

## Appendix A: Public Health Commissioning Plan – Annual Performance Report 2015/16

The tables below review the Public Health Commissioning Plan for 2015/16, by Commissioning Intention and Key Performance Indicator (KPI).

Public Health Commissioning Intentions		
Commissioning Intention	End-of-year RAG	Commentary
Barnet Schools Wellbeing Programme (PH1)	Green	<p>School registrations with the Healthy Schools London (HSL) scheme greatly exceeded their target (25 schools were registered in 2015/16; the target was 15). Annual targets were also exceeded for HSL Gold awards (achieved by 4 schools) and Bronze awards (18 schools); the number of Silver awards (5 schools) was only 1 short of its target of 6.</p> <p>Barnet performed highly throughout the year for HSL activity, compared with other London boroughs. At the point of Q4 2015/16 reporting, Barnet had the highest number of HSL-registered schools in London (95 schools) and was joint second of all 33 London boroughs for Gold awards, third for Silver awards and fifth for Bronze awards.</p> <p>School HSL registration and award achievement are on-going public health commitments for 2016/17, so the Healthy Schools co-ordinator will continue to liaise with schools to increase HSL uptake even more and encourage additional health and wellbeing activity in schools.</p>
Children and adults who are overweight and obese are encouraged and supported to lose weight (PH2, PH3)	Green-amber	<p><i>Children</i></p> <p>The Barnet Child Weight Management Programme was launched in Q1 2015/16, and by Q4 eight Barnet venues were offering two tier two child weight management programmes: ‘Alive N Kicking’ and ‘School Time Obesity Programme’ (‘STOP’).</p> <p>Overall in 2015/16, 91 children who were above healthy weight were engaged in the Alive N Kicking programme. Of these 91 children, 80 (88%) completed the programme, and 69 completers (86%) had reduced or maintained their body mass index (BMI) z score (i.e. had either reduced their BMI score compared with their national peer group average, or not increased their comparative score, during the programme). In addition, 393 children took part in the 12-week STOP scheme, of whom 87 were above healthy weight; 68% of these children had reduced or maintained their BMI-z score at the end of the programme.</p> <p>Specialist, individual support was supplied (as a tier three service) for very overweight children.</p> <p>These programmes were part of the Children’s Obesity Care Pathway, mapped out by the children’s healthy weight pathway group with the support of partners and stakeholders. Public Health is currently working with Barnet schools with the highest levels of obesity (identified using National Child Measurement Programme (NCMP) data) to signpost them to appropriate health and wellbeing services. Public Health is also working with GP practices to raise awareness</p>

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	<p>of the Pathway among primary care staff.</p>	<p>In February 2016, Professor Viv Bennett, the Chief Nurse at Public Health England, visited Barnet and was particularly impressed by the borough's approach to childhood obesity, from the focus on healthy lunches and 'play as physical activity', through to the targeted support provided for very overweight children. The "excellent interactive obesity pathway" presented by the public health team was the first she had seen. She also commended the passion and commitment of Barnet's public health team.</p> <p><i>Adults</i></p> <p>There has been good progress on adult weight management in 2015/16, led by the adult obesity pathway group. Preparatory work for the Adult Obesity Care Pathway has been completed. The specification for the tier two (targeted intervention) service has been finalised and the service will be procured shortly. Public Health has met with local practitioners to discuss integration of the tier two service with existing post-Health-Check and leisure services. A Public Health Strategist was appointed in February 2016 and is developing a tier three (specialist intervention) option.</p> <p>A 'task and finish' group will meet in summer 2016 to confirm future directions for the Adult Obesity Care Pathway. A review of strategies has been completed and the strategy group will meet in September 2016. Public health engagement with the Clinical Commissioning Group (CCG) has been positive and we are looking forward to more progress early in 2016/17.</p> <p>The Barnet Healthier Catering Commitment (HCC) moved into its third year in 2015/16. This voluntary scheme recognises food outlets that take simple steps to offer healthier food options. It is a joint working project between Regional Enterprise and Public Health. In Q4, 50 restaurants and takeaway cafes were approached and encouraged to adopt healthier catering steps and to register with the HCC award scheme. Four clear candidates for HCC conversion were identified, and will be supported through the process in 2016/17 by a new public health team member (in post from April 2016). Public Health also supported Barnet HCC conversion by developing printed guides to explain the HCC process to local businesses. Public health team members have networked with HCC peers in other London boroughs with more established HCC programmes, to observe best practice and to learn from others' experiences, in order to improve HCC development in Barnet. Healthier Catering Commitment workers elsewhere confirmed that the HCC conversion process takes much longer and is more unpredictable where businesses are initially not close to the HCC standard. Such expert knowledge will be incorporated into the Barnet 2016/17 HCC plan.</p>

