

# Public Health (PH) – Q1 2015/16 reported in Q2 2015/16

## 1. SUMMARY

### 1.1 DELIVERY UNIT DASHBOARD

Financial			Performance	Commissioning Intentions
Projected year-end revenue budget variance	Capital actual variance			
-		Green rated	68% (23)	92% (11)
		Green Amber rated	26% (9)	8% (1)
		Red Amber rated	0% (0)	0% (0)
		Red rated	6% (2)	0% (0)

### 1.2 TOP ACHIEVEMENTS AND ACTIONS

#### Top Achievements

The completion of robust evaluation of our employment support services which has demonstrated performance beyond target, as well as an understanding of needs and challenges as we look towards re-commissioning and service development in light of council priorities and external grant funding. The draft Interim Report for the evaluation of the two mental health and employment support projects; Motivational and Psychological Support Service (MAPS) and Individual Placement & Support (IPS) have been completed. The report will be presented to the key stakeholders in mid-October 2015.

#### Positives:

- Co-location and integration into existing partner teams, in part due to good communication and relationship building
- The holistic approach and model which has evolved and is being used within the Motivational and Psychological Support Service
- The flexibility, skills and experience - and relative independence - of job coaches, to be able to respond to individual needs (including time to engage with clients and being able to visit them at their preferred location)
- Use of Motivational Interviewing training & techniques within the IPS service

#### Challenges:

- Demand for the services exceeding capacity to provide: There is a fine balance between maintaining an open door policy and achieving paid employment targets, and the desired nature of this balance - and the resources required to achieve it. Further consideration of the desired balance between job outcomes, inclusivity and resources will be given within the context of future commissioning options.

West London Alliance Mental Health and Employment trailblazer is due to go out to tender soon. Harrow Council is leading the procurement on behalf of London Councils.

The schools wellbeing programme, which came to an end at the end of the 2014/15 academic year, resulted in 73 schools (out of a total of 94) registering with Healthy School London; 31 schools achieving the bronze award; 11 schools achieving silver award; and 11 schools working to achieve gold award.

To achieve a bronze award a school needs to review its practice in promoting health & wellbeing. To achieve the silver award the school should already hold a bronze award. The school should then undertake a needs analysis to identify actions to help pupils achieve and maintain good health and wellbeing. These actions should include one universal action that will affect all the pupils in the school and one targeted action aimed at a particular group of pupils. The school should then develop an action plan for how they will deliver these actions, be clear about the outcomes aimed for and how progress will be monitored. To achieve gold the school should already hold a silver award and be able to demonstrate that they have achieved planned outcomes (set to gain the silver award), demonstrate evidence of the sustainability of these changes, engage with the wider community, and have supported others to help children and young people to achieve and maintain good health and wellbeing.

Outcomes from the Healthy School London initiative can include:

- Increased participation of children and young people in physical activity in and out of school
- Improved links between schools and communities that promote physical activity
- Increased school meal uptake including free school meals
- Improved access to healthy packed lunches and snacks throughout the school day

A Health Impact Assessment (HIA) for the leisure re-procurement has been completed alongside the public consultation on the sites for two new leisure centres. The HIA was undertaken to inform the decision on the selection of the site for a new leisure centre in the north east of the borough. A screening process was undertaken to assess the appropriateness of an HIA for this project and following on from this an appraisal of the options was undertaken. We then supported the public consultation to complete the stakeholder engagement, using a bespoke tool developed for this process to assess local perceptions of the impact of a new centre on each proposed site. A technical report with the findings has been produced and presented to the SPA pre-procurement board on the 7<sup>th</sup> October 2015.

Key Challenges	Actions required
Sexual health re-procurement work is through to 2017	<p>This is a longer term challenge that is not specific to this quarter alone.</p> <p>There are many aspects to the work that requires significant coordination and planning:</p> <ul style="list-style-type: none"> <li>- Individual council approval to participate in a joint procurement exercise</li> <li>- Development of a service specification</li> <li>- Dialogue and negotiation with many providers in a complex market</li> <li>- Councils working together in sub regions within an overall strategic approach</li> </ul>
Scoping of the local sexual health service as part of preparations for re-procurement	<p>Contraceptive and Sexual Health (CaSH) Service. We are currently undertaking a sexual health service review across community and primary care pathways. The review will offer a clearer understanding of the gaps in current service provision across all stages of the pathway, in relation to best practice. The outcome of this service review will be an options appraisal and a service specification setting out a new service pathway (resulting in improved access to services for local residents, particularly high risk groups). We plan to procure new CaSH services through primary and community care provision for commencement in April 2017.</p> <p>To date we have undertaken engagement with the public and service users as well as our key service stakeholders and are anticipating the recommendations report to be submitted in early October 2015.</p>
Re procurement of the smoking cessation service	<p>Barnet Stop Smoking Service which was de-commissioned from Central London Community Healthcare (CLCH) has expired at the end of July 2015. We will be relying on pharmacies and GPs to deliver the local stop smoking service and to support us in reaching our quit smoking target. A number of briefing sessions with our Primary Care</p>

	<p>providers took place in early June. They were well received and a number of new providers have or are planning to sign up. Over the next few months we will be developing an options appraisal which will propose a number of service models based on best practice and value for money. This will inform our commissioning decision. The interim service will continue until March 2016. The collection of the smoking data will be considered in conjunction with the health checks data. This is likely to identify additional quitters.</p>
<p>Recruitment to the recently agreed changes to the Public Health Service structure.</p>	<p>Interviews for the majority of posts have been completed. Offers have been made and the team are currently negotiating start dates and notice periods with successful applicants. The main challenge is in appointing to the strategic posts, where we were unable to recruit to two out of three vacancies in the Barnet team and one out of the two in Harrow. Further adverts will be published in October with interviews to take place in November 2015.</p>
<p>7.4% in-year budget cut</p>	<p>Central Government has announced a 7.4% in-year cut to the Public Health grant subject to consultation. We have developed plans for coping although the position is not yet confirmed.</p>

### 1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

In Barnet, more than 1,400 people are diagnosed with cancer each year. Yet four in ten cancer cases could be prevented by lifestyle changes. Public Health, in partnership with the Broadwalk Shopping Centre, has organised a total of eight Health MOT events to increase awareness of the benefits of the four lifestyle modifiable factors which can help reduce the risk of preventable cancers.

