

Appendix A: Public Health Commissioning Plan – Annual Performance Report 2016/17

The tables below review the Public Health Commissioning Plan for 2016/17, by Key Action and Key Performance Indicator (KPI).

| Public Health Key Actions | | |
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| Key Action | End-of-year RAG | Commentary |
| PH1617/001 Childhood obesity: PH funding and commissioning of childhood obesity and nutrition investment via a tier 2 weight management programme | Green | <p>The Alive & Kicking (ANK) tier 2 child obesity programme delivered successfully across the borough throughout 2016/17. Most children attending the programme were self-referrals; the programme also accepted referrals from GPs, schools nurses, and family support nurses. Over the three term-time quarters (Q1, Q3 and Q4), 113 children completed the course, and a progressively greater proportion of completers' body mass index (BMI) Z scores (comparing individuals with their national peers for height and weight) fell or rose no further (i.e. they lost weight or gained no further weight relative to their height, compared with their national peer group) (77% in Q1, 83% in Q3, 85% in Q4). Almost all children rated the ANK programme as good or excellent (Q1, 97%; Q3, 100%; and Q4, 100%).</p> <p>For the first time, the ANK scheme ran two summer holiday programmes. Forty per cent of children who completed the summer programme reduced their BMI Z score or prevented it from rising higher, and nearly all (94%) rated the programme as good or excellent.</p> <p>The School Time Obesity Programme (STOP) tier 2 child obesity programme also ran successfully during term time, delivering general nutrition workshops and physical activity sessions to a total of 22 classes (Year 3 and Year 5). A total of 543 children were weighed and measured before and after the programme; 148 were above a healthy weight. Of these, there was an overall upward trend in the proportion who reduced or maintained their BMI Z score (Q1, 65%; Q3, 80%; Q4, 74%).</p> <p>As in previous years, the Barnet public health team used National Child Measurement Programme (NCMP) data to target schools with the greatest need for tier 2 obesity intervention, in order to maximise cost-effectiveness.</p> <p>In 2017/18, development plans for child obesity work will include redefinition of the tier 2 healthy weight pathway, to ensure that all children above a healthy weight (i.e. those at the 91st BMI centile and above) are managed seamlessly by both the weight management programme and the Healthy Weight Nurse Team.</p> |
| PH1617/002 Commission 5-19 Wellbeing programme: 5-19 Wellbeing program - ongoing commissioning of support to the Healthy Schools programme | Green-amber | <p>At the close of 2016/17 Barnet topped all 33 London boroughs for the number of schools registered with the Healthy Schools London (HSL) programme: 101 schools. The borough also had the second highest number of HSL Gold awards of all London boroughs: a total of 10 Gold awards. A special Barnet HSL celebration event was held in June 2016 to celebrate all the awards gained by Barnet schools in that school year.</p> <p>Over the year, targets were exceeded for Gold and Silver awards, but not met for Bronze awards or primary or secondary school registrations.</p> <p>Only nine Barnet primary schools are yet to register with HSL. These remaining schools are harder to engage, but the provider continues efforts to engage with these schools. A drive to increase secondary school registrations is also under way, with increased</p> |

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| | | <p>promotion of those schools that achieve awards. There is a new service specification under development which will focus on specific targets for secondary schools. In addition, the provider has sent many reminders to unregistered secondary schools about the HSL programme and the free support available. As a result of this new outreach, one new secondary school has registered with HSL (Mill Hill County High), and several secondary schools which had initially engaged but subsequently lost contact have been re-engaged (e.g. The Archer Academy). Forthcoming, updated NCMP data will be used to produce a new schools prioritisation list, to aid targeting of remaining schools and encourage HSL uptake by those schools.</p> |
| <p>PH1617/003 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</p> | Green | <p>Both the Family Health Coach and Perinatal Mental Health Coach services over-achieved their contract targets in 2016/17. There was a steady rise in families receiving both services throughout the year. By Q3 the annual target for both services had been exceeded, and many new referrals for both services were being received (127 for the Family Health Coach service and 96 for the Perinatal Mental Health Coach service). These services will continue to run in 2017/18 until 31 March 2018.</p> <p>Evaluation of the Perinatal Mental Health Coach service is underway. Based on lessons learnt from this evaluation, the Family Health Coaches service will also be evaluated.</p> |
| <p>PH1617/005 Physical activity and healthy diet: Develop and commission adults weight management offer, and engage in the development of the SPA strategy</p> | Green-amber | <p>In 2016/17, a specification was developed for a targeted adult weight management service and went out to procurement. This was a service aimed at people from black and minority ethnic groups, people from low income wards, and people with diabetes and pre-diabetes. A pilot programme serving a maximum of 520 clients was planned to run until March 2017, with information from the pilot to be analysed and used to inform future procurement.</p> <p>Unfortunately this procurement process was unsuccessful; however, this prompted discussion with potential bidders on what would make the tender more attractive. We left 2016/17 with a positive discussion with one of the bidders and intend to encourage them to take this forward. Staffing changes have also influenced the speed at which this is being developed.</p> <p>The public health components of the Sport and Physical Activity (SPA) procurement have been developed throughout 2016/17. The public health team have written method statements and a section of the Memorandum Of Understanding, and have agreed the weighting status of services for public health.</p> |
| <p>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</p> | Green | <p>Development of the community centred practices programme has progressed as planned in 2016/17. The initial target was that a total of eight general practice (GP) surgeries would participate in the pilot. In Q2, initial meetings between practices, partners and receptionist teams were completed in all eight GP surgeries, engagement of volunteer Practice Health Champions began, and in two surgeries trained Health Champions commenced their activities. In Q3, trained Champions were active in five surgeries, and a surgery without capacity to continue was replaced by a residential home.</p> <p>By year-end, over 500 inquiries had been received across five GP surgeries, indicating the significant interest of citizens to become</p> |

