MEETING

HEALTH & WELL-BEING BOARD

DATE AND TIME

THURSDAY 31ST JANUARY, 2013

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELL-BEING BOARD (Quorum 3)

Chairman: Councillor Helena Hart (Chairman),

Board Members

Dr Andrew Howe (LB Barnet)
Cllr Andrew Harper (LB Barnet)
Cllr Sachin Rajput (LB Barnet)
Gillian Jordan (Barnet LINK)
Kate Kennally (LB Barnet)
Mathew Kendall (LB Barnet)
Dr Charlotte Benjamin (Barnet CCG)
David Riddle (NHS Barnet)
Dr Clare Stephens (Barnet CCG)
Dr Sue Sumners (Barnet CCG)
John Morton (Barnet CCG)

You are requested to attend the above meeting for which an agenda is attached.

Aysen Giritli – Head of Governance

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CORPORATE GOVERNANCE DIRECTORATE

ORDER OF BUSINESS

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Decisions of the Health & Well-Being Board

29 November 2012

Board Members:-

AGENDA ITEM 1

Cllr Helena Hart (Chairman)

Cllr Andrew Harper
Dr Charlotte Benjamin
Dr Sue Sumners
Kate Kennally
Dr Andrew Howe

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

Resolved that:

The minutes of the meeting held on the 4th October are agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Sachin Rajput, David Riddle, Gillian Jordan, Dr Clare Stephens and Mathew Kendall.

The Chairman welcomed Dr Andrew Howe, Director of Public Health for Barnet and Harrow, and John Morton, Designate Chief Officer Barnet CCG to their first meetings of the Board

3. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 3):

None.

4. DECLARATION OF MEMBERS' PERSONAL AND PREJUDICIAL INTERESTS (Agenda Item 4):

None.

5. LONDON BOROUGH OF BARNET FINANCE AND BUSINESS PLANNING 2013/14-2015/16 (Agenda Item 5):

Kate Kennally, Interim Director of Children's Service / Director of Adult Social Services, gave a presentation outlining the Council's finance and business planning for 2013/14-2015/16.

The presentation set out:
- the economic context of business planning
- the impact of demographic change in a time of austerity
- how the Council intended to make £54.3 million savings across the next three years
- how the Council was setting aside funding to support residents during this period
- the opportunities available to promote growth over the coming years
- the Council's consultation process in relation to budget planning
- the Council's priority outcomes

Cllr Hart commented on how clearly the Presentation demonstrated the Council's long history of commitment and support to Adults and Children's Services.

Cllr Harper commented that under the new commissioning model the Council would be moving away from a traditional directorate structure and that this would result in new relationships between stakeholders and a redefinition in how services were delivered. Kate Kennally informed the Board how the new commissioning model would involve the intelligent use of data to support the effective delivery of services.

John Morton advised that the CCG would bring their budget planning to the next meeting of the Board for discussion, and that he also welcomed the opportunity to review the detail of the Council's social care and children's service budgets and understand their impact.

Resolved that:

1. **The Board notes the report and presentation.**

2. **Members of the Health and Well-being Board comment on the finance and business planning priorities in advance of the 31st January deadline.**

6. MINUTES OF FINANCIAL PLANNING SUBGROUP (Agenda Item 6):

Kate Kennally presented the minutes of the Financial Planning Subgroup which updated the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and the NHS Quality Improvement and Productivity Plan (QIPP).

Kate Kennally reported that there had been some inconsistency in terms of membership of the Group and that confirmation of a settled representation from the CCG would support the resolution of this issue.

Resolved that:

1. **The Board notes the report.**

2. **The Designate Chief Officer of Barnet CCG confirms the CCG Board representative for the Financial Planning Sub-group**

7. HEALTH & SOCIAL CARE INTEGRATION PROGRAMME (Agenda Item 7):

Dawn Wakeling, the Deputy Director of Adult Social Care and Health, presented a report which updated the Board on the developing of scoping work in relation to the Health and Social Care Integration Programme.

She drew the Board's attention to the outcomes of the successful Health and Social Care Integration (HSCI) Delivery Board meeting held in October 2012 and to the Health and Social Care Concordat which illustrated how integration would work from the perspective of a service user.

The Board considered how the NHS and specifically the Primary Care Strategy could complement the planned activity by the Health and Social Care Integration Programme and the £1.1m investment from Barnet Council to deliver the vision outlined in the HSCI Concordat.

John Morton commented that the CCG needed to do further work around the delivery of the Primary Care Strategy advising that their Primary Care Strategy Board would be meeting on the 20th December to develop the next stage. Mr Morton advised the Board that the CCG would work with council partners to ensure the effective use of the £1.1 million investment and consider how the Primary Care Strategy implementation monies could support health and social care integration.

Resolved that:

The Board notes the report

8. WINTERBOURNE VIEW- ONE YEAR ON (Agenda Item 8):

Temmy Fasegha, the Joint Commissioner Mental Health and Learning Disability, presented a report that provided the Board with an update on the council's position following the serious case review on Winterbourne View Hospital commissioned by South Gloucestershire's Adult Safeguarding Board, and the Department of Health's (DH) interim report which outlined actions for the NHS and Local Authorities.

Mr Fasegha outlined to the Board the actions already taken locally and those being planned in response to the reviews following the reported abuse that took place in Winterbourne View Hospital. In relation to these plans the Board commented on the importance of intelligence sharing.

With regard to funding for the Deprivation of Liberty Safeguards responsibilities in paragraph 7.3 of the report, it was noted that the Quality Improvement Productivity Programme (QIPP) Board would be signing off the financial envelope on 13/14 which would include the CCG's contribution towards the Council's new responsibilities.

Resolved that:

The Board notes the report

9. FORWARD WORK PROGRAMME (Agenda Item 9):

Andrew Nathan, Strategic Policy Adviser, presented to the Board the latest version of the Forward Work Programme.

Cllr Hart requested that an item be placed on the work programme to discuss developments in relation to the proposed acquisition of the Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust.

John Morton advised that the role of the NHS Commissioning Board was still emerging but that an item for the April 2013 meeting would be appropriate.

3

Kate Kennally advised that an item on public health commissioning intentions would be taken to the January meeting and would incorporate the work programme item on substance misuse strategy.

Kate Kennally and John Morton would discuss a submission date for the integrated Commissioning Strategy.

Cllr Harper requested that the Early Intervention and Prevention - strategic review item come to the Board, preferably in January.

The next Quality and Safety report was expected to cover the handover from NHS North Central London and how system wide working would still be preserved.

The item on Mental Health would be scheduled for April.

It was agreed that a suitable subject for the workshop session at the next Board would be engagement and communications with the public and with stakeholders.

Dr Sumners advised that there was a clash on the 4th April between meetings of the Health and Well-being Board and the CCG Board. The Board agreed to hold the Health and Well-being Board meeting in the afternoon of the 4th April to accommodate CCG members' attendance at both meetings and to ensure that Board meetings in 13/14 did not occur on the first Thursday of each month.

Resolved that:

The Board notes the Forward Work Programme.

10. TOWARDS A BOROUGH STRATEGY TO PROMOTE HEALTHY WEIGHT (Agenda Item 10):

Jeffrey Lake, Locum Consultant in Public Health, presented a report providing direction for local authority and partnership priorities to promote healthy weight. The report provided a summary of the evidence based interventions available to promote healthy weight and tackle obesity, a high level assessment of current provision and additional opportunities in Barnet and also set out proposed aims of a strategic approach to healthy weight.

Cllr Hart commented on the experience at Harrow where childhood obesity had fallen since a healthy eating programme was introduced across 16 children's centres in 2008 at a cost of approx £5000 a year. She also drew attention to their success in involving volunteers and to Harrow's investment in outdoor gyms. Cllr Hart commented that Barnet needed to produce a strategic vision in relation to access to affordable, healthy food and for opportunities to be physically active.

Resolved that:

1. **The Board notes the potential for evidence based intervention to promote healthy weight and tackle obesity in Barnet.**

2. **The Board commit to the development of a strategic approach across the Borough**

4

11. SPORT AND PHYSICAL ACTIVITY REVIEW - STRATEGIC OUTLINE CASE (Agenda Item 11):

Mick Quigley, Assistant Director Schools and Learning, presented a report which set out the strategic outline case for a review of sport and physical activity provision within the borough.

Mr Quigley advised that the full business case would be completed by April 2013. The Board were informed that the council was currently engaged in negotiations with Greenwich Leisure.

The Board was also informed of the development of a new initiative, the Barnet Strategic Sport Group, which had been established by schools to facilitate the effective strategic coordination of sports and physical activity planning and provision for Barnet in order for people to have the opportunity to participate in high quality sport and physical activity. It was agreed that the co-ordinator of this Group attend a future Board meeting.

Dawn Wakeling highlighted the need to provide a range of leisure opportunities that went beyond competitive sport and incorporated broader social and environmental considerations such as older individuals feeling safe and secure enough in the community to engage in simple, healthy activities such as going for a walk.

Kate Kennally commented on the arrival of Saracens Rugby Football Club in the borough and the opportunities that this would bring through the club's engagement activities with local communities.

Kate Kennally also drew the Board's attention to the £203,000 identified to deliver the Outline Business case and prepare a strategy, welcomed Public Health taking up a leadership role in the review with support from all partners. In relation to the financial and resource implications of the review Cllr Hart commented on the importance of prioritising physical activity and other obesity and overweight reduction activity for any public health funding remaining once statutory obligations had been met.

Dr Andrew Howe reported that the Implementation Plan for the Health and Well Being Strategy would include a clear set of actions to capitalise on the Board's support for this agenda.

Resolved that:

1. **The Board notes the report.**

2. **That the outline business case on the future of sport and physical activity provision return to the Health and Well Being Board for comment prior to implementation.**

The meeting finished at 11.20 am

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Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Public Health Commissioning Intentions 2013-14**
Report of	Director of Public Health Barnet and Harrow
Summary of item and decision being sought	The paper contains the commissioning intentions for Public Health in Barnet for 2013-14. The intentions will support the delivery of statutory requirements and the provision of discretionary services within the Local Government Public Health remit. The intentions align with the priorities within the Barnet Health and Well Being strategy and represent the Council's Public Health contribution to delivery of the strategy. The Board is asked to note its content.

Officer Contributors	David Fabbro, NHS Harrow
Reason for Report	To advise the Health and Well Being Board of the Council's Public Health Commissioning intentions for 2013-14.
Partnership flexibility being exercised	None
Wards Affected	All

Contact for further information:

David Fabbro, NHS Harrow

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020 8966 1089

1. RECOMMENDATION

1.1 The Board note the Public Health Commissioning intentions for 2013-14.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Previous decisions concerning the public health transition include the approval of a shared public health function by Cabinet Resources Committee on 20 June 2012 and by the Barnet Health and Wellbeing Board on 22 March 2012, which also approved the appointment of a joint Director for Public Health for the London Boroughs of Barnet and Harrow.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

The proposed commissioning intentions align with and support delivery of the Health and Wellbeing Strategy and the probable requirements of implementation of the review of the physical activity goals (the 'One Barnet Sport and Physical Activity Review').

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The commissioning intentions reflect the health and well-being needs of the population and have been informed by the Joint Strategic Needs Assessment (JSNA) and will help deliver the Health and Well Being Strategy.

5. RISK MANAGEMENT

5.1 Final values for various contracts, noted in the paper, are still subject to agreement. Work is in hand to contain spend of those contracts providing open access services.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The Health and Social Care Act 2012 confers powers, and imposes a number of duties on local authorities with regard to public health functions.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The Public Health commissioning intentions will be entirely financed by the ring fence Public Health allocation to Barnet Council from central government as announced on 10 January 2013.

7.2 The Department of Health (DH) allocated £13,799,000 to Barnet Council on 10 January 2013. This was higher than anticipated. This figure includes the previous separate allocation for DIP Drug and Alcohol funding but not the element from the Mayor's office for Policing and Crime (MOPAC) which will be paid separately to the Council. This budget will allow mandatory requirements to be met, core services to continue and the introduction of new services. Budget figures for individual contracts and services are anticipated amounts rather than finalised amounts. The budget proposal is detailed in Appendix 2. Given the late announcement of the allocation work is still in progress to determine the full and final allocation of the grant.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The commissioning intentions in the paper are derived from the Joint Strategic Needs Assessment and consultation with various stakeholders during the production of the Barnet Health and Well Being Strategy

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Via 8.1 above.

10. DETAILS

10.1 A number of Public Health responsibilities are transferring to Local Authorities on 1st April 2013, some of which will be mandatory duties. Barnet Council has agreed that the transfer of responsibilities will be on an 'as is' basis to minimise all risks inherent in the transfer and to ensure continuity of service for 2013-14. The budget proposals in this paper derive from this principle while accommodating additional Public Health requirements and new areas of investment.

10.2 The paper attached at Appendix 'A' sets out proposals for the Public Health budget allocation for 2013-14 and the detail of current contracts and services that will fall within the remit of the Local Authority. This information is provided to support decision making for Public Health commissioning intentions for 2013–14.

11 BACKGROUND PAPERS

11.1 None.

Legal – HP
CFO – JH/MGC

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APPENDIX A

Barnet Council Public Health Commissioning Intentions Briefing Paper

From Andrew Howe

Public Health service and budget proposal for financial year 2013-2014

Summary

A number of Public Health responsibilities are transferring to Local Authorities on 1st April 2013 some of which will be mandatory duties. Barnet Council has agreed that the transfer of responsibilities will be on an 'as is' basis to minimise all risks inherent in the transfer and to ensure continuity of service for 2013-14. The budget proposals in this paper derive from this principle while accommodating new additional Public Health requirements and new investment. This paper and the accompanying appendices set out proposals for the Public Health budget allocation for 2013-14 together with the detail of current contracts and services that will fall within the remit of the Local Authority. This information is provided to support decision making for Public Health commissioning intentions for 2013–14.

1 Key Messages

1 The Department of Health originally estimated the likely budget for Barnet Council to deliver its Public Health responsibilities in 2013-14 as £11,236,000. The actual allocation announced on 10.01.2013 was £13,799,000. It should be noted that this figure includes funding for Drug and Alcohol services that were previously paid separately by the Home Office and the Department of Health; although the MOPAC element will be paid directly to Councils

2 The allocation allows mandatory requirements to be met, core services to continue and enables new investment. Efficiencies have been identified in certain areas. The costs of existing services, the cost of additional responsibilities and proposed areas for new investment are shown separately in Appendix 2.

3 The late announcement of the Public Health grant by the Department of Health means that not all commissioning intentions for 2013-14 have been finalised. Work is in hand to identify actual costs of proposed new investment. This is likely to focus on the wider determinants of health and will involve dialogue with a range of stakeholders within and outside the Council.

2 The Public Health Commissioning Intentions support the four main themes of the Barnet Health and Wellbeing strategy which recognise that through the life course there are positive and negative effects on health and well-being. The following table shows where the PH commissioning intentions support delivery of the key themes of the Health and Wellbeing strategy.

	Preparation for Healthy Life	Well-Being in the Community	How we Live	Care when Needed
Sexual Health	✓		✓	
School Nursing including NCMP	✓			

Drugs	✓	✓	✓	✓
Alcohol	✓	✓	✓	✓
Health Checks			✓	✓
Smoking cessation	✓	✓	✓	✓
Healthy weight and healthy eating	✓	✓	✓	
Lifestyle Interventions	✓	✓	✓	✓
Employment and Housing		✓	✓	

For example, smoking is an issue that runs through each of the four key themes. Smoking in pregnancy is a risk factor for infant mortality, low birth weight babies and continued smoking increases the risk of a child having respiratory problems, glue ear and makes them more likely to become smokers themselves. Both physical and mental wellbeing depend on a broad range of factors including where we live and the environment we live in. Simply put 'feeling good about where you live' is a key factor in 'feeling good about yourself.' Feeling good about oneself is key to making lifestyle changes which will bring about improvements in health like giving up smoking. Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease and it is the highest underlying cause of death in Barnet. Stopping smoking once a person is diagnosed with a chronic disease is often associated with a better prognosis.

The major services commissioned by the public health team include: improving recovery outcomes for drug and alcohol users (building on year on year improvement in outcomes in Barnet); reducing the number of people who smoke (again building on previous good performance and targeting the single biggest preventable killer); and increasing access to NHS Health Checks (a statutory service) and healthy weight indicatives for children and adults.

3 There are some areas of uncertainty and risk affecting the costs of contracts in 2013-14. Much work is being undertaken with the NHS to disaggregate contracts and to determine the cost of provision in 2013-14. There are some areas with potential for cost increase. Genito Urinary Medicine represents the highest area of spend. It is an open access service and due to the nature of the service and expectation of confidentiality there are currently fewer mechanisms for commissioners to challenge provider data. Agreeing a common approach to commissioning sexual health services with other boroughs is critical to ensuring preferred outcomes are achieved. That is, a capped contract arrangement with additional requirements for reporting to ensure that the Council has a clear picture of activity and cost pressures in this area. One provider delivers a number of services for Barnet where costs appear excessive. Work is progressing to identify the best way forward.

4 The commissioning intentions are grouped in five sections. The first section contains the mandatory responsibilities for Local Authorities – Sexual health and family planning, Health Checks and the National Child Measurement Programme. The second section comprises existing discretionary services including Drug and Alcohol services and Smoking cessation. The third section identifies additional responsibilities and the fourth section areas for new investment. The final section contains Barnet's contribution to the joint team (salary and overhead contributions).

5 Appendix 1 lists the current contracts and services that fall within the Local Authority Public Health remit from 1st April 2013. It details how each area supports the Health and Wellbeing strategy, the Public Health outcome framework and national and local indicators.

The areas for proposed new investment are based on the Health and Well Being strategy and include areas of public health where performance could be improved (see Appendix 3). The areas for improvement together with the proposed programmes are:

- Children in poverty:
- Parenting support and Childhood obesity programmes to counteract the known negative impacts on health of poverty
- Statutory homelessness:
- Housing and health programme to minimise the impacts on health of homelessness
- Obese children:
- Childhood obesity and Parenting support programmes to support healthy diets and healthy lifestyles
- Physical activity in adults:
- Weight management programme to support increased physical activity and improved health
- Excess winter deaths:
- Housing and health and Later Years programmes to provide public health perspectives and inputs
- Reduction of those not in employment, education or training:
- Sexual health promotion work with young people to further reduce the numbers of teenage pregnancy – a notable barrier to entry to employment, education and training

6 The proposed area for efficiencies is within Drug and Alcohol services where 5% contract efficiencies will be sought. All contracts will be reviewed to identify potential efficiencies with work to date suggesting that there is scope for further efficiencies by going to procurement. In order to undertake this work rigorously in 2013-14 a number of cost elements have been built into the budget:

A subscription to West London Alliance to participate in relevant joint procurement activity; an element to pay the Commissioning Support Service to manage the Sexual Health and Family Planning contracts for 2013-14 to allow time to review contracts.

Procurement cost is also included to ensure adequate resources are available to cover the cost of anticipated major re procurement in one or more areas. These costs are anticipated to be one-off leading to a cost reduction and/ or efficiency improvements with contracts for 2014-15

Recommendation

It is recommended that the allocation of budgets given in Appendix 2 is approved. This will allow for the novation of existing contracts and ensure continuity of service. Such a decision accords with the agreement in principle by Barnet Health and Wellbeing board that the first year of Public Health operation within Local government (2013-14) should be based on an 'as is' transfer of responsibilities from the NHS to minimise risk. Endorsement of the commissioning priorities in this paper will ensure that service delivery continues to improve public health outcome indicators as outlined in the Public Health Outcome Framework and the Barnet and Harrow Public Health Team 'Target Operating Model', and supports delivery of the Barnet Health and Wellbeing Strategy.

