MEETING

HEALTH & WELL-BEING BOARD

DATE AND TIME

THURSDAY 13TH NOVEMBER, 2014

AT 10.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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

Chairman: Councillor Helena Hart (Chairman),
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Board Members

Dr Charlotte Benjamin	Peter Coles	
Paul Bennett	Selina Rodrigues	Dawn Wakeling
Dr Andrew Howe	Dr Clare Stephens	Councillor Sachin Rajput
Kate Kennally	Councillor	Chris Miller
	Reuben Thompstone	l

Substitute Members

Councillor David Longstaff	Nicola Francis	Maria O'Dwyer
Mathew Kendall	Dr Jeffrey Lake	Julie Pal
David Riddle	Wendy Prentice	

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

Andrew Nathan – Head of Governance

Governance Services contact: Claire Mundle 020 8359 3478 claire.mundle@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	1 - 10
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Health & Well-being Strategy Year 2 Performance Report	11 - 120
7.	Health and Wellbeing Priorities 2015-2020	To Follow
8.	Public Health Commissioning Plan	121 - 150
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12.	Implementing the Dementia Manifesto	207 - 214
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15.	Any Items the Chairman decides are urgent	

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Decisions of the Health & Well-Being Board

18 September 2014

Board members:-

AGENDA ITEM 1

Cllr Helena Hart (Chairman)
Dr Debbie Frost (Vice-Chairman)

* Dr Charlotte Benjamin	* Selina Rodrigues	* Dawn Wakeling
* Dr Andrew Howe	* Dr Clare Stephens	* Julie Pal (substitute)
* Kate Kennally	* Councillor Reuben Thompstone	* Chris Miller
* Councillor David Longstaff	* Maria O'Dwyer	* Dr Jeff Lake (substitute)

* denotes Board member Present

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

RESOLVED that subject to the corrections - that the duplicate reference to Dr Clare Stephens is removed and Julie Pal is listed as Substitute under Board Members present - the minutes of the Health & Well-Being Board meeting held on 12 June 2014 be agreed as a correct record.

Councillor Helena Hart, Chairman of the Health & Well-Being Board thanked Mr John Morton (previous Chief Officer at Barnet Clinical Commissioning Group) for his contributions to the work of the Board.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

Councillor Sachin Rajput (London Borough of Barnet, LBB), substituted by Councillor David Longstaff (LBB)

Paul Bennett (NHS England)

Rob Larkman (Interim Accountable Officer, Barnet Clinical Commissioning Group) Peter Coles (Interim Chief Operating Officer, Barnet CCG). Mr Larkman and Mr Coles were substituted by Maria O'Dwyer (Director of Integrated Commissioning, Barnet CCG)

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

There were none.

4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 4):

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

None were submitted.

6. MINUTES OF THE HEALTH AND WELL-BEING FINANCIAL PLANNING GROUP (Agenda Item 6):

The Chairman stated that at the June Health & Well-Being Board meeting the Board had agreed the recommendation as set out below from the Financial Planning Group to receive a position paper on mental health services:

Note the local plans to review the future of mental health services in Barnet and approves the suggestion that a position paper on mental health services is presented to the Board in September 2014 to help inform future options.

The Board was informed by the CCG that for technical reasons the paper was not available for the meeting. Dr Charlotte Benjamin briefed the Board on plans to review mental health services in Barnet.

Kate Kennally, the Strategic Director for Communities explained that the Financial Planning Group has focused on the development of the Better Care Fund and the completion of the Full Business Case for Integrated Care which will be completed by the end of September 2014.

It was noted that the agenda for the Financial Planning Group's October 2014 meeting will focus on commissioning to support implementation of the Children and Families Act and commissioning of mental health services.

RESOLVED that the Health & Well-Being Board notes the minutes of the Financial Planning Sub-Group Meetings of 7th August and 4th September 2014.

7. UPDATE ON THE BETTER CARE FUND PROPOSALS/ 5 TIER MODEL FOR INTEGRATED CARE (Agenda Item 7):

The Board resolved to discuss the Better Care Fund item and the restricted information as one item.

RESOLVED that:

1. **The Health & Well-Being Board agrees the draft BCF Plan**

2. **The Board notes the draft full Business Case for Integrated Care prior to its submission to the Adults and Safeguarding Committee and the CCG Board in October 2014**

3. **Authority be delegated to the Adults and Communities Director, in consultation with the Chairman of the Health & Well-Being Board, to agree any material changes to the BCF submission made following the Health & Well-Being Board meeting. Agreements to this end should follow on from endorsement of the BCF plan by the Interim Chief Officer of Barnet CCG and**

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Chief Executive of Barnet Council before submission of the Plan to NHS England on 19 September 2014

8. CCG 5 YEAR STRATEGIC PLAN (Agenda Item 8):

Dr Debbie Frost, Chair of Barnet Clinical Commissioning Group presented the item and provided an update on the development of the CCG 5 Year Strategic Plan developed in line with national priorities and the Health & Well-Being Strategy.

It was noted that under new NHS Planning Guidance CCGs must demonstrate how they will meet the overall vision of NHS England's *High Quality Care for All* strategy. Dr Frost identified the strategic goals and transformation objectives that support the delivery of a comprehensive health system in Barnet.

Dr Andrew Howe, Director of Public Health (Barnet and Harrow) welcomed the draft Strategy. Dr Howe noted the importance of utilising technology to enable patients to live more independently across the Borough.

The Chief Executive of the London Borough of Barnet, Andrew Travers commended the CCG's goals to improve health and well-being throughout the Borough by improving efficiency in the health service and enabling people to live healthier lives in the community.

Kate Kennally, the Strategic Director for Communities emphasised the importance of effective partnership working across the five CCGs to support a resilient health system in North Central London. Ms Kennally also stressed the importance of the CCG developing their plan in alignment with the Council's Adult & Safeguarding, Children, Education, Libraries and Skills, and Public Health 5 Year Commissioning Plans.

The Chairman noted that on p.158 of the agenda report, the word 'Committee' should be changed to 'Board'. A correct record of the recommendation on p.158 should read: *1. That the Board signs up to the proposed Strategy.*

RESOLVED that:

1. **The Health & Well-Being Board signs up to the proposed Strategy**
2. **The Board noted that they would receive an annual Progress Report when the Strategy is implemented.**
3. **Additional Recommendation: That the CCG Interim Director of Planning and Performance works with Lead Commissioners at the Council to ensure aligned delivery and commissioning plans across the CCG and the Council.**

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9. QUALITY AND SAFETY IN HEALTH AND SOCIAL CARE (Agenda Item 9):

The Chairman welcomed Chris Miller, Independent Chairman of the Adults and Children's Safeguarding Boards and asked him to join the discussion. Kate Kennally, the Strategic Director for Communities at LBB highlighted the importance of continued and closer partnership working to ensure that Safeguarding of both Children and Adults remained a priority within the Borough.

The Chairman noted that in order for the Health & Well-Being Board to ensure the progression of the safeguarding agenda, a joint working protocol between the Boards had been established. Ms Kennally informed the Board about the draft joint working protocol which sets out the expectations of the relationships and working arrangements between the Health & Well-Being Board, Local Safeguarding Children Board and Local Safeguarding Adults Board.

Ms Kennally noted the organisational alignment of an Independent Chair for both Safeguarding Boards to help achieve effective coordination of efforts in addressing safeguarding issues.

The Adults and Communities Director Dawn Wakeling, stressed the importance of good communication between the Boards to ensure that safeguarding risks and issues are considered appropriately.

RESOLVED that the Health & Well-Being Board:

1. **Approves the draft joint working protocol between Barnet Health & Well-Being Board, Barnet Local Safeguarding Children Board (LSCB) and Barnet Local Safeguarding Adults Board (LSAB)**

2. **Refers the approved protocol on for sign off at the next meetings of the Local Safeguarding Children's Board and the Local Safeguarding Adults Board**

3. **Considers the progress that has been made to improve safeguarding practice in Barnet over the past 12 months, with specific reference to the LSAB and LSCB 2013/14 annual reports**

4. **Reviews Appendix 7 for the most recent update from the Barnet, Enfield and Haringey Mental Health Trust about how it is addressing on-going quality concerns**

5. **Endorses the continued improvement of multi-agency approaches to safeguarding Barnet residents and quality improvements of health and care services, with involvement from the Council, the CCG, NHS Health Trusts, the Police, Voluntary Sector, Service User Forums and Faith and Community groups**

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6. **Additional Recommendation: The Board resolved that Mr. Chris Miller, Independent Chair of the Adults and Children's Safeguarding Boards, be invited to attend future Health & Well-Being Board meetings as a non-voting Observer with full speaking rights.**

10. FUTURE OF CHILDREN'S TRUST BOARD (Agenda Item 10):

The Lead Member for Children's Services, Councillor Reuben Thompstone introduced the item on the future of the Children's Trust Board (CTB).

Councillor Thompstone explained that the partners of the CTB agreed to develop an alternative governance approach to achieve its objectives. The Board was informed that a survey of members of the CTB and its Executive Management Group was undertaken. It was agreed that the CTB will meet for one or two half day conference sessions per year to review progress on the Children and Young People's Plan and to refresh priorities. The CTB will have no business to transact but may make recommendations for action to partnerships and other partner organisations.

RESOLVED that:

1. **The Health & Well-Being Board agrees to oversee the aspects of the Children and Young People Plan's Plan that relate to health and well-being and to take partnership decisions for these areas.**

2. **The priorities outlined in paragraph 2.5 (p.173 agenda pack) are incorporated into the Health and Well-Being Strategy when it is refreshed in early 2015.**

11. DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN AND GIRLS (DV/VAWG) STRATEGY 2013-2016 (Agenda Item 11):

The Chairman welcomed the CEO of CommUNITY Barnet Ms Julie Pal and invited her to join the discussion. Ms Pal highlighted the need for effective collaboration between the Strategic Boards to drive progress on the Domestic Violence and Violence against Women and Girls Action Plan. The Board noted the importance of raising the profile of under-reporting in cases of domestic violence and abuse.

The Independent Chair of the Adults and Children's Safeguarding Boards highlighted the duty to safeguard adults and children who are at risk of violence. The Board noted the need to support clients who are at high risk through sharing information and intelligence. Furthermore it was noted that the Identification and Referral to Improve Safety (IRIS) commissioning guidance addresses the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals.

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RESOLVED that the Health & Well-Being Board:

1. **Approves the proposed collaborative approach to address the Domestic Violence and Violence against Women and Girls Strategy and Action plan.**

2. **Notes the actions agreed for Health partners under the Domestic Violence and Violence against Women and Girls Action Plan 2013-2016 (see appendix 1 for a list of these actions)**

3. **Agrees to receive 6 monthly updates from the Domestic Violence and Violence against Women and Girls Delivery Board**

4. **Ensures alignment of its work with the Safer Community Partnership Board.**

5. **Considers the importance of a local needs assessment for people who are at risk of causing violence, or are experiencing violence to be incorporated in the Joint Strategic Needs Assessment.**

6. **Additional recommendation: That the Chairmen of the Health & Well-Being Board and the Safer Communities Partnership Board send a joint letter to NHS England requesting a formal response on funding and allocation of responsibilities in light of the IRIS commissioning guidance**

12. EARLY INTERVENTION AND PREVENTION STRATEGY (Agenda Item 12):

Duncan Tessier, Assistant Director Early Intervention and Prevention (LBB) briefed the Board about the Early Intervention and Prevention Strategy. The Board noted the purpose of the Strategy to identify and tackle problems as early as possible and to improve outcomes for children and families.

The Chairman emphasised the importance of effective inter-agency working to tackle the key themes identified as most likely to result in poor outcomes for families across the Borough. (p170 Supplementary Agenda report)

Mr Tessier stated that partners in Health, Education, the Police and the Voluntary Sector have agreed to help with work on a shared plan for the Early Intervention and Prevention Strategy. It was also noted that assessment of the success of the Strategy will be carried out by a number of measures such as reviewing impact of early intervention, partnership arrangements and whether intervention could occur at an earlier stage.

RESOLVED that:

1) The Health & Well-Being Board notes the Early Intervention and Prevention Strategy

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2) **That following creation of the Health & Well-Being Early Years Group, this group considers the actions that come from the Early Intervention and Prevention Strategy**

13. REPORT ON IMMUNISATION COVERAGE IN BARNET (Agenda Item 13):

The Chairman welcomed the following guests from NHS England to discuss the report on childhood immunisation rates: Luke Kwamya, Population Health Practitioner Manager; Kenny Gibson, Head of Early Years; and Amanda Goulden, Population Health Practitioner Manager.

The Strategic Director for Communities queried the drop in immunisation rates in tables 1-6 (pp 208-210 Agenda report). Mr Gibson explained that the decline in figures has been due to data management and linkage issues. It was noted that all Barnet practices are now signed up to Quality Medical Solutions (QMS), enabling immunisation data to be electronically uploaded to a central server. Mr Gibson also noted the importance of sharing relevant data with partners as part of an integrated governance framework.

The Board noted the report on childhood immunisations in Barnet and the processes in place to ensure that new entrants are offered the appropriate vaccination.

The Director of Public Health (Harrow and Barnet) Dr Andrew Howe, informed the Board that since April 2013, screening and immunisations have been the responsibility of NHS England.

Dr Clare Stephens highlighted the usefulness of clinical representation on the London Immunisation Board. Selina Rodrigues, Head of Healthwatch emphasised that assurances would need to be provided that vaccination reminders were being sent to residents and that data should reflect accurate representation of childhood immunisation rates across the Borough.

RESOLVED that:

1. **The Board notes the assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the Borough**

2. **The Board seeks assurance from NHS England through the Director of Public Health that sufficient action is being taken to address this issue and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate**

3. **The Board is satisfied that appropriate governance arrangements (as set out in Appendix 1) are in place within NHS England in relation to immunisations to protect the health of people in Barnet**

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4. **Additional recommendation: The Board requires that an integrated governance framework is in place to allow effective data sharing and to present a more accurate representation of childhood immunisation rates in Barnet**

5. **That the Board consults with Health Overview and Scrutiny Committee to enable a referral for remedy to the Department of Health if performance does not improve**

14. SCREENING COVERAGE AND UPTAKE IN BARNET (Agenda Item 14):

The Chairman welcomed Dr Jeff Lake, Consultant in Public Health. Dr Lake briefed the Board about the performance reports of screening uptake in Barnet. The Board was informed about the three cancer screening programmes (Breast, Cervical and Bowel) commissioned by NHS England.

Members were informed of the 2% increase in Cervical and Breast Screening coverage and an increase of 13% in uptake of Bowel screening. Dr Lake stated however that the improved performance is still below national targets.

Mr Gibson noted that NHS England has established a London Coverage Technical Group to oversee and ensure robust commissioning and implementation of best practice as a response to the low screening uptake in the Borough.

Action: Kenny Gibson and Dr Clare Stephens to produce a draft action plan for patients who have not participated in the cancer screening programme

RESOLVED that:

1. **The Board notes that Local Authority Public Health assurance reporting is not yet in place, that the London Screening Board has requested urgent resolution and the need to improve communication with London Directors of Public Health and to agree reporting arrangements with London Health and Well-Being Boards.**

2. **The Board notes the July 2014 NHS England screening coverage and uptake report to the London Screening Committee showing that in Barnet Cancer screening programme coverage has been improving but remains short of national targets.**

3. **The Board notes that the London Cancer Screening Performance Exception Report for Quarter 4 2013/14 reports that as of June 2014 time to receipt of result letter for women tested on the Cervical screening programme remains in breach of quality assurance standards**

4. **The Board requests further updates to the Health & Well-Being Board and that this matter is referred to the Health Overview and Scrutiny Committee to ensure that the issues raised in this report are adequately addressed**

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through the work of the London Screening Board

5. **Additional recommendation- The Board requests that NHS England provide suggested targets for screening uptake that can be included in the refresh of the Health & Well-Being Strategy prior to the next Health & Well-Being Board meeting.**

15. 12 MONTH FORWARD WORK PROGRAMME (Agenda Item 15):

The Chairman requested that all reports be submitted in accordance with publication deadlines.

RESOLVED that:

1. **The Board proposes any necessary additions and amendments to the 12 month forward work programme**

2. **Board Members propose updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.**

3. **The Board aligns its work programme with the work programmes of the new Council Committees (namely the Adults and Safeguarding Committee and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee and Barnet CCG's Board.**

16. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 16):

There were none.

17. MOTION TO EXCLUDE THE PRESS AND PUBLIC (Agenda Item 17):

That under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 9 of Part 1 of Schedule 12A of the Act (as amended).

18. UPDATE ON THE BETTER CARE FUND PROPOSALS/ 5 TIER MODEL FOR INTEGRATED CARE (Agenda Item 18):

RESOLVED that the exempt information be noted.

19. ANY OTHER EXEMPT ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 19):

There were none.

The meeting finished at 12.30 pm

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AGENDA ITEM 6

	Health and Well-Being Board **13th November**
Title	**Health and Well-Being Strategy Performance Report – Year 2**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	November 2013
Status	Public
Enclosures	Appendix 1 - Health and Well-Being Strategy Performance report Appendix 2 – Progress report, NHS Health Checks Appendix 3 – report of the Partnership Board Summit, June 2014
Officer Contact Details	Jeff Lake, jeff.lake@harrow.gov.uk Neel Bhaduri, neelanjan.bhaduri@harrow.gov.uk Claire Mundle, Claire.mundle@barnet.gov.uk

Summary

This report for the Health and Well-Being Board evidences the progress that has been made by all local partners to improve the health and well-being of Barnet's population in the past 12 months, in line with the objectives and targets set out in the Health and Well-Being Strategy (2012-15).The report also sets out recommendations about the areas in the Strategy that the Board should focus its attention on in 2015/16.

Recommendations

1. **That the Health and Well-Being Board considers the second annual Health and Well-Being Strategy performance report and assesses the progress that has been made so far to meet the Strategy's objectives.**
2. **That the Health and Well-Being Board endorses the recommendations outlined in the final section of the performance report, and agrees to take these recommendations forward in Year 3.**

1. WHY THIS REPORT IS NEEDED

1.1 Barnet's Health and Well-Being Strategy was launched in October 2012. The Strategy sets out how Barnet's services will work together to address the most pressing health and well-being needs within the Borough. It was published following thorough consultation with local stakeholders about the health and well-being issues that need to be addressed in order to support Barnet's residents to keep well and keep independent.

1.2 The four chapters of the Strategy- Preparing for a Healthy Life, Well-Being in the Community, How we Live, and Care when Needed- set out the provision that needs to be in place to make sure people can keep well and independent, and explains what difference this should make to people's health. Each chapter contains a series of commitments and targets that will help the Health and Well-Being Board know how these plans are progressing, and how much impact these changes are having on people's lives. The performance targets set a clear direction of travel for all agencies in the Borough focused on delivering health and well-being objectives.

1.3 This report for the Health and Well-Being Board documents the progress that has been made by local partners to improve the health and well-being of Barnet's population over the past 12 months. It provides the Board with the information it needs to assess current performance, and also to identify areas of the Strategy that should focus its attention on over the coming months.

1.4 This is the second annual performance report of the Health and Well-Being Strategy. Responses have been collated from responsible service delivery leads that captures:

- The key achievements of the past 12 months
- The most recent performance data against the Strategy's targets, compared to the data reported in the Year 1 performance report
- Commentary to assess the progress

1.5 Using this information, the public health team have proposed a set of priority areas within the strategy that the Board could helpfully focus on over the next 12 months, to ensure that the best possible health and wellbeing outcomes are achieved for Barnet's populations.

2. REASONS FOR RECOMMENDATIONS

2.1 In order to focus the Health and Well-Being Board's approach to future performance management, a series of recommendations have been developed in light of the information provided for this report, and the additional data analysed during the horizon scanning process. The areas focused on below were selected for one or more of the following reasons:

- That performance is off-track
- That performance cannot be currently be judged and significant effort is required to resolve this

- That the policy context has changed and a co-ordinated local response is required
- That they are a new or growing health and well-being challenge, as identified by the Barnet Health Profile.

2.2 The recommended 10 priority areas for Year 3 are:

Preparing for a healthy life

1. **That the Health and Well-Being Board continues to work with NHS England to address the pre-school immunisations data issues they have identified so that the local area can be assured that immunisation rates are being increased (as the Strategy requires them to be and in line with the referral made to the Health Overview and Scrutiny Committee)**

2. **That the Health and Well-Being Board provides on-going strategic multi-agency leadership and ensures robust safeguarding arrangements to the two forthcoming transformation programmes in response to legislative changes that affect children and young people- namely the development of a new model for health visiting and school nursing services for 2015-16; and the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.**

Well-Being in the community

3. **That the Health and Well-Being Board partners work collectively to promote early intervention and prevention of mental health problems for children, working aged adults and older people and ensure robust local service provision.**

4. **That the Health and Well-Being Board continues to consider what partners collectively should be doing to promote models that limit social isolation, in partnership with Older Adult's Partnership Board and Barnet Older Adults Assembly.**

5. **That the Health and Well-Being Board gives specific focus to the solutions that will most effectively reduce level of excess cold hazards in elderly people's homes.**

How we live

6. **That the Health and Well-Being Board considers an everyday prevention approach to be essential in all services, making use of Making Every Contact Count. This is an approach that considers lifestyles and wider determinants of health e.g. education, housing, the environment. All partner organisations should ensure that their contracts require providers to use every opportunity to deliver brief advice to improve health and wellbeing whether in health, social care or wider services. Priorities for brief advice are smoking, alcohol, diet and physical activity although advice should be tailored to the needs of the individual.**

7. **That the Health and Well-Being Board considers in-depth how it can coordinate activities across partners to tackle increasing and higher risk drinking in the Borough, considering the various local levers it has at its disposal to affect change.**

8. **That the Health and Well-Being Board continues to work with NHS England to address screening uptake in the Borough, to ensure that national targets are not only met (as the Strategy requires them to be and in line with the referral made to Health Overview and Scrutiny Committee).**

Care when needed

9. **That the Health and Well-Being Board oversees the implementation of the integrated care proposals, that will support Barnet's frail elderly residents and those with long-term conditions to maintain independence in their own homes for as long as possible.**

10. **That the Health and Well-Being Board provides on-going oversight and endorsement of the work taking place locally to develop self-care initiatives that will help residents maintain their independence (including telecare) and to support the Borough's many carers to maintain their own health and well-being as well as that of the people they care for.**

2.3 The Health and Well-Being Board is asked to consider focusing time on these recommendations over the coming year, to have a significant impact on health and well-being in the Borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the recommendations in the report are approved, the Year 3 priorities will come into effect immediately, and Board Members will be expected to review the forward plan in light of this decision to ensure there is enough time given to these priority areas at future Board meetings.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Barnet's Health and Well-Being Strategy was launched in October 2012. The strategy sets out how Barnet's services will work together to address the most pressing health and well-being needs within the Borough. It was published following thorough consultation with local stakeholders about the health and well-being issues that need to be addressed in order to support Barnet's residents to keep well and keep independent.

5.1.2 The CCG and Public Health work plans has been deliberately aligned to the

objectives of the Health and Well-Being Strategy.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Where relevant, financial performance or implications have been noted in the performance report.

5.3 **Legal and Constitutional References**

5.3.1 This performance report supports the Board to meet the requirements of its Terms of Reference, which are set out in the Council's Constitution (responsibilities for functions, Annex A): 'To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the Joint Strategic Needs Assessment and performance manage its implementation to ensure that improved outcomes are being delivered'.

5.3.2 The Terms of Reference of the Health and Wellbeing Board are set out in the Council's Constitution (Responsibility for Functions, Annex A), The Health and Wellbeing Board is required to: 'Jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies'.

5.3.3 The Council needs to comply with the Equality Act 2010 in the provision of all public health services. The specific duty set out in s149 of the Equality Act is to have due regard to need to:

> *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
> *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
> *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.3.4 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.4 **Risk Management**

5.4.1 An effective system of performance management mitigates the risk that the Health and Well-Being is not actively managing performance against key objectives, or is being inefficient in devoting resources to the measurement of non-priorities.

5.5 **Equalities and Diversity**

5.5.1 The targets within the Health and Well-Being Strategy have been set based on the results of the Joint Strategic Needs Assessment, which considers health and social care outcomes across all of Barnet's population groups and pay particular attention to the different health inequalities that exist in the Borough.

5.6 **Consultation and Engagement**

5.6.1 Healthwatch Barnet play an important role in ensuring that the Health and

Well-Being Strategy is making a difference, and in advising lead agencies on how the voices of users and carers can feed in to the performance management of the Strategy.

5.6.2 Partnership Board co-chairs, and Healthwatch Barnet, have been asked to contribute to the production of the in-depth progress reports contained within the performance report. The write up of the Partnership Board Summit (June 2014) is also attached at Appendix 3, which includes a section on the work that the Partnership Boards have been doing to support delivery of the Health and Well-Being Strategy.

5.6.3 The performance report will be presented the next Partnership Boards Catch-Up, on the 20th November 2014, where Partnership Boards will be asked to work with Health and Well-Being Board members to identify how they can support delivery of the Year 2 priorities that are contained in the performance report.

5.6.4 Partnership Boards, alongside a wider set of stakeholders, will be invited to participate in the refresh of the JSNA and Health and Well-Being Strategy in early 2015 (see paper on *Forward Planning*).

6. BACKGROUND PAPERS

Health and Well-Being Board 17 November 2011 – item 5- Developing the Health and Wellbeing Strategy. The Health and Well-Being Board endorsed the broad approach of the Performance Management Framework. http://barnet.moderngov.co.uk/Data/Health%20&%20Well-Being%20Board/201111171000/Agenda/Document%204.pdf

Health and Well-Being Board 27th June 2013- item 10- Performance Management Framework for the Health and Well-Being Strategy. The Board agreed to the updated proposals for managing performance of the Health and Well-Being Strategy and agreed for a full Annual Report against year one of the Health and Well-being Strategy to be bought to the November Board meeting.
http://barnet.moderngov.co.uk/documents/s9320/HWBB%20JUNE%202013%20Performance%20Management%20Paper%20FINAL.pdf

Health and Well-Being Board 19th September 2013- item 10- Proposed revisions to the targets in the Health and Well-Being Strategy. The Board approved the proposed revisions to the existing targets in the Health and Well-Being Strategy.
http://barnet.moderngov.co.uk/documents/s10733/Proposed%20revisions%20to%20the%20targets%20in%20the%20Health%20and%20Well-Being%20Strategy.pdf

Health and Well-Being Board 21st November 2013- item 4- Health and Wellbeing Strategy (2012-15)- First Annual Performance Report. The Board agreed the priority areas for Year 2 set out in the report, with additional identification of a Mental Health priority to take forward in the second year of the Strategy.

http://barnet.moderngov.co.uk/documents/s11739/Health%20and%20Well-Being%20Strategy%202012-15%20First%20Annual%20Performance%20Report.pdf

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Appendix 1 - Barnet Health and Well-Being Strategy – Second Annual Performance Report

This report for the Health and Well-Being Board documents the progress that has been made by local partners to improve the Health and Well-Being of Barnet's population over the past 12 months.

Evidence of progress in the second year of the Strategy has been addressed in this report in two ways. Firstly, partners have been asked to produce in-depth progress reports to highlight the work that has been taking place to progress the Year 1 priorities. Secondly, in line with the presentation of progress in the first annual performance report, snapshots of progress across the Strategy have also been presented, in response to both the priority areas identified by residents and stakeholders in the 2012 Health and Well-Being Strategy public consultation[1], and significant achievements/ issues reported by service leads.

Appendix 3 of this report, the write up of the Partnership Boards Summit (June 2014) also includes the Health and Well-Being Board with an update of the work that the Partnership Boards have been doing to deliver the objectives of the Health and Well-Being Strategy.

Delivery of the Year 1 priorities – progress reports

The series of progress reports below highlight the work that has been taking place by partners over the past 12 months to improve health and wellbeing against each of the priority areas identified by the Health and Well-Being Board in November 2013.

Preparing for a Healthy Life

Priority area	**Review of Health Visiting and School Nursing services**
Rationale	The Council is now responsible for commissioning of School Nursing services and will assume responsibility for the commissioning of Health Visiting services from October 2015. Health visiting and school nursing services help to ensure that children receive the best possible start in life and that there is identification and early intervention of needs. The impact of services in the early years can be life-long.
Activities	Reviews of health visiting, school nursing and early years services have been conducted. The Public Health team separately commissioned Community Barnet's Children and Young People team, which has significant reach to the charity sector and residents, to undertake local consultation on this issue.
Impact	The work has led to the development of a new School Nursing service specification in line with new guidance and taking into consideration

[1] A full list of activities that partners have undertaken over the past 12 months to support the delivery of the Strategy is available from the Public Health team on request.

	results of the review. Work continues to more closely align health visiting services with proposed remodelled of early year's services in the borough more widely.
Next Steps	• To consider how other health services can be more closely aligned with early years services • To ensure procurement of School nursing services in 2015 delivers good quality service and value for money and is closely aligned with 0-5 public health services

Priority area	**Children and young people (aged 0-25) with disabilities, Special Educational Needs (SEN) and high needs, CAMHS**
Rationale	Reforms were set out in the Children and Families Act (2014) challenging professionals to change the way in which they work with each other and families, to focus relentlessly on improving outcomes for children and young adults with Special Educational Needs and Disabilities (SEND), give children and families more control and choice and, critically, to earn their trust and confidence. A fundamental change will be extending the system up to 25 years, to achieve a holistic vision of development from birth through to their transition into adulthood. These challenges come to effect at a time when local and national research shows a picture of continuously growing demand for SEND services. This growth in demand is a combination of population growth (primary/secondary school population in Barnet expected to grow by 16% and 10% respectively until at least 2024) and a rise in prevalence of disabilities.
Activities	Since September 2014, several core changes have been implemented in line with the requirements of the Children and Families Act, including the replacement of Statements of SEN with new birth-to-25 combined education, health and care plans (ECHP), a right to a personal budget for some young people whose needs cannot be met by universal or targeted services and a published local offer of services available. LBB have commissioned Family Research services through the Innovation Unit to review local and national demographic and likely future challenges for service provision to children & young people with disabilities and their families. This research project included in depth work with a group of eight families to provide insights into the service user experience and support the design of new ways of working. Building on this work, LBB have commissioned an independent consultant to provide an analysis of the current ('as-is') provision and to further develop the future model of service delivery in co-production with all partners. A strategic project board with representation from Education, Social Care (Adult's & Children's), Commissioning and Health has been setup to oversee and direct this work.
Impact	This work is still in development and has not had any impact on service users at this stage.
Next Steps	• With a number of the Children and Families Act changes now in

	place, the challenge to the Council and its partners in Barnet is to embed them in such a way that enables effective relationships of trust with families, improves the way in which agencies work together in partnership with families and helps young people to achieve more. • Work on the project is progressing at pace with the key next step the development of options for future service delivery. • The next meeting for the above mentioned 0-25 disabilities model project board is being scheduled to take place in the shape of a workshop in early November. Invites will be extended to relevant heads of service/managers with a view to using half a day to develop the options for the model of future service delivery. • With the transfer of public health responsibilities to the local authority and the developing joint commissioning relationship with the CCG there is now a strong opportunity to improve services in Barnet for children with mental health issues. This should strengthen early intervention and prevention services and ensure that children and young people who need more support can access it in a timely way in a community setting with the minimum disruption to their schooling.

Priority area	**Improving reporting of immunisations COVER data to Public Health England**
Rationale	Immunisation coverage in Barnet appeared to fall dramatically following the transition of responsibilities to NHS England in April 2013. It was recognised that practices had not stopped giving vaccinations and that that there had been a breakdown in data reporting mechanisms.
Activities	• The Health and Well-Being Board invited NHS England to discuss progress at resolving this issue at the September 2014 meeting. • NHS England has had regular meetings with CLCH to address data issues. Given that the reason for the drop in rates relates to data management, the focus has been on working to improve this situation. A 'deep dive' examination of all CLCH processes (not just immunisations) is currently taking place. • Data linkage is addressed via the Quality and Performance Improvement Board held quarterly and attended by CCG's, D's PH and other stakeholders. This meeting feeds into the London Immunisation Board. Sub groups are now also held quarterly with providers to improve performance for 0-19 and flu delivery. • A protocol has been put into place across London for earlier scrutiny of immunisation rates prior to submission to COVER by the patch and central immunisation commissioning teams in NHSE. This is helped by the new minimum child health dataset which enables monthly reports on immunisations to the NHSE immunisation teams. • Home-Start Barnet, a charity partner to Healthwatch is currently undertaking community consultation with the aim of informing and gathering feedback from 400 parents of young children about their experience and barriers to immunisation. Home-Start is due to report in March 2015 and this will be shared with Public Health and the Health and Wellbeing Board.
Impact	• All practices have now signed up to QMS which enables data to be sent electronically. • A full COVER report was produced for Q1 of 2014/15. • Issues within the CLCH team have been highlighted and are being addressed via regular meetings. • CLCH is to begin targeting individual practices that have low performance.
Next Steps	• A new specification is to be written to enable more accurate upload of data onto Child Health Information System (CHIS). • It has been highlighted that there is no established relationship between GPs and CLCH-CHIS in Barnet, and that this needs to be rectified. CLCH is being asked to develop relationships with GP practices to rectify wrong coding and missing vaccinations data.

Wellbeing in the Community

Priority area	**Supporting residents with mental health and learning disability issues back into employment**
Rationale	Mild to moderate mental health problems are the most prevalent causes of 'health-related worklessness'. 23% of Jobseeker's Allowance claimants have a mental health problem, and more than 40% of incapacity benefits claimants have mental health problems. The probability of returning to work after being in receipt of long-term health-related benefits is just 2% annually. Most recipients who have been workless for 6 months or more have only a 1 in 5 chance of returning to work within 5 years. The Barnet Benefits Cap Task Force has identified approximately 1200 individuals in the Borough who may experience a significant drop in income as a result of the Benefits Cap. The Barnet Benefit Cap Task Force – which includes Job Centre Plus (JCP), Housing Benefit and Housing Support Officers - is working closely with those people affected by the Benefit Cap to support them into work and/or affordable accommodation. Officers identified mental health problems as the biggest barrier to employment and they are not equipped to deal with mental health issues. Some people have undiagnosed mental health problems.
Activities	<u>Public Health support for those affected by welfare reforms - *'Return to Work'*</u> Health Mentors are now co-located with the Benefits Taskforce team in JCP. This work will continue until 31st October 2014, when the project will be superseded by the Employment Support project set out below. Public Health and partners, including service users, Department of Work and Pensions, Disability Employment Advisers, the Clinical Commissioning Group, IAPT Provider, Barnet Enfield and Haringey Mental Health Trust, The Network, Mind in Barnet, Barnet Voice for Mental Health, Barnet Centre for Independent Living, People Like Us, Eclipse and many other BME and user–led organisations via Mental Health Partnership Board, have successfully procured: • Individual Placement and Support service for people with severe and enduring mental health problems whose employment /vocational requirements form part of their recovery plan. Barnet Enfield and Haringey Mental Health Trust will be hosting this service. The service will move people back into work quickly and will provide 'in-work' support. • Combination of psychological, motivational and employment support intervention with Job Centre Plus for people with common mental health problems who are claiming benefits. Following presentation by Public Health to the Mental Health Partnership Board on this work, a number of steps were taken to increase service user involvement. One of the co-chairs was invited on the group developing the tender, which resulted in a stakeholder event in June which involved a number of service users and carers. The feedback from the above event contributed to the development of the

	tender. The co-chair is now on the group looking at the development of the evaluation framework, the draft of which will be brought to the board for comment and input. Public Health has also commissioned an external not for profit organisation - the National Development Team for Inclusion (NDTi) to evaluate the success of these two interventions. NDTi is also acting as a 'critical friend' to us. We are also working with West London Alliance (WLA) in co-designing an intervention for the ESA (Employment Support Allowance) claimants with mental health issues. As part of the Growth Deal, WLA is one of four areas invited to bid for funds to develop an integrated mental health and employment pilot intended to move people back into work more quickly. WLA has been asked to submit a business case by 1 October 2014 and start the Trailblazer in April 2015. Funding £1.2m from successful TCA bid and £1.2m European Social Fund. <u>Adult Social Care - Adults and Communities</u> • Adults & Communities panels monitor and ensure that employment and training is considered for individuals. • There is evidence that Direct Payments are being used to support people to train, prepare and support employment. • The Network have a strong working relationship with the Job centre plus. • Mind and the Richmond Fellowship are working in partnership to increase opportunities for people with a mental health need • Mencap as well as having a service specifically for mental health employment they also directly provide employment for people with a learning disability • BCIL will consider employment and training opportunities as part of the support planning process. • Sitting employment officers with the mental health teams will increase awareness with staff at opportunities open to service users. • The transition team have work hard to strengthen the links with education and prospects to increase the training and employment opportunities for young people transitioning in to adulthood. There are clear outcomes attached to education placement which are made for these young people. • Commissioning and care management are strengthening the way in which employment data is collected from services who may be offering opportunities to people as part their provider services. • People are paid for their time when engaged in the partnership boards and consultation exercise which empowers people to recognise their employability skills. • The new employment service and work being done to improve employment pathways is expected to result in improved outcome in 2015/16.
Impact	A total of 45 people (a success rate of 38%) gained employment

	directly as a result of the Return to Work initiative. The local rates reported in the performance dashboard below suggests the work that has been done this year has not yet had the impact that it is expected to have. This was a pilot project hence no targets were agreed, however these figures set up the baseline for the new initiative which was procured recently.
Next Steps	• The new services will commence 4th November 2014. • The WLA trailblazer modelling will start in October 2014. • Evaluation framework will be signed-off in December 2014. • Healthwatch will liaise with BAMER representatives for feedback on the effectiveness of the engagement that's taken place.

Priority area	**Poor Health due to Excessively Cold Housing**
Rationale	There are 149 excess winter deaths (EWD's) per year in Barnet alone (*PHO* 2014). EWD's are where there is a marked difference between the number of deaths during the winter months (Dec-Mar), the following autumn (Aug-Nov) and the preceding summer, with the winter deaths being the highest, as described by the Office for National Statistics. Not only is there a surge in deaths during the winter months, there is also a surge in cold related illnesses.
Activities	<u>Winter Well Grants</u> In the winter year 2013/2014, £10,000 of the Budget was allocated to Winter Well Grants. This avenue of the project proved successful and therefore may be reflectively increased this year. In the year 2013/2014 £9814.12 of the budget was spent on a total of 16 clients. It is estimated that this grant spend will generate a saving of £121,451.84. Due to the nature of the grant system for the Winter Well Scheme (available to privately rented and owner occupied housing) not all people who require energy efficiency measures will qualify. However, these are often referred to the Decent Homes grant scheme which has a larger budget and can assist with a wide range of interventions, including energy efficiency measures. **Other Works Completed by Energise Barnet and CAB in the Winter of 2013/14**

	Work Completed by Energise Barnet	
	297	Calls were received/made relating to Winter Well
	68	GP Practices were visited and provided with training, these were th contacted for a reminder of the scheme.
	86	Pharmacists were visited, leaflets delivered
	17	District nurse teams were contacted
	11	Visits for training were arranged with district nurses
	722	Communication organisations emailed/phoned
	20000	Pieces of campaign materials were distributed.
	27	Awareness sessions were held
	10	Events were held of which 557 people attended gaining 249 referra
	Work Completed by CAB	
	356	The number of attendees at an energy Advice Event
	389	Fuel debt enquiries *Sept 2012-Mar 2014*
	303	Fuel issue enquiries *Sept 2012-Mar 2014*
	The Council has taken many steps to re-design and target and make our promotional material accessible to elderly vulnerable residents. The Winter Well Scheme has many avenues available to Elderly residents to assist with excessively cold homes, one of which is Winter Well rants which can be given for home improves to increase the thermal efficiency of their homes, of which the, improvement materials and labour are organised by the Winter Well Grant Officer.	
Impact	Unfortunately due to the short time that Barnet's Winter Well scheme been running, with one year happening to be a relatively warm winter, it is quite speculative and projective to evaluate Barnet's Winter Well's effectiveness. Nonetheless the effectiveness was estimated using educated predictions, benchmarking and observations of the outputs. **Feedback from Service Users** Grants: The people who were provided with grants were contacted for a structured interview to be asked. Due to their age (mostly elderly) some had sadly passed away while others were not able to talk. However, of the clients who were contactable, they were very positive about the service. Materials: Focus groups were arranged with a target group of the scheme (elderly residents) to gain some feedback on the promotional materials used. A number of issues with them were highlighted during this exercise. These issues were taken on board for the re-design of the materials. From Professionals: A consensus was that the availability, processes and criteria for assistance were not made clear by the Winter Well Scheme. Professionals also highlighted different aspects of the promotional materials to the focus group such as the non-inclusion of the NHS logo causing issues with healthcare centres refusing to promote the scheme.	

Next Steps	**Materials:** Using the feedback obtained on the previous year's Winter Well promotional materials a new Communications brief has been generated. The borough wide promotion of the scheme this year incorporates thermometer cards, leaflets, and professional business cards. **Communication Networks:** A communication network of all the interlinking and relevant contacts for each main section within the assistance programmes relating to the Winter Well Scheme is going to be created and made available to all the partners within an electronic information pack on the Winter Well. **Documentation of Assistance:** We aim to improve upon our documentation of the inputs and outputs of the Winter Well Scheme this year. Energise Barnet, being an external company refused to share information due to data protection act. This year a list of standard questions have been established which can be asked to people who enquire about the scheme to be combined with the outcomes of their enquiry for future analysis.

