MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 19TH JANUARY, 2017

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)

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

Dr Charlotte Benjamin	Councillor Sachin Rajput	Dawn Wakeling
Dr Andrew Howe	Cathy Gritzner	Michael Rich
Chris Munday	Dr Clare Stephens	Chris Miller
	Councillor Reuben Thompstone	Ceri Jacob

Substitute Members

Julie Pal	Dr Ahmer Farooqui	Mathew Kendall
Councillor Wendy Prentice	Dr Barry Subel	Dr Jeffrey Lake
Councillor David Longstaff		
Bernadette Conroy		

In line with the Constitution's Public Participation and Engagement Rules, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on 16 January 2017. Requests must be submitted to Salar Rida 020 8359 7113 salar.rida@barnet.gov.uk.

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

Andrew Charlwood – Head of Governance

Governance Services contact: Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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Decisions of the Health & Wellbeing Board

10 November 2016

Board Members:-

AGENDA ITEM 1

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

* Dr Charlotte Benjamin	* Chris Munday	* Dawn Wakeling
* Cathy Gritzner	* Dr Clare Stephens	* Michael Rich
* Dr Andrew Howe	* Cllr Reuben Thompstone	* Chris Miller
Cllr Sachin Rajput	Ceri Jacob	

Substitute Member(s):
* Councillor David Longstaff

* denotes Member Present

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

Councillor Helena Hart, Chairman of the Health and Wellbeing Board welcomed all attendees to the meeting. She noted that the actions arising from the previous meeting had been taken forward under this agenda.

Subject to the correction that the agreed recommendations be listed under the relevant agenda item, number 7 (CAMHS Transformation) which was corrected on the website, the Board **RESOLVED that the minutes of the previous meeting held on 15th September 2016 be agreed as a correct record.**

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Councillor Sachin Rajput who was substituted by Councillor David Longstaff. Apologies for absence were also received from Ms Ceri Jacob (NHS England).

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

Dr Debbie Frost, Vice-Chairman of the Board and Chair of Barnet CCG made a joint declaration on behalf of CCG Board Members, Dr Clare Stephens and Dr Charlotte Benjamin and herself, in relation to agenda items 8 and 11 by virtue of offering immunisation services to children and a general connection with care homes through their respective GP practices.

Ms Cathy Gritzner made a declaration in relation to agenda item 7 by virtue of being the Senior Responsible Officer in connection with the North Central London Sustainability and Transformation Plan for Barnet Clinical Commissioning Group.

Councillor Helena Hart declared a non-pecuniary interest in relation to agenda item 7 by virtue of her son being a Consultant at the Royal Free Hospital which in future could be affected by any changes.

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

None.

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

None were received.

6. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (2015 - 2020) ANNUAL REPORT (Agenda Item 6):

The Chairman introduced the annual report on the Joint Health and Wellbeing Strategy Implementation Plan (2015-2020). She stated that the JHWBS together with the shared priorities were agreed by the Health and Wellbeing Board in November 2015.

The Chairman also noted that at each meeting the Board has received progress reports on the delivery of the actions set out in the Implementation Plan which have been taken forward by partners. The Board had previously agreed to receive an annual update report each November on the progress against the Strategy.

The Chairman also welcomed the Barnet Health Profile for 2016 which taken together with the annual Joint HWB Strategy report provides an ideal opportunity to refine and agree the Joint HWB Priorities for the coming year.

Ms Dawn Wakeling, the Commissioning Director for Adults and Health briefed the Board about the revised areas of focus, priorities and the progress made against the delivery of the Strategy.

In relation to the Health Profile for Barnet, Ms Wakeling noted that the areas of concerns will be taken forward through discussions and actions with partners. The Chairman, whilst recognising the areas which have improved, raised concerns over childhood obesity, TB and STI levels as well as a reported increase in violent crime.

The Director for Public Health, Dr Andrew Howe, informed the Board that TB incidents have decreased over the past 12 months for Barnet and London overall and that significant progress has been made in relation to the way TB is being addressed. Initiatives include further TB testing in Barnet and across NCL, particularly with high risk groups. Dr Howe noted that efforts will continue to progress and that the direction of travel is positive.

With regard to STIs, Dr Howe informed the Board about how the work towards a new service is progressing. The new service offer includes self-test kits in order to improve take up of services.

With regards to the increase in violent crime, Mr Chris Munday, the Commissioning Director for Children and Young People, stated that Barnet remains one of the safest boroughs in London. Mr Munday went on, however, to raise concerns over the increase in serious youth crime and patterns of gang activity which have prompted a different way of working.

Councillor David Longstaff, Chairman of the Community Leadership Committee and Safer Communities Partnership Board, informed the Board that the way in which violent crime is reported has changed since last year. As a result of the different reporting procedure there has been a significant increase in numbers. The figures have been stabilising and gradually decreasing for Barnet. There remains an issue with gang activity and crime in Barnet but relative to other boroughs this is to a lesser extent. It was also noted that this is being tackled through partnership working.

Councillor Reuben Thompstone, Lead Member for Children's Services and Dr Debbie Frost, welcomed the report and also raised issues about the inequalities in life expectancies for Barnet. In connection with this issue, Dr Howe noted concerns over the decreased level of referrals for screening and uptake of preventative services.