APPENDIX 1: Contracts and Services supporting the Public Health Outcomes Framework Barnet

Area	Barnet Health & Well Being Strategy Theme	Public Health Outcomes framework outcome area	Public Health Outcomes Framework Indicator	Barnet Health & Well Being Strategy local indicator	Service provided		Notes/ Dependencies
Substance Misuse (Drug and Alcohol)	Preparation for a healthy life	Health Improvement	No of drug users using crack and/or opiates recorded as being in structured drug treatment in a financial year who were discharged from treatment after 12 months.	Reduce the number of children and young people misusing alcohol and drugs.	Barnet Drug and Alcohol Service	Community drug and alcohol service - Opiate substitute prescribing, GP shared care, pharmacy supervised consumption, alcohol community detox, blood borne virus screening and vaccination	Seeking 5% efficiency
	Well being in the community	Health Improvement	Reduction in re-offending	Reduction in rates of increasing and higher risk drinking.	Westminster Drugs Project	Community drug and alcohol service - counselling, structured group work, aftercare, Barnet service user involvement group, Drug Intervention Programme, pharmacy needle exchange, prison link	
	How we Live	Health Improvement	Employment for those with long term health conditions.		Inpatient detoxification Equinox Nth	Inpatient detox (out of borough)	
	Care when needed	Health Improvement	Mortality from liver disease, Reduce alcohol related admissions to hospital.		Haringey Advisory Group for Alcohol	Community alcohol service for dependant alcohol users - counselling, group work, A&E and hospital liaison, GP satellites	
		Health Improvement			Illy Case management system		
Contraception & sexual health	This is a statutory requirement from 1 April 2013	Health Protection	Reduction in number of teenage pregnancies		GU service Claire Simpson Clinic		
	Preparation for a healthy life	Health Protection	People presenting with HiV at a late stage.		GU service Marlborough Clinic		
	How we Live	Health Protection	Incidence of HiV.		GU services Mortimer Market and Archway		
		Health Protection	Incidence of Sexually Transmitted Infections		GU service Barnet, Enfield and Haringey MH Trust		
		Health Protection			GU service Whitington Hospital NHS Trust		
		Health Protection			GU service Non contracted activity Various providers		
		Health Protection			Contraception and sexual health services Central London Community Health		
		Health Protection			Contraception and sexual health services Barnet, Enfield and Haringey MH Trust		
		Health Protection			Sexual and reproductive health LES Barnet GPs		
		Health Protection			Chlamydia screening Barnet and Chase Farm Hospitals NHS Trust		
		Health Protection			Herpetology Central and North West London Foundation Trust		
		Health Protection			Hiv Pan-London Prevention		Contribution to Pan London Work (all Boroughs contribute).
Smoking cessation	Preparation for a healthy life	Health Improvement	Prevalence of smoking among persons aged 18 years and over	Reduce smoking in pregnancy	Smoking Cessation Central London Community Health NHS Trust		
	Well being in the community	Health Improvement	Four week smoking quitters.	Reduce the number of people smoking in Barnet by 20%	Smoking Cessation Royal Free Hampstead NHS Trust		
	How we Live	Health Improvement			Smoking Cessation Smoking LES Barnet GPs		
	Care when needed	Health Improvement			Licence for Quit Manager system - web based data system North 51		Harrow will have the same
		Health Improvement			Nicotine Replacement Therapy (spend in pharmacies)		
School Nursing & National Child Measurement Programme	NCMP is a statutory requirement for Local Authorities from 1 April 2013	Health Improvement	Various indicators including National Child Measurement Programme	Reduction in obesity rate in reception & year 6 children	School Nursing Service Central London Community Health NHS Trust		NCMP is delivered as part of the School Nursing contracts
	Preparation for a healthy life	Health Improvement	Vaccination programmes administered by School nurses improve children's life chances		School Nursing Service Barnet, Enfield and Haringey MH Trust		
Health Checks	This is a statutory requirement from 1 April 2013	Health Improvement	% eligible offered and % eligible received health check	Year on year increase in checks to achieve 80% coverage by 2017	GP LES Barnet GPs		This service will be significantly expanded in 2013-14
	How we Live Care when needed						

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Appendix 2: Barnet council Public Health Budget proposal for 2013-14

	Current 2012-13 Budget	Proposed 2013-14 Budget	Explanatory notes
Mandatory Services			
Health checks GP LES & Risk management activities/ drugs	150,000	500,000	Figure based on national calculator costs of implementation and an enhanced programme offering. This represents a large increase in investment compared to 2012-13. The final cost will depend on negotiations with providers on the unit cost of the health check element of the budget.
HiV Local/London Prevention	52,527	52,527	This is subject to discussion and final agreement
GUM	3,350,016	3,350,016	This service is currently being reviewed. It is unclear whether this will result in revised upward costs. The contract is currently managed by the Acute Commissioning Vehicle.
Family Planning	942,153	942,153	This service is currently being reviewed. It is unclear whether this will result in revised costs. The contract is currently managed by the Acute Commissioning Vehicle.
Commissioning Support Unit contract management cost for GUM		6,000	Negotiations are in hand with the CSU to manage this contract. Notional figure indicated.
Implanon LES	17,000	17,000	Breakdown of costs across the 3 LES not clear
Sexual Health LES			
IUCD LES			
Integrated Sexual Health Tariff		225,000	While the Tariff has yet to be agreed across London it is highly likely that costs in this area will increase
National Child Measurement included within the School Nursing contract	1,147,544	1,147,544	This contract value is high and is being investigated. It is likely that more support and activity could be delivered for this cost. The cost of HPV administration is currently included in this value and will need to be disaggregated.
Total Cost of Mandatory Services		6,240,240	
Discretionary Services			
Barnet Drug and Alcohol Service	1,332,316	1,292,347	Aiming for 5% efficiencies. The figure assumes achievement of 3% efficiencies which is £82,059
Westminster Drugs Project	1,082,000	1,082,000	
Equinox Nth - Inpatient detoxification	137,000	137,000	
Haringey Advisory Group for Alcohol	164,000	164,000	
Illy - Case management system	25,000	28,000	Drug & Alcohol monitoring/ reporting
Homeless Action in Barnet (Alcohol)	35,000	35,000	
GP shared care LES	50,000	50,000	
Spot urcahse of rehab placements	50,000	50,000	
Project Expenses /Misc. Expenditure on D&A	20000	20000	Budget for additional work by WDP and for training of DAAT staff.
Smoking cessation at RFT	39,754	39,754	
Smoking Cessation service with CLCH	333,332	333,332	
Smoking cessation GP LES & Smoking cessation Pharmacy contract	174,000	135,000	Budget for this year appears overstated; reduced for next year to match anticipated spend in 12/13. May reduce further depending on outcome of NRT budget work
North 51 - Quit manager system	10,000	10,000	
Nicotine Replacement Therapy Primary Care	165,000	165,000	
Total cost of Discretionary Services		3,541,433	
Additional Responsibilities 2013-14			
0.5% for Pan London work		56,180	Work is in hand to identify the most efficacious way to deploy this resource.
West London Alliance Subscription		25,000	
Procurement costs		90,000	It is anticipated that a number of contracts will benefit from retendering with efficiencies arising but this will require additional resources to undertake all of the work required in 2013-14.
Pharmaceuticals Needs Assessment (PNA)		70,000	
Dental Public Health Functions		30,000	
Contingency fund outstanding litigation etc		250,000	
Total cost of additonal responsibilities		521,180	
Proposed for new investment in 2013-14			
Additonal resource to reduce smoking in pregancy		20,000	Initial work identified this figure but detailed work and discussions are in hand to
Weight management		200,000	Support for healthy lifestyles initiatives
Childhood Obesity		150,000	To support the National Child Measurement Programme in schools and wider local initiatives
Parenting Support		100,000	
Support for first time mothers including breast feeding and mental health issues		75,000	
Local Health & Wellbeing Initiatives		200,000	
Later Years		100,000	
Local Sexual Health Promotion, Smoking Cessation and Drug awareness/ prevention work with Young People		175,000	Models such as Clinic in a Box and SRE work in schools provide potential models
Unemployment and Health including Learning Disability and Mental Health		100,000	Develop new childrens health care pathway with stakeholders in preparation for transfer of health visiting responsibilities to Council in 2015.
Housing and Health		100,000	
Develop new childrens health care pathway with stakeholders in preparation for transfer of health visiting responsibilities to Council in 2015.		150,000	Programme would run jointly with Harrow for two years
Total value new investment		1,370,000	

Public Health Team

Staffing contribution	1,241,000	1,241,000	This is an approximate figure pending calculation of the final contribution to Harrow Council; it will not be any higher than this figure.
Overheads contribution		150,000	Approximate cost; final cost still to be determined.
Non pay contracts		150,000	This will cover expenditure to support staff training, travel, journal and professional memberships and provide additional contracted staff capacity where required to ensure successful transition
Total contribution to Public Health Team		1,541,000	
Total cost of responsibilities identified to date 13-14		13,213,853	This represents commissioning intentions to date; work is in hand to identify further appropriate investment
Resources available for investment in the wider determinants of health		585,147	
Department Health allocation to Barnet Council		13,799,000	

Barnet

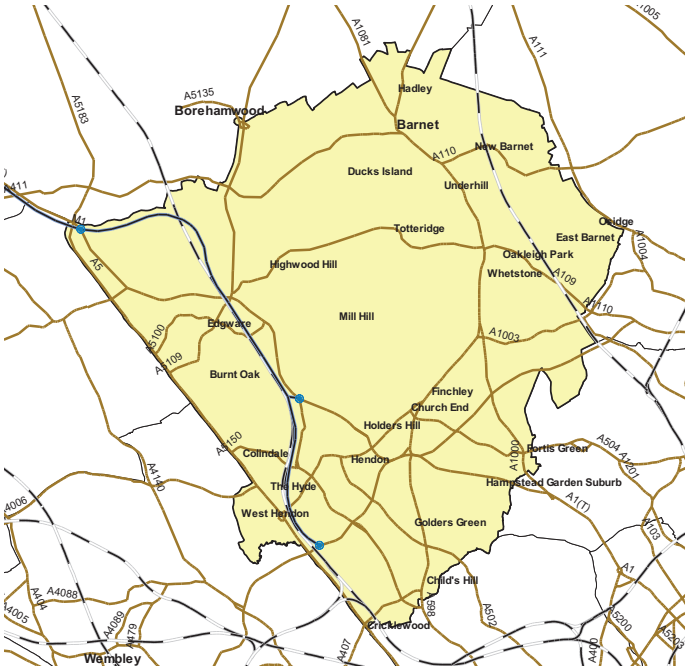
This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by the English Public Health Observatories working in partnership.

www.healthprofiles.info



Population 348,000

Mid-2010 population estimate

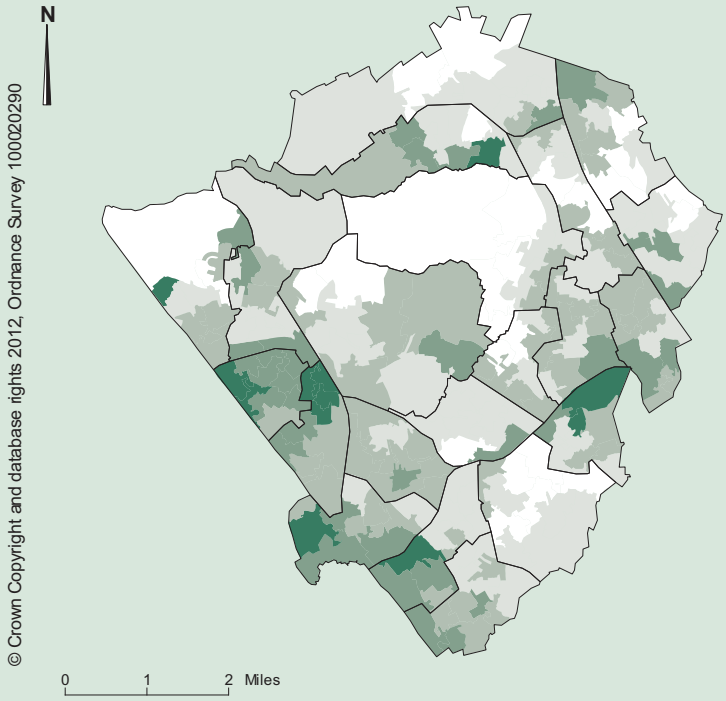
Source: National Statistics website: www.statistics.gov.uk

Barnet at a glance

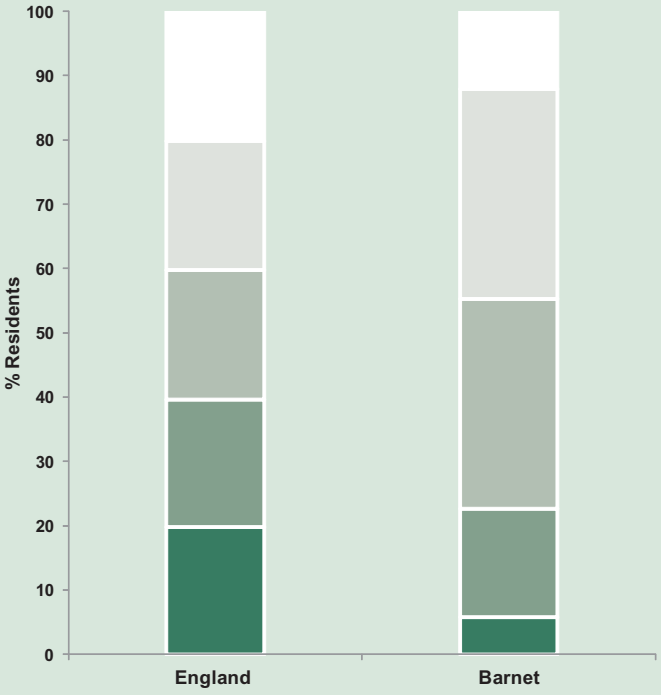
- The health of people in Barnet is generally better than the England average. Deprivation is lower than average, however about 15,700 children live in poverty. Life expectancy for both men and women is higher than the England average.
- Life expectancy is 7.6 years lower for men and 4.7 years lower for women in the most deprived areas of Barnet than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average.
- About 19.6% of Year 6 children are classified as obese. Levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18, breast feeding initiation and smoking in pregnancy are better than the England average.
- The estimated level of adult physical activity is worse than the England average. Estimated levels of adult 'healthy eating' and obesity are better than the England average. Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.
- For further information see www.barnet.nhs.uk

Deprivation: **a national view**

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.



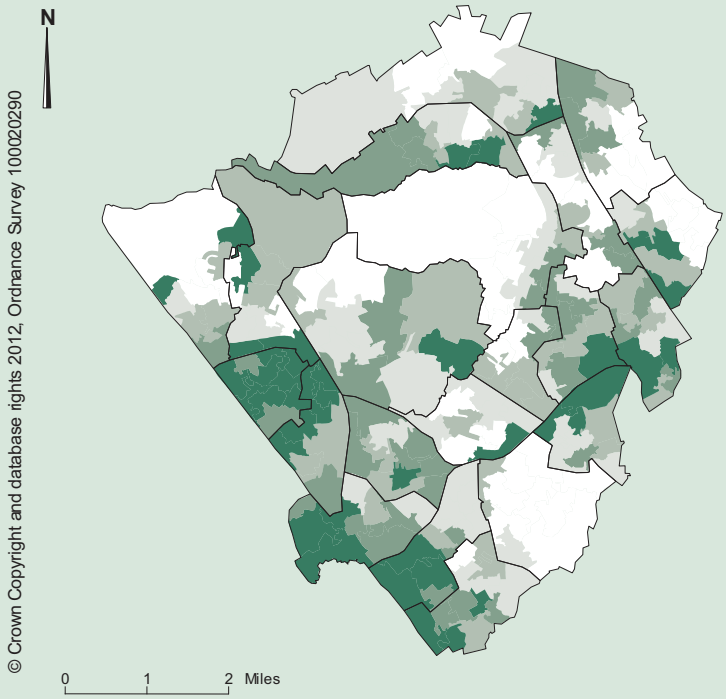
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



1 - most deprived quintile | 2 | 3 | 4 | 5 - least deprived quintile

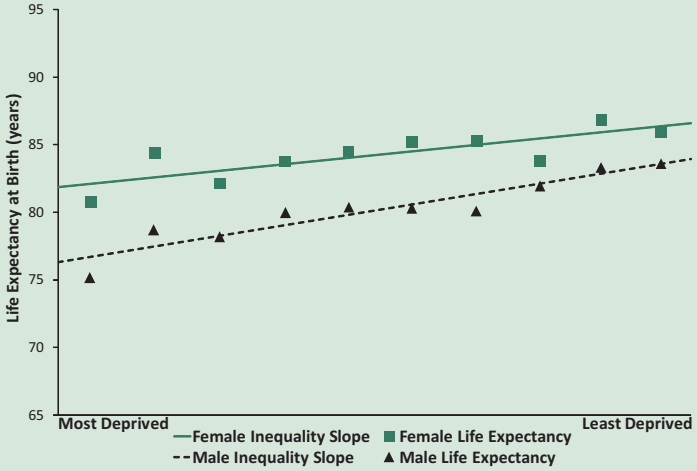
Health inequalities: **a local view**

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



Legend as above

The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life-expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 7.6 years for males and 4.7 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Health inequalities: **changes over time**

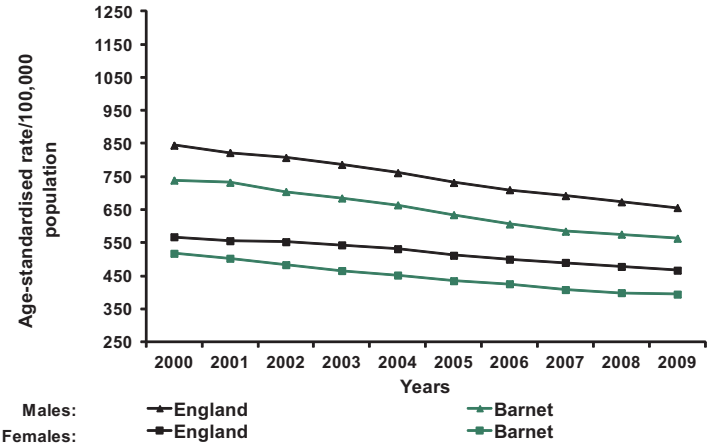
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

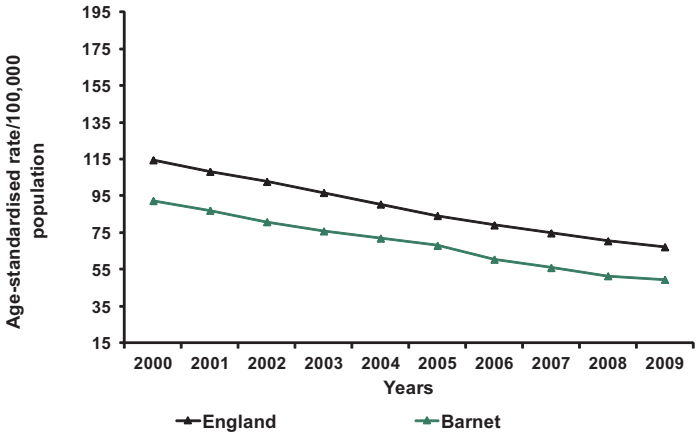
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