Commissioning Intention	End-of-year RAG	Commentary
<p>People are encouraged and supported to quit smoking (PH4, PH5)</p>	<p>Red-amber</p>	<p>The Barnet specialist Stop Smoking Service was decommissioned in May 2015, due to persistent poor performance and was replaced by an interim, non-specialist, ‘skeleton’ service delivered by accredited pharmacy and GP providers. In order to increase the number of GPs and pharmacies offering Stop Smoking Services, they were encouraged to gain accreditation via online accredited training (with the National Centre for Smoking Cessation &amp; Training), attend neighbouring boroughs’ training events and participate briefing events.</p> <p>The new Public Health Commissioning Manager, with responsibility for the Stop Smoking Service, started work in March 2016. Since taking up post, he has successfully appointed a Health Check/Smoking Cessation Coordinator, who will be responsible for liaising with primary care to increase their activity.</p> <p>There are plans to commission a specialist smoking cessation service, for pregnant women and those with mental health problems, in collaboration with other neighbouring boroughs as part of the North Central London sub-region.</p> <p>Barnet runs the Tobacco Project (a collaboration between Regional Enterprise and Public Health), which promotes compliance with smoke-free legislation and tobacco sale legislation. In 2015/16, the Tobacco Project developed a focus on shisha smoking, a practice now known to be physically harmful but with a distinct social appeal to some young people, especially those from black and minority ethnic (BME) communities. In Q4, 271 compliance check visits were carried out in public premises subject to smoke-free legislation. Cigarette and shisha smoking was identified in a shisha café operating within a Barnet Council park. A warning was given and Property Services was asked to take action as this was a breach of the tenancy agreement. Project workers’ experience was that cigarette smoking was very rare in prohibited public and work places, but that shisha smoking was becoming more common, particularly in non-compliant premises. In addition, six shisha outlet inspections were conducted in Q4, four in partnership with Her Majesty’s Revenue and Customs (HMRC) officials. On three premises, non-duty-paid shisha tobacco was seized; two of these three have since closed down, and the remaining establishment was otherwise compliant. In March 2016, a report on shisha control was submitted to the Barnet Health and Wellbeing Board by Public Health, with substantial contributions from Regional Enterprise, Environmental Health and Trading Standards. The report was well received and all recommendations were approved, namely, health education and health promotion, regulation, and advocacy for local planning policy changes, in order to tackle the growing use of shisha in Barnet. The Board also established a ‘task and finish’ group to develop and implement a health education and promotion campaign targeting shisha users and non-compliant premises. All recommendations and activity will inform the work of the Tobacco Control Project in 2016/17.</p>
<p>Community emotional wellbeing (PH6, PH7)</p>	<p>Green-amber</p>	<p>Several innovative programmes have addressed Barnet community emotional wellbeing in 2015/16.</p> <p>The Community Centred Practices (originally ‘Health Champions’) project has selected participant GP practices following enthusiastic expressions of interest. The provider has engaged a coordinator and training will commence early in 2016/17. The Barnet CCG has recognised the importance of the project in their primary care strategy.</p> <p>Family and perinatal health coaching services commenced in April 2016, working in partnership with Children’s</p>