The Health MOT, delivered by qualified nurses, offers advice to members of the public on life style changes that can minimise the risk of developing diseases such as hypertension, diabetes, cancer and heart disease. It offers advice and screening for individual risk factors such as poorly controlled blood pressure and diabetes.

Cancer prevention events, including an educational day for young people run with Mike Freer (MP for Finchley and Golders Green) which involved Public Health commissioning a healthcare training company to offer support and engage with the public. We also enlisted students who attended a health workshop and distributed leaflets on the Health MOT event, which took place in the Waitrose car park in North Finchley, where 58 residents received 1:1 advice in the space of two hours.

These events started in June and will run until November 2015. Venues included Broadwalk Shopping Centre Edgware, East Finchley Summer Festival and the Burnt Oak Multicultural Festival. In the four events that have taken place so far 382 adults and 85 children received advice from qualified nurses.

Other important activities during the quarter included:

Our selection for a London Ventures pilot of a social isolation intervention (Visbuzz), which will provide a very simple tablet to facilitate social contact for residents that do not use IT. Visbuzz is designed to reduce the isolation and caring costs for the elderly and vulnerable people via a simple and low cost video calling system, designed for those who do not use computers. To enable this intervention we expect to receive £40,000 in investment grants and will also commit approximately £27,000 from the Public Health budget over two years.

The Public Health Service has achieved the successful re-procurement of School Nursing and Substance Misuse contracts for Barnet and Harrow Councils. The School Nursing Service and School Aged Immunisations, which is being commissioned by NHSE will be delivered by a common provider in Barnet by October 2015.

The post health check interventions project has commenced, offering GPs a referral route for patients who have had a health check. Patients would benefit from accessing physical activity interventions and/or healthy cooking and nutrition advice. Eligible patients will be offered six sessions of motivational interviewing to determine what is best for them to achieve weight management goals and then will follow a pathway into leisure services or nutrition sessions, delivered by London Metropolitan University Masters Students and Age UK for a longer period. The first meetings with GPs started mid-July 2015, following a number of awareness raising meetings with Primary Care.

### PH007 Number of large employers signing up to the healthy workplace charter

The plan for the Council's own commitment to sign up to the healthy workplace charter is still expected to deliver late 2015. There has been good progress in providing analysis of staff sickness absence data and planning for healthy workplace activities to address this.

### CPI2003 Increase the number of eligible people who receive an NHS Health Check -

Quarter 1 results for the Health Check programme:

	Actual Q1	Quarterly target	Annual target	% of annual target
Invites	4,100	3,487	13,950 (15%)	29%
Completed	2,150	2,325	9,300 (10%)	23%

The new IT data management system, which provides live information based on GP data systems, was procured in April 2015. Roll out is currently underway, however progress has been hindered due to a negotiation with the Local Medical Committee, which is expected to be resolved by early October 2015.

Importantly, during the implementation of the new IT system there will be a transition period and the programme may experience some difficulties in the early stages. Any issues that may have a significant impact on the targets will be flagged up as a risk.

Health Checks training sessions took place in June, and a further session is planned for November 2015. Training sessions in the use of the new IT data management system were carried out in August and September 2015.

A distribution plan is underway for the ten Point of Care (POC) testing units purchased in Barnet. Access to this piece of equipment will make the delivery of Health Checks much more streamlined. Practices have now been approached and selected to host this equipment based on the following criteria:

- Health Check performance in 2014/15
- Levels of eligible population (need to have over 100 patients)
- Located in deprived areas of the borough
- High prevalence of cardio vascular disease
- Access to South Indian population (greater incidence of cardiovascular disease in this ethnic group)

### PH002-PH003

Following recent security updates, The Public Health England NDTMS (National Drug and Alcohol Treatment Database) has re-commenced providing reports.

Point of note for next quarter reporting:

PHOF 2.15i/ii: Current data suggests that the proportion of all in-treatment who successfully completed treatment and did not re-present within 6 months shows that Barnet is in the Top Quartile for Comparator LA's for Opiate users. Although the Non-Opiate users proportion remains outside the Top Quartile, there have been significant improvements over the last 12 months reports.

PH003 Increased number of drug users successfully completing drug treatment and not returning within 6 months - non-opiate users

Improvement is continuing to be made on this indicator which has reflected the Performance Action plan commenced over a year ago. A new Single Treatment and Recovery pathway has been commissioned and will commence on 1<sup>st</sup> October 2015.

The Public Health team has also put together a public health response to the Houses in Multiple Occupation (HMO's) Additional Licensing Scheme proposals in support of the scheme. Overall the scheme has the potential to have a significant improvement in the health of those living in HMO's, and possibly also positively impact the wider community. The Public Health team has made recommendations, where appropriate, on how the benefits of the scheme could be maximised;

We have first considered how additional licensing may impact upon the residents and landlords of HMO's that would be affected by the scheme. In order to do this, we have looked at each of the license conditions proposed by the council (conditions which owners/landlords of HMO's must fulfil in order to be successfully granted a license) – and assessed how these might impact upon health. We also looked at the possible impacts of the overall implementation of the scheme, on residents, landlords and the wider community.