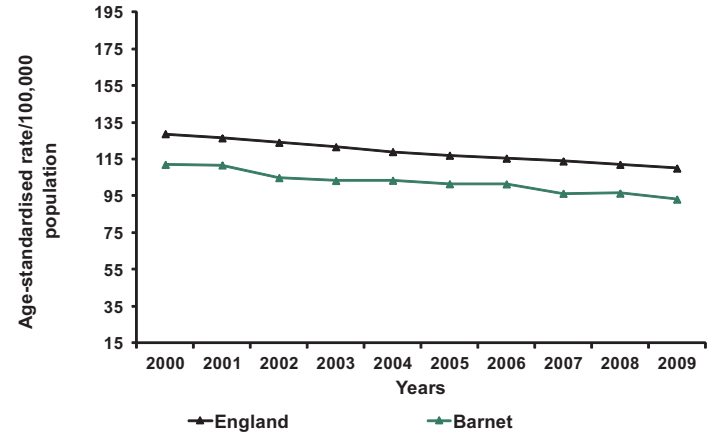
Trend 1:
All age, all cause mortality



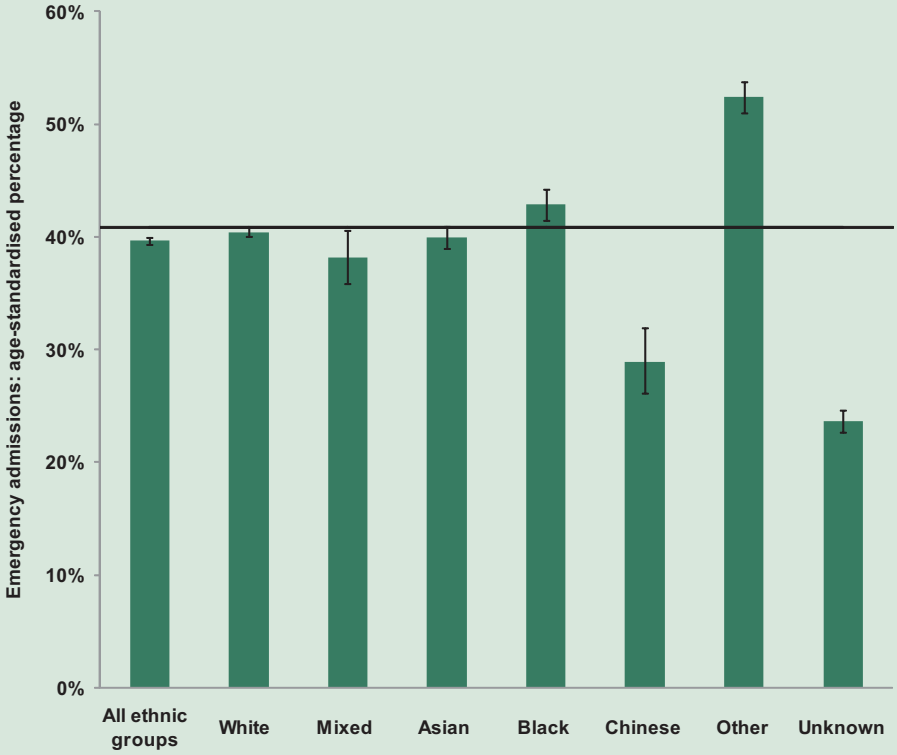
Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



Health inequalities: **ethnicity**



This chart shows the percentage of hospital admissions in 2010/11 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

Barnet

England average (all ethnic groups)

95% confidence intervals

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

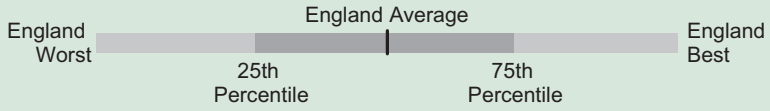
All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
32568	21607	633	3702	2091	264	2668	1603	**Local number of emergency admissions**
39.6%	40.4%	38.2%	40.0%	42.9%	28.9%	52.4%	23.6%	**Local value**
40.8%	41.3%	39.7%	45.3%	44.2%	37.4%	46.6%	31.1%	**England value**

Health summary for Barnet

E09000003

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	19448	5.8	19.8	83.0		0.0
	2	Proportion of children in poverty ‡	15740	22.9	21.9	50.9		6.4
	3	Statutory homelessness ‡	251	1.8	2.0	10.4		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	2330	68.8	58.4	40.1		79.9
	5	Violent crime	4438	12.9	14.8	35.1		4.5
	6	Long term unemployment	1000	4.4	5.7	18.8		0.9
Children's and young people's health	7	Smoking in pregnancy ‡	388	7.6	13.7	32.7		3.1
	8	Breast feeding initiation ‡	4725	92.4	74.5	39.0		94.7
	9	Obese Children (Year 6) ‡	550	19.6	19.0	26.5		9.8
	10	Alcohol-specific hospital stays (under 18)	28	36.6	61.8	154.9		12.5
	11	Teenage pregnancy (under 18) ‡	142	23.6	38.1	64.9		11.1
Adults' health and lifestyle	12	Adults smoking ‡	n/a	18.7	20.7	33.5		8.9
	13	Increasing and higher risk drinking	n/a	20.0	22.3	25.1		15.7
	14	Healthy eating adults	n/a	42.0	28.7	19.3		47.8
	15	Physically active adults ‡	n/a	8.5	11.2	5.7		18.2
	16	Obese adults ‡	n/a	17.9	24.2	30.7		13.9
Disease and poor health	17	Incidence of malignant melanoma	22	7.1	13.6	26.8		2.7
	18	Hospital stays for self-harm ‡	400	117.4	212.0	509.8		49.6
	19	Hospital stays for alcohol related harm ‡	6214	1636	1895	3276		910
	20	Drug misuse	1403	6.1	8.9	30.2		1.3
	21	People diagnosed with diabetes ‡	16192	5.7	5.5	8.1		3.3
	22	New cases of tuberculosis	112	32.6	15.3	124.4		0.0
	23	Acute sexually transmitted infections	2164	621	775	2276		152
	24	Hip fracture in 65s and over ‡	296	410	452	655		324
Life expectancy and causes of death	25	Excess winter deaths ‡	153	20.3	18.7	35.0		4.4
	26	Life expectancy – male	n/a	80.4	78.6	73.6		85.1
	27	Life expectancy – female	n/a	84.4	82.6	79.1		89.8
	28	Infant deaths ‡	24	4.5	4.6	9.3		1.2
	29	Smoking related deaths	353	147	211	372		125
	30	Early deaths: heart disease and stroke ‡	158	49.5	67.3	123.2		35.5
	31	Early deaths: cancer ‡	294	93.2	110.1	159.1		77.9
	32	Road injuries and deaths ‡	135	39.3	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2006-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@sepho.nhs.uk

Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Smoking cessation/tobacco control**
Report of	Joint Director of Public Health, Barnet and Harrow
Summary of item and decision being sought	This paper outlines public health intentions to ensure that smoking cessation targets continue to be met in Barnet, that smoking in pregnancy is reduced in line with a commitment in the joint health and wellbeing strategy and that a school based programme is initiated to support young people to avoid smoking. A review of tobacco control measures is also proposed.

Officer Contributors	Ferhat Cinar, Health Improvement Specialist Jeffrey Lake, Locum Consultant in Public Health
Reason for Report	This report is a follow up to the Annual Report of the former Director of Public Health in May 2012. It updates the Board on action to address priorities identified in that report.
Partnership flexibility being exercised	NA
Wards Affected	The health consequences of smoking affects all wards.

Contact for further information: jeffrey.lake@nclondon.nhs.uk

1. RECOMMENDATION

1.1 To support the recommended actions to ensure continued performance of smoking cessation services with further targeted investment to reduce smoking in pregnancy and uptake of smoking amongst children.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 The Annual Report of the Director of Public Health 2012-13 was approved by the Board on 31 May 2012. It examined health burden of smoking in Barnet and identified the following priorities:

- To reduce the number of young people taking up smoking each year;
- To encourage and enable smokers to quit;
- To contribute to protecting families and communities from second-hand smoke

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 Targets set by Barnet Health and Well Being Strategy 2012-15 include:

- Meet the London target of reduction of 20% in the number of people smoking by 2016
- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%.

3.2 The strategy also prioritises action to:-

- Discourage uptake of smoking in children by working with partners in education and community groups and to increase the range of people within the public and private sector trained to provide smoking cessation advice.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Smoking is estimated to result in 353 deaths each year in Barnet. Smoking related mortality and morbidity are the major driver of health inequalities.

5. RISK MANAGEMENT

5.1 Smoking cessation performance is incorporated in public health key performance indicators and any risks in achievement of targets would be registered.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.

6.2 The Health and Social Care Act 2006 transfers from PCTs to local authorities the responsibility for smoking cessation services and tobacco control.

6.3 Enforcement of the law and trading standards concerning tobacco sale, tobacco use and shisha smoke would contribute to local tobacco control.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Additional smoking cessation investments will be made from and contained within the ring fenced public health allocated budget. The exact details are currently under review but are estimated to be approx £50,000. Following the announcement of the public health grant allocation, the public health commissioning intentions will look at how available resources will be prioritised to support them.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Smoking cessation services routinely collect feedback from service users to inform service development.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Potential delivery options are being explored with providers.

10. DETAILS

10.1 Over the last few years, Barnet has consistently exceeded its NHS smoking cessation target. Last financial year 2,290 smokers managed to quit through Barnet Stop Smoking Services (Our target was 2,228). Smoking prevalence in Barnet is estimated at 16.6% which is below the London average of 19%. With current performance of Barnet Stop Smoking Services, it will be in line with the London target of reduction of 20% in the number of people smoking by 2016 (measure set by Barnet Health and Well Being Strategy 2012-15).

10.2 In order to main this performance training and encouraging all front-line NHS and local authority personnel in brief intervention (level 1) is required. This training encourages sign-posting to smoking cessation services and evidence suggests that training of front line staff in brief intervention contributes to an increase in the uptake of services and number of successful quits. Currently most of the front line hospital and GP Practice staff are trained in level 1 and level 2. We would like to extend this further by integrating the training into core induction programme for all health and social care staff.

10.3 Barnet Health and Well Being Strategy (2012-15) set the priority to reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%. We had 551 pregnant smokers from among 5529 pregnancies in 2011 which is just under 10%. NICE recommendations emphasise training of all midwifes and health care workers who are in contact with pregnant women to get trained in level 1, level 2 and level 3 smoking cessation to provide intensive, flexible, tailor made support to pregnant smokers.

In order to meet the 7.5% target we need an additional 136 long term quitters which requires approximately 350 four week quitters. We are currently conducting an options appraisal and business case will follow.

10.4 Supporting young people to avoid initiating smoking is particularly important because the perpetuation of tobacco use through successive generations is one of the major causes

of health inequality. Currently we are conducting an options appraisal for the delivery of a school based programme and a business case will follow.

10.5 NICE guidelines recommend that smoking prevention programmes targeting children and young people should be embedded into the school curriculum and help contribute into decision making by young people. Anti-smoking activities should be delivered as part of PSHE programmes and be entertaining, factual and interactive. Consider offering evidence-based, peer-led interventions aimed at preventing the uptake of smoking such as the ASSIST (A Stop Smoking in School Trial[1]) programme. They should:

- link to relevant PSHE activities
- be delivered both in class and informally, outside the classroom
- be led by young people nominated by the students themselves (the peer leaders could be the same age or older)
- ensure the peer leaders are trained outside school by adults who have the appropriate expertise
- ensure peer leaders receive support from these experts during the course of the programme

  ensure young people can consider and, if necessary, challenge peer and family norms on smoking, discuss the risks associated with it and the benefits of not smoking.

10.6 There are some examples of practice elsewhere to inform us. Harrow has previously commissioned a mentoring support project to help young smokers to quit. Hammersmith and Fulham SSS produced online educational material Operation Smoke Storm (www.operationsmokestorm.com). It has been shown to improve student attitudes and misconceptions held about smoking and the model is now being used across London.

10.7 In order to ensure appropriate measures to protect families and communities from second-hand smoke and regulation of tobacco sales and shisha bars, a review of tobacco control measures and partnership is intended. Proposals for action that could include action to discouraging smoking in homes/cars, regulation of advertising, tobacco sales and shisha bars and control of smuggled and counterfeit tobacco can be reported to the board at a later date.

11 BACKGROUND PAPERS

11.1 None

Legal – HP
CFO – JH

Meeting	**Health and Well-Being Board**	AGENDA ITEM 7
Date	31 January 2013	
Subject	Barnet Ageing Well Programme 'Altogether Better' - Briefing on Progress and Plan for 2013/14	
Report of	**Director for Public Health Barnet and Harrow**	
Summary of item and decision being sought	This report provides an update on Phase 2 of the Barnet Ageing Well programme for HWBB to note; plus an outline project plan for 2013/14 for the Board's approval.	

Officer Contributors	Caroline Chant Joint Commissioner, Older People and Physical Sensory Impairment, and Stephen Craker Co-production and Ageing Well Manager
Reason for Report	To advise HWBB on progress of the Ageing Well Programme and the projected plan for 2013/14
Partnership flexibility being exercised	N/A
Wards Affected	All

Contact for further information

Caroline Chant, Joint Commissioner,

Older People and Physical Sensory Impairment

Caroline.chant@barnet.gov.uk or caroline.chant@nclondon.nhs.uk

1. RECOMMENDATION

1.1 That the Health and Well Being Board note progress, and comment on the Ageing Well programme, and approve the project plan for 2013/14. The individual business cases for each initiative will subsequently be approved by the Ageing Well Programme Board and the Health and Well Being Board Financial Planning Group.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well Being Board, 20th July 2011 (decision item 6 (1) agreed to engage with the 'Ageing Well' Place based programme.

2.2 Health and Well Being Board 22 September 2011 (decision item 12) noted progress and agreed their responsibility for decision-making.

2.3 Cabinet 17th July 2012 (decision item 11), Agreed the Older Adults Day Opportunities Model for Older People. This included an addition of £150,000 to the older adults prevention to support the neighborhood model, and a report to be given to Cabinet no later than the 27th September 2012 on the implementation plan developed with existing older adults day care providers.

2.4 Cabinet Resources Committee 18 October 2012 (decision item 5) agreed: The implementation plan developed with local providers for the neighbourhood model; that the Barnet Provider Group (BPG) be commissioned to operate a neighbourhood service.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 The programme supports the following objectives within the 'Sharing Opportunities and Responsibilities' priority in the Council's Corporate Plan 2012/13; 'Supporting residents to have healthy and independent lives'; and 'Working with community groups and service providers to develop mutual support'. Phase 2 of the Ageing well programme focuses on the development of supportive, sustainable neighbourhoods to enable people to live more independent and satisfying lives.

3.2 The Joint Strategic Needs Assessment (JSNA) for Barnet has identified that the population of older people aged 65 and over is set to increase by 21% over the next 10 years, and for the 90 plus age group to increase by 55% whilst at the same time resources to the council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review

3.3 Barnet's Health and Well Being Strategy has two overarching aims: Keeping Well' a strong belief in 'prevention is better than cure' and 'Keeping Independent'. Together with the Neighbourhood Model, the programme has a key role in building resilience in families, the community and neighbourhoods. The programme will improve access to local information and advice, will assist to develop mutual support between citizens and increase inclusion, and develop neighbourhood and community based support networks for older people.

3.4 The Council's Estates strategy 2011 to 2015 includes a target to complete a public sector community assets plan in the borough and develop the longer term strategy with an action plan to co-locate and manage community assets more effectively with the councils partners. This reflects the approach required for both Ageing Well and the Neighbourhood Model, where the aim is to have venues open to all, accessible and flexible.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 A significant projected increase in the population of people aged 65 and over has been identified in the recent Joint Strategic Needs Assessment (JSNA), whilst at the same time, the resources to the Council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review. There is therefore a need for the council to explore different ways of supporting its older population in a manner that maintains independence, health and well being.

4.2 Additionally although Barnet is primarily an affluent borough, there are pockets of deprivation that are associated with greater levels of ill health and social need. The locality approach will focus on identifying existing assets, and bring older people together to identify the areas for change required.

4.3 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5. RISK MANAGEMENT

5.1 There is a risk that the council does not have the resources to respond to changes that may be recommended during the work in the localities. However the JSNA identified this section of the population as a priority and there is evidence from elsewhere that a focus on the well being of this group will ultimately lead to reduced need and therefore costs.

5.2 There is a risk that key partners do not see the programme as a priority. But establishing links with other programmes, and taking forward the programme under the auspices of the Health and Well Being Board will ensure that other stakeholders are engaged.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The broad target duty imposed by section 12 of the Health and Social Care Act 2012 which introduces s2B to the NHS Act 2006 requires the local authority to take such steps as it considers appropriate for improving the health of people in its area.

6.2 Section 256 of the NHS Act 2006 referred to in paragraph 7.4 below enables Primary Care Trusts to make payments to social services authorities towards expenditure incurred or to be incurred by authorities in connection with social services functions or any local authority function that affects the health of people in the area.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The Ageing Well programme will include work to support older people more effectively, and will actively support the changes to the provision of prevention services for older people, which includes the development of the Neighbourhood Model.

7.2 The programme will also contribute to managing assets more effectively through the work described in section 2.3 of the attached report.

7.3 The Ageing Well programme is a cross cutting theme, and will also support other initiatives; e.g. Ageing Well will cover specific objectives in the Information Advice Advocacy and Brokerage Strategy Refresh.

7.4 The estimated cost of the programme is £260,000 split equally over 2013/14 and 2014/15. Funding has been allocated from the Section 256 monies, arrangements for which were agreed by Cabinet Resources Committee on 28 February 2011 and have been subsequently reported to the Health and Well-Being Board. It is anticipated that from 2015/16 onwards the cost is likely to be reduced as most projects will be self-sustaining. It is planned that the borough wide projects will be delivered by local community organisations following a competitive exercise.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS AND PROVIDERS

8.1 Phase 1 of the programme comprised extensive consultation with a wide range of stakeholders including the public and service users and providers. Themes emerging from this consultation form the basis for Phase 2. Engagement is ongoing via the neighbourhood work, and the Older Adults Partnership Board receives regular updates.

9. DETAILS

9.1 Phase 1 of the Barnet Ageing Well Programme comprised a series of workshops and meetings which took place in September and October 2011, with a wide range of stakeholders from within and outside of the council. A number of themes emerged, including the development of sustainable supportive neighbourhoods, as an approach to enable older people to live more independent lives, and to facilitate well being. This forms Phase 2 of the programme. As part of Phase 1 the Leader of the Council agreed to an Ageing Well Member Champion.

9.2 The attached report describes Phase 2 of the Ageing Well programme, links it to key strategic developments and outlines the work being undertaken in the three localities, and summarises borough wide initiatives.

9.3 Together with the Neighbourhood Model (recently agreed by Cabinet Resources Committee on 18 October), the programme will stimulate increasing use of social capital through effective use of volunteers and encouragement of peer support and also through encouraging and supporting local leadership.

9.4 The council's role in Phase 2 of the programme is to set up structures, processes and a framework for Ageing Well in Barnet. The programme is capable of achieving considerable outcomes but this depends on its success in gaining the enthusiasm and support by members of the respective local communities.

9.5 A refreshed Ageing Well Project Board has been set up, chaired by the Director for Public Health Barnet and Harrow. This included representatives from across the council.

9.6 An update meeting specifically for Members is planned for March 2013.

9.7 Achievements to date

9.7.1 The Ageing Well Programme has been piloting a locality based approach in three localities including East Finchley, Stonegrove and Burnt Oak since September 2012.

9.7.2 The three localities vary not only in terms of their local environments but also in the degree to which they already had community-based initiatives in place. Whilst the actual process used in each of the localities has varied, a core method of bringing together mostly older people to focus on mapping local assets and deciding how to make best to use of them.

9.7.3 In each area a focus on mapping the assets in each area has taken place. To date, this includes approximately 180 names and addresses of organisations and groups in East Finchley, 120 in Burnt Oak and 25 in Stonegrove.

9.7.4 Identification of grassroots community champions who know their local area and some of whom have organising experience has been undertaken and a steering group of local people has been set up in each area.

9.7.5 Each locality steering group has been planning and delivering workshops aimed at local organisations, groups and businesses as well as local residents. The workshops have been designed to introduce people to the overall Ageing Well programme and the idea of the asset based approach. This approach is helping to identify and strengthen the social networks in each locality and building individual and community confidence, creating a positive atmosphere and offering a shared forward agenda.

