

Public Health– Q1 2014/15

1.1 DELIVERY UNIT DASHBOARD

Revenue budget projected year end variance £000	Capital projected variance £000	Corporate Plan Performance	Management Agreement Performance
0	n/a	0	2

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements

The school nursing review was completed in April 2014 and preferred model for future services has been agreed in Barnet and Harrow. Implementation plan is complete and Harrow will lead on the procurement of the service.

Public Health sponsored Cut Films to make films with the residents of the two boroughs about not smoking. Two of the films from Harrow and 5 of the films from Barnet have made it into the national shortlist of 30 films. Barnet films won the 12-15 age group, 16-19 age group and came runners up in the 20-24 years age group. The two winning entries were the winner and runner up of the overall national award.

Successful campaigns. Externally a Cancer Pop Up shop has run at the Spires shopping centre drawing residents attention to cancer symptoms and providing advice and where appropriate encouraging people to visit their GPs. Internally, a healthy workplace initiative was completed in June. The evaluation is not yet complete but the event was very well supported by staff

Key Challenges	Actions required
An audit of the Joint Public Health service has been undertaken by Barnet Council.	An updated Governance structure has been agreed between Barnet and Harrow which will provide greater oversight of performance by Barnet Commercial Team. This proposal will go to the Governance Board in July 14 for agreement.
Ensuring joint understanding of the performance monitoring regime at Barnet has been challenging.	A new suite of KPI's has been updated and will be reported on from Quarter 2. This will provide complete clarity for both sides.

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

The clarification of performance indicators in the new suite of KPIs will provide clarity as to the overall reporting requirements of the Joint Public Health service to Barnet Council. These new KPIs will be reported on from quarter 2 [October 14].

Much public health data is still in areas therefore this report highlights data from previous quarters. From quarter 2 the reporting of the new KPIs will always be one quarter in arrears.

The number of health checks being completed continues to be a concern and a report detailing progress against this is being presented to the Performance and Contract Management Committee. This report highlights the proposed improvement plan which is already being implemented. Early indications are that this intervention is delivering against objectives and the number of health checks has increased however this will not be reflected in the reported data until Quarter 3.

2. DELIVERING THE CORPORATE PLAN

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

*The overall rating for the Delivery Unit includes only 2001 and 2003 as all other indicators have been reported in the past. Table below illustrates the year end position.

CPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
2001	Reduce the prevalence of smoking in pregnancy rate	Jan 14 – Mar 14	4.3%	6%	N/A	4.1%	31.7%	▲ 4.7%	No benchmarking currently available
2003	Increase the number of eligible people who receive an NHS Health Check to 9000	Jan 14 - Mar 14	918	2,000	N/A	1,430	28.5%	▲ 55.8%	Offered: Barnet 1.9%, England 4.5% and London 5.6% Received: Barnet 1%, England 2.1% and London 2.3%
2002 (A)	Reduce the proportion of children aged 4 to 5 classified as overweight or obese	April 12 - march 13	21.2%	21.5%	N/A	23.2%	7.9%	▼ 9.4%	Higher than our target but statistically similar to London and England as a whole. LAPS 2012/13: London average 22.8%
2002 (B)	Reduce the proportion of children aged 10 to 11 classified as overweight or obese	April 12 - march 13	33.9%	33.5%	N/A	33.5%	0%	▲ 1.2%	LAPS 2012/13: London Average 37%

*The relevant previous outturn used will either be the previous quarter, or the same quarter of the previous year. The same quarter of the previous year will be used for annual indicators, cumulative indicators (where the numbers add up during the year and are reported as 'year to date') and if the indicator is affected by seasonal fluctuations.

