

Public Health – Q4 2013/14

1.1 DELIVERY UNIT DASHBOARD

Revenue budget projected year end variance £000	Capital actual variance £000	Corporate Plan Performance	Management Agreement Performance
12	n/a	0	2.5

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements

The Public Health service led a number of contract re-procurements with the West London Alliance, including GUM (Genito-Urinary Medicine) services. This has resulted in savings of £361k on the contract prices.

The Public Health Schools Programme has supported:

- 50 Primary schools with healthy eating, physical activity and emotional well-being initiatives; and,
- 38 schools to register for the Healthy Schools London award with 4 schools already achieving the bronze accreditation.

The physical activity opportunities for older people initiative has 11 approved applications to date. These provide a range of activities for older people including chair-based exercise, yoga, thai-chi, dance and exercise to music.

Key Escalations	Actions required
The number of eligible people receiving an NHS health check has declined.	Continued level 2 Intervention and monitoring of the recovery action plan. A pilot programme is underway to encourage health providers to increase the provision of NHS health checks.
Non-opiate successful drug treatment has declined.	Level 1 intervention and implementation of the recovery plan.
The reduction in alcohol related hospital admissions is below target.	Level 1 intervention and implementation of the recovery plan.

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

Data quality has improved since it was identified as a Level 2 intervention in the Quarter 3 report. Clarification has been provided for a number of performance indicators and the targets for opiate and non- opiate use (PH009 and PH010) have been disaggregated. Performance is satisfactory for opiate users.

Much public health data is reported significantly in arrears usually because significant validation processes are applied to the data. Additionally, the Management Agreement for 2013-14 contained a number of quarterly indicators where data was only available annually and in arrears.

The overall issue has been resolved with agreement of a new performance indicators suite for 2014-15, which will contain a number of intermediate process measures.

The number of NHS Health Checks continues to be a concern, and the numbers offered and received is below both the London and the England average. A pilot programme to boost numbers is under way and will be closely monitored.

Non-opiate drug treatment and alcohol related admissions are also areas of intervention.

Falls and injuries due to falls in the over 65s is below target but the performance on this indicator is largely within the remit of the CCG and adult social care rather than Public Health. This indicator will not be included in the Public Health performance measures for 2014-15, as approved by the lead commissioner for Public Health.

2. DELIVERING THE CORPORATE PLAN

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

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	Oct 13 - Dec 13	4.8%	6%	53/1228	4.3%	28.3%	▲ 9.5%	This is better than the rate for England (12%), and London (5.2%)
2003	Increase the number of eligible people who receive an NHS Health Check to 9000	Oct 13 - Dec 13	2423	2000	N/A	918	54.1%	▼ 62.1%	The level offered and received in Barnet is worse than the London and England averages. (Offered: Barnet 1.9%, England 4.5% and London 5.6% Received: Barnet 1%, England 2.1% and London 2.3%)

*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
2003 Increase the number of eligible people who receive an NHS Health Check to 9000	<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>

A feasibility study into recruiting non-GP providers has been carried out. Further investigation and assessment of financial impact of taking this action forward is underway.

3. CONTRACT REPORTING

3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red			
7	4	1	0	2	3	3	7

3.2 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)	% 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-non-opiate users	Oct 13 - Dec 13	34%	40.2%	N/A	27.4%	31.8%	▼ 19.4%	This is worse than the rate for England (40.2%) and London (34.7 %)
PH012	Reduction in alcohol related admissions to hospitals per 100,000 population (age)	Jan 13- Mar 13	456	438	N/A	444	1.4%	▲ 2.6%	No comparable data

PH011	To halt the year on year increase in falls and injuries due to falls in the over 65s	April 12 - March 13	N/A	1618	1799 per 100,000	1799	11.2%	N/A	This is worse than the rate for England (1665) but better than the rate for London (1872)
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3.3 Interventions & Escalations

KPI NO and title	Comments and Proposed Intervention						
PH008 (b) % 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- non-opiate users	<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>						
PH012 Reduction in alcohol related admissions to hospitals per 100,000 population (age)	<p>Level 1 Intervention. An alcohol recovery plan was implemented 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"> <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> </tbody> </table>		Q3 2013-14	Q4 2013-14	Numbers screened	220	768
	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

Enhanced Local Services (Specialist Alcohol Nurse)

- Initial Business case for funding completed. The proposal will now be discussed with relevant staff in the Clinical Commissioning Group before forwarding for approval.