9.7.6 Marketing and information materials have been developed to support ageing well in each locality, including template letters to organisations, promotional leaflets and posters as well as an asset capture form.

9.7.7 In East Finchley, the steering group has been able to define the boundaries of the locality on which to focus, produce jargon free information on their project and an invitation to workshops and visited shops and faith organisations that serve the local community to find more participants.

9.7.8 The steering group invited over 200 organisations, groups, local businesses and individuals to attend specifically designed workshops. These written invitations were then followed this up with a telephone call.

9.7.9 Each workshop began by introducing people to the overall Ageing Well programme and the idea of the asset based approach. Working in small groups participants developed 'asset maps' of their local area and good ideas for making use of the assets. They were asked to consider both 'hard assets', such as cars, gardens and equipment, and 'soft assets', such as skills, knowledge and experience.

9.7.10 In addition to adding to the 'asset map' each workshop has had its own successes. For example, in the first meeting, two individuals made links, where one was looking for a venue for their group to run and the other was looking to share the space in their building. In another meeting a group of volunteers have agreed to support the locality by developing a website that would collate all the activities happening within the area and share this information via RSS feeds to other websites (a sub group is being set up to take this forward). From each workshop, individuals have come forward asking if a similar project can be developed in their area (High Barnet, North Finchley, West Hendon).

9.7.11 Some of the ideas identified in the earlier stages of Ageing Well by older people have been reinforced during these workshops. These include developing intergenerational projects bringing together older and younger people in a community, increasing volunteering opportunities and structures through timebanking and developing a Community Agents model, where local residents who know their area will be trained up to look out for whoever is vulnerable and be able to offer a range of advice and signposting, from benefits to home adaptations, and to develop an online portal.

9.7.12 Following these workshops it has been agreed that the next step for East Finchley is to organise a joint East Finchley Conference in Spring.

10. BACKGROUND PAPERS

10.1 Altogether Better – the Ageing Well Programme in Barnet Project Plan

Legal – HP
CFO – JH

Altogether Better - the Ageing Well programme in Barnet
Project Plan - Stage 2b

April 2013 - March 2014

1. Introduction

A significant projected increase in the population of people aged 65 and over has been identified in the recent Joint Strategic Needs Assessment (JSNA), whilst at the same time; the resources to the Council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review. There is therefore a need for the council to explore different ways of supporting its older population in a manner that maintains independence, health and well being.

Barnet's Health and Well Being Strategy has two overarching aims: Keeping Well' a strong belief in 'prevention is better than cure' and 'Keeping Independent'. Together with the Neighbourhood Model, the programme has a key role in building resilience in families, the community and neighbourhoods. The programme will improve access to local information and advice, will assist to develop mutual support between citizens, increase inclusion and develop neighbourhood and community based support networks for older people.

Phase 1 of the Barnet Ageing Well Programme comprised a series of workshops and meetings which took place in September and October 2011, with a wide range of stakeholders from within and outside of the council. A number of themes emerged, including the development of sustainable supportive neighbourhoods, as an approach to enable older people to live more independent lives, and to facilitate well being. This forms Phase 2 of the programme. As part of Phase 1 the Leader agreed to an Ageing Well Member Champion.

This project plan describes Phase 2 of the programme, links it to key strategic developments and outlines the work being undertaken in the three localities, and summarises borough wide initiatives.

The Ageing Well programme is a cross cutting theme, and will also support other initiatives; e.g. specific objectives in the Information Advice Advocacy and Brokerage Strategy Refresh. Together with the Neighbourhood Model the programme will stimulate increasing use of social capital through effective use of volunteers and encouragement of peer support and also through encouraging and supporting local leadership.

The council's role in Phase 2 of the programme is to set up structures, processes and a framework for Ageing Well in Barnet. The programme is capable of achieving considerable outcomes but this depends on its success in gaining the enthusiasm and support by members of the respective local communities.

Funding has been allocated from the Section 256 budget for 2012/13. It is planned that the borough wide projects will be delivered by local community organisations following a competitive exercise.

2. Local developments, Key Drivers and Strategic Links

Locally, Barnet Council is embarking on a major programme of change to personalise the way in which services are provided to people. Personalisation is about better providing people with support that is tailored to their individual choices and preferences. This approach will involve new types of working, new roles for staff members, new relationships between care providers and people requiring services, and different partnerships between those who supply services.

2.1 Transforming Social Care

Ageing Well underpins and supports all future activity under the Transforming Social Care agenda to deliver self-directed support. It is linked operationally to many departmental strategies and activity plans not only in social care but also to those in health, housing, libraries, recreation and communities. This ensures that the needs of the ageing population are linked to their communities and resources that may prevent the need for a formal services by addressing the well-being of older people enabling them to live in safe, supportive and functioning communities, in which they can participate and contribute as they choose.

Barnet's Ageing Well Programme, led by our Director for Public Health, supports this approach and the ambition to make Barnet 'a good place to age well'.

2.2 Older People's Day Opportunities

The Ageing Well programme will include work to support older people more effectively, and will actively support the changes to the provision of day opportunities for older people, which includes the development of the Neighbourhood model.

2.3 Community Buildings Strategy / Neighbourhood Agenda

The Council's Estates strategy 2011 to 2015 includes a target to complete a public sector community assets plan in the borough and develop the longer term strategy with an action plan to co-locate and manage community assets more effectively with the councils partners. This reflects the approach required for both Ageing Well and the Neighbourhood Model, where the aim is to have venues open to all, accessible and flexible.

2.4 Community Safety

Engaging the community in helping to make Barnet a safer place is a theme which runs through all the priorities set out in the Safer Communities Partnership Strategy 2011-2014. The community has an important part to play in delivering these priorities. The Ageing Well programme will support individuals to get involved with their community and, for example through the local Police Safer Neighbourhood teams, joining neighbourhood watches, looking out for vulnerable people encourage residents to help themselves by protecting their personal safety, property and taking responsibility for their own behaviour.

2.5 Children and Families

Working with the Children and Families department, the Ageing Well programme will support the development to extend the scope, range and delivery of the Community Coaching Model. Community Coaching is a citizen-led service to help people identify barriers preventing them from achieving their goals, to enable them to access available support to reduce the burden on public services.

2.6 Library Services

The Council's Library Strategy includes engaging with communities and offering improved community spaces, access and resources. The Ageing Well programme will support delivery of this strategy by: developing volunteering, outreach support and community engagement programmes and sharing buildings with partner organisations of value to specific communities.

2.7 Housing

Barnet Homes agrees that listening to their residents is important to gain a better understanding of their needs and to improve the services they provide. The Ageing Well programme supports their strategic objectives to provide a comprehensive range of opportunities for involvement, based on the preferences of residents and to involve residents in a range of community projects that lead to safe, sustainable, cohesive communities.

2.8 Health Services

Barnet Clinical Commissioning Group wants to further develop their meaningful engagement with patients, carers and their communities by developing patient participation groups. The Ageing Well programme will support individuals to get involved with their community and, for example through their GP practice patient participation group or by joining a locality patient group.

2.9 Community Partners

Meeting the needs of older people is not one single organisations' responsibility. Rather, it is the responsibility of all community partners. In delivering this project plan we are working with a wide range of voluntary, community private and public sector organisations. This approach supports the government's policy focus on the Big Society and Localism by developing new ways of working between statutory, voluntary and private sector service providers with local communities.

This partnership also has to entail individuals taking personal responsibility for their own health and wellbeing, families and local communities supporting people with their needs, and 'universal' services not traditionally associated with the health and wellbeing agenda taking steps to ensure that they are fit for purpose. As such this will be a programme of projects for health, care and support services delivered equally by the partners; and based on the resources that individuals, local communities and a wide range of partner organisations can offer.

3. Approach

The principles underpinning the approach to this programme include:

- Engaging the community and older people in **co-producing** the model using a variety of approaches to ensure more vulnerable older people and those who are harder to reach or socially isolated are also engaged in the work.
- Looking at **wellbeing in its widest** sense (not just clinical outcomes) which includes different ways of reducing social isolation and a **whole-system** approach that involves a wide range of partners.
- Understanding and developing **sustainable community development** and building community capacity.
- Finding out about and **using good practice from elsewhere**, as well as building on what is already happening across Barnet to develop best practice.
- The **improved use of resources** in a locality and between localities with recognition that there will be reduced resources of the next few years
- Promoting **a forward thinking, innovative approach** that is not returning to traditional solutions that considers renegotiating the relationship between state and citizens with a more **proactive** approach.

4. Phase 2 project plan

This project plan outlines the three stage process in developing Ageing Well in localities and drawing out the wider lessons for the whole systems approach across the wider local authority area.

Stage 1 - Identifying existing assets and practice
With a focus on each locality, locate key local people, key stakeholders and identify good local practice and map individual and collective assets.

Stage 2 – Exploring the issues and identifying areas of change required
Bring together communities and the organisations that are important to their lives to assess how things work now and look for different ways of working together.

Stage 3 – Working on local priorities to make change happen
Detailed work with small project groups, comprising local residents and their organisations in each locality in order to develop action plans and pilot local projects.

5. Objectives

The Ageing Weill work programme has been developed around the following five objectives:

1. To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.

2. To support access to, and increase the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.

3. To ensure there are the means to develop ways of providing “that bit of help “ at the right time, for example a listening ear, help with gardening and home maintenance.

4. To help people plan for a fulfilled older age.

5. To identify opportunities to reach out into communities. This includes engaging hard to reach and help isolated older people.

6. Evaluation

To enable a successful approach to ageing well programme in Barnet measurable outcomes are developed based on the following themes:

- Improving the awareness of the opportunities and services that are available
- Optimising the shared use of venues and other facilities
- Embedding intergenerational and whole family/household approaches
- Extending and deepening engagement
- Providing the “glue” to secure sustainable provision
- Enabling effective local leadership

A base-line measurement using the Friendship Scale Tool which measures social isolation has been undertaken in Barnet’s 2012 Annual Residents Survey.

Base-line measurements being taken for each of locality will include:

- the number of individuals already involved in volunteering
- the number of people involved in community groups and clubs
- the number of people attending adult education courses.

Evaluating the effectiveness and impact of the projects is central to the approach. This will demonstrate outcomes achieved, what worked, what made a difference and how the outcomes were achieved. Evaluation of each locality project will also be undertaken and designed to appeal to participants taking part. The aim is to allow for a variety of different ways in which individuals can give feedback, reflecting the wide range of preferences that are typically present in a community-based setting. See appendix A.

7. Barnet Ageing Well - Project Plan

	Stage 1 (completed)		Stage 2a (Sept 12 – Mar 13)		Stage 2b (2013 – 2014)	
	Set up	Identifying Outcomes	Pilot approach	Strategic model	Identifying existing assets and practice	Identifying change required and taking action
	Engaging Older People		**Co-producing with Older People**		**Co-producing with Communities**	
Aims to:	• Agree project outcomes and activities • Establish project and governance	• Look at desired outcomes and other key issues for older people • Find out how older people currently experience the system • Understand the outcomes form vision for 'good'	Pilot in locality areas: • Stonegrove • East Finchley • Burnt Oak Look at learning to be transferred	Develop borough-wide approach to Ageing Well incorporating both locality-based and borough-wide action plan	• Identify better use of assets • Follow 'best leads' that have local energy • Identify barriers to change / asset development Ensure focus on: • North Finchley • High Barnet • West Hendon • New/East Barnet • Underhill	Develop action plans: • Stonegrove • East Finchley • Burnt Oak • North Finchley • High Barnet • West Hendon • New/East Barnet • Underhill
Activities include:	• Proposal sign-off • Scoping meeting • Scoping interviews	• Collection of needs and users views • Focus groups to build picture of what good looks like • Explore what older people value	• Map Individual / collective assets • Locate key stakeholders • Identify good local practice • Find key local citizens • Identify individuals to support action into the future • Follow 'best leads' that have local energy	• Develop ways to roll-out approach - building community capacity • Identify effective approaches to engaging older people and co-producing solutions • Practical discussions about what could be done • Recommendations for use of resources and funds.	• Map Individual / collective assets • Find key local citizens • Exploration of how individual, social and community capacity can be developed	Locality level: • Practical discussions about what could be done • Secure support from BC or other agencies • Begin to act System-wide: • Find ways to overcome barriers or solve problems

OUTCOME: Changes in mindsets and approaches to appreciating and building on community assets, supporting community capacity and development, co-designing solutions with older people as well as the development of strategic models for achieving this which involves the whole system

8. Progress to date:

The Programme is actively supporting three localities including East Finchley, Stonegrove and Burnt Oak. Links have been made with the Shadow Health and Wellbeing Board, the Older Adults Partnership Board and Barnet Older People's Assembly.

- Health and Wellbeing Board, 22 September 2011 (item 12). Noted progress on Ageing Well Programme.
- Older Adults Partnership Board, 15 November 2011 (item 2.3). Noted Ageing Well report will be approved by Barnet Council's Corporate Directors Group.
- Older Adults Partnership Board, 1 May 2012 (item 8.2). Noted the report on Place-Based approaches to Ageing Well in Barnet
- Members' Event, 29 May 2012. Review of progress and identification of priorities
- Older Adults Partnership Board, 19 July 2012 (item 5). Noted progress on Ageing Well Programme and reviewed Phase 2 Action Plan.
- ASCH Senior Management Team (Health), 12 September 2012. Noted progress on Ageing Well Programme and reviewed Phase 2 Action Plan.
- Meeting with Cllr Old, Ageing Well Champion, 18 September 2012. Discussed progress on Ageing Well and reviewed Phase 2 Action Plan.
- Barnet Older People's Assembly, 1 October 2012. Presentation and 'talking table' on Ageing Well Programme.
- ASCH Strategic Commissioning Board, 31 October 2012. Discussed progress.
- Meeting with Cllr Old, Ageing Well Champion, 6 November 2012. Discussed progress on Ageing Well and reviewed Phase 2 Action Plan.
- ASCH Senior Management Team (Health), 14 November 2012. Approved Altogether Better - the Ageing Well programme Project Plan 09/12-03/13
- Ageing Well Programme Board, 5 December 2012. Inaugural meeting. Discussed Altogether Better - the Ageing Well programme in Barnet 2013/14 Action Plan
- Health Overview and Scrutiny Committee, 11 December 2012. Discussed progress on Ageing Well and Altogether Better.

8.1 Asset Mapping

The agreed approach was to start by focusing on the assets of older people who live that in the three localities. This approach has enabled older people to identify ways in which they themselves could be better used to create places in which to age well.

The locality projects have reinforced the value of an asset-based approach. Older people are enjoying the experience of identifying their own skills and resources. At a local level, the asset-based approach has started to succeed in:

- Generating new and imaginative ideas
- Bringing key people together and engaging a wider group of people
- Linking public sector agencies with the ideas and efforts of the voluntary and community sectors

This approach is helping to identify and strengthen the social networks in each locality, and creating the basis for a thriving independent sector of social, leisure and cultural activities as well as opportunities for older people to volunteer and contribute to activities that would enhance their own lives and those of others. The asset mapping techniques is a very useful way of building individual and community confidence, creating a positive atmosphere and offering a shared forward agenda.

8.2 Developing good ideas

Among some of the ideas identified by older people, the following recurrent issues have been identified across the localities along with some good ideas for tackling them (see appendix A which includes information on borough-wide initiatives to address these issues):

- ***Isolation*** – no longer being able to drive or afford to do so, not being as steady one one's feet as before, being fearful of going out.
  Good ideas include – intergenerational projects bringing together older and younger people in a community.
- ***Being valued and able to contribute*** – not being written off because one is older or retired; wanting to be part of the community and contribute especially to the lives of children and young people.
  Good ideas included – increasing volunteering opportunities and structures, timebanking.
- ***Information*** - Older people need a lot of advice and information - about housing, finance, legal issues, bereavement, hospital discharge, health and healthy living, care and support and available services. It needs to be clear, easy to follow, and offered in ways that make the recipient comfortable and reduces anxiety.
  Good ideas included - Community Agents, where local residents who know their area will be trained up to look out for whoever is vulnerable and be able to offer a range of advice and signposting, from benefits to home adaptations, and to develop an online portal.
- ***Transport*** - Frail older people will need access to transport for any vital journeys, including hospital appointments or GP appointments, shopping etc. It needs to be available when needed, to work and to be affordable.
  Good ideas included - improving the quality of bus services, community transport schemes and affordable private transport such as local taxis.

8.3 Organisational Mapping

Each locality has undertaken a mapping exercise of groups, organisations and businesses within their area. To date, this includes approximately 180 names and addresses in East Finchley, 120 in Burnt Oak and 25 in Stonegrove.

8.4 Marketing/Information Materials

Marketing and information materials have been developed to support ageing well in each locality, including template letters to organisations, promotional leaflets and posters as well as an asset capture form.

8.5 Locality Workshops

Each locality has been planning and delivering workshops aimed at local organisations, groups and businesses as well as local residents. The workshops have been designed to introduce people to the overall Ageing Well programme and the idea of the asset based approach. Working in small groups the participants will be asked to 'asset map' their local area, develop good ideas and undertake a commitment to act:

- ***Identifying individual and community assets*** - Working in groups, to list examples of the personal assets that they would be prepared to share with others to make their local area a place in which to live and work. Also, to explore the wider pool of community assets and work out how these could be further developed and used differently.
- ***Taking Stock*** - In groups, identifying what is needed to do to make the locality a place in which it is good to live and work, in terms of improved collaboration between organisations and sectors and by building capacity in the community?
- ***What is needed to do to put this in place*** (i.e. commitment to act) - logging commitments to act, identifying unresolved issues and agreeing how to maintain the dialogue and momentum.

8.6 Build a borough-wide approach

This plan starts to deliver a bottom-up, borough-wide, asset based approach, supported by the learning and success of the locality working. From the outset it has been recognised that the model will need to include support and action at both a local and strategic level. In broad terms this has involved:

- Developing a strategic framework of community development activity across the borough focussing on improving the wellbeing of older people
- Adopting and supporting an asset-based approach across localities
- Agree action between individuals, groups, the council and key partners to identify key roles, governance issues and to join-up activity

8.7 Develop locality based implementation plans

From the initial locality meetings, the groups are being encouraged to start to describe the main things that need to be done to get their good ideas up and running (see appendix C for examples). In each case the aim is to make use of existing assets, hence minimising the costs of innovation and ensure the overall approach is sustainable. Further meetings are being organised where interested groups of people will be asked to imagine that their good idea is up and running and they have been asked to explain how it works to someone visiting their area. From this, the groups will decide which ideas to take forward and with the support of the Ageing Well Programme Manager will start to identify and define the benefits using the following criteria:

- Description – what does it do? Why do it? What issues does it tackle?
- Observation – what will change? What are the benefits? What is the likely uptake?
- Attribution – how are people and others involved? How does it help people? What accommodation, equipment and funding are needed? How can it be sustained?
- Measurement – where will the benefit arise? How and when will the achievement of the benefit be measured?

9. 2013-14 Action Plan

Altogether Better - the Ageing Well programme in Barnet
2013 - 2014 Action Plan

Introduction

1. This action plan identifies and prioritises the key initiatives to achieve the aims and objectives of Ageing well in Barnet.

2. The resources to achieve this action plan are provided from volunteers and voluntary organisations, Barnet Council and other partner statutory organisations. The Barnet Council's Adult Social Care & Health Commissioning team will facilitate this to happen.

3. The work of this action plan will link to other relevant strategies and plans to ensure a joined up and coordinated approach.

4. This action plan builds upon and progresses the successes from the action plan September 2012 – March 2013.

5. Each project/action will be reviewed annually and monitored by the Barnet Ageing Well Programme Board on a quarterly basis.