Priority area	**Mental health**
Rationale	Barnet's thematic JSNA refresh on Mental Health (2014) highlighted that the prevalence of mental illness in Barnet is higher than the England average and has slightly increased over the past 5 years at a similar rate to that of England. A recent mental health needs assessment undertaken by Public Health for Barnet CCG highlighted: • The proportion of adults estimated to have dementia diagnosed in primary care in Barnet is 5th highest in London. Estimated number with common mental disorder in Barnet is 39762 (National Psychiatric Morbidity Survey, NPMS, 2000) • In 2012/13 within Barnet, number of patients registered with GP practices with depression age 18+ was 24,754. • Levels of antidepressant prescribing in Barnet and London boroughs were lower than the rest of the country (HSCIC 2013). • Proportion of those referred to IAPT in 2012/13 who received treatment was relatively high in Barnet (69.4%) compared with London (60.7%) and England (59.7%) • Number of adults on primary care Severe Mental Illness (SMI) register in 2012/13 was 3,685 (HSCIC 2013). Proportion of adult population on the SMI register in Barnet (1.0%) was mid-range for London (HSCIC 2013). The range for London is between 0.6% - 1.4%. • Proportion of population on the primary care SMI register who were treated by Crisis Resolution/ Home Treatment teams in 2012/13 in Barnet (16.2%) was lower compared to many London boroughs • Rate of hospital episodes for schizophrenia in Barnet is much higher

	than expected for the population, (154.6 per 100,000). This is more than double the national rates. Rates of emergency admission for schizophrenia (per 100,000) lower for Barnet (20.0) than London (24.9) but higher than England (19.2). Rates are moderately correlated with deprivation with close to expected rates for levels of deprivation. • Barnet has an admission rate of 167.6 per 100,000 for mental disorder for under 18 years, the 2nd highest in London, (London and England averages are 87.1 per 100,000 and 87.6 per 100,000 respectively. Mental health issues can result in social isolation, loneliness or disrupted relationships, or can be the catalyst for these problems. People with mental health problems also experience significant physical health risks including obesity, diabetes, heart and respiratory diseases and have lower life expectancy. Mental health provision is a significant local priority.
Activities	In May 2014, the CCG Board decided to review mental health services in Barnet with a view to determining whether re-commissioning mental health services might be beneficial. A health economic impact assessment, benchmarking on finances, a population needs assessment and a review of good practice models, have been completed. The conclusion is that such an extensive re-commissioning would de-stabilise the local health economy, and alternative approaches to improving services locally are being explored. Performance concerns relating to BEHMHT have been considered by the Health and Wellbeing Board in depth and have resulted in a multi-agency approach to supporting improvements in performance at the Trust. BEHMHT is currently working with the Trust Development Agency to assess the longer term viability of the Trust. **Talking therapies** The 'Improving Access to Psychological Therapies'(IAPT) service has been re-commissioned to ensure wider reach and increased recovery rates. The new provider, Surrey & Borders NHS Foundation Trust, commenced in October, with a new service model that is intended to improve access – to 12.5% by the end of the 2014/15 financial year, with a view to increasing to the national target rate of 15% in 2015/16. The service has specific targets for harder to reach groups, and there will be a wider range of venues in which to access treatment. **Primary care pilot** The South Barnet Locality Network is currently piloting an 'Integrated Primary Care Mental Health' model, which they have commissioned through Camden & Islington NHS Foundation Trust to run until July 2015. The pilot is funded through a non-recurrent primary care grant. The pilot aims to increase the capacity and capability of primary care to

	manage mental health care and treatment, provide high quality care closer to home and improve the experience and outcomes of patients who will otherwise fall between the gaps and who hitherto may have been difficult to manage in primary care because of the complexity of their mental health conditions. The pilot is expected to reduce the referrals of non-urgent/crisis patients to secondary care and enable better step down or discharges from secondary mental health back to primary care. There will be a robust evaluation of the project carried out which will help inform next steps. **Collaborative working** Collaborative working has been a feature of the work undertaken this year. For example, engagement events have taken place that are being used to inform the future of mental health services in Barnet. • A Mental Health Partnership Board (MHPB) workshop took place on July 2014 to look at the relationship between physical and mental health. The MHPB met in October, to discuss a range of issues, including a presentation. • A user engagement event associated with the development of employment support services took place in June 2014. • In August 2014, Healthwatch, who are members of the MHPB Board, were commissioned by Barnet CCG to gauge service users views on what 'good' would look like in relation to various strands of care provided by mental health services (both statutory and voluntary). Working with Barnet Voice for Mental Health, who ran the focus groups, they produced a report which they presented to the Mental Health sub group of the CCG. As a member of Barnet Voice, the Co-Chair of the MHPB also attended and contributed **Children's mental health** In terms of mental health support services for children: the CAMHS review is on-going. Public health's investments in emotional wellbeing in schools, as well as programmes to discourage substance misuse, are reported elsewhere. A programme to address self harm is also under way. **Delayed Transfers of Care** Tri-borough mental health commissioners have been working with BEHMHT to reduce the number of patients with delayed discharge. This is defined as a patient who is well enough to leave hospital but who is unable to leave due to factors not related to their mental health. Identifying the 'blocks' to discharge, including mapping the patient pathway in Barnet, has led to better bed management, earlier identification of and action on patients' housing needs, and good collaboration between the Trust, mental health commissioners and Barnet Housing. As a result, the average number of Barnet patients

	delayed in hospital has reduced from c.16 weekly in June to 1-2 weekly, and no out of area placements. **World Mental Health Day** Over 20 organisations in Barnet from across the statutory, voluntary and community sectors delivered a series of events leading up to World Mental Health Day on 10 October. Events were held across the borough to raise awareness of mental health, helping to tackle stigma and provide information about available support and services. **Eclipse** Eclipse is a universal mental health and wellbeing service funded by the Council and CCG. The service is into its second year and is delivered across the borough of Barnet by Richmond Fellowship in Barnet (RF) working in partnership with Mind in Barnet (MiB), the Barnet Centre for Independent Living (BCIL) and people who have or had mental health problems. The service delivers mental health and wellbeing promotions and activities, including Mindfulness and Mental Health First Aid Training, Peer Support and Recovery and Inclusion Planning. **Floating support** Barnet's floating support service has been recommissioned and now includes a specialist mental health component for people within in-patient mental health settings and hospitals and patients in recovery centres. The aim is to ensure that any housing related problems are dealt with as early as possible, minimising re-admission into hospitals, residential care and other intuitional settings and helping individuals to settle into the community and reduce social isolation. The aim is to help clients with mental health needs to: • maintain their tenancies • move on to more appropriate accommodation and services • prevent individuals' situations from reaching a crisis point and helping stabilise crisis situations. **Independent assessment and advocacy** Barnet Council, working with Enfield and Haringey, commissioned a tri-borough Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) service. IMCA is a type of advocacy introduced by the Mental Capacity Act 2005 ("the Act"). The Act gives some people who lack capacity a right to receive support from an independent mental capacity advocate in relation to important decisions about their care. Independent Mental Health Advocacy is a statutory form of advocacy

	which was introduced in 2009 as part of amendments to the Mental Health Act. Anyone who is detained in a secure mental health setting under the Act, is entitled to access support from an Independent Mental Health Advocate. The service is delivered by Voiceability, which also delivers the NHS Complaints Advocacy Service. **Employment and mental health:** **Individual Placement & Support (IPS)** Twining Enterprise has been commissioned tp provide an IPS service. The service commenced in early November and will continue until the end of March 2016. The service, based within the Community Teams within Barnet, Enfield and Haringey MHT. Over contract period, the service will engage and assess 180 service users and, of those, 55 job outcomes are expected. A job outcome is defined as paid employment of at least 16 hours per week. **Motivational & Psychological Support (MaPS)** Future Path Solutions Ltd has been commissioned to provide motivational and psychological support to Job Centre Plus customers. This initiative (following from the successful pilot which ran from January to October 2014) started earlier in November and will continue to March 2016. Over the contract period, 337 people will be assessed and screened, 202 people will report an improved quality of life and 124 people will commence employment which is similarly defined as paid work of at least 16 hours a week.
Impact	Too early to know.
Next Steps	• The priority for the coming months is to finalise the LA/CCG's commissioning intentions and agree any joint commissioning arrangements as appropriate, including S. 75 arrangements • To complete the reviews of adult mental health provision and CAMHS • To ensure coordination across prevention, early identification and treatment pathways • Mental health is a priority area for Healthwatch Barnet in 2014/15 • Voluntary organisations within the borough who deliver mental health and wellbeing services to black, minority ethic and refugee communities are working with the Council and CCG to develop a Community and Health Access service to improve health and social care outcomes for Barnet residents who are often coming into contact with services in times of crisis. • Commissioners across the Council and CCG are working with organisations delivering talking therapies within the borough to develop a network to share best practice and ensure pathways are working for Barnet residents and referrers. • Barnet Public Health, Adults and Communities and Job Centre Plus are working with the West London Alliance to be a "trailblazer" site for an Individual Placement and Support service for people with

	common mental health problems. (see also Individual Placement & Support). This pilot service is expected to commence in April 2015. • Support to improve capacity in the mental health system which will include an enhanced primary care model that includes an Extended Primary Care Service for people with serious mental illness and depot (injections) which will be GP/Network led, and a support hub for information and support to access a broad range of options available in the community and a Primary Care Liaison Service . • Working with tri-borough commissioners, CCG and LA commissioners will develop a local action plan for crisis care, in line with the national Crisis Concordat and London-wide recommendations published in October. • Public Health is establishing a multi-agency steering group to develop a Suicide Reduction Strategy for Barnet. There is non-recurring funding available in the current year to develop a local service for children at risk of self-harming. An outline business case is currently in development.

Priority area	**Reducing social isolation**
Rationale	Social isolation and loneliness has a significant and detrimental impact on the quality of peoples' physical and mental health, e.g. it is one of the major causes of depression. It is also one of the causes of people using high levels of health and social care, e.g. a lonely older person will use visit their doctor on average 13 times a year as opposed to 5 times a year and loneliness is one of the reasons why older people go into residential care.
Activities	A social isolation toolkit has been developed by the Council's Insight team, and qualitative research has been carried out so that we have a better picture of loneliness in Barnet (see Appendix 1). The toolkit identified that older women who lived in more well off areas were at an increased risk of social isolation. The social isolation toolkit is now available on the internet. The qualitative research discovered that people did not know about many of the activities available and did not want to access them alone. The key gap that people identified was that there was a lack of evening activities. The findings were discussed at the Ageing Well Partnership Board and also the Partnership Board summit – all Partnership Boards have been asked to look at their action plans for the year and incorporate social isolation into those actions where possible. They were also asked to identify what they could do as Boards and as individuals to tackle social isolation. Each Board identified between 6 and 13 actions ranging from volunteering, promoting and expanding existing services and increased use of technology. Individual members identified helping others, getting to know their neighbours and publicising services. The Altogether Better programme has also identified one of the key

	geographical areas where social isolation was identified as the next priority. Based on an asset based approach, the programme will begin work in High Barnet once funding has been confirmed. The Older Adults Partnership Board (OAPB) plays an integral role in the Ageing well programme which has commissioned the time banking service in Barnet. There is co-membership between the two programmes and so the OAPB has had an active role in the shaping and reviewing of this service to provide greater community links. The OAPB has played an active role in collaborating with initiatives such as the dementia café and the Casserole Club by providing feedback to ensure that the services are relevant for the core groups they are aimed at. As part of the Council's service level agreement with Community Barnet a conference on social isolation was held in September 2014 – the social isolation toolkit was presented and the voluntary sector looked at how they could impact on social isolation and loneliness. The HSCI business plan also includes an ambition to develop dementia friendly communities and community navigators – both of these initiatives will further help alleviate loneliness by increasing the access to information about activities and supporting people to access those activities by building up social networks and providing practical support.
Impact	New services commissioned by the Council and provided by Barnet Age UK – the neighbourhood day activities and later life planners, have increased their reach to older people and have proved very beneficial in providing places to meet people who are interested in similar activities as well as developing social networks on an individual basis.
Next Steps	• Barnet Council has worked closely with the Campaign to End Loneliness to develop indicators which measure the effectiveness of services in alleviating loneliness and will be piloting these by building them into contract monitoring of commissioned services. • Community Barnet will be producing a write up report of the social isolation conference. • Partnership Boards will be asked to report back on the progress of the actions they have identified.

<table>
<tr><td>Priority area</td><td>High risk drinking</td></tr>
<tr><td>Rationale</td><td>The November 2013 performance report noted that rates of increased and higher risk drinking had risen from the 2011 rate of 17.7% to 20.0%. The Barnet HWBS set an ambition to reduce the rate of increased and higher risk drinking to the level of the best performer in the country (which was 11.5% in 2011 but which had risen to 15.7%). With local performance trailing the best nationally the Health and Well-Being Board undertook to consider in-depth how it can coordinate activities across partners to tackle increasing and higher risk drinking in the Borough, considering the various local levers it has at its disposal to affect change.</td></tr>
<tr><td>Activities</td><td>The CCG and Public Health team have both been working to prevent increasing and hazardous drinking in the Borough. The CCG has been leading on a programme of brief interventions in acute and primary settings under consideration, which has the potential to assist 1 in 8 hazardous and harmful drinkers back to sensible drinking levels. The Public Health team has been scoping options to enforce trading standards and licensing conditions to make it harder for people to make unhealthy choices.

The following actions have been taken by the public health team:
Introduced an Information & Brief Advice (IBA) service in 21 pharmacies from November 2013 to identify those with increasing and higher risk drinking patterns. The most recent performance follows below.
Completed two Drug & Alcohol needs assessments (Adult and Young Persons) in 2014.
Commissioned temporary support to improve dual diagnosis care coordination
A Drugs and Alcohol strategy is currently being produced and is expected to be presented to Health and Wellbeing Board in January 2015. In addition to the medical treatment and recovery support for the patients with alcohol dependency options for the use of local by-laws, early intervention and prevention will be explored in collaboration with community safety and other related areas of council business.
The Barnet schools wellbeing programme has provided support to schools to discourage substance misuse. It is expected that there will be further work targeted at young people</td></tr>
<tr><td>Impact</td><td>ABI performance:<table><tr><th></th><th>No of scratch cards used</th><th>Brief advice given/ brief advice & referral services</th></tr><tr><td>Target 2014-15</td><td>1400</td><td>750</td></tr><tr><td>Q1/14</td><td>447</td><td>146</td></tr></table>Results indicate that 447 people have received an alcohol screen. This</td></tr>
</table>

	equates to 31% of the annual target. Of those who were screened 146 (32%) were given brief advice. This equates to 19% of the annual target. Of those who were given brief advice eight people were referred to the drug and alcohol service. This shows that the project was successful in providing screening and over achieved the quarterly target. However, the rate of identification of high risk drinkers is lower than that previously seen elsewhere.
Next steps	• Drugs and alcohol strategy to be agreed and reviewed in January 2015 • Healthwatch Barnet will work with public health to engage with young people and different ethnic communities to further the development and delivery of key messages and services in this area.

Priority area	**Tuberculosis**
Rationale	Rates of TB in Barnet are higher compared to England. Although, they are lower than the average for London, the rates have remained constant and are not falling.
Activities	Public health commissioned a report to look at the reasons why the rates were not falling and to understand which organisations were responsible for the prevention and management of TB, which was presented to the Health and Well-being Board in June 2014.
Impact	The report that was presented to the Health and Well-being Board had the following recommendations • It was agreed PH would commission an awareness raising campaign • CCG would look into latent TB testing and ensure robust commissioning of TB services including universal BCG provision in 2015/16
Next Steps	• Plans are in place for an awareness raising campaign to commence shortly. This will include training workshops and support to the voluntary sector to raise awareness in the community and will provide training for council staff. • A communications campaign will be conducted directed at health professionals. • CCG to consider latent TB testing. • Procurement of a new Substance Misuse Treatment and recovery Service is currently underway with the new Service commencing 1st October 2015.

Care When Needed

Priority area	**Integrated care for frail elderly/ those with long term conditions**
Rationale	Barnet will experience one of the largest increases in elderly residents out of all London boroughs over the next five to ten years, and also

	substantial increases in both the number of older carers in the borough, and the number of these carers who need support to sustain their caring role. The Health and Wellbeing Strategy sets out the Borough's ambition to make Barnet 'a place in which all people can age well'. The challenge is to make this a reality in the context of rising health and social care needs among older people, and the financial pressures facing both the NHS and the Council. Despite the many positives that come from growing older, there is also a higher risk of deteriorating health, reduced wellbeing and lack of independence. More and more older people will be living with a long-term condition over the coming decade, be that dementia, diabetes, or arthritis. As the number of older people requiring health and social care support increases, it is essential they are offered services that help them to remain independent and live healthily in their own homes for as long as possible. They need access to crisis response services, and support to recover quickly from illness. The current service provision in Barnet does not always fulfil these objectives, culminating in an over-reliance on hospital services and residential care. Plus there has been an increased take-up of adult social care support to respond to changes in acuity and urgency. This all costs the system too much money to sustain, which is another driver for transforming the model of care for these population groups.
Activities	Over the past 12 months, Barnet CCG and Adults and Communities have implemented enhanced, integrated community support for frail older people in line with the Barnet Better Care Fund model, supported by an outline and a full business case for integrated health and social care. Barnet now has in place the following: • Multi-disciplinary case management of the most frail older people, with weekly case conferences attended by community health, social care, acute care, primary care and mental health. • A team of care navigators to support this group of patients/service users to get the care they need • Rapid care team to respond to crises early on, to prevent the need for hospitalisation and improve health and quality of life, operating 7 days per week • 7 day a week social care service at Barnet and Royal Free hospitals • IT- based risk stratification tool now operational in GP practices in Barnet, to identify frail older people who would benefit from multi-disciplinary case management. • Pilot integrated locality care team of community health and social work staff • Community based dementia and stroke support services. These all form part of the Barnet 5 tier integrated care model, the business case for which demonstrates how investment from Public

	Health, the CCG and Council adult social care budgets will be used to develop and deliver this new model of care. It has been developed by a wide number of local stakeholders, including commissioners across the CCG and Council, major providers of health and social care services including GPs and other primary care staff, the voluntary and community sector, and service users. The 2 Co-chairs of the Older Adults Partnership Board had full involvement in workshops which led to the development of the 5-tier model and subsequent pathway planning. In December 2013, Healthwatch helped facilitate two focus groups on integrated care/long-term conditions, with positive feedback on the quality of responses. There have also been presentations to the Partnership Boards from the CCG regarding the development of the pilot Integrated locality team, and service users and carers have shared their views about the model. The full business case sets out the detail of the projects and programmes of work that need to be delivered in order to transform the model of care offered to frail elderly/ those with long term conditions, from programmes that will give individuals the confidence to manage their own long-term conditions, to activities that focus on keeping people mobile and active in their own homes and communities, to services in place to assist people quickly outside of A&E when they experience an episode of ill health. Following the full business case being written, the OAPB hosted a bespoke workshop with members in order to capture feedback from organisations and representations from the public. The Board shared views with project leads about the work that had been developed so far, and has made a point of highlighting 'stories' and areas of practice which could benefit from a greater joint approach i.e. hospital discharge, enablement in the community. There is further development work planned to create a specific working group with interested parties from the OAPB to further scrutinise and develop the 5 tier model to enable further development by core users.
Impact	The full business case for integrated care models an indicative, estimated saving of £12.2m from implementation of the proposals (by 2019/20), resulting by 2019/20 in an annual shift in spending away from acute hospital and residential and nursing care home services of £5.7m. To this end, this business case is an important step that will help the Health and Wellbeing Board to realise its objective of shifting the balance of spend towards prevention and wellbeing. The high level outcomes the integrated model is trying to achieve are set out below:

Measure	Baseline	Planned 2015	Planned 2016 (Q1)
(Reduced) avoidable non-elective and/or emergency admissions per 100,000 population (average per month).	1,935	1,838	1,898

Measure	Baseline	Planned 2014/15	Planned 2015/16
(Reduced) permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.	486.9	417.6	354.1
(Increased) proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into re-ablement/ rehabilitation services.	71.9%	76.8	81.5
(Reduced) delayed transfers of care (delayed days) from hospital per 100,000 population (average per month).	635.3*	492.3*	379.3*
(Improved/minimum) Patient/service user experience (national metric).	0.7	0.8	0.8
(Increased) Self directed support.	1.0	1.0	1.0

* - Average Quarterly Rate

The business case has tried to explain how the system will feel different for older people, by explaining how care will be provided for the fictional Mr Colin Dale. In terms of the impact the work is aiming to have, the following description of Mr Dale's experience of care from the newly formed integrated locality teams (a key initiative in the integrated care model) has been written:

The district nurse (as part of the integrated locality team), while managing Mr Dale's leg ulcer, identifies increased ankle swelling. During her visit she records vital signs which show low oxygen levels and increased respiratory rate. As a result, and with the patient's permission she refers Mr Dale to the weekly multidisciplinary meeting where a wider range of professionals (social care, mental health, London ambulance, GPs, geriatric consultant, pharmacy and end of life) meet. They agree that Mr Dale's medication will be titrated and that an education session will be delivered in the home by the long term conditions generic nurse (within the Rapid Care Team). In 5 days Mr Dale returns to his normal baseline. At a follow up meeting including the care home staff and Mr Dale's family, agrees to commence the use of telehealth, to better assess and monitor Mr Dale's needs, and communicate changes to the locality team and the practice in order to take rapid action. ***As a result of this multi-disciplinary care team approach, Mr Dale has less need to go into hospital, whilst the district nurse and care home have developed new skill sets that help them to provide more holistic support to older people like Mr Dale.***

The 6 month evaluation of multi-disciplinary case management and care navigators indicated that positive results have been achieved for individuals supported by the new services and that health outcomes had improved. The evaluation also showed a positive impact on use of emergency care.

Next	A Steering Group has been established to oversee delivery of this

Steps	business case, and they will report progress to the health and wellbeing board as the work develops. The Group will make sure the health and social care integration board of major providers of health and social care services meets to discuss how they can support implementation of this model, and a number of self-management and wellbeing projects will be developed over the coming year in partnership with stakeholders to ensure that there is enough support for older to people to stay well, happy and independent in their own homes and communities. Healthwatch will provide further support in identifying volunteers/patient representatives, facilitating or co-ordinating groups.

Priority area	**Developing self-care initiatives that will help residents maintain their independence and supporting the Borough's many carers to maintain their own health and well-being**
Rationale	Self-management: At present there are an estimated 20,359 people aged 65 or over with a limiting long-term illness in Barnet, as well as 13,146 who are expected to have a fall. By 2020, many chronic and long term illnesses are projected to increase by more than 20%. Nationally, over 90% of people with long term conditions say they are interested in being more active self managers and over 75% would feel more confident about self-management if they had help from a healthcare professional or peer. Despite this, many people with long-term conditions have limited knowledge of, or influence over, their care. Self-management is a critical component of integrated care models for frail elderly/ those with long-term conditions. It supports a shift in the focus of health and social care delivery away from formal institutions and towards a person's own home environment, where a lot of self-management can occur. Carers: It has also been estimated that there are 6,988 over 65s providing unpaid care to family or friends within the borough. Without adequate support, these individuals experience unnecessary strain and hardship. In addition, the added stress and pressure of being a carer can cause rapid deteriorations in health. This represents another key challenge for health and social care.
Activities	Self-management: Workshops have taken place with service users, clinical professionals, the voluntary sector, and CCG and LBB staff to define the priority pieces of work to be taken forward under a self-management programme in Barnet. Following review of the results of these sessions, completion of a formal evidence review and gap analysis, a programme of work was developed, which includes structured education being offered to people with any long term condition, in accessible venues; development of health champion and long-term condition mentor roles; development of a Healthy Living Pharmacy programme that will be rolled out across 12 pharmacies in Barnet; launch of a public media campaign and innovative structured information and advice; and development of a social prescribing service. These proposals have been tested out by a self-management

	steering group comprising colleagues from public health and the CCG, through the integrated care steering group, and most recently at the Older Adults Partnership Board. A public health project manager has been appointed to take forward this programme of work in close partnership with the CCG. The Older Adults Partnership Board has also developed a response as part of the consultation on Barnet Council's Community Offer aimed at supporting people to live independently for as long as possible. Carers: There has been an ambitious programme of work carried out over the last 12 months to improve the support offer for Carers in Barnet. Highlights from this work include: • A review of the Council's existing preventative services for carers is reported to the Carers Partnership Board. • There is a Carers Strategy action plan for 2014-15 which is overseen by the Carers Strategy Partnership Board. The Board is now working on its priorities for 2015 onwards which will include joint working with the CCG and health partners. • Carers Offer: The Carers Support Offer provides information about what supports and services are available for carers. The Carers Support Offer continues to be reviewed and there continues to be a joint review of some commissioned carers services and projects with the CCG to ensure that we are delivering outcomes for carers. • There is a project lead responsible for delivering the changes resulting from the Care Act for Carers. One of the work streams of the Care Act Implementation Group. The carer's strategy, policy and operational guidance for practitioners are being updated for April 2015 which will clearly reflect the changes of the Act. A programme of training for staff will communicate how carers assessments, support plans and emergency plans will be undertaken. An outcomes framework is also being developed to track carers activity, monitor and report outcomes and check for quality. There is also a strong focus on ensuring that the Carers Support Offer is more widely promoted to practitioners and the public so that the support available to carers is more readily accessible and that they are better informed about how to access support. There will be an improved information and advice offer detailing for carers what is available for them; this includes work with the Lead Provider. • Carers Centre coordinated and promoted a wide range of training programmes for carers such as mindfulness, first aid etc. • The Carer's Partnership Board is also contributing to the development of BEH MHT 'Mental Health Carers Experience strategy'
Impact	There is real momentum in the system now to develop an ambitious programme of self-management, in absence of there having been one in place before. Economic modelling estimates that the structured

	education programme will have significant impacts on the amount of primary care use individuals need, and will also result in cost savings in secondary care too. An evaluation framework is being commissioned to ensure that the impact of each of these initiatives can be fully understood and evaluated, and best practice shared with other local areas.
Next Steps	<u>Self-management</u> • There will be pilots of the structured education programmes delivered in each of the 3 GP localities before April 2015, at which point the programme will be rolled out more widely. • The project manager will be completing project documentation for each of the elements of the self-management programme to be taken forward, before beginning roll out of these initiatives at scale from April 2015. <u>Carers – also see above</u> • The Carers Strategy Partnership Board has an action plan for 2014-15 and are developing the next from 2015-16, which also focusses on the Care Act implementation. • Improvements to the quality of Information and Advice for carers and how this promoted and accessed is underway. • Healthwatch Barnet is currently in discussion with their charity partner Barnet Carers Centre to identify specific project to engage with and support carers in the Borough.

Snapshots of progress in Year 2 across the Health and Well-Being Strategy

Preparing for a healthy life

Healthy Child Development: The Barnet schools wellbeing programme, which supports schools to implement sustainable health and wellbeing measures including physical activity and healthy eating, has been established and expanded. The programme is supporting schools to work towards the Healthy School London awards, and is also implementing Healthy Children Centre standards and supporting early years staff to deliver healthy eating workshops and physical activity initiatives.

Healthy weight in children: To address the rates of childhood obesity, commissioning has commenced of a tier 2 weight management programme for children and families, and children's pathway group established with partners to develop a childhood obesity pathway.

Well-being in the community

Healthy regeneration: A jobs brokerage service is currently being commissioned and is anticipated to start delivery in early 2015 in the west of the borough with a particular focus on the regeneration estates. The Council has also been developing Regeneration, Estate, Employment and Training strategies for Colindale,

Stonegrove, Spur Road, Dollis Valley - the Strategy for Colindale is now under delivery with a refresh strategy produced annually. An Officer is now in place dedicated to the development of the strategies for Stonegrove Spur Road and Dollis Valley, which are due to be produced in Spring 2015.

Supporting people with learning disabilities into employment: The employment project 'Working For You' has been successfully retendered. The new contract and partnership arrangements commenced in October 2014. The new provider had developed a communication plan to further raise awareness of the service and to increase numbers of people being supported by the service.

Supporting individuals to move on into stable accommodation: The Barnet Winterbourne View Action Plan has been reviewed, and the Learning Disability Team based at the Council has updated a Section 75 agreement with the CCG to include the recommendations from the Winterbourne View plan. Joint Commissioners across the CCG and Council are working closely with Care Coordinators, the Multi-Disciplinary Team and the individuals and their families, to review individual's care and support plans and where a plan for move on is agreed, identifying individualised local move on options. We are working with CSG to move people in to the rented sector market with dedicated workers to ensure that people have person centred support to move. Residential placements are prioritised for reviews with people being supported in to more independent accommodation. The Council is also developing an extra care housing scheme which can accommodate people with a Mental Health or a Learning Disability.

Supporting young people into education, employment and training: the support team at the Council have tried to use Electoral canvassers to conduct some home visits and engage with young people, but this had many limited success as many had moved away from the premises. An online support presence has recently established and the internet page has been promoted widely to organisations and young people in Barnet. So far the main page has had 35 'likes', and has a growing following. 30 young people are receiving on line support. A new build for high level need learners opened in September 2014 providing approximately 50 additional places for local residents.

How we live

Learning Disability Health Checks: Easy read information templates are now available on the GP intranet to improve accessibility. Each Barnet GP now has a Link Nurse from the Learning Disability service to support with checking the quality of Annual Health Checks. Three bi-annual training sessions given by a lead speech and language therapist and Head of Psychology at Barnet Learning Disability Service have also taken place.

Supporting people with mental health problems: The CCG and Council are undertaking a review of mental health services to inform future commissioning options. The CCG has successfully re-commissioned the IAPT service with additional funding to achieve the access target of providing treatment to 6000 people per annum from 2015/16. Work on Delayed Transfer of Care has been progressing since April, resulting in better use of inpatient acute beds, B&B placement and

external bed use now nil. There has also been a refresh of the Child and Adolescent Mental Health Services (CAMHS) strategy, but the CAMHS needs assessment is not yet completed due to capacity issues.

Better use of green spaces and leisure facilities: A total of 7 new outdoor gyms and 9 marked and measured routes are installed. The outdoor gym activator programme aiming to provide advice on how to use the equipment and motivational support to residents has started the sessions in the parks and the feedback suggests that the equipment seems to be very busy. The public health team are currently formulating the Council's plans for any future outdoor gym locations.

As part of the Fit & Active Barnet campaign, the Council has been working closely with GLL and all our community providers to enhance sport and physical activity opportunities. Specific achievements to date are the introduction of a Barnet Leisure Pass for carers, foster carers and children in care. This is a live and available scheme to any registered individual with LB Barnet or Barnet Carers Centre (where applicable). In addition, GLL have hosted a number of engagement events for young people in March and Disability in August 2014, accumulative total in excess of 500 people. The GLL Better Inclusive disability membership has increased from 138 (August 13) to 438 memberships (August 14), there has also been an increase in the total number of disabled visitors at each centre. This is attributed to improved local partnerships and communication and supporting a number of targeted events (senior's assembly /urban gamez). GLL 55yrs+ Club Membership has also increased by 12% since August 2013, this is credited to a £25,000 investment by GLL at Barnet Copthall Leisure Centre into developing a "Club Lounge". A dedicated 55yrs+ social area, providing information and advice in relation to local opportunities. A GLL Barnet Team have also represented at the Club Games event hosted at the Olympic Park, the first time ever the Borough has been able to recruit for all teams inclusive of spectators.

There have also been significant financial investments into Barnet Copthall Leisure Centre Gym and Burnt Oak Leisure Centre to improve quality standards that will subsequently encourage residents to participate in a safe and accessible environment. The pricing membership structure has been amended at Burnt Oak Leisure Centre to £19.99 per month to ensure a response is met to local affordability rate and area competition. This additionally falls in line with engagement work that has taken place with Barnet Homes and the Love Burnt Oak Network. There are further planned health and fitness developments for Finchley Lido in late 2014 early 2015, which will result in driving more participation within the centre.

Care when needed

Improving dignity and quality of care for people in Barnet care homes: The CCG primary care development team have commissioned a service from GP practices, commencing in September 2014 and running until March 2015. A total 1,658 out of the 3,051 care home beds in the borough will be covered by the pilot during 2014/15. This commissioned service supports the Integrated Care Business Case to reduce unscheduled admissions from care homes. It is based around the concept of the GPs providing a weekly ward round for all their patients in the nursing home (including 6 monthly reviews, reviews after an admission to hospital and post-death

reviews). The expected outcomes are improvements in the quality of care received by residents in care homes, enabling people to die in the place of their choice and improve coordination of care between the care home and the GP. The CCG are also looking to finalise a business case to improve care pressure ulcers and sores.

The Council's Integrated Quality in Care Home's' team has been working closely with care homes to improve the learning and education offer for staff and maintain the quality of care provided to those living in care homes. The IQICH team focusses on positive engagement, prevention and the sharing of best practice through an integrated approach with internal and external colleagues. The team works with care homes on an individual basis to assist the staff address and resolve identified areas of concern. In addition, it offers a programme of regular events for the care home senior staff which includes quarterly practice forums, specialist workshops and training sessions.

Neighbourhood based support for older people: The Council commissioned Age UK Barnet's Later Life Planners team became fully operational on 1 May 2014. The advisers are available to give holistic advice across many areas affecting older people. These include planning for retirement, accessing health support services both for themselves and elderly parents and benefits, as well as suggesting ways of keeping physically and mentally active. The Later Life Planners (LLP) team is based at the Ann Owens Centre in East Finchley and advisers are available from 9-5pm, 5 days a week. Residents of the borough who are aged 55 and over can access the service by phone, email and also at drop-in and pre-booked surgeries. Clients can speak confidentially to staff or volunteer advisers about their personal circumstances and concerns on a one-to-one basis. Age UK Barnet is also bringing the service to other venues across the borough through their already flourishing partnerships with community, faith and cultural groups. The LLP service has helped Barnet residents apply for benefits, gaining an extra £75k for them over the past 6 months. The LLPs are helping people to develop action plans to achieve the best possible outcomes in working toward planning for a better future. The team with the help of their trained volunteers have also visited nearly 30 residents at home to help with claiming benefits.

A new approach to providing day services to older people has been hailed a success after reaching almost 1,800 more people in its first year. The new neighbourhood model was introduced in April 2013 with the aim of offering a wider choice of services, classes and activities, to as many people as possible, in more localised areas. These include exercise classes, social groups, befriending services, lunch clubs, IT skills classes, information and advice and falls prevention. All of these are delivered by the Barnet Provider Group, a group of 17 voluntary sector and community organisations from across the borough, led by Age UK Barnet. One of the aims for the first year has been to fill gaps in provision; targeting areas of high deprivation where there were little activities for older people. The provider group has teamed up with other local organisations: Barnet Homes and other housing associations with activities taking place in sheltered housing schemes; the Ageing Well Programme in Barnet; Waitrose has supported the cooking classes for men (which are extremely popular). RSVP is a great example of neighbourhood services. Volunteers from this organisation are active throughout the borough and have

expanded their reach, using art and craft groups, dominoes, indoor bowls, quizzes, book clubs and knitting groups; this has made a positive impact on the lives of many. Working together the Provider Group will continue to improve the lives of Barnet's older people and reduce social isolation by increasing social opportunities and opportunities to learn.

Falls Prevention: the Council and CCG have been developing a unified and comprehensive falls service for Barnet. This work has included re-modelling the existing Falls Clinic at Finchley Memorial Hospital; the new Service Model will be finalised by December 2014. The proposal is to have a unified model with AGE UK, which would help create an integrated approach and working practices between providers which is integral to improving services for users and supports local and national strategy. The last Falls Awareness Day was held on 16th June 2014, and a further awareness event will be scheduled. The Fracture Liaison Service established in 2013 for fracture patients at Barnet Hospital is providing a system for early identification of patients susceptible to falls and management of falls and osteoporosis.

Dementia: is one of the key challenges facing the UK, and Barnet, with its large population of older people, has a particular challenge as the numbers of older people grow in the Borough. Barnet has been preparing for this and along with existing services for people with dementia; has commissioned the following new services:

- The council has commissioned the Alzheimer's Society (Barnet branch) to run regular Barnet Dementia Cafés across the borough. Cafés have opened in New Barnet, Mill Hill and Finchley Memorial Hospital. They are safe, relaxed places in the community where people with dementia, their family members and carers can meet up for a coffee, get information about services and enjoy some activities. As research shows that taking part in creative activities can be of real benefit to people with dementia, the cafés offer activities such as pottery, dance, photography, film making and music. Carers can also take part in workshops to help them understand dementia and build coping skills. The cafés are an important part of Barnet's 'dementia care pathway', linking residents and carers to specialist and advice and treatment so that people with dementia are supported to live longer and better lives, with earlier diagnosis, treatment and support.
- A Dementia Advisor service has been commissioned from the local Alzheimer's Society (Barnet branch). This is a key service to support individuals and their carers following diagnosis, and assists them to live well in the community. The service provides people with dementia a named individual to support then through their journey; and can signpost to suitable local care or support services and help them to make informed decisions, to assist self management and planning ahead. The Dementia Advisor works closely with the new Memory Assessment Service, provided by the Barnet Enfield and Haringey Mental Health Trust, re-commissioned by Barnet CCG. Together the 2 services will promote early diagnosis, intervention and support, which is so crucial in enabling people with dementia to sustain independence and improve quality of life.

Community Stroke Reviews: The National Stroke Standards has indicated that establishing a formal stroke review process can result in better outcomes for patients and a reduction in entry to long term care/residential care. Successful implementation of a co-ordinated review service will help to reduce secondary strokes and better deal with unmet needs of stroke patients, preventing other conditions. People discharged from acute hospitals may find that they lose functions that do not get picked up without a review**.** Approximately 400 people have a stroke each year in Barnet. After considering the number of people who die following a stroke it was agreed all people in Barnet who have a stroke should be offered a 6 month review, and that the reviews are shared between the Stroke Association, commissioned by LBB, and the Early Stroke Discharge Team which is provided by Central London Health Care (CLCH) and commissioned by Barnet Clinical Commissioning Group. A 6 month review service has commenced with the 2 organisations working closely together to identify patients and conduct the reviews.

Impact: the Health and Well-Being Strategy Performance Dashboard

This annual report on performance is the second opportunity the Health and Well-Being Board has to look how local services are being developed to improve the health and well-being of Barnet's residents, and also to understand how the health profile of Barnet's people is changing. The performance indicators agreed in the Health and Well-Being Strategy give an indication of how well Barnet's services are responding to local population need. Positive and negative changes in performance will be influenced by more than just the local service provision in place, but it is important that the Health and Well-Being Board is aware of the health and well-being trends of Barnet's population so it can plan for and develop services strategically and in good time.

For each chapter of the Strategy, it is possible to identify areas where performance is good, areas where improvement is needed, and areas where immediate attention is required to fast-track improvements in performance. The majority of the improvements needed have been identified due to the performance data provided for the report, though a few notable exceptions have been highlighted due to significant data issues that prevent performance from being reported at this time. The headlines are summarised in the performance dashboard below:

PREPARING FOR A HEALTHY LIFE

OBJECTIVE	INDICATORS	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
Enable all women, and particularly those with complex needs such as mental ill health, to plan their pregnancies and to **prepare for pregnancy** in a way that maximises the health outcomes both for the child and mother	Increase access to NICE compliant maternity care	No data to report	79.5% (Q1 2014/15 average)	Whilst there is no baseline to compare this recent figure to, the CCG is hopefully this recent data shows an upwards trend, as the figure reported for July 2014 is 85%. The Royal Free currently reports pretty close to 90% compliance.
	Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%	5.2% (down from last outturn of 10%)	4.1% Q1 April 2014 – June 2014 11.5% - England	Performance has improved and the public health team is now working to maintain the smoking in pregnancy rate at or below 5%.
Increase the take up of **immunisations**, particularly the MMR pre-school booster	Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet.	72.9% Barnet Q4 2013-14	79% Barnet Q1 2014-15	Reported immunisation rates for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013. In Barnet's case, the decline has been due to data linkage problems – i.e. transfer of information from GP systems to update the information on the Child Health Information System (CHIS), which since April 2013, has been the responsibility of CLCH. If there had been a similar reduction in children being vaccinated we would see a much greater increase in reported cases of disease. It has taken a great deal of time and resources to achieve a COVER report from the new system. All Barnet practices are now signed up to QMS, enabling immunisation data to be electronically uploaded to a central server. From here CLCH are required to extract this data and make it fit for RIO. CLCH have recently experienced challenges converting data received from practices into a format that can be produced for COVER.
Support families who are experiencing **significant challenges**	Include an additional 705 families with complex needs in the community budget programme	649/705	837/705 (March 2014 data)	Exceeded annual target in 2013/14 by 18%. According to data published in July 2014, Barnet is 6th out of all London Boroughs and 31st nationally against the target of "turned around families". The service also exceeded its targets for Q1 2014/15, supporting 390 families into the programme against target of 383 for the quarter

Reduce obesity in children and young people	Reduce the rate of obesity in children, specifically: reducing the proportion of children aged 4 to 5 classified as overweight or obese to 21.5% (remaining below the London average)	4-5 year olds (obesity): Local value 9.4% / England average 9.5% 4-5 year olds Overweight (including obese): Local value 21% England value 22.6%	Sept 12 – Aug 13 4 to 5 y/o Obesity: Local 10.2% England:9.3% Overweight (including obese): 23.2% England value: 22.3%	Performance against the target has deteriorated. A recovery plan has been developed by the public health team, although it is important to recognise that the indicator is influenced by far wider social trends than the public health programmes. The indicator is only reported annually and one year retrospectively. Because of this, the public health team have developed a range of process targets which include schools engagement with the healthy eating and physical activity components of the Barnet Healthy Schools Programme, engagement in an early years programme that delivers breast feeding initiatives, nutrition workshops and parent and child physical activity. The team has also developed an obesity strategy and is developing a pathway for childhood obesity which will include a tier 2 weight management programme.
	Reduce the proportion of children aged 10 to 11 classified as overweight or obese to 33 % (London average)	10-11 year olds (obesity): Local value 18.7% England: 19.2% Overweight (including obese):: Local value 34% England: 33.9%	Sept 12 – Aug 13 10 to 11 year olds Local 19.1% England: 18.9% Overweight (including obese): Local 33.7% England: 33.3%	There has been a slight improvement for in percentage of children who were overweight (including obese) who were aged10 to 11 years. However, the numbers of 10-11 year olds who are classified as obese (rather than overweight) has increased slightly.
Reduce **risk taking behaviour** in children including Sexual Health and substance misuse	Reduce the number of young people admitted to hospital with alcohol specific conditions to below the most recent London average crude rate of 35.72 per 100,000.	2009/10 -2011/12 data: 30.27 per 100,000 (equates to 74 admissions) London average: 33.0	2010-11/2012-13 Local value 26.8 per 100,000 (67 admissions) London average: 29.76	The data from last year has been updated following revisions from Public Health England to the methodology used to calculate this data set. The comparable data presented here shows that performance is improving, in line with declining number of admissions seen across London.
	Reduce the teenage pregnancy rate: rate of conceptions per 1000 females aged 15-17yrs	2010 data Local: 21.8 /1000 London:37.1/1000 Eng:34.2/1000	2012 data Local:14.7/1000 London: 25.9 /1000 England:27.7/1000	The breast screening data presented last year (19.1) was a 3 year rolling average but annual data is now available so has been presented for last year and this year to give a more accurate picture of performance. The annual figures fluctuate more than the 3 year averages but they still show an improvement.
Effectively plan for **transition** from children's services to adult services.	Increase the number of young people who have a transition plan when they are 18 to 70% in the first year, and achieve 90% by 2013/14 and 100% by 2014/15.	Reported 100% last November	No comparable data. 2014/15 shows 37 clients who are 16 and 38 clients who are 17 years. This is in addition to people	Positive progress has been made to ensure the transition process is more streamlined, for example the joint approval of long term educational plans. The team has increased their engagement with the special schools by holding transitional surgeries. The team have been engaging in the work relating to the Special Educational Needs Reforms and the planning of the 0 to 25 service and development of the 'Staying put Policy' which enables

			who have already turned 18 years. There are 31 who will be 18 in this financial year The number of Direct Payments (DP) and supported living placements among transition users has increased; DP service users 2013-14 = 22, DP service users 2014-15 year to date = 36. Supported living 2013-14 = 4 Supported living 2014-15 year to date = 8.	young people to remain after their 18 birthday with their foster families in the chosen areas. National figures indicate that the number of young people with complex needs will continue to grow, we have seen an increase in numbers for this year and based on information from children services we predict that over the next 2 years there will be an additional 77 young people requiring support from adult social care. This is an exciting time for transition services with the introduction of 'Health Education and Social Care Plans' and the team have been actively engaged in developing these for Barnet. Joint work is progressing on the work to support young carers in Barnet.

