

# Public Health – Q2 2016/17 reported in Q3 2016/17

## 1. SUMMARY

### 1.1 SERVICE DASHBOARD

Finance	Revenue Budget Variance		Capital Actual Variance				
		0		N/A			

  

Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
• Indicators	20	1	0	3	14	7
• Key Actions	17.5	4	0	1.5	19	5

  

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

### 1.2 KEY SUCCESSES AND CHALLENGES

#### Key Successes

The Community-Centred Practices Mental Health Programme Provider received over 300 inquiries in response to invitations from the two surgeries which indicates that citizens are clearly interested to get involved with the Practice Health Champion role.

10 Champions in Boyne Avenue (South) and 22 Champions in Brunswick Park (North) are trained and there are more citizens in the pipeline keen to become a Practice Champion. It should be noted that Boyne Avenue is a small practice with registered population of approximately 2,000 people whereas Brunswick Park has over 8,000 people. The size of the practice reflects on the number of Champions taking part.

Examples of Champion activities including:

- High levels of activity around helping with surveys and promoting Self Care Week at Practice.
- Helping out with blood clinics
- Tea and Chat, Sing-along, reading groups, knit and chatter and more to come including Yoga sessions

In Q2 there were 2 more Healthy Schools London gold awards achieved. Barnet now has 9 gold awards in total placing it in a joint first place across the 33 London boroughs.

In total we now have 92 schools (primary and secondary) registered - this is the highest across London.

## Key Successes

In Q2 two summer tier 2 child weight management programmes were delivered for the first time. These were 6 weeks in duration instead of 12. Previously no programmes had been delivered through the summer holidays. 60 referrals were received between July and September 2016; of these 65% were self-referrals.

There were 20 starters on to the programmes and 17 completers (completers have attended 4 out of the 6 sessions). 40% of completers decreased their BMIz score. Out of the 17 completers, all 17 children were surveyed and provided feedback and of those 94% rated the ANK programme as good or excellent.

### Barnet Substance Misuse service

- Following a successful procurement process by Public Health Commissioning Team, Barnet and Harrow - our new Barnet Young People's Drug and Alcohol Service (Barnet YPDAS) was launched in December 2016 with support from Barnet's young people and a broad range of stakeholders including CJS, Barnet Hospital, Children & Families Services, Adult social Care and Voluntary agencies. The new Service has already reached agreements with a number of stakeholders to provide satellite sites to ensure young persons are seen at a place which is easy for them to get to and where they feel most comfortable. An Educational Portal has also been developed specifically for Barnet Schools to access advice and support online or directly with the Barnet YPDAS Lead practitioner.
- Barnet Adult Substance Misuse Service have successfully recruited two Hidden Harm Workers (a new Service to Barnet) whose role is to identify and support parents/carers who are involved in problematic drug and/or alcohol misuse and to minimise the impact of this substance misuse on their children. The Hidden Harm Workers will work alongside both Children's and Adult teams to identify and engage with parents/carers living in Barnet who are involved in problematic drug and/or alcohol misuse. Joint working and co-location has already commenced with the MASH Team and Duty and Assessment Team focusing on providing specialist advice, rapid response, joint home visits and assertive engagement.
- Enhanced Alcohol Identification and Brief Advice (IBA) Service: For every 8 people that have brief advice in primary care at least 1 will change their drinking behaviour (Moller et al 2002). By rapidly expanding IBA across the borough (since April 2016), Public Health will support Barnet stakeholders in the shared objective to improve the wellbeing and quality of life of residents. Barnet Adult Substance Misuse Service have commenced a 12 month IBA Enhanced Service by delivering IBA training to frontline staff from CJS, Domestic Violence Agencies, Sexual Health Services, Children and Family Services, Adult Social Care, Housing Services and Fire and Rescue Services. Although the Enhanced IBA Service has only recently commenced, due to our on-going joint working with Barnet Police, over 60 Police Officers from all ranks have already received IBA training.