6. The work programme has been structured around the five objectives from the Altogether Better - the Ageing Well programme in Barnet plan. These are:-

    a. To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.

    b. To support access to, and increase the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.

    c. To ensure there are the means to develop ways of providing "that bit of help " at the right time, for example a listening ear, help with gardening and home maintenance.

    d. To help people plan for a fulfilled older age.

    e. To identify opportunities to reach out into communities. This will include engaging hard to reach and help isolated older people

Objective 1: To ensure that older people can obtain the information they need when they need it to enable them to more effectively access services.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
Improved Information Provision Improve range of information and access to information on:- • LBB website • Partners websites *(Dependencies: 2.2, 2.3, 2.9)*	Partners to carry out review of their websites for ease of accessing information	Improved access to information	Chris Palmer, Head of Communications	Within existing resources	July 2013	**LBB**, All partners involved	
	Independent living and positive ageing to be integrated into LBB website	Improved range of information available	Chris Palmer, Head of Communications	Within existing resources	Sept 2013	**LBB**, ASCH	
	Coordinate and expand information provision at local events, flu clinics etc	Increased number of people attending events, flu clinics etc	Dawn Rowe, Communications Manager	Within existing resources	Dec 2013	**ASCH**, All partners involved	
Improved Access to Information, Advice & Guidance Improve the opportunities for accessing accurate information and advice across the borough *(Dependencies - 2.2, 2.3, 2.5, 2.7)*	Commission an extended citizen led community coaching / agents service	Support to isolated older people, to reduce social isolation and promote participation	Stuart Collins, Head of Troubled Families	Within C&F resources	June 2013	**C&F**, ASCH, Barnet Homes, DWP, BCIL,	
	Build on the development work with Contact Centre to ensure that the one-stop shop promotes good access	Increased number of people helped to identify barriers and enable them to access the available support	Emily Bowler Customer Care / Business Manager	Within existing resources	Sept 2013	**ASCH**, Capita	
	Increase the number of locations where citizens can get information from trusted sources in the community	Increase help for people to stay independent and plan ahead for future needs by increasing awareness of resources	Glen Crosier, Commissioning Manager	Within identified IAAB resources	Sept 2013	**ASCH**, BCIL, OP Assembly, Pension Service, NHS, Police + community groups	
	Develop a borough-wide Older People's Well-being Information Referral Tool	Community groups and service providers are identifying socially isolated individuals and supporting them to access their services.	Stephen Craker, Ageing Well Programme Manager	TBC	Dec 2013	**ASCH**, OP Assembly, Pension Service, NHS, Police + community groups	

Objective 2: To support access to, and the range of, social and community activities available for older people, in order to help tackle social isolation and loneliness.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
Expand the number of home library service volunteers. Supports implementation of Barnet Libraries Review *(Dependencies - 2.6)*	Work with Altogether Better localities to increase the number of volunteers by 12%	Reduced social isolation and increased participation	Mike Fahey, Project Manager, Library Services	Within existing Resources	Sept 2013	**Library service,** ASCH, Voluntary organisations	
	Collect numbers of new home library users involved and capture outcome stories	Older people will be able to access a range of leisure and educational information	Mike Fahey, Project Manager, Library Services	Within existing Resources	Six-monthly	**Library service,** ASCH, Voluntary organisations	
Build bridges with young people Older people are encouraged and supported to contact neighbours who are outside their usual circle. *(Dependencies: 2.4, 2.5)*	Commission Volunteer Led Intergenerational Shared Reading Project in each Altogether Better area	Reduce social isolation and increase independence by improving emotional well-being	Stephen Craker, Ageing Well Programme Manager	£15k	By April 2013	**ASCH**, TBC, Community Barnet, all partners	
	Assess impact and involve users with planning process	Older and younger people working together to promote harmony and understanding	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	Six-monthly	**ASCH**, TBC, Community Barnet, all partners	
People have choice to be engaged Ensure that as many people as possible have the choice to be engaged and stimulated if this is what they would like to be. *(Dependencies: 2.2, 2.3, 2.9)*	Map the needs of groups within each Altogether Better localities and link with Neighbourhood Model	Develop a community model for the delivery of services, to promote supportive communities	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	ongoing	**ASCH,** Altogether Better localities / Neighbourhood Model Providers	
	Develop and implement an action plan based on the findings of the mapping and engagement of Altogether Better localities	To promote healthy living and tackle the underlying determinants of ill health	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	ongoing	**ASCH,** Altogether Better locality steering groups	

Objective 3: To ensure there are the means to develop ways of providing "a bit of help" at the right time, such as a listening ear, help with gardening and home maintenance.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
Time-banking Scope developing a Timebanking initiative for Barnet *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.6, 2.9)*	Explore and develop time-banking model for Barnet	Increased independence by developing a model of support and provision for older people, by older people	Stephen Craker, Ageing Well Programme Manager	Within existing resources	January 2013	**ASCH**	
	Commission two year time-banking pilot	Older people given opportunities to use their skills and experience to support other older people	Stephen Craker, Ageing Well Programme Manager	£35k per year	By May 2013	**ASCH**	
	Work with partners to set up Barnet Timebank model	Promoting opportunities for personal development and participation	Stephen Craker, Ageing Well Programme Manager	Within existing resources	From June 2013	**TBC**, ASCH, Community Barnet**,** all partners	
Personal Safety To develop a coordinated approach where people across communities feel confident in helping themselves and others to feel safe. *(Dependencies: 2.4)*	Develop and produce personal safety leaflet designed with older people	Increased awareness and understanding of street safety and the services of Trading Standards.	Paul Lamb, Community Protection Group Manager	TBC	Sept 2013	**Community Safety**, Neighbourhood Watch, BOPA, Trading Standards	
	Develop a personal safety tool kit for partners to use	Community groups and service providers are aware and understand personal safety issues.	Paul Lamb, Community Protection Group Manager	Within existing resources	Sept 2013	**Community Safety**, Neighbourhood Watch, BOPA,	
	Scope with Fire and Rescue to see if volunteers could be trained to provide home fire safety visits	Increased awareness and understanding of fire and safety issues around the home	Paul Lamb, Community Protection Group Manager	Within existing resources	Sept 2013	**Community Safety,** London Fire Brigade (Barnet), ASCH	

Objective 4: To help people plan for a fulfilled older age.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
Positive Ageing Campaign Initiate a Positive Ageing campaign for Barnet. *(Dependencies: 2.2, 2.5, 2.9)*	Work with voluntary sector to identify 'Aspirations for Ageing' and expectations of 50-60 yr olds	Improved confidence, self-belief and self-worth	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	January 2013	**ASCH,** Older Adults Partnership Board, Vol orgs, private sector orgs (SAGA), Age UK Barnet, U3A, RSVP	
	Identify models of Positive Ageing Campaign and develop Barnet campaign	Older people are valued, respected and free from discrimination	Dawn Rowe, Communications Manager	£3k	June 2013		
Older Men Identify opportunities for older men to participate in social activities. *(Dependencies: 2.2, 2.3, 2.5, 2.8, 2.9)*	Identify interest areas of older men in each Altogether Better pilot areas	Promote healthy living and tackle the underlying determinants of ill health	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	July 2013	**ASCH,** Altogether Better Pilot Areas, BOPA, Age UK, FiN, all partners	
	Promote volunteer driving opportunities for men	Older people will be able to get out and about easily and use affordable transport that is easily available	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	June 2013		
	Develop and implement an action plan based on the findings of the mapping and engagement of pilot areas	Identify and work with men who feel excluded from the life of the community	Stephen Craker, Ageing Well Programme Manager	TBC	Nov 2013	**ASCH,** Altogether Better Pilot Areas, BOPA, Age UK, FiN, all partners	
LGBT Community Scope LGBT older population needs. *(Dependencies: 2.2, 2.3, 2.4, 2.8, 2.9)*	Identify what is already available	Older people should have good social networks to combat social isolation	Stephen Craker, Ageing Well Programme Manager	Within existing Resources	Sept 2013	**ASCH,** BarnetGay, LBB Equality, Altogether Better Pilot Areas, BOPA, AgeUK Barnet, all partners	
	Develop and implement an action plan based on the findings of the mapping and engagement of pilot areas	Identify and work with people who experience social isolation	Stephen Craker, Ageing Well Programme Manager	TBC	Jan 2014		

Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
East Finchley Project Pilot *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	Jan 2013	**ASCH, BOPA**	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, EFAB Steering Group	Existing Resources	Feb 2013	**Steering Group,** ASCH	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, EFAB Steering Group	Upto £5k	April 2013	**Steering Group,** ASCH	
Burnt Oak Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	Feb 2013	**ASCH, BOPA**	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, BOAB Steering Group	Existing Resources	March 2013	**Steering Group,** ASCH	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, BOAB Steering Group	Upto £5k	May 2013	**Steering Group,** ASCH	
Stonegrove Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	Feb 2013	**ASCH, BOPA**	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, SAB Steering Group	Existing Resources	March 2013	**Steering Group,** ASCH	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, SAB Steering Group	Upto £5k	May 2013	**Steering Group,** ASCH	
North Finchley Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	April 2013	**ASCH, AB Steering Group Mentor**	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, NFAB Steering Group	Existing Resources	June 2013	**Steering Group,** Mentor, ASCH,	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, NFAB Steering Group	Upto £5k	Sept 2013	**Steering Group,** ASCH, Mentor	

Objective 5: To identify opportunities to reach out into communities. This will include engaging hard to reach and isolated older people.

Project / Action	Key tasks	Expected Outcome(s)	Lead Officer	Resources	Target / Milestones	Partners (lead org in bold)	RAG
High Barnet Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	April 2013	**ASCH,** AB Steering Group Mentor	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, HBAB Steering Group	Existing Resources	June 2013	**Steering Group,** Mentor, ASCH,	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, HBAB Steering Group	Upto £5k	Sept 2013	**Steering Group,** ASCH, Mentor	
West Hendon Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	April 2013	**ASCH,** AB Steering Group Mentor	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, WHAB Steering Group	Existing Resources	June 2013	**Steering Group,** Mentor, ASCH,	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, WHAB Steering Group	Upto £5k	Sept 2013	**Steering Group,** ASCH, Mentor	
New/East Barnet Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	June 2013	**ASCH,** AB Steering Group Mentor	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, N/EBAB Steering Group	Existing Resources	Sept 2013	**Steering Group,** Mentor, ASCH,	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, N/EBAB Steering Group	Upto £5k	Dec 2013	**Steering Group,** ASCH, Mentor	
Underhill Altogether Better *(Dependencies: 2.2, 2.3, 2.4, 2.5, 2.9)*	Community Leadership / Map area	Access to information, advice, opportunities and services in local area	Stephen Craker	Existing Resources	June 2013	**ASCH,** AB Steering Group Mentor	
	Explore issues, agree goals, projects, outcomes	Opportunity for older people to be heard	Chair, UAB Steering Group	Existing Resources	Sept 2013	**Steering Group,** Mentor, ASCH,	
	Develop locality action plan and launch projects	Locally provided range of activities and support	Chair, UAB Steering Group	Upto £5k	Dec 2013	**Steering Group,** ASCH, Mentor	

Appendix A Evaluation Methods

The evaluation methods described below can be used to prompt people to set personal goals and to reflect on their progress and achievements throughout their involvement. Research suggests that setting goals and progress to attaining goals are strongly associated with higher levels of wellbeing.

Focus Groups
With some projects such as the Theatre, Film and Poetry projects, focus group discussions are particularly useful in order to find out what people want to achieve from their involvement in the project (through the initial brainstorming sessions), and then to later explore their experiences of being involved.

Volunteer Experience Books
The aim of the Volunteer Experience Book is for the longer-term volunteer to keep a record of, and reflect on, their time on a project. It can include sections beginning with 'Where am I and what do I want to achieve?' to 'My experience of being a volunteer and my changing perceptions.'

Reflective Events
Reflective Events can be held in order to celebrate the achievements of volunteers, to promote all projects within the community, and to use the events as a method of evaluation through engaging the volunteers in a voting software tool. This voting game is often a popular and enjoyable form of evaluation.

Film/Photography
Throughout the project, evidence can be gathered to show the types of skills that older and younger volunteers developed, especially whilst filming, producing and editing.

Case Studies
Some volunteers who particularly benefitted from their involvement in can be interviewed to explore their experiences and the impact upon their own personal development in more detail.

Event Feedback Forms
Due to the ad hoc nature of events the most appropriate method of evaluation here can be through feedback forms. People are invited to state whether they enjoyed the event, what they learnt from it, and whether they were considering going on to volunteer as a result.

Project Leaders' Questionnaires
Throughout the project, it s imperative to provide regular guidance and to obtain regular feedback from project leaders. This can be done through project workers' meetings and through one-to-one sessions with the Programme Manager. At the end of projects, leaders can also be asked to complete a questionnaire in order to find out about their experiences of taking forward a project.

Appendix B Possible locally agreed locality-based projects

Adopt a grandparent
A scheme which pairs volunteers with older people in their community with similar interests, allowing them to build up a relationship based on visits and sharing leisure time together.

Artists with Futures Exhibition and creative workshops
An exhibition including creative work by both young and older. Alongside the exhibition, a variety of creative workshops including; mug glazing, planting and photography can be run.

Baking and Banter
Older people have oodles to offer simply from having run a home, brought up children, cooked, cleaned and budgeted. Weekly cookery sessions could be set up that involves people demonstrating how to cook simple, cheap and nutritious meals. During the sessions everyone mucks in with the preparation and then sit down together to eat around a table.

Befriending Scheme
A befriender calls a number of people who in turn phone a list of other people e.g. one person makes five phone calls to those people on a list, those five people do the same and so it escalates through the directory of people who are socially isolated/ housebound/ill/in need etc. They also act as responders if something is found to cause concern – they report to a designated person/s who then reacts according to set protocol. Befriending activities could include dog walking, collecting prescriptions, putting out wheelie bins etc.

Business Mentoring
Older volunteers with business skills and experience mentor and advise younger people on business planning, fundraising and marketing.

Casserole Club
Home-cooked food made by neighbours for neighbours. Casserole club helps people share extra portions of home cooked food with others in their area who might not always be able to cook for themselves. Like a local, community-led take-away.

Design the Environment
Competition between groups of pupils working together with older people from the construction industry to re-design an area

Film Day
A series of days spent at a school working with children to produce short scripts about people's lives, hopes and dreams. The scripts are then performed with simple actions. Older and younger people help in all aspects of the filming and production of the piece of work.

Food Links
Build on an idea developed in Scotland which provides a grocery shopping, befriending and household support service to older people, increasing independence and social inclusion.

Friendship Hour

- older and younger people coming together to find ways of reducing fear of crime
- young volunteers providing services to older people; shopping, reading etc
- older volunteers supporting young parents
- toddlers visiting people with dementia in residential setting
- older volunteers working with students on a school history project
- older volunteers meeting with students and exchanging life experiences over a cup of tea

From Rags to Rugs

Older people teach children how to make rag rugs and then work together to design a rug mural. When finished it will be divided in two and hung at the School and in a Day Centre.

Gardening Initiative

Identify ways for older people to maintain their own gardens. Encourage older people in residential or sheltered housing to continue actively participate in gardening.

Generations United Orchestra, band or musical club

This can involve schools, choirs, classical singers, guitar players, students, older people's groups and poetry readers coming together. An example includes an older people's group working in a junior school a month before a charitable concert, making recycled instruments, creating a story and learning to recite a poem to perform at the Concert.

Golf for All

Older people become volunteer golf coaches; this may include undergoing First Aid training and Junior Leader training with the Golf Foundation. The programme includes a variety of games and activities to promote learning and engagement in a fun and stimulating way. An after school club might be the best way forward, where they could use a playing field in fine weather and have access to a sports hall if not able get outside.

Grandparent mentoring

Older people mentor children and young adults with support, encouragement and advice including teaching general life skills

Henna Hands

Joining a school during its cultural awareness week, children and older people have the opportunity to decorate each other's hands and feet with henna, whilst sharing experiences of other cultures.

Intergenerational Craft Projects

To promote understanding and tolerance between the older people living in sheltered housing and young people living in the area, helping to combat negative stereotyping, for example, tenants of Sheltered Housing Scheme may express an interest in craft sessions and a secondary school takes pupils to take part in a craft project with the older people.

IT Skills Training
Engage younger volunteers to help older volunteers in using computers, digital cameras and any other technological equipment they needed assistance with.

I-Tea and Biscuits
Delivered in partnership with library staff where older members of the public could attend to get advice on computers and the internet.

Learning Links
By developing knowledge and life-skills amongst older people, including the use of new technologies as well as seniors passing on knitting, sewing, and craft skills to younger people. It can also include seniors passing on their expertise about the world of work, by holding mock job interviews, (can be recorded and used for GCSE exams) and help build self-esteem.

Men In Sheds
A club offering a workspace where older people can work on practical projects with others. The space is equipped with tools and materials donated by members, the public and local businesses. Members can put their skills to good use, share their knowledge and learn new skills. Members can come from a wide variety of backgrounds ranging from highly skilled to those with little or no experience, but all work together.

Money Skills Programme
Financial planning for later life with annual health checks by employers to improve financial capability and resilience. Working with the national Money Advice Service to promote take up of self-assessment tool.

Poetry and Writing
Local poet(s) works with a mixed group of volunteers to write and perform poetry or recite/read books aloud.

Points of View
Young and older people explore their local area and its community past, present and future; to record what they discovered using photography, video, audio tape and the written word and present their findings to wider community audience through an exhibition or presentation. Both young and older people can:

- Learn photography, video and audio media including creative, technical and critical skills.
- Learn skills in IT, using computers to create written and visual presentations.
- Develop communication, social skills and confidence.
- Develop self-assessment, reflection and evaluation; team building and group work skills.

Reading buddies in schools
Volunteers work with children in schools to help their reading. Volunteers committed to two to three sessions per week with the same child, going through reading exercises.

Reminiscence Work Involving Drama and Theatre
Young performers gather as much information as possible in order to be able to represent the past effectively. They therefore meet with older people as fill the gaps in their knowledge as they start to improvise and write their plays.

Secret Gardeners
Pupils from a school that has its own organic garden tended by the children, meet with a group of older people who enjoy gardening and can therefore share gardening tips with the young people. This can also involve a two-way sharing of knowledge, with the young gardeners sharing with older people their knowledge of organic principles.

Surf 'n' Turf
Young and older people sharing skills to grow food and use the internet to find recipes to be made using the foods grown

T- Danze
An event held at a local hall, were a DJ who plays a selection of music chosen by both young and older people. Older people can watch and join in with the children perform their routines to music such as Busted and McFly. Vice versa, the children can embrace the dance hall music and dance with older people to waltz's and foxtrots!

Who Owns the Catwalk?
Textile GCSE students and older people look at clothing from different eras. The teenagers are encouraged to try the clothes on and talk with older people about their fashion views.

Wiggle Bus
The routes are identified through an area review. Care needs to be been taken not to run services in competition with current services. All drivers to be trained to MiDas standard (Minibus Driver Awareness Scheme).

Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Report of the Children and Young People's Health Outcomes Forum: Implications for Barnet**
Report of	Director for People
Summary of item and decision being sought	The Children and Young People's Health Outcomes Forum was commissioned by the Department of Health to make recommendations about the most important health outcomes for children and young people and how the new health system should ensure they are met. This item has been produced to brief the Board on the report, and the potential implications for Barnet.