WELLBEING IN THE COMMUNITY

OBJECTIVE	INDICATOR	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
Maximise **training and employment opportunities**, through the Regeneration Strategy for those furthest from the labour market to access new job opportunities.	Increase by 9% the number of people with long term mental health problems and people with a learning disability in regular paid employment for 2012/13, increasing to 10% for 2013/14 and 11% by 2014/15.	**10%** (Learning Disabilities) **7.5%** (Mental Health) 2012/13 ASCOF data	Data from ASCOF only: Adults with a learning disability in paid employment, 2013-14: **9.4%** Adults in contact with secondary mental health services in paid employment, 2013-14: **5.7%**	Social care panels monitor and ensure that employment and training is considered for individuals. There is evidence that DPs are being used to support people to train, prepare and support employment opportunities The Network service have a strong working relationship with the Job centre plus. Mind and the Richmond fellowship are working in partnership to increase opportunities for people with a Mental Health (MH) diagnosis Mencap as well as having a service specifically for employment they directly provide employment for people with a Learning Disability (LD). Barnet Centre for Independent Living centre will consider employment and training opportunities as part of the support planning process. Siting employment officers with the MH teams will increase awareness with staff at opportunities open to service users.

OBJECTIVE	INDICATOR	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
				The transition team have work hard to strengthen the links with education and Prospects to increase the training and employment opportunities for young people transitioning in to adulthood. There are clear outcomes attached to education placement which are made for these young people. Commissioning and care management are strengthening the way in which employment data is collected from services who may be offering opportunities to people as part their provider services. People are paid for their time when engaged in the partnership boards and consultation exercise which empowers people to recognise their employability skills. The new employment service and work being done to improve employment pathways is expected to result in improved outcome in 2015/16. The Individual Placement Support (IPS) scheme has helped a total of 45 people with mental health issues (a success rate of 38%) gain employment directly as a result of this initiative. This is significant and in line with the national benchmarking.
Stable accommodation	Reducing the average length of time spent by households in short-term nightly purchased accommodation to 26 weeks	638 (Q2 13/14) against an annual target of 500	2013/14= 43.8 against target of 26	The data presented last year and this year is not comparable. However, the most recent data shows that performance is not on track to meet the target. The increase to 43.8 weeks was anticipated as a result of the work to reduce numbers of households in Emergency Temporary Accommodation (ETA). This has meant concentrating on those more recently placed in ETA as this represents the most expensive accommodation for the Council, reflecting the recent increased prices in the London housing market. It should be noted that in Barnet, no one is placed in Bed and Breakfast accommodation or accommodation with shared facilities. All ETA is currently self-contained accommodation. The average length of time in ETA is expected to continue to rise in the medium term. NB the target is not measured any more by the Council, and has been replaced by "**increase the number of private sector lettings achieved to 315**". Early indicators of performance: Apr to June 2014 = 106 against target of 79.

OBJECTIVE	INDICATOR	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
	25 vulnerable people moving to more independent living by 2012/13, 20 people by 2013/14 and a further 25 people by 2014/15.	27 (cumulative)	40 (cumulative) Move on Project. The people identified as living in NHS funded hospital placements are being supported to move on to more community based accommodation (15 people). As part other activities we have identified 22 other people who will be supported to move in to more independent accommodation.	The figure provided by the LD Move on project relates to only those LD service users who have moved from Residential Care back into community based accommodation. We are also working to move people in to the private rented sector with dedicated workers to ensure that people have person centred support plans to move successfully. Residential placements are prioritised for reviews, with people being supported to move into more independent accommodation. We are developing an extra care housing scheme which can accommodate people with MH or LD and 25 wheelchair accessible flats, with Barnet Homes.
Ensure a range of training and education opportunities and **flexible working opportunities** are available that will support people into work with a particular focus on **young people who are not in education, employment or training and disabled adults.**	Maintain the percentage of 16 to 18 year olds who are not in education, employment or training at below 4.1%	3.2% (June 2013)	2.6% against target of 4.1% (As at 30 April 2014)	There has been a reduction in the percentage NEET from 3.2% to 2.6%.

OBJECTIVE	INDICATOR	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
Work with local community leaders, community groups and service providers to develop **mutual support between citizens** using people's strengths and experiences to increase inclusion into local communities, overcome language barriers and develop stronger inter-generational support.	Achieve a 5% increase in the number of residents who identify that they have a greater sense of belonging to, and contributing to, the community in which they live to foster greater trust and mutual support, to meet the national average of 79% of residents	75% (Autumn 2012)	74% (reported in March 2014)	No data was reported last year but the last 2 comparable figures are presented in this report, and show a very slightly worsening trend against the 79% national average baseline, and the current 77% national average. However, the Spring 2014 Residents Perception Survey still showed that three quarters of residents (74 per cent) strongly feel they belong to their local area, which is positive. New data will be available after completion of the next Resident's Perception Survey in December 2014.

HOW WE LIVE

OBJECTIVES	INDICATORS	LAST FIGURE HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
Encourage and enable smokers to quit	Reduce prevalence by 20% from the 2010/11 baseline of 18.7% start over 5 years to get to 15% by 2015/16	17.5%	13.9% (Apr 11 – Mar 12) England- 28.5% London- 27.5%	Prevalence has reduced from 17.5% to 13.9%, however smoking remains the biggest cause of avoidable deaths in Barnet – causing around 330 deaths and over 2,000 hospital admissions each year.
Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions	Year on year increase of people aged between 40 and 74 who have received an NHS Health Check to 12.7% by 2013/14 and 25.7% by 2014/15. In five years our coverage should be 60%.	5.46% - Q 1 2013/14 (NB this was the only data the public health team had validated at that time)	Q1 2014/15 No. offered check: Target – (% of eligible) 1,861 (2.0%) Actual 5,018 (5.3%) No. received check: Target - (% of eligible) 1150 (1.2%) Actual 2633 (2.8%)	Performance concerns relating to the health checks target became apparent during 2013. Recovery options were assessed and shared with performance and delivery board but it was apparent that the existing HWBS targets are unachievable within existing financial resources. In April 2014 a target was set in light of these challenges aiming to offer 15% of the eligible population a Health Check and for 10% of the eligible population to receive a Health Check. A cumulative 16% of the eligible population will have been offered a health check by year end (2013/14 and 2013/2014/15 combined). In five years, with adequate resourcing, the agreed forecast is now to achieve 46% coverage of the total eligible population. The target was changed to reflect the local circumstances, including the late start of the programme in Barnet, and the fact that a number of GP practices have not signed up to health checks and have indicated that they do

				not intend to do so. A new outreach programme offers patients an opportunity to receive a health check even if their GP doesn't offer them. The Public Health team are cautiously optimistic about the future performance of the Barnet programme. Q1 of 2014/15 shows an improvement in performance in both 'offered' and received' Health Checks as compared to the rest of London. Barnet now ranks position 16th out of 34 programmes in London for 'offered' Health Checks (during 2013/14 Barnet ranked 27th out of 34 programmes). Barnet now ranks position 10th in London for 'received' Health Checks (during 2013/14 Barnet ranked 30th out of 34 programmes). **See also Appendix 2 for more information.**
	Year on year increase of people with a learning disability who have received an annual health check.	460 annual health checks (Amber rating on 2012/13 Barnet LD Joint Health & Social Care Self Assessment Framework data)	168 annual health checks (first three quarters of LD DES data 2013/14).	We held an Annual healthy fun day for people with a LD which was attended by over 80 people this year LD partnership board has an 'active health for all' sub group which offers awareness training to professionals and service users. A dedicated senior LD nurse was seconded to primary care services. The annual health LD self-assessment framework has been completed in partnership with our customers this is in conjunction with the annual engagement event call 'How we doing day', has been held.
Make better use of the range of green spaces and leisure facilities in the Borough to **increase levels of physical activity**.	3% increase in the number of adults participating in regular physical activity by 2015.	56% (2012 - from PHOF data) London 57.2% England: 56%	53.9% (2013 – from PHOF data) London 55.5% England 55.6%	Rates have decreased locally, across London and across England. The Barnet rate is not statistically significantly different to the England rate.
Mental health – access to services	Increase in the number of people who have depression and/or anxiety disorders who are offered psychological therapies	No data reported	IAPT Treatment 2013/14: 3129 (target- 3578) 2014/15 Q1: 756 (target 736)	There is uncertainty about this year's performance as there was no baseline data provided however there is reason to be positive due to changes in the local provision. • Performance has lagged targets in the first half of the year. • Confident that access is increasing due to new commissioned services. The new provider is implementing a new model which is expected to result in approximately 2500 people entering treatment between October 2014 and March 2015, a run rate of 12.5% of Barnet's need population (national target is 15%) • The Trust has been asked to provide activity data for the previous three years and an update on how the planned changes may impact on this.

Continue Trading Standards under-age alcohol sales test purchasing programme together with enforcement of Licensed premises licence conditions in relation to **sales of alcohol** to people who are already drunk.	Rates of increasing and higher risk drinking are reduced from 17.7% of the population aged 16+ towards the best performance in England of 11.5%	20%	No comparable figure- see performance commentary	It is no longer possible to measure progress against the original target as the synthetic estimates of abstainers; low, increasing and high risk drinking levels has not been updated since they were published in 2011. It is possible however to compare the standardised rate of hospital admissions (Persons) for alcohol-related conditions is measured on a quarterly basis: **Baseline data 2011-12**: Barnet: 1910.45 per 100,000; London: 2110.34 per 100,000; England: 2032.02 per 100,000 **2013-14**: Barnet: 1809.93 per 100,000; London 2081.97 per 100,000; England 2086.24 per 100,000 The rate of alcohol related admissions in Barnet is lower than the London and national rates and is decreasing whereas the national rate has increases in the past 2 years. Licensing is only one aspect of reducing both the personal and societal impact of alcohol. Public health has introduced an alcohol awareness project in pharmacies whereby people are invited to complete an assessment scratch card and discuss the results with the pharmacist, who will refer into services if necessary.
Breast screening	Increase breast screening uptake and improve coverage to exceed the target of 70% by 2015	At March 2012 Local Value 69.4% London Value 69.6% England Value 77%	The National Standard for coverage is 70%: Annual data for March 2013 Barnet: 69.4% London 68.9% England Value 76.2%	Performance has remained the same but is not moving towards the target of 70%. Issues: The impact of the recent Serious Incident – Pertaining to list maintenance and FP69 issues in the call and recall of Breast Screening invitees has impacted on capacity of all screening services in London. Issues earlier in the year pertaining to Property Co charges and impacts on Screening services within year have been addressed in budgets going forward. An uptake CQUIN has been agreed in the contract for 2014/15; this aims to achieve a 3% increase in uptake by year end through the implementation of evidence based initiatives; plans for the CQUIN will be monitored through the performance board on a quarterly basis. Coverage data can take up to 6 months to stabilise. Barnet and Chase Farm Trusts have been acquired by Royal Free Hospital Trust but no negative impact on the breast screening programme is expected. Technical Recall rates as a whole for NLBSS increased in May 2014

				to 2.4%, radiography department are conducting an audit and will be considering purchasing equipment to reduce the 'blur' and improve on TR rates. Despite this NLBSS has performed well.
Bowel screening	Increase uptake of bowel cancer screening to meet national indicator of 60% by 2015	Not reported. However, local uptake was 47% in March 2012	Uptake in March 2013 in Barnet was 42.3%	As with the rest of the London Bowel Cancer Screening programme does not hit the 60% national indicator standard. However, bowel screening uptake among 60-69 years in Barnet increased from 42.3% to 55.3% from March 2013 to Feb 2014, an increase of 13.0%. This was the highest increase in uptake within the NECL patch.

CARE WHEN NEEDED

OBJECTIVE	INDICATORS	LAST FIGURE (HWB Nov 2013)	NEW FIGURE (HWB Nov 2014)	COMMENTARY ON PERFORMANCE
Early identification and actions to **reduce the impact of disease and disability** Develop and implement a **comprehensive frail elderly pathway** that spans Health and Social Care, moving from prevention through multiple episodes of illness to end of life care	The balance of spend on older people in both the NHS and Social Care has been realigned to provide a greater focus on prevention.	No data reported	No data to report	The development of the integrated care business case for frail elderly and those with long term conditions has demonstrated the potential to make over £12 million savings from the current health and social care system, by 2019/20. How this money will be re-profiled into preventive activities is still to be determined, but the progress made to date will support this target being achieved. . The Better Care Fund model has been designed to increase prevention and early intervention in order to increase independence and reduce reliance on acute and residential care. Delivering the model will ensure a realignment of spend towards prevention.
	The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015.	404 (2011/12 data)	538 (2012/13 data)	Its early days to evaluate impact of commissioned services for falls. The proposed services commissioned to specifically impact on hip fracture emergency admissions (10% reduction) have been redesigned this year, and are currently being mobilised. The proposed start date is December 14, and performance reporting will start next quarter, March 15.
	The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline.	No data reported	No data to report at this stage	The CCG does not have immediate access to this data and has made a request to the CSU to provide data for this target.

	Increase the percentage of people aged 65+ who are still at home 91 days after discharge from hospital into re-ablement/ rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015.	83.1% (2012/13 outturn)	82.6% (June- Aug 2013) against target of 88.5% Barnet comparator group average for 12/13 = 83.1%	The Council has reported our full data from June-Sept 2013 as we are awaiting similar 3 month data from Oct-Dec 2013 from our health colleagues. This is due to reported in LBB's statutory DoH return in May 2014. LBB is reviewing with health colleagues the existing pathways of information sharing and reporting. This Indicator is also required for the Better Care Fund returns to ascertain reporting improvements. This indicator reflects the work of the CLCH NHS Trust Intermediate Care Team, along with enablement and data is collected by CLCH. Monitoring of discharges is undertaken by a NHS Intermediate Care Team.
Implement **integrated personalised support arrangements for people with social care and health needs** through the provision of personal budgets covering both health and social care.	That all people who have continuing healthcare needs have access to a personal health budget by 1st April 2014	No data reported	No data to report	For Personalisation and Personal Health Budgets (PHB) the legislation requires that patients had the right to ask for a PHB from 1 April 2014 and a right to receive one from 1 October 2014. BCCG is required to make a decision how to implement the programme of work over the next 5 months leading to operational delivery from 1 April 2015. Over the next 2/3 months the CCG expect that they will start to see a small number of individual cases where a PHB is agreed but this is as much around choice and control as a direct PHB.
Continue the **implementation of the existing multi-agency Barnet Carers Strategy** with a specific focus on increasing the number of carers with an agreed Carers contingency plan and the provision of carers' breaks.	An increase of 20% by 2015 in the number of carers who self-report that they are supported to sustain their caring role from the 2011/12 baseline (NB the baseline reported in February 2011 covered 2010/11 period)	44.1%	38.2%	• The latest data submission relates to the financial year 2012/13, and the next Carers Survey is due to be conducted in 2014/15. The baseline data is the 10/11 survey data. The response rate has dropped from the 2010/11 survey to the 2012/13 survey, so the statistical validity must be treated with caution. • The Barnet Carers Centre reported that from November 2013-September 2014 then 114 Emergency plans were completed and that 140 short breaks and health breaks were administered. • The number of carers you receive support including information and advice has risen to 33.9% between April 2014 and September 2014.
Ensure that local residents are able to **plan for their final days and to die at home** if they would prefer.	Increase in the number of people who are receiving end of life care that are supported to die outside of hospital	Percentage of deaths in hospital Barnet- 59.3% Eng.- 54.5% Percentage of deaths in own home Barnet- 16.4% Eng.- 20.3%	Percentage of deaths in hospital Barnet- 54.4% Eng.- 50.7% Percentage of deaths in own home Barnet- 18.4% Eng.- 21.5%	There is still room for improvement on the number of deaths in the place of choice i.e persons home. Further work is necessary to understand or assess effectiveness of current service provision for EOL, and identify gaps. A commissioning strategy for End of Life care is being developed as follow up to the 'mapping exercises carried out this year, which should improve Barnet's position further.

		Percentage of deaths in hospice Barnet- 6.7% Eng.- 5.2% Percentage of deaths in care home Barnet- 16.2% Eng.- 17.8%	Percentage of deaths in hospice Barnet- 6.9% Eng.- 5.6% Percentage of deaths in care home Barnet- 18.3% Eng.- 19.5%	

Horizon Scanning: The Changing Health Context in Barnet

The Health and Well-Being Strategy is based on data from the Joint Strategic Needs Assessment. The Barnet Joint Strategic Needs Assessment (JSNA) which was carried out in 2011 looked at the health needs of the population of Barnet and showed that there were significant differences in health and wellbeing across the Borough. Some areas of the Borough seemed to experience poorer health, as did some particular groups of the population. The Health and Well-Being Strategy was developed in such a way as to reduce these health differences by focusing on how people can 'Keep Well' and 'Keep Independent'.

The Strategy was never designed to measure every Health and Well-Being outcome, however, there are some trends in health and wellbeing in the Borough that are not explicitly measured in the Health and Well-Being Strategy, that are becoming increasing concerns. This information provides the HWBB with a wider set of data from which to draw conclusions about priorities for action and focus moving forward/

The data has been provided by the annual Health Profiles produced by the Public Health Observatories (produced since 2006) and the Public Health Outcomes Framework (published since 2013). The areas of concern are summarised below, categorised by the four existing chapters of the Health and Well-Being Strategy.

Preparing for a healthy life

The rate of **infant deaths** (3.0 per 1000 live births) in Barnet has dropped since last year, and is now further below the national average (4.1 per 1000 live births) this year.

The level of **child poverty** in Barnet (19.9) has continued to drop and now below the national average (20.6%)[2].

Well-Being in the Community

The proportion of households in **fuel poverty** in Barnet has improved from 12.65 in 2011 to 9.75 in 2012. (based on the Low Income High Costs indicator)

Whilst **long-term unemployment**[3] in Barnet (6.8 per 1000 population) has reduced since last year, whilst the national average has very slightly increased (9.9 per 1000 population)

Social isolation is worse than the national average, with a lower percentage of adult social care users and adult carers saying they have as much social contact as they would like. (Users 38.4% compared to 43.2%nationally and carers 35.8% compared to 41.3% nationally)[4]

[2] % children (under 16) in families receiving means-tested benefits & low income, 2011 data
[3] Crude rate per 1,000 population aged16-64, 2013
[4] PHOF 1.18i and 1.18ii data for 2012-13

How we live

The number of new cases of **tuberculosis** diagnosed in Barnet (30.0 per 100,000 population[5]) has declined by a crude rate of 0.6 per 100,000 population, whilst the national average has declined by a crude rate of 0.3 per 100,000 to 15.1. Local rates remain double the national rate but are lower than the London average.

The proportion of people diagnosed with **diabetes** is the same as last year (now 5.9%[6] people on GP registers with a recorded diagnosis of diabetes up from the 3.8% reported in the 2008 profile), and is very slightly lower than the national average of 6.0%.

Rates of **malignant melanoma** have slightly increased again (now 10.9 per 100,000 population aged under 75[7]), despite remaining below the national average (now 14.8 per 100,000 population aged under-75). **Under 75 mortality rate from cancer** have also risen slightly (now 125 per 100,000 population aged under-75[8]); but remains below the current national average (146 per 100,000 population). Deaths from cancer, heart disease, lung disease and over all life expectancy are worse in the more deprived parts of the borough.

The rate for hospital stays for **self-harm** has not risen for the first year since 2011 (now 111.1 per 100,000 population[9]). The data on hospital stays for **alcohol related harm** has changed since the last profile (and is now 507 per 100,000 population[10] against a national average of 637 per 100,000 population).

Care when needed

The ratio of **Excess winter deaths** in the over 65s (three year) remains higher (at 20.2[11]) than the national average for the third year in a row (whilst the national trend has declined, and is now 16.5).

Moving forward: priorities for year 3 of the Health and Well-Being Strategy (2015/16)

In order to focus the Health and Well-Being Board's approach to future performance management, a series of recommendations have been developed in light of the information provided for this report, and the additional data analysed during the horizon scanning process. The areas focused on below were selected for one or more of the following reasons:

[5] Crude rate per 100,000 population, 2010-2012
[6] % people on GP registers with a recorded diagnosis of diabetes 2012/13
[7] Directly age standardised rate per 100,000 population, aged under 75, 2009-2011
[8] Directly age standardised rate per 100,000 population aged under 75, 2010-12
[9] 2012/13 data
[10] The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13
[11] Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12

- That performance is off-track
- That performance cannot be currently be judged and significant effort is required to resolve this
- That the policy context has changed and a co-ordinated local response is required
- That they are a new or growing health and well-being challenge, as identified by the Barnet Health Profile.

The Health and Well-Being Board is asked to consider focusing time on the following 10 priority areas over the coming year, to have a significant impact on health and well-being in the Borough.

Preparing for a healthy life

1. **That the Health and Well-Being Board continues to work with NHS England to address the pre-school immunisations data issues they have identified so that the local area can be assured that immunisation rates are being increased (as the Strategy requires them to be and in line with the referral made to the Health Overview and Scrutiny Committee)**

2. **That the Health and Well-Being Board provides on-going strategic multi-agency leadership and ensures robust safeguarding arrangements to the two forthcoming transformation programmes in response to legislative changes that affect children and young people- namely the development of a new model for health visiting and school nursing services for 2015-16; and the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.**

Well-Being in the community

3. **That the Health and Well-Being Board partners work collectively to promote early intervention and prevention of mental health problems for children, working aged adults and older people and ensure robust local service provision.**

4. **That the Health and Well-Being Board continues to consider what partners collectively should be doing to promote models that limit social isolation, in partnership with Older Adult's Partnership Board and Barnet Older Adults Assembly.**

5. **That the Health and Well-Being Board gives specific focus to the solutions that will most effectively reduce level of excess cold hazards in elderly people's homes.**

How we live

6. **That the Health and Well-Being Board considers an everyday prevention approach to be essential in all services, making use of Making Every Contact Count. This is an approach that considers lifestyles and wider determinants of health e.g. education, housing, the environment. All partner organisations should ensure that their contracts require providers to use every opportunity to deliver brief advice to improve health and wellbeing whether in health, social care or wider services. Priorities for brief advice are smoking, alcohol, diet and physical activity although advice should be tailored to the needs of the individual.**

7. **That the Health and Well-Being Board considers in-depth how it can coordinate activities across partners to tackle increasing and higher risk drinking in the Borough, considering the various local levers it has at its disposal to affect change.**

8. **That the Health and Well-Being Board continues to work with NHS England to address screening uptake in the Borough, to ensure that national targets are not only met (as the Strategy requires them to be and in line with the referral made to Health Overview and Scrutiny Committee).**

Care when needed

9. **That the Health and Well-Being Board oversees the implementation of the integrated care proposals, that will support Barnet's frail elderly residents and those with long-term conditions to maintain independence in their own homes for as long as possible.**

10. **That the Health and Well-Being Board provides on-going oversight and endorsement of the work taking place locally to develop self-care initiatives that will help residents maintain their independence (including telecare) and to support the Borough's many carers to maintain their own health and well-being as well as that of the people they care for.**

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NHS Health Check – Progress Report

November 2014

Summary

This report provides an update on progress resulting from the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow (January 2014)

Background

In January 2014, a scrutiny review of the local NHS Health Checks programme was undertaken to assess the delivery model and performance in Barnet and Harrow. It considered the views of key stakeholders and residents regarding the programme, analysed options and made recommendations to inform the commissioning strategy in both boroughs.

This paper sets out the actions undertaken or planned to address the recommendations from the scrutiny review.

The recommendations arising from the scrutiny review cover the following themes:

1. Health Checks promotion
1. Provider /Flexible delivery
2. Treatment Package
3. Referral pathways
4. Restructure financial incentives
5. Resources
6. Targeting
7. Screening Programme Anxiety
8. Barriers to Take-up
9. Learning Disability

Current Situation

The NHS Health Checks programme is a mandatory service provided by Barnet and Harrow Joint Public Health Service. It is a national risk assessment and lifestyle management programme which assesses an individual's risk of heart disease, stroke, kidney disease, and dementia and alcohol misuse with the objective of reducing death rates and the burden of disease from these conditions.

In 2014/15, the local eligible population (those between the ages of 40-74 without a pre-existing cardiovascular condition) is 93,000. A local target was set to invite 15% of the eligible population to Health Checks. There was also a target to deliver these assessments to 10% of the cohort.

There has been an improvement in performance for the first quarter 1. When benchmarked against other London Boroughs, Barnet is now ranked 16th for health checks offered compared to 27th position in 2013/14. Barnet's performance for health checks received has also improved; the borough is now ranked 10th compared to being positioned 30th in 2013/14.

Performance

Table 1 below shows the performance figures for each quarter of 2013/14. By the end of the year, the programme had underperformed (by 3.9%) against its annual target for 'offered' Health Checks. In relation to the target for 'received' Health Check, the programme had underperformed by 4%.

As a result of the actions, described above, performance has begun to improve. Figures for quarter 1 (2014/15), set out in Table 1, show that we have exceeded our target for that period. When compared to other London Boroughs, Barnet is ranked 19th and 25th for Health Checks 'offered' and 'received', respectively.

The programme will continue to develop and implement plans, as set out above, to maintain or improve uptake for the remainder of this year and beyond.

Table 1: Performance for 2013/14

BARNET	**Quarter 1** (PHE official figures reported)	**Quarter 2** (PHE official figures reported)	**Quarter 3** (PHE official figure reported)	**Quarter 4** (PHE official figure reported)	**Annual Total**
No. offered health check (Target)	4887 (5.36%)	4887 (5.36%)	4887 (5.36%)	3,554 (3.92%)	18,215 (20%)
No. offered health check (Actual)	4,921 (5.4%)	3,750 (4.1%)	2,794 (3.1%)	3,192 (4.9%)	14,657 (16.1%)
Population	91,139	91,139	91,139	91,139	
No. received health check (Target)	2,278 (2.5%)	2,278 (2.5%)	2,278 (2.5%)	2,278 (2.5%)	9,112 (10%)
No. received health check (Actual)	1,525 (1.7%)	1020 (1.1%)	1494 (1.6%)	1,430 (1.6%)	5,469 (6%)

Table 2: Q1 2014/15

BARNET	**Quarter 1**
No. offered health check Target – (% of eligible)	1,861 (2.0%)
Actual	5,018 (5.3%)
Population	93,092
No. received health check Target - (% of eligible)	1150 (1.2%)
Actual	2633 (2.8%)

The table below sets out progress in relation to the recommendations from the NHS Scrutiny Review (2014).

Theme	Recommendation and Rationale	Progress (September 2014)
1. Health Checks Promotion	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).	In September 2014, Public Health England invited local Health Check programmes to express an interest in piloting a marketing campaign. We have expressed an interest in being a pilot site and are currently awaiting a response. Participation in this project would be an excellent way to raise the profile of the programme.
2. Providers / Flexible Delivery	Health Checks should be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups) to make Health	A GP led outreach programme is currently being piloted in Barnet. We will be delivering community pharmacists can support the delivery of Health Checks. There are plans to target the outreach programme at specific communities through faith

	Checks more accessible.	centres. There are also plans to work with the voluntary and community sector to target vulnerable groups in the community. We will be delivering Health Checks in local workplaces, including the Council – with a particular focus on men. An outreach session took place in August 2014 in Beaufort Park after a week of promotional activity to raise awareness in the community.
3. Treatment Package	1) All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. 2) Commissioners should investigate feasibility of tailoring treatment options to specific communities.	1) The need to streamline the process is recognised and as a result point of care testing will be introduced, where possible. This involves carrying out bloods testing as part of the Health Check. A GP practice profiling exercise is currently underway to understand how Health Checks are being delivered and what improvements can be made. Health Check training was recently delivered to practice staff and ways to streamline the service were promoted as part of this training. 2) 'Treatments' for any diagnosed illness would follow standard clinical protocol as led by the GP or nurse practitioner. Advice on lifestyle interventions are tailored to individual preferences as per discussions with the Health Check provider.

4. Referral Pathways	The patient pathway should clearly define the referral mechanisms for those identified as:- • Having risk factors; and • Requiring treatment	The patient pathway is an essential element of the programme. Those who have been assessed with 'high risk' of heart disease are referred to their GP for additional investigative tests. Smokers are referred to stop smoking services. Hypertensive patients will commence appropriate medical treatment. Those with high blood glucose levels will be sent for a diabetic assessment. Those assessed with a 'low' or 'medium' risk factor may qualify for any of the above. In addition to this they will be given advice and/or an onward referral to local leisure facilities.
5. Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contact agreed via the West London Alliance) and that Health Check providers are paid on completion only.	Tiered payment structures which incentivise GPs to deliver Health Check to those most at risk are being developed for 2015/16. The contract for 2014/15 cannot be altered at this point and we would seek to initiate this new payment structure for 2015/16.
6. Resources	1) Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. 2) Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.	1) and 2): The local authority has a statutory obligation to deliver Health Checks (the risk assessment element) but is not responsible for the whole pathway. The local authority encourages GPs to provide lifestyle advice to patients who are assessed to have a low risk score. 3) Whilst GPs are not legally

	3)Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver	obliged to deliver this service, many of them see the value of this preventative screening programme, as demonstrated by a high level of sign up to the programme. 63 out of 69 local GPs in Barnet have signed up to deliver this programme. Public Health England benchmark local authorities' performance against agreed national targets and other authorities. Local authorities see GPs as key delivery partners that enable them to meet their statutory obligation. As a result, GPs are incentivised to improve the uptake of Health Checks.
7.Targeting	It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:- 1)Men (who statistically have a lower up-take than women); 2)Faith communities (who statistically have a high prevalence of certain diseases); and 3)Deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)	A GP led outreach programme is currently being piloted in Barnet. This will increase accessibility of the programme to the wider population. Please see number 1 for update on outreach activities. The outcome of these will be evaluated to assess if the targeted people have received the service. The outreach programme will be evaluated to assess its effectiveness at meeting the target group.
8. Screening Programme Anxiety	It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.	Public anxiety about screening is being managed in a number of ways: • Community engagement during outreach events helps develop a positive profile of the service. Each outreach event will be

		preceded by one week of local canvassing to raise awareness and to book people for Health Checks. • Training sessions for Health Check staff includes a specific section on addressing patient concerns. .
9. Barriers to Take-Up	Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.	GP practice profiling is currently being undertaken to establish the reasons for poor uptake. The findings of the practice profiling exercise will be available in November and will be used to shape the future delivery model and improve service uptake. Initial findings from this profiling exercise has indicated that the barriers come from two key areas, one is General Practice and the other is the general public. The barriers include: **General Practice:** Lack of capacity, disinterest and non-attendance from patients, unsuitable times for Health Checks and conflicting priorities at the practice. **General Public**: Lack of interest from individuals, lack of awareness of the programme. People unwilling to go to GP if they don't feel ill. The Health Check programme is a screening programme and people who attend may not necessarily feel ill.

10. Learning Difficulties Disability (LDD)	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with LDD into the Health Checks programme before age 40 due to their overrepresentation in the health system	There are currently 4,071 LDD adults in Barnet between the ages of 30-74. Nearly 50% (2,014) of those LDD people are between the ages of 30-44. The programme will engage community groups who support adults with LDD in order to improve the take up, health outcomes and potential life expectancy.

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LONDON BOROUGH

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Barnet Clinical Commissioning Group

Report on

Barnet Health and Well-Being Board / Partnership Boards Summit

Held on 20 June 2014

Contents

Appendices

1. Introduction and Aims of the Summit

The Summit brings together the Health and Well-Being Board, five Adult Social Care and Health Partnership Boards and representatives of Children's Services and interest groups.

The Summit was established as a result of the Strategic Review of Partnership Boards in 2012.

A formal full-day Summit is held in May / June each year, complemented by a less formal half-day Autumn Catch-Up.

The purpose of the Summit is to:

- present Partnership Boards' achievements, priorities and challenges in supporting the Barnet Health and Wellbeing Strategy
- explore key themes that are relevant across all Partnership Boards and feeding into relevant work areas
- share any lessons learned
- work together in developing a coherent view of future priorities
- develop a set of key messages to deliver to the community.

In total, 98 people participated in the Summit held on 20th June 2014. This included:

- Chairman of the Health and Well-Being Board
- Members of the Health and Well-Being Board, including the Chairman of the Adults and Safeguarding Committee and the Director of Public Health
- Chairman and Vice-Chairman of the Health Overview and Scrutiny Committee
- Co-Chairs and members of five Partnership Boards:
    - Carers Strategy Partnership Board
    - Learning Disability Partnership Board
    - Mental Health Partnership Board
    - Older Adults Partnership Board
    - Physical and Sensory Impairment Partnership Board
- Representatives of Children's Services and children's interest groups
- Further representatives of the Barnet Clinical Commissioning Group, Barnet Council Adults and Communities, Public Health, Healthwatch Barnet and other stakeholder organisations
- Members of the Health and Social Care Joint Commissioning Unit and the Adults and Communities Communication and Engagement Team.

The Summit was run as a fully accessible and inclusive event so that all participants could be involved. Communication was supported through 'traffic light' communication cards, easy read format information, British Sign Language interpretation, and assistive technology including a hearing loop.

2. Next Steps - moving forward from the Summit

The information generated from the Summit will be used in several ways to support implementation of the Barnet Health and Wellbeing Strategy:

- Information from the **Tackling Social Isolation Workshop** will be used:
    - by Partnership Boards to inform their individual work plans
    - by Commissioners in developing strategies and commissioning services.

- Skills developed through the **Effective Communication and Networking Workshop** will be used by participants to better communicate:
    - with other members of their Boards
    - between Boards
    - in wider activities to promote good working relationships with colleagues and stakeholders

Knowledge gained during the **Information Gathering and Discussion Sessions** will inform individuals' and teams' ongoing work in relevant areas. This will include taking forward health and social care integration and implementing the Care Act 2014 in Barnet.

The Partnership Boards will use information generated throughout the event to inform their continued activity to support the **Barnet Health and Wellbeing Strategy**, completing their workplans in line with the strategy's themes and addressing their priorities and challenges reported to the Summit.

3. Summit Programme

Friday 20 June 2014, Conference Rooms, Building 2, NLBP

9.30am		**Registration**
10am		**Introduction** Kate Kennally Strategic Director for Communities
10.05am		**Welcome and** **Update on Health and Well-Being Board** Councillor Helena Hart Chairman, the Health and Well-Being Board
10.15am		**Table discussion:** Why are we involved in Partnership Boards?
10.25am		**Report from the Partnership Boards** • Progress since Autumn Catch-Up 2013 • Priorities and challenges for 2014-15 Partnership Board Co-chairs
10.55am		**Refreshments Break**
11.15am		**Workshop 1:** **Anyone can be lonely – how each Board will contribute to tackling social isolation** Karen Ahmed, Helen White, Troy Henshall
12.15pm		**Lunch**

1pm		**Information gathering and discussion** You can choose to hear about: 1 Health and Social Care Integration 2 The Care Act 2014 3 Children and Families Bill (SEN Reform) 4 The Carers Strategy Action Plan 2014-15
1.40pm		**Workshop 2:** **Effective communication and networking** North East London Commissioning Support Unit
2.40pm		**Round up** Kate Kennally
2.50pm		**Refreshments and Networking**

4. Introduction and Welcome

Kate Kennally, **Strategic Director for Communities, Barnet Council**

Kate introduced the event and thanked everyone for attending. She said that she was looking forward to a productive day, and to hearing about progress since the Autumn Catch-Up in November 2013. Kate invited Councillor Helena Hart to open the Summit.

Councillor Helena Hart, Chairman of the Health and Well-Being Board

Councillor Hart warmly welcomed participants, expressed gratitude to everyone who was taking the time to attend, and expressed the hope that partners are forming new and exciting relationships across the Boards as a result of the Summit and Autumn Catch-Up held in 2013.

- Councillor Hart explained that the programme covered a range of important and challenging issues that Summit participants were well placed to tackle together. Councillor Hart informed participants that she was looking forward to hearing from the Partnership Boards about their achievements since November 2013, and their plans for the year ahead. Councillor Hart thanked the Partnership Boards for reviewing and commenting on the Health and Well-Being Board's identified priorities for the next year.

- She recognised the importance of partners at the event coming together to consider what social isolation means in Barnet, observing that loneliness is everyone's business, and is a priority area that the Health and Well-Being Board is committed to tackling.

- She welcomed the workshop to be led Andrew Brown and colleagues from the North East London Commissioning Support Unit about effective communication and networking. She explained that, as Chairman of the Health and Well-Being Board, she works closely with many individuals and organisations, and recognises how crucial good communication is to making parternships succeed. She also noted that Partnership Board co-chairs have identified the need for good communication as a key-issue in their work.

- She acknowledged that this is going to be one the most challenging years for local areas in a long time and a time of far-reaching policy change. She noted that there is a requirement for all in Barnet to deliver greater health and social care integration, and to offer new forms of care and support for both older people and young people and their families, including young people with disabilities. She also noted that this is an opportunity for there to be great

improvements in local services, but it is important that we are all clear about the changes afoot. Councillor Hart said that she was grateful that senior colleagues across the Council and NHS had offered to lead a series of information sessions on these policy changes as part of the Summit.

Councillor Hart then outlined Health and Well-Being Board progress since November 2013, mentioning that:

- The Council has moved into a new administration following local elections, and has also adopted a new system of governance, known as the Committee System. The Health and Well-Being Board has an important role to play in this system, driving forward plans to integrate health and social care, and overseeing the public health team's commissioning intentions.
- The Board continues to deliver against the objectives of the Health and Well-Being Strategy ahead of its refresh next year and has progressed a number of significant workstreams. The Board supported the development of the Better Care Fund application for integrated care, which was submitted in April, and will now be involved in ensuring the plans are implemented at scale and pace.
- The Board has also been working closely with Barnet, Enfield and Haringey Mental Health Trust, to ensure they are improving the quality and safety of the services they provide. The Board has been working directly with the senior management team from the Trust over the past 6 months, and will continue to monitor their progress over the coming months too.

Councillor Hart encouraged everyone to share their views freely and make the most of the opportunity to network and meet others who care passionately about health and wellbeing.

5. Table discussion: Why are we involved in Partnership Boards?

Participants discussed their reasons for being involved in Partnership Boards. Participants gave a wide range of reasons for giving their time and energies to the Board. These include:

- To influence thinking behind decision making and discuss the real issues that can influence commissioning
- To problem-solve and help change systems where they can be improved
- To feed back comments on consultations
- To address the stigma surrounding Mental Health difficulties
- To give back to the community and the system
- To make a difference
- To share personal experiences of services in order to help other people have better experiences and better access to services.
- Because we hear that things are not working on the TV and in the media and we are hoping to do something to improve the situation
- To represent people's views
- To ensure that the experience and views of carers is taken into account
- 'To make sure that my group / community is heard'
- Because of passion about a particular issue and wish to raise awareness and improve relevant services
- To hear views from people with lived experience of using services and their carers
- 'To help me address particular client groups' needs and issues'
- 'To understand how we can fit our services to the needs of people'
- To raise awareness of the link between unhealthy lifestyle and preventable ill health
- To find out about all the changes currently taking place in health and social care
- To know what is available in the community and meet others who use services
- To find out information and take it back to networks
- The Partnership Boards are a valuable networking opportunity for voluntary sector staff to meet council staff.

