





	Health & Wellbeing Board
	3 October 2019
Title	Quarter 1 (Q1) 2019/20 Delivery Plan Performance Report
Report of	Director of Public Health and Prevention
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Summary

This report provides a thematic overview of performance for Quarter 1 (Q1) 2019/20 focusing on the budget forecasts and activities to deliver both corporate and committee priorities in the Health and Wellbeing Board Annual Delivery Plan.

Recommendations

The Board is asked to review the budget, performance and risk information for Q1 2019/20 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.

1. INTRODUCTION

- 1.1 The Health & Wellbeing Board (HWBB) has responsibility to jointly assess the health and social care needs of the population with NHS commissioners and to work together to ensure the best fit between available resources to meet the health and social care needs of the population. The HWBB oversees Public Health and promotes the prevention agenda across the partnership.
- 1.2 The HWBB Delivery Plan is a partnership plan that focuses, where possible, on wider health outcomes. Therefore, many of the Key Performance Indicators (KPIs) are population level indicators that are collected annually.
- 1.3 This report provides a **thematic overview of performance** for **Q1 2019/20** focusing on the budget forecasts and activities to deliver both **corporate and board priorities** in the **HWBB Annual Delivery Plan.**

2. BUDGET FORECASTS

2.1 The **Revenue Forecast** (after reserve movements) for Public Health is £16.713m (see table 1).

Table 1: Revenue Forecast (Q1 2019/20)

Service	Revised Budget	Q1 19/20 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move- ments	Q1 19/20 Forecast after Reserve Move- ments	Variance after Reserve Move- ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Public Health	16,703	16,966	263	(263)	16,703	0
Total	16,703	16,966	263	(263)	16,703	0

2.2 The forecasted full year spend is £0.263m higher than the allocated specific grant amount and is covered by a reserve transfer.

3. SAVINGS

3.1 The total amount of **savings** identified for Public Health in 2019/20 is **£1.132m**. This is shown in table 2. At Q1, all savings were forecast as achievable. These are being monitored monthly and potential risks identified and mitigated early. Further work is underway to identify re-direction of PH savings to initiatives across the Council that meet public health outcomes.

Table 2: Savings forecast delivery (Q1 2019/20)

Ref	Description of Savings	Savings for 19/20	Q1 19/20 Forecast	Comment
E1	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	(83)	(83)	Already achieved

Ref	Description of Savings	Savings for 19/20	Q1 19/20 Forecast	Comment
E2	PH School Resilience - This programme will be funded via NHS CAMHS Transformation Fund	(250)	(250)	Achievement is being monitored monthly
E3	Staffing - Proposed restructure to centralise public health functions across the Council and increase resilience and capacity of the team	(111)	(111)	Already achieved
E4	Substance Misuse - 2.5% year on year efficiency savings due to medicine prescriptions are built into contract until 2020	(65)	(65)	Already achieved
E6	Sexual Health Services - London- wide sexual health transformation including digital testing offer, channel shift and decreased attendances to clinics outside the contract as well as better focus on prevention	(489)	(489)	Achievement is being monitored monthly
S1	Healthy Child Programme	(134)	(134)	Already achieved
Total S	Savings	(1,132)	(1,132)	

4. PRIORITIES

- 4.1 This section provides an update on the HWBB priorities as follows:
 - A summary of progress on Actions¹ to deliver the priority
 - Performance of Key Performance Indicators (KPIs)²
 - Risks to delivering the actions and priority
 - High (15 to 25) level risks from the Corporate Risk Register³
- 4.2 The Q1 performance for each of the HWBB priorities is shown in table 3. This reflects the overall performance on actions, KPIs and risks for each priority

¹ A summary of the Actions is provided for each priority. These are RAG rated as followed: Complete or Good progress = GREEN (where no Actions RAG rated RED); Satisfactory progress = AMBER (where no more than one Action RAG rated RED) or Poor progress = RED (where more than two Actions RAG rated RED)

² KPI RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (♥ W) or Same (→ S). The percentage variation is calculated as follows: Q1 19/20 result minus Q1 18/19 result equals difference; then difference divided by Q1 18/19 result multiplied by 100 = percentage variation. Any results not for Q1 19/20 are illustrated by (s) snapshot at end of year or (r) rolling 12 months.