Commissioning Intention	End-of-year RAG	Commentary
	Green	<p>Services, as part of Early Intervention and Prevention externally commissioned services. Both services work with families affected by mental health problems, domestic violence and substance misuse (the so-called 'toxic trio'). These services aim to provide low intensity early intervention, via the Common Assessment Framework (CAF), to support families which are 'stepping down' from higher tier services, in order to reduce client risk and the need for future social care intervention. The services will be internally evaluated by Children's Services.</p> <p>A training programme was conducted in 2015/16 by provider Young Minds to help relevant frontline staff (including Barnet Council officers and educational professionals) recognise and reduce the risk of suicide and self-harm in children and young people. Uptake was lower than expected, based on the places that partners requested prior to procurement (which informed target-setting). The training was opened up to external partners and 239 community representatives in contact with vulnerable groups were trained.</p> <p>Barnet is participating in the London Digital Mental Wellbeing Service, on schedule for its October 2016 launch, which will provide online, easily accessible self-assessment and self-help tools to Barnet residents.</p> <p>An evidence-based approach to mental health promotion – the 'Five Ways to Mental Wellbeing' – was presented in depth in the 2015 Annual Director of Public Health Report. The Five Ways approach was publicised at a Barnet Council member's event in July 2016, and will be further promoted via an e-newsletter and a BarnetTV (digital video broadcast) short feature. The report is publically available at <a href="https://barnet.gov.uk/citizen-home/public-health.html">https://barnet.gov.uk/citizen-home/public-health.html</a></p>
Making Every Contact Count (MECC) (PH8)	Green-amber	<p>Making Every Contact Count (MECC) seeks to embed brief health improvement and health protection messages in front line services. Development of a Barnet MECC project was led in 2015/16 by the Health and Social Care Integration Steering Group. A preferred delivery mechanism was identified and procurement initiated.</p> <p>However, implementation of the Barnet MECC project was delayed because the formal tendering exercise received no applications, despite previous, informal interest from prospective providers. Following this, all organisations which had shown initial interest were contacted (to determine their barriers to application), delivery options were reconsidered, specifications were rewritten, and new potential providers approached. A provider was subsequently commissioned and training will begin in September 2016.</p>
Alcohol Intervention and Brief Advice (IBA) (PH9)	Green-amber	<p>In October 2015, alcohol Intervention and Brief Advice (IBA identifies an individual whose drinking might be impacting on their health and delivers simple structured advice or signpost/refer to treatment services if required) was included in the new Adult Substance Misuse Service integrated treatment and recovery pathway delivered by WDP. IBAs are now delivered in a broader range of settings than before i.e. A&amp;E Department, Criminal Justice System (CJS).</p> <p>All clients who transferred from previous Substance Misuse Services to the new treatment and recovery pathway</p>

