%
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Strategic	July-Sept 2015	21.0%	21.0%	783/3736	21.0%	0.0%	Same	England = 22.5%; London = 23.1%
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Strategic	July-Sept 2015	34.4%	36.7%	1078/3137	34.4%	6.3%	Same	England = 33.5%; London = 37.6%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Strategic	July-Sept 2015	404.78	458.76	1494/369088	404.78	11.8%	Same	England (DSR) = 645 per 100,000; London (DSR) = 541 per 100,000
PH/S5	Smoking prevalence	Strategic	July-Sept 2015	15.0%	15.0%	Not provided on PHOF website/672	13.2%	12.0%	Improving	England = 18.0%; London = 17.0%
PH/S7	Physical activity participation	Strategic	July-Sept 2015	58.5%	54.0%	N/A/504	58.5%	8.3%	Same	England = 57.0%; London = 57.8%

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/S9	Number of people with mental health problems who have accessed the MaPS employment support programme	Strategic	July-Sept 2015	51	60	65/N/A	65	8.3%	Improving	Not available for either MaPS or IPS in London or England.
PH/C1	Prevalence of 4-5 year olds classified as overweight	Critical	July-Sept 2015	11.6%	11.1%	N/A/N/A	11.0%	0.9%	Improving	England = 12.8%; London = 12.0%
PH/C2	Prevalence of 4-5 year olds classified as obese	Critical	July-Sept 2015	9.4%	9.4%	N/A/N/A	9.0%	4.5%	Improving	England = 9.1%; London = 10.1%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Critical	July-Sept 2015	15.2%	20.8%	N/A/N/A	14.6%	29.8%	Improving	England = 14.2%; London = 14.6%
PH/C4	Prevalence of 10-11 year olds classified as obese	Critical	July-Sept 2015	19.4%	19.4%	N/A/N/A	18.4%	5.2%	Improving	England = 19.1%; London = 22.6%

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/C6	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service.	Critical	July-Sept 2015	100.0%	98.0%	9005/N/A	99.5%	1.5%	Worsening	London and England benchmarking data not currently available.
PH/C9	Clients with no record of completing a course of HBV vaccinations as a proportion of eligible clients in treatment at the end of the reporting period	Critical	July-Sept 2015	85.4%	90.0%	3/5	60.0%	33.3%	Improving	England = 90.4%

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/C1 2	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Critical	July-Sept 2015	38.7%	35.8%	144/350	41.1%	14.8%	Improving	National = 39.1%
PH/C1 4	Percentage of service users who successfully completed treatment representing to the drug/alcohol treatment services - opiate users (as per DOMES report)	Critical	July-Sept 2015	16.7%	14.0%	4/32	12.5%	10.7%	Improving	National = 19.1%
PH/C1 6	Percentage of service users who successfully completed treatment representing to the drug/alcohol treatment services -	Critical	July-Sept 2015	9.9%	13.6%	9/78	11.5%	15.4%	Worsening	National = 10.7%

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
	alcohol users (as per DOMES report)									
PH/C17	Percentage of service users who successfully completed treatment re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)	Critical	July-Sept 2015	12.1%	8.1%	3/38	7.9%	2.5%	Improving	National = 9.8%
PH/C19	Number of schools registered for the Healthy Schools London Awards - (a) primary	Critical	July-Sept 2015	3	3	6/N/A	6	100.0%	Improving	England = N/A; London = N/A

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/C2 0	Number of schools registered for the Healthy Schools London Awards - (b) secondary	Critical	July-Sept 2015	3	0	0/N/A	0	N/A	Worsening	England = N/A; London = N/A
PH/C2 1	Number of schools reaching bronze award	Critical	July-Sept 2015	6	3	4/N/A	4	33.3%	Worsening	England = N/A; London = N/A
PH/C2 2	Number of schools reaching silver award	Critical	July-Sept 2015	0	1	1/N/A	1	0.0%	Improving	England = N/A; London = N/A
PH/C2 3	Number of schools reaching gold award	Critical	July-Sept 2015	0	0	0/N/A	0	N/A	Same	England = N/A; London = N/A
PH/C2 4	Number of healthy eating workshops provided in children centres	Critical	July-Sept 2015	79	16	25/N/A	25	56.3%	Worsening	England = N/A; London = N/A

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	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>
PH/C2 8	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) - opiate users	Critical	July-Sept 2015	10.7%	10.0%	65/604	10.8%	8.0%	Improving	England = 7.2%
PH/C2 9	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15ii) - non-opiate users	Critical	July-Sept 2015	30.3%	27.0%	109/319	34.2%	26.7%	Improving	England = 38.5%