² The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high (15 to 25) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q1 19/20 Corporate Risk Register provides a snapshot in time (as at end June 2019). All risk descriptions for the strategic and high (15 to 25) level service/joint risks are available in Appendix A. The risk ratings are: Low = 1 to 3 (GREEN); Medium/Low = 4 to 6 (YELLOW); Medium/High = 8 to 12 (AMBER); and High = 15 to 25 (RED)

Table 3: Priorities for HWBB

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Section	Priority	Q1 Performance
5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Good
6.	Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	Good
7.	Improving services for children and young people	Good
8.	Creating a healthy environment	Good
9.	Continuing improvements on preventative interventions	Good

5. Integrating health and social care and providing support for those with mental health problems and complex needs

Q1 Performance Good

5.1 Summary of Actions

Good progress

- 5.1.1 The pre-diabetes Local Commissioned Service has been refreshed; however, as the NHS Diabetes Prevention Programme (NHS DPP) has now received a long-term funding commitment to cover the next five years, there will be continued reviews as to the need and available funding for a Locally Commissioned Service (LCS). To support patients with Atrial Fibrillation, clinics in the borough have identified patients who have not been seen or had a treatment discussion to close the treatment gap.
- 5.1.2 The Dementia Action Alliance has been re-launched in Barnet and a Dementia Action Alliance Action Plan is being developed to ensure dementia-friendly communities are embedded within Barnet. The Primary Care Network (PCN) 5 is developing materials to deliver an improved model of care and support to adults with dementia and their carers. KPIs are to be finalised by Public Health to measure the impact of the Dementia Action Alliance and outcomes achieved by the PCN 5.
- 5.1.3 The social prescription offer within Barnet continues to be strong with a wide and diverse range of organisations offering information, advice and signposting to help people maintain and improve their health and wellbeing. The Wellbeing Hub is utilised by GP practices in the borough and receives referrals from both statutory and non-statutory organisations as well as large numbers of self-referrals from Barnet residents. Mental Health Trust Primary Care Link Workers are also embedded throughout GP practices to ensure GPs are supported in assessing whether secondary mental health services may be appropriate or other community based provisions of support.
- 5.1.4 The GP Federation, Clinical Commissioning Group (CCG) and Public Health are considering opportunities to further expand and strengthen social prescription in the borough for each PCN, in line with new funding available.

5.2 KPIs

5.2.1 There are four KPIs for this priority, which monitor health care. The Q1 result for the National Diabetes Prevention Programme was 368. 78.5% of patients diagnosed with atrial fibrillation were treated in a timely manner in 2017/18 (latest result available). The proportion of people using mainstream leisure and community opportunities or in education, employment, training or volunteering will be reported later in the year.

Indicator	Polarity	18/19	19/20	(Q1 19/20			Benchmarking
		EOY	Target	Target	Result	DOT	Result	
People referred to National Diabetes Prevention Programme	Bigger is Better	New for 19/20	995	Monitor	368	New for 19/20	New for 19/20	No benchmark available
Proportion of patients diagnosed with atrial fibrillation that are treated (anticoagulated) in a timely manner (Annual)	Bigger is Better	New for 19/20	85%	Annual	78.5% (17/18)	New for 19/20	New for 19/20	London 81.3% England 84.0% (17/18 data)
Proportion of people using mainstream leisure and community opportunities (Annual)	Bigger is Better	New for 19/20	65%	Annual	TBC ⁵	New for 19/20	New for 19/20	No benchmark available
Proportion of clients who are in education, employment, training or volunteering (Annual)	Bigger is Better	New for 19/20	50%	Annual	TBC ⁶	New for 19/20	New for 19/20	No benchmark available

- 5.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a low (1 to 3) and medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.
 - PH12 Inadequate uptake of Diabetes prevention programme (risk score 2). 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. An automatic
 prompt for referral has been put on GPs IT system and a facilitator is visiting Barnet GP
 practices to encourage engagement.
 - PH13 Funding of diagnosis for Atrial fibrillation patients (risk score 4). The NHS England Transformation Fund methodology could lead to local delivery challenges. Funding for Atrial fibrillation has been secured and the risk is will be therefore reduced in Q2.
 - PH14 Delivery of dementia focused care (risk score 6). If prevention and an 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. A local Dementia Alliance had
 been formed, which meets quarterly to focus on delivery of care.

