

Health and Wellbeing Board Delivery Plan (Year 1 – 2019/20)

1. Committee Context

The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through developing and overseeing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

2. Financial Context

Through refreshing the council's medium term financial strategy (MTFS) the organisation now faces an anticipated budget gap of £69.9m to 2023/24. The Public Health (PH) Grant will continue to be ring-fenced until April 2020. It is anticipated that further announcement about ring-fence status and PH Grant allocation beyond 2020 will be announced at the Spring Spending Review in 2019. There is anticipated national PH Grant reduction in 2019/20 of 2.64%. The PH Grant currently funds statutory and non-statutory services such as sexual health, Healthy Child Programme, drug and alcohol, smoking cessation, healthcare public health, resilience school programme – offers targeted to local needs and aimed at improving public health outcomes.

In recent years decreases in spend in core PH Grant due to the national grant reduction have been achieved via efficiencies and contract re-procurement. Going forward, further efficiency savings will be realised as a part of London-wide sexual health transformation of services, third party funding for PH School Resilience Programme, mainstreaming Family Nurse Partnership into a new model of care, mainstreaming some of the public health initiatives into Leisure Provider contract and developing more focused, targeted approach of some intervention services to those in need of support. Efficiency savings identified from ring-fenced PH Grant will be re-directed towards supporting demand management in social care: an investment in prevention and wellbeing contracts in adult social care and investment in early help.

Table 1: Savings proposals

Savings ref	Service area	Description of saving	2019/20 £000
E1	Public Health	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	(83)
E2	Public Health	PH School Resilience - This programme will be funded via NHS CAMHS Transformation Fund	(250)
E3	Public Health	Staffing - Proposed restructure to centralise public health functions across the Council and increase resilience and capacity of the team	(111)
E4	Public Health	Substance Misuse - 2.5% year on year efficiency savings due to medicine prescriptions are built into contract until 2020	(65)
E5	Public Health	Health Checks - Reconfiguration of healthchecks via GP federation to focus on hub approach will result in management cost reduction	
E6	Public Health	Sexual Health Services - London-wide sexual health transformation including digital testing offer, channel shift	(489)

		and decreased attendances to clinics outside the contract as well as better focus on prevention	
Total			(998)
S1	Public Health	Healthy Child Programme	(134)
Total			(134)
Overall Savings			(1,132)

Table 2: Delivery Plan

Priority	How will we achieve this?	Year 1 Timescales	How will we measure this?	Year 1 Targets	What are the key risks?
Integrating health and social care and providing support for those with mental health problems and complex needs	- Refresh Local Commissioned Service in primary care to focus on enhanced screening for pre-diabetes	Apr 2019	Number of people referred to National Diabetes Prevention Programme (NDPP)	995 people a year	If the programme is not advertised and promoted across the borough this could lead to inadequate uptake amongst those most at risk of developing diabetes.
	- Improve management of patients diagnosed with Atrial Fibrillation AF* (*risk factor for developing cardiovascular disease)	Mar 2020	Proportion of patients diagnosed with AF that are treated (anticoagulated) in a timely manner	85%	NHS England transformation fund methodology could lead to local delivery challenges.
	- Develop a dementia focused Care Closer to Home Networks with residents who have dementia and their carers and implement Dementia Friendly Borough initiative	Jul 2019	We will continue to provide narrative updates until we develop key performance indicators	Establish baseline by Q1 and develop KPI by Q2	If prevention and integrated network is not in place, people with risk of developing dementia and those who already have dementia may have more complex illness and needs
	- Further strengthen social prescribing network by: increasing referrals to Mental Health Network and strengthening enablement model and establishing connectors network beyond mental health in every Care Closer to Home Network	Mar 2020	Proportion of people using mainstream leisure and community opportunities Proportion of clients who are in education, employment, training or volunteering	65% 50%	NHS England identified resources to support development of robust model. Sustainability of the model is dependent on joined up working across health, care and voluntary and community sector.
Encouraging residents to lead active and	- Raise awareness about mental health and wellbeing working closely with voluntary and community sector and	Mar 2020	Utilisation of 'Good Thinking' platform	At least 10,000 people supported	Digital platform is managed regionally and therefore its success and implementation locally may not be tailored to local needs of