Participants also suggested ways to improve how Partnership Boards work. These suggestions have been shared with Partnership Board Co-Chairs to inform their work plans.

6. Report from the Partnership Boards

Partnership Board Co-Chairs gave a presentation on how our five Partnership Boards have helped us to **achieve the aims of the Barnet Health and Wellbeing Strategy** since the Autumn Catch-Up in November 2013 and their priorities and challenges for the coming year.

The presentation covered the strategy's aims of **keeping well** and **keeping independent** and linked to three of its four themes: Theme 2: Wellbeing in the community; Theme 3: How we live; and Theme 4: Care when needed.

The report was given by:

- Andrea Breen, Carers Strategy Partnership Board
- Karen Morrell and Mahmuda Minhaz, Learning Disability Partnership Board
- Elsie Lyons and Maria O'Dwyer, Mental Health Partnership Board
- Peter Cragg (and Caroline Chant, Joint Commissioning Manager), Older Adults Partnership Board
- Alison Asafu-Adjaye, Physical and Sensory Impairment Partnership Board

The Co-Chairs reported the following points:

Carers Strategy Partnership Board

- The Board has **promoted the Carers Offer** which provides a useful directory of information on support available to carers across social care, preventative services and from universal services.
- The Board has produced an **Action Plan for 2014 - 15** using the national 'Making it Real for Carers' template.
- The Board has **made changes to how it works**, agreeing to:
  - increase carer membership
  - reduce the number of presentations to the Board, with a focus on the work plan
  - change the Training subgroup, to look at information and advice for carers
  - have a working group to focus on action needed for the Care Act implementation.

Mental Health Partnership Board

- In response to concerns identified by the Board, the Mental Health Trust **redesigned the referral and crisis pathway**.
- The Board informed the service model for **Improving Access to Psychological Therapies** (IAPT) and **Wellbeing Services**.
- The Board ran successful events in Barnet for World Mental Health Day 2013 and is planning events in October to mark **World Mental Health Day 2014**.

Older Adults Partnership Board

- The Board has helped shape Barnet **Health and Social Care integration plans.**
- The Board has undertaken a **'Critical friend' role** in the development and delivery of health and social care services for older people.
- A priority for the Board will be ensuring that there is **good information about services** for older people and sharing good news stories.

Physical and Sensory Impairment Partnership Board

- The Board has supported the development of **Communication Passports** to be taken to GP surgeries identifying communication needs.
- The Board has been looking at the role of carers who have physical or sensory impairments and the role of Barnet Carers Centre in supporting these carers.
- A priority is to feed into discussions on any introduction of **shared surfaces**.

7. Workshop Session 1: Anyone can be lonely - how each Board will contribute to tackling social isolation

The workshop was led by:

- Karen Ahmed, Later Life Commissioner, Barnet Council
- Helen White, Policy Officer, Commissioning Group, Barnet Council
- Surma Begum, Casserole Club

There was a presentation covering:

- What we mean by social isolation and loneliness

- Some of the causes of social isolation
  - poor health
  - poor mobility
  - lack of money
  - lack of transport
  - living alone

- Social isolation as a leading cause of poor health:
  - as harmful as smoking 15 cigarettes a day
  - twice as harmful as obesity
  - higher risk of depression
  - higher risk of Alzheimer's

- Getting everyone involved in tackling social isolation:
  - through initiatives such as 'Adopt a Place',' Yellow wristbands' and Timebanking

Surma gave a presentation on how the Casserole Club is helping to tackle social isolation in Barnet:

- 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
- It gets more people cooking fresh food while strengthening local neighbourhood relationships
- The benefits of Casserole Club are:
  - reduced social isolation
  - tackling malnutrition amongst older people
  - strengthening connections between the generations within communities
  - alleviating food poverty

    - providing a flexible (micro) approach for people to volunteer locally
- Currently there are 59 diners in Barnet.
- There are 60 active cooks in Barnet, with 246 people signed up as potential cooks.
- Casserole Club is a good introduction; friendship is a natural progression.

Participants worked in groups to consider three questions:

1. What are the most important things about loneliness for you?

2. What can the Partnership Boards do to help tackle loneliness?

3. What is one thing you can commit to doing?

The output of the workshop discussions is set out at Appendix 2.

8. Information gathering and discussion

Participants joined their pre-chosen group to learn about a key area of changing health and social care policy and strategy.

The discussion groups focused on:

- **The Care Act 2014** led by Dawn Wakeling, Adults and Communities Director and Mathew Kendall, Community and Wellbeing Assistant Director
- **Health and Social Care Integration** led by Rodney D'Costa, Head of Joint Commissioning, Adults and Communities and Muyi Adekoya, Joint Integrated Care Programme Manager
- **Children and Families Act 2014** led by James Mass, Family and Community Wellbeing Lead Commissioner, Barnet Council with contribution from the SEN Parent Partnership Service
- **Carers Strategy Action Plan 2014-15** led by Jasvinder Perihar, Carers Lead, Adults and Communities

For each group, a briefing on key facts related to the group's topic was followed by discussion.

The fact sheets are provided at Appendix 3.

9. Workshop 2 – Effective Communication and Networking

Andrew Brown, Felicity Bull and Kara Renno of the North East London Commissioning Support Unit led a workshop on effective communication and networking.

It was noted that Partnership Board co-chairs have identified, at their quarterly meetings, the need for good communication as a key-issue in Partnership Boards' work.

- The session started with an energising 'Human Bingo' game, with participants finding people who matched the characteristics on their bingo card (e.g. someone who could juggle). The Council's leisure provider GLL kindly donated the Bingo prize of a month's free membership of any GLL leisure centre in Barnet.
- Andrew Brown delivered a presentation on the **key skills we need to communicate effectively:**

  Tips for **effective listening**
  - face the speaker and keep eye contact
  - wait for the speaker to pause before asking questions
  - concentrate, but relax
  - ask questions if you don't understand something
  - keep an open mind
  - show the speaker you are listening
  - don't interrupt
  - pay attention to what isn't said

  Thinking – think before you speak

  Speaking
  - tone of voice – does it match your message?
  - pace /speed – how fast you talk
  - concise – how many words you use
  - content – the words you use
  -

  93% of communication is **non-verbal**
  - tone of voice
  - body language

- Participants were asked to think about:
  - the things that are really important to them about the work they do
  - three key messages they want people to be aware of about the work they do and to develop this into a 30-second 'elevator pitch'.

- Andrew gave a presentation on **networking**:

  Networking is useful for:
  - meeting different people who can help you or your cause
  - getting your message out to as many people as possible
  - starting a relationship you can build on
  - helping out others

  Top tips for networking:
  - practise
  - confidence
  - find something in common
  - it's a two-way street
  - think about who you want to meet - seek them out!
  - be a host or hostess
  - follow up – keep your promises

- There was an opportunity for participants to practise their skills in an active 'speed networking' session.

10. Round-up of the Event

Kate Kennally thanked participants for spending their time at the Summit, all those involved in organising and running the event, and service users and carer members of Partnership Boards for volunteering.

She emphasised that learning from the Summit workshop on social isolation, the table discussions and the information gathering sessions would be used to inform relevant work. In closing the event, Kate expressed how she was looking forward to seeing people again at the Autumn Catch-Up in November 2014.

11. Participant Evaluation of the Summit

31 participants completed feedback forms, giving their views on the event. Feedback will be taken into account in planning future events.

Overall, there was very positive feedback. Key points are:

- Of the 31 participants completing feedback forms, 30 thought the day was very good or fairly good.
- The social isolation workshop and networking were identified as the most useful parts of the event.
- Most participants found the communication workshop useful; some did not.
- Suggestions on how to make the Summit better include having more time for workshops and more interactive exercises.
- Further comments included reference to:
  - the day being well organised
  - the need for content relating to children's services.

Summary of detailed responses

1. Number of feedback forms completed: 31

Rows do not add up to 31 as not everybody rated every point.	**Very Good** ☺☺	**Fairly Good** ☺	**Average** 😐	**Fairly Poor** ☹	**Very Poor** ☹☹
How well were you able to say what you wanted at the day?	15	11	3	1	
Was the information clear in the packs?	13	10	4	1	
Were the presentations clear?	16	13	2		
Did you find the workshops useful?	11	14	5	1	
How good was the venue?	26	5			
How good was the day?	20	10		1	

2. Which part of the day was most useful to you?

- Social isolation workshop (10)
- Meeting people, networking and sharing experience (5)
- All of the day (5)
- Learning about the work others are doing (3)
- Most of the day (2)
- The active participation (2)
- Feedback about the Boards' work (2)
- Table discussion (2)
- The information gathering and discussions (2)

3. Which part of the day was least useful to you?

- None (7)
- Communication workshop (4)
- The discussion group on health and social care integration - very complicated topic (4)
- Human Bingo (2)
- Not long enough for workshops (2)
- Some of the workshops
- Reports from Boards
- Information session

4. Did you find the communications workshop useful?

- Yes (15)
- Very useful (2)
- Brilliant!
- It made you rethink how one communicates and how important it is.
- Some really good tips and ideas from our table discussion.
- Exercise helped to move people around and network with new people.
- Very good fun – livened things up - brilliant to meet people
- Enjoyed it
- It was OK (3)
- No time for questions despite being promised them
- Not particularly, but I saw it had value for others
- Not really (3)
- It didn't cover the area of 'lack of communication' identified by Co-Chairs
- No – but then communication is key in my day job, so therefore not so necessary.

How could we make the Summit better?

- The workshops need to be longer (2)
- BEH Mental Health Trust attendance (2)
- Advance information about the workshops (2)
- More interactive exercises and opportunity to ask questions from the floor
- Reflexion on some life stories and ambitions and how people are successful
- Have a Summit focused on the Care Act
- Agree to take suggestions and follow through with publicising actions
- Audibility still needs work
- It was my first one and I am impressed / everything was good / this was the best so far (5)

Anything else you would like to say

Positive messages

- The Summit was well organised, well structured and enjoyable
- Really useful to find out what other Partnership Boards are doing
- Lots of interaction – friendly atmosphere
- Great to get to know other people
- Lunch was very good

Development points

- Would have liked more information about how you can get involved in Integrated Care
- None of the presentations or workshops related to children and their carers
- Temperature in room not good

Not all of comments made are individually recorded in this summary, but all have been reviewed and will be taken into account in planning future Summits.

Appendix 1

Partnership Boards' achievements since November 2013 and Priorities and challenges for 2014-15

Carers Strategy Partnership Board

Achievements

Achievement	Further details
1. Promoted the Carers Offer.	This provides a useful directory of information on support available to carers across social care, preventative services and from universal services.
2. Reviewed working arrangements of CSPB.	The Board agreed to: • increase membership from carers • reduce the number of presentations to the Board with a focus on the work plan • change the training sub-group to include looking at information and advice for carers A working group will focus on action needed to implement the Care Act.
3. Developed Action Plan for 2014/15.	The Board has produced an action plan for 2014/15 using the national 'Making it Real for Carers' template.
4. Increased awareness of Care Act and impact on carers.	The impact of the Care Act on carers has been highlighted and further information will be provided to the Board as it becomes available.

Top priorities for the year ahead

Priority	Further details
1. Improve information and advice to carers.	These actions have been included in the Board's work plan 2014/15.
2. Review carers support service.	Build on what's working well, look for trends in use of particular services and feedback from carers and professionals.
3. Improve carers' awareness for health professionals	Embed in wider carers training programme.
4. Develop closer strategic and operational links with health	Especially in line with health and social care integration and the Care Act.
5. Develop project on employment and carers to support carers to remain in or return to work.	This is in line with the Care Act requirements.
6. Voice of carers: Carers to be part of the commissioning cycle for social care and health services.	Ensure that we use the skills and expertise and experiences of carers in a range of engagement forums including the Carers Forum.

Challenges	Ways these could be addressed
1. Working with health partners and health representation on the Board and in Board activities.	Raise awareness of working with carers and how to identify,value, involve and support carers.
2. Coordinate information and advice for all carers.	Improve information and advice on support available, and how this is accessed. Work closely with health, housing, voluntary organisations. Involve carers in how this be improved.
3. Involving carers as expert partners in assessments and reviews of the	Awareness raising with frontline staff across health and social care; monitoring and quality

person they care for.	assuring how this work is done; champions in each A&C locality team
4. Preparing for the Care Act.	Working with Adults and Communities regarding a communications and engagement plan. Working group as part of the Partnership Board.
5. Monitoring performance and evaluating what is working for carers.	Build into the Board's work plan.

Learning Disability Partnership Board

Achievements

Achievement	Further details
1. A to Z Easy Read health information.	So far 50 Easy Read health information sheets have been developed by the primary care LD health facilitator nurse, Adults & Communities Communications and nurses at the Barnet LD service. These will be available as downloadable pdfs on the GP IT system to be given out at health appointments and on the Barnet Council website. Hard copies will be given to Barnet Mencap, People's Choice and possibly day services. GPs will be asked to give a summary of the health appointment to the person to let them or their carer know what the appointment was for and what needs to happen next.
2. Hate crime workshops.	
3. Challenging benefit changes e.g. the 'bedroom tax'.	
4. Partnership Board agreed an action plan in line with the Self-Assessment Framework – target scores remained the same as in 2012.	Successful programme of workshops held on the Barnet 'How are we doing' day. People attending were enabled to share their views about the services they receive in Barnet.
5. Gave views on Barnet Council draft Equalities Policy.	Presentation to LDPB's December 2013 meeting. Members gave their ideas for the new policy.

Top priorities for the year ahead

Priority	Further details
1. Anti-bullying campaign and hate crime.	Hate crime workshop planned for the LDPB meeting September 2014.
2. Hundred words and pictures.	Making sure people who make presentations or reports to the Board use them.
3. Staying healthy.	Improving the uptake of annual health checks and health screening. GPs and other health services to use Easy Read health information sheets and give a health action plan to people with LD after their appointment.
4. Keeping safe - rights/ reporting.	
5. Knowing one's rights.	
6. Isolation and loneliness.	

Challenges

Challenges	Ways these could be addressed
1. Delivering the autism strategy and action plan.	Closer links with the council through the autism action plan and joint commissioning.
2. The impact of budget reduction on all services for people with LD.	
3. Making Brent Cross the best shopping centre in Europe for everybody.	Making sure that all major new developments in Barnet take account of the needs of people with disabilities and promote involvement of people with learning disabilities, e.g. in the design of the development of Brent Cross.
4. Healthwatch Barnet to engage more people with autism.	

5. More people with LD to join GP Patient Participation Groups.	

Mental Health Partnership Board

Achievements

Achievement	Further details
1. Checked with the Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) about what they are doing to improve the quality and safety of services and the experience of service users and carers.	The Board held a discussion about quality issues in the Mental HealthTrust, which identified concerns of people regarding communication and time it took to access Trust services. The Trust responded to these concerns by redesigning the referral and crisis pathway. The Board's workshop in February 2014 was used as an opportunity to hear from the Trust about the impact of these improvements and included presentations from: • Mental Health Trust • Barnet Voice for Mental Health • Carers Lead on Carers Strategy and Carers Support Service Members fed back to MHT on quality issues in services.
2. Informing the service model for Improving Access to Psychological Therapies (IAPT) and Wellbeing Services.	Workshop held in October 2013 to get Board's views about proposals to re-commission the IAPT and Wellbeing Services and the type of service model. People wanted to ensure that there were talking therapies services other than IAPT. The Commissioners modified the IAPT recommissioning proposals to make sure

	there is an alternative talking therapy service for people who are unlikely to be eligible for the IAPT service. Update to Board's February 2014 meeting.
3. Seminar held 9 January 2013 on information on mental health in primary care and for residents.	The Board used the seminar to look at the type of information on mental health available in primary care. The output of the seminar has been passed to communication leads in the Council, Barnet CCG and Trust to improve mental health information.
4. Workshop 9 January 2013 on Barnet Council Community Offer.	Fed into this consultation.
5. Following the successful World Mental Health Day 2013 events the planning group presented a report on the outcome of the events to the Board.	Report to Board's Feb 2014 meeting. The Board gave its views about the planning for 2014 events, and is liaising with the Public Health team about how this year's events are coordinated and funded.
6. Barnet Health and Wellbeing Strategy first annual performance report and work plan.	Presentation to February 2014 Board meeting. The Board said they wanted to be involved in the implementation of initiatives in the work plan. April 2014 Employment Task & Finish Group set up to plan employment support services for people with mental health conditions.

Top priorities for the year ahead

Priority	Further details
1. Improving mental wellbeing and reducing social isolation.	The new employment support service funded by the Public Health team is expected to start in October 2014. Workshop at Board's May 2014 meeting will seek views of people to inform the development of the specification and model as well as find out how people want to be involved in the tender process.
2. Provide feedback on Healthwatch Barnet priorities for next year.	Item at Board's May 2014 meeting. Board to discuss and feed into Healthwatch Barnet's work plan priorities.
3. World Mental Health Day events in Barnet.	To undertake a number of mental health promotion and anti-stigma events in October to mark World Mental Health Day 2014 (WMHD). The theme this year is 'Living with Schizophrenia'.
4. Improving suicide prevention.	Working with Public Health and the MHT. WMHD 2014 events to include suicide prevention.
5. Information, advocacy and advice.	Contributing the recommissioning of information, advice and advocacy service. Working with communication leads across the council, CCG and Trust in developing MH information.
6. Improving access to routine and crisis mental health services.	Need to address absence in Barnet of central point where people can go for information on mental health services. Communications leads in MHT, CCG and Adults and Communities, Barnet Council have information from seminar and to come back to MHPB about communication and access.

7. Support in primary care for mental health conditions for vulnerable groups.	Ensuring that 'nothing is missed'. Support in primary care for health conditions relates to all Partnership Boards.

Challenges

Challenges	Ways these could be addressed
1. Working to improve services within budgetary constraints.	
2. Reducing social isolation.	
3. Meeting physical health needs of people with MH difficulties.	Crossover with other Partnership Boards.
4. Raising awareness of mental health and education of people who deal with people with MH difficulties.	Noted that people with LD frequently have mental health difficulties.
5. Cultural awareness for professionals regarding people with MH difficulties.	
6. Ensuring diversity is reflected in the Board's work and in MH services.	Relates to all protected groups including BMER and LGBT.

Older Adults Partnership Board

Achievements

Achievement	Further details
1. Helping to shape the Barnet Ageing Well Programme, following approval of the budget and action plan for 2014/15.	Board members active participants on the Ageing Well Programme Board. The Board has received and will continue to receive regular updates on the programme. One of the Board co-chairs is one of the architects of the East Finchley neighbourhood work (Altogether Better).
2. Undertaking critical friend role in relation to the development and delivery of health and social care services.	The Board influenced: - Healthwatch Barnet - Choose and Book Service - Barnet Council's Community Offer - Development of outdoor gyms - Barnet Timebank - HSCI model for frail older people
3. Continuing to shape the frail elderly pathway work, particularly as falls, stroke and dementia initiatives move through implementation.	The Board has received and will continue to receive regular update on falls, stroke and dementia work and use the opportunity to provide feedback and comments as the new services bed in
4. Overseeing development of Barnet's Neighbourhood Services.	Having shaped the Neighbourhood Services model, the Board receives regular reports and will at the next board be considering the Annual Review report
5. Contributed to the development of Barnet Older People's Association (BOPA).	BOPA and 55+ forum have merged to form the Barnet Seniors Assembly.
6. OAPB workshop on the new integrated model for health and social care.	Board input into this special event.

7. Co-chairs involved in shaping the Barnet Health and Social Care integration plans.	

Top priorities for the year ahead

Priority
1. Input into planned procurement of dementia services.
2. Input into a refreshed dementia action plan and dementia hub development.
3. Overseeing implementation of the new Later Life Planners service.
4. Review of the first year of the Neighbourhood Services.
5. Input into improving/ increasing communications with the public.
6. Additional meeting of OAPB to consider the Barnet social care integration proposals.

Challenges

Challenges
1. Pace of change and complexity of the new health and social care landscape – how can the Board measure its impact?
2. How can the Board stay in touch with the changes?
3. How can the Board involve the public in 'self-management'?

Physical and Sensory Impairment Partnership Board

Achievements

Achievement	Further details
1. The Board supported the development of Communication Passports to be taken to GP surgeries identifying communication needs.	The passports would provide information about the patient's communication needs and could be used in shops, hospitals, GP surgeries etc when assistance is needed. This is work in progress.
2. Contributing to the Community Offer consultation.	
3. The Board has been looking at the role of carers who themselves have physical or sensory impairments and the role of Barnet Carers Centre in supporting these carers.	

Top priorities for the year ahead

Priority	Further details
1. Hold an event focusing on prevention (e.g. stroke, deaf awareness, sight loss).	• Awareness raising at mosques etc, events for religious / community leaders re prevention etc – to disseminate information affecting the health of their communities. Cover a range of disabilities. • Using expertise of community leaders, to help with cultural and language barriers / issues.

2. Arrange for 'Effective Communication' DVD to be distributed to GP surgeries and other health and social care settings.	This DVD shows how disabled, deaf and deaf-blind people are treated when they visit GP surgeries and hospitals.
3. Participate in GLL consultation activity for service users and carers to inform their programming, to increase access to physical activities. Link with Public Health on this.	
4. Feed into discussions on any introduction of shared surfaces in Barnet.	The Board to be part of consultations run by Highways regarding shared surfaces, particularly around visual impairment.
5. Activity to address social isolation through contribution to Ageing Well Programme.	
6. The Board is looking at the role of carers who themselves have physical or sensory impairments and the role of Barnet Carers Centre in supporting these carers.	

Challenges

Challenges	Ways these could be addressed
1. Making effective links with community leaders.	Build on current links that exist across all Partnership Boards.

Appendix 2

Output from Workshop 1: Anyone can be lonely – how each Board will contribute to tackling social isolation

Summary of Group Discussions

1. What are the most important things about loneliness for you?

- **Loneliness is different for different people**. Not only older people feel lonely. Also sometimes people need alone time.
- **Confidence** – loneliness can be a confidence issue. The lonelier you are the less motivated and confident you may be to break out of the situation. Apathy. Also fear – some people are afraid to reach out because they are vulnerable, feel unsafe and don't know who they can trust. Anxiety and depression can make confidence to speak to new people even lower.
- **Stigma** – you don't want to be involved in anything for 'lonely people'. "I don't want to belong to anything that will have me as a member." People don't want to be a bother to others. You shouldn't be patronising when approaching people.
- **Work** – Work can play a key role in reducing isolation. Unemployed and retired people may be lonelier.
- **Money** – It cost money to socialise which can be a barrier. Not having money to pay for cabs can stop someone getting out and about.
- **Commitment** – People can be put off helping people because they're worried about the commitment. Casserole Club has been a good way to get involved flexibly.
- **Technology** – can be used in tackling loneliness among younger people, but also shouldn't replace face to face contact.
- **Health –** loneliness can lead to unhealthy lifestyle choices and addiction. Having to learn to live in a different way following new health problems/disability.
- **Businesses** – Independent shops, newsagents etc. can be better for community connectedness and giving people a chance to get to know each other than bigger companies. How can we encourage more independent businesses in the area?
- **Evening** – There are quite a lot of opportunities to meet people during the day but not many places to go in the evening.
- **Parents** – When children go to secondary school, parents lose connections with each other. Is there a way to connect parents when their children are at secondary school? Parents can be lonely when they spend so much time caring and don't have as many chances to get out and about.
- **Activities and shared interests –** Good to have activities where others are around. Arts Depot has lots of activities where you can meet a variety of people.

Not having anything to do can cause loneliness. Particularly important to keep busy in retirement because you can lose contacts from your working life. Being involved in something and having a purpose can reduce loneliness, feeling you are a valuable member of society. People all have skills to share, e.g. gardening, cooking.

- **Accessibility –** Even when there are opportunities it can be hard to access them because of transport issues/lack of mobility.
- **Safety –** When carers aren't there people can feel unsafe and not want to go out. 'My telecare lifeline makes me feel safer when I am lonely.'
- **Bureaucracy –** This can get in the way of community initiatives. People want to feel safe, but the need for DBS checks etc. can put people off doing things for each other in their community.
- **Communication –** People with sensory impairment (e.g. deafness) can be more isolated as communication with others is sometimes difficult.
- **Information –** Clear information and awareness is needed about what is out there.
- **Housing and regeneration –** Creating more communal spaces (e.g. living rooms) where people living in a building can hang out together. Opportunity for generations to mix rather than older people always being surrounded by other older people only.
- **Time –** It takes time to build relationships and connections – can't be a short term thing or rushed.
- **Age –** Most activities are targeted at under 30s or over 65s – not much for people in between.
- **Location –** People can feel lonely because they have no friends or family nearby.
- **Animals –** Pets can have a positive impact in reducing loneliness.

2. What can the Partnership Boards do to tackle loneliness?

Carers Strategy Partnership Board

- Develop Casserole Club into a 'Come Dine with Me' model. Opportunity to dine with a family.
- Better use could be made of libraries; people could be made to feel more welcome.
- Use neighbourhood watch schemes to improve community connections.
- Facilitate the use of empty shops as charity shops/pop ups.
- Develop a partnership board for Children. Request Children's Services officers on the CSPB.
- Ensure voice of parents/carers is involved in services, including younger carers and BME representation.
- Work with local secondary schools to promote social groups for parents and children together.
- Encourage landlords to recognise the value of independent shops and cafes. Could the council recognise good landlords in some way?

Learning Disability Partnership Board

- Use the information we have about where isolated people are to target our activities.
- Partnership Boards should develop a better understanding of what loneliness means to their members. They should think about how to link with groups that are not well represented e.g. complex needs
- Hold an interactive workshop with PB members on loneliness.
- Understand that people can find it hard to ask for help and make it easier – leaflets with information etc. Distribute more information on what's happening to people's homes, send out a regular newsletter.
- Encourage schemes which tackle loneliness and publicise them. Possibly hold a campaign about breaking barriers which cause loneliness. Posters and stickers in public areas talking about reducing loneliness, link to Safer Places campaign.
- Communicate with TFL about difficulties people face when they are isolated due to transport issues.
- Find out about activities on the weekend and publicise them (most things happen Mon-Fri)
- Could have a standing item on isolation or a dedicated session.
- Partnership Boards should challenge services on what they are doing to make people independent and less isolated (e.g. developing social skills).
- Develop a session to get people to come in and talk about their interests to let people build their skills (e.g. using COPs model)

Mental Health Partnership Board

- Facilitate more mentoring and befriending again.
- Develop intergenerational projects to bring people together – particularly important as day centres are closing.
- Look at expanding social groups so that they are focused on an interest rather than people with Mental Health, e.g. walking groups.
- Develop safe places – help tackle the fear of hate crime.
- Look into how Casserole Club could be developed for other groups, e.g. mental health.
- Each Partnership Board could use similar insight to the older people research to discuss possible ways that Partnership Boards can address their specific issues.
- Looking at perceptions of people with mental health issues – perceptions are far worse than reality.

- Issue around age and disability. Think about youth provision – arts, culture, increasing participation.
- Raise the profile of volunteers and use volunteering to connect people. Casserole Club has done this well.
- Groups/communities where people have shared interests are very important – should be encouraged and fostered.
- Work to build awareness and reduce the stigma of mental health.
- Combining activities with visiting someone, e.g. going for a run and stopping off to visit someone.
- Be more vocal and raise awareness about the activities and services that are available for people that need or want them.

Older Adults Partnership Board

- Explore how older people can become more involved in volunteering and Timebanking.
- Build in time to talk and network at events.
- Work to influence commissioning. Include in the tender process "social value added" of reducing isolation, e.g. must promote dementia friendliness.
- Embed tackling loneliness into local organisations – not try to solve with outside organisations or short term solutions.
- Use an individualised approach and real outreach.
- Make "combat loneliness" a top-line strategy in Barnet.
- Look into organising annual street parties to create links (maybe with East Finchley Altogether Better?)
- Reach out to people and get involved *before* people become lonely.
- Involve people that need a bit more encouragement to join groups.
- Patient Participation Groups, get patients involved more.
- Promote groups more, facilitating links between younger and older people who can do activities together.

Physical and Sensory Impairment Partnership Board

- Check the situation with Timebank – invite back to the Partnership Board and follow up with people who signed up to see if they're involved/still want to be involved.
- Casserole Club is not a reciprocal relationship – better to have a group with tea and cake hosted at a different person's home every week.
- Develop chances for people to share activities and skills, e.g. knitting, gardening, using technology. Helps people to feel useful.
- Publicise what's out there more – Casserole Club, befriending etc.

- Make better use of expertise and share learning. Use the existing pool of volunteers.
- Better use of technology – e.g. using social media/facetime to speak to people. Explore services like 'Get Online' providing low cost internet access.

3. What is one thing you can do?

- Get involved in Timebank.
- Sign up for Casserole Club.
- Tell people about initiatives they can be involved in like Casserole Club.
- Keep promoting access to the arts for people with mental health issues/young people.
- Find funding to continue the Safe Places project and roll it out to other groups.
- Keep asking commissioners for a mentoring scheme for mental health services which works (1-1 peer mentoring hasn't been great).
- Commission research into mental health and isolation to help develop the best solutions for people in Barnet.
- Visit someone instead of just phoning them.
- Help to educate the public on mental health.
- Get involved in Adopt a Place.
- Check on a neighbour who lives alone.
- Promote libraries more.
- Get involved in peer support.
- Develop a Bring and Share club where people can bring their interests and share them.
- Speak to my elderly neighbour once a day and cook for each other.
- Help a friend of mine from the LDPB.
- Volunteer at a care home.

Appendix 3

Information and Discussion Session Fact sheets

1 Health and Social Care Integration

2 The Care Act 2014

3 Children and Families Act 2014 (SEN Reform)

4 The Carers Strategy Action Plan 2014-15

1. Health & Social Care Integration

London Borough Barnet (LBB) and Barnet Clinical Commissioning Group (BCCG) are fully committed to working in partnership to deliver integrated health and social care services.

People in Barnet already benefit from integrated Learning Disabilities (LD) and Mental Health (MH) services. We are now moving to an integrated care '5 Tier Model' for frail and elderly people aged 65 and over and those with long term conditions, developed with the Older People's Partnership Board. We will deliver this under the Better Care Fund (BCF). This reflects a national context and strategy to integrate these services.

This will enable us to achieve our aim to deliver better health and wellbeing outcomes and improve the experience for the frail and elderly in Barnet in a financially sustainable way.

Why Integration? Why Now?

We believe there is a major opportunity for us to integrate our work to improve outcomes and experiences while meeting anticipated increased demands for support from:

1. *Frail and elderly people* – people aged 65 and over.
2. *People living with long term conditions* – people aged 55 to 65 who suffer from specific long term conditions, e.g. asthma, diabetes, or heart conditions.
3. *People living with Dementia*.

We are investing early to implement and embed integrated working to support these users and improve the care system overall, e.g. to:

- Deliver a more person focused system to improve their experience.
- Deliver a system focused more on wellness, rather than reactive care.
- Further develop support for people to manage their conditions, live well independently and so reduce or avoid the need for care services in future.
- Respond to changes in the population of Barnet or in requirements for providing care, such as The Care Act.
- Deliver better, effective and sustainable services using limited funding.

Our Vision

We designed our vision for integrated care based on the experience of using health and social care services of a fictitious resident "Mr Colin Dale". He is representative of local frail, elderly people or those with long term conditions.

1. My primary contact will always take responsibility for making sure my care is coordinated and I am kept informed along with my family.
2. I will feel like I am dealing with one care organisation, and only have to tell my story once, rather than to multiple health clinicians
3. I will be able to get the right care and treatment quickly without having to deal with lot of people
4. I will receive care provided by well-trained teams, at home or at a place that is convenient for me

Our Vision Statement

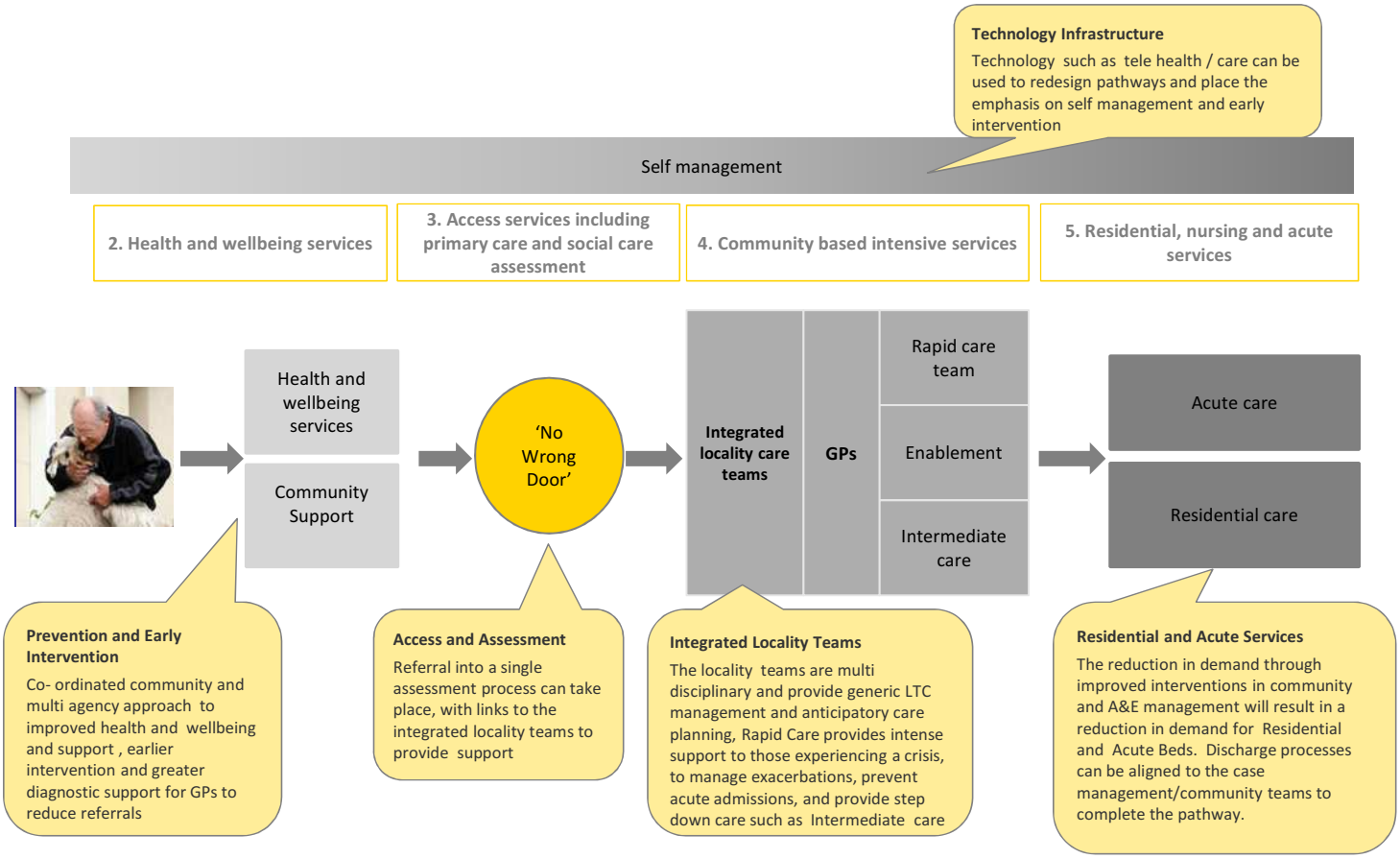
"Care integration in Barnet will place people and their carers at the heart of a joined up health and social care system that is built around their individual needs, delivers the best outcomes and provides the best value for public money.

Integrated care will be commissioned by experts in collaboration with care providers and delivered seamlessly by a range of quality assured health, social care, voluntary and private sector organisations."

Current Projects

- *Care Navigation Service* – Case Managers working in conjunction with Social Care and GPs to put in place personalised integrated health and social care support plans for at risk patients or service users.
- *Multi-Disciplinary Teams* – Weekly assessments and health and social care planning for complex, high risk patients or service users.
- *Risk Stratification* – Tools to help GP Practices identify frail and elderly patients at risk of being admitted to hospital in future or suffering from a future deterioration in health.
- *Community Point of Access (CPA)* – Pro-actively managing referrals for health and social care services to enable rapid co-ordinated care and effective planned care.
- *Rapid Response* – Delivering assessment, diagnostic and treatment services to patients or service users within 2 hours after referral.
- *Integrated Co-Locality Teams* - Multi-skilled teams who work as one to deliver integrated care to meet individual needs and outcomes.
- *Shared Care Record* – new IT system to enable staff across organisations to see the care a person is receiving from health and social care providers.

Integrated Care in Practice



Next Steps

- Monitor the ongoing delivery and success of integrated services implemented to date, to understand where there are future opportunities for further integration.
- Test a pilot Co-Locality Team over the summer to learn from practice more about how one team can deliver integrated health and social care services.
- Develop detailed plans for delivering integration across the 5 Tier Model and start new initiatives and projects to enable further integration of services accordingly.

Useful Web links:
Better Care Fund: http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan

Health & Social Care Act 2012: http://services.parliament.uk/bills/2010-11/healthandsocialcare.html

Care Act 2014: http://services.parliament.uk/bills/2013-14/care.htm

2. The Care Act 2014

In May the Care Bill received Royal Assent and passed into law to become the Care Act 2014. Some elements come into effect in April 2015; others come into effect in April 2016. Implementation depends heavily on regulations and guidance for detail. Consultation on the 2015 regulations and guidance is taking place in summer 2014 with consultation on the 2016 regulations and guidance taking place at a later stage.

Care Act Provisions - from April 2015:

4. A duty to provide prevention, information and advice services to prevent, delay or reduce the needs for care and support of adults and carers. Local authorities will be under a duty to provide care and support information, including how to access independent financial advice where it is needed.
5. A national minimum threshold for eligibility for both service users and carers. Our current thresholds of Critical and Substantial are set locally.
6. New entitlements for users and carers:
    - Legal right to a personal budget and direct payments (subject to conditions).
    - Right to continuity of care after a move to a new area. The receiving council must continue care until a new assessment is completed.
    - The new Act means Carers will now have a right to assessment, support services and review, equal to that of the service user.
    - Eligible users must be offered independent help in support planning.
    - Self funders must be offered advice and support planning.
7. A universal system for deferred payments. This means that people should not need to sell their home in their lifetime to pay for residential care, instead borrowing the funds from the Local Authority, which then recoups the costs after the person's death. People should also have an alternative range of options to help them pay for their care costs.

Funding reform - from April 2016:

- A cap will be introduced on the costs that people have to pay to meet their eligible needs**.** The cap will be set at £72,000 in April 2016 for people of state pension age and over and lower for working age adults and free care for people who turn 18 with eligible needs.
- A 'care account' will give all people with eligible social care needs an annual statement of their progress towards reaching the £72,000 cap, whether their care is organised by the local authority or not.
- A standard contribution to general living costs of around £12,000 a year will be set for people in residential and nursing care. People in care homes will remain responsible for their living costs when they reach the cap if they can afford to pay them. This will not count towards the cap.
- Financial support will be provided to more people to help them with their care costs. This will help people with their care home costs if they have up to £118,000 in assets (including their home).

Useful Weblinks:
Care Act 2014: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Consultation (regulations, guidance and factsheets): http://careandsupportregs.dh.gov.uk/

Other duties for Local Authorities

- Duty to co-operate with relevant agencies.
- Duty to ensure adult social care and housing work together (for adaptations and home repairs).
- Duty to promote diversity and quality in care and support provision.
- Duty to promote the integration of services.
- A leadership role in situations of care provider failure.

Looking to the future

We are predicting significant increases in demand on our services as the population changes within the borough:

- Over the next five years, the number of people aged 85+ living in Barnet could increase by 16%. At present 1 in 3 residents in this age group access Adult Social Care.
- There are currently around 12,600 adults in Barnet with a serious physical disability, and a further 29,500 with a moderate physical disability. These numbers are set to increase significantly over the next 10 years.
- There are currently around 750 adults in Barnet with Learning Disabilities and about 1,170 with Mental Health problems.
- 67,500 adults in Barnet have health or care needs[1].
- The borough has over 32,000 carers. Over 6,000 carers provide more than 50 hours of care a week and 1,800 of these are aged over 65 [2].

Impact of the Care Act in Barnet:

- The Care Act enhances people's entitlements to advice, information, preventative services and care & support.
- It is thought that, as a result there will be increased demand for information advice and assessment.
- We are currently assessing the likely impact of the reforms. Although this is not complete, early analysis indicates that nearly 10,000 more carers may require an assessment. An estimated 6,000 more service users, currently living in the community, may require an assessment.
- We are working with local care agencies and residential homes to identify people who have arranged their own care, so that they can benefit from the changes brought about by the Care Act.

Actions

Barnet has initiated a project to implement the changes required by the Care Act. It currently has seven workstreams:

- Demand Analysis and Modelling
- Prevention, Information and Advice
- Carers
- Front Door, Eligibility, Assessment and Support Planning
- Universal Deferred Payments
- Safeguarding
- Communications and Change

Additional workstreams will be added later to manage changes around market shaping, market failure, capped charging system and care accounts.