The Commissioning Director for Adults and Health welcomed the discussion and suggested it would be appropriate to include an item on the Board's Forward Work Programme on life expectancies. The item would centre around trends with a focus on identifying ways to address inequality in life expectancy. (**Action: FWP**)

The Chairman thanked the Board for the discussion. It was **RESOLVED:**

1. **That the Health and Wellbeing Board had noted and commented as above on the analysis of Barnet's Health profile for 2015 and 2016.**

2. **That the Health and Wellbeing Board had noted and commented as above on progress and performance to deliver the Joint Health and Wellbeing Strategy (2015-2020).**

3. **That the Health and Wellbeing Board had commented as above and agreed the revised areas of priority for the year 2016-2017 (section 1.5 of the report).**

4. **That the Health and Wellbeing Board had agreed to receive progress reports, covering the implementation of the JHWB Strategy, at every other meeting with an annual report in November.**

7. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE (Agenda Item 7):

The Leader, Councillor Richard Cornelius, joined the table for this item. The Chairman invited the Commissioning Director for Adults and Health to introduce the NCL STP update report. Ms Wakeling introduced the report and noted that it will also be considered by the Policy & Resources Committee. It was noted that CCG were not able to comment on the STP item until further notice from NHSE.

The Chairman noted that across London and nationally, other health and care systems have been working to produce a Sustainability and Transformation Plan (STP), showing how it is hoped that local services will become sustainable over the next five years. The Board received an update report in July and September 2016 and the NCL STP was submitted to NHS England on 21 October 2016.

The Board noted the guiding principles as set out on page 21 of the supplemental report, which are designed to support the vision for Barnet as a place with the best possible health and wellbeing.

The Chairman expressed several serious concerns, particularly over the absence of sufficient future financial investment into social care, and the lack of engagement with elected Members and residents in the formulation of the plans. She stated that crucial to the success of these plans – especially in relation to providing care outside of hospital and care closer to home – is that there is proper and adequate investment in social care and that all the extra costs of this provision is not heaped upon already overstretched Local Authority budgets. She also drew attention to the fact that while Prevention was mentioned as one of the guiding principles, there was nothing about maintaining and essentially increasing financial investment into it.

The Chairman highlighted the need to ensure that where any service changes are proposed, the existing services will remain, until their replacements are up and running safely and efficiently. She also noted the importance of ensuring that any new commissioning and delivery models are commissioned on the basis of proven clinical and safety need.

Mr Michael Rich, Head of Barnet Healthwatch, highlighted the importance for an engagement plan with service users and patients. He also suggested that partners continue to promote the importance of wider engagement as part of the STP development. Councillor David Longstaff also expressed the need for a clear programme of engagement to inform any future proposals.

Ms Wakeling commented on the assurance process and publication timeline, which is due to be confirmed. Ms Wakeling noted that once confirmed, further information will be disseminated to Board Members.

Councillor Graham Old, Vice-Chairman of the Health Overview and Scrutiny Committee informed attendees about the two special JHOSC meetings scheduled on Friday 9 December 9.30am-12.30pm and Wednesday 14 December 5pm-7.30pm at Camden Town Hall which will focus on the NCL STP.

In relation to Children' Services, Mr Munday noted that the STP should take into account factors such as housing and education. Mr Munday also queried whether the Thrive Programme was going to be implemented as part of the approach.

The Independent Chairman of the SAB and CSB, Mr Chris Miller noted the importance of the wider strategic overview of the plans and how the proposals potentially relate and impact on other partnership structures.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board had noted and commented as above on the North Central London Sustainability and Transformation Plan.**

2. **That the Health and Wellbeing Board had noted that the document has been published on the Council's website and residents will be able to comment via the Consultation Hub on Engage Barnet.**

8. UPDATE ON CHILDHOOD IMMUNISATIONS 0-5 YEARS (Agenda Item 8):

For this item, the Chairman invited Catherine Heffernan - Principal Advisor Public Health England, Amanda Goulden - Population Health Practitioner Manager NHS England and Natalia Clifford - Senior Consultant in Public Health to the table.

Following discussions at the Board meetings in May and July, the Chairman welcomed the update report on Childhood Immunisations which has been a matter of concern to the Board and an area of particular importance - as set out in the JHWB Strategy - due to continual reporting of low immunisation rates.

Dr Debbie Frost welcomed the update and informed the Board that significant work has been carried out by GP practices to input data. She requested that assurances are provided that the updated information will be incorporated into the data system. Ms Heffernan noted the contributions made to the data system. She also stated that in partnership with practices, reminders will be escalated to parents about immunisation.

Dr Clare Stephens raised a query about reminders for immunisation for teenagers and adolescents. Ms Heffernan stated that similar technique is adopted as that for children and that the 3-in-1 teenage booster vaccine is utilised.

The Commissioning Director for Children and Young People, Mr Chris Munday asked why the immunisation rates for Barnet were lower than national average rates and stated that this puts Barnet at risk if levels required for herd immunity are not being met.

Ms Heffernan noted that immunisation rates as a percentage would be difficult to influence on a short term basis due to the large population in Barnet. Ms Heffernan stated that it was difficult to say if Barnet was below the herd immunity. This was due to the denominator showing that there were more children to vaccinate than the number of children actually living in Barnet. Ms Heffernan also noted that children move in from other areas. Ms Heffernan stated that if Barnet was under herd immunity there would be more outbreaks. She further stated that going forward, utilising NHS Digital platform could provide a more accurate overview in terms of immunisation rates.