healthy lifestyles and maintain their mental wellbeing	implement digital interventions such as 'Good Thinking'			by platform and at least 30% sought further support	our residents and access to this services may be underutilised.
	- Implement Healthy Weight Strategy across the life-course from promoting breastfeeding initiatives to improving access to healthy food, promote physical activity and deliver on Local Government Declaration	Mar 2021	Proportion of infants being breastfed at 6-8 weeks (developmental target) Proportion of physically active adults that meet Chief Medical Officer guidelines (e.g. 150 minutes of moderate activity a week or Childhood excess weight (overweight and obesity) prevalence for Reception and Year 6 pupils.	60% 65% 19% and 30%	Improving outcomes linked to Healthy Weight requires whole system leadership and consistent, multifaceted engagement. If Healthy Weight Strategy is not delivered due to lack of partnership working, prevalence of childhood obesity will increase.
	- Support schools to implement 20 mins of extra physical activity such as Mayor Golden Kilometre (MGK), daily shake up and park runs	Sep 2020	Increase number of schools participating in MGK Provide information, resources and signposting to all secondary and primary schools	Determine number of schools already participating in 20 mins extra physical activity (MGK) by Q1	Lack of engagement from schools due to capacity or lack of information could lead to delays in programme delivery. Mitigation actions are in place to ensure whole borough engagement.
Improving services for children and young people and ensuring the needs of children are considered in everything we do	- Support Children and Adolescent Mental Health Pathway by extending Resilient Schools Programme across the borough		Number of schools participating in RS programme	40 schools by Q2	Capacity of schools to deliver interventions (mitigated by developing a framework, providing training and developing resources); or capacity of the Resilient Schools programme to expand into further schools (mitigated through a change in model of delivery with move to provide support through meetings for multiple schools, schools supporting each other, online resources, email/ telephone, and a framework to highlight schools where additional support is needed) could lead to delays in programme
	<ul style="list-style-type: none"> Expand online support to parents / school staff 	May 2019	Number of schools completed mental Health First Aid training	All schools in Barnet by Q4	
	<ul style="list-style-type: none"> Expand to further 20-25 schools All schools have Mental Health First Aiders and support to deliver whole school mental health awareness sessions 	Sep 2019 Mar 2020	Positive satisfaction with life among 15 year olds: proportion reporting positive life satisfaction	90%	

	- Ensure that health and wellbeing of young people who are in need, is good	Mar 2020	Emotional wellbeing of looked after children aged 5-16 that is of no concern Proportion of children in care with up to date immunisations	70% Obtain baseline and set target by Q1	delivery Several different factors influence emotional and physical wellbeing of looked after children and there is a risk that, despite concerted effort, health and wellbeing of young people may deteriorate.
Creating a healthy environment	- Work with business network groups to raise awareness of workplace charter and support businesses to sign up	Mar 2020	Number of businesses contacted a year personally, by newsletters and other forms of communication Number of businesses expressed interest to progress	40/500/15,000 50% of those contacted	If not delivered, businesses may not improve health and wellbeing of their workforce.
	- Increase the number businesses who have registered for Healthy Workplace Charter which hold the Healthier Catering Commitment in their food offer to staff	Mar 2020	Number of businesses with the Charter and HCC to staff	5 new per quarter (100 in total)	If small and medium businesses lack capacity this could lead to the initiative not being implemented in full. We therefore employed Workplace Wellbeing Officer to support businesses across the borough.
	- Promote cycling and walking within the Healthy Streets approach	Mar 2020	Proportion of residents living within 400m of the London-wide strategic cycle network	4%	The proposal of Cycling Quietway is in early stages and it has not been agreed yet. There is a risk that implementation of cycling lanes across the borough is delayed or not implemented.
	- Work with advertising company to influence a choice of advertisement within an 8 minute walk/400m of secondary schools during term time	Mar 2020	Narrative on progress will be provided	Narrative	Public perception of advertising “healthy eating/physical activity on one side of advertising board whilst the other side is potentially advertising unhealthy food/drink. This may result in mixed messages and inability to influence behavioural change.
Continuing improvements on preventative interventions	- Increase uptake of cancer screening services across the borough	Mar 2020	Breast cancer screening uptake Cervical cancer screening uptake Bowel cancer screening uptake	75% 70% 60%	National Screening Programmes are commissioned by NHS England and local influence to these programmes have been limited. There is a potential risk of failing to influence NHS England and uptake would remain low. Local screening action group has been set-up to mitigate those risks and NHS

					England representatives are involved.
	- Implement sexual health prevention programme across the borough and reduce sexually transmitted infections in young people	Mar 2020	Chlamydia detection rate per 100,000 aged 15-24 a year Proportion of 15-24 year olds accessing sexual health services for sexual health screening Proportion of under 18s conceptions leading to abortion	2,000 20% Bellow 60%	The Sexual Health Prevention Service will be implemented in July 2019 and a significant input is needed to embed services into community. There is a potential risk of failing to reach those communities that need most support. Emergency Hormonal Contraception (EHC) provision in the community has been delayed by a provider. There is a risk of limited access to EHC resulting in unwanted pregnancies.
	- Establish a partnership approach to increase uptake in childhood vaccination e.g. establish Immunisation Forum and develop action plan	Mar 2020	Population vaccine coverage for Measles, Mumps and Rubella (2 nd dose at 5 years)	90%	Immunisation services are commissioned by NHS England and therefore there is a risk of failing to influence NHS England to improve local services. This will result in low vaccine coverage and potential outbreaks of childhood infectious diseases. Local Immunisation Forum has been established to mitigate the risk.