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| | | volunteers in Barnet. Champions had been trained across six surgeries. One participating surgery (St Andrew's Medical Centre) planned to invite their patients to become Health Champions with a view to helping Roseacres Residential Home, to which they provided medical services, and with which they were keen to build further links via the Champions scheme. |
| PH1617/007 Mental health: Expand digital based resources available for residents with common mental illness | Green | The London Digital Mental Wellbeing service is a London-wide initiative. During 2016/17, plans for the scheme became increasingly ambitious, and its launch was delayed. The service will now be implemented in September 2017. |
| PH1617/008 Reduce smoking: Develop options appraisal for targeted service | Green | <p>Over 2016/17, smoking reduction work progressed in Barnet. This was despite notable challenges to the development of an options appraisal paper for a targeted service, namely the Sustainability and Transformation Plan (STP) restructuring of sub-regional local authorities, significantly reduced budgets, and the nascent Pan-London Smoking Channel Shift project.</p> <p>In Q2, a new Health Check and Smoking Cessation Co-ordinator started in post. He has since worked hard to ensure that more general practitioners (GPs) and pharmacies sign a contract to deliver smoking cessation services.</p> <p>Also in Q2, a training session was held for new Smoking Advisers in GP surgeries and pharmacies.</p> <p>In Q3, given the delays in smoking strategy development, it was decided to let a contract for specialist smoking support, as an interim solution. The team requested quotes for 6 days of specialist smoking support, to address performance in individual practices and pharmacies, and with a view to informing the community services strategy. The successful training provider began work and delivered 2 rounds of level 2 smoking cessation (training 20 new practitioners) and carbon monoxide monitor calibration training (20 attendees); work also included annual update training. Learning from these events fed into the development of the specification for interim specialist support, and the new 2017/18 contracts for pharmacies and GP practices.</p> <p>Also in Q3, Public Health met with Barnet CCG to establish a Barnet Smoking Cessation Strategy Development Group.</p> <p>In Q4, interim specialist smoking support work continued, targeting the most under-performing practices (starting with those which had higher numbers of patients setting a quit date but low numbers of quitters at four weeks).</p> <p>In conjunction with these positive developments, significant challenges were encountered in 2016/17.</p> <p>Progression of London sub-regional STP restructure plans led to exploratory discussions about smoking services collaboration with other local authorities in Barnet's new STP 'footprint' area. These discussions meant that proposed work (e.g. intended collaboration with pharmacies over Stoptober activities) was placed on hold.</p> <p>Significant budget reductions became apparent in Q2, and by Q4 the overall budget had been reduced very significantly, prompting discussions with the Barnet Clinical Commissioning Group (CCG) over future plans. However, financial modelling for smoking cessation work</p> |