There is currently a full review of drug and alcohol services in progress. This will be followed by the development of a new service specification and re-procurement. This will address, among other things, diversion of those individuals who have the potential for A & E visits/ hospital admission

PH011
To halt the year on year increase in falls and injuries due to falls in the over 65s

The performance on this indicator is largely within the remit of the CCG and adult social care rather than public health. Public health interventions have been largely around reducing falls during winter, as part of winter wellness campaign and facilitating actions from others, notably the adult prevention team. Evidence shows that falls in older people during the winter often occur in the home and are associated with poor muscle strength and balance. Coldness exacerbates the problem and makes falls more likely. The Barnet Winter Well programme has been developed to address some of these problems in the longer term by providing energy advice and support for warmer homes. It also identifies the things that older people can reduce their risk of illness and exacerbations of existing conditions that weaken them and lead to falls. The CCG and council have a joint falls steering group and the prevention team in adult social care have now established a bone health group to implement the prevention programme and take over the responsibility of delivery of this target from public health. For this reason, this indicator will not be included in the public health performance measures for 2014-15. This has been approved by the lead commissioner for Public Health.

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Final Outturn	Variation		
	£000	£000	£000	£000		
Public Health	13,799	13,766	13,778	12		0.1%
Total	13,799	13,766	13,778	12		0.1%

The new investment programmes took longer than anticipated to implement, and the associated costs were prudently set aside during the year in an earmarked reserve to be carried forward into 2014/15. The final outturn figure was slightly above the reduced budget figure.

4.2 Capital

N/A

5. OVERVIEW OF DELIVERY UNIT

5.1 Delivery unit projects

Change projects

Project	Outturn	Direction of Travel	Commentary
Ageing Well project	GREEN	↔	Support has been provided to neighbour hood 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
Barnet Schools Wellbeing Programme 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.	GREEN	↔	The Health Education Partnership (HEP) is supporting 50 Primary schools through training, consultancy and developing resources. They are supporting 24 schools with physical activity, 40 schools (target met) with emotional wellbeing and 24 schools with healthy eating. HEP have also started providing emotional wellbeing support in secondary schools. Following teacher and pupil engagement it was decided not to go ahead with universal nutrition and physical activity support in secondary schools. Thirty eight schools have registered for the Healthy Schools London award with 4 schools achieving the bronze award and a further 19 working towards it. CWP Resources have been commissioned to provide sex and relationship education support to Primary schools. There is an initial engagement event planned for April. Tavistock and Portman have been identified as the provider for the drug and alcohol prevention work stream in Primary and Secondary schools. They are developing resources and engaging with schools and will to start training sessions in September. The smoking prevention provider has worked with 15 schools and an awards ceremony is planned for June. A partners group has been set up for providers and school nurses to share information about the programme
Weight Management Consists of Physical activity			See separate programme updates below.

Project	Outturn	Direction of Travel	Commentary
<p>programmes 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>			
<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:</p> <ul style="list-style-type: none"> • Childhood Obesity • Parenting support • Support for First Time Mothers/Breastfeeding • Oral Health of Children <p>• Smoking cessation and smoke free homes (This includes the quarter 2 change project Children's centre wellbeing initiatives).</p>	<p>GREEN</p>	<p>↔</p>	<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.</p> <p>A Health and Wellbeing Coordinator recruited to start in May 2014. They 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 April 2014. Part of the Standards covers healthy eating/ obesity. The programme includes the delivery of healthy eating and cooking advice and practical sessions for parents which is being extended to all Centres. The Health and Wellbeing coordinator appointed is also a registered nutritionist and will be delivering training with staff.</p> <p>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 <p>In February 40 members of children's centre staff completed the smoking</p>

Project	Outturn	Direction of Travel	Commentary
			cessation level 1 training successfully
2/ Outdoor gyms, marked & measured routes and the activator programme	GREEN	↔	Press launch of event on Thursday 27 February at the Marked and Measured Route at Edgwarebury Park. Press release made focusing brief about FAB, plans for Marked and Measured routes and outdoor gyms, and the Director of Public Health's Challenge. All Outdoor Gyms will be installed by the end of April. Middlesex University was commissioned to set up and deliver the Activators programme. First cohort of volunteers (total 12) are in training.
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		The Fit and Active Barnet campaign was launched in January 2014. FAB pages have been created on Barnet Online: Fit and Active Barnet ¹ which are updated regularly. Two links on the front page are direct to FAB. Social media has been used to promote FAB and a double page spread on FAB will appear in the next issue of Barnet First.
Children's health pathway development through school nursing and health visiting services review	GREEN	↔	Phase 1 of the School Nursing, Health Visiting and Family Nurse Partnership review was completed at the end of March 2014 as originally planned. Three options for the way forward were identified. Phase 2 of the review is the development of an implementation plan to take forward the actions and also include the efficient receipt of Health Visiting services in October 2015. The option to be taken forward in Barnet will be discussed at a meeting on 8 April.
Review of Tobacco Control and Smoking	AMBER	▲	As a result of the Serious Incident on data quality, the provider put in place a Root Cause Analysis action plan to address the identified issues with the service provision. The delivery of the remedial action plan has been closely

