

	Health & Wellbeing Board 16 January 2020
Title	Quarter 2 (Q2) 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 2 (Q2) 2019/20 focusing on the budget forecasts and activities to deliver both corporate and committee priorities in the Health and Wellbeing Board (HWBB) Annual Delivery Plan.

Recommendations
The Board is asked to review the budget, performance and risk information for Q2 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 and 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 **Q2 2019/20** focusing on the budget forecasts and activities to deliver both **corporate and board priorities** in the **HWBB Annual Delivery Plan**.

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2. BUDGET FORECASTS

- 2.1 The **Revenue Forecast** (after reserve movements) for Public Health is **£16.703m** (see table 1). The overspend prior to reserve is **Planned Expenditure** to deliver key public health outcomes, funded by reserve.

Table 1: Revenue Forecast (Q2 2019/20)

Service	Revised Budget	Q2 19/20 Forecast	Variance from Revised Budget Adv/(fav) ¹	Reserve Move-ments	Q2 19/20 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Public Health	16,703	16,956	253	(253)	16,703	0
Total	16,703	16,956	253	-253	16,703	0

3. SAVINGS

Table 2: Savings forecast delivery (Q2 2019/20)

Ref	Description of Savings	Savings for 19/20	Q2 19/20 Forecast	Comment
E1	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	-83	-83	Already achieved
E2	Children and Young people – smaller scale initiatives on promoting mental health and wellbeing are being amalgamated into borough-wide School Resilience Programme resulting in efficiency savings	-250	-250	Achievement is being monitored monthly

¹ Adv/fav refers to an adverse or favourable position. An adverse position would be a budget overspend. An adverse variance would mean the position has got worse since the last reported period.

Ref	Description of Savings	Savings for 19/20	Q2 19/20 Forecast	Comment
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 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 Actions² to deliver the priority
- Performance of Key Performance Indicators (KPIs)³
- Risks to delivering the actions and priority
- High (15 to 25) level risks from the Corporate Risk Register⁴

4.2 The Q2 status for each of the HWBB priorities is shown in table 3. This reflects the *overall performance on Actions, KPIs and Risks*⁵ for each priority

Table 3: Priorities for HWBB

Section	Priority	Q2 Status
5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Good

² 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)

³ 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: Q2 19/20 result minus Q2 18/19 result equals difference; then difference divided by Q2 18/19 result multiplied by 100 = percentage variation. KPIs are illustrated by (q) quarter; (c) cumulative up to end quarter; (s) snapshot in time; or (r) rolling 12 months.

⁴ 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 Q2 19/20 Corporate Risk Register provides a snapshot in time (as at end September 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**).

⁵ The Q2 Status reflect *overall performance* on Actions, KPIs and Risks as follows: Complete or Good progress = **GREEN** (where no Actions or KPIs RAG rated RED and no more than one high level risk); Satisfactory progress = **AMBER** (where no more than one Action or KPIs RAG rated RED and/or no more than two high level risks) or Limited progress = **RED** (where two or more Actions or KPIs RAG rated RED and/or more than two high level risks).

Section	Priority	Q2 Status
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	Q2 Status
		Good

5.1 Summary of Actions Good progress

- 5.1.1 The Local Commissioned Service (LCS) are incentivising GPs to offer advice to people identified with pre-diabetes and referencing them to the NHS Diabetes Prevention Programme (NDPP). A new contract with North Central London CCG (NCL) went live in August 2019; though confirmation of implementation funding from NHS England is yet to be confirmed.
- 5.1.2 There has been activity for Atrial Fibrillation with virtual clinics carried out in 65% of GP practices. An additional 20% of practices have been booked for Q3, with remaining practices being followed up to ensure each practice has had a virtual clinic by mid-November 2019. The purpose of the clinics is to ensure practices will have an accurate list of patients and their suitability for treatment. Practices are following up with suitable patients and/or offering either initiation of Direct Oral Anticoagulant (DOAC), should the practice offer this or referral to the community anticoagulation clinic. Public Health are encouraging the use of the AliveCor device during the winter period to identify patients who have not formally been diagnosed with Atrial Fibrillation.
- 5.1.3 In September 2019, a GP session was held with all GP practices in the borough to raise awareness of NICE guidance relating to dementia. A Dementia friendly community event was held by the Barnet Alzheimer's Society. The Primary Care Network (PCN) 5 developed a new model of care and support to adults with dementia and their carers, with the pilot business case now approved by Barnet CCG.