⁵ This is a partnership indicator that does not come from Public Health. The team is following up to establish when the data will be available for 19/20.

⁴ 78.5% for 2017/18. 19/20 data expected March 2020.

⁶ This is a partnership indicator that does not come from Public Health. The team is following up to establish when the data will be available for 19/20.

- PH15 Enablement model sustainability (risk score TBC). The risk is about the sustainability of joined up working across the NHS, Adult Social Care and the voluntary and community sector. The risk will be mitigated to some extent by the local Sustainability and Transformation Plan (STP), NHS England resources to support development of a robust enablement model and the work of the HWBB.
- 6. Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing

Q1 Performance Good

6.1 Summary of Actions Good progress

- 6.1.1 Public Health is leading on a borough-wide mental health campaign supporting people to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination. As part of this campaign, the Good Thinking wellbeing service will be promoted. A promotional video has been shared via social media.
- 6.1.2 To support the Healthy Weight Strategy, the Health Visiting service is undergoing a review to ensure that it delivers the Healthy Child programme in Barnet. This also involves the rollout of new data collection systems, which should ensure that breastfed infants data will be accurately recorded. However, the mobilisation phase of the transformation has been delayed so the developmental target will not apply to the service until October 2019.
- 6.1.3 Barnet has a similar proportion of adults that are physically active for 150 minutes or more a week as London and England. A working group has been formed to streamline priorities between the Sports, Participation and Activity team, Public Health and Transport, with physical activity priorities being integrated into the new Transport Strategy.
- 6.1.4 The National Child Measurement Programme (NCMP) is being delivered by Central London Community Healthcare (CLCH) to measure eligible children. A healthy schools lunches project pilot has been commissioned to promote healthy eating among primary school children.
- 6.1.5 To support schools in the implementing of 20 minutes of extra physical activity, an audit of the provision of additional physical activity in schools has been undertaken. Physical activity is being promoted via the Resilient Schools programme and Sport London.

6.2 KPIs

- 6.2.1 There are seven KPIs for this priority, which monitor active and healthy lifestyles. Six are annual KPIs the latest results (for 2017/18) have been reported for three KPIs and three KPIs will be reported later in the year.
- 6.2.2 The proportion of infants breastfed at 6-8 weeks (developmental target) was 7.1% in Q1. Currently the data collected is incomplete, so when all live births at 6-8 weeks is used as the denominator to calculate this indicator the uptake is well below target (7.1%). The Health Visiting Service (which collects the data) is undergoing a transformation. A new data collection system is being implemented to record breastfeeding data, which should improve the completeness of data collection. The mobilisation phase of the transformation has been delayed by four months, so the developmental target will not apply to the service until October 2019 (Q2). Where this data was collected and recorded for Q1 at the six to eight weeks health visitor check, breastfeeding uptake was 78%,

suggesting that the real rate of breastfeeding in Barnet is likely to be significantly higher than the rate currently reported.

Indicator	Polarity	18/19	19/20	(21 19/20		Q1 18/19	Benchmarking
		EOY	Target	Target	Result	DOT	Result	3
Utilisation of 'Good Thinking' platform (Annual)	Bigger is Better	New for 19/20	10000	Annual	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Proportion of infants breastfed at 6-8 weeks (developmental target) (Annual)	Bigger is Better	New for 19/20	60%	Monitor	7.1%	New for 19/20	New for 19/20	England 42.7% 17/18
Proportion of physically active adults that meet Chief Medical Officer guidelines (e.g. 150 minutes of moderate activity a week) (Annual)	Bigger is Better	New for 19/20	65%	Monitor	66.5% (17/18)	New for 19/20	New for 19/20	London 66.4% and England 66.3%
Childhood excess weight (overweight and obesity) prevalence for Reception pupils. (Annual)	Smaller is Better	New for 19/20	19%	Monitor	20% (17/18) 8	New for 19/20	New for 19/20	London 21.8%
Childhood excess weight (overweight and obesity) prevalence for Year 6 pupils. (Annual)	Smaller is Better	New for 19/20	30%	Monitor	33.1% (17/18) ₉	New for 19/20	New for 19/20	London 37.7%
Number of schools participating in Mayors Golden Km ¹⁰	Bigger is Better	New for 19/20	ТВС	TBC	Due Q3 19/20	New for 19/20	New for 19/20	No benchmark available
Provide information, resources and signposting to all secondary and primary schools (Annual) ¹¹	Bigger is Better	New for 19/20	122	Annual	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available