Commissioning Intention	End-of-year RAG	Commentary
	Green	<p>received a full assessment - in line with best practice. As a result, IBAs were undertaken for all existing and new clients and therefore the Substance Misuse Service exceeded its target for 2015/16 (1662 interventions occurred; the target was 1400).</p> <p>The new Substance Misuse Service provide: a) a more time-intensive but potentially more effective IBA technique (i.e. face-to-face initial assessment rather than relying solely on scratch-card completion). b) a new alcohol intervention service within the Royal Free/Barnet Hospitals (including an A&amp;E alcohol care pathway and a hospital alcohol liaison nurse), (c) enhancing joint working relationships with Police and the Safer Communities partnership (i.e. sharing intelligence, tackle street drinking) and (d) developing new pharmacy contracts which integrate IBA provision with other substance misuse interventions. Because of this initial mobilisation work, no recorded activity occurred within pharmacies in Q3 or Q4; this affected Q4 performance especially.</p> <p>Activity is expected to improve from Q1 2016/17 onwards as new eligible IBA clients will be identified from a broader range of settings. On-going contract monitoring will target and address performance issues as they arise.</p>
Residents with mental health needs are supported to retain/return to employment (PH10, PH11, PH12)	Red-amber	<p>People with mental health problems are less likely to find and keep employment, compounding the inequalities they face. In 2015/16 Barnet Public Health commissioned employment support for jobless people with mental health problems via two innovative, targeted programmes: Motivation And Psychological Support (MAPs) for people with common mental illness; and Individual Placement and Support (IPS) for people with severe mental illness.</p> <p>These two programmes support clients to access mental and physical health services, increase their employability, and find and keep jobs they want. The MAPS and IPS programmes were provided by Future Path and Twining, respectively, as part of the West London Alliance Mental Health &amp; Employment Trailblazer project. The two programmes worked in partnership with: Job Centres; employers and social investors; Barnet, Enfield &amp; Haringey Mental Health Trust; Mental Health Key Workers; Housing and Benefit Task Force; and Youth Offending and Troubled Families Teams. The two programmes were very popular with clients, and waiting lists were established. Monitoring reports showed that the MAPS and IPS schemes were far more successful in securing client jobs than were existing employment support services. The achievements of both schemes were externally acknowledged during the year: the MAPS scheme attracted a visit from the Public Health England Chief Executive Duncan Selbie, and the IPS scheme was awarded Centre of Excellence status by the Centre for Mental Health Excellence.</p> <p>Over the financial year, the MAPS scheme (KPI PH/S9) achieved exactly its yearly performance target: 204 people accessed the scheme. The IPS scheme (KPI PH/S10) fell short: 87 people accessed the scheme, less than the target of 146; this was mainly due to a two-month delay in commencement. An IPS recovery plan has been developed</p>

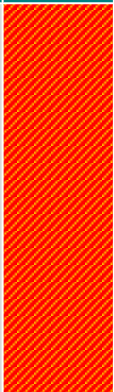
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	Amber	<p>which aims to redress the shortfall by March 2017. We are confident that the future performance target will be met, as current performance conforms to national benchmarks and the programme adheres closely to an (evidence-based) operational model which is proven to deliver cost-effective results.</p> <p>Regarding broader employment support, in 2015/16 Barnet Council received London Healthy Workplace Charter (LHWC) accreditation after implementing a staff health promotion programme and receiving a Gold HCC award. These achievements, led and supported by the public health team, completed the 2014/15 public health KPI PH 007 (target: five businesses signed to LHWC).</p>
Ensuring robust sexual health services (PH13, PH14, PH15, PH16, PH17)	Green	<p>Sexual health performance improved over 2015/16, and by Q4 all sexual health services had achieved their key KPIs and exceeded their quarterly targets.</p> <p>The Public Health Team have worked with sexual and reproductive health providers to ensure good performance of the existing service is maintained. Challenges have included: (a) the delayed integration of the Barnet and Chase Farm Hospitals and Royal Free Hospital GUM database systems, which took longer than expected after the merger; (b) Inaccurate coding of GUM activity (addressed through extra training and enhanced performance monitoring); (c) and lost to follow up of patients who attend sexual health clinics and those who did not consent to HIV testing even though there is 97% of patients eligible to the test are offered.</p> <p>Sixty GPs attended a training event that was delivered by the Contraceptive and Sexual Health Service; providing general update on sexual and reproductive health, including guidance on Intrauterine Device (IUD) (also known as the coil). GPs to deliver up-to-date, high quality CaSH services to Barnet residents.</p> <p>A Barnet Sexual Health Network has been set up, in response to service review recommendations, and was formally launched in April 2016. This network will support implementation of the Barnet sexual health strategy. In addition, the Barnet Sexual Health Steering Group has been revived to support strategic aims and ensure that future services respond to Barnet residents' needs.</p> <p>Since November 2015, Barnet Public Health team signed up to a National HIV Home Sampling Service delivered by a company called Preventx; the home sampling service aims to reduce new HIV infections and late diagnoses. This service replaces the Terrence Higgins Trust (THT) service which was commissioned as a local pilot by the Public Health Team last year. The THT service supplied HIV home testing kits and outreach via Boots and Superdrug pharmacies, in order to make HIV home testing kits available to Barnet residents who prefer not to receive kits at</p>