## 2. Performance

### 2.1 How the Delivery Unit is performing against its performance indicators

	RAG						Direction of Travel			No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red	Total RAG ratings	Monitor	Improving or the same	Worsening	No previous outturn	
Strategic	6	1	0	0	7	1 <sup>1</sup>	3	2	3	8
Critical	17	8	0	2	27	0	2	6	19	27
<b>Overall</b>	<b>68% (23)</b>	<b>26% (9)</b>	<b>0% (0)</b>	<b>6% (2)</b>	<b>100% (34)</b>	<b>3% (1)</b>	<b>14% (5)</b>	<b>23% (8)</b>	<b>63% (22)</b>	<b>35</b>

<sup>1</sup>: PH/S6 (Number of people with mental health problems who have accessed employment support programme) is composed of two separate measures from two distinct programmes (“MaPS” = Motivational and Psychological Support and “IPS” = Individual Placement and Support). These separate programmes have different quarterly targets, so a single cumulative score (and RAG rating) is inappropriate. Pending guidance on this matter, this indicator has been designated as “Monitor.”

## 2.2a Performance Indicators that did not meet their target

Appendix A outlines the indicators which have met their target.

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	Period Covered <i>Timeframe data has been measured</i>	Previous Result <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	Direction of Travel <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
PH/S8	Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check	Strategic	Apr-June 2015	1,402	2,325	2,150	2,150	7.5%	Improving	England = 2.2%; London = 2.7%; Barnet = 2.3% for cumulative percentage.
PH/C1	Prevalence of 4-5 year olds classified as overweight	Critical	Apr-June 2015	N/A	11.1%	N/A	11.6%	4.5%	N/A	England = 13.1%; London = 12.3%
PH/C5	Number of people setting a quit date with SC services who successfully quit at 4 weeks	Critical	Apr-June 2015	172	150	76	76	49.3%	Worsening	Not currently available for either London or England.

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outturn is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
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).	Critical	Apr-June 2015	82.9%	80.0%	3,429/4,457	76.9%	3.8%	Worsening	London and England benchmarking data not currently available.
**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	Critical	Latest period: Up to 30/06/2015 . New presentations started since 01/07/2014	[82.8%: No longer applicable]	90.0% <sup>2</sup>	252/295	85.4%	5.1%	N/A	England: 90.0%

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outturn is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
PH/C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Critical	Apr-June 2015	N/A <sup>3</sup>	11.2%	58/595	9.7%	13.0%	N/A	National: 7.39%
PH/C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Critical	Apr-June 2015	N/A <sup>3</sup>	36.2%	36/107	33.6%	7.1%	N/A	National: 40.34%
PH/C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Critical	Apr-June 2015	N/A <sup>3</sup>	35.5%	59/189	31.2%	12.1%	N/A	National: 36.25%

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outturn is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
PH/C1 4	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Critical	Apr-June 2015	N/A <sup>3</sup>	14.0%	6/36	16.7%	19.0%	N/A	
PH/C1 5	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Critical	Apr-June 2015	N/A <sup>3</sup>	0.0%	1/19	5.3%	N/A	N/A	
PH/C1 7	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per	Critical	Apr-June 2015	N/A <sup>3</sup>	8.1%	4/33	12.1%	49.6%	N/A	

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outturn is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
	DOMES report)									

<sup>2</sup>: Data for the original indicator (Percentage of eligible new presentations YtD who accepted HBV vaccinations) is not presented in the DOMES report, so an alternative indicator (which can be refreshed from the DOMES report) has been proposed. The new alternative indicator is; “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.” The new target of 90% is the national average for that indicator, based on new presentations to treatment.

<sup>3</sup>: The previous outturn value is no longer directly comparable to the current outturn due to a change of data source from the National Drug Treatment Monitoring System (NDTMS) to the DOMES (Diagnostic Outcomes Monitoring Executive Summary) report. This has also led to changes in the targets assigned to these drug / alcohol indicators (PH/C10 – PH/C17 inclusive).

## 2.2b Comments and proposed interventions for indicators which did not meet target

Ref and title	Comments and Proposed Intervention
<p><b>PH/S8</b> Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check</p>	<p>The NHS Health Check Programme will continue to support general practice through offering training. The new IT system, once running smoothly should also enable a more efficient data collection system. However, it is worth noting that the rollout of the new data system is currently experiencing some implementation problems. This may impact on the Q2 figures, however any health checks that have not been taken into account in Q1 and Q2 because of implementation problems may result in those health checks being counted at a later date in Q3 or Q4.</p>
<p><b>PH/C1</b> Prevalence of 4-5 year olds classified as overweight</p>	<p>The target of 11.1% was missed by 0.5%. To enhance performance initiatives put in place in the past year included:</p> <ul style="list-style-type: none"> <li>- developing an obesity pathway group for children above normal weight, through group commissioned child weight management service</li> <li>- increasing support provided by school nurses to directly target very obese children. We are looking at tools to develop a healthy places approach. These will be detailed in a public health planning paper due to the HWBB in January 2016.</li> </ul> <p>The Healthy Children Centre programme was commissioned to support the Health and Wellbeing of families with children aged 0-5 in Barnet. The programme is delivered through integrated partnership working of health professionals, Children’s Centre staff and other agencies, to ensure the 13 Children’s Centre in Barnet are “Healthy Children’s Centre’s” and are measured against a set of agreed standards. The standards cover a range of topics to ensure families with children aged 0-5 years receive support to lead a healthy lifestyle including; breast feeding, weaning, oral health, healthy eating, physical activity, child immunisation, alcohol and substance misuse, smoking cessation and their families’ emotional health &amp; wellbeing.</p> <p>For the 2015/16 academic year we have commissioned the Health Education Partnership (HEP) to provide a Healthy Schools London (HSL) Coordinator to support Barnet schools in working towards their awards. HEP will provide direct support to schools as well as coordinating a HSL network to share information and good practice. HEP have helped Barnet to become one of the top performing London boroughs in terms of HSL registration and awards, so their on-going support to schools will be invaluable.</p>
<p><b>PH/C5</b> Number of people setting a quit date with SC services who successfully quit at 4 weeks</p>	<p>The Barnet Stop Smoking Service, which has been commissioned through Central London Community Healthcare NHS Trust (CLCH) since 2012, ceased on 30 April 2015, at the beginning of Q1. The intention is to develop an options appraisal for a new service model. In the interim, a skeleton service will be commissioned through GPs and pharmacies. Stop Smoking Services will continue to be provided directly through Accredited Stop Smoking Practitioners to all those who wish to quit smoking. A service leaflet and poster is being developed for circulation to key stakeholders and local residents. Barnet Council’s website is currently being updated with a comprehensive list of local Accredited Stop Smoking Providers.</p> <p>Pharmacies and GPs who are accredited as level 2 practitioners and are currently delivering stop smoking services in Barnet and will be encouraged to accept referrals from CLCH over the next few weeks whilst they continue to deliver services to local residents. These providers have also been performing under the national recommended quit rate of 35%; commissioners are keen to work with them to increase their performance to a quit rate of 50%. The service specification for GPs and pharmacies for 2015/16 has been revised to</p>