[1]Source Joint Strategic Needs Assessment 2012 (JSNA)

[2]Source: Office for National Statistics, Census 2011

3. Children and Families Act 2014

The Children and Families Act 2014 received Royal Assent on 13 March. It has been a slow moving piece of legislation with several consultation periods. The Act covers a wide range of issues to do with children including a significant focus on major reform on special educational needs. Pathfinder authorities have had additional time and resources for implementation and have supported other Local Authorities.

The new SEN Code of Practice for 0-25 years was issued on 11 June jointly by the DfE and DoH. This is statutory guidance for organisations who work with and support children and young people with SEN.

Whilst it only applies to children and young adults with SEN, where these children have social care or health needs, the law then applies to health and social care commissioners and providers. The Code reflects the legislative changes made during the passage of the Children and Families Act.

Key Highlights of the Act

- A strong emphasis on the role of every teacher and every school to secure improving outcomes for children with SENs.
- A greater involvement of children, young people and their parents in the assessment process – there needs to be evidence that the child needs an exceptionally high level of SEN provision before an assessment begins.
- A more streamlined and integrated assessment process, which must be completed in 20 weeks (as opposed to the current 26 weeks)
- A new requirement for a strategic framework for joint planning & commissioning across Education, Social Care and Health services
- Publication of a clear, transparent 'local offer' – a coherent presentation of information about a full and wide range of services available to support children and young adults with SENs and their families.
- New responsibilities for the Local Authority to secure continuing education and training until the age of 25 years, for some young adults
- A new right for parents to ask for services set out in an EHC Plan to be made available through a Personal Budget, and a duty on LAs to say what services may be available.
- A transition from Statements of Special Educational Needs to Education Health and Care Plans which will more outcomes-focused.

Statutory Framework for Joint Working between Health, Education and Social Care

- Clause 28 of the Children and Families Act requires health authorities and other bodies to co-operate with the LA to identify and support children with SEN.
- Clause 26 requires LAs and CCGs to commission services jointly for children and young people with SEN, including putting effective dispute resolution procedures into place where local agencies disagree.
- The joint commissioning must include arrangements and responsibilities for securing outcomes and personalised services, specifically securing education, health and care (EHC) assessments; securing the education, health and care provision specified in EHC plans; agreeing personal budgets
- Health, education and social care must set out their arrangements for agreeing personal budgets.
- Health, education and social care should develop and agree a formal approach to making fair and equitable allocations of funding.
- A Designated Health Officer must be identified to ensure that the CCG is meeting its statutory responsibilities, and for ensuring compliance with assessment and timeline responsibilities.
- Health Commissioners must have arrangements in place to secure the provision specified in the health element of an EHC Plan.

Impact of the Children and Families Act

Families should experience:

- A more integrated approach to the assessment and recording of their needs
- A better experience in mainstream schools
- Improved co-ordination in service delivery
- More confidence at times of transition, especially into adulthood

Local Authorities will aim to:

- Manage predicted increases in the number of requests for Assessment
- Work with health services in managing these additional pressures
- Familiarise themselves quickly with the new assessment process requirements, the need for more joint working and the extension of responsibilities to 25 years of age.
- Work with technical and communications experts to improve data management, data retrieval and sharing of information – at the child and wider area levels.

Actions

Barnet has used Project Management to co-ordinate planning & implementation.

There are 3 core work-streams:

- Local Offer
- Education, Health and Care Plan and integrated assessment process
- Personal Budgets

Work-stream officer teams and stakeholder working groups involve officers from Education and Skills, Family Services, Adult Services and the Health Service. Stakeholder involvement includes voluntary groups, parent groups and consultation with individual stakeholders, including parents and children and young people.

Useful web links

www.legislation.gov.uk/ukpga/**2014**/6/contents/en**act**ed

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

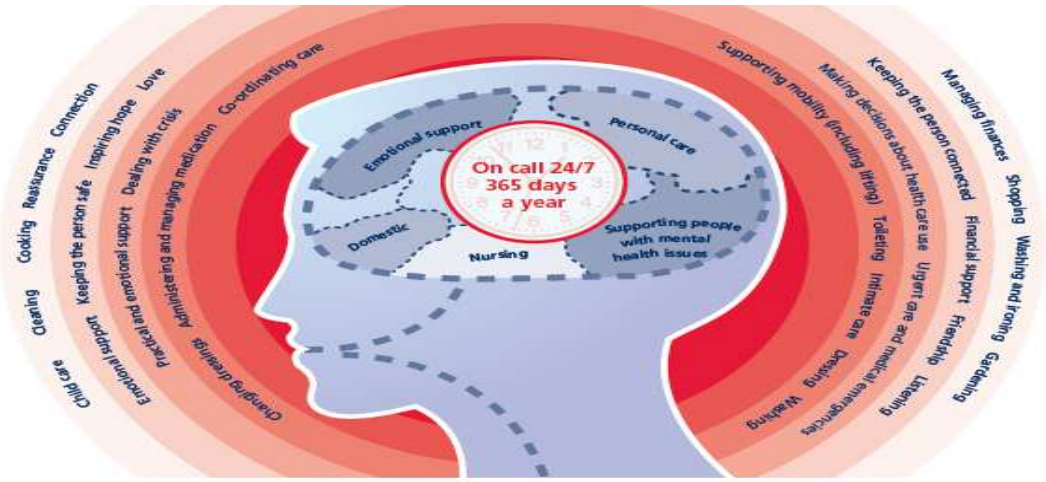
4. Carers Strategy Action Plan 2014-15

The Council works closely with the health, voluntary sector partners and carers to ensure there is support for carers when they need it to sustain their caring role. The key to appropriate support is to ensure carers are identified, valued, involved and supported.

Who is a carer?

A carer is a person of any age - adult or child - who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. Those receiving this care may need help due to frailty, disability or a serious health condition, mental ill health or substance misuse.

Support provided by carers



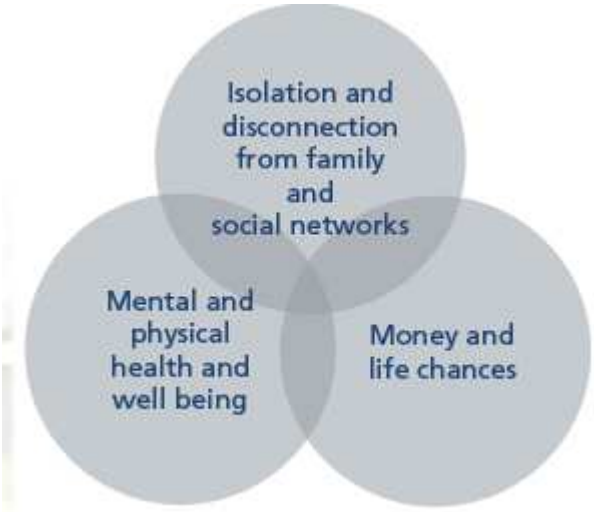
Carers in Barnet

1 in 10 people on Barnet are likely to be caring. The borough has over 32,000 carers with over 6000 providing over 50 hours of care a week. This is the second highest number of carers in the London region. The number of carers providing over 50 hours of care has increase by a third since 2001. The Care Act proposals mean that the demand for carers' needs assessments and services is anticipated to increase with changes to eligibility and carers support.

The future demand for carers is projected to increase with the increase in life expectancy, with the increase in people living with a disability needing care and with the changes to service provisions in community settings away from institutions.

Impact of caring

Carers provide a valuable contribution to the community and health systems. Although carers do not generally choose to care, most prefer to look after their family members or friends rather than have someone else care for them. However, caring comes at great personal cost and takes its toll on the carer. Carers experience negative health, social and financial consequences and these have an additive effect:

<table>
<tr>
<td> 
</td>
<td>40% of carers experience psychological distress or depression, with those caring for people with behavioural problems experiencing the highest levels of distress.

33% of those providing more than 50 hours of care a week report depression and disturbed sleep.

Those providing more than 20 hours of care a week over an extended period have double the risk of psychological distress over a two year period compared to non-carers. Risk increases progressively as the time spent caring each week increases.

44% of carers suffer verbal or emotional abuse; 28% endure physical aggression or violence from the person they care for.

Older carers who report ‘strain’ have a 63% higher likelihood of death in a 4 year period.

Providing high levels of care is associated with a 23% higher risk of stroke.</td>
</tr>
</table>

Support for carers

Support for carer is built around key points in the carer’s journey these are: Becoming a carer, dealing with crisis and urgent care, discharge from hospital, changes to caring role due to rapid deterioration in the person or carers’ health and after caring is over.

The **Carers Strategy Action Plan 2014-15** sets out the following priority areas:

1. Early recognition and support for carers
2. Information and advice offer for carers
3. Supporting carers to fulfil their employment potential
4. Carers as expert partners in care

The key actions for 2014-15 are:

1. Improve information and advice –update websites and give carers information on the Direct Payment process
2. Carer awareness training for health professionals and build ways of working with health
3. Include carers support in planning patient pathways and social care services
4. Emergency contacts for carers
5. Review carers support services
6. Look at helping carers to stay in employment or return to work
7. Include carers in the assessment and review of the person they care for
8. Contribute to the Care Act consultation.

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AGENDA ITEM 8

	Health and Well-Being Board **13 November 2014**
Title	**Public Health Commissioning Plan 2015-20**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	June 2014
Status	Public
Enclosures	Appendix 1 – Public Health Commissioning Plan
Officer Contact Details	Dr Jeffery Lake, Consultant in Public Health 020 8359 3974 jeff.lake@harrow.gov.uk Claire Mundle 020 8359 3478 claire.mundle@barnet.gov.uk

Summary

The Council is committed to early intervention and prevention and will maintain public health investment at the present level through to 2020. The Commissioning Plan sets out the strategic priorities, commissioning intentions, outcome measures, revenue budgets and capital requirements for recommendation to the council's Policy and Resources Committee on 2nd December 2014

Recommendations

1. **That the Health and Well-Being Board approves the proposed Commissioning Plan (Appendix 1), subject to consultation.**
2. **That the Health and Well-Being Board agrees to public consultation on the proposed Commissioning Plan commencing immediately following Policy and Resources Committee on 2nd December 2014, before final Commissioning Plans are agreed by Policy and Resources on 17 February 2015.**

1. WHY THIS REPORT IS NEEDED

1.1 Despite a growing economy, the UK budget deficit is forecast to be £75bn at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government.

1.2 The Council dealt with the first wave of austerity by planning ahead and focusing on the longer-term, thus avoid short-term cuts - the Council is continuing this approach by extending its plans to 2020.

1.3 Early intervention and prevention is a key component of the council's plans for the future. By doing more to intervene early to identify and prevent problems rather than treating the symptoms when they materialise, resident's lives will be improved and demands on services will be contained. Public health commissioned services are integral to the councils plans for the future.

1.4 This report sets out the scale of the efficiency and transformation services expected of current public health services through to 2020 and identifies commissioning priorities for that period.

1.5 The Health and Well-Being Board was sighted in June 2014 on plans to contain growth in sexual health services costs. In the meantime, the public health team has identified a further efficiency and transformation savings which will be reinvested in support of public health interventions.

2. REASONS FOR RECOMMENDATIONS

2.1 The public health grant to local authorities is currently a ring fenced budget. As yet the funding arrangements that will apply once the ring fence has been lifted are uncertain. It is highly likely that at least some portion of the grant will be dependent on the delivery and performance of particular public health services.

2.2 The Council has recognised that the economic case for maintaining investment in public health services is sound and that the failure to do so would only undermine efforts to create sustainable models of service provision for the future.

2.3 As a result this plan is based on an assumption that spending on public health will be maintained at the present through to 2020 with efficiency and transformation savings reinvested in support of public health outcomes locally.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The commissioning intentions attached at Appendix 1 are the culmination of prioritisation work conducted by the elected Members of the Health and Well-Being Board with the support of lead commissioners from the Council and senior leaders from the CCG. The intentions presented here are the agreed priorities as identified by that process.

4. POST DECISION IMPLEMENTATION

4.1 The public health team will be responsible for the efficiency and transformation savings outlined in this report. Many will be delivered via contract negotiations and re-procurement. Where advantageous, the public health team will explore options for collaborative commission between Barnet and Harrow, the West London Alliance Boroughs and beyond. Some of the savings plans, particularly in relation to Genito Urinary Medicine services necessitate collaborative commissioning arrangements.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's corporate plan identifies its commitment to public health, emphasising that prevention is better than cure. It also sets out the need to find new ways to encourage families and individuals to look after their health and stay independent and to build strong local partnerships, including with the local NHS, to deliver this.

5.1.2 This commissioning plan sets out the high level outcomes that Barnet's public health team believe will make the biggest difference to the health and wellbeing to Barnet's residents, based on evidence of the impact on health and wellbeing outcomes for individuals; and, cost-effectiveness and return on investment of public health interventions.

5.1.2 This plan aligns with the public health outcomes/ priority areas for action identified in Barnet's Health and Well-Being Strategy (2012-15), that were identified and developed in consultation with stakeholders and residents, and based on the evidence of population need from Barnet's JSNA, the Barnet health profile, and the NHS, social care and public health outcomes frameworks.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The budget projections within these commissioning plans contain indicative figures through to 2020. These budgets will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

5.2.2 After funding has been allocated to provide each of these services, local areas have the flexibility to decide where to invest their public health funding, based on local needs and priorities. The diverse range of services that are currently commissioned through the public health ring-fenced grant support delivery of each of the 4 chapters of the Health and Wellbeing Strategy (Preparing for a Healthy Life, Wellbeing in the Community, How we Live, and Care when needed), and enable a number of the priorities of the Strategy to be met. The Health and Well-Being Board have endorsed and approved the current allocation of the public health grant, so this commissioning plan builds on the work already completed by the public health team and Health and Wellbeing Board in partnership, to allocate the grant in line with local needs and priorities.

5.2.3 Following agreement at Health and Well-Being Board about how the public health grant should be allocated (last agreed in January 2014), and in response to the local authority's medium-term financial challenge, the public health team have identified opportunities to release efficiency savings of a little over £2.26 million from the current baseline public health budget of £14.423 million, approximately 15.7%

5.2.4 The Health and Well-Being Board was sighted in June 2014 on plans to contain growth in sexual health services costs amount to £700k/year by 2020; the team have since looked more broadly at their investments and identified greater efficiency savings from the totality of their programmes in order to support the development of a sustainable health and wellbeing system in Barnet (ie the £2.26 million referenced in para 5.2.3. This saving will allow for resources to be strategically invested elsewhere, to meet public health needs through innovative methods of delivery and in partnership with the wider set of council and external partners. These investments are identified in the commissioning intentions appended to this report.

5.2.5 The prioritisation of spending/ investments has been informed by the Kings Fund (2014) review of return on public health investments (see table 1 below). The most significant shift in spending is towards early years where the greatest returns on investment are seen but which are realised over longer time scales. These investments are important in moving toward sustainable service models for the future. Where possible robust local monitoring of evaluation will be conducted to determine benefits realisation.

Table 1 Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

5.2.6 In light of the nature of the public health 'ring fenced' grant allocation the financial models in this paper assume that the current funding continues to remain within the public health allocation until 2020. These proposals are incorporated into the commissioning intentions below. The budget projections within these commissioning plans contain indicative figures through to 2020. These budgets will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

5.3 Legal and Constitutional References

5.3.1 The commissioning intentions include all those services which are statutory requirements of local authority, in line with the Health and Social Care Act (2012). These public health statutory services that local authorities have to provide include:

- Sexual health services - STI testing and treatment, and contraception
- School Nursing and the National Child Measurement Programme
- Health Visiting (from October 2015)
- NHS Health Check programme
- Local authority role in health protection
- Public health advice – support to the CCG; JSNA; PNA; annual public health report; Health and Well-Being Strategy

5.3.2 All proposals emerging from the business planning process will need to be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible. A number of the proposals are already subject to separate detailed project plans and reports to the Board. The detailed legal implications of these proposals are included in these reports, and will also be included in future reports.

5.2.3 The Health and Well-Being Board's Terms of Reference include the following responsibilities:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

- Specific responsibilities for:
• Overseeing public health
• Developing further health and social care integration.

5.4 Risk Management

5.4.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the council's internal officer Delivery Board and to the relevant Committees and is reflected, as appropriate, throughout the annual business planning process.

5.4.2 Risks associated with each individual proposal will be outlined within individual reports as each proposal is bought forward for the Board to consider.

5.5 Equalities and Diversity

5.5.1 Equality and diversity issues are a mandatory consideration in the decision making of the council. This requires elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train.

5.5.2 In particular, at its meeting on 10 June 2014, the Policy and Resources Committee advised the Theme Committees that they should be mindful of disadvantaged communities when making their recommendations on savings proposals. The proposals and priorities within the Commissioning Plan have been developed in line with Marmot's 6 priority policy areas that focus attention on reducing health inequities and ensuring health and wellbeing for all across the life course.

5.5.3 The Council needs to comply with the Equality Act 2010 in the provision of all public health services. The specific duty set out in s149 of the Equality Act is to have due regard to need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.5.4 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.5.5 Preliminary equalities impact assessment has been carried out on the above recommendations. Where there is an expectation of some element of service reduction and the potential for detrimental equality impacts it is intended that services will be more carefully targeted to protected groups to mitigate this risk. Further EqIA will be carried out at the implementation stages.

5.6 Consultation and Engagement

5.6.1 Public consultation will commence on all Committee Commissioning Plans following Policy and Resources Committee on 2nd December 2014, before final Commissioning Plans are agreed by Policy and Resources Committee on 17 February 2015.

5.6.2 Full public consultation will take place on individual proposals to deliver the savings identified before final decisions are taken by the Committee and savings plans are formalised in the Council's annual budget. Future consultation and engagement will be informed by the consultation work that

has already been carried out as part of the Priorities and Spending Review process during which a comprehensive series of residents engagement activities took place in order to understand their priorities for the local area and look at how residents and organisations can support services going forward.

6 BACKGROUND PAPERS

Health and Well-Being Board- June 2014- Council Business Planning for 2015-20:
http://barnet.moderngov.co.uk/documents/s15374/Business%20Planning%20Corporate%20Plan%20and%20Medium%20Term%20Financial%20Strategy.pdf

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Health and Well-Being Board- Public Health Commissioning Plan 2015-20

1. The Context for the development of this plan.

Public services in England during the decade 2010-2020 face an unprecedented challenge as the country deals with the impact of the financial crisis of 2008, alongside the opportunities and challenges that come from our changing and ageing population.

Despite a growing economy, the UK budget deficit is forecast to be £75bn at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government. At the same time, demand on local services continues to increase**,** driven by a growing population, particularly the number of young and older residents. We therefore must plan for the fact that austerity will affect all parts of the public sector to the end of the decade and that we will not be able to meet increasingly levels of demand from simply doing more of what we are currently doing.

The public too, does not expect simply more of the same. Expectations of local services are increasing, advances in customer services and technology provides the ability to interact with services 24/7. Local residents as a result expect better services and more prompt responses from the Council. However satisfaction with the Council and local services remains relatively high in Barnet, and over recent years resident satisfaction with a number of local services has increases, despite these challenges.

In thinking about how the Council lives within its means, the Council needs to recognise that residents are also facing wider financial pressures, from high energy bills, increasing housing costs, continued wage restraint, and benefit reforms, so the ability of many households to absorb the impact of reductions from public sector funding through increased financial contributions is constrained.

We can however expect over the duration of this plan that significant opportunities will flow from Barnet being part of a growing and arguably booming London economy. Unemployment levels have fallen by a third in the last year, the number of 16-18 year old 'NEETs' in Barnet is, at 2.3%, the fourth lowest in England and less Barnet residents are claiming out-of-work benefits than the London average. This plan needs to ensure that all residents of Barnet can benefit from the opportunities of growth, whether through new employment opportunities, increased investment in infrastructure such as roads and schools, or enjoying new neighbourhoods and places in which all people can live and age well.

2. Barnet Council's Overarching Approach to meeting the 2020 Challenge

The Council's Corporate Plan sets the framework for each of the Commissioning Committees five year Commissioning Plans. Whether the plans are covering

services for vulnerable residents or about universal services such as the environment and waste there are a number of core and shared principles which underpin the commissioning outcomes.

The first is a focus on fairness.

Fairness for the Council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities - young, old, disabled, and unemployed benefit from the opportunities of growth.

The Council must 'get the basics right' so people can get on with their lives – disposing of waste, keeping streets clean, allowing people to transact in more convenient ways, resolving issues promptly in the most cost effective way.

We must shift our approach to earlier intervention and demand management …. Managing the rising demand on services requires a step change in the Council's approach to early intervention and prevention. Across the public sector, we need to work with residents to prevent problems rather than treating the symptoms when they materialise.

The second is a focus on responsibility.

Continue to drive out efficiencies to deliver more with less… The Council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

Change its relationships with residents, with residents working with the Council to reduce the impact of funding cuts to services ... In certain circumstances, residents will also need to take on more personal and community responsibility for keeping Barnet a great place particularly if there is not a legal requirement for the Council to provide services. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

The third is a focus on opportunity.

Prioritise regeneration, growth and maximising income … Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the Council less reliant on government funding; helps offsets the impact of service cuts and allows the Council to invest in the future infrastructure of the Borough.

Redesign service and deliver them differently through a range of models and providers … The Council has no pre-determined view about how services should be

designed and delivered. The Council will work with providers from across the public, private and voluntary sectors to provide services which are more integrated, through a range of models most appropriate to the service and the outcomes that we want to achieve.

Planning ahead is crucial… The Council dealt with the first wave of austerity by planning ahead and focusing in the longer-term, thus avoid short-term cuts - the Council is continuing this approach by extending its plans to 2020.

3. Committee context

Responsibility for many aspects of public health services together with public health teams and budgets was transferred to local authorities in April 2013. The transfer of responsibility for local health improvement to local authorities has been the biggest shift in public health delivery in decades. The Government's approach to improving public health is centred on empowering individuals to make healthy choices, and giving communities the tools and resources to address their own health needs.

The Government has provided local authorities with significant new powers and opportunities to develop effective local solutions to manage public health and improve the lives of their residents. Boroughs are uniquely positioned to understand the specific needs of their communities and to draw on a range of existing knowledge, expertise and resources from within their organisations, and from partners, to improve health outcomes for their residents.

The Corporate Plan identifies the Council's commitment to public health emphasising that prevention is better than cure. It also sets out the need to find new ways to encourage families and individuals to look after their health and stay independent and to build strong local partnerships, including with the local NHS, to deliver this.

This Commissioning Plan sets out the high level outcomes that Barnet's Public Health team believe will make the biggest difference to the health and wellbeing of Barnet's residents, in line with Sir Michael Marmot's policy objectives; based on evidence of the impact on health and wellbeing outcomes for individuals; and, cost-effectiveness and return on investment of public health interventions.

This plan aligns with the public health outcomes/ priority areas for action identified in Barnet's Health and Well-Being Strategy (2012-15), that were identified and developed in consultation with stakeholders and residents, and based on the evidence of population need from Barnet's JSNA, the Barnet health profile, and the NHS, social care and public health outcomes frameworks.

This Commissioning Plan recognises the importance of developing public health programmes that focus on the social determinants of health, developed in partnership with Barnet's communities, and that make use of community assets to support delivery of activities wherever appropriate. As such, the plan makes use of recent research from the King's Fund, NICE and other research bodies who are building an evidence base for the return on investment of public health interventions

in a wider set of Council departments (such as housing, transport, planning) and partner organisations (such as schools).

The Health and Well Being Board will provide strategic leadership for this plan, and will work across the various other Council Committees, strategic partnership arrangements (including those in the voluntary and community sector), and the CCG Board to ensure the broadest opportunities to deliver better health and wellbeing outcomes for Barnet's residents are realised.

4. Public Health Commissioning Outcomes 2015-2020

Priority objective	Key Outcomes
Give every child the best start in life	Women are encouraged to breastfeed their babies and feel confident to do so. Every woman is supported to stop smoking in pregnancy & families are encouraged to create smoke free households. Children, young people and their families are supported to be physically, mentally and emotionally healthy
Enable all children, young people and adults to maximise their capabilities and have control over their lives	People are discouraged from taking up smoking in the first place, and encouraged and supported to quit should they wish to. Children and adults who are overweight and obese are encouraged and supported to lose weight. Children and adults are discouraged from misusing alcohol and drugs, and encouraged and supported to quit Children and young people feel supported to achieve and engage, while developing their identities and resilience. Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well.
Create fair employment and good work for all, which helps ensure a healthy standard of living for all	Those furthest from the labour market are supported to access training and employment opportunities, retain job opportunities, and return to employment. Employers in Barnet are encouraged to promote healthy workplaces that make it easier for their employees to make healthy lifestyle choices.

Create and develop healthy and sustainable places and communities	The built environment is conducive to healthy living choices such as walking and the accessibility of safe open spaces. The range of green spaces and leisure facilities in the Borough are used more extensively, there is more active travel and levels of physical activity increase. Social isolation, especially amongst older people, is reduced through schemes that enable the sharing of skills and experience. Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected. Sexual ill health and alcohol/substance misuse are treated early and effectively by robust services delivered in partnership across the voluntary sector, the Council, the NHS and other statutory organisations. People are given many opportunities for volunteering, which increases inclusion into local communities, overcome language barriers and develop stronger inter-generational support.
Strengthen the role and impact of ill health prevention	People aged between 40 and 74 years are offered and take-up health and lifestyle checks in primary care to help reduce risk factors associated with long term conditions. People with a long term condition are encouraged and supported to self-manage their condition, resulting in a delayed/reduced demand for crisis response. Older people are supported to stay well during winter months. All people are supported to identify the warning signs of cancer and are encouraged to adopt behaviours that may help to prevent the onset of cancer.

The commissioning intentions below reflect these priority objectives and outcomes.

It is important to recognise that there are a number of public health statutory services that local authorities have to provide, including:

- Sexual health services - STI testing and treatment, and contraception
- School Nursing and the National Child Measurement Programme
- Health Visiting (from October 2015)
- NHS Health Check programme
- Local authority role in health protection

- Public health advice – support to the CCG; JSNA; PNA; annual public health report; Health and Well-Being Strategy

After funding has been allocated to provide each of these services, local areas have the flexibility to decide where to invest their public health funding, based on local needs and priorities. The diverse range of services that are currently commissioned through the public health ring-fenced grant support delivery of each of the 4 chapters of the Health and Wellbeing Strategy (*Preparing for a Healthy Life*, *Wellbeing in the Community*, *How we Live*, and *Care when needed*), and enable a number of the priorities of the Strategy to be met. The Health and Well-Being Board have endorsed and approved the current allocation of the public health grant, so this Commissioning Plan builds on the work already completed by the public health team and Health and Wellbeing Board in partnership, to allocate the grant in line with local needs and priorities.

Following agreement at Health and Wellbeing Board about how the public health grant should be allocated (last agreed in January 2014), and in response to the local authority's medium-term financial challenge, the public health team have identified opportunities to release efficiency savings of a little over £2.26 million from the current baseline public health budget of £14.423 million, approximately 15.7%. This will allow for resources to be strategically focused elsewhere, to meet public health needs through innovative methods of delivery and in partnership with the wider set of council and external partners. These investments are identified in the commissioning intentions that follow. In light of the nature of the public health 'ring fenced' grant allocation the financial models in this paper assume that the current funding continues to remain within the public health allocation until 2020. These proposals are incorporated into the commissioning intentions below. The budget projections within these Commissioning Plans contain indicative figures through to 2020. These budgets will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

The prioritisation of spending has been informed by the Kings Fund (2014) review of return on public health investments (see table 1 below). The most significant shift in spending is towards early years where the greatest returns on investment are seen but which are realised over longer time scales. These investments are important in moving toward sustainable service models for the future. Where possible robust local monitoring of evaluation will be conducted to determine benefits realisation.

Table 1 Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

5. Priority objective: Give every child the best start in life

Marmot argued that returns on investment in early childhood are higher than in adolescence, and that early interventions during pregnancy and on-going support in early years are critical to the long-term health of the child and other long-term outcomes.

In Barnet, it has long been acknowledged that giving a child the best start in life is important not only to the individual child but also to society in general. Parents and carers impact should not be underestimated. A child's early life affects their wellbeing and quality of life not only during their childhood but throughout their life – and indeed into the next generation.

Whilst in Barnet, Low Birth Weight, and Infant Mortality is significantly lower than both the regional and national averages, analysis of local data shows that there are significant variations in both across the Borough (with the highest rates in Burnt Oak, Edgware and Woodhouse wards).

Breastfeeding initiation in Barnet is amongst the highest seen in the country at 91.2%, and continuation rates are similar to the national and regional averages. However, only 76.6% of pregnant women in Barnet have an antenatal assessment by the 12th week of pregnancy lower than the London rate (80%) and significantly lower than England average (86%).

Children and young people in Barnet have better health and non-health outcomes than London and England as a whole. The level of children aged under 16 living in poverty in Barnet (19.9%) is below the England average (20.6%), and below the London average (26.5%). There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. The level of 4-5 year olds who are overweight and obese is also increasing.

Parents have a vital role in taking responsibility for their children's health, and we need to think about how we work within communities, schools and within families to

address some of the challenges set out here to ensure that children and young people in Barnet have the best outcomes possible.

	Commissioning intention	What needs to happen?
1	Retain current children's centres investments (Breast feeding programme, Family Nurse Partnership, Early education programme, Targeted parenting, Targeted nutritional information) applying 2.5%/annum efficiency savings. Investment in the family nurse partnership and non mandatory early intervention services in children's centres to improve life chances and manage social care demand.	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year. More effective joint working practices between health visiting services and local authority commissioned early years services are being established now through joint commissioning arrangements with NHS England. This work will inform a decision on the approach to fuller integration by October 2015 when the authority takes responsibility for health visiting commissioning.
2	Maintain childhood obesity and nutrition investment within the schools programme applying 2.5%/annum efficiency savings	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.
3	In other areas of the schools programme, after capacity building investments in 13/14 and 14/15, schools to determine future investment.	Schools are aware the programme funding ends this year. Council's future approach to schools needs to be determined (i.e. whether elements of funding will be retained, school funded as delivery unit, or left to determine plans – Spring 2015), clear communication with schools at that point.
4	Review school nursing commissioning arrangements maintaining current level of investment applying 2.5%/annum efficiency savings	Notice has been served on current provider. Tender notice will go out November 2014, and service to commence October 2015.

What this means for residents…

- More coordinated early years provision
- Less fragmentation
- Identification, early intervention and prevention

What this means for providers…

- Possible consolidation of services
- Need to work with collaboratively with other providers

- Attention to wider social impacts

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Breastfeeding initiation	89.3% (2013-14)	Maintain at over 85%
Breast feeding at 6-8 weeks	No data for 2013-14 – baseline to be confirmed	Increase
Smoking status at time of delivery	4.8% (2013-14)	Maintain at under 5%
Smoke-free households	To be established	Increase
Supported parents	To be established	Increase
Early childhood development: Children defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children	59.56%	Increase
Children in poverty (under 16s)	19.9%	Decrease
School readiness: the percentage of children achieving a good level of development at the end of reception	59.6 (2012/13 data)	Increase

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
2,033,508	2,144,670	2,001,804	2,339,883	2,678,886	3,018,789

6. Priority objective: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Marmot argued that a focus on improving educational outcomes and developing skills is crucial to addressing health inequalities, and defined 'capability and control' in the context of his priority area for action in terms of skills and learning. In Barnet, this priority area has been conceived in a broader context, to include the range of positive health states and behaviours that will enable residents to stay healthy and independent. Enjoying good health is the result of responsibility being shared between health services and individuals. Empowering individuals to take responsibly for their own health is central to addressing the public health challenges described in this section over the coming decade. We need to create a new dialogue with residents as 'active partners' in achieving good health.

Physical Activity and Obesity

Nationally and within Barnet, there has been a steady increase in the prevalence of those classified as overweight and obese. In children this is considered a primary predictor of obesity in adulthood. The health outcomes of sustained obesity are numerous and include increased incidence of Type 2 Diabetes, CHD, stroke, depression, some cancers and back pain. Obesity throughout adulthood decreases life expectancy by up to nine years.

About 33.6% of Barnet's Year 6 children and 55.6% of Barnet's adults are classified as overweight or obese. The Barnet Sport and Physical Activity Needs Assessment 2012 found that sport and physical activity rates and the use of outdoor space are below the national average. There are no clear reasons for this given that Barnet has a large number of parks and open spaces and leisure provision is comparable with other London boroughs. Given the benefits to population's health, collective action to improve rates of sport and physical activity participation in the Borough is essential. (See also *Creating Sustainable Communities*)

Smoking Cessation

Tobacco use is the most important preventable risk factor for death from cancer, cardiovascular disease and respiratory disease. Despite significant reductions in smoking rates in Barnet, smoking continues to be a major driver of health inequalities and accounts for over 360 deaths each year in the Borough. In the past 10 years, the success of stop smoking services has led to a reduction in smoking prevalence of around 10% in Barnet as well as a reduction in the number of hospital admissions due to smoking and deaths due to smoking. Face to face smoking cessation programmes have made a significant contribution in supporting quit attempts but alternative approaches are now required because recruitment rates have declined. The Public Health team are looking at a broad range of options to encourage people to stop smoking, including integration within care pathways, and upstream intervention (including Making Every Contact Count), targeted interventions (including focusing on people with mental health problems) and legislative change (tobacco control).

Local and national concerns have also been raised about the growing number of shisha establishments. Nationally there has been an increase of over 210% in the number of shisha bars and cafes in England over the past five years and this is also reflected locally. Public health will need to work with many partners to develop tobacco control plans that address these challenges.

Mental wellbeing

In terms of morbidity, mental health accounts for a great health burden than either CHD or cancers. The promotion of mental wellbeing through life skills and social networks has the potential to make a significant contribution to public health improving health and social outcomes and containing public sector costs. Public health is working with colleagues across the local authority and CCG to ensure that wellbeing is promoted and that awareness of mental health and early intervention provision is expanded. However, there are a number of challenges for Barnet to address, including the fact that hospital admissions for mental health conditions among young people are on the rise, reflecting the lack of early intervention and assertive outreach services in the community. Between 2009-10 and 2011-12, there were 50 admissions for self harm in young people in under 18 in Barnet (giving a rate of 60.2 per 100,000 people aged 17 and under). This is lower than the London average (64.4/100,000 aged 17 and under) and significantly lower than the national rate (115.5/100,000 aged 17 and under).

Being able to live independently is a key factor in good mental health and wellbeing. Since 2004/05 the rate of social service assistance for Barnet residents to live independent lives has steadily increased. The availability of safe, healthy housing and inclusive community's impact on people's ability to live independently of health and social care services. Building social capital and reducing social isolation among vulnerable groups of the population is required to ensure that these people are supported to maintain good mental health and wellbeing.

Drugs and alcohol

The abuse of substances such as drugs and alcohol can have a detrimental impact on an individual's health, their families and society, crime and antisocial behaviour and the economy.

Information and advice will be provided children and adults to discouraged misuse of alcohol and drugs, and identify and refer onto treatment service when needed.

In Barnet, the rates of alcohol hospital related admissions have been steadily increasing and alcohol attributed recorded crime levels are also above the London average in Barnet. We will need to work with partners to think about the ways in which people who are drinking at harmful levels can be supported as quickly and early as possible building on the development of brief intervention services in pharmacists.

Making every contact count

Making Every Contact Count is an everyday approach to prevention. All partner organisations should require providers and ensure that they themselves use every opportunity to deliver brief advice to improve health and wellbeing whether in health, social care or other service areas.

What this means for residents…

- Reduced provision of face to face smoking cessation services, accept for target groups with relatively high smoking prevalence such as mental health patients, due to declining effectiveness and efficiency

- Consideration of local measures to discourage smoking and excess alcohol consumption
- Greater prioritisation of alcohol dependence
- Community weight management offer
- More information about a range of local services
- More brief intervention/prevention
- Information, support but expectation of personal responsibility

What this means for providers…

- Different ways of addressing smoking – more targeted face to face (particularly Mental Health patients) more tobacco control measures
- Greater prioritisation of alcohol dependence
- Need to collaborate with other providers across the statutory and voluntary sector

	Commissioning intention	**What needs to happen?**
1	Maintain physical activity promotion investment	Continue service as normal
2	Develop weight management offer	Offer developed by April 2015
3	Reduce budget for smoking cessation via service redesign away from face to face support, except for target populations – such as mental health patients, develop telephone based support and introduce alternative tobacco control measures	Notice serviced Options by January 2015 Commission services by April 2015
4	Develop emotional wellbeing programme in the community to compliment CAMHS, adult mental health and community resilience plans.	Options by November 2013 Commission services by April 2015
5	Investment to support the introduction of Making Every Contact Count in the borough	Options by April 2015
6	Build on Alcohol brief intervention in pharmacists to discourage alcohol and substance misuse and ensure early identification of the harm	Strategy due to be presented to HWBB in January Options by April 2015

Outcome measures

Measure	**Baseline – 14/15**	**Target - 19/20**

Self-reported wellbeing – people with a low satisfaction score[1]	6%	Decrease
Self-reported wellbeing- people with a low worthwhile score	4.1%	Decrease
Self-reported wellbeing – people with a low happiness score	8.2%	Decrease
Self-reported wellbeing- people with a high anxiety score	15.9%	Decrease
Percentage of active adults	53.9%	Increase
Excess weight in 4-5 year olds	23.6%	Decrease
Excess weight in 10-11 year olds	33.6%	Decrease
Excess weight in adults	55.6%	Decrease
Smoking prevalence	13.9%	Decrease
Rates of harmful drinking	Indictor to be determined following changes in national measures	Decrease

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
871,641	934,092	704,603	674,932	661,359	648,125

7. Priority objective: Create fair employment and good work for all, which helps ensure a healthy standard of living for all

Marmot argued that unemployment and particularly long-term unemployment has significant impact on physical and mental health, and that being in good work protects health. Further, he argued that a certain minimum level of income is

[1] NB. The self-reported well-being measures are not within the sole remit of PH to change – they are affected by societal change. No specific target will be set although these will be monitored over the duration of this plan.

necessary to lead a physically and mentally healthy life. Evidence shows that there is a clear association between an individual's socioeconomic position and their health outcomes.

Although in overall terms Barnet is an affluent borough, there are pockets of deprivation. These exist along the western edge of the borough and in parts of Coppetts, East Finchley and Brunswick Park wards. In these areas, a number of health and non-health outcomes are poorer.

The numbers of unemployed (but economically active) people have fallen from 9% of the workforce in September 2012 to 6.6% in April 2013 (a 27% fall). For people claiming JSA, the figures have fallen from 2.9% of the workforce in September 2012 to 1.8% in August 2014 (a 38% fall). Whilst similar declines have been observed in London and England there are fewer people claiming out of work benefits in Barnet in this period when compared to London and England. However, certain cohorts of people are more likely to find themselves out of work, including those with mental health problems and substance misuse issues.

What this means for residents…

- More support to stay in/back to work, particularly where motivation/mental health concerns

What this means for providers…

- Expectation of working with other providers and with NHS
- More holistic view of client needs

	Commissioning intention	**What needs to happen?**
1	Extending investment in employment support programme, improving local pathway for support for clients with motivational, mental health and alcohol/substance misuse issues.	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.

Outcome measures

Measure	**Baseline – 14/15**	**Target - 19/20**
Residents with mental health problems supported to retain/return to employment	To be established	Increase
Promoting healthy workplaces: Number of large workplaces signed up to the London Healthy Workplace Charter	5 (2014/15 target)	Increase

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
200,000	295,000	290,125	285,372	280,738	276,219

8. Priority objective: Create and develop healthy and sustainable places and communities

Marmot argued that changes can be made to the built environments to make them conducive to health. For example, outdoor gym infrastructure, marked and measured routes, cycling, traffic calming and air quality measures to make walking more attractive.

The social environment is also a significant determinant of health and wellbeing. Programmes that help stimulate, grow, support, networks in communities tackles social isolation and builds resilience at both individual and population level.

In Barnet, Marmot's policy objective has been broadened again to include ensuring effective health services infrastructure, which is another important part of creating and developing healthy and sustainable places and communities. Services that are locally accessible for treatment of STIs and drug/alcohol dependence (see below).

Promoting healthy built environments

The health benefits of physical activity are well established and locally physical activity rates are relatively poor. Beyond sport and leisure activities that can be encouraged through the use of initiatives such as outdoor gyms, active travel presents an important means of increasing physical activity and may more easily be integrated into daily living. The promotion of active travel requires communications, workplace health promotion and environmental investments.

Promoting healthy social environments

The health benefits of building social capital and social connectedness are increasingly being recognised within local community development approaches. There is evidence that national community development models such as the Altogether Better programme support older people to remain healthy and active participants in their communities. Whilst nearly three quarters of Barnet's residents report a strong sense of belonging to their communities, the national average is slightly higher, and poses a challenge to Barnet about what more can be done to build inclusive, supportive communities that all people feel able to contribute to.

Sexual Health

Sexual health is an important aspect of physical and mental wellbeing. Poor sexual health can have a long-lasting and severe impact on people's lives, for example

through unintended pregnancies and abortions causing physical disease and poor educational, social and economic opportunities; sexually transmitted infections (STIs) and HIV/AIDS; ectopic pregnancies leading to infertility; cervical and other genital cancers; and hepatitis, chronic liver disease and liver cancer.

Over the past ten years in England there has been a substantial increase in diagnoses of many STIs. It is likely that increased transmission through unsafe sexual behaviour has contributed to the overall rise in STI diagnoses, though improved testing arrangements will have also contributed to the reported increases. The true incidence of STIs in Barnet is not known, since much data is reported at GUM clinic level, but these clinics see people regardless of their place of residence. This presents significant challenges for all local authorities, who have to provide adequate local services for people from any Borough.