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		<p>their home address. Participation in National HIV Testing Week gave public health staff the opportunity to raise HIV awareness and promote community testing; these events were well received by Barnet residents. During the HIV testing week from 21<sup>st</sup> -28<sup>th</sup> November 2015, 100 HIV testing kits were collected and 87 returned; 1,200 condoms were distributed.</p> <p>Public Health Team have played a central role in the London Sexual Health Transformation Programme (LSHTP), which involves all London Boroughs. LB Barnet, as part of the North Central London Sub-region, aims to commission a new model of clinical service delivery which will be fully integrated with the new London on-line self sampling (STI) service, which will commence in April 2017. In response to the service review that was undertaken in 2015, the new service will provide an accessible and effective local integrated sexual and reproductive health system, which will respond with flexibility to changing needs, in partnership with primary care and other providers.</p>
<p>Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and full recovery (PH18, PH19)</p>	<p>Green</p>	<p>A new Adult Substance Misuse Service commenced in October 2015, delivering an integrated treatment and recovery pathway with a focus on health, wellbeing and recovery. The Lead Provider are WDP who deliver in partnership with Central &amp; North West London NHS Foundation Trust (CNWL) and Air Sports to provide specialist clinical and recovery practitioners who work with individuals and their families to achieve recovery and reintegration into community i.e. education, training and employment. The new Service works within a multi-agency setting i.e. children and family services, mental health services, domestic violence agencies, primary and secondary healthcare, Criminal Justice Service (CJS) , housing, education and employment. Due to the geography of Barnet, there are two Treatment and Recovery Hubs to keep care closer to home and reduce risk of client drop-out. The Service also delivers in co-locations such as the CJS and A&amp;E. The overall approach of the new Service is early intervention, promoting welfare of children and vulnerable adults, safeguarding, harm minimisation, full recovery and relapse prevention. The joint work across the Substance Misuse Service and Barnet Council partners reflects a number of joint actions within the new Substance Misuse Strategy to ensure collaboration to maximise opportunities for substance misuse prevention and treatment/recovery.</p> <p>Due to the in-year transition from three Substance Misuse Service Providers to one Provider, as a failsafe - a number of clients were not discharged from the Service prior, during and following transition. This process ensured a full clinical and holistic re-assessment of each client, review of care plans and multi-agency support around the client and family. This failsafe process will have impacted on the activity for successful completions during the mid to end of 2015/16. A new Substance Misuse Service database was also introduced which provides a more detailed individual</p>

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		assessment and following transfer of previous Providers' caseloads to the new database, a number of historic cases were found that should have been closed. The closure of these cases reflected a decrease in caseload however this must not be seen as an 'unsuccessful discharge' as the individuals may have left the Service a long time ago and their case had not been closed by a previous Provider. The Substance Misuse Service Commissioner continues to closely monitor activity and service pathway compliance. By Q4, 6 of the 10 substance misuse treatment KPIs were showing improved activity. In Q4, the new Service continued Barnet's better employment outcomes than the national average for clients treated for opiate use: 39% had worked more than 10 days in the previous 28 days at exit from the Service (national average of 24%). Clients with no record of completing a course of HBV vaccination and clients with no record of a HCV test (as a proportion of eligible clients in treatment) were lower than the national average.
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm (PH20)	Green-amber	Following a Young People's Barnet Drug and Alcohol Needs Assessment which informed a new Service Specification, a procurement exercise was undertaken for a new Young People's Drug and Alcohol Service (Barnet YPDAS). The procurement process was extended to allow appropriate time to review tenders' submissions and the anticipated start date for the new Barnet YPDAS (1 <sup>st</sup> April 2016) was extended to 1 <sup>st</sup> September 2016 when the new Service delivered by WDP commenced.
People with a long-term condition are encouraged and supported to self-manage their condition (PH21, PH22, PH23)	Red-amber	<p>In 2015/16, a range of creative new joint working projects were investigated (or continued), with the aim of supporting and encouraging people with long-term health conditions to better manage their health. These included 'Healthy Living Pharmacies' (i.e. working with pharmacy partners to monitor medication, dispense expert health advice and provide some health assessment services), 'Health Champions' (volunteer GP patient liaison workers; this project was later renamed 'Community Centred Practices'), structured education for diabetes and respiratory health education, and 'Visbuzz' (provision of simple video calling tablet devices to reduce social isolation and caring costs among elderly and vulnerable people who previously had not used IT devices).</p> <p>The Visbuzz scheme was successfully launched after Barnet was selected as a London Ventures pilot borough (together with four other London boroughs). Funding for 100 tablets was secured from the London Council's Capital Ambition programme, supplemented by investment grants and additional public health funding over 2 years. Training was held in March 2016 and referrals began in the same month. The overall pilot has had several implementation problems, which the pilot boroughs and Visbuzz coordinators have been working through.</p> <p>The Community Centred Practices (originally 'Health Champions') project is underway with a full compliment of 8 pilot practices following enthusiastic expressions of interest. MECC training commences in Sept 2016. Options for structured education investments were proposed – expanding current provision for diabetes, developing an offer for those with prediabetes or established disease and for COPD were identified. These have not progressed and the CCG has developed a specification for a multidisciplinary community diabetes team including structured education so</p>