### Key Challenges

Regarding funding for long term health conditions management, although Making Every Contact Count (MECC) training commenced in September, filling the sessions to capacity was challenging. As a result one training session in September had to be cancelled. Further sessions have taken place in October with 66 people being trained to date (November 2016).

### Actions Required

It was recognised that potential participants were offered too many sessions to choose from, resulting in bookings being spread too thinly. As a result, fewer sessions will be offered in the future to reduce the risk of them being under-filled. There will also be some overbooking of the sessions to account for last minute cancellations and non-attendance.

Key Challenges	Actions Required
<p>The Visbuzz product has been unreliable. A promotion event held with care homes was positive but no activity since. Internet connection procurement has been unsuccessful which has delayed the distribution of units.</p>	<p>The following actions will be taken to address the challenges:</p> <ul style="list-style-type: none"> <li>• Explore other options for internet procurement such as partnerships with other boroughs</li> <li>• Continue to feedback issues to London Councils and Visbuzz to further develop and improve the product and process</li> <li>• Work to install the unit in the homes of the outstanding referrals; Visbuzz has agreed to a simpler sign up process</li> <li>• Closely monitor the units in place to make sure that these are operating and effective for residents and their families.</li> </ul>
<p>Regarding smoking cessation service options appraisal, 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>In light of the delays in being able to develop a strategy an interim solution has been to ensure that specialist smoking support is available. We have successfully procured a specialist smoking trainer who will be delivering training in December 2016. The same provider will be providing the update training and CO monitor calibration in the new year</p>
<p>Regarding employment contract monitoring, the restructure due to the recently extended contract is coupled with Twining (the provider) losing three staff members at the same time as Barnet, had a negative impact on performance.</p>	<p>Monthly contract monitoring is in place to closely review performance. A new team leader is in place for Barnet who is very experienced. The function is to maintain fidelity to the IPS model and hold caseloads. Once the new employment specialists are settled it is expected that there will be recovery of the targets. The provider is committed to delivering targets and we are awaiting a renewed recovery plan.</p>

### 1.3 OVERVIEW – FINANCE, PERFORMANCE AND RISK

In addition to the key successes listed above, Barnet Public Health achievements in Q2 include:

- During the reporting quarter, Public Health Commissioning Team, Barnet and Harrow shared sexual health service secured additional funding of £50,000 from 2016/17 contingency funds to achieve the following: (a) develop HIV outreach, awareness and testing project within Barnet; and (b) provide young people's sex and relationship education (SRE) in Barnet. The commissioned programme will sit alongside and will be operationally managed within the current Contraceptive and Sexual Health service (CASH) in Barnet. The project will also draw upon and complement the existing HIV testing and treatment services within the Borough. One other top achievement during the quarter was achieving activity outturn above target on all 5 sexual health key performance indications in Barnet. For details please see section 3.2a of this report.

- The health coach’s service continued to successfully engage with referring agencies. There are now referrals from a wide range of agencies including for example, JCP and CSE champions. 90% of the volunteers who have gone through training reporting increase awareness of health and social care system and increased confidence in their ability to help families. 70% of families are engaged with positive activities in the community and accessed supporting services such as benefit advice, discretionary housing payment and peer support. Number of CAF initiated was 3 at the end of Q2 2016/17. Good progress with perinatal mums - good attachment with their babies and no deterioration in mental health.
- MAPS (fair employment contract monitoring): MAPS engaged with 148 clients (against a target of 100) and successfully moved 43 (target 32) residents into meaningful jobs since April 2016. The service received 978 referrals since its inception in November 2014. Referrals are mainly coming from the JCP/DWP, Task Force and Troubled Families. Care Leavers Hub is also making referrals reflecting true multi-agency work.
- IPS (fair employment contract monitoring): IPS service provider Twining Enterprise has been going through a major restructure since it was awarded the new IPS trailblazer contract across West London Alliance including Barnet. This service is testing the IPS model for common mental illness. The provider successfully recruited and inducted a new team leader for Barnet as well recruiting the two new employment specialists.
- Since Q1 another local organisation has registered interest in the London Healthy Workplace Charter. Initial discussions with this employer have been held and follow up will take place to find out how they have progressed. An event to provide networking opportunities and support for local organisations around health and wellbeing at work, and encourage sign up to the London Healthy Workplace Charter was planned, with support from key partners. This has subsequently been held (November 2016) and was successful, with 4 organisations registering interest in the Charter.
- Tier 1 long-term condition self-management: Social Marketing Gateway was appointed to deliver MECC training and commenced in September. An options paper for digital structured education for type 2 diabetics is in progress and will support commissioning decisions in this area. Diabetic patients who are seen in Barnet’s new community multidisciplinary team service will be signposted to the existing structured education programme delivered by CLCH as appropriate.
- Sexual health service genito-urinary medicine (GUM) contracts: during the reporting period, we continued to work with Camden and Islington Public Health commissioners, as part of the London Collaborative Programme, to performance manage the GUM provider, the Royal Free NHS Trust. The GUM contract expiry date is 31<sup>st</sup> March 2017. Commissioners continue to work with neighbouring boroughs as part of the North Central London sub-region to procure an integrated Sexual Reproductive Health service.
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Issues currently being addressed by the Barnet public health team include:

- Tier 2 child weight management programme: no School Time Obesity Programmes (STOP) were delivered as it was the summer holidays. Weight loss results for the summer term were lower than previous quarters. This could be due to various reasons (please note that summer programmes have not been delivered before): the children were out of their usual routine without structured meal times (as they would have during school time); a lot of children missed some sessions as they were away on holidays; the summer ANK programmes ran for 6 weeks rather than 12 weeks.
- Regarding Healthy Schools London, the targets for registration for primary and secondary were not breached. As this quarter coincided with the summer holidays, the provider focused their efforts on ensuring applications for awards were sent off on time before the end of the summer term. Quarter 2 will continue to prove a challenge for this programme and reflect in low targets as it is the summer holidays. 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 out audits to address this (this is an on-going challenge).

- Health coaches: inappropriate referrals to both services have been a concern. This issue has been resolved. However, we will continue to monitor the nature of referrals. With regards to perinatal service - it was observed that most referrals are coming at the last trimester of pregnancy. This is the time where women have to deal with a lot of issues as preparation for babies coming. This makes it harder to engage women into the service. The provider is encouraging health visitors and midwives to make referrals at an earlier stage in pregnancy. Nevertheless the service successfully engaged with 43 families so far.
- Community-centred practices mental health programme: the key challenge was the overwhelming response from the citizens and having limited capacity to involve them all. However, if some of the Champions drop out in future naturally there is a huge potential to replace them. Some surgeries do not have a space for Champions to meet. Jointly with the Provider and Champions themselves we are looking for alternative venues such as schools, libraries, church halls.
- Regarding sexual health service genito-urinary medicine (GUM) contracts, in Q2, Barnet GUM providers and commissioners were involved in the procurement and tenders evaluation processes of sexual health services. Therefore, contract performance meetings did not happen, however quarterly reports were still submitted and issues were raised and clarified via e-mail and where actions have not been resolved, discussions will continue during Q3 contract performance meetings.
- Teenage pregnancy sexual health work: extra funding has been made available to the Contraception and Sexual Health Service to deliver SRE in schools; the challenge is to encourage all secondary schools to accept the offer of this service. Commissioners will be working closely with the provider to support them to gain access into schools in the event that they encounter challenges.
- Adult Substance misuse Service: The new PHOF 2.16 highlights the rate of successful transfer from prison to community treatment. A Senior Commissioner recently met with the new Community Rehabilitation Company (CRC) Engagement and Partnership Lead to improve CRC referrals to the Treatment and Recovery Service from CJS and Prisons. This work is still on-going and updates will be provided in the next quarterly report.
- Health Checks: we have agreed the final new template for data reporting. This will enable us to hold the providers to account more effectively. We are currently in discussions with Barnet GP Federation with regards to delivering a targeted programme on a reduced budget. A small working group has been set up with Barnet CCG Director of Primary Care in order to ensure we are able to provide maximum support to assist the GP federation to set up their infrastructure and staffing.