The targets in the action plan were brought to the attention of the Board by Mr Munday who requested that these be updated following visits to GP practices. Ms Heffernan welcomed the comment and noted that the action will be updated. Dr Charlotte Benjamin briefed the Board about the community team who provide other vaccination services from a community base - she also queried whether data from other settings was taken into account.

Ms Dawn Wakeling, Commissioning Director for Adults and Health, expressed serious concerns over the lack of clear evidenced assurances over immunisation rates and noted that the lack of an outbreak would not constitute sufficient assurance. Ms Wakeling raised a query about the timeline to resolving the data reporting issues and complexities that have been on going.

Ms Heffernan noted that the technology used for data reporting is outdated and that it is gradually but slowly being updated to reflect a full picture of actual rates. She also noted that work is on-going to remind and encourage parents to come back at certain stages for vaccinations.

In relation to a query from the Chairman about reminders - Ms Heffernan stated that in order to address this issue various streams of work will be carried out through partnership working with NHSE regional and Public Health, London Councils and other partners.

Dr Stephens highlighted the importance of utilising communication channels such as smart phones and digital communication technology.

Councillor Reuben Thompstone noted the need for a further update on the matter to be brought to the Board's attention in due course. Ms Amanda Gouldon noted that sourcing the root problems of the data reporting issues may take time and that going forward there will be a great deal of focus on updating and implementing the action plan.

The Chairman welcomed the comments and highlighted the need for accurate data on actual immunisation uptake and importance of communicating reminders to parents.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board had noted the work done by NHS England, since the HWBB in July on childhood immunisation in Barnet.**

2. **That the HWBB had noted that the levels of coverage of childhood immunisations in Barnet are comparable to London although noting that this is below the threshold for herd immunity and requests a further action plan from NHS England in six months.**

9. BARNET SAFEGUARDING CHILDREN BOARD (BSCB) AND SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORTS (Agenda Item 9):

The Chairman introduced the BSCB and SAB annual reports and welcomed Mr Chris Miller, Chairman of BSCB and SAB to present the report. The Chairman noted that having Mr Miller as a member of the Board, with speaking rights, shows the importance of this issue for the Board. The Chairman went on to commend Mr Miller's contribution to the work of the Board.

Dr Frost welcomed the comprehensive report. The Independent Chair of BSCB and SAB, Mr Chris Miller presented his report to the Board. Mr Miller highlighted the importance of the safeguarding duty for Referrals. Mr Miller briefed the Board about the refreshed priorities and noted the focus on tackling mental ill health.

Ms Wakeling welcomed the focus which together with lessons learnt could inform the refresh of the JHWBS. Mr Miller noted the training delivered as part of the IRIS project and the importance of the need for a strategic partnership response to the Alan Wood report.

RESOLVED:

That the Health and Wellbeing Board had noted and commented as above on the Annual Reports of the Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (BSAB) attached at Appendix 1 and 2.

10. ADULTS AND COMMUNITIES ENGAGEMENT STRATEGY UPDATE (Agenda

Item 10):

The Chairman introduced the item which is an important consideration for the Board as it outlines and shapes how the Board will engage with adult residents in the Borough.

She welcomed Mr James Mass, Assistant Director for Community & Wellbeing, Hannah Ufland Engagement Lead (LBB) who presented the report and the programme to improve the way the council engages with residents (over 18) through working groups.

Mr Mass summarised the findings of the report including the programme of the working groups and noted that next year's annual report will include recommendations and areas of improvement.

The Chairman commended all the sterling work undertaken by the former Partnership Boards and noted the success of the previous Adults and Communities Annual Engagement Summit held on 11th August 2016. Dr Debbie Frost added her thanks and stated that the summit was very well received.

RESOLVED:

1. **That the Health and Wellbeing Board had noted the final Adults and Communities Engagement Strategy (Appendix 1) and the progress made to date.**

2. **That the Health and Wellbeing Board had agreed the Annual Engagement Summit report (Appendix 2) for publication on London Borough of Barnet website and for circulation to all members of the Health and Wellbeing Board.**

3. **That the Health and Wellbeing Board had agreed to receive a further report on the progress every 6 months.**

11. CARE HOMES PROJECT PROGRESS REPORT (Agenda Item 11):

The Chairman welcomed the progress report and noted the importance of the Board being sighted on work that aims to improve the quality and safety of Care Homes in Barnet, which has the largest number of Care Home beds in London.

The Chairman invited Muyi Adekoya, Joint Commissioner Integrated Care and Marsha Jones, Darzi Fellow to join the meeting and present the item.

The Board raised a query about staff retention, training and development of workforce. Ms Adekoya informed the Board about the tools used to monitor quality and outcome of training programmes for staff. It was agreed that an update report would be brought back next year. (**Action FWP**)

RESOLVED:

That the Health and Wellbeing Board had noted the progress made by Barnet CCG in improving quality in Care Homes through collaborative working with key stakeholders.