Commissioning Intention	End-of-year RAG	Commentary
	Red-amber	<p>alternative investments are under consideration, particularly in relation to digital based self care support.</p> <p>The Winter Well project continued on from 2014/15 activity, led by Regional Enterprise, supported by the public health team, and working in partnership with the Red Cross. This project aimed to reduce the harmful effects of cold weather on the health of Barnet residents, primarily vulnerable people living in owner-occupied or privately rented accommodation, and especially those discharged from in-patient hospital treatment. A total of 241 professionals and 895 residents were briefed on how to stay warm and well over winter (including managing increased fuel bills), and on the health impact of this. Forty-nine Winter Well packs were distributed to vulnerable residents. There were 39 service requests for advice and assistance, and in 8 cases Winter Well Grants were completed. The Winter Well scheme was awarded funding from National Energy Action (an independent UK charity) for its Winter 2015/16 work, and this funding will continue over the next 12 months. Issues arose due to Red Cross referrals of clients to the scheme upon hospital discharge; discussion between affected parties led to partial improvement of the situation.</p> <p>Healthy Living Pharmacies (HLPs) were established in 2014/15 and continued operation in 2015/16. The Council and CCG held an engagement session for HLPs in September 2015 to discuss health promotion opportunities, particularly regarding respiratory diseases. Unfortunately, the HLP programme did not align with public health contracting opportunities, and several alternative models are currently being considered including long-term conditions, medicines management and carer support.</p>
<p>Health and lifestyle checks are offered and taken up (PH24, PH25, PH26, PH27, PH28)</p>	Red-amber	<p>A new data management system was procured in April 2015 to provide live information based on existing GP data systems and to make payment and activity reporting more accurate. Four training sessions for GP Practice Managers and staff were held in August and September 2015, and a GP assistance helpline was made available. The introduction of this new data system has presented a number of challenges; which PH is currently resolving in consultation with Barnet LMC and Barnet CCG.</p> <p>Due to numerous data issues, an estimate of Q4 activity has been provided; based on their Q1 and Q2 submissions. In Q4 an estimate of 1600 Health Checks were completed, representing 72% of that quarter's target figure. This is a great improvement on activity in Q3 (902 Health Checks; 41% of the quarterly target) and Q2 (889 Health Checks; 40% of the quarterly target).</p> <p>We have recruited a new Health Check/Smoking Cessation Coordinator, due to start in September, to improve communication and performance management for both the Health Checks and smoking cessation contracts.</p> <p>Ten point-of-care (POC) glucose and cholesterol testing units were distributed in September 2015 to selected GP</p>