Ref and title	Comments and Proposed Intervention
	<p>ensure that the access and uptake of smoking cessation service is in line with the local need and national standards.</p> <p>There is further work to be done to increase the number of quits. Pharmacies and GPs are being encouraged to achieve accreditation through the NCSCT on-line training and by attending neighbouring boroughs' training programmes. We are also working with referrers such as the Royal Free to increase the number of referrals to the service.</p>
<p><b>PH/C8</b> 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).</p>	<p>The Royal Free NHS Foundation Trust is responsible for delivering the local GUM service. As the co-lead commissioner for the Royal Free – we are monitoring the Trust's performance on behalf of other London Boroughs. As part of the recent London Collaborative agreement – we have applied a 2% reduction on tariff if the Trust does not achieve the agreed KPI target. We expect this arrangement will incentivise the provider to improve their performance.</p>
<p><b>PH/C9</b> 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")</p>	<p>Barnet Substance Misuse Service recently undertook a renewed approach to blood borne virus (BBV) testing in the borough with a recently appointed BBV nurse who helped to reinvigorate the local offer to service users. Information about the referral pathway was written up, presented and distributed to all staff in local Substance Misuse Services and the issue of BBVs was regularly discussed in team meetings to raise awareness amongst staff.</p> <p>Specific measures to increase the number of patients accepting HBV vaccinations are as follows:</p> <ul style="list-style-type: none"> <li>- All clients with outstanding BBV interventions written to and invited in for Hepatitis B &amp; C and HIV testing, vaccination and appropriate referral on for those with positive results.</li> <li>- Follow up letters sent to those who didn't initially respond and the nurse also spent time in waiting rooms and in services to engage people one-to-one. BBV clinic times were flexible and offered on a 'drop-in' basis to help with engagement.</li> <li>- All staff trained in carrying out Dry Blood Spot Testing so that all clients could be tested when attending key working sessions</li> </ul> <p>Clients have been referred to appropriate hepatology services and are being supported within the substance Misuse Services by a new 'Wellbeing Clinic' set up by the BBV nurse to support their wider physical and other health issues.</p> <p>We would anticipate that these changes will assist in bringing this target back on track and progress will be closely monitored.</p>
<p><b>PH/C10</b> Percentage of drug users successfully</p>	<p>The new Substance Misuse Service will operate from two hubs – both providing treatment and recovery to avoid clients who become 'lost to follow up' between services. The service pathway will look to increase the rate of successful completions through referral to an initial assessment to identify individual patient need. Information from this assessment will inform subsequent allocation to an appropriate care coordinator. Patients will then be offered a range of Progress to Recovery interventions with additional support offered to complex cases.</p>

**Ref and title** **Comments and Proposed Intervention**

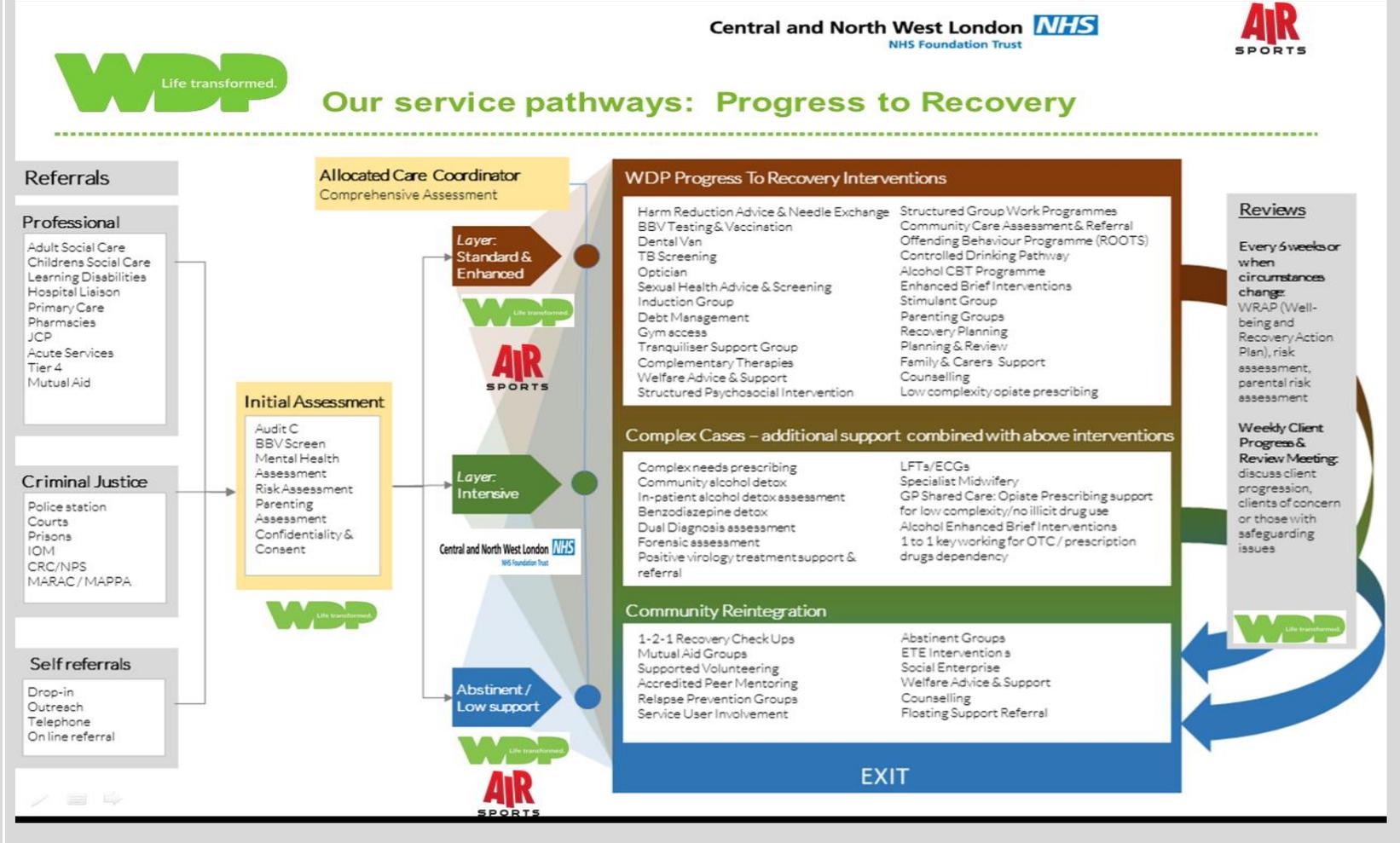
completing drug/alcohol treatment - opiate users (as per DOMES report)