Information on the public health team's financial position is provided in section 2 of this report. Section 6 shows that there are four risks on the Barnet & Harrow Public Health Risk Register, one of which is rated as 12 or above. The controls which are in place for this risk are also shown in this section.

## 2. Finance

### 2.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Revised Budget	Quarter 3	Variation		
	£000	£000	£000	£000		
Public Health	18,544	18,055	18,055	-		0.0%
<b>Total</b>	<b>18,544</b>	<b>18,055</b>	<b>18,055</b>	<b>-</b>		<b>0.0%</b>

### 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	3	1	0	1	5	0	4	1	0	5
SPI	11	0	0	2	13	1	7	3	4	14
MPI	6	0	0	0	6	0	3	3	0	6
<b>Overall</b>	<b>83% (20)</b>	<b>4% (1)</b>	<b>0% (0)</b>	<b>13% (3)</b>	<b>100% (24)</b>	<b>4% (1)</b>	<b>67% (14)</b>	<b>33% (7)</b>		<b>24</b>

**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	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
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Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Smaller is Better	21.0%	21.0%	783/3930	19.92%	19.9%	Same	21.0%	Improving	England = 21.9%; London = 22.2% (7/12/16; Public Health Outcomes Framework)
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Smaller is Better	32.0%	32.0%	1104/3389	32.58%	32.6%	Same	34.4%	Improving	England = 33.2%; London = 37.2% (7/12/16; Public Health Outcomes Framework)
PH/S5	Smoking prevalence	Smaller is Better	13.0%	13.0%	N/A/N/A	14.4%	14.6%	Improving	13.2%	Worsening	England = 16.9%; London = 16.3% (7/12/16; Public Health Outcomes Framework)
PH/C19	Number of schools registered for the Healthy Schools London awards - (a) primary	Bigger is Better	6	0	N/A/N/A	1	1	Same	6	Worsening	Not applicable
PH/C20	Number of schools registered for the Healthy Schools London awards - (b) secondary	Bigger is Better	4	0	N/A/N/A	0	2	Worsening	0	Same	Not applicable
PH/C21	Number of schools reaching bronze award	Bigger is Better	10	2	N/A/N/A	3	3	Same	4	Worsening	Not applicable
PH/C22	Number of schools reaching silver award	Bigger is Better	6	0	N/A/N/A	0	4	Worsening	1	Worsening	Not applicable
PH/C23	Number of schools reaching gold award	Bigger is Better	5	1	N/A/N/A	2	3	Worsening	0	Improving	Not applicable

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
PH/C24	Number of healthy eating workshops provided in Children's Centres	Bigger is Better	210	102	N/A/N/A	208	202	Improving	25	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	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
PH/S4	Rate of hospital admissions related to alcohol	Smaller is Better	400.00	400.00	592.33/190858	310.35	424.90	Improving	404.78	Improving	Not applicable
PH/S12	Percentage of women accessing Emergency Hormonal Contraception (EHC) within 48 hours	Bigger is Better	80.0%	80.00%	N/A/N/A	100.00%	99.00%	Improving	New	N/A	Not applicable
PH/S13	Percentage of new attendances of all under 25 year olds tested for chlamydia	Bigger is Better	70.0%	70.0%	N/A/N/A	77.10%	52.0%	Improving	New	N/A	Not applicable
PH/S14	Number of people engaged or supported by Winter Well	Bigger is Better	1200	0	N/A/N/A	N/A	N/A	N/A	New	N/A	Not applicable