Commissioning Intention	End-of-year RAG	Commentary
		<p>practices (based on evidence-based selection criteria). These units supply quick, cheap testing with immediate, on-site results, and help provide faster, more efficient, more accessible Health Checks to those population groups at greatest need. General practice staff training took place during August and September 2015, and staff use of the POC units was regularly monitored thereafter.</p> <p>A new Post Health Checks Lifestyle Intervention Programme was introduced in 2015/16, as a partnership between the public health team, the NHS, Barnet Council, Greenwich Leisure Ltd, Age UK and volunteer nutrition students, and has developed extremely well. The programme comprises activity sessions, cooking lessons and nutritional advice, accessed on a referral basis. It is overseen by a newly recruited Senior Health Trainer who engages, manages and supports clients through the programme, and who also collects GP referrals and liaises with GP staff.</p>

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/S1	Smoking status at time of delivery	Apr 2015 – Mar 2016	3.7%	5.0%	3.7% (G)	Same	England = 11.4% London = 4.8%
PH/S2	Excess weight in 4–5 year olds (overweight or obese)	Apr 2015 – Mar 2016	20.8%	21.0%	19.9% (G)	Improving	England = 21.9% London = 22.2%
PH/S3	Excess weight in 10–11 year olds (overweight or obese)	Apr 2015 – Mar 2016	34.4%	36.7%	32.6% (G)	Improving	England = 33.2% London = 37.2%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Apr 2015 – Mar 2016	404.78	458.76	425.00 (G)	Worsening	England (DSR) = 641 per 100,000 London (DSR) = 526 per 100,000
PH/S5	Smoking prevalence	Apr 2015 – Mar 2016	15.0%	15.0%	13.2% (G)	Improving	England = 18.0% London = 17.0%
PH/S7	Physical activity participation	Apr 2015 – Mar 2016	55.1%	54.0%	58.5% (G)	Improving	England = 57.0% London = 57.8%
PH/S8	Eligible population aged 40–74 who have received an NHS Health Check	Apr 2015 – Mar 2016	7711	9000	5020 (R)	Worsening	England = 2.4% London = 2.8% [Barnet = 1.1%]
PH/S9	Number of people with mental health problems who have accessed the MaPS employment support programme	Apr 2015 – Mar 2016	N/A <sup>a</sup>	204	204 (G)	N/A <sup>b</sup>	Not available for England or London
PH/S10	Number of people with mental health problems who have accessed the IPS employment support	Apr 2015 – Mar 2016	N/A <sup>a</sup>	146	87 (R)	N/A <sup>b</sup>	Not available for England or London

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
	programme						
PH/C1	Prevalence of 4-5 year olds classified as overweight	Apr 2015 – Mar 2016	11.6%	11.1%	11.0% (G)	Improving	England = 12.8% London = 12.0%
PH/C2	Prevalence of 4-5 year olds classified as obese	Apr 2015 – Mar 2016	9.4%	9.4%	9.0% (G)	Improving	England = 9.1% London = 10.1%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Apr 2015 – Mar 2016	15.2%	20.8%	14.6% (G)	Improving	England = 14.2% London = 14.6%
PH/C4	Prevalence of 10-11 year olds classified as obese	Apr 2015 – Mar 2016	19.4%	19.4%	18.4% (G)	Improving	England = 19.1% London = 22.6%
PH/C5	Number of people setting a quit date with smoking cessation services who successfully quit at 4 weeks	Apr 2015 – Mar 2016	606	604	302 (R)	Worsening	Not available for England or London

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	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	Apr 2015 – Mar 2016	100.0%	98.0%	99.7% (G)	Worsening but exceeded annual target	Not available for England or London
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)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	97.0%	95.7% (GA)	N/A <sup>b</sup>	Not available for England or London
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)	Apr 2015 – Mar 2016	90.5%	80.0%	77.8% (GA)	Worsening	Not available for England or London

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/C9	Clients with no record of completing a course of HBV vaccinations as a proportion of eligible clients in treatment at the end of the reporting period (replaces: "Percentage of eligible new presentations YtD who accepted HBV vaccinations")	Apr 2015 – Mar 2016	N/A <sup>c</sup> (Q4 = 82.8%)	90.0%	N/A <sup>c</sup> (Q4 = 85.1%)	N/A <sup>d</sup>	National = 90.0%
PH/C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	11.2%	N/A <sup>c</sup> (Q4 = 6.4%)	N/A <sup>b</sup>	National = 6.9%
PH/C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	36.2%	N/A <sup>c</sup> (Q4 = 31.5%)	N/A <sup>b</sup>	National = 40.3%