There are fewer teenage pregnancies in Barnet than across London and England as a whole. However teenage pregnancy remains a priority area for attention in sexual health, as it is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers also have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

Demand for sexual health services are increasing, and the challenge for sexual health services are to ensure that they diagnose and treat STIs and HIV quickly, and ensure that family planning services are in place to reduce unwanted pregnancies.

	Commissioning intention	**What needs to happen?**
1	Maintaining outdoor gym infrastructure, new investment in support of active traveland physical activity	Annual maintenance of outdoor gyms. Options for active travel/physical activity campaigns and environmental improvements by Summer 2015.
2	Maintain investment in Better together programme	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.
3	Contain otherwise escalating costs of sexual health services whilst maintaining/improving outcomes.	Barnet Sexual Health strategy & West London Alliance transformation report to Health and Well-Being Board November 14 Collaborative commissioning already underway and contracts for 2015/16 to be agreed by respective lead commissioners ahead of April 15 A proposal for collaborative commissioning across 20 London Boroughs (led by the Barnet and Harrow public health team) is expected to come to the Health and Well-

	Commissioning intention	What needs to happen?
		Being Board in November 2014. Over the following 12 months it is expected that new service specifications will be developed, consultation will occur, followed by re-commissioning of new services for 2017/18
4	Review drug and alcohol service commissioning arrangements to improve treatment outcomes and additional social benefits whilst maintaining current level of investment.	Needs assessments completed Oct 2014 Strategies for HWBB sign off Jan 2015 The service is currently being re-procured with the start date of a new service of 1st October 2015.

What this means for residents…

- Environmental improvements (more conducive to healthy choices)
- Personal responsibility for health
- Support for community networks and workplace health promotion
- Opportunities to be more physically active

What this means for providers…

- Consideration to sustainability concerns in procurement

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Utilisation of outdoor space for exercise/health reasons	10.6%	Increase
Increased activities for older people	To be established	Increase
Physical activity participation	53.9%	Increase
Social isolation: The percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey[2]	35.8%	Increase

[2] There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.

Proportion of persons presenting with HIV at a late stage of infection	53.57%	Decrease
Repeat <25 terminations	30.1%	Decrease
Repeat Sexually Transmitted Infections	To be confirmed	Decrease
Successful completion of drug treatment – opiate users	8.4%	Increase
Successful completion of drug treatment – non-opiate users	41.8%	Increase
Promote/ create opportunities for volunteering	To be established	Increase

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	**15/16**	**16/17**	**17/18**	**18/19**	**19/20**
8,226,827	7,815,654	8,384,784	8,154,980	7,981,003	7,679,150

9. Priority objective: Strengthen the role and impact of ill health prevention

Marmot argued that investment in ill health prevention and health promotion needs to substantially increase over coming years. Whilst Marmot specifically referenced work that should be done to address smoking, alcohol, drugs and obesity under this policy objective, this Commissioning Plan has referenced further major causes of ill health in Barnet that have not yet been addressed in the plan, to ensure that a wider set of problems are tackled.

This includes focusing on ill-health in later life. Life expectancy has increased significantly in recent years but so has the prevalence of chronic degenerative disease. If life expectancy increases at a faster rate than disability-free life expectancy, the period that people live with chronic disease and demand on services will increase. To avoid this there needs to be substantial delays in the onset of disability in later life. This is achieved through primary prevention that promotes the widespread adoption of healthier lifestyles and secondary prevention that targets those at increased risk of adverse health outcomes.

<u>Cardiovascular disease</u>
Cardiovascular disease (heart disease and stroke) is the largest cause of death in Barnet and the second largest cause of death after cancer in people aged less than

75 years old. Emergency admission rates for heart disease in Barnet are significantly lower than the national rates, but for stroke the Barnet rate is significantly higher than national rate. Smoking, high risk drinking and obesity are 3 of the biggest risk factors associated with heart disease and stroke, and identifying these risk factors in individuals, and supporting them to make healthier lifestyle choices, is central to reducing the numbers of people who are affected by cardiovascular disease.

Cancer

Cancer is the most common cause of premature mortality but an estimated 42% of cancer cases each year are linked to lifestyle factors. In the last 5 years, almost 600,000 cancer cases in the UK could have been prevented by people not smoking; maintaining a healthy weight; not drinking excess alcohol; eating plenty of fruit, vegetables and fibre, eating less red meat and cutting down on salt and saturated fat; being physically active; and avoiding excess UV radiation from sunlight and sunbeds. Promoting healthy lifestyles and uptake of national screening programmes for cancer will make a significant contribution to public health.

Long-term conditions

Approximately 15.4 million people in England live with a long-term health condition such as diabetes, dementia, asthma and arthritis, and an increasing number of people are living with more than one long term condition (a phenomenon known as "multi-morbidity"). The likelihood of having more than one LTC increases with age. With increasing life expectancy, Barnet's population of older people is set to grow so we need to work with our partners to support this expanding group of people. Those with long term conditions, and those who care for them, will need to feel empowered to take more responsibility for looking after themselves, but they will also need to be supported to develop the tools, skills and knowledge to manage these conditions effectively. Developing a new partnership between individuals, their families and carers, and health and social care professionals is key to addressing this significant challenge.

Excess Winter Deaths

Barnet has a higher than average percentage of excess winter deaths at 22.3% compared to 19.1% for London and 16.1% for England as a whole. Addressing cold housing is a key requirement to reduce this rate. Winter Well programmes that support vulnerable residents to be energy efficient, to insulate their homes and to ensure they are equipped with skills to stay warm through winter will help to tackle this challenge.

	Commissioning intention	**What needs to happen?**
1	Develop self management offer – e.g. health champions and expert patient programmes, maintaining intended investment; develop targeted prevention offer	Implementation of commissioning intentions in the Health and Social Care Integrated Care Business Case from October 2014
2	Develop a more targeted Health checks programme	Continue to encourage Barnet GP practices to offer health checks Identify/assess additional outreach opportunities
3	Maintain Winter Well investment	Ongoing contract monitoring and evaluation,

	Commissioning intention	What needs to happen?
		annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.
4	Investment in a health lifestyles cancer prevention campaign	Options appraisal to be conducted by April 2015

What this means for residents…

- Targeted provision of NHS health checks
- Support for self care
- Personal responsibility for health

What this means for providers…

- Expectation of cooperation with other providers

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Patients self managing (delayed/reduced demand for crisis response)	To be established	Increase
Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) considered preventable	39.54	Decrease
Cumulative % of the eligible population aged 40-74 who have received an NHS Health Check	6%	Increase
Number of households that have had insulation as part of Winter Well	To be established	Increase

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20

1,007,149	1,249,708	1,102,809	1,028,958	1,008,140	987,842

10. Service component: staffing

Workforce efficiency savings of approximately 14% of the public health employee budget have also been included. As government funding for local government services continues to reduce, all Council delivery units will need to review their workforce budgets to ensure that they can improve efficiency by 10% by 2020. Corporate initiatives such as the review of terms and conditions and the unified pay project will support delivery units in achieving this saving. Delivery units will also need to review performance management, use of agency staff, management layers and productivity to ensure that this saving can be achieved.

Commissioning intentions:

	Commissioning intention	**What needs to happen?**
	Improve the efficiency of workforce spend	Review of the current staffing by April 2015 in line with the review of the wider council commissioning structures.

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	**15/16**	**16/17**	**17/18**	**18/19**	**19/20**
1,963,265	1,863,265	1,818,265	1,818,265	1,692,265	1,692,265

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AGENDA ITEM 9

	Health and Well-Being Board **13 November 2014**
Title	**Sexual health strategy 2015-2020**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	None
Officer Contact Details	Dr Jeffery Lake, Consultant in Public Health 020 8359 3974 jeff.lake@harrow.gov.uk Dr Wazirzada M.R. Khan, Senior Health Improvement Specialist 02083592530 Wazi.khan@harrow.gov.uk

Summary

Sexual health is an essential element of the physical and emotional health and well-being of individuals, couples and families. Since April 2013, the commissioning responsibility for sexual health interventions and services is one of the mandatory functions of Local Authority Public Health teams.

In light of this new responsibility, a local draft sexual health strategy has been produced setting out our commitment in improving the sexual health and wellbeing of Barnet residents and service users. The report sets out our future direction to provide an accessible, modern, coherent, cost effective and integrated sexual health and reproductive services to our residents at primary care, secondary care and community level.

Recommendations

1. **That the Health and Well-Being Board agrees that the Public Health team should participate in collaborative commissioning of Genitourinary Medicine (GUM) services.**
2. **That the Health and Well-Being Board agrees the plans to expand the provision of sexual health and reproductive services in primary care and**

	community settings, especially in 'hotspot' and deprived areas of the Borough to facilitate the shift from hospital based services.
3.	**That the Health and Well-Being Board agrees the plans to review current services, increase the uptake of testing for HIV and Chlamydia among high risk groups and introduce an awareness and signposting campaign.**

1. WHY THIS REPORT IS NEEDED

1.1 Sexually transmitted infections can cause long term and life threatening complications. These complications and rates of onward transmission increase when diagnosis and/or treatment is delayed with significant implications for the individual, community and the public sector finances, particularly NHS.

1.2 Unintended pregnancies also have significant implications for the individual, community and public sector finances. Teenage pregnancies for example can lead to intergenerational patterns of dependency and diminished life chances.

1.3 Local Authorities have a mandatory responsibility to provide "open access" sexual health and reproductive services. Genito-Urinary Medicine (GUM) services are provided as part of a national open access service which means that residents are entitled to attend the service of their choice, in any part of the Country, without the need for a referral from their own GP or other health professional. The total patient activity at GUM services went up between 2012 and 2013. An increase in patient activity adds financial pressure on the Council and approximately, one third of the Public Health budget in Barnet is currently spent on the commissioning of sexual health and reproductive services.

1.4 Currently the prevention activities and the provision of sexual health screening and family planning services are not uniformly distributed across the Borough in primary care and community settings. Expansion of services in these settings (especially in deprived areas of the Borough) would offer easily accessible and non-discriminatory venues to our population when seeking advice and care and reduce reliance on costly hospital based services.

1.5 There is a lack of robust data on the demography of actual and potential service users by age, gender, ethnicity, disability, sexual orientation andexisting health conditions. There is a need to review existing services to ensure these services are equitable and address the needs of all groups.

1.6 Information about existing where existing services are located and exactly what they offer is not easily available and there is a need to provide robust marketing of these services.

1.7 A brief snap shot of the local epidemiology indicates key priority areas and groups;

- In 2012, the highest rates of STIs were seen in the 1st and 2nd most deprived areas of Barnet.

- 42% of all acute STIs in 2012 were seen among young people (15-24 years old).
- In 2012, there more acute STIs amongst people of white ethnic background had the highest rates (per 100,000 population) were amongst the black ethnic population of STIs.
- Individuals from black African background have the highest rates of HIV infection.
- The main route of HIV infection in Barnet is heterosexual exposure (sex between men and women 64%) with a further (29%) attributed to men who have sex with men (MSM).
- Between 2009 and 2011, 54% of HIV diagnoses were made at a late stage of infection. 59% of the heterosexuals and 40% of MSM were diagnosed late.
- Under 18 conception and abortion rates in Barnet have dropped significantly in the past few years. However, the total numbers of abortions are still relatively high in Barnet when compared to England as a whole.

2. REASONS FOR RECOMMENDATIONS

2.1 The number of new STIs went up slowly between 2010 and 2012 with a slight drop in 2013. On the other hand the GUM patient activity went up during this time. There is an urgent need to address the increasing cost of GUM services in secondary care. It is expected that the suggested recommendation of multi-Borough collaborative commissioning of GUM services will provide value for money for the council along with providing robust clinical risk management, data collection and analysis to inform commissioning.

2.2 Expanding the provision of sexual health and reproductive services in primary care and pharmacy settings (especially in deprived areas of the Borough) would offer easily accessible venues to our population when seeking advice and care along with addressing the over reliance on secondary care services. An easily accessible sexual health and reproductive service, closer to home, will encourage individuals to seek medical care promptly which will in turn minimise the risk of onward transmission of infections and unintentional pregnancies.

2.3 The needs of young people are different to adults. Young people require dedicated services which can address their concerns around access, confidentiality, child sexual exploitation and provide education on safe and healthy relationships. The existing services cover some aspects of these but there are limited school programmes beyond the investment made this year from Public Health budgets.

2.4 The epidemiology of HIV among Barnet residents is different to London in general. There are more cases of HIV infections among heterosexual females compared to heterosexual males and the main route of HIV infection in Barnet is heterosexual exposure. There is also a higher percentage of new HIV diagnosis among black or black ethnic groups, which is disproportionate to their actual population size in Barnet. Similarly the percentage of late HIV

diagnosis in Barnet is higher compared to London and England. In light of the above, we need to promote and encourage HIV testing among at risk population groups via easily accessible and opportunistic testing facilities in primary care, family planning and community settings.

2.5 Currently, there are gaps in accurate information on the demography of actual and potential service users by disability, ethnicity, sexual orientation and existing health conditions. Similarly, there is poor evidence of the the local populations preferences for service access. In order to better understand the needs of the local population and to identify how they are best met, it is essential to map and review all current sexual health services.

2.6 We plan tointroduce a local awareness and signposting campaign to provide reliable and consistent information about all available sexual health, family planning and contraceptive services in the Borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Continuation of the current GUM contract with no changes would be financially unsustainable in the medium to long run due to an epected rise in patient activity.

4. POST DECISION IMPLEMENTATION

4.1 The post decision implementation work will involve regular consultation, progress evaluation and risk assessments.

4.2 Barnet and Harrow joint Public Health service will work in collaboration with the West London Alliance (WLA) to develop proposals for the medium to long term commissioning of sexual health services.

4.3 The Public Health knowledge and intelligence team will provide mapping and identification of hotspot areas of the Borough for acute STIs and teenage pregnancies.

4.4 Barnet and Harrow joint Public Health service will work in collaboration with the clinical commissioning group and revise the existing GP contract for sexual health screening and family planning services. In addition, efforts would be made to identify and recuit a small number of additional GP surgeries in the hotspot areas of the Borough. As the service looks forward to the CCG assuming a co-commissioning role of primary care services, the Public Health team will explore the potential for a tripartite joint commissioning arrangement between Public Health, the CCG and NHS England.

4.5 Barnet and Harrow joint Public Health service will work in collaboration with the Public Health children's team to develop a sex and relationship education (SRE) programme for secondary schools.

4.6 Barnet and Harrow joint Public Health service will conduct a detailed review of the existing services and launch an awareness and signposting campaign in the Borough as per details in the recommendations.

4.7 Barnet and Harrow joint Public Health service will carry out an option appraisal for HIV testing for high risk populations in the Borough.

4.8 Governance and reporting structures are currently being developed.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The report supports two of the four themes of Barnet Health and Wellbeing Strategy 2012–2015.

- Awareness of them and to avoid them
- How we live
    - Easily accessible services for early diagnosis and prompt treatment of STIs (including HIV) to reduce the onward transmission of disease.
    - Better availability and choice of contraception to reduce unintentional pregnancies.

5.1.2 The report would be a significant contributor to the delivery of the following key priority outcomes of the Barnet Council's Corporate Plan 2014-15:

- To maintain a well-designed, attractive and accessible place with sustainable service infrastructure across the Borough.
- To create better life chances for children and young people across the Borough.
- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Delivery of open access sexual health and reproductive services is a mandatory responsibility of the Local Authority's Public Health team.

5.2.2 Around a third of the Public Health grant is currently spent on sexual health services. The largest element of spend relates to GUM services - approximately £3.1 million in 2014/15. These open access services are demand led and have seen growth in the region of 8% in recent years. The Public Health Team is proposing a collaborative commissioning arrangement across 20 London Boroughs (led by the Barnet and Harrow Public Health team). A collaborative commissioning approach is expected to deliver savings to compensate growth and the expansion in other sexual health services (including preventative services). It will also enable the costs of wider sexual health services to be managed within the overall Public Health ring fenced grant. The new service specifications are expected to be developed and consulted on in the next 12 months, followed by the re-commissioning of new services from 2017/18.

5.2.3 The unspent grant from 2013/14 is retained in an earmarked Public Health reserve and is available to offset any growth that cannot be contained within the annual grant levels.

5.2.4 The cost for Contraceptive and Sexual Health services (CaSH) services in relation to Family Planning is around £975,000 for Barnet in 2014/15. We have projected an overall saving of 1.4% in our future commissioning intentions (2015/20).

5.2.5 NHS England have recently confirmed that the Public Health grant for 2015/16 will be held at 2014/15 levels. This increases the importance of this strategy to minimise growth and reduce costs where possible (through innovative procurement programmes) to enable the delivery of a robust sexual health services in line with the Public Health Outcomes Framework.

5.3 **Legal and Constitutional References**

5.3.1 The Local Authority Authority's responsibilities for commissioning sexual health services are detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Regulation 6 requires Local Authorities to arrange for the provision of:-

• Open access sexual health services for everyone present in their area;
1) Covering free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and

2) Free contraception and reasonable access to all methods of contraception.

5.3.2 The terms of reference of the Health and Well-Being Board including promoting integration and partnership across areas, including promoting joined up commissioning plans across NHS, Social Care and Public Health.

5.3.3 The Local Authority, in respect of the services that it commissions from NHS providers, must have regard to the NHS Constitution in accordance with s2 Health Act 2009.

5.4 **Risk Management**

5.4.1 There is a financial risk associated with the escalating cost of mandatory open access, GUM services. The rise in cost of these services is directly linked with an increase in patient level activity. We have taken this risk into consideration and have added budgetary growth plus containment through collaborative commissioning of GUM services at a multi-Borough level. In addition, we are proposing the expansion of sexual health and reproductive services in primary care and community settings. These services will be procured at lower unit cost price than hospital based services and it is anticipated that their provision will also reduce the current demand on secondary care services.

5.5 **Equalities and Diversity**

5.5.1 Poor sexual health is much more common amongst people who already experience inequality associated with their age, gender, ethnicity, sexuality, or economic status.

5.5.2 The Council needs to comply with the Equality Act 2010 in the provision of Public Health services in the area. An initial equalities impact assessment has been carried out on the above recommendations. There is no indication of adverse effects to the local population and the recommendations are anticipated to bring more uniformity and improved access to the services for the wider community. Further EqIAs will be carried out at the implementation stages to ensure the equality and diversity of the proposals is maintained throughout the process.

5.6 **Consultation and Engagement**

5.6.1 Barnet Healthwatch team has been consulted for their input on the strategic recommendations and they have not identified any concerns. We plan to work in collaboration with them in holding wider consultations with the relevant population groups at the implementation stage.

5.6.2 The Public Health team is also seeking feedback from colleagues in clinical commissioning groups (CCGs) as part of stakeholder consultation.

6. BACKGROUND PAPERS

6.1 Draft Sexual Health Strategy for Barnet 2015-2020 (available on request from the Public Health team on 0208 359 3974

6.2 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013; www.legislation.gov.uk/uksi/2013/351/contents/made

6.3 HM Government 2011 – Healthy Lives, Healthy People: Update and way forward https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf

6.4 Department of Health. A Framework for Sexual Health Improvement in England. March 2013 (available at) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

6.5 Public Health Outcome Framework 2013: Department of Health - Improving outcomes and supporting transparency (available at) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf

6.6 Department of Health (2013): Commissioning Sexual Health services and interventions (available at) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf

6.7 Public Health England (2014) Making it work- A guide to whole system commissioning for sexual health, reproductive health and HIV https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351123/Making_it_work_FINAL_full_report.pdf

6.8 Public Health England - Sexually Transmitted Infections Annual Data – STI diagnoses and rates in England by gender, 2004 to 2013 https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

6.9 Public Health England - Sexually Transmitted Infections Annual Data - STI diagnoses & rates by local area, 2009 – 2013 https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

6.10 British HIV Association (BHIVA 2008): UK National Guidelines for HIV Testing 2008 (available at) http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf

6.11 British Association of Sexual Health and HIV (BASHH) 2014 – Standards for management of sexually transmitted infections (available at) http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf

6.12 Public Health England (2014) Opportunistic Chlamydia Screening of Young Adults in England - An Evidence Summary (available at) http://www.chlamydiascreening.nhs.uk/ps/resources/evidence/Opportunistic%20Chlamydia%20Screening_Evidence%20Summary_April%202014.pdf

6.13 Public Health England 2014 – Sexual and Reproductive Health Profiles (available at) http://www.phoutcomes.info/profile/sexualhealth/data#gid/8000035/pat/6/ati/102/page/4/par/E12000007/are/E09000003

6.14 Health and Social Care Information Centre NHS Contraceptive Services: England, 2012/13 (available at) http://www.hscic.gov.uk/catalogue/PUB12548/nhs-cont-serv-comm-cont-clin-eng-12-13-rep.pdf

6.15 National Institute of Clinical Excellence (NICE 2003) - Evidence briefing-Teenage pregnancy and parenthood: a review of reviews (available at) http://www.nice.org.uk/niceMedia/documents/teenpreg_evidence_briefing.pdf

6.16 National Institute for Health and Clinical Excellence (NICE 2005) - National cost-impact report: Implementing the NICE clinical guideline on long-acting reversible contraception. http://www.nice.org.uk/guidance/cg30/resources/longacting-reversible-contraception-cost-impact-report2

6.17 Faculty of Sexual and Reproductive Healthcare (2014) - Quality Standards for Contraceptive Services (available at) http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf

6.18 Faculty of Sexual and Reproductive Healthcare (2011) - Service Standards for Sexual and Reproductive Healthcare (available at) http://www.fsrh.org/pdfs/ServiceStandardsIntroduction.pdf

6.19 Royal College for Obstetrics and Gynaecologists (2011): The Care of Women Requesting Induced Abortion: Summary Evidence-based Clinical Guideline Number 7 (available at) http://www.rcog.org.uk/files/rcog-corp/Abortion_Guideline_Summary.pdf

6.20 Department for Children, Schools and Families and Department of Health (2010). Teenage Pregnancy Strategy: Beyond 2010 (available at) https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

6.21 Department for Children, Schools and Families (2010) Young People in London: Abortion and Repeat Abortion (available at) https://www.bpas.org/js/filemanager/files/tpyoungpeopleinlondonabortionandrepeatabortion.pdf

6.22 Public Health England (2013) HIV in the United Kingdom: Report (available at) https://www.gov.uk/government/publications/hiv-in-the-united-kingdom

6.23 Public Health England (2014) Addressing Late HIV Diagnosis through Screening and Testing: An Evidence Summary (available at) http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141126407

6.24 Future commissioning of HIV prevention services in London (2013) - HIV Prevention Needs Assessment for London (available at) www.londoncouncils/hivprevention

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AGENDA ITEM 10

	Health and Well-Being Board **13th November**
Title	Pharmaceutical Needs Assessment update
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1- PNA letter Barnet HWB Appendix 2- Approach to address discrepancies in opening hours that arise through PNA Appendix 3- Report template approved by PNASG
Officer Contact Details	Carole Furlong, Consultant in Public Health Carole.furlong@harrow.gov.uk

Summary

This report sets out the current state of play of the Pharmaceutical Needs Assessment (PNA). It highlights a problem that has arisen in the data supplied by NHS England and proposes a pragmatic solution that, should the data issues be resolved before the end of October, will enable the full 60 day consultation period to take place and the report be published before the deadline date of 1 April 2015 and prior to the election purdah period.

However, whilst we are actively working with NHS England to resolve this issue for Barnet, there is a significant risk that the process will be delayed to the extent that it is not possible to publish a final PNA by the 1 April 2015.

Recommendations

1. **That authority to sign of the consultation draft of the PNA be delegated to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board**
2. **That Health and Wellbeing Board (HWB) seeks assurance from NHSE that they accept responsibility for resolving the issues outlined in this paper by 17 November so that the PNA Consultation can begin on 16 December in order for Barnet to be compliant with the regulations by 1 April 2015.**

1. WHY THIS REPORT IS NEEDED

1.1. A significant issue has arisen which has temporarily halted the development of the PNA for Barnet and this has implications for the overall PNA timeline.

1.2. The issue has arisen as part of the data validation process and has highlighted that there are several significant discrepancies between the opening hours reported by Barnet Pharmacies in the Community Pharmacy Questionnaire and the opening hours recorded on the NHS Pharmaceutical list which is held and managed by NHS England.

1.3. Under the Regulations, a pharmacy must open for a minimum of 40 “core” contractual hours unless it was granted a contract under the “100 hour exemption” or NHS England has granted a new application on the basis of more than 40 core hours under the market entry system. Additional hours, over and above core hours, are termed “supplementary” hours. A pharmacy may not amend its core hours without permission from NHS England; but it is entitled to provide NHS England with 90 days’ notice if it wishes to change its supplementary hours. Taking this into account, NHS England has advised that Health and Wellbeing Boards must have regard for the pharmaceutical lists and not rely on hours reported in community pharmacy questionnaires.

1.4. However, in Barnet we have identified discrepancies for 68 pharmacies, out of a total of 78 pharmacies (noting that one pharmacy has indicated that it does not intend to return its questionnaire and it is not possible to validate opening hours).

1.5. We have asked the NHS England LAT to urgently review the pharmaceutical list for Barnet given the number of inaccuracies as we do not believe that this can be relied on at all for the PNA. We are waiting for NHS England to advise us when they will review and resolve the issues we have identified.

1.6. They are trying to track back to the transition information which came through from Barnet PCT (or from NCL shared service) to see if this information can

resolve the inaccuracies. They are hoping to get this sorted by week ending 31 October and we will then be able to make an assessment of how many pharmacies have changed their core hours.

1.7. If it transpires that the inaccuracies arose at transition, NHS England will need to take a view on how to proceed. It may be that they will revert to using pharmacy reported opening hours and as we have now had a response from all but one pharmacy on the questionnaire, this may be a viable option for them. This is the best outcome we can hope for as it would allow us to proceed with the analysis.

1.8. In the interim period, the decision was taken to halt the PNA development process so as to minimise the risk of having to undertake considerable re-work which would potentially pose a cost pressure to the Health and Wellbeing Board. At this point in time, it is not clear when we will be able to restart the PNA development process for Barnet.

1.9. We have indicated to NHS England that there is a very high risk that the PNA will be published late if we do not resolve this promptly (the intention is to keep them focused on this being a priority to sort out)

1.10. With respect to implications for the overall PNA timeline, it is now not possible for a draft PNA for consultation to be presented to the Barnet HWB meeting on the 13 November 2014, for sign off as planned. Furthermore, it is not an option to defer the signing off of the draft PNA until the HWB on the 29 January 2015 because this does not leave sufficient time to undertake the 60 day consultation, consider the feedback and prepare a final PNA for publication by the 1 April 2015 (the date which is specified within the Regulations). It is also likely that the consultation would not finish prior to the general election purdah period and so it would have to be delayed until mid May.

1.11. However, whilst we are actively working with NHS England to resolve this issue for Barnet, there is a significant risk that the process will be delayed to the extent that it is not possible to publish a final PNA by the 1 April 2015.

2. REASONS FOR RECOMMENDATIONS

2.1. If the NHS England data issues are resolved, it may be still be possible to meet the April 2015 deadline for the publication of the PNA. To achieve this, a pragmatic solution is needed to minimise the time take before the consultation draft can be published.

2.2. The Board are asked to delegate sign off of the consultation draft of the PNA to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board; the HWB minutes will need to explicitly show that this responsibility has been formally delegated to the DPH. Under this option, all members of the HWB will be invited to consider and submit comments on the

draft PNA as part of the formal consultation. The format of the report has been approved by the PNA steering group and is attached for information.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1. Option 2: Schedule an 'extraordinary meeting' of the HWB for the purposes of signing off the draft PNA

3.2. For both above, the HWB will be required to sign off the final PNA, hopefully at the HWB meeting on the 12 March 2015.

4. POST DECISION IMPLEMENTATION

4.1. The HWB will be informed when the consultation draft is approved and a confirmation of the date on which the report will be submitted to the HWB for final sign off will be agreed.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1 The PNA will align with the strategies and commissioning intentions of partner organisations in particular the 2012-15 Health and Wellbeing Strategy's twin overarching aims (Keeping Well; and Keeping Independent); the Barnet Council Corporate Plan, the Barnet Core Strategy; Barnet Housing strategy 2015-25; the Growth and Regeneration Programme and Barnet CCG's strategic plans.

5.2. Resources

5.2.1 If the data issues can be resolved and the HWB agrees that the DPH and Chair can sign off the consultation draft, there should be no financial implications.

5.2.2 However, if the data issues are not resolved, the approach to the PNA will need to be agreed. A continuation of the analysis using the current NHSE data may result in the need to undertake a further PNA in the following year. This will have a financial cost in the region of £30k - £50k.

5.3 Legal and Constitutional References

5.3.1 The Health and Wellbeing Board has a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of NHS Act 2006, as amended by the Health and Social Care Act 2012.

5.3.2 The Council's Constitution (Annexe B) sets out the authority delegated to Officers. The Scheme of Authority Delegated to the Director of Public Health are set out here. Terms of reference of Health and Well Being Board - No. 3 - 'To work together to ensure the best fit between available resources to meet

the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.'

5.4 Risk Management

5.4.1 If the data cannot be agreed with NHS England by early November, the analysis will be delayed and the report will not be published by the expected date of 1 April 2015. This will put the HWB in breach of the Health and Social care act 2012.

5.4.2 To mitigate this risk, analysis based on NHSE held data is possible and could be started immediately. However, the scale of the changes that are likely to occur within 2015 as a result of the applications from existing pharmacies to change their core and/or supplementary hours would almost certainly mean that a new PNA would be needed in early 2016. No budget has been allocated for this until 2017.

5.5 Equalities and Diversity

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

5.5.3 The purpose of any needs assessment, including the PNA, is to look at current and predicted future need for a particular service or group of patients. The purpose of the PNA is to report on the need for access to pharmaceutical services so that NHS England can approve or reject applications for additions to the pharmaceutical list. By its nature, the PNA will consider equalities in access to pharmaceutical services.

5.6 Consultation and Engagement

5.6.1 A 60 day consultation is planned. It is not possible to say at this stage what the dates of the consultation will be as this will be dependent on the resolution of the data issues.

6 BACKGROUND PAPERS

None

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Telephone Number – 020 3182 4996

22nd October 2014

Carole Furlong
Consultant in Public Health
Barnet
Health & Wellbeing Board

Dear Ms Furlong

NHS England, London Region is aware that most Health and Wellbeing Boards (HWB) across London are now well advanced in developing their first Pharmaceutical Needs Assessments (PNAs) in time for publication by 1st April 2015. When developing their PNA, the HWB will undertake a consultation with a range of stakeholders.

To enable NHS England to discharge its statutory functions in relation to considering pharmacy applications, it is important that Pharmaceutical Needs Assessments fully comply with regulatory requirements. Where the PNA is robust, it reduces the risk of a judicial review against the relevant HWB.

Based on its response to one formal consultation, its review of a number of other draft PNAs and feedback from team members involved in producing drafts, NHS England London Region has produced a list of top tips to share with for developing PNAs. Please find attached this document, which it is hoped that HWBs will find both useful when drafting their PNAs and in reducing the need for changes to the PNA at a later stage, following receipt of consultation responses.

One key issue that virtually all HWB's have discovered is that there are significant discrepancies in the information on opening hours that community pharmacies have provided directly to them compared to the information held by NHS England. Whilst this point is covered in the attached "Top Tips" paper, I have also attached a second paper that sets out NHS England London Region's pragmatic approach to dealing with such discrepancies. This has been approved following discussion with several teams that are supporting HWB's with their PNAs.

I should be grateful if you could arrange to cascade these papers to the relevant staff involved in developing your PNA.

Yours sincerely

David Sturgeon
Head of Primary Care, South London Area Team &
Lead for Market Entry for London

Approach to address discrepancies in supplementary and core hours between draft Pharmaceutical Needs Assessments and that held by NHS England Pharmaceutical Lists

Background

NHS England is responsible for maintaining and publishing the Pharmaceutical Lists, which includes information on the core and supplementary opening hours for each premise on the lists. For any changes to the core hours, the contractor must make an application, setting out the changes to the needs of people in the area of the Health and Well-Being Board (HWB), or other likely users of the premises, for pharmaceutical services that have led to their application. This application is to be considered by the Pharmaceutical services Regulations Committee (PSRC). For any changes to supplementary hours, the contractor must notify NHS England of the changes giving at least three months' notice. If the notice period for change of supplementary hours is less than ninety days, the contractor must set out their reasons for NHS England to consider whether it can agree to a shorter notice period. This is also considered by the PSRC.

Key Issue

As part of the process for Pharmaceutical Needs Assessments (PNAs), HWBs are likely to send a questionnaire to community pharmacy contractors which will include a question relating to their current core and supplementary hours. Where this has occurred, a large number of discrepancies have been identified between this information and the information on the Pharmaceutical Lists. This presents a problem for the HWB in terms of what information they base their assessment on, and potentially for NHS England if the PNA is based on information different to what it holds. This could result in an assessment that is fundamentally flawed.

Agreed Approach

1. HWBs are asked to compare the information they receive from any questionnaire against that provided by NHS England, and identify any discrepancies to the hours that the contractor actually opens when compared with the Pharmaceutical List.

2. Where the discrepancy relates to supplementary hours, the PSRC will accept this as notification of change to supplementary hours. This would normally be done as part of the report on the formal PNA consultation. The relevant Area Team would then notify the contractor so that there is an audit trail of this change.

3. Where the discrepancy relates to core hours, the relevant Area Team will follow this up with the contractor to either supply the confirmation of authority to change these core hours or to make an application as set out in the regulations. Until such an application is approved, the pharmacy will be required to open the core hours that are on the NHS England Pharmaceutical List.

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Approved at NHS England London Region Pharmaceutical services Regulations Committee 15th October 2014

HARROW LOGO/BARNET LOGO as appropriate

Pharmaceutical Needs Assessment Document

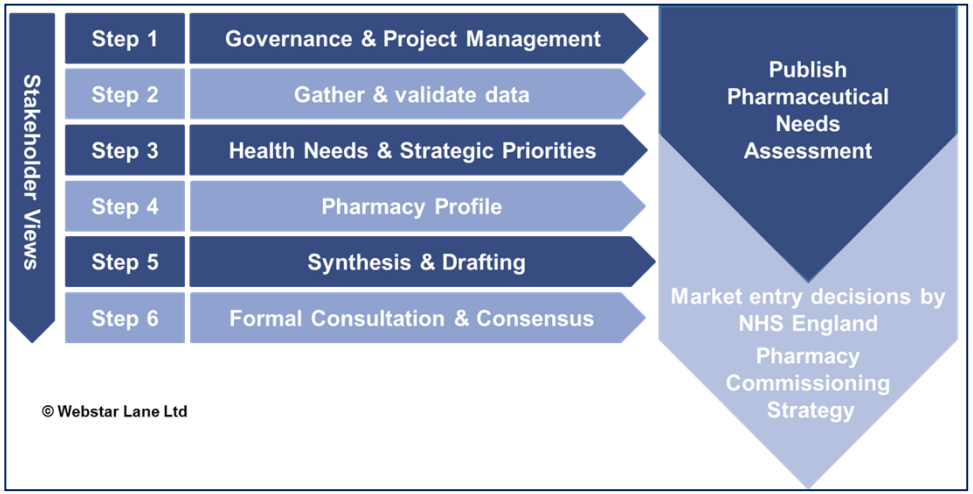
Template agreed by PNA Steering group

Introduction & Background

- Background - Why a PNA is needed
- Duty of the HWB
- Process followed in developing the PNA
  - Governance
  - Summarise the methodology
- Scope – see next slide

Introduction & Background

Overview of Approach



	Activity
Step 1 Governance & Project management	
Step 2 Gather and validate data	
Step 3 Health Needs & strategic priorities	
Step 4 Pharmacy profile	
Step 5 Synthesis & assessment	
Step 6 Formal consultation	

Step by step summary

Scope

<table>
<tr><th colspan="4">Included in the pharmaceutical list</th></tr>
<tr><td>Pharmacy Contractors
“Community Pharmacists”</td><td>Local Pharmaceutical Services Contractors
Local contract, commissioned by NHSE, to provide LP Services . Not applicable in all areas</td><td>Dispensing Appliance Contractors
Provide appliances but not medicines; not applicable in all areas</td><td>Dispensing Doctors
Not applicable in all areas</td></tr>
<tr><th colspan="2">Pharmaceutical Services
(as defined by the Regs)</th><th colspan="2">Other services
(commissioned or which affect the need for pharmaceutical services</th></tr>
<tr><td colspan="2">Essential Services</td><td colspan="2">Public Health Commissioned
• E.g. needle exchange, chlamydia screening, stop smoking, supervised administration, EHC etc
• If commissioned by NHSE on behalf of PH then these should be treated as enhanced services</td></tr>
<tr><td colspan="2">Advanced Services
Subject to accreditation and optional
Medicines use reviews (MURs), New Medicines Service (NMS), Appliance Use Reviews (AURs), Stoma Appliance Customisation Services (SACS)</td><td colspan="2">CCG Commissioned
• Clarify if CCG commissions any services from pharmacy
• Clarify if any services affect need for pharmaceutical services e.g. UCC, WICs etc.</td></tr>
<tr><td colspan="2" rowspan="2">Enhanced services
Locally commissioned from specific community pharmacies, by NHS England</td><td colspan="2">NHS Trusts or FTs (Acute, MH, Community)
• Consider if any services are commissioned
• Consider which services influence need for pharmaceutical services</td></tr>
<tr><td colspan="2">Prisons
If applicable, consider how pharmacy services are provided</td></tr>
</table>

Context for the PNA

- **Describe Barnet / Harrow**
  - Facts about the area / population
  - Provider landscape
  - Localities which will be used for the PNA & why
  - Borders with neighbouring HWBs
  - ONS Comparator Group
- **Demography**
  - Population
  - Deprivation
  - Ethnicity
  - Religion
  - Disability
- **Health Needs based on JSNA**
  - Life expectancy & inequalities
  - Lifestyle issues
  - Disease areas which have greatest impact upon morbidity & mortality
- **Health Services Strategy** - *relevant to pharmaceutical services*
  - NHS England
  - JHWS
  - CCG Commissioning strategy
  - Other relevant strategies e.g. town planning, crime & disorder etc

What this means for the Assessment

For each sub-heading

- Summarise the relevance for pharmaceutical services
- Statement on the implication for pharmaceutical services

E.g. **Ethnicity**

There is a correlation between health inequalities and the levels of diversity within the population.

BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.

Pharmaceutical services need to reflect the specific needs of the BAME populations as well as providing a broad range of services to the entire population.

In addition, the diversity of spoken languages potentially presents challenges for the delivery of pharmaceutical services, particularly with respect to the effective communication of health promotion messages and lifestyle advice.

The Assessment
High Level Overview of Pharmaceutical Providers

- **Pharmaceutical providers on list**
  - Community pharmacies – *include 100 hour, internet/mail order etc.*
  - LPS Pharmacies – *if any*
  - Appliance Contractors – *if any*
- **Benchmarking**
  - Barnet / Harrow versus ONS comparators, Regional, England averages
- **Distribution**
  - Pharmaceutical Providers by locality & ward
  - Link with deprivation
  - Review opening hours
  - Map of pharmaceutical providers (in relation to GP Surgeries)

Conclusions on distribution

Summarise key findings including

- *How Barnet / Harrow compares with benchmarked areas in terms of pharmacy provision*
- *Spread of pharmacies within localities*
- *Comment on impact of opening hours on distribution (e.g. extended hours, weekends) & choice*
- *Identify current gaps and potential future gaps*

The Assessment

Service by Service Review – Pharmaceutical Services

- **Adopt similar approach for all pharmaceutical services i.e.**
  - Essential services
  - Advanced services - mocked up example
  - Enhanced services
- **Describe service(s)**
- **Benchmarking –** *where available*
  - Barnet / Harrow versus ONS comparators, Regional, England averages
- **Explore specifics e.g.**
  - Distribution of providers using map to illustrate (include non-pharmacy providers & out of area providers, where applicable)
  - Access during normal working hours & extended hours/weekends
  - Choice (and impact of hours on this)
  - Needs of those with protected characteristics and how these are (or aren't met)
  - Identify gaps – current & future
  - Describe future plans (if any) for the service

Conclusions

Summarise key findings including

- *Why the service is valuable and contribution to improving outcomes (PH, NHS or social care)*
- *State if service is **necessary or relevant** and reason why*
- *Comment on **current gaps**, when they occur [and how these could be addressed*]*
- *Comment on potential **future gaps**, and the circumstances under which these should be addressed*
- *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*

* *NB NHS England is the commissioner of Pharmaceutical services therefore need test conclusions regarding addressing gaps via formal consultation OR leave open*

Advanced Services
Medicines Use Review and Prescription Intervention Services

Overview

The Medicines Use Reviews (MURs) and Prescription Intervention service consists of structured reviews for patients taking multiple medicines.

The services are intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste.

To provide the service, the pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the MURs must be accredited to do so.