2.2 Interventions & Escalations

CPI NO and title	Comments and Proposed Intervention
<p>2003</p> <p>Increase the number of eligible people who receive an NHS Health Check to 9000</p>	<p>Level 2 Intervention. HB Public Health has implemented a recovery action plan which includes providing additional support for under-performing practices to increase health checks activity.</p> <p>A pilot programme is underway to encourage health providers to increase the provision of NHS health checks. Publicity material such as patient information booklets and leaflets have been made available. Positive results have been seen from a number of medical centres and practices that have not previously signed up are commencing activity.</p> <p>A GP Practice has been commissioned to provide outreach and support to other practices and Pharmacists have also been commissioned to conduct health checks.</p> <p>Training sessions have been booked for Health Check staff. This will become a mandatory quality assurance requirement for practices in order to accredit them to deliver Health Checks. Training is likely to inspire confidence and enthuse practice staff to deliver more Health Checks. Two sessions per year will be run as introductory and refresher training.</p> <p>Initial indications are that performance in quarter 1 of 14/15 will exceed targets but this will not be confirmed until Sept.</p>
<p>2002 (A)</p> <p>Reduce the proportion of children aged 4 to 5 classified as overweight or obese</p>	<p>A recovery plan has been developed although recognising that it is not only public health programmes that effect this indicator. The nature of the indicator is that it is only reported annually and one year retrospectively. Because of this, we've developed a range of process targets which include schools engagement with the healthy eating and physical activity components of the Barnet Healthy Schools Programme, engagement in an early years programme that delivers breast feeding initiatives, nutrition workshops and parent and child physical activity. We also have an obesity strategy and are developing a pathway for childhood obesity which will include a tier 2 weight management programme.</p>

3. BUSINESS PLANNING

3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	Commissioning Priorities	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red				
6	4	0	0	2	5	1	N/A*	6

3.2.1 How is the Delivery Unit achieving against Commissioning Priorities

*As noted above the Public Health service new suite of KPIs will report in quarter 2. The below table illustrates performance against

3.2.2 Commissioning Priority Indicators (CPs): *Escalated CPs only*

As above

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

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
PH008 (B)	Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users	Jan 14 - Mar 14	27.4%	40.2%	N/A	27.9%	30.6%	▲ 1.8%	40.2% England average
PH012	Reduction in alcohol related admissions to hospitals per 100,000 population (age)	Jan 13- Mar 13	456	274	N/A	507	85.2%	▼ 11.3%	No comparable data

3.3.2 Interventions & Escalations

KPI NO and title	Comments and Proposed Intervention												
<p>PH003 Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users</p>	<p>Level 1 Intervention. Performance in Barnet is better than the baseline but worse than both the England and London rates. HB Public health is concerned that the published data does not reflect the local experience so a data cleanse is underway to remove duplicates from the case management system</p> <p>Numbers in treatment have increased by 6%, though data is based on 6 months post-discharge and the impact on the performance target may not be seen until late 14/15.</p> <p>HB Public Health is working with Commissioners and Providers and has met with Public Health England (PHE) to encourage greater co-ordination of services to support clients' recovery.</p> <p>Multi-agency working with the Mental Health Service has produced a business case to provide dual diagnosis, co-ordination and support, whilst a strategic review is underway.</p> <p>Following re-commencement of the Detox and Rehabilitation Panels there has been an increase in treatment placements followed by structured community treatment, which will also support improved performance.</p> <p>An event has been held for providers to share information and walk through treatment pathways to help tackle local service fragmentation. The providers are beginning to use the same common assessment tool to identify complex patients who need support and all services are adopting a recovery orientated approach which enables clients to move through and out of the system successfully.</p>												
<p>PH012 2013-14 Reduction in alcohol related admissions to hospitals per 100,000 population (age)</p>	<p>Level 1 Intervention. An alcohol recovery plan was initiated in 13/14. Progress to Q4 includes:</p> <ul style="list-style-type: none"> Funding agreed and provided for the Don't Bottle it up Campaign in Barnet for 2014 -15 <p>Service commenced November 2013 and currently being delivered by 21 Pharmacies</p> <table border="1" data-bbox="714 1086 1727 1329"> <thead> <tr> <th></th> <th>Q3 2013-14</th> <th>Q4 2013-14</th> </tr> </thead> <tbody> <tr> <td>Numbers screened</td> <td>220</td> <td>768</td> </tr> <tr> <td>Numbers identified as consuming at a higher level and offered brief advice</td> <td>98</td> <td>665</td> </tr> <tr> <td>Numbers referred to Alcohol Treatment Services</td> <td>13</td> <td>15</td> </tr> </tbody> </table> <p>A service review of alcohol and drug services is underway. A refreshed strategy will go the Health and Wellbeing Board before the end of the year.</p>		Q3 2013-14	Q4 2013-14	Numbers screened	220	768	Numbers identified as consuming at a higher level and offered brief advice	98	665	Numbers referred to Alcohol Treatment Services	13	15
	Q3 2013-14	Q4 2013-14											
Numbers screened	220	768											
Numbers identified as consuming at a higher level and offered brief advice	98	665											
Numbers referred to Alcohol Treatment Services	13	15											