12. HEALTH AND SOCIAL CARE INTEGRATION BOARD MINUTES (Agenda Item 12):

The Board noted the appendix to the report and it was **RESOLVED:**

That the Health and Wellbeing Board had noted the minutes of the Health and Social Care Integration Board meeting of 20 September 2016.

13. FORWARD WORK PROGRAMME (Agenda Item 13):

The Board noted the Forward Work Programme which is a standing item on the agenda and lists the business items for the period 2016-2017.

The Board noted the additions made to the Forward Work Programme under Agenda Items 6 (JHWBS Implementation Plan update) 8 (Update on Childhood Immunisations 0-5 Years) and 11 (Care Homes Project Progress Report) at this meeting.

RESOLVED:

1. **That the Health and Wellbeing Board had noted the Forward Work Programme and proposed any necessary additions and amendments as above to the forward work programme (see Appendix 1).**

2. **That Health and Wellbeing Board Members continue to 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. **That the Health and Wellbeing Board continues to align its work programme with the work programmes of the 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 (see Appendix 2).**

14. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 14):

None.

The meeting finished at 11.40 am

AGENDA ITEM 6

	Health and Wellbeing Board **19 January 2017**
Title	**Ageing Well Report and Review**
Report of	Commissioning Director Adults and Health Director of Public Health
Wards	All With a specific focus on: • East Finchley • Burnt Oak • Edgware • High Barnet • Underhill
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Ageing Well Annual Report 2015-16
Officer Contact Details	Kirstie Haines, Strategic Leads Adults Health, Kirstie.haines@barnet.gov.uk Zoë Garbett, Commissioning Lead Health and Wellbeing, zoe.garbett@barnet.gov.uk / 0208 359 3478 Frank Grimsey-Jones – Wellbeing Officer, frank.grimsey-jones@barnet.gov.uk / 02083594412

Summary

This Report is an Annual Review of Altogether Better- the Barnet Ageing Well Programme. Altogether Better – the Barnet Ageing Well Programme is an initiative aimed at reducing demand for adult social care services by supporting people to live independently in their communities for longer and to build support networks within local communities. The programme is being funded through the Better Care Fund and Public Health Commissioning Plan 2015-2020.

The report details the year's activity (2015/16) in the localities the programme is focused in:

East Finchley, Burnt Oak, Edgeware & Stonegrove and High Barnet & Underhill. It also includes information on borough wide activity. The report also provides evidence of the impact of the programme, both in financial terms and in relation to people's wellbeing.

Recommendations

1. **The Health and Wellbeing notes the progress made by the Ageing Well programme to reduce dependence on social care by facilitating community led activities for older people**

1. WHY THIS REPORT IS NEEDED

National Policy Context

1.1 The Care Act 2014 (the Act) placed a duty on Local Authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

a. contribute towards preventing or delaying the development by adults in its area of needs for care and support;
b. contribute towards preventing or delaying the development by carers in its area of needs for support;
c. reduce the needs for care and support of adults in its area;
d. reduce the needs for support of carers in its area.

1.2 Better Care Fund requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who have unplanned admissions to hospital and residential care.

1.3 There is a wealth of evidence of the effectiveness of similar initiatives in other areas. The Community Agents Project provides the following: befriending, benefits advice, form filling, social activity, transport shopping, odd jobs/ maintenance, information and advice. The project with was shown to have a Social Return on Investment (SROI) of £3.29 for evidence £1 invested. 10 Local Area Coordinators working in Derby were shown to provide a SROI of £4 of social value for every £1 invested. Linkage plus is a national project that provides funding for groups of older local residents to co-produce community activities for older people. The Net Present Value (NPV) is calculated to be £1.80 per £1 invested. This increases to £2.65 for initiatives with the most holistic approaches to delivering services.

Local Context

1.4 As set out in the Prevention Policy, agreed by the Adults and Safeguarding Committee in March 2015, the Council remains committed to preventing and delaying the development of care and support needs for adults and support needs for carers; and to reducing the existing care and support needs for adults and support needs for carers.

1.5 The Prevention and Early Support Services Paper, which went to Adults and Safeguarding Committee on the 10 November 2016, set out our plan to commission early support services which are evidence based interventions for those residents at greatest risk of becoming dependent on our services. The current prevention and early support offer includes:

- Transformational programmes including Care Space, strengths based practice and an enablement model of mental health support
- Improved support for carers (including young carers)
- A focus on employment for adults with disabilities
- A focus on the right home, accommodation support and hospital discharge services to avoid admission to residential care
- Appropriate, accessible and effective information and advice
- An active ageing programme consisting of a neighbourhood model of day services and locality development programmes harnessing community and volunteer capacity
- Joined up health and social care pathways for stroke and dementia.

1.6 Altogether Better provides low level support to individuals who have low level needs, are isolated or idol and as a result are at risk of dependency in the future. Services, such as Care Space and the Barnet Carers' Centre, can refer individuals directly to Altogether Better. This means that individuals in need of support are able to access it within their community, without entering into the formal adult social care system.

Ageing Well: impact of the project

1.7 The initiative has been running since 2013. It aims to reduce demand for social care services by facilitating community lead activities. Altogether Better employs three coordinators. They recruit Community Friends and support them to provide community activities for older people in their local area. Activities range from computer classes to running clubs.