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| | | proceeded under the oversight of the responsible public health consultant. |
| PH1617/009 Reduce smoking: Work with partners on wider tobacco control issues such as shisha | Green | <p>The 2016/17 shisha campaign began in May 2016 with development of health promotion messages by the corporate communications team. These messages were tested by an independent facilitator with: young people; black, Asian and minority ethnic participants; and the general public. Feedback was collected and messages and imagery revised.</p> <p>'Operation Wagtail' began in June, targeting shisha businesses, in partnership with Regional Enterprise and Environmental Health. Seven shisha establishments were engaged and informed of their responsibilities under the Smokefree law.</p> <p>In Q2, following extensive feedback from partners (including responses on the appropriateness of images), and with support from the lead councillor Cllr Hart, the Health & Wellbeing Board considered a paper presented jointly by the public health and corporate communications teams. Recommendations included the approval of three key, evidence-based health messages, as well as providing shisha establishments with online information and guidance on compliance prior to launch of the poster campaign. A Barnet Council shisha webpage was developed, and a guidance leaflet on shisha businesses' compliance was created to support further site visits by Environmental Health.</p> <p>By the close of Q3, most Barnet secondary schools had received shisha workshops, and given positive feedback on campaign imagery and messages. Campaign images were finalised, and a script for a video blog was developed.</p> <p>The shisha communications campaign was re-launched in January 2017, and included bus shelter panels, six High Street posters, a campaign webpage, video blogs with a general practice (GP) registrar, social media posts, Twitter polls, digital advertising, content on the Middlesex University intranet, an advertisement in <i>Barnet First</i> magazine, press releases, and content in the School Circular and the <i>First Team</i> council staff e-newsletter. Following recommendation by the Health & Wellbeing Board, all Barnet secondary schools were invited to participate in a poster competition, although none were able to take part.</p> <p>The final report on the shisha campaign was due for completion in June 2017, after which no further action is planned for this project.</p> <p>In July 2017, the Barnet shisha campaign was shortlisted for a national communications award.</p> |
| PH1617/010 Create fair employment: PH support of contract monitoring, service development and assessment of options for sustainability and/or mainstreaming of service | 1/2 green (MAPS) | <p>In 2016/17 the public health team continued their Motivation and Psychological Support (MAPS) and Individual Placement and Support (IPS) schemes, which support employment for people with common and severe mental health problems, respectively.</p> |
| | 1/2 red (IPS) | <p>The MAPS service started the year by successfully recovering from previous below-target results, and then went on to consistent achievement throughout the rest of the year. The number of residents engaged by the MAPS service increased from 75 in Q1 and 73 in Q2 to 161 in Q3 and 216 in Q4, while the number of residents commencing jobs consistently increased from 20 in Q1 and 23 in Q2 to 51 in Q3 and 64 in Q4.</p> |

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| | | <p>The IPS service started strongly, achieving its previous year recovery plan, but encountered challenges as the year progressed. Despite this, the four quarters showed improvement in the number of residents engaged in the IPS service: 22 in Q1, 20 in Q2, 59 in Q3 and 78 in Q4, while quarterly activity for the number of residents commencing jobs likewise improved, from 11 in Q1 and 6 in Q2 to 30 in Q3 and 46 in Q4. Suboptimal results were due to the loss of three employees over the summer. Although IPS performance recovered somewhat in Q3 and Q4, the provider warned that they could no longer deliver the contract within the existing financial envelope. Discussions about revision of quarterly targets are anticipated. However, it should be noted that the Barnet IPS programme activity compares well against national benchmarks. In 2017/18 the IPS provider will enter a Social Impact Bond arrangement under which the service is expected to recover.</p> |
| 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 | <p>In 2016/17, 4 new businesses registered for the London Healthy Workplace Charter, taking the total to 10 registrations. Barnet Council attained accreditation as 'excellent' in October, bringing the total to four accredited Healthy Workplace Charter businesses in Barnet.</p> <p>A successful Health & Wellbeing at Work event was held in November. This event gave local organisations information and resources to support implementation of health and wellbeing initiatives in the workplace; they were also encouraged to sign up to the London Healthy Workplace Charter, and given the opportunity to network.</p> <p>In Q3 and Q4, the public health team engaged the Entrepreneurial Barnet Board to seek their views on potential opportunities for supporting local businesses around workplace health, and on working in partnership with public health to achieve this. A paper on this initiative was prepared for the May 2017 Board.</p> <p>Also in Q4, the public health team approached the Barnet procurement team to explore whether businesses commissioned by London Borough of Barnet could be encouraged to sign up to the London Healthy Workplace Charter via the procurement process, as part of the social value requirement.</p> |
| PH1617/012 Investing in facilities: PH lead on the PH outcomes component of the leisure procurement | Green | <p>In 2016/17, the public health team continued their central involvement in the sports and physical activity (SPA) leisure procurement process. This work is believed to be a unique approach to leisure procurement, with public health outcomes forming the central component of provider requirements.</p> <p>In Q1, the public health team wrote method statements and a section of the Memorandum of Understanding, as well as agreeing the weighting status of public health outcomes services.</p> <p>The procurement process went 'live' in Q2. The first stage of the tendering process began, with questions and requests for clarification received from bidders.</p> <p>In Q3, public health contributed to the development and evaluation of method statements submitted by potential leisure services providers.</p> <p>Ongoing support for procurement and ISOS (tendering stage) evaluation were provided in Q4, together with preparation for the ISDS procurement stage and ongoing supply of information and</p> |