Patients will also receive support in community re-integration. Regular patient reviews will be carried out every 5 weeks or when circumstances change. These reviews will be supplemented with weekly client program and review meetings to discuss client progression and concerns.  
For additional details on the pathway refer to "Our service pathways: Progress to Recovery" diagram below.

**PH/C11**  
Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)

**PH/C13**  
Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)

**PH/C14**  
Percentage of service users re-



We have commissioned the new Substance Misuse Service which will provide more focus and support on the recovery capital including Mutual Aid and Education/Training/ Employment. This service commenced in October 2015.

Ref and title	Comments and Proposed Intervention
<p>presenting to the drug/alcohol treatment services - opiate users (as per DOMES report);</p> <p><b>PH/C15</b> Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)</p> <p><b>PH/C17</b> Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)</p>	<p>Following comprehensive assessment, a Wellbeing and Recovery Activation Plan (WRAP) is created between a Service User and their dedicated Recovery Practitioner. Based around initial treatment goals and continuing as a live document with goals updated throughout, the WRAP adopts a strengths based approach founded on daily coping strategies and longer term recovery ambitions.</p> <p>With the dedicated Recovery Practitioner responsible for coordinating the input of relevant others, the Service User works with this individual to identify the specialist and wraparound expertise and family/carer support that will help them achieve their goals. This involvement is coordinated by the Practitioner, who will ensure Service Users access all holistic support required, including health, social care, criminal justice, mutual aid, housing, education, training and employment. Each Recovery Centre will be able to holistically support the wider health and wellbeing of Service Users and families in a safe manner through its own dedicated: Dual Diagnosis Practitioner; Hidden Harm Practitioner; Apprentice Health Trainer and Health and Wellbeing Coaching from Subcontractor Air Sports.</p> <p>On Recovery With Abstinence, Rehabilitation and Dedicated Support (FORWARDS) programme, specifically designed to break cycles of dependence.</p> <p>It is important that post-discharge planning is considered early in an individual's treatment journey. The service user will be given a menu of "Recovery Support Activities" that are available to support their recovery in a non-structured fashion. WDP Barnet has a variety of such activities on offer such as hosting mutual aid meetings, peer support groups and ETE support. These elements will be expanded in the integrated service and will include additional evening and weekend support. Wider community services will also be accessed and will be introduced throughout treatment through WDP's Capital Card reward system.</p> <p>Recovery Capital:</p> <ul style="list-style-type: none"> <li>- Supporting People to Live a Drug Free Life</li> <li>- Physical capital - such as money and a safe place to live</li> <li>- Human capital – skills, mental and physical health and a job</li> <li>- Cultural capital –values, beliefs and attitudes held by the individual</li> <li>- Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and obligations resulting from relationships.</li> </ul> <p>Mutual Aid groups are a source of structure and continuing support for people seeking recovery from alcohol or drug dependence and for those directly or indirectly affected by dependence, such as partners, close friends, children and other family members. The evidence base shows that clients who actively participate in mutual aid are more likely to sustain their recovery. Examples of Mutual Aid are Alcoholics Anonymous, SMART (Recovery), Narcotics Anonymous.</p> <p>It is intended that programmes and initiative including the FORWARD programme, recovery capital, and mutual aid groups will reduce the proportion of opiate, non-opiate, and non-opiate/alcohol users that are re-presenting to drug treatment.</p>

### 3. Commissioning Intentions

Theme committees have agreed the commissioning intentions for the council up to 2020, the tables below provide an update on the progress.