1.8 Altogether Better – the Ageing Well programme in Barnet has focused on the development of sustainable and supportive neighbourhoods. This constitutes early support, avoiding future demand by supporting people to living independently for longer. It is have been developed around a revised set of objectives, which are:

- Ensure that individuals can obtain information they need to support their independence and ability to be part of their communities for as long as possible
- Identify individuals at risk of dependency, in order to prevent admissions and manage demand on public services
- Help communities to develop their capacity through the development and promotion of small scale 'care and support' activities
- Reduce welfare dependency by promoting independence and increase the life chances of vulnerable members of their community.

1.9 Its work is underpinned by the principle of coproduction. Altogether Barnet promotes strengths based conversations, focusing on people's aspirations and asking how they can be helped to help themselves. Altogether Better is shifting towards a more preventative focus. This involves targeting services at the following high risk groups:

- People with learning, developmental or intellectual disability
- People with long term health conditions
- People with mental health conditions
- People with physical disabilities
- Significant events – change in condition, fall, hospital episode etc.
- Social support – carers and people who are socially isolated or vulnerable

1.10 In 2015/16, over 10,600 volunteer hours were given to Ageing Well projects, with Barnet residents taking part in over 44,700 hours' worth of new activities. During 2015/16, over 6000 local people engaged with Altogether Better projects. So far 700 Community Friends and Street Champions have been recruited and over 6000 people that have been engaged by the project

1.11 103 people who signed up in the last three months of 2015/16 were surveyed. Over 70% of them reported suffering from one or more long term health conditions. 15% described themselves as carers and 7% were registered disabled.

1.12 Table 1 outlines examples of the evidence for interventions known to be effective in supporting older people (with a declining health condition) and shows how Altogether Better contributes to improving the health and wellbeing of older people.

Table 1: Evidence examples for improving the health and wellbeing of older people (with a declining health condition)

Intervention	Impact	Altogether Better
Peer support initiative for older people	Social Return on Investment ranged from £1.17 to £5.18 per £1 invested. Loneliness and isolation were reduced and carers outcomes improved.	Altogether Better helps volunteers, particularly older volunteers, to provide support to their neighbours and members of their community.
The Community Agents Project provided: befriending, benefits advice, form filling, social activity, transport, shopping, odd jobs	SROI of £3.29 for every £1 invested. Maintaining independence, faster discharge, reducing admissions, reducing	Altogether Better funds three volunteer coordinators who support local volunteers to support vulnerable older adults living in their area.

information.	isolation, improved financial status, appropriate use of health and social services, increases in community capacity.	
15 groups had the following activities according to participant's interests: therapeutic writing and group technology, group exercise and discussions, art activities.	The intervention group showed a significant improvement in subjective health, thus resulting in significantly lower health care costs during the follow up, the difference between two groups was around £800. At 2 years, survival was 97% in the intervention group and 90% in the control group.	Altogether Better includes a range of group exercise activities such as a table tennis club, running club and the men's shed
LinkAge Plus is a range of co-designed integrated services to benefit older people. £10 million was invested by DWP over two years in eight pilot areas.	The Net Present Value (NPV) was £1.80 per £1 invested, over a five year period across services. The most effective pilot achieved NPV £2.65. There are also benefits to older people monetised at £1.40 per £1 invested.	Altogether Better is built around the principles of co-production and puts older peoples' needs and aspirations at the heart of everything they do

1.13 The Ageing Well Programme tests activities in Barnet to see if they work for residents and have the potential to become sustainable. The Timebank and Intergenerational Reading Group are examples of these projects; they received initial support from the programme but are now self-supporting.

1.14 Following the successful delivery of the programme in 2015/16, activities in each locality have developed through 2016/17 such as supporting a table tennis club in East Finchley to become a registered organisation, increase membership and start taking fees for the club and the innovative 'holiday at home' activities in some of the borough's care homes.

Governance

1.15 Altogether Better – the Barnet Ageing Well Programme reports to the Barnet Keeping Well Board which meets bi-monthly. The Board is comprised of manages from across Adults and Communities, the Commissioning Group, Public Health and Age UK Barnet. The sponsor is Kirstie Haines, Strategic Lead for Adults Wellbeing. The Board oversees delivery of early support focused projects overseen by the Wellbeing Commissioning Team, including Altogether Better and other adult social care prevention programmes. The Board will monitor benefits, quality assure projects, allocate resources and ensure projects are delivering equitable, accessible and value for money services for residents.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board requested that the Ageing Well Annual Report be presented to the Board.

2.2 Altogether Better - the Ageing Well Programme contributes engages with a large number residents at risk of future dependency on services. They engage volunteers, community organisations and older people across the borough.

2.3 Community lead activities for vulnerable older adults are a national policy priority, and initiatives following the same model as Altogether Better have been shown to be cost effective in a number of areas. The report sets out how effective Altogether better has been in engaging a cross section of vulnerable residents, recruiting volunteers and supporting them to provide community activities in their local area.

2.4 Further, the report demonstrates that there is a clear plan for expanding the number of community activities available, increased targeting of at risk residents and spreading engagement outwards from the localities that currently receive the most focus.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Officers will continue to work with community groups in their localities to deliver existing community activities. Activities planned for the year ahead will be pursued.

4.2 A Programme Manager has been recruited for Altogether Better- the Barnet Ageing Well Programme and will be in post shortly.