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⁷ 66.5% for 17/18. 18/19 data expected May 2020.

⁸ 20% for data covering the academic year 17/18 (compared to London average of 21.8%). Data for academic year 18/19 expected Q3 19/20. Data for academic year 19/20 not due until Q3 20/21.

⁹ 33.1% for data covering the academic year 17/18 (compared to London average of 37.7%). Data for academic year 18/19 expected Q3 19/20. Data for academic year 19/20 not due until Q3 20/21.

¹⁰ From Sep 19 this data will be routinely collected as part of the Resilient Schools Programme. A baseline figure will be provided in Q3 19/20 to inform the physical activity strategy due in 2020. The target will be confirmed once the baseline is established e.g. number of schools participating in 20 mins extra physical activity.

¹¹ This is to do with developing a menu of additional physical activities and resources for schools.

- 6.3.1 There are three risks to delivery of the actions for this priority. These have been assessed at a low (1-3) and medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.
 - PH16 Management of 'Good Thinking' platform (risk score 2). The 'Good Thinking' digital platform is managed regionally. There is a risk that implementation may not be tailored to local needs of residents and access to the service may be underutilised. A Campaign is underway to encourage use of the platform.
 - PH17 Delivery and engagement of the Healthy Weight Strategy (risk score 6). Improving outcomes linked to the Healthy Weight Strategy requires whole system leadership and consistent engagement. If the Healthy Weight Strategy is not delivered due to a lack of partnership working, prevalence of childhood obesity could increase. Regular meetings are held with commissioned providers to ensure the service is effective. The Public Health team supports schools to provide healthy school lunches and Year 7 pupils are taught about healthy diet. Schools are supported with healthy weight initiatives such as the Healthy Schools and Resilient Schools Programmes. A Wellbeing Officer has been recruited to support the rollout of the Healthy Weight Strategy.
 - PH18 Lack of engagement with schools for Mayors Golden Kilometre (risk score 6). To ensure schools are engaged with the programme, a physical activity action plan is being developed to support primary schools in the delivery of the daily physical activity programme. A Wellbeing Officer has been recruited to support the rollout of the scheme.

		Q1
7.	Improving services for children and young people	Performance
		Good

7.1 Summary of Actions Good progress

7.1.1 A successful communications campaign the promote the expansion of the Resilient Schools Programme has achieved a commitment from 50 schools. To promote good mental health and resilience among young people, 72 schools have at least one mental health first aider, with a strategy to train another 45 to 50 schools in the next six months. An agreement is in place with the CCG for Family Services to commission early help for mental health and wellbeing services.

7.2 KPIs

7.2.1 There are six KPIs for this priority, which monitor services for children and young people. Three KPIs met the Q1 target. Three KPIs are annual - the latest result (for 2017/18) has been reported for one KPI and two KPIs are still to be confirmed.