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
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	Bigger is Better	98.0%	98.0%	N/A/N/A	99.00%	100.0%	Worsening	99.5%	Worsening	Not applicable
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%	N/A/N/A	97.20%	99.0%	Worsening	95.1%	Improving	Not applicable
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)	Bigger is Better	80.0%	80.0%	N/A/N/A	88.00%	84.0%	Improving	78.2%	Improving	Not applicable
PH/C10	Successful treatment - opiate users	Bigger is Better	8.0%	8.0%	47/565	8.3%	7.0%	Improving	7.8%	Improving	National = 6.8% (8/12/16; National Adult Quarterly Activity Partnership Report)
PH/C11	Successful treatment - non-opiate users	Bigger is Better	33.0%	33.0%	30/83	36.1%	32.1%	Improving	31.3%	Improving	National = 40.0% (8/12/16; National Adult Quarterly Activity Partnership Report)
PH/C12	Successful treatment - alcohol users	Bigger is Better	42.0%	42.0%	119/274	43.4%	37.6%	Improving	41.1%	Improving	National = 39.3% (8/12/16; National Adult Quarterly Activity Partnership Report)

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking Report)
PH/C13	Successful treatment - non-opiate and alcohol users	Bigger is Better	32.0%	32.0%	51/147	34.7%	29.1%	Improving	30.7%	Improving	National = 35.0% (8/12/16; National Adult Quarterly Activity Partnership Report)
PH/C14	Re-presentations - opiate users	Smaller is Better	12.0%	12.0%	6/26	23.1%	15.8%	Worsening	12.5%	Worsening	National = 18.7% (8/12/16; National Adult Quarterly Activity Partnership Report)
PH/C15	Re-presentations - non-opiate users	Smaller is Better	8.0%	8.0%	4/18	22.2%	22.2%	Same	9.1%	Same	National = 6.1% (8/12/16; National Adult Quarterly Activity Partnership Report)
PH/C16	Re-presentations - alcohol users	Smaller is Better	11.0%	11.0%	5/64	7.8%	5.4%	Worsening	11.5%	Improving	National = 9.0% (8/12/16; 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	Q2 2016/17 Target	Numerator / Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short-Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long-Term (From Q2 2015/16)	Benchmarking
PH/S7	Physical activity participation	Bigger is Better	59.0%	59.0%	N/A/N/A	59.47%	59.5%	Worsening	58.5%	Improving	England = 57.1%; London = 57.8% (7/12/16; Public Health Outcomes Framework)
PH/S11	Excess weight in adults	Smaller is Better	56.8%	56.80%	N/A/N/A	56.75%	57.82%	Improving	New	N/A	England = 64.8%; London = 58.8% (7/12/16; 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><b>Intervention level 1</b> Performance target of 32% was missed by 0.58%. 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 &amp; 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 99.6th 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>PH/S5 Smoking prevalence</p>	<p><b>Intervention level 1</b> 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. In light of the delays in being able to develop a strategy an interim solution is being agreed for specialist smoking support. We have procured a specialist smoking trainer to deliver update training and CO monitor calibration in the new year.</p>
<p>PH/C14 Re-presentations - opiate users</p> <p>PH/C15 Re-presentations - non-opiate users</p>	<p><b>Intervention level 1</b> 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 have been identified as recent successful completions. The Public Health England Programme Manager and Substance Misuse Service (SMS) Commissioner also met with our new Provider to help identify any other possible reasons for decreased treatment completion rates. There has been on-going, close monitoring by the SMS Commissioner. Recent NDTMS data for July – September 2016 shows an improvement in successful completions across all categories of care:</p> <p>Opiate 8.3%                   <b>which has exceeded target of 8%</b> Non-opiate 36.1%           <b>which has exceeded target of 33%</b> Alcohol 43.4%               <b>which has exceed target of 42%</b> Alcohol and non-Opiate 34.7% <b>which has exceed target of 32%</b></p> <p>Representations Opiate 23.1%               <b>this relates to 6 representations out of 26</b></p>