4.3 The project will be monitored and reviewed to ensure its activities are effectively targeted at demand management, that its communities activities

and sustainable and that it works to provide a good coverage of at risk older adults living across the borough, including hard to reach groups.

4.4 Officers will work to extend the volunteer base available to the project.

4.5 Options for making our early support offer more holistic will be explored. This includes establishing potential for referrals into the project from Barnet Integrated Locality Team (BILT), the Wellbeing Hub and Care Space.

4.6 The Ageing Well Programme will be reviewed as part of the wider prevention and early support offer for adult social care which is overseen by Adults and Safeguarding Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As detailed in the Adults and Safeguarding Commissioning Plan, 2016-2020:

- Fairness in adult social care means that services respond to the needs of diverse communities. It means ensuring that older and disabled people, including adult social care service users and their carers, are able to participate in community life just as other residents can and that services provided by the Council are accessible and welcoming to older and disabled people, adult social carers service users and carers.
- Responsibility in adult social care means that services will work with older and disabled people to remain as independent and self-reliant as possible, it means that social workers will always focus on what people can do, not on dependency, and will work with service users, and carers, to find ways to help them support themselves, using community resources and the support of their family and friends and that social workers will work to ensure that people are able to move back to living independent lives as quickly as possible, ensuring a timely response to changing needs.
- Opportunity in adult social care means that disabled people have the right to work as much as any other Barnet resident. The Council's services will actively support adult social care service users to access employment and volunteering opportunities, it means ensuring people can stay living in their own homes for as long as possible. It means that all users are supported to have their own homes, and avoid residential care as much as possible and that Council services will actively support carers to play a full part in their communities, accessing services and opportunities for employment and training.

5.1.2 This approach echoes the themes of the Joint Health and Wellbeing Strategy (2015-16) which has two overarching aims of 'keeping well' and 'promoting independence'. Altogether Better clearly aligns with these priorities by helping to build resilient communities in which neighbours support elderly people to living independently for longer and to play an active role in their communities.

5.1.3 The Adults & Safeguarding Committee Commissioning Plan 2015-2020

outlines the commitment to developing more resilient communities, by supporting residents to do more themselves and their neighbours. It also outlines our approach of intervening earlier, to help residents get back on their feet sooner and prevent crises.

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

5.2.1 In 2015/16, the Ageing Well Programme was funded through Barnet's Better Care Fund totalling £200k which covers staffing costs and project costs for the borough wide and locality level projects (including events, training, equipment).

5.2.2 Staffing for the project consists of three Locality Coordinators (covering four localities) and a Strategic Project Manager. The project is also supported by staff in the council's Commissioning Group (Adults and Health directorate) who support with the organisation of the Project Board and have oversight of the locality projects to ensure these are in line with health and social care objectives.

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 Altogether Better – the Barnet Ageing Well programme builds social capacity by facilitating volunteering and encouraging neighbourliness. Over 700 people were engaged as volunteers in 2016/17. Community activities are co-produced, helping to building community leadership within particular neighbourhoods and localities.

5.4 **Legal and Constitutional References**

5.4.1 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Annex A) and includes the following responsibilities:

- 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; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- 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.
- 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. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 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.

5.5.2 Risks are managed through a risk register which is reported to each meeting of the Barnet Keeping Well Board and stakeholders hold the projects to account.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the 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

5.6.3 The Care Act 2014 Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion.

5.6.4 Equalities Impact Assessments have been completed for all proposed changes and alternative provision considered. These are indicating a potential minimal negative impact as outlined in the table below. The principal mitigations for these minimal negative impacts are the proposals for current and new service delivery outlined in this paper. EIAs will be kept under review and will consider the impact on the sustainability of organisation.

5.6.5 Altogether Better surveyed people that they engaged with during the last three months of 2015/16, to ascertain their age, types of need and levels of need. The results of the survey and included in the report.

5.7 **Consultation and Engagement**

5.7.1 Altogether Better – the Barnet Aging Well programme is built on the principles of co-production. Communities activities are community led and older people are engaged with to establish what their aspirations are and how they can best be support to achieve them. The project uses a variety of means to ensure that vulnerable and harder to reach older people are engaged. The project has also built links with a network of local people and organisations in order to work together to share information and provide services tailored to the local area.

5.8 **Insight**

5.8.1 The Joint Strategic Needs Assessment (JSNA) states that there is a significant shift in the way in which support is delivered, with more people choosing to live at home for a longer period of time. It provides information on the characteristics of older people who are most at risk of developing a high level of dependency on adult social care services. It also provides information on how these individuals are spread across the borough, e.g. Social isolation is particularly prevalent amongst older women in affluent less densely populated areas of the borough.

5.8.2 Altogether Better is increasingly focusing on providing community activities targeted at individuals at risk of dependency, in the areas they predominantly reside. Data from the Joint Strategic Needs Assessment (JSNA), Think Local Act Personal (TLAP) and Volunteering England has been used to calculate the benefits of Altogether Better.