¹ http://www.barnet.gov.uk/info/940453/fit_and_active_barnet/1180/fit_and_active_barnet

Project	Outturn	Direction of Travel	Commentary
Cessation services			monitored and it was agreed at a review meeting on the 19th March that delivery was on track for completion within a few days and therefore the breach notice was lifted. Close monitoring of the contract and provider will continue throughout the remainder of the contract period.
Local Health and Wellbeing Initiatives Now focused on those affected by welfare reform. The programme is now called: Welfare reform/ return to work	GREEN	↔	By end of February 2014 the employment support programme for those affected by welfare reform has engaged with 142 clients providing motivational support. Of those engaged 73 clients were assessed and 51% of those have been identified as requiring further assessment for moderate mental health concerns and these are underway through IAPT services. The contract with the existing provider is extended to ensure that those people who gained employment during the project are supported and maintain employment and those people referred to IAPT are followed up and supported into work. The work is informing broader public health investments in employment support.
Sport and Physical Activity Review	AMBER	▲	HB Public Health is contributing towards the Sports and Physical Activity Review which is on track to deliver a business case by June 2014. HB Public Health is delivering a sport and physical activity strategy, accompanying delivery plans and is leading on the Fit and Active Barnet (FAB) campaign and the development of the FAB Partnership Board. Work is in progress but deadlines are tight to deliver for June 2014..

5.2 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	0	0	0	1	0
3	Possible	0	0	3	1	0
2	Unlikely	0	0	0	0	0
1	Rare	0	0	0	0	0

Risk Commentary for Delivery Unit:

COMPH0004 - Inconsistent Performance Data – previously red, has been managed down to a level 9 with a new performance data set for 14/15.
 COMPH0005 - Clinical Governance – previously red has been managed down to Amber Level 12 (see below).
 COMPH0003 – Smoking Cessation data quality – remains an Amber Level 12 Risk (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
COMPH0003 – Joint Risk Serious incident relating to quality of smoking cessation reported data revealed by independent audit	Major 4	Possible 3	Medium High 12	Preventive: Provider is currently investigating the issue and will report. Contract breach notice issued. Detective: At a meeting with the provider on the 19th March it was agreed that delivery was on track for completion within a few days and therefore the breach notice was lifted. Close monitoring of the contract and provider will continue throughout the remainder of the contract period.	Tolerate	Quarterly	Minor 2	Unlikely 2	Medium Low 4

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment Impact Probability Rating		
	Major 4	Possible 3	Medium High 12				Moderate 3	Possible 3	Medium High
COMP0005 – Joint Risk Inadequate systems for the effective management of Clinical Governance responsibilities.				Preventive: Additional clinical leadership has been provided to independent providers supporting the sexual health LES (Local Enhanced Service). Detective: Development of a paper to introduce an integrated and managed system to support Clinical Governance within the Public Health Shared Service	Tolerate	Quarterly			

5.3 Equalities

Equalities description	Comments and Proposed Intervention
	<p>HB Public Health has undertaken in-depth Joint Service Needs Assessment with Adults and Communities and Children’s Delivery Units. This included children and young people, maternity and infant health, vulnerable children (planned), Healthy Life Expectancy, Diabetes, Heart Disease, Dementia , Mental Health and contains detailed equalities data. This is being used to inform service delivery. For example, actions to support those affected by Welfare Reform have been targeted at those with mental health to help them into work.</p> <p>Many of the public health programmes are targeted at specific 'protected characteristics' groups e.g smoking in pregnancy; mental health and employment; and winter well which targets older people;</p> <p>There will be a number of re-procurements of services in 2014-15 which will include undertaking Equalities Impact Assessments. In addition existing and new contracts will include requirements for measuring and reporting on equalities groups.</p>

Appendix

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%	28.5%	N/A	26.1%	8.4%	▼ 0.4%	This is better than the rate for England (28.5%) and for London (27.5%)
PH007	Reduction in smoking prevalence for adults (over 18)	Year 2012	18.2%	17.3%	N/A	13.9%	19.7%	▲ 23.6%	This is better than the rate for England (19.5%) and London (18%)
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	Oct 13 - Dec 13	9.6%	8.2%	N/A	8.9%	8.5%	▼ 7.3%	This is better than the rate for England (8.2%) but worse than that for London (9.6%)