Ref and Indicator Title	Comments and Proposed Intervention
	<p><b>Discharges. Comparing to the number of discharges in the previous quarter against representations – we have seen more people <i>not</i> representing to the Service.</b></p> <p>Representations Non-opiate 22.2%</p> <p><b>this relates to 4 representations out of 18 Discharges. Comparing to the number of discharges in the previous qtr against representations – we have seen more people <i>not</i> representing to the Service.</b></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 Street Scene 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	4	0	1.5	1	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/161 7/001	Childhood obesity: PH funding and commissioning of childhood obesity and nutrition investment via a tier 2 weight management programme	Green	<p>Alive and Kicking continue to deliver successfully across the borough. In Q2 two summer programmes were delivered for the first time. Previously no programmes had been delivered through the summer holidays. 60 referrals were received between July and September 2016, 65% of these were self-referrals. There were 20 starters on to the programmes and 17 completers (completers have attended 4 out of the 6 sessions). 40% of completers decreased their BMIz score. Out of the 17 completers 94% rated the ANK programme as good or excellent. No School Time Obesity Programmes (STOP) were delivered in Q2 as it was the summer holidays.</p> <p>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/161 7/002	Commission 5-19 Wellbeing programme: 5-19 Wellbeing program - ongoing commissioning of support to the Healthy Schools programme.	Green-amber	<p>In Q2 there were 2 more gold awards achieved. Barnet now have 9 gold awards in total and is currently placed as joint first across the 33 London boroughs. 3 more schools achieved their bronze award but we had no silver awards achieved- however overall we are still on target to achieve 6 silvers by the end of the financial year.</p> <p>The targets for registration for primary and secondary were not reached with only 1 primary and 0 secondary schools registered. However this was due to this quarter being the summer holidays and no school staff available in which to complete the registration process. The provider focused their efforts on ensuring applications for awards were sent off on time before the end of the summer term.</p>
PH/161 7/003	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><u>Family Health Coaches</u> 48 families (out of target of 50 per annum)</p> <p><u>Perinatal Mental Health Coaches</u> 43 families (out of target of 50 per annum)</p> <p>Both services are close to achieving their targets. This means that both services are focusing their attention on supporting families rather than marketing the service to</p>

			generate referrals.
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**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	Public Health is still in the process of jointly procuring (with Harrow) a targeted adult weight management service for Barnet, with a maximum of 520 clients now in 2017. 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 6 to 12 months. The information obtained from the pilot will be analysed and used to inform future procurement.
PH1617 /006	Mental health: Develop a community centred practices programme to build capacity in practices in identifying and referring to community resources to support patients	Green	The work is progressing as planned. Initial practice/partners meeting and meetings with receptionist teams have been completed in all 8 GP surgeries. Engagement target is on track. Practice Health Champions within 2 of the 8 surgeries are already trained started their activities. The Whole Practice Workshop dates for each GP surgeries booked until end of March 2017 for the remaining 6 surgeries.
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 May 2017.
PH1617 /008	Reduce smoking: Develop options appraisal for targeted service	Green	<ul style="list-style-type: none"> <li>Meeting with Barnet CCG, 21 October 2016</li> <li>Establishment of Barnet Smoking Cessation Strategy Development Group.</li> <li>First meeting scheduled for 15 December 2016</li> </ul> <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>In the light of the delays in being able to develop a strategy an interim solution is being agreed for specialist smoking support. We have procured a specialist smoking trainer to deliver up-date training and CO monitor calibration in the new year.</p>
PH1617 /009	Reduce smoking: Work with partners on wider tobacco control issues such as shisha	Green-amber	There was a slight delay in design and marketing of the key messages and ensuring the imagery was acceptable. This entailed ensuring that the health messages on the posters were aligned with evidence and shisha bars were made aware that the campaign was being launched in the borough.

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
			Following extensive feedback from partners and support from lead Cllr (Cllr Hart) a paper was presented jointly by PH and Communications to the Health and Wellbeing Board. Recommendations included the approval of 3 key health messages (evidence based), shisha bars were contacted with a link to the LBB Re web page prior to poster campaign launch and a guidance leaflet on compliance was developed to support visits that EHO's make to shisha premises.