5.2 KPIs

- 5.2.1 There are four KPIs for this priority, which monitor health care. The Q2 result for the National Diabetes Prevention Programme was 468. 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 ⁶	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
People referred to National Diabetes Prevention Programme (q)	Bigger is Better	New for 19/20	995	Monitor	468	New for 19/20	New for 19/20	No benchmark available

⁶ The KPIs on the *Proportion of people using mainstream leisure and community opportunities* and *Proportion of clients who are in education, employment, training or volunteering* have been deleted as data is not available.

Indicator ⁶	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
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) ⁷	New for 19/20	New for 19/20	London 81.3% England 84.0% (17/18 data)

5.3 Risks

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 6 – increased from 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. A new National Diabetes Programme contract (with NCL) started in August 2019. Subsequently, NHS England have announced a doubling of capacity of the programme over the next five years. Scaling-up will happen in a phased approach to allow time for capacity within the system to grow for STPs and providers. However, without additional implementation funding, this capacity will be challenging to meet.
- **PH13 - Funding of diagnosis for Atrial fibrillation patients (risk closed).** The NHS England Transformation Fund methodology could lead to local delivery challenges. The funding has been secured and the risk closed 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. The dementia PCN pilot is mitigating this risk. The local Dementia Alliance has worked with the Barnet Alzheimer's Society and held a Dementia Friendly community event where participants will be trained as 'Dementia Friends'.
- **PH15 - Enablement model sustainability (risk closed).** The risk is about the sustainability of joined up working across the NHS, ASC 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. The risk was closed in Q2.

6.	Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	Q2 Status
		Good

6.1 Summary of Actions Good progress

6.1.1 The Mental Health campaign was launched in August 2019. As part of the campaign, Barnet residents with experiences in mental health were filmed for a series of videos. The videos were posted and shared on social media. Further filming for the campaign took place at the East Barnet festival in July 2019, with visitors engaged in a problem-solving

⁷ 78.5% for 2017/18. 19/20 data expected March 2020.

booth and a stress and happiness activity. The social media posts highlighted what was available in the community for Barnet residents, with signposting to the Barnet Wellbeing Service.

- 6.1.2 As part of the work to support the Healthy Weight programme, four Healthy Heritage walks have been published to encourage residents to walk around the borough and be active. Two new leisure centres have been opened and the evidence review for the Transport Strategy was also completed, looking at the health benefits of walking and cycling. Work has continued in supporting regular extra-curricular activity for schools. From an audit of physical activity in schools, Public Health estimate 30% of primary schools are taking part in an additional 20 minutes of additional activity; however, data is not held for all schools as the response rate to the audit was low. Moving forward, there will be an assurance that all Resilient Schools return an audit and are working to promote physical activity through the resilient schools and healthy schools' programmes.

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 14.6% in Q2**. 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. There is evidence that the “actual” level of breastfeeding in Barnet is likely to be far higher than that suggested by this indicator, where data was collected and recorded by the health visiting service at the six to eight weeks health visitor check in Q2 breastfeeding uptake was 70%.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
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) (q)	Bigger is Better	New for 19/20	60%	Monitor	14.6%	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) ⁸	New for 19/20	New for 19/20	London 66.4% and England 66.3%

⁸ 66.5% for 17/18. 18/19 data expected May 2020.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Childhood excess weight (overweight and obesity) prevalence for Reception pupils. (Annual)	Smaller is Better	New for 19/20	19%	Monitor	20% (17/18) ⁹	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) ¹⁰	New for 19/20	New for 19/20	London 37.7%
Number of schools participating in Mayors Golden Km ¹¹ (q)	Bigger is Better	New for 19/20	Monitor ¹²	Monitor	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) ¹³	Bigger is Better	New for 19/20	122	Annual	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available

6.3 Risks

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. Usage of 'Good Thinking' is being monitored and platform usage is steadily increasing. The assessment of the impact of the campaign will be based on the usage.
- **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. Barnet's National Child Measurement Programme was successfully completed for this year. Public Health are working with multiple agencies to

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² The indicator will be monitored in 2019/20 to collate a baseline with the intention of implementing a target from 2020/21.

¹³ This is to do with developing a menu of additional physical activities and resources for schools.

provide and improve the healthy weight pathway for children and young people in Barnet. From October 2019, there will be a new healthy weight officer who will support this work.

- **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. Primary schools in Barnet continue to be supported to deliver daily physical activity through the Resilient Schools Programme. This initiative will link into the wider physical activity strategy for Barnet which is be developed.