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| | | <p>clarification to applicants. The public health team engaged in dialogue with partners over how the public health outcome requirements would work in practice and what the likely implications would be.</p> <p>In 2017/18, the procurement process enters the final dialogue stage, addressing any outstanding issues and reviewing amended method statements, ahead of a final review and decision in August 2017.</p> |
| PH1617/013 Access to health facilities: PH contribution to the continuing SPA strategy | Green | <p>The sports and physical activity (SPA) strategy is led by the commissioning team, with the public health team responding when requested. Action in 2017/18 included: attendance at consultation events; contribution of comments on the Fit and Active Barnet (FAB) strategy; and providing input into SPA strategy development.</p> |
| PH1617/014 Access to health facilities: Support with healthy places, planning support and PH expertise | Green | <p>In 2017/18, the public health team developed its working methods and project alliances regarding healthy places and planning work.</p> <p>Public Health continued to sit on the Green Places Board, contributing insight and expertise. The team also further developed its Healthier Catering Commitment work (working with Barnet restaurant establishments to promote healthy eating).</p> <p>Throughout the year, the public health team engaged with the planning team to explore the planning process, to devise a method of integrating Health Impact Assessments (HIAs) into this process, and to develop pre-planning advice which would address public health concerns.</p> <p>The public health team also worked to develop the concept of a healthy Local Plan, establishing an evidence base and liaising with London Borough of Barnet partners.</p> <p>The team successfully joined the Town & Country Planning Association national pilot project aiming to enhance relationships and work more effectively with developers; work to develop relationships with local developers is ongoing.</p> <p>By the end of 2016/17, Public Health had succeeded in joining the Community Investment Levy (CIL) group, working together with colleagues in housing, transport and strategy to enhance public health outcomes within the development process. The team had contributed research to the Local Plan, influencing changes in working and actions, with particularly positive developments around food and business. Contribution to planning applications had been trialled, including methods of integrating HIAs into planning decisions.</p> <p>Anticipated challenges in 2017/18 include working to enhance the public health impact of the Brent Cross development, and further contributions to the Local Plan, the Barnet planning process, and the Town & Country Planning Association National Developers Project.</p> |
| PH1617/015 Access to health facilities: PH expertise contribution to the Parks and Open spaces strategy | Green | <p>The public health team have become part of the Green Spaces Board, contributing ideas, insight and expertise on public health outcomes. Their contribution has included addressing healthy catering and toilet provision in parks, to enhance park accessibility. These developments build on previous work around outdoor gyms and marked and measured routes. Further challenges have included engaging with parks redevelopment in the west of the borough, but the public health team is looking forward to ongoing engagement in</p> |

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| | | this area. |
| PH1617/016 Integrated and sustainable sexual health service: PH funding & monitoring of sexual health services | Green | <p>Sexual health Key Performance Indicators (KPIs) performed well against their quarterly targets throughout 2016/17. Of the two new KPIs introduced at the beginning of the year, one increased its outturn every quarter, and the other had the maximum possible achievement (100%) in Q2, Q3 and Q4.</p> <p>Throughout the year, the Barnet and Harrow (shared service) sexual health commissioners continued to monitor sexual and reproductive health services regarding budget, spending, activity, delivery schedule and contract performance.</p> <p>In Q2, extra funding was awarded to provide: (1) Sex and Relationship Education (SRE) to young people in various Barnet settings (using an approach ensuring SRE availability to young people not in education or employment); and (2) HIV awareness and HIV testing to targeted high risk groups in Barnet (including people who do not access sexual health services), helping avoid late HIV diagnosis.</p> <p>The contraception and sexual health (CaSH) service (with incorporated outreach service) has been well accepted by colleges and schools. The number of people accepting HIV testing within the main CaSH service increased from 436 in Q1 (prior to service commencement) to 596 in Q4.</p> |
| PH1617/017 Integrated and sustainable sexual health service: To agree GUM contracts as part of the London collaborative commissioning programme | Green | <p>Barnet public health sexual health commissioners worked with commissioning colleagues in Camden local authority to agree the 2016/17 genito-urinary medicine (GUM) contract for the Royal Free Hospital London, on behalf of London commissioners. New tariffs for sexual health service attendances were negotiated and agreed by all collaborating London commissioners.</p> <p>In addition, commissioners successfully negotiated a reduced tariff price for 2016/17 the impact of which was quickly seen. Despite higher activity than anticipated at the local GUM service, the negotiated price reduction helped to restrain costs.</p> <p>By the end of 2016/17, Barnet council plus Camden, Islington and Haringey partners (working as the North Central London sub-region) had successfully completed collaborative procurement of the new sexual and reproductive health service. This new service will be provided by the Central North West London NHS Trust.</p> |
| PH1617/018 Integrated and sustainable sexual health service: Development of local specification and tender; sub regional procurement partnership | Green | <p>Quarter one saw substantial progress in the sexual health service tendering process, including development of the sexual health services specification for the sub-region, with agreement on the specification by collaborating sub-regional commissioners. The Barnet public health team continued to collaborate with other boroughs and partners to design better, more cost-effective sexual health services for the North Central London sub-region.</p> <p>In Q2, the specification was finalised and agreed by collaborating sub-regional commissioners, working in partnership with other boroughs.</p> <p>Invitations to tender were published in Q3 (via the London Tenders Portal, an electronic procurement system used by London councils).</p> <p>Thereafter, bids were submitted via the Portal, commencing a</p> |