**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	Green (1/2)	The MAPS service is on target. The service successfully over achieved their targets by engaging 73 residents (against a target 50). They helped 23 (target of 16) residents to move into jobs.
		Red (1/2)	The IPS service has engaged 20 residents (against a target 30) and 6 (target 12) secured jobs. This is an underachievement of the quarterly job outcome target by 50%. Monthly contract monitoring meetings are in place to review performance.
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	An additional local organisation, Whitefield School, registered their interest in the London Healthy Workplace Charter. Plans are in progress for a Health and Wellbeing at Work event. This will provide local organisations with the opportunity to network, provide them with information and resources about implementing initiatives in the workplace to support health and wellbeing, and encourage sign up to the London Healthy Workplace Charter. The event was scheduled to take place on the 10 <sup>th</sup> of October however this was delayed due to local business events taking place around the same date. The event has subsequently been held (November 2016) and was a success. Barnet Council attended the verification day for excellence accreditation in September. Achievement of this accreditation level has subsequently been confirmed (October 2016).

**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	The procurement process went live following the development of the PH outcomes and the first questions/clarifications are being received by bidders following the first stage of the tendering process. The details of this are bound by confidentiality at present.
PH1617 /013	Access to health facilities: PH contribution to the continuing SPA strategy	Green	The PH team responded to the SPA strategy consultation, further development, is yet to take place.
PH1617 /014	Access to health facilities: Support with healthy places, planning support and PH expertise	Green	The planners have been engaged with and there is a meeting planned with them in January 2017. The planning process has been explored and a process created which identifies triggers for HIA and pre planning advice. This needs further development this quarter. We are looking to develop the concept of the healthy local plan.
PH1617 /015	Access to health facilities: PH expertise contribution to the Parks and Open spaces strategy	Green	Public Health continues to sit on the Green Spaces Board and provide PH advice where appropriate.

### 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	Sexual health performance continued to improve through to Q2 2016/17 and exceeded quarterly target, for example 77% achieved against the target of 70% for the new KPI for new attendances of all under 25 year olds tested for chlamydia. The current Contraception and Sexual Health services provider has been awarded extra funding to provide HIV awareness and HIV testing to targeted high risk groups in Barnet; and Sex and Relationship Education (SRE) to young people in various settings in Barnet. This approach will ensure that SRE is available to young people