#### 3.1 Overview of progress against Commissioning Intentions

RAG ratings					No. of Commissioning Intentions
Green - Met	Green Amber - delayed, Low Impact	Red Amber - delayed, Medium Impact	Red - Risk of Not Delivering Or High Impact	Not Rated (Not due or N/A)	
92% (11)	8% (1)	0% (0)	0% (0)	0% (0)	12

#### 3.2 Commissioning Intentions

RAG	Description
Green	Commitment Met
Green Amber	Commitment delayed, Low Impact
Red Amber	Commitment delayed, Medium Impact
Red	Risk of Not Delivering Or High Impact

Commissioning Intention	RAG	Commentary
Barnet Schools Wellbeing Programme	Green	The schools wellbeing programme resulted in 73 schools registering with Healthy School London (out of 94); 31 schools achieving their bronze award; 11 schools achieving their silver award; and, 11 school working on their gold award.
Children and adults who are overweight and obese are encouraged and supported to lose weight.	Green Amber	In Q1 2015/16 a Child Weight Management Programme was launched and well received. This was developed as part of the Children's obesity care pathway. The children's pathway subgroup has been meeting for over a year and we have commissioned services as a result of work carried out through the pathway group. The Adult Care Pathway (tier 2) is currently in the process of being commissioned and is expected to be completed by the end of December 2015.
People are encouraged and supported to quit smoking	Green	There is further work to be done to increase the number of people who quit smoking. Pharmacies and GPs are being encouraged to achieve accreditation through the NCSCT on-line training and by attending neighbouring boroughs' training programmes. We are also working with referrers such as the Royal Free to increase the number of referrals to the service.

Commissioning Intention	RAG	Commentary
Community emotional wellbeing	Green	<p>The Health Champions Phase I 'Engagement with GPs' has recently been commissioned and is expected to commence in October 2015 for a three month period. The learning will contribute to the phase II commissioning (in the new year).</p> <p>Public Health has been working with Children Services to develop two new services i.e. Family Health and Perinatal Health Coaches – as part of Early Intervention Prevention externally commissioned services. Both services will work with families who are affected by mental health problems, domestic violence and substance misuse. The aim is to provide low intensity early intervention service to families by raising the common assessment framework (CAF) - the team around the child/family and be part of an exit strategy in the form of a step down service to the Social Service. These services aim to support families who are 'stepping down' from higher tier services and reduce any need for subsequent social care interventions.</p> <p>Self-harm and suicide prevention training is currently being delivered although uptake has to-date been disappointing given the expressions of interest that had been received from partners prior to procurement. The delivery risk has been identified and reported to council teams and suicide prevention partners to aid recruitment.</p> <p>The London Digital Mental Wellbeing Service will shortly publish its tender with the new service operational from July 2016.</p>
Making every contact count (MECC)	Green	Development of MECC plans are currently underway led by the health and social care integration (tiers 1 & 2) steering group.

Commissioning Intention	RAG	Commentary
Alcohol brief intervention	Green	<p>This passes to the new Drug and Alcohol provider in October 2015 as intended. The Adult Substance Misuse service Specification will include the following:</p> <p>Interventions</p> <p>Advice, information and brief interventions to help prevent and minimise problematic substance misuse or dependency</p> <p>Hospital focused services</p> <p>Provision of screening and brief interventions which encourage patients to reduce their drinking from 'increasing risk' or 'higher risk' to within the lower risk levels.</p> <p>The new provider's performance will be monitored on a quarterly basis against the following outcomes:</p> <p>Number of people receiving Initial brief advice (IBA)  Number of people referred into treatment  Pharmacy IBA - Breakdown of spend</p>
Residents are supported to retain/return to employment	Green	<p>The draft Interim Report for the evaluation of the two mental health and employment support projects (Motivational and Psychological support (MAPS) and Individual Placement and Support (IPS)) has been completed. The report will be presented to the key stakeholders in mid-October 2015.</p> <p>Both services are on target in relation to engaging those with mental health problems accessing the service. The waiting list suggests high demand for the service. The contracts for both services end at the end of March 2016. The issue of high demand to both services will be looked at within the context of future commissioning options.</p> <p>West London Alliance Mental Health and Employment trailblazer is due to go out to tender soon. Harrow Council is leading the procurement on behalf of London Councils.</p>
Ensuring robust Sexual Health services	Green	<p>As part of the recent London Collaborative agreement – we have applied a 2% reduction on tariff if the Trust does not achieve the agreed KPI. This will help to incentivise the provider to improve their performance against these indicators. We will also review and commission a new integrated service including an outreach sexual health service for young people under the age of 25 ready for April 2017.</p>

Commissioning Intention	RAG	Commentary
<p>Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and full recovery</p>	<p>Green</p>	<p>We have commissioned the new Substance Misuse Service which will provide more focus and support on the recovery capital including Mutual Aid and Education/Training/ Employment. This service commenced in October 2015.</p> <p>Following comprehensive assessment, a Wellbeing and Recovery Activation Plan (WRAP) is created between a Service User and their dedicated Recovery Practitioner. Based around initial treatment goals and continuing as a live document with goals updated throughout, the WRAP adopts a strengths based approach founded on daily coping strategies and longer term recovery ambitions.</p> <p>With the dedicated Recovery Practitioner responsible for coordinating the input of relevant others, the Service User works with this individual to identify the specialist and wraparound expertise and family/carer support that will help them achieve their goals. This involvement is coordinated by the Practitioner, who will ensure Service Users access all holistic support required, including health, social care, criminal justice, mutual aid, housing, education, training and employment.</p> <p>Each Recovery Centre will be able to holistically support the wider health and wellbeing of Service Users and families in a safe manner through its own dedicated: Dual Diagnosis Practitioner; Hidden Harm Practitioner; Apprentice Health Trainer and Health and Wellbeing Coaching from Subcontractor Air Sports.</p> <p>On Recovery With Abstinence, Rehabilitation and Dedicated Support (FORWARDS) programme, specifically designed to break cycles of dependence.</p> <p>It is important that post-discharge planning is considered early in an individual's treatment journey. The service user will be given a menu of "Recovery Support Activities" that are available to support their recovery in a non-structured fashion. WDP Barnet has a variety of such activities on offer such as hosting mutual aid meetings, peer support groups and ETE support. These elements will be expanded in the integrated service and will include additional evening and weekend support. Wider community services will also be accessed and will be introduced throughout treatment through WDP's Capital Card reward system.</p> <p>Recovery Capital:</p> <ul style="list-style-type: none"> <li>- Supporting People to Live a Drug Free Life</li> <li>- Physical capital - such as money and a safe place to live</li> <li>- Human capital – skills, mental and physical health and a job</li> <li>- Cultural capital –values, beliefs and attitudes held by the individual</li> <li>- Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and</li> </ul>