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| | | competitive process between providers. |
| 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 | <p>In 2016/17, the Barnet public health team continued to work to reduce teenage pregnancies and to promote sexual health via health education, working with key partners in social services, youth support services and the voluntary sector.</p> <p>The contraception and sexual health (CaSH) service worked proactively with Children's Services to support young people requiring safeguarding and counselling support. In Q2, outreach sessions were held at Barnet Families' Service Contact Centre and at two different sites of Barnet College. These outreach sessions contributed to an increase in young people accessing Barnet CaSH services due to contraception and sexual health needs. Also in Q2, the current CaSH services provider was awarded extra funding to provide Sex and Relationship Education (SRE) to young people in various Barnet settings, including ensuring that SRE was available to young people not in education or employment.</p> <p>Quarter three saw increased outreach provision in schools and colleges, with 80 young people registering for condom access and at least 20 coming back for repeat collection of condoms through the Barnet condom distribution scheme, locally known as BU21. In addition, young people received information on contraception and sexual health (including HIV). Feedback from young people (via comment cards) was overwhelmingly positive and indicated their great grasp of the topics discussed.</p> <p>The CaSH service also engaged in outreach to the youth offender team and the looked-after children team, promoting safer sex and contraception.</p> <p>In clinics, the CaSH service actively encouraged young people to use Long-Acting Reversible Contraception (LARC) due to its long term benefits in preventing unplanned pregnancies. In 2016/17 LARC uptake amongst young people under 25 years was higher than uptake of user-dependent contraception methods, and had increased compared with the previous year: 3301 out of 5691 (58%) contacts chose LARC in 2016/17, compared with 2905 out of 5467 (53%) in 2015/16. This was a very positive development, as LARC is the most reliable form of contraception for young people (as it has long-term efficacy and is not user-dependent).</p> |
| PH1617/020 Improve treatment outcomes in drug & alcohol services: PH funding & monitoring of service | Green | <p>In Q1, the Barnet public health team pursued further engagement with Children and Family Services in order to provide a Hidden Harm Service. The team also engaged with Barnet general practitioners (GPs) to identify further opportunities to support practice patients with alcohol and drug dependencies.</p> <p>In Q2, investigation into previous decreases in successful substance misuse treatment completion rates identified a number of historical, inactive cases which had erroneously reduced statistics for successful completion rates. There was on-going, close monitoring by the Substance Misuse Service (SMS) Commissioner. In addition, the Public Health England (PHE) Programme Manager and SMS Commissioner met with the new provider to identify other possible</p> |