Officer Contributors	Joint Head of Children's Commissioning, LBB and NHS
Reason for Report	To brief the Board on the Children and Young People's Health Outcomes Forum, and the potential implications for Barnet, and seek their views on how the Board can implement the recommendations and improve outcomes for Children and Young People
Partnership flexibility being exercised	None at this stage but joint flexibilities will be considered as a way of tasking forward any new joint service developments
Wards Affected	All

Contact for further information: Vivienne Stimpson, Joint Head of Children's Commissioning , LBB and NHS Barnet CCG
Vivienne.stimpson@nclondon.nhs.uk
Tel: 0208 937 7651

1. RECOMMENDATION

1.1 That the Health and Well-Being Board note developments outlined in this report and the implications for Barnet and considers the following recommendations:

- Clear arrangements for children's voices to be heard through Healthwatch should be in place, alongside an increased focus on the patient experience through commissioning.
- Consideration of perinatal mental health pathways is included in the broader review of maternity services to be commissioned by NHS Barnet CCG.
- The data locally available to assess the health needs of children with disabilities, looked after children and young people in contact with the youth justice system should be identified and included in the next iteration of the Joint Strategic Needs Assessment.
- Formal Section 75 agreements to jointly commission health services for looked after children, occupational therapy and physiotherapy should be considered in 2013/14.
- The Primary Care Strategy should consider what arrangements and local support offer are required to enable primary care settings to play a full role in services for children and young people.
- Consideration should be given to developing a local health network to support the work of the Children's Trust Board and Health and Wellbeing Board

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Children's Trust Board- 6 December 2012- agenda item 6- considered the Health Outcomes in the Forum report, endorsing the recommendations and agreeing a more detailed report to the next Children's Trust Board on how to best deliver better child health outcomes, including recommendations around governance and resource planning (including Section 75 Agreements).

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 The specific proposals outlined in this report will assist the Health and Well Being Board to deliver the 'Keeping Well- preparing for a healthy life' priority in the Health and Well-Being Strategy. They will inform more specific commissioning plans developed both by the Council and Barnet Clinical Commissioning Group.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Equality and diversity issues are a mandatory consideration in decision-making in the council. This requires officers and members to satisfy themselves that equality considerations are integrated into day to day business and that any proposal has properly taken into consideration what impact if any there is on any of the protected groups. In discharging the public sector equality duty the council must have due regard to the need to eliminate discrimination, advance equality of opportunity by removing disadvantages experienced by people due to their protected characteristics and fostering good relations.

4.2 Barnet Joint Strategic Needs Assessment includes information on health outcomes for young people and inequalities that affect particular groups. These will be addressed through implementing the Forum's recommendations in a Barnet context.

4.3 This report recommends that data locally available to assess the health needs of children with disabilities, looked after children and young people in contact with the youth justice system should be identified and included in the next iteration of the JSNA.

5. RISK MANAGEMENT

5.1 Additional resources may be needed to implement some of the recommendations in this report: these will need to be prioritised against CCG/LBB commissioning intentions and where appropriate funded from within existing NHS and local authority budgets.

5.2 Meaningful engagement in a children's health network group will be taking place during a period of considerable transition. A communication plan will be developed to ensure appropriate communication.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.

6.2 In public law terms this target duty is owed to the population as a whole and the Local Authority must act reasonably in the exercise of these functions.

6.3 Regulations setting out the detailed obligations are yet to be issued.

6.4 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Each of the potential service developments highlighted in this report will need to be costed and met from existing resources of partners, supported by business cases as appropriate. Suitable projects to support the health of children and young people will have long-term benefits in terms of reduced costs of intervention throughout life.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 A report was also presented to Children's trust Board on 6 December 2013 to begin to engage with critical stakeholders working with children and young people, including schools. Further engagement is planned and the report proposes establishing a local health network to support this work

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage.

10. DETAILS

10.1 The Children and Young People's Health Outcomes Forum was established in December 2011, under the joint leadership of Christine Lenehan (Disabled Children's Council) and Ian Lewis (Alder Hey Children's NHS Foundation Trust). The Forum was commissioned by the Department of Health to make recommendations about the most important health outcomes for children and young people and how the new health system should ensure they are met.

10.2 The Forum has examined the whole health system, including organisations with local and national remits, and partnership bodies. Some of the proposals relate specifically to Government departments, regulatory bodies or health authorities with a specific national remit. Proposals are only considered within this report if they have specific implications at a local level.

10.3 The Forum has recommended the development of a range of indicators specific to children and young people within the NHS Outcomes Framework, the Public Health Outcomes Framework and the Commissioning Outcomes Framework. These are appended to this report as Appendix A.

10.4 While the report does include a focus on those children and young people who are most vulnerable and have the most complex needs, it has a more far reaching focus on the outcomes and care experiences of children and young people with long term conditions, particularly diabetes, asthma and epilepsy, which can have significant impacts on broad outcomes and later life opportunities. This provides an opportunity locally to think about the outcomes for this group of children and how schools, health services and family support services can work together to ensure that needs are met.

10.5 The report focuses on eight key themes, which are:

- Putting children, young people and their families at the heart of what happens;
- Acting early and intervening at the right time;
- Integration and partnership;
- Safe and sustainable services;
- Workforce, education and training;
- Knowledge and evidence;
- Leadership, accountability and assurance;
- Incentives.

10.5.1 Putting children, young people and their families at the heart

Involving children, young people and families in decisions about their care, and in the development of services, is a key factor in achieving successful outcomes and takes high priority within the report. The report makes the following recommendations:

- All health organisations must demonstrate how they have listened to the voice of children and young people, and how this will improve their health outcomes;
- The Department of Health should produce a children's health charter, based on the principles of the UN Convention of the Rights of the Child. The application of these principles should be audited through the regulators.
- Local Healthwatch includes children and young people's voices as core to their work and demonstrates this through their reporting mechanisms.

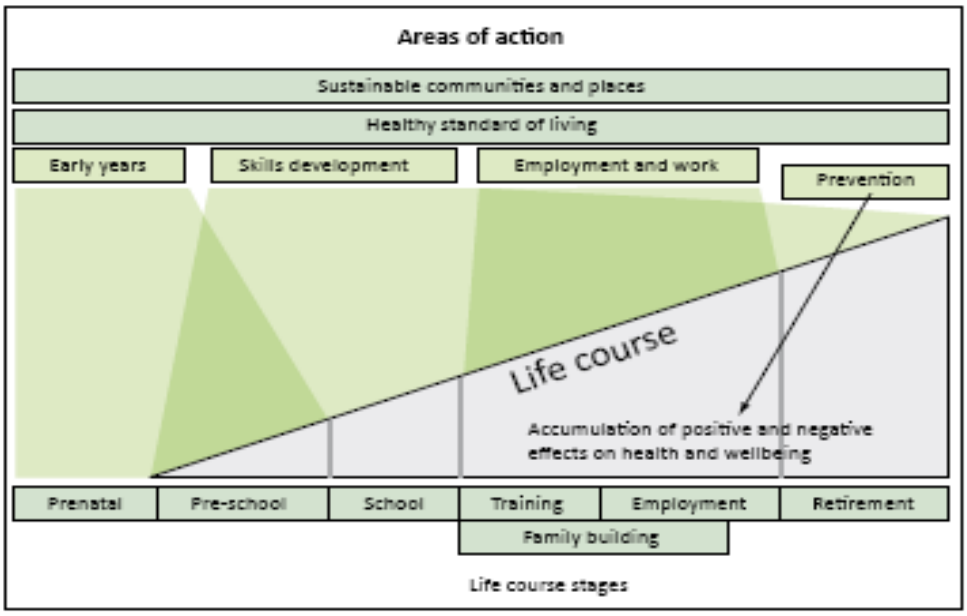
Barnet Implications

- Engagement of children and young people is strong, through Barnet Youth Board, YouthShield, the Bobby Panel and the Role Model Army, although it is not yet clear how this will link with Barnet Healthwatch

- There is a clear Participation Strategy in place across the Children's Trust and a Participation Strategy Group meets regularly to oversee it's implementation
- ' You're Welcome' standards for health services have been rolled out across health settings, including sexual health and CAMHS, although this could be re-launched and supported by ongoing inspection and mystery shopping by young people.
- Health providers undertake some patient experience work with children and young people. Expectations could be strengthened through commissioning activity.

10.5.2 Acting early and intervening at the right time

The Forum's thinking has been heavily influenced by the concept of the life course, and the benefits of supporting the accumulation of positive effects on health and wellbeing, starting during pregnancy. These benefits are not just tangible in health terms but equally importantly in economic and social terms too.



The Forum makes the following recommendations:

- All organisations in the new health system should take a life-course approach, coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation.
- Directors of Public Health and their local clinical commissioning groups should work together with maternity and child health services to identify and meet the needs of their local population.
- In 2013 DH should explore the development of a new outcomes measure on perinatal mental health and implement it as soon as possible.
- Directors of Public Health, through their Health and Wellbeing Board, should ensure that they include comprehensive data for all children and young people within their Joint Strategic Needs Assessment – including those requiring tailored provision, such as those who are looked after, those with disabilities and long term conditions and those in contact with the criminal justice system.
- CCGs with their local authority partners need to ensure sufficient clinical expertise and leadership for looked after children, including a designated doctor and nurse.
- Directors of Children's Services should be responsible for overseeing the overall quality and delivery of health and wellbeing for looked after children.

- Social care staff and others dealing with looked after children should have responsibility for ensuring they are registered with a GP and that the GP is kept informed of the details of their care.
- CCGs and local authorities should specifically recognise care leavers in early adulthood (18-25) as well as looked after children, in their commissioning, including requiring children in care health teams to include a focus on this group.

Barnet Implications

- The Health and Wellbeing Strategy is based on a life course model and a key priority is 'Preparation for a Healthy Life'. The developing Children and Young People's Plan also follows a life course approach and sets out clear outcomes for children and young people in different phases.
- The JSNA includes data on disability, looked after children and young people in contact with the criminal justice system, although for youth offending and children in care, the level of analysis could be deepened.
- Health provision for children in care was recognised as good by Ofsted in the February 2012 inspection. The Designated LAC Nurse is co-located with the Corporate Parenting Team and some co-location of the LAC CAMHS Team will be considered via the new CAMHS Strategy.
- Designated posts for LAC are in place.
- Inclusion Strategy is being developed and will address the needs of children and young people with disabilities and special educational needs.

10.5.3 Integration and Partnership

The Forum places significant emphasis on integration and partnership working, both within the health system, and across both the children's services sector and with adults services.

The report recommends:

- The NHS number should be used as the unique identifier to bring together health, education and social care data for all children and young people.
- The National Curriculum Review should include the provision of health and wellbeing within the 'statutory aims' of the revised national curriculum.
- The NHS Commissioning Board and Monitor should prioritise and promote the issue of integrated care provision in their regulatory and performance roles within the NHS, and work with the Care Quality Commission and Ofsted in developing a framework across non-health providers.

Barnet Implications

- Joint commissioning was recognised as a strength in the 2012 Ofsted inspection.
- Opportunities to co-locate the Complex Care Nursing Team with local authority staff are being explored. There are opportunities to consider some co-location of children's health managers with local authority staff.
- Development of a local curriculum offer for health and well-being, with resources developed for schools to support them to deliver it, is being taken forward through the emerging Children and Young People's Plan.
- Barnet's Health and Wellbeing Strategy includes a commitment that 20% of commissioning activity will be carried out jointly. Section 75 agreements are planned for Speech and Language Therapy and CAMHS in 2013/14, with further consideration being given to jointly commissioning all children's therapy provision.

10.5.4 Safe and sustainable services

The Forum's view is that there is insufficient specialist knowledge of paediatrics and child health to provide a full range of safe services close to the child's home. The Forum is particularly concerned about drug errors, which are not currently reported on a mandatory basis. The Forum makes the following recommendations:

- The NHS Commissioning Board (NHS CB) must ensure that there is a nationally designated, strategic managed network for children and young people. This should include maternity and neo-natal care. The network should incorporate:
    - All children and young people's services within the Specialised Services Definition Set, and
    - All parts of relevant pathways, from specialist centres through district general hospitals to community service provision and primary care. The NHS CB must ensure explicit links between the specialist elements of the pathway commissioned by them, and those areas of the pathway commissioned by CCGs.
- CCGs need to develop local networks and partnerships with providers to address and deliver the sustainable provision of local acute, surgical, mental health and community children's services and to ensure both care closer to home and no gaps in provision.
- The NHS CB, with CCGs, should address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis.
- From April 2013, the reporting of medication errors to the National Reporting and Learning System should become mandatory as part of the reporting for the NHS Outcomes Framework, and should become part of the regulatory framework for CQC and Monitor.

Barnet Implications

- The Complex Care Nursing Team is commissioned as a specific paediatric service to support children with complex health needs to live in the community.
- New commissioning process implemented by NHS Barnet in 2011 has built capacity in community services and reduced need for inpatient beds. This has realised benefits including an annual cost reduction of £700,000 and better communication and support for children.
- Health participation in the emerging Multi-Agency Safeguarding Hub is strong.
- An Integrated Paediatric Service across primary and secondary care is in place at Barnet and Chase Farm Hospital.
- The children's Diabetes Service at Barnet and Chase Farm Hospital has been developed so that it will be compliant with NICE standards from April 2013.
- A collaborative enuresis pathway has been developed with Central London Community Healthcare. This is often overlooked but the condition can be very socially excluding, particularly for older children.
- The Health and Wellbeing Board and Children's Trust Board provide effective governance at the most strategic level. A local Children's Health Network, reporting into both Boards, would strengthen this.
- Clear arrangements for safeguarding children and young people will need to be in place when the Health Visiting Service is commissioned by the National Commissioning Board.

10.5.5. Workforce, education and training

The Forum believes that there are significant skill shortages within the children's health system, and that more can be done to support professionals working within the wider children's sector (e.g. teachers, social workers) to understand children's health and wellbeing needs. The Forum recommends that:

- All GPs who care for children and young people should have appropriately validated CPD reflecting the proportion of their time spent with children and young people.

- All general practices that see children and young people should have a named medical and nursing lead.
- All general practice staff should be adequately trained to deal with children and young people.

10.5.6 Knowledge and evidence

The Forum believes that the health system should be intelligence led and make use of the highest quality data, including research findings. It recommends:

- The NHS CB, with support from the Health and Social Care Information Centre (HSCIC), should establish electronic child health records, accessible for both patients and professionals.
- Once established, the coverage of the new maternity and child health dataset should be extended, in particular to enable tracking of:
    - Child development outcomes at age 2-21/2 years,
    - Care and outcomes associated with the Improving Access to Psychological Therapies (IAPT) initiative, and
    - Care and outcomes for children with disabilities and complex conditions.

Barnet Implications

- The specification for the Health Visiting Service is being revised to strengthen delivery of the child development reviews, prior to transfer to the National Commissioning Board.
- An application to the next round of Children and Young People's IAPT activity is being taken forward via the CAMHS Strategy.
- The Complex Care Programme Board will facilitate better data sharing around children with complex needs and during transition.

10.5.7 Leadership, accountability and assurance

The Forum is concerned that with the scale of change within the NHS, and new organisations operating with new responsibilities from April 2013, accountability for children and young people's services may become confused. Conversely, the development of a new system provides an opportunity to enshrine clear leadership and accountability from the very beginning. The Forum recommends that:

- All organisations leading the new system – DH, Public Health England (PHE), the NHS CB, Monitor, local authorities and CCGs – should clearly set out their responsibilities for children, young people and their families and how accountability will be exercised at every level in the system, and should be transparent about the funds they spend on child health.
- Local commissioners, including CCGs and local authorities, should identify a senior clinical lead for children and young people.
- DH and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible.
- As part of the new multi-agency inspections, CQC should consider how all parts of the health system, including relevant adult services, contribute to effective local safeguarding.
- Further work should be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people. This should include a focus on measuring the effectiveness of early help/early intervention.
- NICE should be commissioned to develop a Quality Standard for safeguarding children.

(viii) Incentives for driving service improvement

The Forum's view is that the development of funding based incentives for service improvement (e.g. QoF, Payment by Results) have largely focussed on adult services

and incentives for improving services to children and young people need to be more developed. The Forum recommends that:

- The NHS CB and Monitor should prioritise and promote the issue of integrated care provision in their funding, regulatory and performance roles within the NHS, and DH should address this issue across government for those services that fall within the remit of local authorities, education, or other government departments.
- The NHS CB prioritise the development of an appropriate range of incentives within the Quality and Outcomes Framework (QoF) for general practice to provide high quality care reflecting the needs of children and young people.

Barnet Implications

- There is a locally agreed service enhancement arrangement for looked after children within general practice. Consideration could be given to developing further service enhancements relevant to children and young people.
- Consideration of payment by results for CAMHS is being taken forward via the CAMHS Strategy.

11 BACKGROUND PAPERS

11.1 Report Of The Children And Young People's Health Outcomes Forum
http://www.dh.gov.uk/health/files/2012/07/CYP-report.pdf

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Key to tables of outcomes and indicators

Over the accompanying tables, we have set out our recommended outcomes and indicators for each of the three Outcomes Frameworks. A key to the classification of these changes is below.

1	No change to existing Outcomes Framework indicator
2	Extension of existing indicator reflect the life course
3	Adaptation of indicator to make more relevant to children
4	New indicator or area to be included in framework

Assessment of indicator readiness:

Red	New data source required (or adaptation to existing data source)
Amber	Data available, definition needs development
Green	Indicator readily available
	Indicator in, or being developed for, existing outcomes framework

Table 1 – Outcomes for children and young people in the NHS Outcomes Framework

Domain	Indicator/Outcome	Recommended change	Indicator status	Proposed data source
Domain 1 – Preventing people from dying prematurely	**Overarching indicator**			
	1a Potential Years of Life Lost from causes considered amenable to healthcare	2	Amber	ONS
	Reducing premature mortality from the major causes of death			
	1.4.viii Cancer survival rates for children and young people	2	Green	ONS
	Reducing premature death in babies, children and young people			
	1.6.i Infant mortality	1		ONS
	1.6.ii Neonatal mortality and stillbirths	1		ONS
	1.6.iii Mortality in childhood and young people	2	Amber	ONS
	Reducing the time taken to receive a diagnosis			
	Time from presentation at NHS setting to i) definitive diagnosis: ii) initiation of treatment: for set of exemplar conditions	4	Red	*New data source*
Domain 2 – Enhancing quality of life for people with long-term conditions	**Overarching indicator**			
	2b Quality of life for children and young people with long-term conditions (including long term mental health problems) and disabilities	2	Red	*New data source*
	Ensuring people feel supported to manage their condition			
	2.1.ii Children and young people and their families feel supported to manage their condition	2	Red	*New data source*
	2.1.iii Healthcare for children and young people is integrated (composite) (placeholder)	4	Red	*New data source*
	Improving functional ability in people with long term conditions			
	2.2.ii Pupil absence in children and young people with long-term conditions and disabilities	3	Red	DfE pupil database
	Reducing time spend in hospital by people with long term conditions			
	2.3.ii Unplanned hospitalisation for children and young people with asthma, diabetes and epilepsy	1		HES
	Enhancing quality of life for carers			
	2.4.i Health related quality of life for carers – extend to measure carers of children separately	2	Red	GPPS
	2.4.ii Family Functioning Index for families where children and young people are carers	3	Red	*New data source*
	Enhancing quality of life for people with mental illness			
	2.5.ii Pupil absence in children and young people with mental health problems	3	Red	DfE pupil database