7. Improving services for children and young people	Q2 Status Good
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7.1 Summary of Actions Good progress

- 7.1.1 52 schools have signed up to the Resilient Schools programme for this academic year. Public Health are in the process of finalising a website to ensure resources are available to teachers, parents and students. A new health improvement officer will be starting in October 2019 on a part time basis.
- 7.1.2 In June 2019, Barnet was granted trailblazer status following a bid to NHS England to pilot the ambitions of the children and young people's mental health green paper. The bid brings £816k into the borough (each year from January 2020) to fund mental health support in schools for children and young people with mild / moderate mental health needs. Barnet's Trailblazer programme will focus on the west locality and will be delivered alongside the council's locality hub. There will be two mental health support teams covering 33 education settings (including Barnet and Southgate College). The mental health support teams (MHSTs) will be launched in January 2020. In Q2 - Q3, LBB recruited to the MHSTs. A steering group has been formed, reporting to the CYP MH Transformation Board.
- 7.1.3 Work is ongoing of help children in need to support their health and wellbeing such as the secondment to the Families First Programme from Westminster Drug Project (WDP) to promote access to mental health services.
- 7.1.4 The CCG have funded additional capacity in Royal Free London and Barnet, Enfield and Haringey (BEH) Mental Health Trust to address the waiting list for Autism spectrum disorder assessments for CYP under 7 years old. BEH have taken on the assessments for 5 – 7 year olds waiting for assessments – the recovery plan started in December 2019 and will be completed by the April 2020.
- 7.1.5 Following the successful waiting time initiative in Q4 of 2018/19, BEH experienced an increase in referrals for autistic spectrum disorder assessments. As a result, consultant time as part of the neurodevelopmental pathway has been increased and will continue to be monitored.
- 7.1.6 Post-discharge support is being developed for families where a child has received an ASD diagnosis. This is being developed by BEH in partnership with a wide range of partners including NHS, voluntary sector and parents.

7.2 KPIs

- 7.2.1 There are six KPIs for this priority, which monitor services for children and young people. Two KPIs met the Q2 target. One KPI did not meet the Q2 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.
- **Waiting times for Autistic Spectrum Disorder assessments (RAG rated AMBER) – 18 weeks against Less than 18 weeks.** In Q2, this target was not met as assessments for children over the age of 7 was not met. Following this, the Barnet, Enfield and Haringey (BEH) Mental Health Trust have agreed a plan to address the over 7s waiting list for ASD assessments.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of schools participating in Resilient Schools programme (c)	Bigger is Better	New for 19/20	40 by Q2 19/20	40	52 (G)	New for 19/20	New for 19/20	No benchmark available
Number of schools completed mental Health First Aid training (q)	Bigger is Better	New for 19/20	122 ¹⁴	No activity	No activity ¹⁵	New for 19/20	New for 19/20	No benchmark available
Positive satisfaction with life among 15-year olds (Annual) ¹⁶	Bigger is Better	New for 19/20	90%	90%	Due Q4 19/20	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) ¹⁷	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	95% ¹⁸	95%	Due Q4 19/20	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	18 week wait (A)	New for 19/20	New for 19/20	No benchmark available

7.3 Risks

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. The Resilient Schools Programme has been expanded to 50 schools. To support this expansion the Resilient School model has been revised and a new public health officer will be in post from October 2019. Public health is also working with the healthy schools' programme and commissioned providers to ensure that schools will be provided with adequate support and training to deliver the programme.

¹⁴ The target represents all state schools in Barnet.

¹⁵ There was no activity in Q2, as schools were not open due to the Summer break. The indicator will be reported in Q3 and Q4.

¹⁶ 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.

¹⁷ 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%

¹⁸ The target is to be confirmed with Family Services.

- **PH20 - Risk of health and wellbeing deterioration in young people (risk closed).** The risk is about the different factors that can influence emotional and physical wellbeing of looked after children. The risk was closed in Q2.
- **PH21 – Capacity for design (risk score 12).** Autistic Spectrum Disorder pathway redesign requires significant capacity and resources in the system that are not always available. To mitigate this, 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. The CCG is working with partners to redesign this pathway.

8.	Creating a healthy environment	Q2 Status
		Good

8.1 Summary of Actions Satisfactory progress

- 8.1.1 Public Health worked with six businesses to apply for a refresh of their London Healthy Workplace Award. In August 2019, one micro business in the borough was the first in London to win the micro business award. Public Health officers attended the Healthier Catering Commitment network meeting and started the recruitment process for a Public Health nutritionist to support the delivery of the Healthy Workplace Charter.
- 8.1.2 To promote cycling and walking, Public Health have contributed to two regeneration plans, the draft Cricklewood Masterplan and the Finchley Central regeneration plans. The consultation on the proposed cycle quiet way was closed in July 2019 and a consultation report is expected in Q3.