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| | | <p>reasons for decreased treatment completion rates. Data for the quarter showed an improvement in successful completions across all categories of care.</p> <p>In Q3, PHE noted that “Barnet’s rate of successful completions for drugs has improved over the year by 3.9% and is currently at 16.1%, which is now greater than the national average. Given the progress, it is easy to believe that Barnet will continue to improve to equal or exceed the London rate. At the same time, the outcomes for alcohol users in Barnet have also increased and the outcomes being achieved continue to exceed both the national and London average”.</p> <p>In Q4, nationally published statistics for successful treatment completions showed an increase in performance for opiate and non-opiate clients, with performance for alcohol clients higher than the national average.</p> |
| PH1617/021 Promotion of self-management of health: PH funding of Better Together (Ageing Well) | Green | <p>Throughout 2016/17, Public Health continued to contribute funding to the Better Together scheme, supporting community activities which were incorporated into wider prevention planning. The public health team also reviewed programme priorities and delivery of the scheme, alongside Adult Social Care colleagues, to ensure that the programme promoted health and wellbeing and contributed to the demand management challenge.</p> <p>Staff departures presented a challenge in Q3, but there was a positive community response and the scheme continued.</p> |
| 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 social isolation initiative, community centred practices. Consider options for structured education and social prescribing | Green-amber | <p>The public health team worked to support several substantial projects targeting long-term conditions, over the course of 2016/17.</p> <p>Progress was mixed in Q1: some components of planned work progressed well and others less so, with resources diverted accordingly.</p> <p>Following a failed tender exercise for the 'Making Every Contact Count' (MECC) scheme, the specification was revised, a new delivery approach developed, and quotes sought from two providers, with a view to commission a provider and roll out the training from September 2016.</p> <p>An initiative for pharmacists to provide behavioural change interventions to individuals with pre-diabetes was explored. However, in the absence of a full proposal or a clear evidence base, this proposal was not taken further.</p> <p>Public Health worked with potential providers (Central London Community Healthcare; CLCH) and Barnet Clinical Commissioning Group (CCG) to develop communications around the diabetes structured education programme. Data on the number of referrals to the programme from Barnet GPs was analysed and shared with the CCG to support tailored communication with GPs.</p> <p>Champions’ training for Visbuzz was held in Q1, training 18 people. However, this product proved unreliable and time-consuming for the project lead and volunteers. Although voluntary sector engagement was good for the VisBuzz project, the extent of future public health team commitment to the project was reviewed.</p> <p>On a more positive note, the Community Centred Practice scheme recruited a full set of eight practices in Q1.</p> <p>Q1 also saw successful development of a model for the Social Prescribing scheme, as part of reimagining mental health with</p> |

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| | | <p>voluntary sector partners.</p> <p>In Q2, Social Marketing Gateway was commissioned to deliver MECC training. Training sessions were scheduled for September and October 2016.</p> <p>Options for digital, structured type 2 diabetes education support were explored.</p> <p>Visbuzz 'champion' training events continued to be held in Q2, and referrals received. The product continued to be time-consuming and unreliable; however, there was good voluntary sector engagement and a successful promotional event with care homes. Internet connection procurement was unsuccessful, delaying distribution of Visbuzz units, with consequent delays in central funding. Communication was sent to all participating organisations and individuals to preserve engagement. Other boroughs piloting the project also experienced similar delays.</p> <p>Priorities for self-care were shifted in Q2 to align with CCG priorities. The CCG and the public health team worked 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> <p>By Q3, the MECC training provider had trained 103 people in 8 sessions. Clinical Commissioning Group work on structured type 2 diabetes education continued, supported by the provider CLCH. Visbuzz continued to be problematic for the four boroughs piloting the scheme, and distribution was stopped.</p> <p>At the completion of Q4, 147 people had received MECC training (44 new trainees in Q4), and it was decided to move to phase 2 of training. The HeLP Diabetes online structured education programme was commissioned by the CCG and promoted by CLCH. Sixteen Visbuzz volunteer champions had been trained, various promotional activities conducted, and six units distributed to residents.</p> <p>In addition, the Healthy Living Pharmacies scheme continued in 2016/17, with local pharmacies receiving information relating to self-care and health promotion. However the offer was not extended wider than the initial training phase as no schemes were available to incentivise wider engagement.</p> |
| PH1617/023 Develop a more targeted Health Checks programme: PH funding and monitoring of Health Checks | Green | <p>Throughout 2016/17, all general practice (GP) surgeries participating in Health Checks work received a monthly individual performance email with a comparative league table of overall Health Check numbers and the percentage of fully completed Health Checks. This had an immediate impact on performance, through peer pressure.</p> <p>In Q1, the new specification for NHS Health Checks was drawn up and sent out to practices; this included more focus on patients living in deprived areas. Monitoring and delivery structures were further developed, and data issues resolved or managed. June saw the first round of NHS Health Checks training to 21 GP practice staff responsible for delivering Health Checks.</p> <p>In Q2, improvements in data provision were noted, and a new data format was agreed, facilitating accurate and effective performance monitoring. Discussions were held with the Barnet GP Federation regarding delivering a targeted programme on a reduced budget. In September, the new Health Check and Smoking Cessation Co-ordinator began work, covering all 50 Barnet GP practices.</p> |