Domain	Indicator/Outcome	Recommended change	Indicator status	Proposed data source
Domain 3 – Helping people to recover from episodes of ill health or following injury	**Overarching indicator**			
	3a Emergency admissions for acute conditions that should not usually require hospital admission	2	Amber	HES
	3b Emergency readmissions within 48 hours of discharge from hospital for children and young people	3	Amber	HES
	Improving outcomes from planned procedures and treatment			
	3.1v PROM to measure outcomes from planned procedures for children and young people	3	Red	*New data source*
	3.1vi PROMs for children and young people with mental health problems	3	Amber	CAMHS dataset
	Preventing lower respiratory tract infections in children and young people from becoming serious			
	3.2 Emergency admissions for children and young people with LRTI	1		HES
	Improving recovery from injuries and trauma			
	3.3 Measure of functional recovery 1 year after injury for children and young people with severe traumatic brain injury	3	Red	*TARNLET*
Domain 4 – Ensuring that people have a positive experience of care	**Improving women and their families' experience of maternity services**			
	4.5 Women's experience of maternity services	1		CQC
	Improving the experience of care for people at the end of their lives			
	4.6.ii Improving the experience of care for children and young people at the end of their lives	2	Red	*New data source*
	Children and young people's experience of physical and mental healthcare			
	4.8 Children and young people's experience of healthcare in all settings	1	Red	*Experience survey of C&YP (2)*
	Children and young people's experience of transition to adult services			
	4.9 Children and young people continue to receive the care they need following transfer from paediatric services (placeholder)	4	Amber	*HES*
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm	**Reducing the incidence of avoidable harm**			
	5.2 Incidence of hospital acquired infection i MRSA ii C.Difficile iii. Late onset BSIs in children	2	Amber	HPA
	5.4ii Incidence of medication errors for children and young people that reach the patient	3	Amber	HPA
	Improving the safety of maternity services			
	5.5 Admission of full-term babies to neonatal care	1		Neonatal audit
	Delivering safe care to children and young people in acute settings			
	5.6 Incidence of harm to children and young people due to 'failure to monitor'	1		NRLS
	5.7 Rates of admission to age inappropriate environments for children and young people	4	Red	*New data source*

Table 2 – Outcomes for children and young people in the Public Health Outcomes Framework

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 1 – Improving the wider determinants of health	Children and young people in poverty	1		DWP
	Number of children and young people living in decent housing	4	Red	DCLG
	Statutory homelessness	2	Amber	DCLG
	School readiness	1		DfE
	Pupil absence – for all children and young people those with LTCs, disabilities, LAC, and mental health problems	3	Red	DfE
	Educational attainment and progress for all children, children and young people with LTCs – including long term mental health problems – and disabilities, mental health issues, disaggregated by social deprivation	4	Red	DfE
	First time entrants to the youth justice system	1		MoJ
	16–18 year olds not in education, employment or training	1		CCIS
	Killed or seriously injured casualties on England's roads	1		DfT
	Domestic abuse	2	Amber	Home Office
	Violent crime and sexual violence	1		Home Office
	Utilisation of green space for exercise/health reasons	2		MENE survey
	Proportion of children who experience bullying	4	Red	*New survey of C&YP (1)*
	Proportion of children and young people with mental health problems who experience stigma and discrimination	4	Red	*New survey of C&YP (1)*
	Social connectedness	2		tbc
Domain 2 – Health improvement	Low birth weight of term babies	1		ONS
	Breastfeeding	1		DH
	Prevalence of exclusive breastfeeding at 4 months	2	Red	*New data source*
	Smoking status at time of delivery – Percentage of women stopping smoking during pregnancy	3	Amber	Maternity dataset
	Percentage of women abusing alcohol or non-prescription drugs at the time of booking with maternity services	3	Amber	Maternity dataset
	Under 18 conceptions	1		ONS
	Number of births to under 18s	3	Green	ONS
	Child development at 2–2.5 years	1		*tbc*
	Healthy weight in 4–5 and 10–11 year olds	1		NCMP
	Healthy weight in young people	2	Red	*New survey of C&YP (1)*
	Hospital admissions and A&E attendances for accidental and unintended injuries; and non-accidental injuries, neglect and maltreatment in children and young people	3	Amber	HES
	Self-reported well-being (all children and young people, LAC, and those with LTCs and disabilities)[28]	3	Red	*New survey of C&YP (1)*
	Smoking prevalence – 15 year olds	1		IC
	Hospital admissions as a result of self-harm	1		HES
	Diet – Percentage of children and young people who eat at least 5 portions of fruit and vegetables a day; mean number of portions of fruit and veg eaten per day	2	Red	*New survey of C&YP (1)*
	Physical activity – Physical activity in 5–9, 10–14 and 15–19 year olds	2	Red	*New survey of C&YP (1)*
	Alcohol related A&E attendances and hospital admissions	2	Amber	HES
	Access to non-cancer screening programmes	1		Maternity dataset
	Percentage of women presenting as a healthy weight at the time of booking with maternity services i) in their first pregnancy; ii) in their second or subsequent pregnancy	2	Amber	Maternity dataset
	Prevalence of drinking and substance misuse in children and young people	3	Amber	IC
	Proportion of children and young people who play games on a computer 2+ hours on weekdays	4	Green	HBSC
	Proportion of mothers with mental health problems, including postnatal depression	4	Red	*New data source*
	Proportion of parents where parent child interaction promotes secure attachment in children age 0–2	4	Red	*New data source*
	Proportion of parents with appropriate levels of self-efficacy	4	Red	*New data source*
	Children, young people and families have access to age-appropriate health information to support them to lead healthy lives	4	Red	*New survey of C&YP (1)*
Domain 3 – Health protection	Number of young people aged 15–19 presenting with HIV at a late stage of infection	1		HPA
	Chlamydia diagnoses (15–24 year olds)	1		HPA
	Treatment completion for TB	1		HPA
	Population vaccination coverage – Vaccination coverage of preventable notifiable diseases	1		HPA
Domain 4 – Healthcare, public health and preventing premature mortality	Infant mortality	1		ONS
	Mortality in childhood and young people *(link to NHS Outcomes Framework Domain 1)*	2	Green	ONS
	Tooth decay in children and young people aged 5	1		NW PHO
	Suicide	2	Green	ONS
	Emergency admissions within 30 days of discharge from hospital *(and within 48 hours to link with NHS OF)*	3	Amber	HES

28 Emotional well-being of Looked After Children is currently included in the Public Health Outcomes Framework. We recommend extending this to other groups. ONS are currently developing a measure of well-being for children.

Table 3 – Outcomes for children and young people in the Commissioning Outcomes Framework

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 1 – Preventing people from dying prematurely	**Generic**			
	Childhood mortality for specific conditions (meningococcal, septicaemia; asthma; LRTIs, diabetes and epilepsy)	4	Amber	ONS, Child Health Reviews
	Maternity			
	1.25 Antenatal assessments < 13 weeks	1		DH
	Percentage of women presenting as a healthy weight at the time of booking with maternity services i) in their first pregnancy; ii) in their second or subsequent pregnancy	4	Amber	Maternity dataset
	1.26 Maternal smoking in pregnancy	1		DH
	1.27 Maternal smoking in delivery	1		DH
	1.28 Breastfeeding initiation	1		DH
	1.29 Breastfeeding prevalence at 6–8 weeks	1		DH
	Prevalence of exclusive breastfeeding at 4 months	4	Red	*New data source*
	Percentage of babies on exclusive breastmilk at discharge from neonatal units	4	Green	Neonatal audit
Domain 2 – Enhancing quality of life for people with long-term conditions	**Generic**			
	Each child or young person with an LTC, disability, special educational needs, looked after or a care leaver, has a coordinated package of care, including a quality assessment, access to key working approach and appropriate equipment	4	Red	*New data source*
	Any CYP in transition from paediatric to adult care should have a defined and agreed plan for handover of care with access to a key worker.	4	Red	*New data source*
	A&E attendance rates and unplanned rates of hospitalisation for constipation and urinary tract infections	4	Amber	HES
	Numbers of children and young people with multi-disciplinary care plans	4	Red	*New data source*
	Pupil absence for children with LTCs, disabilities and long term mental health problems	4	Red	*DfE*
	Number of children and young people with a disability	4	Red	*New data source*
	Diabetes			
	Proof of HbA1C audit with % of HbA1c above the agreed standards	4	Green	Diabetes audit
	Percentage of patients diagnosed with diabetes, who are later admitted due to Diabetic Ketoacidosis (DKA).	4	Green	Diabetes audit
	Pupil absence for children with diabetes	4	Red	DfE and health data
	% of patients with diabetes being discussed at a local MDT in the past year.	4	Amber	Diabetes audit
	% of patients with Type 1 diabetes screened for secondary conditions on a timescale in accordance with NICE guidelines.	4	Amber	Diabetes audit
	Mental health			
	Progress against child or young person and family's goals – as for example in the IAPT protocol	4	Amber	CAMHS dataset
	Repeat hospital admissions for children and young people with mental health problems	4	Amber	HES
	Patient reported outcome measures, and clinicial reported outcome measures for children and young people in CAMHS – as for example in the IAPT protocol	4	Amber	CAMHS dataset
Domain 3 – Helping people to recover from episodes of ill health or following injury	**Generic**			
	Percentage of admitted children and young people with a length of stay of less than 24 hours	4	Green	HES
	Average length of stay in hospital for children and young people	4	Green	HES
	Day case rates (for certain procedures – to be determined)	4	Amber	HES
	Maternity			
	Disability-free survival at 2 years of age for babies born at <30 weeks of gestation	4	Amber	Neonatal audit, NDAU
	Trauma			
	Time from decision made to transfer a child from Trauma unit to major treatment centre	4	Amber	TARNIet
	Incidence of moderate/major trauma as measured by index severity score >=9	4	Amber	TARNIet
	Time from arrival in Emergency Department to receive CT scan for infants, children and young people with serious head injury	4	Amber	TARNIet
	Mental health			
	Women with postnatal depression who receive successful treatment	4	Red	*New data source*
	Time to appropriate treatment for children and young people using mental health services	4	Red	*New data source*
	Urgent and emergency care			
	Emergency department attendances for children and young people defined per age	4	Amber	HES
Domain 4 – Ensuring that people have a positive experience of care	**Generic**			
	% of children and young people who report that their pain was managed	4	Red	Experience survey (2)
	End of life care			
	Numbers of children and young people with end of life plans who die in the place of their choice	4	Red	*New data source*
	Mental health			
	Rates of admission to age inappropriate environments for children and young people with mental health problems	4	Green	DH
	Children, young people and families experience of CAMHS	3	Amber	CAMHS dataset

Domain	Indicator/Outcome	Change	Indicator status	Proposed data source
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of catheter-associated and catheter-related bloodstream infections (CABSIs and CREBSIs)	4	Red	*New data source, NDAU*
	Number of unexpected cardiac arrests for children and young people in hospital	4	Red	*New data source*
	Paediatric Early Warning System in place and being acted on for children and young people	4	Red	*New data source*
	Number of SUIs reported (physical and mental health)	4	Amber	NRLS
	Emergency admissions of home births and re-admissions to hospital of babies within 14 days of being born, per 1000 live births	4	Green	HES
	Mental health			
	Rate of partially and fully upheld complaints for CAMHS patients	4	Red	*New data source*

For the full Forum report on this section see:

- The patient pathway.
- Reports for the Public Health, Long Term Conditions, Disability and Palliative Care, Mental Health and Acute Illness groups.

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Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Strategic Direction for Early Intervention and Prevention**
Report of	Director for People
Summary of item and decision being sought	Work on Early Intervention and Prevention continues to be a strategic priority for the Council and other partners. As this develops, it is important to have complementary and consistent principles and implementation. This report proposes some key commitments and ways of working.

Officer Contributors	Jay Mercer, Deputy Director, Children's Service Stuart Collins, Head of Family Support & Early Intervention Linda Spiers, Project Manager, Corporate Programmes
Reason for Report	To advise the Health and Well Being Board of the Council's strategic direction and proposed business priorities for Early Intervention and Prevention to assist the Board in implementing its objectives and to seek the Board's comments.
Partnership flexibility being exercised	n/a
Wards Affected	All

Contact for further information

Stuart Collins, Head of Family Support & Early Intervention 020 8359 5512

1. RECOMMENDATION

1.1 That the Health and Well-Being Board note and comment on the Council's proposed strategic direction for Early Intervention and Prevention.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well-Being Board, 29 November 2012- item 9 Forward Work Programme

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 The principles of effective early intervention and prevention are central to the Health and Well Being Strategy approved by the Board on 4 October 2012. Prevention is cited in the Strategy as a key principle, and the Strategy is based on Marmot Report's evidence that the greatest opportunities to reduce health inequalities are through interventions in childhood. Family Support is also one of the factors that assists people to take responsibility for their and their family's health and well-being, which is another thread running through the Strategy.

3.2 These principles are also reflected in the Safer Communities Strategy and the Children and Young People Plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 This approach is aimed at improving outcomes for all people but in doing so narrowing the gaps and health inequalities identified in the JSNA .

5. RISK MANAGEMENT

5.1 Strong programme management, governance and information management minimises the risks of Early Intervention activities not being managed properly. A regular focus on outcomes and strong performance management will minimise the risk that improved outcomes and reduced costs to the health and care system do not materialise. The way in which this is being done is outlined in Paragraph 10.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It provides a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year.

6.2 Statutory guidance Working Together to Safeguard Children (2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the CA 2004. The latest version (2010) followed the publication of Lord Laming's report. Following the

Munro Review, Working Together to Safeguard Children was revised and published for consultation in 2012.

6.3 The broad target duty has been mentioned in accompanying reports to the Health and Wellbeing Board. For completeness, Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.

6.4 The new public health functions will enable the council to provide strong local leadership for public health, thereby improving health and reducing inequalities by tailoring local solutions to local problems as described in this report.

6.5 With reference to paragraph 10 below, consideration will need to be given to Information law when further developing existing practice.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The proposals made by this report will be delivered through existing resources and budgets. Any requirement for additional or transferred resource would be subject to a full business case development and resource specific decision process.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Early Intervention and prevention work involves joint working with a range of partners and these are set out in Paragraph 10. There are a number of multi-agency groups such as the Troubled Families Group (formerly the 'top 100' group).

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Paragraph 10 sets out partners who include a number of providers such as hospital and community healthcare staff and mental health services.

10. DETAILS

Strategic Direction for Early Intervention and Prevention

10.1 As part of the senior management restructure in Barnet Council, the new Family Support and Early Intervention Service has been developed. This has brought together the Multi-Agency Support Team (which drives the Common Assessment Framework), Children's Centres, Early Years commissioning and provision and the Family Focus team, which deals with Troubled Families.

10.2 We continue to recognise that in order to tackle the social determinants including health inequality in Barnet, all agencies need to intervene early and work well and productively together.

10.3 Barnet Council is already recognised nationally for our work on Troubled Families. We are now further developing our co-ordinated offer of early help to families. This will build on the impact evidence available about more positive life outcomes and costs avoided from the community budgets project and the ongoing evaluation of Family Focus work by Action for Children. We will also draw on the Multi Agency Support Team's involvement with the new Multi-Agency Safeguarding Hub initiative, our evaluation of Children's Centre impact, a review of early years and nursery provision and our developing offer of free childcare for 2, 3 and 4 year-olds.

We are committed to developing the following:

- Partnership working
- A shared risk and reward model of intervention
- A cultural commitment to early intervention and prevention
- Quick and effective information sharing

We also seek to agree with our key partners to implement jointly the following ways of working:

- We target activity at the right groups, based on shared intelligence
- We make sure one open door leads to the right intervention across our services
- Our current activity supports future provision in later life
- We maximise the benefit of our universal services and their place among communities and families
- Our resources follow risk in order to reduce escalation

Key Partners

10.4 It is particularly important that we build upon working relationships with the following, although it should be noted that this list is not exhaustive:

- GPs
- Health Visitors
- Midwives
- Mental Health Services
- Hospital staff
- Children's Centres and Nurseries
- Schools
- Barnet Homes
- Adults and Communities
- Workfinder and other employment initiatives
- Metropolitan Police
- Probation Service

How We Plan to Achieve our Aims

10.5 We will:

- work closely with the Council's new Head of Information Management in order to develop information sharing governance and practices that we and our key partners can all sign up to and help to facilitate the easier sharing of information.
- work with our partners to develop a joint mission statement and set of commitments around early intervention and prevention that will benefit all involved.
- ensure that clear pathways for referral and feedback facilitate meaningful teamwork around the child or family and joint working arrangements.
- work in partnership to maximise shared resources and venues for joint work. develop and review agreed multi-agency processes and procedures.
- continue to identify areas where joint work can reduce the burden on services or increase access to engagement, for example, joint health checks between Children's Centres and health visitors.
-

10.6 Our commitments will include change implementation plans and mechanisms to feed back progress on these.

Future Aims

10.7 Once we have strengthened partnership working, developed a culture of early intervention and prevention and significantly improved information sharing, we will look to develop a reinforcing and coherent "programme" of support for children run by different agencies and professionals.

10.8 This programme should be jointly designed and committed to by the agencies and professionals involved.

10.9 It should ensure that activity targeted at earlier stages in a child's life is built upon and reinforced at later stages. This should give a kind of "compound interest" of benefit for the child, protecting both their physical and mental health and giving them a greater chance of succeeding in their lives.

10.10 A presentation will be made at the meeting which will outline in more detail the key areas where health can make a contribution to this strategic approach and where there are synergies with the Health and Well-Being Strategy.

11 BACKGROUND PAPERS

11.1 Early intervention the next steps- independent report to HM Government by Graham Allen MP- Jan 2011

11.2 'Fair Society Health Lives', Prof Marmot, February 2010

Legal – HP
CFO – JH

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Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Royal Free Hospital _ proposed acquisition of Barnet and Chase Farm Hospital**
Report of	Chief Officer, Barnet Clinical Commissioning Group
Summary of item and decision being sought	This report updates the Board with regard to the current position over the proposed acquisition of the Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust, and the Board are asked to note it.

Officer Contributors	John Morton, Chief Officer, Barnet CCG Andrew Nathan, Strategic Policy Adviser, LBB
Reason for Report	The Health and Well-Being Board were previously advised of the proposals at their meeting on 4 October 2012 and subsequently commented. This report provides an update as requested on the latest position.
Partnership flexibility being exercised	N/A
Wards Affected	All

Contact for further information; John Morton, Chief Officer, Barnet Clinical Commissioning Group

John.morton@nclondon.nhs.uk

1. RECOMMENDATION

1.1 That the Health and Well Being Board note and comment on the current position.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well-Being Board- 4 October 2012- progressing to achieving Foundation Trust status (item 4)

2.2 Health and Well-Being Board- 29 November 2012- Forward Work Plan (item 9)

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 Any partnership between NHS organisations needs to have regard to the local NHS Quality, Innovation, Productivity and Prevention Plan (QIPP) for Barnet and the Barnet, Enfield and Haringey Clinical Strategy. The achievement of the clinical strategy has been set as a key success criteria in the evaluation framework.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Any new organisation will need to consider how it will respond to the needs of the residents and patients that it serves. An equalities impact assessment will be included as part of the work to develop the strategic outline case.

5. RISK MANAGEMENT

5.1 There is a risk that failure to align financial strategies across health and social care, financial and service improvements will not be realised and or there will be cost shunting across the health and social care boundary. The financial planning group has identified this as a key priority risk and is being mitigated by work to align timescales and leadership of improvement plans which affect both health and social care through the HWBB.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The Health and Wellbeing Board must be mindful of the broad statutory target duty in section 2B of the NHS Act 2006 imposed on the local authority by s12 of the Health and Social Care Act 2012. The duty is owed to the population at large and the local authority must act reasonably at all times in the exercise of those functions. Regulations setting out the details are yet to be issued by the Government. Consideration will need to be given as to how the potential partnership between Barnet and Chase Farm NHS Trust Board and the Royal Free Foundation Trust Board will facilitate the discharge of the local authority's functions.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The evaluation criteria specifically includes a section on financial benefits. Given the challenged financial position of the Barnet health economy, it is essential that any new Foundation Trust has sufficient critical mass to support a shift in activity away from hospital based care to community based care without affecting the organisation's overall financial viability.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Health and Well Being Board, which includes representation from the Council, NHS and wider community through the LINK, was invited to comment and considered this matter at its 4 October 2012 meeting.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 This matter relates to the organisational structure of key providers.

10. DETAILS

10.1 The Board at its meeting on 4 October 2012 received a report on options being explored by Barnet and Chase Farm NHS Trust regarding the selection of a partner to support the Trust acquire Foundation Trust status.