Indicator	Polarity	18/19 EOY	19/20 Target	(21 19/20		Q1 18/19	Benchmarking
		LOI	Target	Target	Result	DOT	Result	
Number of schools participating in Resilient Schools programme (Annual)	Bigger is Better	New for 19/20	40 by Q2 19/20	20	50 (G)	New for 19/20	New for 19/20	No benchmark available

Indicator	Polarity	18/19	19/20			Q1 18/19	Benchmarking	
		EOY	Target	Target	Result	DOT	Result	
Number of schools completed mental Health First Aid training (Annual)	Bigger is Better	New for 19/20	122 ¹²	43	72 (G)	New for 19/20	New for 19/20	No benchmark available
Positive satisfaction with life among 15 year olds (Annual) ¹³	Bigger is Better	New for 19/20	90%	ТВС	ТВС	New for 19/20	New for 19/20	No benchmark available
Emotional wellbeing of looked after children aged 5-16 that is of no concern (Annual)	Bigger is Better	New for 19/20	70%	70%	71.1% (17/18)	New for 19/20	New for 19/20	London 66.6%
Proportion of children in care with up to date immunisations (Annual)	Bigger is Better	New for 19/20	TBC	TBC	ТВС	New for 19/20	New for 19/20	No benchmark available
Waiting times for Autistic Spectrum Disorder assessments	Bigger is Better	New for 19/20	<18 week wait	<18 week wait	7.2 week wait (G)	New for 19/20	New for 19/20	No benchmark available

- 7.3.1 There are three risks to delivery of the actions for this priority. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.
 - PH19 Capacity of schools and the Resilient Schools programme (risk score 6). The
 risk is about the capacity of schools to deliver interventions; and for the Resilient Schools
 programme expanding into further schools. There has been a change in model of delivery
 for 2019/20, with support provided through meetings for multiple schools, schools
 supporting each other, online resources, email/ telephone, and a framework to highlight
 schools where additional support is needed. A new part-time Health Improvement Officer
 will be in place from September to support rollout of the programme.
 - PH20 Risk of health and wellbeing deterioration in young people (risk score TBC).
 The risk is about the different factors that can influence emotional and physical wellbeing of looked after children.
 - PH21 Lack of staffing resources within the CCG (risk score 12). A lack of staffing
 resources with the CCG could lead to delays in service provision. A strategic Autistic
 Spectrum Disorder working group has been set up to identify a whole system approach to
 support the pathway and provider transformation needs. Commissioners are working with
 key providers to address recruitment problems and consider innovative pathways for
 Therapies and Community Paediatricians.

¹³ The national survey that this statistic was previously taken from has been discontinued. The Public Health team is considering how surveys included in the Resilient Schools Programme can be used to provide similar information.

¹² The target represents all state schools in Barnet.

¹⁴ This is an annual KPI and 18/19 results are expected in April 2020. The figure for 17/18 was 71.1% against a London average of 66.6%

8.1 Summary of Actions Good progress

- 8.1.1 The Healthier Catering Commitment (HCC) delivery plan has been discussed with Re and an options paper produced. If the recommended action is adopted then the HCC programme will be refreshed and linked with the Healthy Workplace Charter, Town Centres and Growth strategy delivery plans to support the Healthy Weight Strategy.
- 8.1.2 To promote cycling and walking, a planned new cycle pathway from Haringey through East Finchley is out for public consultation. Alongside this, the new Cargo Bike scheme is in operation to help deliver cycle training schemes to schools in the borough.

8.2 KPIs

8.2.1 There are four KPIs for this priority, which monitor a healthy environment. All are annual KPIs and will be reported in Q4.

Indicator	Polarity	18/19	19/20	(Q1 19/20			Benchmarking
		EOY	Target	Target	Result	DOT	Result	Ü
Number of businesses contacted a year personally, by newsletters and other forms of communication (Annual)	Bigger is Better	New for 19/20	40/500/ 15000	40/500/ 15000	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Number of businesses expressed interest to progress (Annual)	Bigger is Better	New for 19/20	20 compa nies	5 compa nies	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Number of businesses with the Charter and HCC to staff (Annual)	Bigger is Better	New for 19/20	5 new per quarter (100 in total)	5 new per quarter (100 in total)	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Proportion of residents living within 400m of the London-wide strategic cycle network (Annual)	Bigger is Better	New for 19/20	4%	4%	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available

8.3 Risks

- 8.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.
 - PH22 Delivery of workplace wellbeing programmes (risk score 4). If the workplace wellbeing programme is not delivered, businesses in Barnet may not improve the health

and wellbeing of their workforce. A Workplace Wellbeing Officer has been recruited to support the rollout of the workplace wellbeing programme.