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
			who are not in education and in employment. To avoid late HIV diagnosis HIV awareness and testing in the community will ensure that high risk groups who do not access SH services will have access to HIV tests.
PH1617 /017	Integrated and sustainable sexual health service: To agree GUM contracts as part of the London collaborative commissioning programme	Green	Commissioners have successfully negotiated a reduced tariff price for GUM services for 2016/17. The impact of this reduction in price can already be seen. The activity at the local GUM service has been higher than anticipated, however the recent price reduction will help to maintain costs.
PH1617 /018	Integrated and sustainable sexual health service: Development of local specification and tender; sub regional procurement partnership	Green	There has been great progress in the tendering process. The specification has been developed, finalised and agreed by collaborating commissioners in the North Central London (NCL) Sub-Region. As part of the NCL sub-region, commissioners continued to work in collaboration with other boroughs in Q2 to procure a new service.
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	The Contraception and sexual health (CaSH) service proactively working with Children's services to support young people who require safeguarding and counselling support. Outreach sessions were held at Barnet Families' Service Contact Centre and at 2 different sites of Barnet College. The outreach sessions have contributed to an increase of young people accessing the contraception services in Barnet for contraception and sexual health needs. The current contraception and sexual health services provider has been awarded extra funding to provide Sex and Relationship Education (SRE) to young people in various settings in Barnet. This approach will ensure that SRE is available to young people who are not in education and in employment.
PH/1617/020	Improve treatment outcomes in drug & alcohol services: PH funding & monitoring of service	Green	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 and Substance Misuse Service (SMS) Commissioner also met with our new Provider to help identify any other possible reasons for decreased treatment completion rates. There has been on-going, close monitoring by the SMS Commissioner. Recent NDTMS data for July – September 2016 shows an improvement in successful completions across all categories of care:  Opiate 8.3% <b>which has exceeded target of 8%</b> Non-opiate 36.1% <b>which has exceeded target of 33%</b> Alcohol 43.4% <b>which has exceed target of 42%</b> Alcohol and non-Opiate 34.7% <b>which has exceed target of 32%</b>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
			<p>Representations Opiate 23.1%</p> <p><b>this relates to 6 representations out of 26 Discharges. Comparing to the number of discharges in the previous qtr against representations – we have seen more people <i>not</i> representing to the Service.</b></p> <p>Non-opiate 22.2%</p> <p><b>this relates to 4 representations out of 18 Discharges. Comparing to the number of discharges in the previous qtr against representations – we have seen more people <i>not</i> representing to the Service.</b></p>
PH/1617/021	Promotion of self-management of health: PH funding of Better Together (Ageing Well)	Green	Public Health continues to contribute funding to the Better Together scheme. Public Health also continues to review programme priorities and delivery alongside Adult Social Care colleagues. This is to ensure that the programme promotes health and wellbeing and contributes to the demand management challenge.
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 tablet devices to counter social isolation) initiative, community centred practices. Consider options for structured education and social prescribing.	Green	<p>Social Marketing Gateway was commissioned to deliver MECC training. Two training sessions were scheduled to take place during September although one was cancelled due to insufficient numbers. Further sessions were scheduled for October. Work is being carried out to explore options for digital structured education support for type 2 diabetics. Three options are being assessed and the paper will be shared with the CCG to support commissioning decisions.</p> <p>Champion training events held for Visbuzz; 18 people trained, 3 active. 8 referrals, three units with residents. Requires a lot of time and capacity from the project lead and volunteers. Product has been unreliable. Good engagement with the voluntary sector. Promotion event held with care homes was positive but no activity since. Internet connection procurement has been unsuccessful which has delayed the distribution of units. Communication has been sent to all organisations and individuals currently involved to explain the delay and to preserve engagement. Three of the other four pilot boroughs involved in the project are experiencing similar delays; London Councils have confirmed an extension of the drawdown of the funding.</p> <p>Priorities for self-care have shifted to align with CCG priorities. The CCG and PH are working together to develop a strategic approach to promoting self-care in primary care; and to provide formal input into the Care Closer to Home programme.</p>
PH/1617/023	Develop a more targeted Health Checks programme: PH funding and monitoring of Health Checks	Green	<p>The data provider is working better with us. We have just agreed the new data format which will give the ability to report with more detail and performance monitor the practices more effectively.</p> <p>We are currently in discussions with Barnet GP Federation with regards to delivering</p>

Ref	Actions from Management Agreement or Business Plan	RAG Rating	Comments
			a targeted programme on a reduced budget. The Barnet GP Federation is not as mature as its equivalents in other boroughs e.g. Harrow, Hackney, Tower Hamlets and others so it will require considerable support to ensure this remains on track.
PH/161 7/024	Develop a more targeted Health Checks programme: Develop options appraisal for future Health Checks service delivery	Green-amber	We are now starting to get deprivation data on completed health checks. We know for example that 180 of the 393 health checks completed in October were on patients in the most deprived postcode deciles i.e. 46% compared to them making up 38% of the eligible cohort. We still do not have this data for the year to date but we should be receiving this by 2 December. Once we have the full data set we will be able to share this with practices on a monthly basis in order to underpin the conversations with practices about targeting invites to more deprived postcodes. As well as receiving a 'personalised' email setting out their performance they will also receive the data for all the practices so that they can see how they compare with their peers.
PH/161 7/025	Maintain Winter Well investment: PH funding of winter well	N/A	(Programme starts in Q3)

## 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: <a href="https://engage.barnet.gov.uk/consultation-team/residents-perception-survey-spring-2016">https://engage.barnet.gov.uk/consultation-team/residents-perception-survey-spring-2016</a>.</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.

The table below lists all risks rated 12 and above.

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>Review of longer term financial plans ongoing, including service redesign of sexual health and ongoing re-procurement activity.</p> <p>Awaiting outcome of consultation on business rate retention model, which should confirm future grant position.</p>	4	5	3	4	12	Same	Treat

## 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: <a href="https://www.barnet.gov.uk/jsna-home">https://www.barnet.gov.uk/jsna-home</a>