10.2 The Board was informed that the Royal Free Foundation Trust was the only organisation who formally confirmed their interest in exploring whether a viable larger Foundation Trust could be created between the two organisations, and commented that the proposal could present an opportunity for establishing close clinical links across the whole Borough of Barnet which would benefit the Borough's residents.

10.3 The Chairman agreed that she would present these views to the Royal Free's Council of Governors and the Board agreed to prepare a written response to the report setting out their position to Barnet and Chase Farm NHS Trust and the Royal Free Foundation Trust Boards.

10.4 At the last meeting, the Chairman requested that an item be placed on the agenda for this meeting to discuss developments in relation to the proposed acquisition of the Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust.

10.5 A verbal update will be provided on the latest position and the next steps.

11 BACKGROUND PAPERS

11.1 None

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Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**National Health Service budget planning 2013/14**
Report of	Chief Officer, Barnet Clinical Commissioning Group
Summary of item and decision being sought	The Barnet CCG Chair and Chief Officer will make a presentation on NHS budget allocations for 13/14 and their likely impact on the health and care system in Barnet.

Officer Contributors	John Morton, Chief Officer, Barnet CCG Andrew Nathan, Strategic Policy Adviser
Reason for Report	This report was requested at the previous Health and Well-Being Board and, taken together with the presentation to the last meeting on the Council's business planning and the item elsewhere on this agenda on public health allocations, will give the Board a comprehensive overview of the public sector resources available to deliver its objectives in 13/14.
Partnership flexibility being exercised	N/A
Wards Affected	All

Contact for further information; John Morton, Chief Officer, Barnet Clinical Commissioning Group

John.morton@nclondon.nhs.uk

1. RECOMMENDATION

1.1 That the Health and Well Being Board note the presentation and consider the implications for implementing its priorities in 2013/14.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health and Well-Being Board- 29 November 2012- LBB Finance and Business Planning 2013/13-15/16 (item 5) and Forward Work Plan (item 9)

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 The presentation will draw out the implications of NHS resourcing decisions for the priorities in the Health and Well- Being Strategy.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 To be addressed in the presentation.

5. RISK MANAGEMENT

5.1 The presentation will set out key risks identified by the NHS and how these are to be mitigated. The Board discussion will draw out whether this generates system wide risks that will need to be addressed jointly through the Board.

6. LEGAL POWERS AND IMPLICATIONS

6.1 None specifically arising from this report.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The presentation will outline the total resources available from the NHS in 2013/14 for the development of better health in Barnet.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The presentation will include an outline of relevant communication and engagement activity.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The presentation will set out the implications of budget planning for NHS provider organisations in Barnet.

10. DETAILS

10.1 At its last meeting the Board received a presentation on the Council's financial position and proposed business planning priorities for 2013/14, and their likely impact on joint working across the health and care system.

10.2 The Chief Officer of Barnet Clinical Commissioning Group agreed to bring forward the CCG's own budget planning to this meeting of the Board for discussion, together with

as much information as is known on all NHS budgets that may have an impact on Barnet, including those held by the NHS Commissioning Board.

10.3 This will be delivered in the form of a presentation to the Board. Taken together with the previous presentation on the Council budget, and the report elsewhere on this agenda on Public health allocations, this will give the Board a comprehensive overview of the totality of public sector resources available to it, allowing it to plan how these funds are best deployed in support of the Health and Well-being Strategy priorities.

11 BACKGROUND PAPERS

11.1 None

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Meeting	Health and Well-Being Board
Date	31st January 2013
Subject	**Minutes of Financial Planning Subgroup**
Report of	Director for People
Summary of item	This report is a standing item which presents the minutes of the Financial Planning Subgroup and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and the NHS Quality Improvement and Productivity Plan (QIPP).

Officer Contributors	Andrew Nathan, Strategic Policy Adviser, LBB
Reason for Report	To note the minutes of the Financial Planning Group.
Partnership flexibility being exercised	The report encompasses partnership flexibilities such as those under Sections 75 and 256 of the NHS Act 2006.
Wards Affected	All
Appendices	Appendix One – Minutes of the Financial Planning Group – 11th December 2012

Contact for further information: Kate Kennally, Director for People 020 8359 4808

1. RECOMMENDATION

1.1 To note the minutes of the Financial Planning Group of 11th December 2012 as set out in Appendix A.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Cabinet, 14 February 2011– agreed partnership working for health in Barnet that proposed to delegate responsibility for the social care allocation through the NHS to the shadow HWBB via a section 256 agreement.

2.2 Cabinet Resources Committee, 2 March 2011 – approved criteria for the allocation of funds within the section 256 agreement and agreed high level spending areas to be overseen by the HWBB

2.3 Health and Well Being Board, 26th May 2011 – item 5 approved the establishment of the Financial Planning Group as a subgroup of the HWBB.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Medium Term Financial Strategy (MTFS) of the Council and the NHS Quality Innovation, Productivity and Prevention Plan (QIPP) for Barnet are aligned to the achievement of the Sustainable Community Strategy objective of 'Healthy and Independent Living.', and will be aligned to the Health and Well-Being Strategy that is in development. Underpinning the achievement of these strategies is the requirement to shift resources to the community with statutory services working alongside people to take greater responsibility for their own and their families' health.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The MTFS and QIPP have both been subject to equality impact assessments considered by Cabinet and NHS North Central London Board respectively.

5. RISK MANAGEMENT

5.1 There is a risk that without aligned financial strategies across health and social care of financial and service improvements not being realised or costs being shunted across the health and social care boundary. The financial planning group has identified this as a key priority risk to mitigate through work to align timescales and leadership of improvement plans which affect both health and social care through the HWBB.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 256 of the National Health Service Act 2006 enables Primary Care Trusts to make payments to social services authorities towards expenditure incurred or to be incurred by local authorities in connection with social services functions or any local authority function that affects the health of people in the area.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Projects and enablement schemes linked to Section 256 funding have been reviewed. Where expenditure will not be incurred in year, as part of the financial year end process either setting up earmarked reserves will be explored or 2013/14 funding allocated to it. This is to ensure that the projects which have a clear programme of work or an approved business case are adequately resourced to deliver the agreed outcomes.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 None specifically arising from the last meeting.

9 DETAILS

9.1 The Barnet Health and Well-Being Board on the 26th May 2011 agreed to establish a Financial Planning Group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning group meets bi-monthly and is required to report back to the Health and Well-Being Board.

9.2 Minutes of the meeting of the Group held on 11th December 2012 are attached at Appendix A.

10. BACKGROUND PAPERS

10.1 None

Legal –HP
CFO – JH

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Minutes from the Health and Wellbeing Board – Financial Planning Group

Tuesday 11 December 2012
ASCH Conference Room
15.30 -17:00

Present: (KK) Kate Kennally (Chair), Director of Adult Social Care and Health (ASCH) and Interim Director of Children's Services (CS) London Borough of Barnet (LBB)
(VS) Vivienne Stimpson, North Central London (NCL) Barnet
(CC) Caroline Chant, ASCH, LBB
(CB) Caroline Byrt, Interim Assistant Director, ASCH, LBB attended on DW's behalf
(MK) Matthew Kendall, Assistant Director, ASCH, LBB
(FB) Farhana Begum, Finance, LBB attended on AD's behalf

Apologies: (SS) Sharon Scott, Interim Assistant Director, CS, LBB
(DW) Dawn Wakeling, Deputy Director, ASCH, LBB
(AD) Anisa Darr, Finance, LBB
(JM) John Morton, NCL Barnet
(MOD) Maria O'Dwyer, NCL Barnet
(SJ) Simon Jones, Finance, NCL Barnet

	ITEM	ACTION	BY WHEN
1.	**Notes from last meeting – 22 October 2012** • Notes from the last meeting were agreed.		
2.	**Frail Elderly Business Case** • MK presented the Frail Elderly Business Case which went to CCG QIPP group. The HWBB finance group noted that this business case had not been updated to reflect the benefits realisation framework for social care. • Group discussed the need to ensure that there is clarity regarding the coverage of the frail elderly business case and clear links to the projects being initiated through the Health and Social Care Integration Board particularly in respect of risk stratification and proposals to develop an elderly hub at Finchley Memorial Hospital. The business case as presented does not support whole Borough coverage although the rationale for this is not clearly set out. • Programme management – clarity on how this programme will be led needs to be clearly established with the right senior level leadership from both health and social care. • The HWBB finance group is the body for signing off the final business case which will support the delivery of the frail elderly work. Both the PCT and Cabinet Resources committee of the Council agreed this process. The business case as presented was not accepted as sufficient to warrant sign off. However the HWBB recognised that this is a priority project and a final business case needs to be presented for full authorisation at the next HWBB finance group meeting. • The HWBB finance group also noted that the contracting mechanisms for the frail elderly work need to be clearly set out.	**MK** **MK** **MK**	

	As some of the funding is from social care monies, there needs to be clarity on the role of the Council in commissioning services from the NHS under NHS contracts and whether any formal partnership agreement is required for the NHS to act as the lead commissioner. For example, the care navigator posts are to be recruited to and based within NHS organisations. The Council needs to have clarity on the performance price mechanism and any necessary authorisations from the organisation to enter into contractual arrangements in respect of the frail elderly pathway. This needs to be urgently clarified in conjunction with LBB procurement. • The discussion confirmed the need for the Terms of Reference for the Health and Well- Being financial planning group to be re-circulated and for the role of the group to be considered by the Chief Officer of the CCG with the Council's lead officer for HWBB. The group noted the need for consistent senior level representation from the CCG in order for the group to discharge its responsibilities.	**MK** **KK to follow up with John Morton**	
3.	**PWC, Stroke and Dementia update** CC gave an update on the joint project across health and social care with PWC on Stroke and Dementia pathways. The report from PWC includes projected savings over a number of years with recommendations which reflect work with stakeholder groups undertaken to date. The paper is going to the QIPP group within the CCG in December 2013. CC advised that by the end of February 2013 the scoping work on the detailed proposals will be completed and this will identify for greater levels of certainty the level of savings that could be achieved. CC advised that there was more common agreement from stakeholder groups on stroke interventions than on dementia. The group requested that CC meet with Andrew Howe to get a public health perspective on the proposals and the evidence base being cited by PWC in respect of stroke and dementia. More detail will be required in the final business case which will be presented to the February HWB finance group for agreement. KK asked what the position was in relation to the completion of this pathway work and the CCG position regarding the relocation of Dolphin Ward from Barnet to Chase Farm. CC advised that Dolphin Ward is still temporary closed and that Temmy Fasegha is leading on this with the Mental Trust regarding the Dolphin Ward. This is being addressed separately from the PWC work. The group noted that there needs to be appropriate involvement from ASCH in this decision. Action **Temmy** via **MK** KK asked what the position was regarding the completion of this pathway work for dementia and the decision regarding the Alzheimer's Society day service as this too has been deferred to take account of this work. CC advised that the proposals are being developed and that these need to be finalised and signed off by ASCH in conjunction with	**CC** **TF / MK**	**13th Feb 2013** **Ongoing**

	the NHS. CC is working on enhancing Alzheimer's Service to be part of a hub. CC confirmed that the Dementia café, memory books in libraries project funded through s256 earmarked funds for dementia is on track and a delegated powers report is being prepared.	**CC**	**13th Feb 2013**
4.	**Children's Commissioning priorities for Health and Social Care linked to HWBB Strategy: SEN, transport, Children's Centres, Obesity** VS presented a report setting out proposals for the use of section 256 monies for Children's Services over and above the allocation of £140k from previous amount to support the development of commissioning capacity within the Children's Service. It was agreed that more detailed information is required on how the specific needs and priorities for CS can be met through the 3 posts that were proposed covering the following areas:- 1. Short breaks offer - Uptake has been low in the last few years. Role is to consult with families and look at developing brokerage system in place. Questions from HWBB finance group include does this need to be a post within CS? Could this not be delivered by an external provider. 2. Insight Officer for High Cost Care and Complex Needs. HWBB finance group identified that this should link with transitions to jointly plan across different key stages across health and social care. . 3. Planning Officer post - To link to SEN and Transformation project, looking at PID for this next week. Next meeting will result in a final decision on request from CS and discussion on deployment of s256 monies in totality and enablement funding from the NHS.	**VS**	**13th Feb 2013**
5.	**QIPP Performance Update and Commissioning Priorities** A PowerPoint presentation was received from JM which had previously been considered at the HWBB. The savings profile set out in the QIPP plan was discussed and the interface with the frail elderly business case as there appeared to be a discrepancy between the figures in the business case and those linked to the QIPP. The HWBB finance group was advised that the QIPP figures contained savings from other schemes not linked to the frail elderly business case. MK agreed to clarify the position.	**MK**	
6.	**Agenda next meeting 13 February 2013** • CCG QIPP plan and Council MTFS – areas for joint working and business case development • Section 256 and enablement funding update (All) • Finalising Children's Service proposals for section 256 monies (VS) • Frail Elderly Business Case (MK) • Detailed cost Stroke and Dementia Business (CC) • Joint Commissioning Proposals (JM / KK)		

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Meeting	Health and Well-Being Board
Date	31 January 2013
Subject	**Forward Work Programme**
Report of	Director for People
Summary of item and decision being sought	To present an updated work programme of items for the Health and Well Being Board for 2012/13

Officer Contributors	Andrew Nathan- Chief Executive's Service
Reason for Report	To allow the Board to schedule a programme of agenda items that will fulfil its remit
Partnership flexibility being exercised	The items contained in the work programme will individually take forward partnership flexibilities including the powers Health and Well-Being Boards will assume under the Health and Social Care Act 2012.
Wards affected	All
Contact for further information	Andrew Nathan 020 8359 7029

1. RECOMMENDATION

1.1 To note and comment on the draft forward work programme attached at Appendix 'A'.

1.2 To note that a new forward work programme will be developed for the next Health and Well Being Board on 4 April 2013.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Shadow Health and Well Being Board – 26 May 2011- agenda item 9

2.2 Shadow Health and Well-Being Board- 19 January 2012- agenda item 11

2.3 Shadow Health and Well-Being Board- 22 March 2012- agenda item 2

2.4 Shadow Health and Well-being Board- 4 October 2012- agenda item 13

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; JOINT HWB STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Work Plan has been designed to cover both the statutory responsibilities of health and well-being Boards and key projects that have been identified as priorities by the Board at its various meetings and development sessions.

3.2 The Health and Well-Being Strategy was agreed by the Board at its meeting of 4 October 2012. It will be the most significant determinant of future work programmes and regular performance reporting will be included in the forward work programme.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 None specifically arising from this report- but all items listed will demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the options chosen, including differential outcomes between different communities.

5. RISK MANAGEMENT

5.1 A forward work programme reduces the risks that the Health and Well-Being Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The forward work programme has been devised to incorporate the legal responsibilities contained in the Health and Social Care Act 2012. The HWBB has been operating in shadow form since May 2011 in readiness for the changes to the legislative framework. The HWBB will begin to discharge their statutory functions from April 2013.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 None specifically arising from the report. The programme is co-ordinated and monitored by the Chief Executive's Service as part of their support to the Board.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The programme has been devised through consultation with Council and NHS managers, but the Barnet LINk through their membership of the Board have the opportunity to refer matters or suggest agenda items. The same will be true of the Healthwatch representative.

8.2 The Health and Well Being Board on 4 October 2012 agreed new arrangements for strategic partnerships with customers, carers and communities, including establishing a twice yearly summit involving members of all the Partnership Boards, together with members of the Health & Wellbeing Board. This will provide a more effective channel for users, carers and community representatives to discuss the work of the Board and to suggest agenda items and have an input into them.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage, although feedback from providers should guide the choice of future agenda items.

10. DETAILS

10.1 At its meeting on 22 March 2012, the Board considered a forward work programme for the whole of 2012/13, with items reflecting the Board's future statutory responsibilities; key strategies and projects currently in progress; and the precedents set during the HWBB's first year in operation.

10.2 It was also agreed that future meetings should be divided into two parts, the first, as now, a public meeting which considers formal written reports for information and decision; and the second informal workshop style sessions between Board members which would take place at the conclusion of the formal meeting and not by themselves take any executive decisions. The work plan therefore marks with a 'B' items to be handled as formal business, and with a 'W' those which are discussion items to be handled through informal workshops at this stage.

10.3 An updated work programme is attached at Appendix 'A' for the Board's comments.

10.4 There is a key role for the LINk representative in pressing for the forward plan to take into account issues of community concern, as well as any specific LINk reports or requests for information.

10.5 The forward plan only runs through to the next meeting of the Board on 4 April 2013. At the next meeting a new Forward Plan will be produced for the Board to approve, and which will reflect what will by then be its statutory responsibilities. The views of the Board

are requested more generally on the forward planning process and any improvements that can be made to these reports.

10.6 This meeting of the Board was originally scheduled to have a detailed focus on quality and safety, with a particular view to ensuring that suitable transition arrangements were in place when the new NHS bodies formally come into being in April 2013. Owing to NHS North Central London Board reporting timescales, it has not been possible to report formally. The Board are requested to note a verbal update, and that the workshop on 'My Home Life' will highlight quality issues that need to be taken forward. Formal reports on new arrangements will be made to the 4 April 2013 meeting.

11 BACKGROUND PAPERS

None

Legal – HP
CFO- JH

APPENDIX A
CURRENT SCHEDULE OF HEALTH AND WELL BEING BOARD BUSINESS 2012/13 (agreed at 22/3/12 HWBB and revised)

item	4 April 2013	Notes
STANDING OR GOVERNANCE ITEMS		
Financial Planning Group minutes	B	
HWB Implementation Group- minutes	B	
Governance arrangements, ie review Terms Ref Membership etc	B	4/4/13 will approve conversion from shadow to full statutory status. Will reflect DH regulations on HWBBs (expected end Jan)
Development of HWBB	W	
JSNA, HWBS AND RELATED STRATEGIES		
Joint Strategic Needs Assessment- update/review/refresh	B?	Not sure what requirement is to refresh. Might benefit from a more discursive workshop format.
Integrated Commissioning Plan	B	If not going January. Deferred from July October and November.
Substance Misuse Plan	B?	Deferred from July October and November
Performance Report against HWBS targets	B	
In depth report on one issue in DPH's Annual Report	B	
NEW PRIMARY CARE COMMISSIONING ARRANGEMENTS		
Clinical Commissioning Group- update on organisational progress	B	CCG to go fully live from 1 April 2013.

PUBLIC HEALTH/ DETERMINANTS/ PREVENTION MATTERS	**4 Apr 13**	
Leisure Services- Strategic Review- Comments on Detailed Business Case	B	CHECK
Early Intervention and Prevention- strategic review		Essential to taking forward Marmot actions and the HWB Strategy
Annual Report of Director of Public Health	B	Ready by then?
WORK WITH VOLUNTARY AND COMMUNITY SECTOR/ REPORTS OF PARTNERSHIP BOARDS		
Chair's meeting with Partnership Board chairs- minutes	B	
SAFEGUARDING/QUALITY AND SAFETY ISSUES		
Quality and Safety Matters in NCL	B	To be provided 6 monthly- April report will give Board assurance of how Q and S matters will be managed under new structures
Whole system working to reduce pressure ulcers	B	(identified in quality and safety discussion at Jan HWBB)- might be workshop format depending on complexity of issue/which providers need to be involved? Deferred from July and Nov 2012
Care Homes- joint quality spec/principles for whole system working	B	Identified at HWBB 26 July during Quality and Safety discussion
USER AND CARER ENGAGEMENT		
Local HealthWatch- spec and tender process	B	report of new contractor how service planned to be delivered
LINK- Annual Report	B	12/13 reports as part of LINK/LHW handover
HEALTH AND CARE INTEGRATION		
HSC Integration Scoping project	B	
Mental Health- plan for better joining up across system		Need for this agreed at our workshop on 26 July- incl. input from BEHmhT. 29/11 meeting agreed this would go in April.

HWBB will exercise statutory functions from 4 April 2013 meeting.