- PH23 Lack of business capacity for workplace wellbeing (risk score 4). If small and medium businesses lack capacity this could lead to the initiative not being implemented in full. A Workplace Wellbeing Officer has been recruited to support the rollout of the workplace wellbeing programme by providing additional support to businesses.
 - PH24 Cycle lane implementation (risk score 6). Cycling Quietways are being considered as part of the new Transport Strategy. Public Health is engaged in the development of the new strategy and Local Plan to integrate cycle lane implementation into the future council plans.
- PH25 Public perception of food advertising (risk score 6). To minimise the risk of mixed messages from the advertisement of healthy and unhealthy foods. Public Health works across the council to influence policy.

		Q1
9.	Continuing improvements on preventative interventions	Performance
		Good

9.1 Summary of Actions Good progress

- 9.1.1 A Cancer Research UK practice facilitator has been employed until the end of 2020/21 to work with GP practices on improving uptake to cancer screening programmes. A text reminder service for women invited to breast screening has been piloted to improve first time attendance rates.
- 9.1.2 A service to promote relationship and sexual health for young people has been commissioned. This will provide training to staff working in the youth sector and schools, a C-card scheme (a free service offering condoms and sexual health information), sexual health/healthy relationship education sessions for young people at schools, as well as more focused sexual health work with vulnerable groups. A sexual health network to link the new service with other providers is being set up. The Healthy Schools Programme provider have been commissioned to increase their provision of sexual health primary prevention work from this year.
- 9.1.3 A multi-agency immunisation forum had been instigated and an action plan to increase the uptake of childhood vaccinations developed. This is aligned to national guidance and will commit multiple partners to working together to increase vaccination rates in Barnet.

9.2

9.2.1 There are six KPIs for this priority, which monitor preventative intervention. All are annual KPIs and will be reported in Q4.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Breast cancer screening uptake (Annual)	Bigger is Better	New for 19/20	75%	Monitor	69.5% (18/19)	New for 19/20	New for 19/20	London 69.3% England 74.9% (18/19 data)

¹⁵ 69.5% for 18/19. 19/20 data expected August 2020.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	J
Cervical cancer screening uptake (Annual)	Bigger is Better	New for 19/20	70%	Monitor	63.2% (18/19)	New for 19/20	New for 19/20	London 64.7% England 71.4% (18/19 data)
Bowel cancer screening uptake (Annual)	Bigger is Better	New for 19/20	60%	Monitor	51.1% (18/19)	New for 19/20	New for 19/20	London 50.2% England 59.0% (18/19 data)
Chlamydia detection rate per 100,000 aged 15- 24 a year (Annual)	Bigger is Better	New for 19/20	2,000	Monitor	1780 (18/19)	New for 19/20	New for 19/20	London 2610 England 1975 (18/19 data)
Proportion of 15-24 year olds accessing sexual health services for sexual health screening (Annual)	Bigger is Better	New for 19/20	20%	Monitor	36%	New for 19/20	New for 19/20	No benchmark available
Population vaccine coverage for Measles, Mumps and Rubella (2 nd dose at 5 years) (Annual)	Bigger is Better	New for 19/20	90%	Monitor	76.0% (17/18)	New for 19/20	New for 19/20	London 77.8% England 87.2% (17/18 data)

- 9.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.
 - PH26 Influencing NHS England about national screening programmes (risk score 9). National Screening Programmes are commissioned by NHS England and local influence on these programmes is limited. A local screening action group has been established to mitigate the risk of low uptake.
 - PH27 Failure to reach communities that need sexual health support (risk score 9). To manage this risk, a Sexual Health Prevention Service is under tender and will be implemented between August and October 2019.
 - PH28 Limited access to Emergency Hormonal Contraception (EHC) (risk score 8). Extra funding has been agreed to deliver EHC across five pharmacies in Barnet. Access to EHC is being promoted via a targeted communications campaign.
 - PH29 Influencing NHS England about immunisations services (risk score 8). Immunisation services are commissioned by NHS England and local influence on these services is limited. A local Immunisation Forum has been established and an Immunisation action plan developed to mitigate the risk of low vaccine coverage.