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 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
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

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
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. The Workplace Health and Wellbeing Group has developed an action plan to implement.
- **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. The Workplace Wellbeing Officer has been engaging with Small Medium Enterprises (SME) towards the London Healthy Workplace Award (LHWA) accreditation process. In Q2, Barnet had the first micro business to achieve the award in London.

PH24 - Cycle lane implementation (risk score 6). Cycling Quietway are being considered as part of the new Transport Strategy. The public consultation on the proposed cycleway ended in July 2019. A final report on the results is being drafted.

- **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. The opportunity to have any control of the procurement of the advertising contract has been lost at this time. However, it is hoped there will be influence on future advertising contracts by developing a council advertising policy which will cover food, locations, public amenity as examples.

9.	Continuing improvements on preventative interventions	Q2 Status
		Good

9.1 Summary of Actions Good progress

9.1.1 Cancer Research UK are making progress on practice visits whilst delivery cancer awareness training to non-clinical primary care staff from all practices in the borough on cancer signs and symptoms. A pilot of a text reminder service for cervical screening and breast screening first timers were both launched. There are plans to extend this reminder service to breast screening non-responders in December 2019, with a telephone reminder service for bowel screening planned in winter.

The new bowel screening test (Faecal Immunochemical Test or FIT) was also launched by Barnet CCG in June 2019 which is estimated to improve uptake by 8-9%. Evening and Weekend Cervical Screening Nurse appointments continue to be available and promoted at Barnet's Extended Access Hubs. Regular communications are sent to practices regarding screening and the CRUK facilitator is developing a group of Practice Cancer

Champions to share best practices and resolve common issues regarding screening and Cancer in Barnet that can be disseminated more widely to PCNs. Later in 2020, Barnet CCG will also be one of 5 CCGs in NCEL taking part in a HPV self-testing pilot and also a Cancer nursing pilot looking at how practice nurses and HCAs can improve uptake to the national cancer screening programmes.

9.1.2 The multi-agency immunisation forum has been instigated and has met three times. Along with partners a multi-agency action plan has been developed to increase the uptake of childhood vaccinations in Barnet. Another piece of work was also undertaken with GPs to consider in detail how they can be supported to increase vaccination rates.

9.1.3 The sexual health service was commissioned and mobilised in Q2, with the contract awarded to Brooks who specialise in young people's sexual health.

9.2 KPIs

9.2.1 There are six KPIs for this priority, which monitor preventative intervention. Five are annual KPIs.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 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) ¹⁹	New for 19/20	New for 19/20	London 69.3% England 74.9% (18/19 data)
Cervical cancer screening uptake (Annual)	Bigger is Better	New for 19/20	70%	Monitor	63.2% (18/19) ²⁰	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) ²¹	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) ²²	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 (q)	Bigger is Better	New for 19/20	20%	Monitor	36%	New for 19/20	New for 19/20	No benchmark available

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

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

²¹ 51.1% for 18/19. 19/20 data expected April 2020.

²² 1780 for 18/19. 19/20 data expected June 2020.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
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) ²³	New for 19/20	New for 19/20	London 77.8% England 87.2% (17/18 data)

9.3 Risks

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. The local screening action group has continued with several awareness campaigns ongoing and a Cancer Research UK Practice Facilitator is in post to assist practices in improving their cancer screening rates along with the wider Barnet CCG cancer work described above.
- **PH27 - Failure to reach communities that need sexual health support (risk score 9).** Procurement has been completed for the Sexual Health Prevention Service and the contract awarded to Brooks to deliver a young people's sexual health and relationship service.
- **PH28 - Limited access to Emergency Hormonal Contraception (EHC) (risk score 8).** To increase and improve sexual health services to all Barnet residents, a contract variation has been agreed to extend provision of Emergency Hormonal Contraception in Community Pharmacies in Barnet from five community pharmacies to 15 with the commissioner continuing to oversee the implementation of the agreed service.
- **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. The Barnet Multi-Agency Childhood Immunisation Action Plan has been agreed by the Flu and Immunisation Forum for Barnet.

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 Q2.

- **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 has been reviewed twice by Barnet's Resilience Forum and will be reviewed by CMT in Q3 before final sign off. A Pandemic Flu exercise to test this new Flu Plan is planned for winter 2019/20.

²³ 76.0% for 17/18. 18/19 data expected November 2019.

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 Q2 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.

- 13.1.2 The Q2 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?CId=162&MId=9456&Ver=4>
- 14.2 HWBB, 28 March 2019 – approved Annual Delivery Plan
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=9593&Ver=4>