A pharmacy may:

- Only offer an MUR to a patient who has been using the pharmacy for 3 months (this is known as the '3 month rule')
- Undertake up to 400 MURs per annum. At least 50% of the MURs must be directed at the nationally defined target groups:
- People taking a high risk medicine (NSAIDs, anti-coagulants, anti-platelets, diuretics)
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines

Our assessment of MURs has taken into account the following:

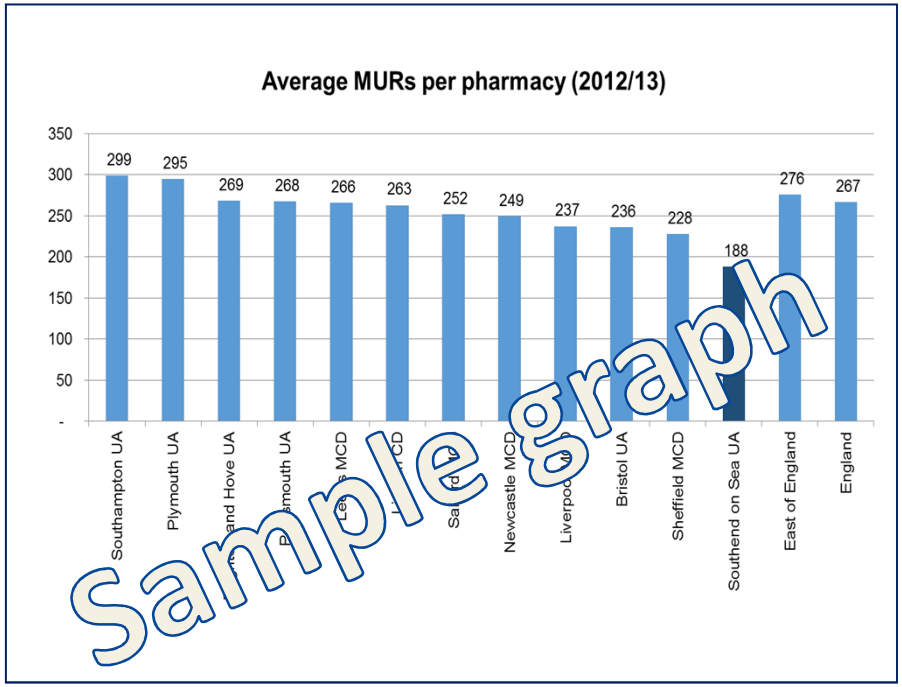
- MUR provision in Harrow / Barnet compared with our ONS Peers(Graph XX)
- Service provision summarised by locality and ward (table XX)
- Access during extended hours
- The demographics and health needs of our population
- The specific needs of those with protected characteristics

The Evidence Base

The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies:

- Benefit 1
- Benefit 2

Link to NHS, PH [and social care] outcome framework]



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Advanced Services
Medicines Use Review and Prescription Intervention Services

Service Provision by Locality and Ward

Locality	Ward	Number of Pharmacies Offering the Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 6pm	7pm or later	8am or earlier	9am – 1.30pm	5pm or later	7pm or later		
Locality 1	Ward 1									
	Ward 2									
Locality 2	Ward 3									
	Ward 4									
Locality 3	Ward 5									

Sample Table & times

Advanced Services
Medicines Use Review and Prescription Intervention Services

Meeting the Needs of those with a protected characteristic		
Age	✓	Older people, on multiple medications for long term conditions are likely to require MURs
Disability	✓	MURs help to assess & provide support e.g. large print labels, Monitored Dosage systems
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs help pregnant or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

Further Provision

We believe that all our residents should be able to access MUR services.

State how this will be addressed

The Future

Summarise future considerations here e.g.

- Ageing population
- Strategic priorities which may increase need for service
- Comment on capacity etc.

Conclusions

Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:

- People with long term conditions with multiple medicines benefit from regular reviews (ref…)
- It is estimated that up to 20% of all hospital admissions are medicines related and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose) of using a prescribed medicine

MURs support the delivery of the strategic aims set out in section XX particularly with respect to [pick all which apply]:

- Reducing avoidable admissions for older people
- The focus on prevention, early diagnosis and treatment of long term conditions
- Helping to prevent medication related falls

Given the benefits MURs and the alignment with local strategic priorities we have concluded that this service is necessary to meet the pharmaceutical needs of our population.

With respect to service provision we have identified the following [potential] gaps: [pick all which apply]

- The average number of MURs per pharmacy is below the maximum number which may be undertaken in any given year
- X pharmacies do not offer MUR services. Of these Y do not have a consultation area and do not meet the criteria for providing MURs
- Access is limited at certain times of day: [summarise below; example text only]
  - Locality A no pharmacies are open on Sunday to provide MURs
  - Locality B no pharmacies offer MURs on Saturday afternoons and only one opens on Sunday

These gaps are significant because patients cannot choose to access MURs from another pharmacy because of the 3 month rule.

The Assessment

Services which Affect the Need for Pharmaceutical Services

A. Services commissioned from pharmacy
– adopt a similar approach for all services

- **Describe service**
  - State who commissions the service (PH, CCG, Other e.g. FT etc.)
  - No. of pharmacy providers
  - Non pharmacy providers service providers e.g. other contractor professions; other NHS services; 3rd sector
- **Explore specifics e.g.**
  - Distribution of providers (include non-pharmacy providers & out of area providers, where applicable) using map to illustrate
  - Access during normal working hours & extended hours/weekends
  - Choice (and impact of hours on this)
  - Needs of those with protected characteristics and how these are (or aren't met)
  - Identify gaps – current & future
  - Describe future plans (if any) for the service

Conclusions

Summarise key findings including

- *Why the service is valuable and contribution to improving outcomes (PH, NHS or social care)*
- *State if service is **necessary or relevant** and reason why**
- *Comment on **current gaps**, when they occur and how these could be addressed*
- *Comment on potential **future gaps**, and the circumstances under which these should be addressed*
- *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*

* *NB Not a requirement to assess locally commissioned services. However, given that these services affect the need for pharmaceutical services it makes sense to do so*

The Assessment

Services which Affect the Need for Pharmaceutical Services

B. Other Services which are reliant upon pharmaceutical services

- **Describe services and why they are reliant upon pharmaceutical services e.g.** *(illustrative only)*
  - Urgent care centre, open extended hours & issues FP10 prescriptions for non-stock medicines
  - Integrated care service for older people requires medicines use reviews and new medicines service
  - New community ophthalmology service issues FP10s
- **Explore extent to which pharmaceutical services meet needs e.g.**
  - Opening hours of pharmacies in relation to UCC (including out of area providers)
  - Pharmacies which don't provide MURs & NMS
  - Document gaps

Conclusions

For each 'other service described' Summarise key findings including

- *Why the service is reliant upon pharmaceutical services*
- *Does this represent a need for pharmaceutical services or do pharmaceutical services provide a mechanism to improve access (i.e. are there other potential providers?)*
- *Comment on current gaps, when they occur and how these could be addressed*
- *Consider whether further provision of services could secure improvements or better access e.g. through enhancing choice*

The Assessment
The Future

- **Describe factors affecting future need services** *[i.e. those not considered in preceding sections & may include]:*
  - Changes in NHS Policy e.g. 7 day service for GPs
  - Planned service redesign
  - Population changes due to residential or business changes
  - Consistency and equity of service provision with neighbouring HWB areas
  - Strategic decision to commission more services from pharmacy
    - *Align with health needs, existing JHWS, CCG and other strategic priorities*
    - *Assess evidence for pharmacy delivered service*
    - *Relate to NHS, PH and Social care outcomes framework*

Conclusions

Summarise key findings including

- *Summarise impact of factors*
- *Summarise circumstances which will influence commissioning of pharmaceutical services and other services*
- *Describe other specific requirements for pharmacy services in the future e.g.*
  - *Pharmacy opening hours should align with GP and other services in the area (and ideally these will be core hours for the pharmacy)*
  - *Pharmacy must be prepared to provide the full range of advanced and enhanced services etc*
  - *Pharmacy must be prepared to provide other locally commissioned services (need to consider how this can be 'mandated')*

The Assessment Conclusions

Current Need	**Future Need**
Improvements or Better Access	**Future improvements or Better Access**

AGENDA ITEM 11

	Health and Well-Being Board **13th November 2014**
Title	**Disabled Children's Charter for Health and Well-Being Boards**
Report of	Director of Children's Services
Wards	All
Date added to Forward Plan	November 2013
Status	Public
Enclosures	Appendix 1 - The Commitments of the Disabled Children's Charter for Health and Well-Being Boards
Officer Contact Details	Claire.mundle@barnet.gov.uk 0208 359 3478 James.mass@barnet.gov.uk 0208 359 4610

Summary

This report updates the Health and Well-Being Board on progress that has been made to meet the Disabled Children's Charter commitments over the past 12 months. The Board is asked to approve the contents of the report, which will form the basis of evidence submitted to Every Disabled Child Matters to demonstrate that Barnet has met the Commitments of the Charter. The Board is asked to consider how they will continue to monitor implementation of the Charter's Commitments in future years.

Recommendations

1. **That the Health and Well-Being Board agrees that the contents of this report provides sufficient evidence that Barnet has met the commitments of the Disabled Children's Charter**
2. **That the Health and Well-Being Board considers how they will continue to monitor implementation of the Charter's Commitments in future years.**

1. WHY THIS REPORT IS NEEDED

1.1 In April 2013, Every Disabled Child Matters (EDCM) replaced the Local Authority Disabled Children's Charter with the Disabled Children's Charter for Health and Well-Being Boards. This Charter seeks to support Health and Well-Being Boards to meet the needs of all children and young people who have disabilities, special educational needs (SEN) or other health conditions, along with their families and carers. Full details of the Charter are available online at: http://www.edcm.org.uk/campaigns-and-policy/health/health-andwellbeing-board

1.2 To date, 40 Health and Well-Being Boards across the Country have signed up to the Charter. Barnet Health and Well-Being Board signed up to the Charter on the 21st November 2013. The other London Boroughs that have signed up so far are Sutton, Merton, Lewisham, Tower Hamlets, and Greenwich.

1.3 This report summarises the evidence of work completed in Barnet to meet the Commitments of the Charter over the last 12 months, which will form the basis of the evidence submission to Every Disabled Child Matters (EDCM). The commitments of the Charter are set out in turn below, alongside a summary of the local action in Barnet taken to meet each of these commitments.

1.4 **Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs**

1.5 **Evidence of commitment in Barnet:**

1.6 Barnet has worked hard to ensure it now has robust data on disabled children to inform the update of the JSNA/ Health and Well-Being Strategy in 2015. The main pieces of work taking place are set out below.

1.7 Preparing to meet future needs – comprehensive needs analysis

A detailed piece of work has been completed to ensure that Barnet is able to meet the rising severe and complex needs in young people in Barnet, particularly on the autism spectrum (ASD), behavioural, emotional and social difficulties (BESD) and speech language and communication difficulties (SLCN). This is called "Preparing to meet Future Needs", and the overall aim of the project is to produce a business case which sets out the options for meeting expected demand and addressing gaps in provision. The project has undertaken a comprehensive needs analysis for those requiring SEN provision up to the age of 25, which is being used to inform a review of current service provision, and forecast gaps in provision relating to data on current and future need.

The project has developed a data repository populated with the following statistics / information:

- Pre-school: Up to five years (minimum of three years) of historical data indicating the needs of children referred to 'Intake' meetings because of actual or likely special educational needs and/or disabilities
- 4-19: Up to ten years of historical data indicating the number of children and young people with statements of SEN by DfE category
- The number of children and young people with statements of SEN for the past ten years and a comparison with statistical neighbours
- A comparison of data in 2. above with statistical neighbours
- Projected demand for post-16 placements in FE and independent specialist providers
- Projected demand for educational provision for young people aged19 - 25 years

The project has produced an initial report which has identified an outline option for the development of specialist places to meet future needs and the capital implications were reported to Barnet Council's Children, Education, Libraries and Safeguarding Committee on 15th September 2014. The outline revenue implications were reported to the Schools Forum on 9th October and a fuller report will be submitted to the Schools Forum in December 2014.

1.8 Short breaks needs assessment

Children's Services have also completed a detailed Short Breaks Needs Assessment, which has provided updated and comprehensive data on children with autism and learning disabilities, and also those children with the most complex health needs.

This needs assessment has informed a commissioning strategy that was agreed at LBB's Children, Education, Libraries and Safeguarding Committee in July 2014.

Following approval of the Strategy, a tender exercise on short breaks has been initiated (currently live – October 2014), which is seeking to find and mobilise new providers by April 2015, who will be best placed to meet the needs of disabled children and young people in Barnet. The needs assessment formed the foundations of the case for re-tendering the short breaks offer so as to increase the range of providers and services offered, thereby improving the provision available in the borough.

1.9 Specialist research

The Council commissioned a research project to review local and national demographic and likely future challenges for service provision to children & young people with disabilities and their families. This included in depth work with a group of eight families to provide insights into the service user experience and support the design of new ways of working. The work is informing the development of a 0-25 model for children with special educational needs and disabilities and their families (see Section 1.33).

1.10 Children and Maternal Health Intelligence Network reports

The public health team have produced reports using data from the Children and Maternal Health Intelligence Network, including the JSNA update on

Children and Young People in early 2014. The network organises its research and analysis into various strands and a disability hub brings together a range of resources relating to the commissioning and delivery of services for children and young people with disabilities.

1.11 Joint Strategic Needs Assessment (JSNA) update
The sets of data mentioned above will be reviewed by the JSNA Programme Board, on which the Director of Children's Services, Healthwatch and the CCG will sit, to support the JSNA update in 2015.

1.12 **Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board**

1.13 **Evidence of commitment in Barnet:**

1.14 Children's Trust Board Summits
The Children's Trust Board will begin to meet for one or two half day conference sessions per year to review progress on the Children and Young People's Plan and to update priorities and targets for subsequent years. These will be attended by senior officers from all statutory organisations together with representatives from Youth Board; CommUNITY Barnet and parent representatives. These will include sessions involving children and young people, and provide an opportunity to mirror the successful Partnership Summits held for adult care groups in Barnet.

1.15 Specific consultation with disabled children
There is significant evidence of engagement with disabled young people on specific issues. Young people with disabilities have participated in the following consultations or processes in the 2013/14 financial year:

- Consultation on the Local Offer for Children and Young People with Special Educational Needs
- Consultation on CAMHS needs assessment and re-commissioning
- Consultation on the Short Breaks offer (this included parent/carer engagement)
- Interviews for the Barnet Children's/Adult Safeguarding Board Joint Chair
- Consultation on the School Nurse and Health visiting Review
- Consultation on Psychological Therapies for young people (CYP IAPT programme)
- Fair Play Barnet Youth Group were consulted by Healthwatch in order to produce their children and young people's report for the Health and Well-Being Board in June 2014
- Youth Parliament members have also recently been invited to join the CCG Patient Reference Group – which they have accepted and aim to represent the views and needs of all young people in Barnet at those meeting.
- The most recent consultation that was discussed with young people is the Family Services Consultation and in November young people including

those with disabilities will be involved in the Community Safety Strategy Consultation.

- The Council will also be planning for young people with disabilities to be involved in the annual council wide consultations for residents – dates will be January and February 2015.
- The Children's Health Commissioner informed the Voice of the Child strategy group that there will be upcoming health/CAMHS consultations with children and young people, and young people will be invited to participate once the timescales are confirmed.

1.16 On-going consultation with disabled children

The "Preparing to Meet Future Needs" programme is ensuring that children and young people and parent / carers' views are integral to the planning of new SEN provision, and is also committed to ensuring that key stakeholders can inform the options for meeting future need in Barnet. The following service users are being engaged as part of this programme of work:

- Barnet SENDias
- Parent/carer forum
- Parent reference group
- Fair Play Barnet Youth Group
- Engagement through schools
- LBB Youth Voice Forums (Barnet Youth Parliament, Barnet Young Leaders, Role Model Army, Barnet Youth Board, Youth Shield (junior safeguarding board supported by Community Barnet))

A programme of engagement with both disabled young people and their families and carers has also been developed, which is central to the successful planning ahead of implementing the SEND reforms of the Children and Families Act 2014. The theme of co-production with services users is at the heart of the reforms, and teams have been completed engagement work throughout the planning process, including working with the parent reference group, holding conferences and focus groups, producing information leaflets and putting information on the website to help disabled children and their parents understand the changes that are coming into effect.

1.17 Voice of the Child & Participation Strategy

More generally, involving young people with disabilities in meaningful decision making and participation continues to be an area of improvement as identified in the Council's Voice of the Child & Participation Strategy – which has recently been updated. One of the developments in the strategy includes enhancing engagement for young people with disabilities by gaining access through participation and inclusive programmes for disabled young people at Finchley Youth Theatre – led by the Youth & Community team. Once activities are over, young people can be invited to participate in relevant consultation activities (consent would be sought in advance). This means young people can engage in familiar spaces and within an environment they trust.

The new Voice of the Child Strategy Action Plan now includes the recommendations set out below about improving engagement between the Health and Well-Being Board and disabled children and young people, and the

Voice of the Child Co-ordinator will plan how these will be taken forward (including timelines) and involve relevant partners. The Action Plan will be published shortly but will remain a live document on the Barnet website which will be updated as things progress, so that all partners can keep abreast of developments.

1.18 Recommendations from the Voice of the Child Strategy Action Plan

The Health & Well Being Board will ensure that disabled young people and young people generally are informed about the work of the Board and that their participation is embedded via:

- Involving them in commissioning activities around Health (young people already participate in some commissioning activities – including identifying the needs of young people, however a group is being trained to further support commissioning work at the council and can support health activities)
- Commissioning youth friendly bulletins about health issues related to young people – young people can be involved in developing this and ensuring other young people in Barnet can access it
- Commissioning research – the Council's youth voice forums including Barnet Youth Board, Barnet Youth Parliament, Role Model Army, Youth Shield, Young Carers Group, Homeless Young People Groups who represent the voices of others and can gain insight into what young people think the priorities are to ensure the work of the board reflects and debates such issues
- Receiving thematic presentations: young people will be asked to present at the Children's Trust Board summit meetings described above on a specific issue relating to the board agenda or priorities. Presentations are held at the end of the meeting to ensure young people can attend after school, college or training.
- Reviewing its forward work programme and identifying areas for engagement of young people in advance so it's in the calendar of youth voice forums
- Participating in events like Take Over Day, championed by the Children's Commissioner for England. On this day young people come to the council and partners for one day to shadow staff, participate in exercises, contribute to decision making and gain insight into the world of work – their participation can be tailored to benefit both the young person/people and the team.

1.19 Healthwatch

Healthwatch Barnet is currently establishing a youth health group that will link appropriately and avoid any duplication with YouthShield and the Youth Board. All these fora are inclusive and have disabled young people as participants. Healthwatch Barnet, its youth health group and Community Barnet Children and Young People are fully supportive of the Charter and would welcome any approach by statutory services, to undertake and/support further engagement work with disabled young people.

1.20 **Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board**

1.21 **Evidence of commitment in Barnet:**

1.22 Parent and carer advisory groups

Barnet is planning for there to be 2 parent and carer advisory groups in the borough. One is Barnet SENDias, involving 4 local parents, professionals and the voluntary sector, who come together to respond to the information, advice and support needs of local parents.The other is a parent and carer reference group that will work with Barnet Council to communicate and consult with parents and carers of children with special educational needs and disabilities. Barnet Council has asked Contact a Family to support the establishment of a new reference group for the Borough, trying to build on the successes of and the membership of the previous reference group, pp4Dan. Contact a Family will also try to bring the members of the Children and Families Act reference group who helped to co-design Barnet's response to the reforms, into this new group, since the reforms reference group was time limited.

1.23 Children's Joint Commissioning Unit

The Children's Joint Commissioning Unit worked with pp4Dan to ensure that parents and carers of disabled children are involved in the commissioning of future speech and language therapy services. PP4Dan were involved in developing the specification for speech and language therapy services, and were also involved in the service selection panel.

1.24 **Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account**

1.25 **Evidence of commitment in Barnet:**

1.26 Children and Young People's Plan

The Children and Young People's Plan Action Plan includes specific targets to improve the provision of care to disabled young people. The delivery of these targets is now overseen by the Children's Trust Board, the Health and Wellbeing Board, and the Safer Communities Board collectively. The Health and Well-being Board has agreed to oversee a number of targets from the plan, which are both inclusive of disabled children and young people, and specifically focused on supporting them, as shown below:

Theme	**Priority**
Early years	1. Engage families early to ensure children have happy lives at home. 2. Provide high quality health services for mothers and young children. 3. Ensure children in need of support are identified early and appropriately supported in their early years.
Primary	2. Work with schools and families to join up education, health and safety services 3. Ensure children in need of support are identified early and appropriately supported in their early years.
Secondary	1. Offer opportunities for engagement and support, recognising the needs of the individual and supporting

	them to achieve
Preparation for adulthood	1. Enable young people to foster ambitious and realistic aspirations. 2. Ensure services are integrated to support young people as they transition to adulthood
Early intervention and prevention	1. Take a whole family approach to improving outcomes for children and young people. 2. Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations.
Targeting resources to narrow the gap	1. Ensure that the families of children and young people at risk of underachievement support their learning at home. 2. Continue to support children and young people's mental health and emotional wellbeing. 3. Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential.

1.27 An annual report setting out achievements in improving outcomes for children as set out in the Children and Young People's Plan will be produced and published by the Council. The Children's Trust Board will no longer have a programme of work to transact but may make recommendations for action to partner organisations or other partnership boards.

1.28 Joint Health and Well-Being Strategy (JHWS)
The JHWS will be updated in 2015, following on from the update of the JSNA. The current Strategy currently has specific targets about transition from children to adult services, and reducing the number of children who are not in education, employment or training, but the update offers the Board an opportunity to set an updated set of objectives and targets in light of the significant changes in legalisation that have come into effect since the current Strategy was written, and the changing demographics/ population needs that local partners have been analysing. The update of the Strategy will also need to include the indicators from the Children and Young People's Plan set out above.

1.29 Requirements in the Children and Families Act 2014
The Children and Families Act will require partners to focus on the outcomes being achieved for disabled children for the first time. Specifically, the single Education, Health and Care plans will set clear outcome measures for children and young people with special educational needs, who will also be given the option to use a personal budget to meet the outcomes in their Education, Health and Care plans.

It is envisaged at this stage that data comparisons between the attainments of children and young people with special educational needs and their peers will continue to be made. This data set allows local areas to understand how well

they are performing at “narrowing the gap” between attainment in children with special educational needs and their peers without such needs.

As part of the “local offer” which went live this September (publishing information about the services disabled children, parents and their carers can access on a website), there is provision built in for service users and their carers and families to complain about poor quality or poor performance. Complaints information will be published, strengthening the public voice. Schools also have to present their “local offer” of SEN service provision, giving parents and young people more information to help them choose between education providers.

1.30 Health and Well-Being Financial Planning Group

The Health and Well-Being Financial Planning Group, which acts as the senior joint commissioning group for integrated health and social care in Barnet, has formalised its Terms of Reference. These include responsibility to oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems. The Financial Planning Group has twice discussed the implementation of the Children and Families Act and has commissioned a partnership task and finish group to ensure that Barnet has robust plans in place to meet the requirements of the reforms. In early 2015, the Health and Well-Being Board will be provided with an update on the joint commissioning arrangements in place to ensure health and social care services work effectively together to support children with special education needs and disabilities.

1.31 **Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people**

1.32 **Evidence of commitment in Barnet:**

1.33 Redesigning the model of care and support for 0-25 year olds with special educational needs and disabilities

There is a continuing drive at Barnet Council to improve the journey for children with disabilities and their families, promoting ambition and the highest possible degree of independence and meaningful activity in the local community. There is a particular drive to improving the experience of transitioning from children’s into adult’s services, improving consistency of service and reducing the perceived ‘cliff-edge’ of provision when young people reach the age of 18.

A fundamental change introduced by the Children and Families Act 2014 is the extension of the SEND support system up to 25 years, facilitating a coordinated and comprehensive plan identifying relevant services from birth through to their transition into adulthood. Since September 2014, several core changes have been implemented to support this vision including the replacement of Statements of SEN with new birth-to-25 combined education, health and care plans (ECHP), a right to a personal budget for some young

people whose needs cannot be met by universal or targeted services and a published local offer of services available. Information about each of these is set out below.

A strategic project board with representation from Education, Social Care (Adult's & Children's), and commissioners from the Council and CCG has been setup to oversee and direct this work.

The ambition of the work is to design a new model of service delivery that will have a focus on enabling effective relationships of trust with children & families, promote close working together between all professionals involved in their care and support and enable children & young people to achieve their full potential and remain within their local communities wherever possible.

1.34 Education, Health and Care (EHC) Plans

The coordinated 0-25 assessment process and Education, Health and Care (EHC) Plans (including a new duty for joint commissioning which will require local authorities and health bodies to take joint responsibility for providing services), is key to ensuring that special educational needs are identified and supported early. The new EHC Plan process was launched from 1st September 2014. A transition plan has also been published on the Local Offer website which details how LB Barnet will convert all statements of SEN to EHCPs over the next three years.

1.35 EHC plans also require agencies to support young people up until 25, extending the age from 19 under the previous legislation. Educational psychologists and the SEN team and staff in schools and other agencies have been trained in skills to be able to work effectively with this older group. Prospects, the organisation that have completed Learning Disability Assessments for disabled children who want to stay on in higher/ further education, will be co-located with the SEN team to ensure that the process of completing EHC plans for this older group is supported by trained individuals with expertise on working with 19-25 year olds already.

1.36 Transition pathway

The Health and Well-Being Board oversees the Health and Well-Being Strategy target to ensure that transition plans are in place for all children moving across into adult services. Significant work has been completed locally to design a seamless transition pathway from children services to adult services for children with special educational needs (SEN), in preparation for the requirements of the Children and Families Act 2014; however the Board will need to make sure that continuous improvement in the experience of transition for children with SEN and disabilities remains a local priority.

1.37 Personal Budgets

The Council has published its personal budget statement on its website; setting out what services can be purchased from these budgets. The Council is also developing a personal budgets resource allocation system tool to support the development of a transparent system, standardised for all parents. This will be implemented in April 2015.

1.38 Work with schools and further education providers

Work has been taking place in Children's Services in partnership with Barnet and Southgate College to establish more local employment and training provision for young people on the autistic spectrum. The team have also been supporting Barnet and Southgate College in its new capital build for young people with learning disabilities and difficulties.

1.39 Work between the Council, public health and health colleagues to support children with mental health issues

With the reform changes now in place, the challenge to the Council and its partners in Barnet is to embed them in such a way that enables effective relationships of trust with families, improves the way in which agencies work together in partnership with families and helps young people to achieve more. With the transfer of public health responsibilities to the local authority and the developing joint commissioning relationship with the CCG there is now a strong opportunity to improve services in Barnet for children with mental health issues. This should strengthen early intervention and prevention services and ensure that children and young people who need more support can access it in a timely way in a community setting with the minimum disruption to their schooling.

The Council and CCG are working together to develop a new specification for Child and Adolescent Mental Health Services (CAMHS) that will deliver more community based services and improve early intervention and prevention.

1.40 Early Intervention and Prevention Strategy

The Council has recently developed an early intervention and prevention strategy to provide a framework to organise our early help services, to monitor their success, and to drive improvement. The strategy was commissioned by the Children's Trust Board and has been formulated through consultation with staff and partners. The Health and Well-being Board will play a leadership role, overseeing implementation of this strategy.

1.41 **Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners**

1.42 Health and Well-Being Boards will need to evidence:

- Details of the way in which the Health and Well-Being Board is informed by those with expertise in education, and children's health and social care
- Details of the way the Health and Well-Being Board engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

1.43 **Evidence of commitment in Barnet:**

1.44 Children's Joint Commissioning Unit

The Children's Joint Commissioning Unit brings together experts in children's health and social care to ensure that services commissioned for children, including disabled children, are as efficient and effective as possible. This programme of work is supported by creation of a Section 75 agreement between the local authority and CCG.

The Joint Commissioning Unit is finalising its work programme at this current time, which is based on an early intervention approach. There is an area of the work programme dedicated to delivering better services for children with SEN and disabilities, which will be overseen by a joint Council and CCG working group.

1.45 Barnet Local Offer

Barnet's Local Offer was published on Barnet Council's website in September 2014. It provides a single point of access to clear and comprehensive information about services and provision that is available for children and young people from birth to 25 years of age who have a special educational need and/or disability.

This Local Offer has been developed through a very productive collaboration between agencies - Education, Health, Social Care, the Voluntary sector and parents and carers in Barnet. The working group responsible for its production have taken the views of as many parents, carers and young people as possible in putting together these pages. The Local Offer is a dynamic and interactive facility to which further services and agencies can be added and allows parents, carers and young people to offer their views on the services offered within it.

1.46 **Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners**

1.47 **Evidence of commitment in Barnet:**

1.48 Health and Well-Being Board meetings

The Health and Well-Being Board plans a programme of work that spans a broad range of issues. The Board will schedule agenda items in 2015 to discuss the local work being taken forward under the governance of the Health and Well-Being Financial Planning Group to strengthen joint working between health and social care to support children with special educational needs and disabilities.

The Health and Well-Being Board also established a small set of priorities for the past year, and one of these related to disabled children and young people specifically:

That the Health and Well-Being Board provides on-going strategic multi-agency leadership to… the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.

Setting this commitment has helped to give the Board a remit to support improvements in the provision of services for children with special educational needs and disabilities. The Board will receive a recommendation to maintain this priority area for the coming year at its November 2014 meeting.

1.49 Health and Well-Being Board members

The Chairman of the Health and Well-Being Board, the Director for Children's Services, the Chair of the Childrens, Education, Libraries and Safeguarding Committee, the Director for Public Health and a CCG Board member sit on both the Health and Well-Being Board and Children's Trust Board, to help ensure that there are links between the strategic plans of these partnerships.

1.50 Children's Trust Board

The Children's Trust Board clearly has a significant role to play in overseeing this agenda. The Board spent an entire meeting in February 2014 considering implementation of the Children and Families Act, and issues for those aged 0-25 years with learning disabilities. This meeting provided space for strategic leaders across health, education and social care to share their views about how to plan for the Children and Families Act.

1.51 Children's Safeguarding Board

There is a disabled children's representative on the Children's Safeguarding Board to ensure views from disabled children are considered when children's safeguarding issues are discussed. The Chairman of the Children and Adults Safeguarding Boards was invited to become a non-voting member of the Health and Well-Being Board in September 2014, to ensure the links between safeguarding and children and adult's health and wellbeing issues are strengthened. A joint working protocol between the Safeguarding Boards and Health and Well-Being Board has been established to ensure that the links between safeguarding and health and wellbeing issues for all residents are strengthened even further.

2. REASONS FOR RECOMMENDATIONS

2.1 Health and Well-Being Boards who sign the Charter will agree to meet its 7 commitments focusing on improving health outcomes for disabled children, young people and their families, and to provide evidence after 1 year on how they have met each one. Barnet Health and Well-Being Board will need to provide this evidence in November 2014.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The evidence that is submitted to EDCM will be published on their website, to inform parent carers, disabled children and young people, and wider stakeholders (including other Boroughs) about Barnet's activities.

4.2 The Board is asked to consider how it will ensure on-going commitment to the Charter following the formal evidence submission.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The Council's Corporate Plan prioritises creating better life chances for children and young people, in particular those with special educational needs or disabilities.

5.1.2 Barnet's Children and Young People's plan contains a commitment to enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential. The plan recognises the need for targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities.

5.1.3 Barnet's Health and Well-Being Strategy includes commitments to support children to have the best start in life, and contains particular commitments to support children who are not in education, employment or training; and to effectively plan for transition from children's services to adult services.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Children's Services commissioning in Barnet seeks to anticipate changes to population and health and social care policy, and target resources accordingly. It also seeks to develop a sustainable and fair system for children in need now, and in the future. The focus of services such as short breaks for disabled children will increasingly be on the prevention of family breakdown and the prevention of the escalation of health and social care costs. Furthermore, using resources in a focused and joined up way can impact positively on social inclusion and the future commissioning and strategic priorities of children's disability services will reflect this. With a growing population, limited resources, changes planned in response to the Children and Families' Act, and the reforms in the National Health Service, there are a number of challenges facing Barnet and its disabled population. Commissioners have recognised these complexities and are responding by ensuring that they are meeting all the challenges ahead and are targeting services at those with the highest and most complex needs.

5.2.2 Any future service developments requiring funding of health services will need to be discussed, planned and agreed with the Clinical Commissioning Group.

5.2.3 The Council will use a small budget from the Commissioning Group budget to produce an electronic/ paper resource aimed at parent carers of disabled children and young people that will be distributed locally and published on the Council's website, to demonstrate how the commitments of the Charter have been met.

5.3 **Legal and Constitutional References**

5.3.1 The Children and Families Act. 2014 has introduced changes to the way in which special educational needs are assessed and met, replacing Part IV of the Education Act 1996 concerned with children with special educational needs (SEN). The Disabled Children's Charter is aligned with current SEN legislation changes.

5.3.2 The reforms to arrangements that support children and young people with special educational needs (SEN) and disabilities are being implemented from September 2014. The main changes set out in the legislation are as follows:

- Introduction of a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. The EHC plan will replace statements of special educational needs.
- Requirement for health services and local authorities to jointly commission and plan services for children, young people and families.
- Clauses that give children, young people and families the right to a personal budget for the support they receive.
- Requirement for local authorities to publish a clear, easy-to-read 'local offer' of services available to children and families.
- Requirement for local authorities to involve families and children in discussions and decisions relating to their care and education; and requirement for local authorities to provide impartial advice, support and mediation services.

These new duties on local authorities and the NHS have a bearing on the functions of the Health and Well-Being Board to encourage integrated working, promote close working and undertake a Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-Being Strategy (JHWS). This is particularly important as Clinical Commissioning Groups will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN and Disabilities.

5.3.3 The Charter, in requiring JSNAs and JHWS's to account adequately for the needs of disabled children and their carers, also provides a focus in relation to the local authority's duty around short breaks for carers of disabled children (The Breaks for Carers of Disabled Children Regulations 2011) and allocation of the non-ring fenced Early Intervention Grant (EIG).

5.3.4 The revised partnership agreement under section 75 of the NHS Act (2006) strengthens the governance and leadership arrangements across the disabled children's agenda.

5.3.5 The Health and Well-Being Board's terms of reference include a responsibility

to:

(1) To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

(2) To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

(4) To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

5.4 **Risk Management**

5.4.1 Barnet has already been undertaking a number of activities that fulfil the criteria of the Disabled Children's Charter for Health and Well-Being Boards. However, the Board has signed up to the Charter to make it clear to partners that it is committed to ensuring there are high quality services and support in place for children with disabilities and their families and carers.

5.4.2 There was a risk that the Health and Well-Being Board would fail to adequately address the needs of disabled children unless this population group were given sufficient and continued attention through the Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy. Commitment to the Disabled Children's Charter for Health and Well-Being Boards is helping to mitigate this risk by ensuring that high quality data and analysis of disabled children and their families and carers is collated and published in Barnet to inform local service planning.

5.5 **Equalities and Diversity**

5.5.1 The Disabled Children's Charter aims to ensure support for some of the most vulnerable in society. Barnet's Joint Strategic Needs Assessment (2011-15) outlines that 'some groups of children and young people in Barnet are more vulnerable than others: The Department for Education estimates that around

7% of children have a disability as defined by the Disability Discrimination Act (DDA), now section 6 of the Equality Act 2010. In Barnet, this would equate to around 4,400 – 6,100 children and young people between the ages of 0 and 19'. The JSNA also highlights that there are a rising number of children born with disabilities in the Borough, though the reasons are not clear.

5.5.2 Barnet currently has nearly 1800 children with a Statement of Special Educational Need.

5.5.3 The Equality Act 2010 contains specific duties not to directly or indirectly discriminate against a person with a protected characteristic. It also contains additional duties in relation to disability, including preventing the unjustifiable unfavourable treatment of a person with a disability, requiring reasonable adjustments to take account of a disability, preventing discrimination based on a perceived disability and discrimination of a person who is associated to someone with a disability. Public bodies are also subject to the public sector equality duty which requires an authority to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity between people with a protected characteristic and people who do not have that protected characteristic and fostering good relations between people with protected characteristics and those who do not have that protected characteristic.

5.5.4 By signing up to the Charter in November 2013, the Board has taken positive steps to ensure that the needs of children with a disability and carers of those children are fully understood by local partners and that services are in place to meet those needs. The Charter requires that the Board has detailed and accurate information and understands the needs of its disabled children and that it engages with both the children and their carers to identify those needs. The Charter also requires a commitment to early intervention and transition from children's to adults' services, together with joint working amongst relevant public bodies. By ensuring delivery of these commitments, Barnet's Health and Well-Being Board will be able to be confident that disabled children and their families and carers are being supported fairly and inclusively by Barnet's local services.

5.6 **Consultation and Engagement**

5.6.1 The Charter requires the Health and Well-Being Board to ensure that disabled children and their families are adequately represented in future consultations on the JSNA and JHWS. To develop the current JHWS, Barnet conducted focus groups with the Barnet Youth Board, 1 Primary School (Holly Park), and 1 Secondary School (Friern Barnet County). The Board also received responses from Barnet Mencap (who support approximately 500 children and adults with learning disabilities, as well as family carers), and Disability in Action (who support around 600 people in Barnet each year). The Board will conduct similar engagement exercises as it updates the JSNA and JHWS in 2015.

5.6.2 Representatives from the Health and Well-Being Board will need to discuss this evidence with the Children's Trust Board so that the Children's Trust Board can support delivery of the commitments of the Charter over the

coming months. The Health and Well-Being Board and Children's Trust Board will also need to agree a longer-term approach to leadership and oversight of this agenda once the commitments of the Charter have been met.

5.6.3 The update report produced in June 2014 was presented to the Voice of the Child Strategy meeting in October 2014.

6. BACKGROUND PAPERS

6.1 Why sign the Disabled Children's Charter for Health and Well-Being Boards: http://www.edcm.org.uk/media/140961/why-sign-the-disabled-childrens-charter-for-health-and-wellbeing-boards.pdf

6.2 The Disabled Children's Charter for Health and Well-Being Boards: http://www.edcm.org.uk/campaigns-and-policy/health/disabled-childrens-charter-for-health-and-wellbeing-boards

6.3 Health and Well-Being Board – 21st November 2013 – the Board signed up to the Disabled Children's Charter: http://barnet.moderngov.co.uk/documents/s11735/Disabled%20Childrens%20Charter%20for%20Health%20and%20Well-Being%20Boards.pdf

6.4 Health and Well-Being Board – 12th June 2014 – the Board received a progress report to demonstrate the work that had taken place over the previous 6 months to meet the Charter's Commitments: http://barnet.moderngov.co.uk/documents/s15384/Disabled%20Childrens%20Charter%20for%20Health%20and%20Well-Being%20Boards%20-%20progress%20report.pdf

Appendix 1 - The Commitments of the Disabled Children's Charter for Health and Well-Being Boards

Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Health and Well-Being Boards will need to evidence:

- *The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process*
- *That the quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate*
- *The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families*
- *The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families*
- *The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process*
- *Public information on how the Health and Well-Being Board will support partners to commission appropriately to meet the needs of local disabled children, young people and their families*

Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Health and Well-Being Boards will need to evidence:

- *The way in which the Health and Well-Being Board or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement*
- *The way in which the Health and Well-Being Board or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Well-Being Strategy (JHWS), and next steps for JHWS engagement*
- *Partnership working with any local groups of disabled children and young people*

Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Health and Well-Being Boards will need to evidence:

- *The way in which the Health and Well-Being Board or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement*
- *The way in which the Health and Well-Being Board or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement*
- *Partnership working with local parent groups, including the local Parent Carer Forum(s)*

Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

Health and Well-Being Boards will need to evidence:

- *Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.*
- *Public information on the strategic direction the Health and Well-Being Board has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.*

Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

Health and Well-Being Boards will need to evidence:

- *The way in which the activities of the Health and Well-Being Board help local partners to understand the value of early intervention*
- *The way in which the activities of the Health and Well-Being Board ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people*

Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

Health and Well-Being Boards will need to evidence:

- *Details of the way in which the Health and Well-Being Board is informed by those with expertise in education, and children's health and social care*
- *Details of the way the Health and Well-Being Board engages with wider partners such as housing, transport, safeguarding and the youth justice system*

- *Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families*

Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Health and Well-Being Boards will need to evidence:

- *Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.*
- *How the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.*

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AGENDA ITEM 12

	Health and Well-Being Board **13th November 2014**
Title	**The Dementia Manifesto for London**
Report of	Adults and Communities Director
Wards	All
Date added to Forward Plan	July 2014
Status	Public
Enclosures	None
Officer Contact Details	Edward Gilbert, Commissioning Officer Email: edward.gilbert@barnet.gov.uk Telephone: 0208 259 3469

Summary

Barnet's population of people with dementia is one of the highest in London, standing at around 4,000 and due to increase at a rate faster than that of any other London borough. The call on health and social care services for this group of people is significant and Barnet needs to ensure an integrated approach to address the needs of the local population in forthcoming years.

The Health and Well-Being Board is asked to consider the on-going work to support people with dementia and the impact of implementing the Dementia Manifesto for London. This paper describes the Dementia Manifesto and the implications of implementing it.