¹⁶ 63.2% for 18/19. 19/20 data expected April 2020.

¹⁷ 51.1% for 18/19. 19/20 data expected April 2020.

¹⁸ 1780 for 18/19. 19/20 data expected June 2020.

¹⁹ 76.0% for 17/18. 18/19 data expected November 2019.

- 9.3.2 In addition to the risks in the Annual Delivery Plan, there was a *service risk* linked to this priority that was scored at a high (15 to 25) level in Q1.
 - PH06 Pandemic Influenza type disease outbreak (risk score 20). A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies resulting in an impact on service delivery and the health protection of residents. [Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Register. Local Authority management of a Pandemic Influenza outbreak is in accordance with the council's category 1 statutory responsibilities and obligations, in line with the Civil Contingencies Act (2004)]. The Multi-Agency Flu Plan was revised and is in the process of being finalised after consultation with partners. The planning on resilience and response has been reviewed to ensure the council's planning is in line with National and Regional guidance.

10 REASONS FOR RECOMMENDATIONS

10.1 These recommendations are to provide the HWBB with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and HWBB Annual Delivery Plan. This paper enables the council to meet the budget agreed by Council in March 2019.

11 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 11.1 None.
- 12 POST DECISION IMPLEMENTATION
- 12.1 None.
- 13 IMPLICATIONS OF DECISION

13.1 Corporate Priorities and Performance

- 13.1.1 The report provides an overview of performance for Q1 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.
- 13.1.2 The Q1 2019/20 results for all Corporate Plan and Delivery Plan KPIs are published on the Open Barnet portal at https://open.barnet.gov.uk/dataset
- 13.1.3 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.
- 13.1.4 Relevant council strategies and policies include the following:
 - Medium Term Financial Strategy
 - Corporate Plan (Barnet 2024)
 - HWBB Annual Delivery Plan
 - Performance and Risk Management Frameworks.

13.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

13.2.1 The budget forecasts are included in the report. More detailed information on financial performance is provided to Financial Performance and Contracts Committee.

13.3 Social Value

13.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services

to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

13.4 Legal and Constitutional References

- 13.4.1 Section 151 of the Local Government Act 1972 states that: "without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs". Section 111 of the Local Government Act 1972 relates to the subsidiary powers of local authorities to take actions which are calculated to facilitate, or are conducive or incidental to, the discharge of any of their functions.
- 13.4.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. The definition as to whether there is deterioration in an authority's financial position is set out in section 28(4) of the Act.
- 13.4.3 The Council's Constitution (Article 7 Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees, Forums, Working Groups and Partnerships. The responsibilities of the HWBB include:
 - (1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
 - (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.
 - (3) To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
 - (4) To provide collective leadership and enable shared decision making, ownership and accountability.
 - (5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
 - (6) To explore partnership work across North Central London where appropriate.
 - (7) Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership
 - Developing further health and social care integration.
- 13.4.4 The council's Financial Regulations can be found at: http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf

13.5 Risk Management

13.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee. In addition, the Annual Delivery Plan risks associated with the priorities for this Committee are outlined in the report.

13.6 Equalities and Diversity

- 13.6.1 Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
 - Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.
- 13.6.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation; marriage and civil partnership.
- 13.6.3 In order to assist in meeting the duty the council will:
 - Try to understand the diversity of our customers to improve our services.
 - Consider the impact of our decisions on different groups to ensure they are fair.
 - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
 - Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

13.6.4 This is set out in the council's Equalities Policy, which can be found on the website at: https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity

13.7 Corporate Parenting

13.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. There are no implications for Corporate Parenting in relation to this report.

13.8 Consultation and Engagement

13.8.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in March 2019.

13.9 Insight

13.9.1 The report identifies key budget, performance and risk information in relation to the A&S

Committee Annual Delivery Plan.

14 BACKGROUND PAPERS

- 14.1 Council, 5 March 2019 approved Corporate Plan (Barnet 2024) https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=162&Mld=9456&Ver=4
- 14.2 HWBB, 28 March 2019 approved Annual Delivery Plan https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=177&Mld=9593&Ver=4