6. BACKGROUND PAPERS

6.1 Age of Opportunity: Older people, volunteering and the Big Society http://www.respublica.org.uk/ item/Age-of- Opportunity-Older-people-volunteering-and-the-Big-Society

6.2 Assured SROI Report for Local Area Coordination in Derby, March 2016, http://www.thinklocalactpersonal.org.uk/_assets/BCC/Assured_SROI_Report_for_Local_Area_Coordination_in_Derby_March_2016.pdf

6.3 Barnet Prevention Policy, 19 March 2015 https://barnet.moderngov.co.uk/documents/s22083/Appendix%202.pdf

6.4 Better Care Fund for 2016/17, item 7, Health and Wellbeing Board, 12 May 2016 https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

6.5 Better Care Fund Policy Framework https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

6.6 LinkAge Plus national evaluation: End of project report, 2009, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186771/rrep572.pdf

6.7 Prevention and Early Support Services, Item 9, Health and Wellbeing Board, 10 November 2016 https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8674&Ver=4

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Altogether Better – the Barnet Ageing Well programme 2015/16 Annual Review

EFAB, is a great idea, and the whole Altogether Better model. It gets people talking together. That doesn't just combat loneliness but it empowers people by helping them to find ways to improve their situation.

Leonora (54), Community Friend

I joined Altogether Better a year ago, and it made a huge difference to my life in a short space of time. I was lonely, my friends had all gone, and all I had was work to go to. But Altogether Better gave me something else in my life. I never miss Monday morning coffee mornings. And I felt cared for when I was ill this Christmas, and also when I was ill with mild depression recently. I felt loved, the loneliness stopped. Altogether Better is a solid rock for me and the people are so kind, and good and genuine. ”

Ally (36), participant

I am divorced and for the last 4 years have been living on my own. I have a regular girlfriend and apart from prostate cancer, am fairly healthy.

I first got involved with Altogether Better in about March last year when I saw an advert in the Barnet Press inviting people along to play table tennis. I replied because I enjoy table-tennis and was looking for somewhere to play and someone of a good standard to play with. I'm pleased I did reply to the advert because the group is great fun, the sport is excellent and the company very enjoyable.

I think we have all improved greatly over the months and we are all probably a bit fitter.

I have attended the Altogether Better "get-togethers" and the attendees are very friendly. For me, it has been fun getting to know the area again and meeting people who live near where I did. Thanks for organising it.”

(Tony (69), participant)

Foreword

People are living longer, healthier lives. This provides great opportunities to them and society that we need to take full advantage of. We all want Barnet to be a great place to live in, to grow up in and to grow old in. This means enabling older people to play active roles within their communities, to engage with their neighbours and build and maintain friendships.

This report provides many examples of how the Barnet Ageing Well programme is making a positive contribution to the lives of older residents and younger residents too.

This annual review provides details of:

- Altogether Better's engagement with local people in the neighbourhoods they are centred on - East Finchley, Burnt Oak, Edgware & Stonegrove and High Barnet & Underhill
- It's impact on local communities
- The development and delivery of the borough-wide projects agreed in the work plan.

The project reminds us what can be achieved when we listen carefully to older people's needs and aspirations and empower them to shape the community activities they use.

Altogether Better – the Ageing Well programme in Barnet is an exciting and innovative approach to helping older residents to make the most of life. This report provides catalogue of wonderful rich human stories that demonstrate the positive implications of strengths based approaches to transforming social care. We must also recognise that this community-engagement based approach is a long-term, evolving process. A lot has been achieved so far and there are some fantastic projects planned for the future.

My sincere thanks to all those who have contributed and guided the Altogether Better - the Ageing Well programme in Barnet.

Cllr. Lisa Rutter
Barnet's Older People's Champion

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Introduction

Altogether Better – the Ageing Well programme is a key part of the council's savings plans for 2016 to 2020, which place a greater emphasis on ways to reduce demand on services. This will be achieved through the community doing more; providing early support to prevent problems from developing and influencing residents to change their behaviour. This vision is built on the idea that people are best supported in their own home, through accessing natural networks of support from their friends, family and local community. The Ageing Well programme (which incorporates the Altogether Better programme) is being funded through the Better Care Fund and Public Health Commissioning Plan 2015-2020.

This work programme has been developed around a revised set of objectives, which are:

1. Ensure that individuals can obtain information they need to live independently within their community for as long as possible
2. Identify individuals at risk of dependency, in order to prevent admissions and manage demand on public services
3. Help communities to develop their capacity to support themselves, by supporting local volunteers to provide community activities for older residents.
4. Coproduce activities for older residents by engaging them in strengths based conversations about their needs and aspirations.

The Council and CCG's strategic priorities are deeply embedded within the project. This is true both, in relation to the focus on reducing care spending, and in the recognition that empowering older people and supporting them to live in and engage with their local community is in their best interests.

Altogether Better – the Ageing Well programme in Barnet has focused on the development of sustainable and supportive neighbourhoods. By helping residents start and run projects which are beneficial for their local area, building an increased sense of community, reducing isolation and enhancing residents' wellbeing.

The principles underpinning its approach include coproducing community activities. This means using a variety of approaches to ensure older people's views are listened to in relation to what activities should be available in their area and that they are engaged in making these ideas a reality. This has been achieved through recruiting 'Community Friends'. These are individuals who give up their time to take forward projects and/or activities in their local community to bring people closer together through a sense of neighbourliness.