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget £000	Budget V1 £000	Q1 Forecast £000	Variation £000		
Public Health	14,302	14,335	14,335	0	All services are reporting a nil variance against budget. Work is ongoing to review activity data and trends to establish any pressures/underspends for the commissioned services.	0.0%
Total	14,302	14,335	14,335	0		0.0%

4.2 Capital

n/a

5. OVERVIEW OF DELIVERY UNIT

5.1 Change projects

Project	Outturn	Direction of Travel	Commentary
Ageing Well project	GREEN	↔	Support has been provided to neighbourhood projects in East Finchley and Burnt Oak. These are projects which connect with local older people in those areas and support them in identifying local issues and developing local responses to address them. These include tackling isolation, mental health, and physical activity
<p>Barnet Schools Wellbeing Programme</p> <p>The Programme is providing resources, training and consultancy support for physical activity, healthy eating, emotional wellbeing (EWB) and Tobacco Control. Procurement for separate providers to deliver the Sex and Relationships Education (SRE) and the Drugs & Alcohol work streams has commenced.</p>	GREEN	↔	<p>Overall the Health Education Partnership (HEP) is supporting 60 Primary schools through training, consultancy and developing resources. They are supporting 37 schools with physical activity (target exceeded), 50 schools (target exceeded) with emotional wellbeing and 38 schools with healthy eating (target exceeded). HEP have also started providing emotional wellbeing support in secondary schools, so far 4 schools have taken up the offer. There is discussion with the CCG and CAMHS regarding the next steps for this contract.</p> <p>Forty four schools have registered for the Healthy Schools London award with 6 schools achieving the bronze award and a further 26 working towards it. Five schools are working on their silver plans.</p> <p>Sexual health support to Primary schools is underway. The first training session, an introduction to SRE, was held in April and was oversubscribed. Another day is planned for the autumn; currently 15 schools are interested and will receive in class training and inset training. HSL support will be offered too. Support regarding the new science curriculum will be offered too.</p> <p>Entries for the Cut Films smoking prevention competition are now closed. 5 Barnet films are in the final 30 national entries.</p> <p>Tavistock and Portman service recruitment is complete and are working on resources. Training is scheduled to start in September for drug and alcohol prevention. They have done much work to create bespoke resources for Secondary Schools, and include work with young people who are ex users as a resource for teaching staff.</p> <p>A partners group has been set up for providers and school nurses to share information</p>

Project	Outturn	Direction of Travel	Commentary
			about the programme
<p>Weight Management Consists of Physical activity Programme's for early years, schools, outdoor gyms, older people's opportunities and Fit and Active Barnet (FAB) campaign. These elements are now integrated in other programmes and reported in the relevant lines below</p>			See separate programme updates below.
<p>1/ Children's Centre wellbeing initiative previously called the Early Years Programme. This contains the following elements: Focus on improving mother and baby's health and wellbeing before, during pregnancy and beyond including: <ul style="list-style-type: none"> • Childhood Obesity • Parenting support • Support for First Time Mothers/Breastfeeding • Oral Health of Children <ul style="list-style-type: none"> • Smoking cessation and smoke free homes (This includes the quarter 2 change project Children's centre wellbeing</p>	GREEN	↔	<p>A breastfeeding contract has been awarded to CLCH to deliver a breastfeeding peer support service and gain UNICEF Accreditation, replicating much of the good work they have demonstrated in other inner London boroughs. CLCH have commenced to fast track Barnet through UNICEF level 1 straight to achieving the level 2 award. Recruitment has begun for a Breastfeeding Coordinator. Training dates have been scheduled for Health Visitors and early year's staff. A steering group has been set up for 24th June.</p> <p>A Health and Wellbeing Coordinator was recruited to post on 2nd June 2014. The post will be responsible for taking forward the Healthy Children's Centre Standards across the borough. The first monitoring meeting for the programme is set for the end of July 2014. Part of the Standards covers healthy eating. The programme includes the delivery of healthy eating and cooking advice and practical sessions for parents. This is being extended to all Centres. The Health and Wellbeing coordinator appointed is also a registered nutritionist and will be delivering training for staff.</p> <p>An Oral health contract has been awarded to CLCH and an oral health coordinator will be appointed to implement the following initiatives:</p> <ul style="list-style-type: none"> • Supervised tooth brushing programme for reception and nursery classes within primary schools • Oral health workshops will be delivered to parents in children's centres (also helping them to achieve their oral health standards) • Brushing for Life programme will coordinate a scheme and train children's centre staff to give brief oral health messages and distribute B4L packs to parents at a child's developmental progress check