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| | | <p>Previous work with Barnet GP surgeries facilitated his rapid impact in the role.</p> <p>Tender advertisements went out in Q3 for a replacement to the Health Checks 'Health Intelligence' data monitoring system (submission deadline: 3 March 2017; operational deadline: 1 April 2017). The successful tender is expected to resolve data issues as well as be significantly cheaper and more fit for purpose. By Q3, significant performance improvements were noted, and the service was on track to exceed its internal target.</p> <p>In Q4, the new data contract had been finalised, with considerable savings secured particularly in years 2 and 3; this will deliver very significant reduction in the NHS Health Checks budget over the next 2 years. To round off 2016/17, February saw a further 23 Health Check trainees complete their training.</p> |
| PH1617/024 Develop a more targeted Health Checks programme: Develop options appraisal for future Health Checks service delivery | Green | <p>Options for future NHS Health Checks delivery were relatively clear, namely: (1) continue with existing contracts with each individual general practice (GP) surgery; (2) have a single contract with the federation of GP practices; or (3) engage a third party provider. An additional concern was to target NHS Health Checks at residents living in the most deprived areas.</p> <p>The initial approach in Q1 was to inform practices of their performance and discuss with them what they could do better to target patients living in more deprived postcodes; a year-end evaluation of this approach was also planned.</p> <p>By Q2, the public health team had begun to receive deprivation data on completed Health Checks. It was anticipated that full year-to-date data would be available by December, with the goal of communicating this data with practices on a monthly basis in order to support targeted invitations to patients in the most deprived postcodes, as well as producing personalised performance reports enabling practices to compare themselves to other Barnet practices.</p> <p>In Q3, consultations were conducted with the Local Medical Committee and the Barnet Clinical Commissioning Group (CCG) regarding moving to a federation model (i.e. option 2). Advice was obtained from the legal service and procurement team on the procurement process and timetable. A specification was drafted; this placed a focus on NHS Health Check offers to residents in more deprived areas (an approach recommended by Public Health England, given the evidence on links between poverty and cardiovascular disease), but reserved a small number of Health Checks for any eligible resident, to meet statutory requirements.</p> <p>By Q4, the tender documents had been prepared and a lead GP had been chosen. The new Health Checks scheme was planned to go out to tender in Q1 2017/18.</p> |
| PH1617/025 Maintain Winter Well investment: PH funding of winter well | Green-amber | <p>The Keep Warm and Well scheme operated only in Q3 and Q4, as it is a seasonal project.</p> <p>In Q3 and Q4, in addition to running the Winter Well programme, contacts were made and plans prepared for engaging individual carers and organisations (e.g. Barnet Carers Centre, Home Instead, North London Hospice and High Barnet Good Neighbour Scheme), in order to facilitate awareness and joint working so that Keep Warm and Well services could be delivered to the most vulnerable and house-bound</p> |

| Public Health Key Actions | | |
|---------------------------|-----------------|--|
| Key Action | End-of-year RAG | Commentary |
| | | <p>residents. The Joule Tool (an online advisory service producing tailored advice) received positive feedback from partners and residents.</p> <p>A successful Keep Warm and Well steering group meeting was held in May 2017. Participants agreed on actions to promote the Warm and Well scheme, improve partnership working and increase referral numbers, namely: (1) more liaison between the Project Officer and Barnet Council staff, partners and providers, to raise awareness of the scheme; (2) training for home visit partners (planned for August and September 2017) on recognising signs of cold housing; (3) direct engagement with vulnerable residents, including families with young children, from September 2017 onwards; (4) provision of the Joule Tool online service to providers and residents via tablets; and (5) investigation of better ways of working with general practitioners, carers and homecare providers.</p> |

| Public Health Key Performance Indicators | | | | | | | |
|--|--|---------------------|------------------|----------------|----------------|---------------------|-----------------------------------|
| KPI ref | Indicator | Period covered | 2015/16 result | 2016/17 target | 2016/17 result | Direction of travel | Benchmarking |
| PH/S2 | Excess weight in 4–5 year olds (overweight or obese) | Apr 2016 – Mar 2017 | 19.9% | 21.0% | 19.2% (G) | Improving | England = 22.1% London = 22.0% |
| PH/S3 | Excess weight in 10–11 year olds (overweight or obese) | Apr 2016 – Mar 2017 | 32.6% | 32.0% | 34.4% (R) | Worsening | England = 34.2% London = 38.1% |
| PH/S4 | Rate of hospital admissions related to alcohol (per 100,000) | Apr 2016 – Mar 2017 | 425 | 400 | 421 (RA) | Improving | N/A |
| PH/S5 | Smoking prevalence | Apr 2016 – Mar 2017 | 13.2% | 13.0% | 14.8% (4) | Worsening | England = 15.5% London = 15.2% |
| PH/S7 | Physical activity participation | Apr 2016 – Mar 2017 | 58.5% | 59.0% | 59.5% (G) | Improving | England = 57.0% London = 57.8% |
| PH/S11 | Excess weight in adults | Apr 2016 – Mar 2017 | N/A ^a | 56.8% | 56.8% (G) | N/A ^a | England = 64.8% London = 58.8% |
| PH/S12 | Percentage of women accessing emergency hormonal contraception (EHC) within 48 hr | Apr 2016 – Mar 2017 | N/A ^a | 80.0% | 99.8% (G) | N/A ^a | N/A ^b |
| PH/S13 | Percentage of new attendances of all under 25 year olds tested for chlamydia | Apr 2016 – Mar 2017 | N/A ^a | 70.0% | 78.6% (G) | N/A ^a | N/A ^b |
| PH/S14 | Number of people engaged or supported by Winter Well | Apr 2016 – Mar 2017 | N/A ^a | 1200 | 144,461 (G) | N/A ^a | N/A ^b |
| 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 2016 – Mar 2017 | 99.7% | 98.0% | 99.7% (G) | Worsening | N/A ^b |