Commissioning Intention	RAG	Commentary
		<p>obligations resulting from relationships.</p> <p>Mutual Aid groups are a source of structure and continuing support for people seeking recovery from alcohol or drug dependence and for those directly or indirectly affected by dependence, such as partners, close friends, children and other family members. The evidence base shows that clients who actively participate in mutual aid are more likely to sustain their recovery. Examples of Mutual Aid are Alcoholics Anonymous, SMART (Recovery), Narcotics Anonymous.</p> <p>It is intended that programmes and initiative including the FORWARD programme, recovery capital, and mutual aid groups will reduce the proportion of opiate, non-opiate, and non-opiate/alcohol users that are re-presenting to drug treatment.</p>
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm	Green	Procurement of new Young People's substance Misuse Service to commence with a new service being in place on 1st April 2016.
People with a long term condition are encouraged and supported to self-manage their condition	Green	Self-management is promoted through the healthy livings pharmacies that have been established in the borough. Health Champions are being introduced into GP practices and options for structured education and social prescribing are under review.
Health and lifestyle checks are offered and taken up	Green	Rollout of a new health trainer based model which will complement the health checks programme comprises of physical activity sessions and cooking lessons. This is a new programme and data is currently not available on uptake. A distribution plan has been agreed for Point of Care (POC) testing units to be allocated to selected GP practices. Access to this piece of equipment will make the delivery of Health Checks more efficient and streamlined.

## 4. Financial

### 4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q2 Forecast	Variation		
	£000	£000	£000	£000		
Public Health	14,335	14,335	14,335	-		0.0%
<b>Total</b>	<b>14,335</b>	<b>14,335</b>	<b>14,335</b>	<b>-</b>		<b>0.0%</b>

### 4.2 Capital

N/A

## 5. Risk

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:

SCORE		IMPACT				
		1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic
PROBABILITY	5 Almost Certain			1		
	4 Likely					
	3 Possible					
	2 Unlikely			3		
	1 Rare					

**Risk Commentary for Delivery Unit:**  
 There are 4 risks on the Barnet & Harrow Public Health risk register, one of which is new this quarter and is rated red: 'Reductions in government grant'. The controls which are in place as well as further mitigating actions are detailed in the table below.

The 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
Government decision around reductions in Public Health Grant (either one-off or on-going) may lead to - - budget overspend - inability to meet Council savings to deliver wider determinants of health - reductions in service provision	Almost certain	Moderate impact	15	<ul style="list-style-type: none"> <li>The service is undertaking regular monitoring of financial position which provides detailed information on the financial commitments, against which any grant reduction can be assessed and/or mitigated.</li> <li>The specific public health reserve</li> </ul>			Likely probability	Negligible impact	4

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment Impact Probability Rating		
				<p>enables a one-off mitigation, if required, should the in-year position not be able to fully mitigate any grant reduction.</p> <ul style="list-style-type: none"> <li>• Response to Government Consultation document on the methodologies to be applied to national in year £200m grant reduction is being drafted.</li> <li>• Work is underway to identify what projects can be ceased to mitigate reduction and reduction in grant reserve where appropriate is being considered.</li> <li>• Review of wider detriments of health supported by grant, reducing as/where appropriate.</li> </ul>					

## 7. Equalities

Equalities description	Comments and Proposed Intervention
	Link to the latest Public Health England Health Profile for Barnet (Published June 2015): <a href="http://www.apho.org.uk/resource/view.aspx?RID=171822">http://www.apho.org.uk/resource/view.aspx?RID=171822</a>

## 8. Customer Experience

Customer Experience description	Comments and Proposed Intervention
	The Spring 2015 Residents' Perception Survey showed satisfaction with the local health services in Barnet. 59% of respondents rated local health services as "good/excellent" (down 2.1% since Autumn 2014). The same survey found 23% of respondents listed quality of health service as a top concern (a significant 4.4% increase since Autumn 2014).

## Appendix A

### Performance indicators which have met or exceeded their target

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	Period Covered <i>Timeframe data has been measured</i>	Previous Result <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	Direction of Travel <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
PH/S1	Smoking status at time of delivery	Strategic	Apr-June 2015	3.7%	5.0%	214/4,866	4.4%	12.0%	Worsening	England = 12.0 %; London = 5.1 %
PH/S2	Excess weight in 4-5 year olds (overweight or obese)	Strategic	Apr-June 2015	21.3%	21.0%	783/3,736	21.0%	0.2%	Improving	England = 22.5 %; London = 23.1 %
PH/S3	Excess weight in 10-11 year olds (overweight or obese)	Strategic	Apr-June 2015	34.0%	36.7%	1,078/3,137	34.4%	6.4%	Worsening	England = 33.5%; London = 37.6 %
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Strategic	Apr-June 2015	N/A	458.76	1,494/369,088	404.78	11.8%		England (DSR) = 645.13 per 100,000; London (DSR) = 541.22 per 100,000
PH/S5	Smoking Prevalence	Strategic	Apr-June 2015	15.0%	15.0%	N/A/622 <sup>4</sup>	15.0%	0.0%	Same	England = 18.4%; London = 17.3 %
PH/S6	Number of people with mental health problems who have accessed employment support programme	Strategic	Apr-June 2015	262	300 MaPS; 180 IPS	N/A (Counts)	MaPS (Q1, 2015/16) = 51; MaPS (YTD) = 201; IPS (Q1, 2015/16) = 18; IPS	N/A		N/A (Not Available) for both MaPS and IPS in London and England.