Project initiatives).	Outturn	Direction of Travel	Commentary
			An interim oral health coordinator has been in post since 2 nd June. To date 40 members of children's centre staff have completed the smoking cessation level 1 training successfully
2/ Outdoor gyms, marked & measured routes and the activator programme	GREEN	↔	The outdoor gyms are installed and will be launched on 30 th June. The volunteer activators are trained to show people how to use the equipment and monitor the use of gyms. The FAB campaign is focussing on outdoor opportunities for physical activity in July.
3/ Physical activity opportunities for older people	GREEN	↔	The Small Grants Scheme was launched in November 2013. So far a total of 11 applications have been approved to provide a range of activities including chair-based exercise, yoga, thai-chi, dance and exercise to music. Applications continue to be received.
4/ Fit and Active Barnet Campaign (FAB)	GREEN		A double page spread on FAB will appear in the next issue of Barnet First with the theme of al fresco exercise with an emphasis on the outdoor gyms and marked and measured routes.
Children's health pathway development through school nursing and health visiting services review	GREEN	↔	The School Nursing, Health Visiting and Family Nurse Partnership review was completed at the end of March 2014 with three options presented for the way forward. This was Phase 1 of the review. The options decision has been made and Phase 2 of the work - development of an implementation plan - is complete. The implementation plan includes the efficient handover of Health Visiting services in October 2015. Through WLA, Harrow will lead the procurement of the school nursing service.
Review of Tobacco Control and Smoking Cessation services	AMBER	▲	Action plan to improve performance is in progress. We are planning to recommission the service.
Local Health and Wellbeing Initiatives Now focused on those affected by welfare reform. The programme is	GREEN	↔	In association with the Benefits Taskforce and Job Centre Plus Future Path has been engaged by the Council to work directly with unemployed people affected by the Benefits Cap. This pilot has proved extremely successful with 35 people (a success rate of 32%) gaining employment as a direct result of this initiative. This figure is in line with national benchmarking. The contract with Future Path has been extended until the end of October and it is anticipated that a further 30 people will gain employment as a

Project	Outturn	Direction of Travel	Commentary
now called: Welfare reform/ return to work			result.
Sport and Physical Activity Review	GREEN	▲	The SPA BC has been finalised by the project board and the proposal for the FAB partnership board to go ahead was presented to the HWBB. This date has moved to July.

5.3. Risk Overview

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

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

Risk Commentary for Delivery Unit:

CMPH0005 – Clinical Governance – this is an on-going inherited risk previously showing as red which has been managed down to Amber level 12 (see below)

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

Risk	Current Assessment			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
COMPH0005 - Compliance Inadequate systems for the effective management of Clinical Governance responsibilities.	Major 4	Possible 3	Medium High 12	Preventive Additional clinical leadership has been provided to independent providers supporting the sexual health LES. Detective Development of a paper to introduce an integrated and managed system to support Clinical Governance within the Public Health Shared Service	Tolerate	Quarterly	Moderate 3	Possible 3	Medium High 9

Appendix

Management Agreement KPIs

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
PH005	Percentage of physically active adults (16+)	Year 2012	56%	56%	N/A	56%	0%	↔ 0%	This is the same as the rate for England (56%) and better than the rate for London (57.2%)
PH006	Percentage of physically inactive adults (16+)	Year 2012	26.1%	28.5%	N/A	26.1%	8.4%	↔ 0%	This is better than the rate for England (28.5%) and for London (27.5%)
PH007	Reduction in smoking prevalence for adults (over 18)	April 11 - March 12	18.2%	17.3%	N/A	13.9%	19.7%	▲ 23.6%	Lower than England and London
PH008 (A)	% of drug users that left drug treatment successfully who do not then re-present to treatment again within six months as a proportion of the total number in treatment- opiate users	Jan 14 - Mar 14	8.4%	8.2%	N/A	9.4%	14.6%	▲ 11.9%	This is better than the rate for England (8.2%) but worse than London (9.6%)