| Public Health Key Performance Indicators | | | | | | | |
|--|---|---------------------|----------------|----------------|-------------------------------|---------------------|------------------|
| KPI ref | Indicator | Period covered | 2015/16 result | 2016/17 target | 2016/17 result | Direction of travel | Benchmarking |
| 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 2016 – Mar 2017 | 95.7% | 97.0% | 98.5% (G) | Improving | N/A ^b |
| 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 2016 – Mar 2017 | 77.8% | 80.0% | 87.9% (G) | Improving | N/A ^b |
| PH/C10 | Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report) | Apr 2016 – Mar 2017 | 6.4% | 8.0% | N/A ^c (Q4 = 8.7%) | N/A ^d | National = 7.1% |
| PH/C11 | Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report) | Apr 2016 – Mar 2017 | 31.5% | 33.0% | N/A ^c (Q4 = 29.3%) | N/A ^d | National = 40.2% |
| PH/C12 | Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report) | Apr 2016 – Mar 2017 | 37.8% | 42.0% | N/A ^c (Q4 = 33.5%) | N/A ^d | National = 40.1% |

| Public Health Key Performance Indicators | | | | | | | |
|--|--|---------------------|----------------|----------------|-------------------------------|---------------------|------------------|
| KPI ref | Indicator | Period covered | 2015/16 result | 2016/17 target | 2016/17 result | Direction of travel | Benchmarking |
| PH/C13 | Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report) | Apr 2016 – Mar 2017 | 24.0% | 32.0% | N/A ^c (Q4 = 25.0%) | N/A ^d | National = 37.5% |
| PH/C14 | Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report) | Apr 2016 – Mar 2017 | 28.6% | 12.0% | N/A ^c (Q4 = 14.3%) | N/A ^b | National = 17.8% |
| PH/C15 | Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report) | Apr 2016 – Mar 2017 | 0.0% | 8.0% | N/A ^c (Q4 = 6.3%) | N/A ^d | National = 5.2% |
| PH/C16 | Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report) | Apr 2016 – Mar 2017 | 5.4% | 11.0% | N/A ^c (Q4 = 9.5%) | N/A ^d | National = 8.7% |
| PH/C19 | Number of schools registered for the Healthy Schools London Awards - (a) primary | Apr 2016 – Mar 2017 | 19 | 6 | 3(R) | Worsening | N/A ^b |
| PH/C20 | Number of schools registered for the Healthy Schools London Awards - (b) secondary | Apr 2016 – Mar 2017 | 6 | 4 | 3 (R) | Worsening | N/A ^b |
| PH/C21 | Number of schools reaching bronze | Apr 2016 – Mar 2017 | 18 | 10 | 7 (GA) | Worsening | N/A ^b |

| Public Health Key Performance Indicators | | | | | | | |
|--|---|---------------------|----------------|----------------|----------------|---------------------|------------------|
| KPI ref | Indicator | Period covered | 2015/16 result | 2016/17 target | 2016/17 result | Direction of travel | Benchmarking |
| | award | | | | | | |
| PH/C22 | Number of schools reaching silver award | Apr 2016 – Mar 2017 | 5 | 6 | 10 (G) | Improving | N/A ^b |
| PH/C23 | Number of schools reaching gold award | Apr 2016 – Mar 2017 | 4 | 5 | 6 (G) | Improving | N/A ^b |
| PH/C24 | Number of healthy eating workshops provided in children centres | Apr 2016 – Mar 2017 | 483 | 570 | 871 (G) | Improving | N/A ^b |

^aKey Performance Indicator (KPI) was not reported in 2015/16

^bNo equivalent regional or national data

^cYear 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.

^dDirection of travel cannot be calculated because whole-year results cannot be calculated for 2015/16 or 2016/17.

G = green rating

GA = green-amber rating

RA = red-amber rating

R = red rating