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	35.8%	N/A <sup>c</sup> (Q4 = 37.8%)	N/A <sup>b</sup>	National = 39.2%
PH/C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	35.5%	N/A <sup>c</sup> (Q4 = 24.0%)	N/A <sup>b</sup>	National = 35.3%
PH/C14	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	14.0%	N/A <sup>c</sup> (Q4 = 28.6%)	N/A <sup>b</sup>	National = 19.3%

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/C15	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	0.0%	N/A <sup>c</sup> (Q4 = 0.0%)	N/A <sup>b</sup>	National = 5.8%
PH/C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	13.6%	N/A <sup>c</sup> (Q4 = 5.4%)	N/A <sup>b</sup>	National = 9.3%
PH/C17	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A <sup>a</sup>	8.1%	N/A <sup>c</sup> (Q4 = 19.0%)	N/A <sup>b</sup>	National = 8.6%



Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/C18	Number of people receiving brief advice about alcohol (IBA)	Apr 2015 – Mar 2016	148	1400	1662 (G)	Improving	Not available for England or London
PH/C19	Number of schools registered for the Healthy Schools London Awards - a) primary	Apr 2015 – Mar 2016	N/A <sup>a</sup>	9	19 (G)	N/A <sup>b</sup>	Not available for England or London
PH/C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Apr 2015 – Mar 2016	N/A <sup>a</sup>	6	6 (G)	N/A <sup>b</sup>	Not available for England or London
PH/C21	Number of schools reaching bronze award	Apr 2015 – Mar 2016	N/A <sup>a</sup>	9	18 (G)	N/A <sup>b</sup>	Not available for England or London
PH/C22	Number of schools reaching silver award	Apr 2015 – Mar 2016	N/A <sup>a</sup>	6	5 (GA)	N/A <sup>b</sup>	Not available for England or London
PH/C23	Number of schools reaching gold award	Apr 2015 – Mar 2016	N/A <sup>a</sup>	3	4 (G)	N/A <sup>b</sup>	Not available for England or London
PH/C24	Number of healthy eating workshops provided in children centres	Apr 2015 – Mar 2016	230	78	483 (G)	Improving	Not available for England or London
PH/C27	Number of professional/ community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Apr 2015 – Mar 2016	N/A <sup>a</sup>	300	239 (RA)	N/A <sup>b</sup>	Not available for England or London

Public Health Key Performance Indicators

KPI ref	Indicator	Period covered	2014/15 result	2015/16 target	2015/16 result	Direction of travel	Benchmarking
PH/C28	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) – opiate users	Apr 2015 – Mar 2016	N/A <sup>c</sup> (Q4 = 10.0%)	10.0%	N/A <sup>c</sup> (Q4 = 7.3%)	N/A <sup>d</sup>	England = 6.8%
PH/C29	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15ii) – non-opiate users	Apr 2015 – Mar 2016	N/A <sup>c</sup> (Q4 = 27%)	27.0%	N/A <sup>c</sup> (Q4 = 28.6%)	N/A <sup>d</sup>	England = 37.3%

<sup>a</sup>Key Performance Indicator (KPI) was not reported in 2014/15

<sup>b</sup>Direction of travel (2015/16 vs 2014/15) cannot be calculated because KPI was not reported in 2014/15

<sup>c</sup>Year results cannot be calculated, because Q1 to Q4 cannot be summed as they are drawn from overlapping periods. Q4 results are given to indicate recent activity.

<sup>d</sup>Direction of travel cannot be calculated because whole-year results cannot be calculated for 2014/15 or 2015/16.

G = green rating

GA = green-amber rating

RA = red-amber rating

R = red rating

DSR = directly standardised rate