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outturn is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
							(YTD) = 77			
PH/S7	Physical activity participation	Strategic	Apr-June 2015	N/A	54.0%	259/504	58.5%	8.3%		England = 57.0%; London = 57.8%
PH/C2	Prevalence of 4-5 year olds classified as obese	Critical	Apr-June 2015	N/A	9.4%	352/3,736	9.4%	0.0%		England = 9.5%; London = 10.8%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Critical	Apr-June 2015	N/A	20.8%	N/A <sup>6</sup>	15.2%	26.9%		England = 14.4%; London = 15.2%
PH/C4	Prevalence of 10-11 year olds classified as obese	Critical	Apr-June 2015	N/A	19.4%	609/3,137	19.4%	0.0%		England = 19.1%; London = 22.4%
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.	Critical	Apr-June 2015	100.0%	98.0%	6,416/6,416	100.0%	2.0%	Same	London and England benchmarking data not currently available.

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outcome is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
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).	Critical	Apr-June 2015	N/A <sup>7</sup>	97.0%	4,457/4,684	95.2%	1.9%		London and England benchmarking data not currently available.
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Critical	Apr-June 2015	N/A	35.8% <sup>8</sup>	141/364	38.7%	8.2%		National: 39.14%
PH/C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Critical	Apr-June 2015	N/A	13.6% <sup>8</sup>	8/81	9.9%	27.4%		
PH/C18	Number of people receiving brief advice about alcohol (ABI)	Critical	Apr-June 2015	148	350	403	403	15.1%	Improving	Benchmarking data for London and England is not available for this indicator.
PH/C19	Number of schools registered for the Healthy Schools London Awards - a) primary	Critical	Apr-June 2015	N/A	0 <sup>9</sup>	3	3	N/A		England (N/A); London = Number of schools (primary and secondary combined - 4th highest in

<b>Ref</b>	<b>Indicator description</b> <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	<b>Type of indicator</b>	<b>Period Covered</b> <i>Timeframe data has been measured</i>	<b>Previous Result</b> <i>Previous result from the most relevant period</i>	<b>Target</b> <i>Achievement level expected</i>	<b>Numerator and Denominator</b> <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	<b>Result</b> <i>Most recent result of the indicator measurement</i>	<b>Target Variance</b> <i>A calculation of how far the outcome is from the target</i>	<b>Direction of Travel</b> <i>An assessment of whether performance has improved since the previous results</i>	<b>Benchmarking</b> <i>How performance compared to other councils</i>
										London)
PH/C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Critical	Apr-June 2015	N/A	0 <sup>9</sup>	3	3	N/A		England (N/A); London = Number of schools (primary and secondary combined - 4th highest in London)
PH/C21	Number of schools reaching bronze award	Critical	Apr-June 2015	18	0 <sup>9</sup>	6	6	N/A	Worsening	England (N/A); 7th highest in London.
PH/C22	Number of schools reaching silver award	Critical	Apr-June 2015	N/A	0 <sup>9</sup>	0	0	N/A		England (N/A); Joint 5th highest in London.
PH/C23	Number of schools reaching gold award	Critical	Apr-June 2015	N/A	0 <sup>9</sup>	0	0	N/A		England (N/A); London (N/A).
PH/C24	Number healthy eating workshops provided in children centres	Critical	Apr-June 2015	102	24	79	79	229.2%	Worsening	England = N/A; London = N/A
PH/C25	Number of children's centres undertaking supervised tooth brushing programme	Critical	Apr-June 2015	5	3	3	3	0.0%	Worsening	England = N/A; London = N/A

Ref	Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Type of indicator	Period Covered <i>Timeframe data has been measured</i>	Previous Result <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	Direction of Travel <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
PH/C2 6	Number of schools undertaking supervised tooth brushing programme	Critical	Apr-June 2015	9	3	4	4	33.3%	Worsening	England = N/A; London = N/A
PH/C2 7	Number of professional/community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Critical	Apr-June 2015	N/A	0 <sup>10</sup>	19	19	N/A		England = N/A; London = N/A

<sup>4</sup>: No data for count is provided on Public Health Outcomes Framework (PHOF) website, corresponding to the outturn figure of 15%.

<sup>5</sup>: Calculation of the outturn for this indicator is not based on a simple numerator / denominator calculation, so the value is 58.5%, rather than 51.4%.

<sup>6</sup>: No numerator and denominator were provided on the Health and Social Care Information Centre website for this indicator.

<sup>7</sup>: Since only 16 indicators were reported in the previous quarter and there are 35 being reported in the current quarter (Q1, 2015/16), there are a number of indicators for which the previous outturn is "N/A."

<sup>8</sup>: The previous outturn value is no longer directly comparable to the current outturn due to a change of data source from the National Drug Treatment Monitoring System (NDTMS) to the DOMES (Diagnostic Outcomes Monitoring Executive Summary) report. This has also led to changes in the targets assigned to these drug / alcohol indicators (PH/C10 – PH/C17 inclusive).

<sup>9</sup>: The provider (Health Education Partnership: HEP) had already met their targets by March 2015, so when their contract was extended to July 2015 to cover the full academic year and provide support for schools making submissions for awards, no additional KPI targets were set. For Q1 (April – June 2015), the target has been set to "0" to reflect this situation, for the relevant indicators. Only "Number of schools reaching bronze award" (PH/C21) had a previous outturn.

<sup>10</sup>: There is no Q1 (2015/16) target for this indicator according to the KPI definition sheets, so zero has been assigned as the Q1 target. The year-end target for this indicator is "300" based on Q2 and Q3 targets of "100" and "200" respectively.