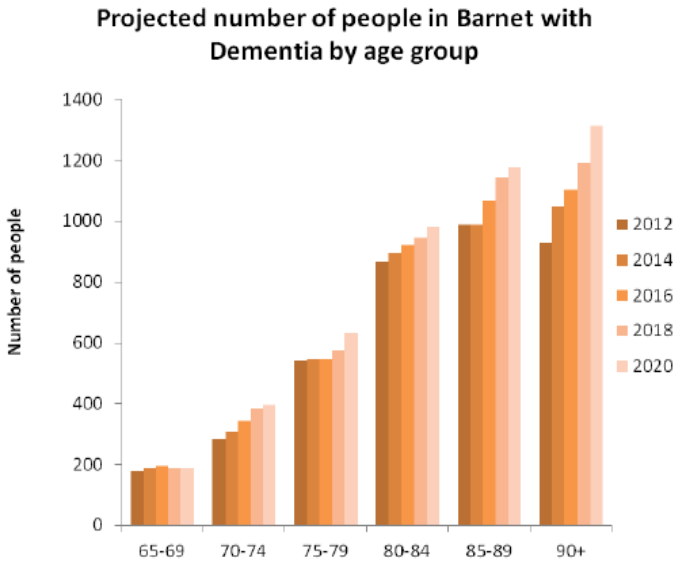
Recommendations
1. That the Board notes the current work that is being carried out in Barnet which aligns with the Dementia Manifesto
2. That the Board considers whether any further action needs to be taken with respect to implementing the Dementia Manifesto

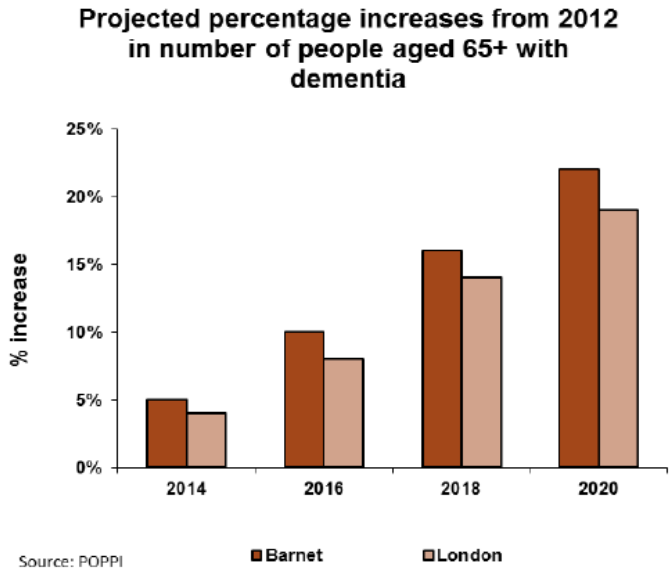
1. WHY THIS REPORT IS NEEDED

1.1 At the Adults and Safeguarding Committee meeting on the 2nd July 2014, the Health and Well-Being Board were asked to consider implementing the Alzheimer's Society's Dementia Manifesto for London in order to help deliver the proposed savings.

1.2 **Local Background**

Dementia is one of the biggest challenges for health and social care in Barnet. Barnet has one of the largest proportions of elderly residents in London. The number of people aged 65 years and over in Barnet is projected to increase by 20% by 2020 and approximately 8% of people aged 65 years (and around a quarter of people aged over 85) in Barnet have some form of dementia – currently this means that around 4,000 people with dementia in the borough, with around just over half having been diagnosed with the illness. The projected total number of people with dementia within Barnet is forecast to increase by 24% over the next 8 years compared to 19% across London. Due to the increasing life expectancy in men, the largest increase in dementia (28%) will be in men aged 75 and over.





1.2 Dementia Manifesto

1.2.1 The Dementia Manifesto for London is a document that has been written by the Alzheimer's Society in response to the challenges that dementia poses to London boroughs, focussing on the fact that London has the highest proportion of socially isolated elderly people than anywhere else in the UK. The document outlines how local authorities can make communities more dementia friendly, and how local authorities can work towards becoming a 'dementia-friendly community'. The Manifesto has 3 key outcomes for residents in London:

1) *Timely diagnosis and appropriate-post diagnosis support.*

2) *Receive best quality care and support.*

3) *Feel part of a dementia-friendly community and have choice and control over their own lives.*

1.2.2 The intention is to address the current challenges in London, namely:

1) *Postcode lottery of dementia care and support; borough support ranges significantly.*

2) *The majority of the 25,000 people from black and ethnic minority backgrounds who have dementia in the UK are living in London. Awareness of dementia and how to treat it is often not very high in such communities, meaning that significant work can be done to provide access to relevant support.*

3) *Older people in London are far more isolated than other areas of the country.*

4) *People with dementia occupy a quarter of all London's hospital beds. By providing an early diagnosis, as well as creating a dementia friendly community and ensuring that support, information and advice is readily available, then this number could dramatically decrease.*

1.2.3 Implementing the manifesto would require the establishment of a local Dementia Action Alliance, which would have responsibility for the following:

- Committing to becoming a dementia friendly community and to providing better support for people with dementia in the area.
- Establishing 3-7 local dementia support objectives, which would likely reflect both national and local government strategic objectives.
- Playing an active part in the pan-London Dementia Action Alliance.
- Promoting dementia support as a health and social care priority.

1.2.4 At the Adults and Safeguarding meeting on 2nd July 2014, it was agreed that the Health and Wellbeing Board should consider implementing the Dementia Manifesto for London.

1.3 Supporting People with Dementia and their Carers in Barnet

1.3.1 Access to services and support is largely dependent upon receiving an early diagnosis of dementia. The average diagnosis rate nationally is 48% - Barnet's diagnosis rate is already above average, standing at 52.56% with a target of 66% for 2015.

1.3.2 The Health and Social Care Business Case identifies supporting people with dementia as one of the key priorities. Work is already on-going to strengthen early diagnosis through the Memory Clinic and the number of Dementia Advisors will be increased to ensure that people and their carers are aware of all the support that is available to them.

1.3.3 The Health and Social Care Business Case also identifies the need for additional resources to support the development of dementia friendly communities through setting up a dementia action alliance. A dementia-friendly community (DFC) is a place where people with dementia are understood, respected and supported. A DFC is one in which people with dementia, and their families, are empowered to have high aspirations and feel

confident, knowing they can contribute and participate in activities that are meaningful to them. The ultimate aim of a DFC is to create a community that is aware of dementia and its effects, and one that is able to accommodate and support those who have dementia.

The London Borough of Barnet has begun to implement a DFC approach in some key areas – e.g. libraries, Barnet Homes. The intention is to strengthen and mainstream this approach and as part of the health and well-being element of health and social care in Barnet through establishing a dementia action alliance. A dementia action alliance is a group composed of local organisations and people from different sectors which aims to bring about a society-wide response to dementia. Dementia action alliances are groups which support partnership working, and can be led by anyone within a community. They are seen as the local vehicle to develop a dementia friendly community in their area.

1.3.4 In addition proposals will be considered by Adults and Safeguarding Committee in November 2014 to strengthen the carers offer by designing a bespoke package for carers of people with dementia that enables them to be better placed to meet the challenges of caring for someone with dementia.

2. REASONS FOR RECOMMENDATIONS

2.1 Barnet has taken on board those aspects of the Dementia Manifesto that are relevant to the borough and its increasing numbers of older people with dementia. Key aspects of the manifesto are being implemented with plans in place to either strengthen or further develop the local offer.

2.2 Barnet's approach has been to integrate the approach to dementia as part of its on-going work, rather than develop a standalone response. This will both ensure sustainability of the initiatives as well as recognising that people with dementia and their carers often have other needs as well as those related to dementia.

2.3 It is recommended that Barnet continues with the current approach, implementing the relevant aspects of the Manifesto, and developing a local sustainable solution that benefits our local residents in times which are financially challenging.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Signing up to the Dementia Manifesto. This has been considered but rejected because Barnet CCG and the London Borough of Barnet are already addressing the recommendations of the Dementia Manifesto (as set out in

Section 3.1 of this report) and signing up to the Manifesto would not bring added value.

4. POST DECISION IMPLEMENTATION

4.1 The implementation of the dementia friendly communities will form part of the wider Health and Social Care Integration (HSCI) business case.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Implementing the relevant aspects of the Dementia Manifesto for London as part of the Health and Social care Integration business case furthers the borough's following strategic objectives:

- Promoting an independent and informed over 55 population in the borough
- By working towards ensuring that Barnet is a dementia friendly community, residents in the borough will have better accessibility to information about dementia, and how those with dementia can lead independent lives.
- Promoting a strong partnership with the local NHS so that families and individuals can maintain and improve their physical and mental health.
- This will be achieved by stronger partnership working, which is what the dementia action alliance would aim to achieve.

5.1.2 In addition, it will also support the Health and Well-being Strategy through encouraging better community support for people with dementia and their carers, and enable people to take responsibility for their own and their family's health and wellbeing.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The main costs of implementing the relevant aspects of the Dementia Manifesto for London are built into the Health and Social Care Integration full business case and are being considered as part of that.

5.2.2 Additional resources of £27,000 have been requested from the public health grant to support the dementia action alliance and dementia friendly communities.

5.3 Legal and Constitutional References

5.3.1 The Care Act (2014) puts people and their carers in control of their care and support. The current approach to dementia meets our statutory obligations. The Act requires local authorities to have provision in place to ensure that people:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;

- can get the information and advice they need to make good decisions about care and support (including information about the types of care and support are available – e.g. specialised dementia care)
- have a range of high-quality care providers to choose from

5.3.2 The Council's Constitution (Responsibility for Functions, Annexe A) sets out the Terms of Reference of the Health and Wellbeing Board. The Barnet Health and Wellbeing Board has the following responsibilities:

"To promote partnership, and as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health"

5.4 **Risk Management**

5.4.1 The main risk associated with implementing the Manifesto is that nationally defined priorities may not reflect local priorities.

5.4.2 This risk will be mitigated by ensuring that only locally relevant priorities are implemented.

5.5 **Equalities and Diversity**

5.5.1 Implementing the relevant aspects of the Dementia Manifesto for London will have positive effects on those with dementia who are living in the borough and their carers.

5.5.2 It is estimated that around 1,400 men and 2,600 women in the borough have dementia – this is because dementia becomes more prevalent with older age and more women currently live for longer. Life expectancy is increasing for men and services will need to reflect this.

5.5.3 Dementia friendly communities will increase the understanding of dementia and reduce any discrimination and stigma associated with the illness.

5.6 **Consultation and Engagement**

5.6.1 Consultation with a number of carers for people with dementia, as well as people with dementia was undertaken in mid-2014. People expressed the desire for better and more accessible information, advice and better support from the community as a whole. There was support and enthusiasm for creating dementia friendly communities with a particular focus on businesses becoming more dementia aware.

6. BACKGROUND PAPERS

Minutes from Adults and Safeguarding Committee, 2nd July 2014:
http://barnet.moderngov.co.uk/documents/g7929/Printed%20minutes%2002nd-Jul-2014%2019.00%20Adults%20and%20Safeguarding%20Committee.pdf?T=1

Business Case for the delivery of Barnet Health and Social Care – Integration of Services, 2nd October 2014
http://barnet.moderngov.co.uk/documents/s18033/Business%20Case%20for%20Barnet%20Health%20and%20Social%20Care%20-%20Integration%20of%20Services.pdf

Dementia Manifesto for London
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2100

AGENDA ITEM 13

	Health and Well-Being Board **13th November 2014**
Title	**Minutes of the Financial Planning Sub-Group**
Report of	Strategic Director for Communities
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1- Minutes of the Financial Planning Group – 8th October 2014
Officer Contact Details	Claire Mundle Claire.mundle@barnet.gov.uk 020 8359 3478

Summary

This report is a standing item which presents the minutes of the Financial Planning Sub-group 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 Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan.

Recommendations

1. **That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Groups of 8th October 2014**

2. **That the Health and Well-Being Board requests a verbal update on progress to develop the approach to risk pooling that will underpin delivery of the Better Care Fund from April 2015**

3. **That the Health and Well-Being Board agrees to receive the minutes of the Health and Social Care Integration Board as a standard item on the agenda, to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.**

1. WHY THIS REPORT IS NEEDED

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

1.2 Minutes of the meeting of the sub-group held on the 8th October 2014 are included at Appendix 1, for the Board's information.

1.3 In 2014/15, Barnet will receive £5,428,324 to deliver both the main social care services which also have a health benefit, and £1,206,000 for Better Care Fund preparations. The Health and Well-Being Board Financial Planning Sub-Group will use its delegated powers to approve spend against these budgets during 2014/15, which will support delivery of the vision for integrated care that has been developed for Barnet.

1.4 These budgets will be used to support the delivery of existing initiatives and the development and delivery of new initiatives. The Sub-Group will be tasked with ensuring that the budgets are allocated to support delivery of each of the five Tiers of the integrated care model for frail elderly and those with long-term conditions.

1.5 The Board is asked to note that the agenda for the October 2014 meeting focused on a number of areas of integrated commissioning in more detail-namely commissioning to support implementation of the Children and Families Act; and commissioning mental health services. A number of decisions were taken at the meeting that the Board should be aware of:

- The group commissioned a Task and Finish group to accelerate progress with implementing the Children and Families Act. This group will receive assurance of compliance with the legislation from the CCG, and will also work through process issues relating to joint working to develop Education, Health and Care plans, by December 2014. The group will also consider commissioning and purchasing priorities, and set these out to the financial planning group in January 2015.
- Regarding the commissioning of mental health services, the group commissioned a report for the November 2014 Health and Well-Being Board to set out both the Council and CCG's policy positions on the future of mental health services in Barnet, explaining (i) what the approach to development of the implementation plan to take forward these positions is; (ii) what the timescales for implementation are; (iii) and what outstanding issues are to resolve.
- Regarding implementation of the Better Care Fund (BCF) proposals, the group commissioned a formal piece of work to develop the approach to pooling that will underpin the BCF from April 2015. This work will be presented back to the Financial Planning Group on 6th November 2014.

Verbal feedback of progress should be requested at the Health and Well-Being Board meeting.

- The group also discussed the letter that had been sent from the Secretary of State for Health to local NHS providers and Chairs of Health and Well-Being Boards, requesting that Boards consider the membership of major providers on their Boards/ opportunities for on-going engagement with providers. The group agreed that Councillor Hart would respond with a letter to the Secretary of State for Health explaining that whilst major providers would not be invited to become Board members, providers are engaged in the work of the Health and Well-Being Board through the Health and Social Care Integration Board. Further, the group proposed that minutes from this Board should be presented to future Health and Well-Being Board meetings in a similar manner to the minutes of the Financial Planning Group, to ensure visibility and transparency of the work of providers to support the Board deliver on Barnet's integrated care programme. The Health and Well-Being Board are asked to approve this decision.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Well-Being Board established the Health and Well-Being Financial Planning Sub-Group to support it to deliver on its Terms of Reference; namely that the Health and Well-Being Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

2.2 Through review of the minutes of the Health and Well-Being Financial Planning Sub-Group, the Health and Well-Being Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Well-Being Board is satisfied by the progress being made by the Financial Planning Sub-Group to take forward its programme of work, the sub-group will progress its work as scheduled in the areas of the Better Care Fund, mental health re-commissioning and implementation of the SEND reforms.

4.2 The Health and Well-Being Board is able to propose future agenda items of forthcoming sub-group meetings that it would like to see prioritised if it is not satisfied with the work that the Sub-Group is taking forward on its behalf.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, those with mental health issues, and children and young people with special needs and disabilities, is a key ambition of Barnet's Health and Well-Being Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Health and Wellbeing Financial Planning Sub-Group acts as the senior joint commissioning group for integrated health and social care in Barnet. it has the following functions that relate to the management of local resources:

a) *To oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems.*
b) *To govern the implementation and delivery of the Better Care Fund including the implementation of the 5 tier model for frail elderly, holding the Joint Commissioning Unit and partners to account for its delivery.*
c) *To approve the work programme of the Joint Commissioning Unit.*
d) *To agree any business cases arising from the Joint Commissioning Unit including in relation to the integrated care model*
e) *To recommend to the Health and Well-Being Board, Council Committees and the CCG Board how budgets should be spent to further integration between health and social care.*

f) To ensure appropriate governance and management of additional budgets delegated to the Health and Well-Being Board.

5.2.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning sub-group to ensure that the projects have a clear programme of work and that approved business cases are adequately resourced to deliver the agreed outcomes.

5.3 **Legal and Constitutional References**

5.3.1 The Health and Well-Being Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.3.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.3.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities, and at 195 of the Health and Social Care Act there is a new duty-- Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the

National Health Service Act 2006 in connection with the provision of such services.

5.3.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.3.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.4 Risk Management

5.4.1 There is a risk, 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 sub-group has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.5 Equalities and Diversity

5.5.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.5.2 The protected characteristics are:

a) *age;*
b) *disability;*
c) *gender reassignment;*
d) *pregnancy and maternity;*
e) *race;*
f) *religion or belief;*
g) *sex;*
h) *sexual orientation.*

5.5.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as will the specific plans within the Priorities and Spending Review as these are developed. The QIPP plan has been subject to an equality impact assessment considered by NHS North Central London Board.

5.6 **Consultation and Engagement**

5.6.1 The Financial Planning sub-group will factor in engagement with users and stakeholders to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

5.6.2 The Financial Planning sub-group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as the integrated care model is implemented.

6. BACKGROUND PAPERS

6.1 None.

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DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group
Thursday 6th October 2014
North London Business Park
11.00am – 1.00pm

Present:
(KK) Kate Kennally (Chair), Strategic Director for Communities, London Borough of Barnet (LBB)
(DW) Dawn Wakeling, Adults and Communities Director, LBB
(HMG) Hugh McGarel-Groves, Chief Finance Officer, Barnet CCG
(PC) Peter Coles, Interim Chief Operating Officer, Barnet CCG
(MOD) Maria O'Dwyer, Director for Integrated Commissioning, Barnet CCG

In attendance:
(KA) Karen Ahmed, Later Life Lead Commissioner, LBB
(CM) Claire Mundle, Policy & Commissioning Advisor, LBB
(RH) Ruth Hodson, Head of Finance, LBB
(MK) Mathew Kendall, Assistant Director- Community and Wellbeing, LBB
(PR) Penny Richardson, Interim Head of Service – Inclusion and Skills, LBB

Apologies:
(JH) John Hooton, Deputy Chief Operating Officer, LBB
(NF) Nicola Francis, Family Services Director, LBB
(AH) Andrew Harrington, Director of Transformation, Barnet Clinical Commissioning Group (CCG)

	ITEM	ACTION
1.	**Minutes of the last meeting** The group noted that previous minutes had been presented to HWBB and so were no longer draft minutes	
2.	**Action Log** CM updated the group that the outstanding action to set up a check point meeting to review the savings assumptions in the Better Care Fund across with the savings plans of the CCG and LBB had not been needed in order to complete the work.	
3.	**SEND reforms** MOD confirmed to the group that she was not convinced Barnet has adequate arrangements in place to meet the requirements of the new legislation. She explained this had been due to gaps in the children's commissioning team, and that she had now employed an interim manager before the substantive post can start (1st week of January). She suggested there might be a need to bring additional capacity in to accelerate this piece of work, and was completing an exercise to identify what additional costs this recruitment would be.	

	KK asked PR for an update of where Barnet was in terms of implementing the legislation. PR gave the following summary of progress: • There are well developed operational links around early support for 0-5 year olds, and statutory responsibility for the health service to notify the Council about those children that will need a statement • The statutory assessment process typically works well, though there is a shortfall in community paediatric support as reports from the team are often late, and the Council is held to account for this. • There is more commissioning to do around speech and language, and occupational therapies, which has been acknowledged by joint commissioners. Because this hasn't progressed, this is now costing money for the Council who are needing to spot purchase support • Under the new statutory process, advice requests should be copied to the local authority, but this is not yet happening • For young adults with SEND up to the age of 25, the team are not clear about where in the local system to go for health advice • There are more risks to both the Council and CCG around the 16-25y/o arena due to the changes required to commissioning arrangements for this group • There is a shared commitment to place young people locally in line with the Winterbourne Concordat • The CCG has some catching up to do to ensure Barnet can deliver joint assessments for Education, Health and Care (EHC) Plans, but this work is progressing • There has not yet been a review to assess the specialist support that the CCG might need to commission PR stressed that work needed to happen to ensure Barnet was compliant with statutory timelines, for which the local area is held to account by central government. KK reflected that there were issues of compliance, issues of process and issues of commissioning at play. PR suggested that having robust accountability and monitoring arrangements in place would assist the process of resolving these issues. She presented reports from areas including Wakefield, who had produced MoUs for joint working arrangements to support delivery of the SEND reforms. She suggested it would be helpful to develop something similar for Barnet. PR also recommended that the CCG needed to create a separate health action plan to ensure that they were compliant against Part 3 of the legislation. MOD proposed that PRs recommendation for a new management group be changed to the establishment of a task and finish board who could bring the work up to speed quickly. KK suggested this group meets at least until the end of the financial year, and agrees the work programme that will be taken forward by the head of joint commissioning when they start in January 2015. MOD and PR were tasked with setting up the Task and Finish group. This group will need to receive assurance of compliance from the CCG, and their action plan, and will also need to work through process issues around EHC plans and how these are agreed, what their relation is across with Continuing Health Care, and	**MOD/ PR**

	issues with the transition period that need to be sorted. KK recommended the group also needed to consider commissioning and purchasing priorities, including how this work sits alongside the Section 75 agreement for adults with learning disabilities; and the Section 75 agreement for speech and language therapies. The group will need to decide what schedules need to be in place (ie is one new overarching schedule created that covers EHC plans, access to CAMHS provision etc.?) KK requested 2 products be returned to this group from the Task and Finish Group: 1 (by December 2014) – an update relating to compliance (including action planning) / presentation of an MOU for decision making processes 1 (by Spring 2015) - Joint commissioning priorities for sign off KK advised that the CCG should be reporting compliance to its Governing Body as soon as possible. KK also advised that the CCG should update the update report that is going to the Governing Body using material from the paper produced by PR.	**MOD/ PR** **MOD/ PR** **MOD** **MOD**
4.	**Mental Health Commissioning** The group agreed that the Council and CCG needed a single approach to commissioning mental health services. MOD explained: • That in May 2014, the CCG Board had had a discussion around Mental Health services and whether to continue with the current provider • A project group had subsequently been set up to look at a way forward, which is currently writing its report. This is due to come back to the CCG Governing Body on the 23rd October. • The local authority including public health has been involved in the project group. The group have commissioned a health economic impact assessment, benchmarking on finances, a population needs assessment and a review of what good practice models are • That most partners were not happy to take the proposals forward following health economic impact assessment. • The group continued to commissioning work on benchmarking, that is currently being written up, which has shown don't put enough money in mental health services • A highlight report from the needs assessment is being written • There has been stakeholder engagement with GPs and communities, supported by Healthwatch – feedback from this has gone to the Mental Health Trust and Transformation Board • It is unlikely at this stage that a whole new service will be re-commissioned • Barnet is collaborating with other CCG partners to explore options to move forward • The project group haven't finalised their conclusions and recommendations but all work is being fed into the Transformation Board PC explained that the mental health trust is currently working with the TDA to assess the longer term viability of the Trust. He suggested that the work that had been done by the project group is still valuable as it helps define the current issues	

	KK requested that when the paper goes to the CCG Board, the local authority position should also be bought through. KK explained that the current Section 75 for mental health services expires in August 2015, and doesn't necessarily need to be renewed as integrated provision. It would be possible for the CCG to focus on treatment whilst the local authority predominantly focus on community based recovery/ work with primary care to respond and manage in community. KK explained that the joint approach to commissioning was due to be discussed at HWBB in September so the Councils proposals for future service provision could go to the October Adults & Safeguarding Committee. Whilst this did not happen, there is now an opportunity to bring plans back together. MOD proposed that the Council's plans needed to be raised at the Transformation board on 9th October, and also need to be considered alongside the enablement model. The plans also need to link to the community mental health pilot in the south of the Borough. The group agreed there was a need to create a very clear set of recommendations together, to present back to the Trust. The group agreed that a paper was required for the HWBB to set out the 2 organisation's policy positions, signalling that a decision has to be made, explaining what the approach to development of the implementation plan is, what the timescales for implementation are and highlight any outstanding issues. KK asked DW and MOD to agree a joint senior lead to take this work forward. KK explained that James Mass (Lead Commissioner for Family and Community Wellbeing) will bring a group together to develop an implementation approach to development of a service specification following the Committee report being submitted. She stressed this should be seen as an opportunity to develop a joint programme of work and quality improvement, and a shared approach to leadership for mental health services. She suggested the group needs to answer following questions: • What the Council (both public health and social care) and the CCG need to do together/ achieve as tri-partite commissioners? • What can the organisations influence in terms of service quality at BEHMHT? • What can the organisations influence in terms of the CCG's pilot in south locality? • What messages should be given to the NHS through the HWBB report re joint commissioning?	**DW/ MOD** **DW/ MOD** **DW/ MOD**

5.	**5 tier integrated care model** DW explained that she had received informal feedback that the BCF is likely to be approved with support, which she explained was very positive news. She also explained that the business case has been referred to full Council for approval on 4th November. KK expressed thanks for all the work that had been done to get to this point, particularly to Karen Spooner who had been instrumental in developing the proposals. DW explained that the task now is to refresh the governance and programme management arrangements that are needed to take the work forward, and to be clear on project tolerances. She also said that there was a need to map out how those services in BCF that are currently only in ideas phase should become mobilised. KK explained that the group also needed to formalise work on developing the approach to pooling that will underpin the BCF from April 2015. KK proposed that the BCF pooled budget arrangements should appear as a schedule on the overarching Section 75 agreement, including detail about the amount of money being allocated in the BCF, and the principles governing overspends and underspends. DW presented arrangements from Ealing's BCF outlining an agreement around risk share and overspends. KK highlighted the need to develop principles about what Barnet is trying to achieve through the pooling mechanism, how the Section 75 will work ie who is the commissioning agency, who is managing the contracts, and how does risk and reward gets dealt with. KK said there was a need to develop a set of tolerances around risk sharing, and that there should be organisational due diligence on those options. She also asked for both organisations' base budgets to be made explicit in this arrangement, and for both organisations to confirm that the additional investment required to take forward the proposals in the BCF is available. DW explained that she and MOD needed support from finance colleagues, and respective legal teams, from the outset to confirm that the additional funding is available. KK requested that further principles be developed around: • How money for demographics and inflation are treated • What the commercial model is for future years ie how is this being contracted/ who is delivering it/ how it is achieving savings DW and MOD confirmed to the group that they were happy with the timescales set	**DW/ MOD** **DW/ MOD** **DW/ MOD** **DW/ MOD** **HMG/ JM** **DW/ MOD**

	out in the business case for savings to be realised. KK noted that there was a need to develop these principles with relation to wider commissioning partnership as a whole, and the context of the CCG financial recovery plan / implementation of the Care Act, and agreed that KK and PC would ensure this was picked up. KK asked DW and MOD to discuss outside this meeting what capacity was required over the coming month to deliver this work prior to the next HWBB finance group, and to confirm next steps by end of week to KK and PC The whole group were asked to give comments on the schedule from Ealing to DW.	**KK/ PC** **DW/ MOD** **All**
6.	**Draft Adults & Safeguarding Commissioning Plan** KK explained that the draft Adults and Safeguarding Commissioning Plan had been bought to the group so that the CCG has early sight of the draft and can help shape the final version of the document. KK explained that the final version of the plan was being presented on 20th November to the Committee, and requested that joint commissioners give comments to KA and James Mass well in advance of this date.	**All**
7.	**Development of CCG Delivery Plan** KK explained that a date had been set up at the end of October for CCG and LBB colleagues to review the contents of the delivery plan and actions in Adults, Children's and Public Health Commissioning Plans, so that the group can bring together a single work plan for the JCU.	
8.	**HWBB engagement with providers - letter from Jeremy Hunt, Secretary of State for Health** The group discussed the letter that had been sent to local NHS providers and Chairs of Health and Wellbeing Boards, requesting that HWBBs consider the membership of major providers on their Boards/ opportunities for on-going engagement with providers. Concerns about extending formal Board Membership to providers were expressed as set out below: - That the sovereignty of the Board as a commissioning body, with particular public health commissioning responsibilities, could be undermined by the presence of providers - That consistent presence of Board Members is invaluable to the Board being able to deliver its work, and that it is not clear that providers would be able to offer this consistency - That the existing Health and Social Care Integration Board already brings providers together under the HWBB to shape commissioning plans relating to integrated care, and provides a strong mechanism for engagement	

	DW and MK explained that the Health and Social Care Integration Board is a valuable mechanism for engagement with providers. The task is to redefine what the purpose of this group will be moving forward. KK suggested that the minutes of this Integration Board go through HWBB in the same way that the minutes from the financial planning group are presented to the Board for approval. The group agreed that CM would draft a letter on behalf of Councillor Hart, Chairman of the Health and Wellbeing Board, setting out a proposed position for Barnet.	**DW/ MK** **CM**
9.	**AOB** KK raised an estates issue at Northgate school, and requested that the group agree to take a whole-system view on this issue. KK agreed to send details through to HMG for a view, in the first instance.	**KK**
10.	**Date of the next meeting** **Thursday 6th November 2014, 2pm-4pm, Board Room, NLBP**	

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AGENDA ITEM 14

	Health and Well-Being Board **13th November 2014**
Title	**12 month forward work programme**
Report of	Strategic Director for Communities
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1- 12 month forward work programme Appendix 2- Forward work programme of other Strategic Boards
Officer Contact Details	Claire Mundle Claire.mundle@barnet.gov.uk 02083593478

Summary

This report introduces the 12 month forward work programme for the Health and Well-Being Board and outlines a series of considerations that will support the Board to manage and update its forward work programme effectively. These considerations are:

- The statutory responsibilities and key priorities of the Health and Well-Being Board
- The work programmes of other Strategic Boards in the Borough
- The significant programmes of work being delivered in Barnet in 2014/15 that the Board should be aware of
- The nature of agenda items that are discussed at the Board

Recommendations

1. **That the Health and Well-Being Board proposes any necessary additions and amendments to the 12 month forward work programme (see Appendix 1).**
2. **That Health and Well-Being Board Members proposes updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with**

the most up to date information available.
3. That the Health and Well-Being Board aligns its work programme with the work programmes of the new Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board.

1. WHY THIS REPORT IS NEEDED

1.1 The 12 month forward work programme has been designed to cover both the statutory responsibilities of the Health and Well-Being Board and the key projects that have been identified as priorities by the Board at its various meetings and development sessions.

1.2 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented on the 12th June 2014 to the Board, and suggests a refreshed schedule of reports and items for the following 12 months, reflecting the Board's statutory requirements, new responsibilities as the Commissioning Committee for public health (see below), agreed priorities, and objectives set out in the Health and Well-Being Strategy.

1.3 In June 2014, the Council moved to a Committee Structure of governance. In the Committee system, decisions will be taken by all-party, decision-making Committees, themed around the key areas of Council business. The new themed Council Committees are: Policy and Resources; Housing; Adults and Safeguarding; Assets; Regeneration and Growth; Environment; Community Leadership; and Children's, Education, Libraries and Safeguarding. The Health and Well-Being Board has been designated responsibility to approving the commissioning plans for public health. The principles of these committees are as follows:

- Only one Committee can make a decision; the decision cannot be taken by more than one Committee
- If it is not clear whose responsibility an issue comes under, it will be taken by Policy and Resources Committee
- Broadly, Policy and Resources will be supported by the Council's Strategic Commissioning Board; Performance and Contract Management by Delivery Board; and the Themed Committees by the Commissioning Board
- The number and themes of each Committee has been Member led.

1.4 The Health and Well-Being Board must ensure that it's forward work programme is compatible with the forward work programmes of the new Adults and Safeguarding and Children's, Education, Libraries and Safeguarding Committees. The Board also needs to seek alignment with the work programmes of the Council's Health Overview and Scrutiny Committee, and Barnet CCG's Board, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate. Updated forward work programmes for each of these

Boards are attached at Appendix 2 to support the Board plan its work programme effectively.

1.5 There are a number of work programmes being delivered in 2014/15 that will be of interest to the Health and Well-Being Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to, the health visiting and school nursing review, delivery of the Children and Families Act and the Care Act, and the acquisition of Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust.

1.6 The Health and Well-Being Board has a varied and demanding programme of work to cover over the next 12 months. At the Health and Well-Being Board meeting on the 21st November 2013, the Board discussed the high number of agenda items and papers regularly presented at Board meetings and suggested that some of this work could be delegated to other Boards. It was also suggested that items which the Board was only required to note be considered in a different way. The Chairman noted that the Board need to factor in reasonable time for full discussions where agenda items require input from NHS England or other external partners and Members will wish to ensure that agendas do not contain more reports than the Board has time to properly consider.

2. REASONS FOR RECOMMENDATIONS

2.1 By adopting the recommendations contained in this report, the Health and Well-Being Board will be able to schedule a programme of agenda items that will fulfil its remit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following approval of the recommendations in this report, Board Members will be asked to update the forward work programme.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The Health and Well-Being Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Health and Well-Being Strategy, including the annual priorities within the Strategy that were agreed at the November 2013 Board meeting. Provided the annual priorities proposed at the November 2014 Board meeting are accepted, the Board will need to consider its work programme in light of this refreshed set of priorities.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board, including timely submission of Better Care Fund applications, delivery of the changes required from the Children and Families Act and Care Act, and transformational changes required to meet the savings targets for both the Council and the CCG.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT,**

Property, Sustainability)

5.2.1 Currently, all items on the forward work programme of the Health and Well-Being Board will be managed within existing budgets.

5.3 **Legal and Constitutional References**

5.3.1 Health and Well-Being Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Well-Being Board meetings.

5.3.2 The Public Sector Equality Duty at s149 of the Equality Act 2010 will apply to CCGs and local authorities who as public authorities must in the exercise of their functions have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.3.3 The 12 month work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference, which are set out below:

*(1) To jointly **assess the health and social care needs of the population** with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.*

*(2) To **agree a Health and Well-Being Strategy** for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.*

*(3) To work together to **ensure the best fit between available resources to meet the health and social care needs of the population of Barnet** (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.*

*(4) To **consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures** to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.*

*(5) To **receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services** for users and patients.*

*(6) To **directly address health inequalities** through its strategies and have a **specific responsibility for regeneration and development as they relate to health and care**. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.*

*(7) To **promote partnership and, as appropriate, integration, across all necessary areas**, including the use of joined-up commissioning plans across the NHS, social care and public health.*

*(8) **Receive the Annual Report of the Director of Public Health** and commission and oversee further work that will improve public health outcomes.*

(9) Specific responsibilities for:
- ***Overseeing public health***
- ***Developing further health and social care integration.***

5.4 **Risk Management**

5.4.1 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.

5.5 **Equalities and Diversity**

5.5.1 All items of business listed in the forward programme and presented at the Health and Well-Being Board will be expected to bear in mind the health inequalities across different parts of the Borough and will aim to reduce these inequalities. Individual and integrated service work plans sitting within the remit of the Health and Well-Being Board's work will need to demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the delivery options chosen, including differential outcomes between different communities.

5.6 **Consultation and Engagement**

5.6.1 The forward work programme will be set by the Members of the Health and Well-Being Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.6.2 The twice yearly Partnership Board Summits, and the meetings of the Partnership Board co-chairs, will provide opportunity for the Board to engage with each of the Partnership Boards on the forward work programme.

6. BACKGROUND PAPERS

6.1 None.

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Health and Well-Being Board Work Programme

November 2014 – November 2015

Contact: Claire Mundle, Commissioning and Policy Advisor

Subject	Decision requested	Report Of	Contributing Officer(s)
13 November 2014			
Second Annual Performance Report Health & Well-being Strategy, including report on the Partnership Boards/ Health and Well-Being Board Summit, and 6 month Health Checks performance report	**The Board is asked to discuss the report and approve the recommendations contained within**	Director of Public Health / Adults and Communities Director	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Health and Well-Being Prioirities 2015-20	**The Board is asked to discuss the report and approve the recommendations contained within**	Strategic Director for Communities/ Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Public Health 5 year commissioning plan	**The Board is asked to discuss the report and approve the recommendations contained within**	Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Sexual health strategy	**The Board is asked to discuss the report and approve the recommendations contained within**	Director of Public Health	**Consultant in Public Health**
CCG Delivery Plan	**The Board is asked to discuss the report and approve the recommendations contained within**	CCG Chief Officer	**TBC**
Future of mental health services – position statements	**The Board is asked to discuss the report and approve the recommendations contained within**	CCG Chief Officer/ Adults and Communities Director	**TBC**
Pharmaceutical Needs Assessment – Consultation	**The Board is asked to provide comments for the consultation**	Director of Public Health	**Consultant in Public Health**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**

Subject	Decision requested	Report Of	Contributing Officer(s)
The Dementia Manifesto for London	**The Board is asked to approve the recommendations**	Adults and Communities Director	**Later Life Lead Commissioner, LBB**
Disabled Children's Charter – 1 year on	**The Board is asked to approve the evidence provided in the report that demonstrates how the objectives of the Disabled Children's Charter has been met**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
29 January 2015			
Annual public health report	**The Board is asked to note the report**	Director of Public Health	**Consultant in Public Health**
Early Years Sub-Group – update on progress	**The Board is asked to comment on the progress made**	Director of Public Health/ Strategic Director for Communities	**Family and Community Wellbeing Lead Commissioner**
Opportunities to align the Public Health and Planning teams – progress report	**The Board is asked to note the progress that has been made locally to align the work of the public health and planning teams**	Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Future provision of GP practices in Barnet – responsibility for strategic planning	**Referral from Health Overview and Scrutiny Committee. The Board is asked to comment on the report**	Director of Public Health	**Infrastructure Planning and Growth Areas Officer**
Strategic approach to obesity	**The Board is asked to discuss the report and approve the recommendations contained within**	Director of Public Health	**Consultant in Public Health**
Healtwatch update report	**The Board is asked to comment on the progress made by Healthwatch Barnet**	Healthwatch Barnet	**Head of Healthwatch**

Subject	Decision requested	Report Of	Contributing Officer(s)
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Adults and Communites Director	**TBC**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
12 March 2015			
Feedback from consultation on Public Health Commissioning Plan	**The Board is asked to discuss the report**	Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Final Pharmaceutical Needs Assessment (PNA)	**The Board is asked to approve the PNA**	Director of Public Health	**Consultant in Public Health**
JSNA refresh	**The Board is asked to approve the refresh of the JSNA**	Director of Public Health	**Consultant in Public Health**
6 month update- Domestic Violence and Violence Against Women and Girls Action Plan	**The Board is asked to comment on the progress made**	Strategic Director of Communities	**Domestic Violence Coordinator**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Adults and Communites Director	**TBC**

Subject	Decision requested	Report Of	Contributing Officer(s)
May 2015			
Draft Health and Wellbeing Strategy refresh	**The Board is asked to comment on the draft Health and Well-Being Strategy**	Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Adults and Communites Director	**TBC**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
July 2015			
Report on the Partnership Boards/ Health and Well-Being Board catch up	**The Board is asked to comment on the report and take forward any delegated actions that arise out of the report**	Adults and Communities Director	**Customer Care Service Manager, LBB**
Update- implementing recommendations from the TB situational report	**The Board is asked to comment on the progress made**	Director of Public Health	**Consultant in Public Health**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Adults and Communites Director	**TBC**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**

Subject	Decision requested	Report Of	Contributing Officer(s)
September 2015			
Health and Wellbeing Strategy (2015-20)	**The Board is asked to approve the Health and Well-Being Strategy**	Director of Public Health	**Consultant in Public Health Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Adults and Communites Director	**TBC**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director of Communities	**Commissioning and Policy Advisor- Health & Wellbeing, LBB**
TBC 2015			
Report of the Tobacco Control Alliance	**The Board is asked to comment on the progress made by the Alliance**	Director of Public Health	**Consultant in Public Health**

Appendix 2 – Forward Work Programmes of Strategic Boards (November 2014- March 2015)

Calendar month	Strategic Board	Agenda Item	Nature of item (if known)
November 2014	Adults and Safeguarding Committee (20th November)	Home Care Commissioning Strategy	To approve the Home Care Commissioning Strategy.
		Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFS and proposed Management Agreements.
December 2014	Adults and Safeguarding Committee (4th December)	Implementation of the Care Act - Young Carers & Transitions Paper	To note the new duties for young carers and people transitioning to Adults Social Care arising from the Care Act 2014.
		Implementation of the Care Act - Adult Social Care Deferred Payments Policy	To approve an updated Deferred Payments Policy to meet the requirements of The Care Act 2014.
		Your Choice Barnet Task and Finish Group	To consider a six-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.
	Health Overview and Scrutiny Committee (8th December)	NHS Health Checks Scrutiny Review: Recommendation Tracking	To receive a six monthly update on the implementation of the recommendations from the NHS Health Checks Scrutiny Review.
		Liverpool Care Pathway	Update report from the North London Hospice on the national government guidance on the Liverpool Care Pathway since its discontinuation.
		Barnet Healthwatch Enter and View Reports	Standing Item: To consider enter and view reports from Barnet Healthwatch.
		Performance Against Health and Wellbeing Strategy	Committee to receive an update
		Immunisation Rates in Barnet	Referral from Barnet Health and Wellbeing Board: Committee to receive an update report on Immunisation Rates in Barnet.
		Screening Coverage and uptake in Barnet	Committee to receive an update on Screening Coverage and uptake in Barnet.
	CCG Board (18th December) – listing special business items only	None listed	

Appendix 2 – Forward Work Programmes of Strategic Boards (November 2014- March 2015)

January 2015	Children, Education, Libraries & Safeguarding Committee (12th January)	Early Help (Early Intervention) Offer for Children and Families in Barnet	To review services and outcomes for Barnet's children and young people (Referral from Education OSC)
		Preparing to Meet Future Need for Children with Special Educational Needs	To agree a commissioning strategy for services to support children with special educational needs
		Education and Skills - Future Delivery of Services	To approve Outline Business Case for Education and Skills related services.
	CCG Board (22nd January) – listing special business items only	None listed	
	Safer Communities Board – 30th January 2015	Annual update on the performance and delivery of the SCPB	
		Refresh of the strategic crime needs assessment	
		Forward plan and key SCPB priorities for 2015/16	
		Agree dates, refresh membership, review terms of reference of SCPB for 201/16	
		Standing agenda items	
		Update from 'Youth Matters' – (Barnet'Youth Offending Board)	
		Performance Dash Board	
February 2015	Health Overview and Scrutiny Committee (9th February 2015)	Annual Report of the Director of Public Health	To consider the 2014 Annual Report of the Director of Public Health; and to consider an update on the 2013 Annual Report (to include update on Call to Action on Physical Activity)
	CCG Board (26th February) – listing special business items only	None listed	