As the project developed, both Community Friends and staff recognised the need to engage with a wide network of individuals, organisations and groups in each area in order to promote Altogether Better more widely and encourage more people to get involved. They use a variety of means to ensure that more vulnerable older people and harder to reach people are engaged with and listened to. This has led to a much

better understanding of how different organization can work together within these communities to everyone's benefit.

Altogether Better values the potential of local people, their aspirations and their strengths. Its approach to working with people, asks them: 'What do you want to do? How can I help you to do it?' rather than 'I can do it for you'. This involvement-led approach is not a collection of techniques; it is a set of principles and values with human interaction at its core. It is not just about providing activities and keeping people busy, it is about bringing communities together, empowering them to change their lives and strengthening their bonds with each other.

The programme has a key role in building resilience in families, the community and neighbourhoods. It increases access to local information and advice, facilitates mutual support between citizens, increases inclusion, and develops neighbourliness.

The programme continues to focus on increasing social capital by promoting and facilitating volunteering, peer support and local leadership. We have found that this generation of older people are increasingly reluctant to be associated with services based on traditional models. The engagement-led approach is not a catch all solution to the challenges that today's older people face, however as part of a range of initiatives, it can make a significant contribution to older people's wellbeing and may have positive knock-on effects on other social care and health services.

Towards the end of 2015, Altogether Better – the Ageing Well programme in Barnet started to transform towards a more targeted approach, in order to increase its effectiveness in reducing demand for social care services. The aim is to achieve this by putting in place initiatives that divert individuals from unplanned admissions or care. This means targeting groups who are, or are known to be at high risk, of becoming dependent on care services. To this end, the programme now targets individuals who fall under the following categories:

- Learning, developmental or intellectual disability
- Long term health condition
- Mental Health Condition
- Physical Disability
- Significant event - change in condition, fall, hospital episode etc.
- Social support – carers and people who are socially isolated or vulnerable

DEMOGRAPHICS OF PEOPLE ENGAGED WITH ALTOGETHER BETTER ACTIVITIES

During the first three months of 2016, people who registered to become either a Community Friends, Street Champion, volunteer or participant were asked to complete a registration form.

Of the 103 people who signed up in the last three months of 2015/16, nearly half said that they wanted to meet new people(49.44%), over one in ten (11.24%) reported feeling lonely and a similar number reported that they wanted increased contact with friends.

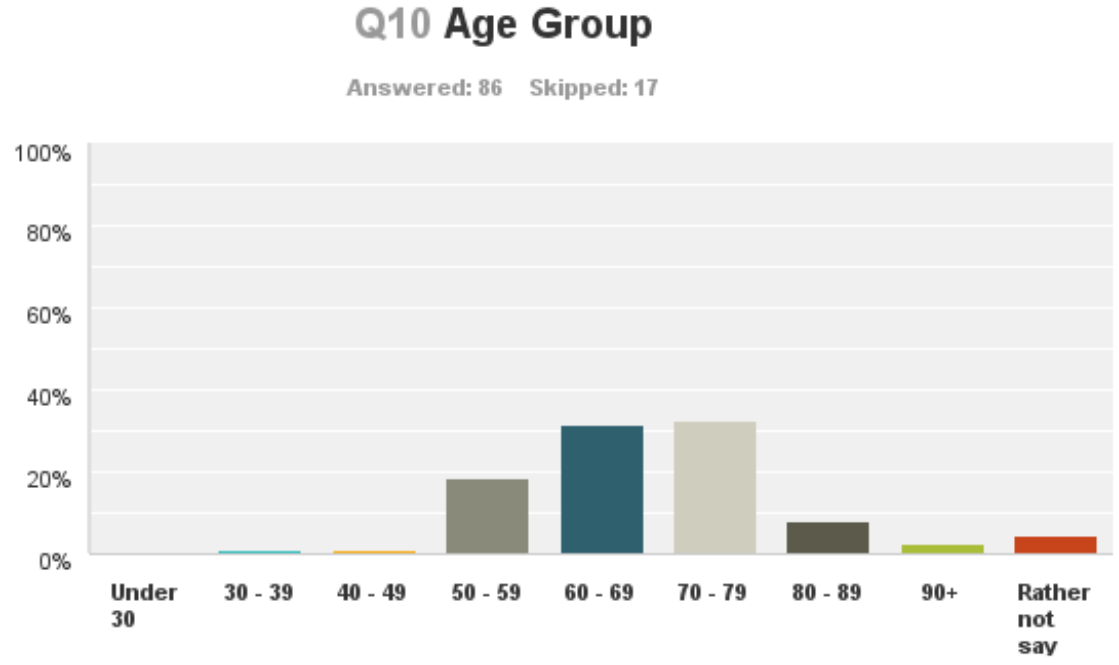
Nearly half of all respondents (46%) reported feeling lonely at least two days a week, with 15% reporting feeling lonely 3-4 days per week.

Over 70% (70.59%) reported suffering from one or more health conditions, ranging from high blood pressure (33.82%), arthritis (27.94%) and Cancer (11.76%) to stroke (4.41%), Parkinson's Disease (1.47%) and terminal illness (1.47%).

One in six people described themselves as a carer (15.29%), with a further 6.74% registered Disabled.

Of the 81 people (78.6%) who responded that they had visited a GP or other NHS service in the past 12 months, the average number of visits was 4.5 times, ranging from 1 to 201.

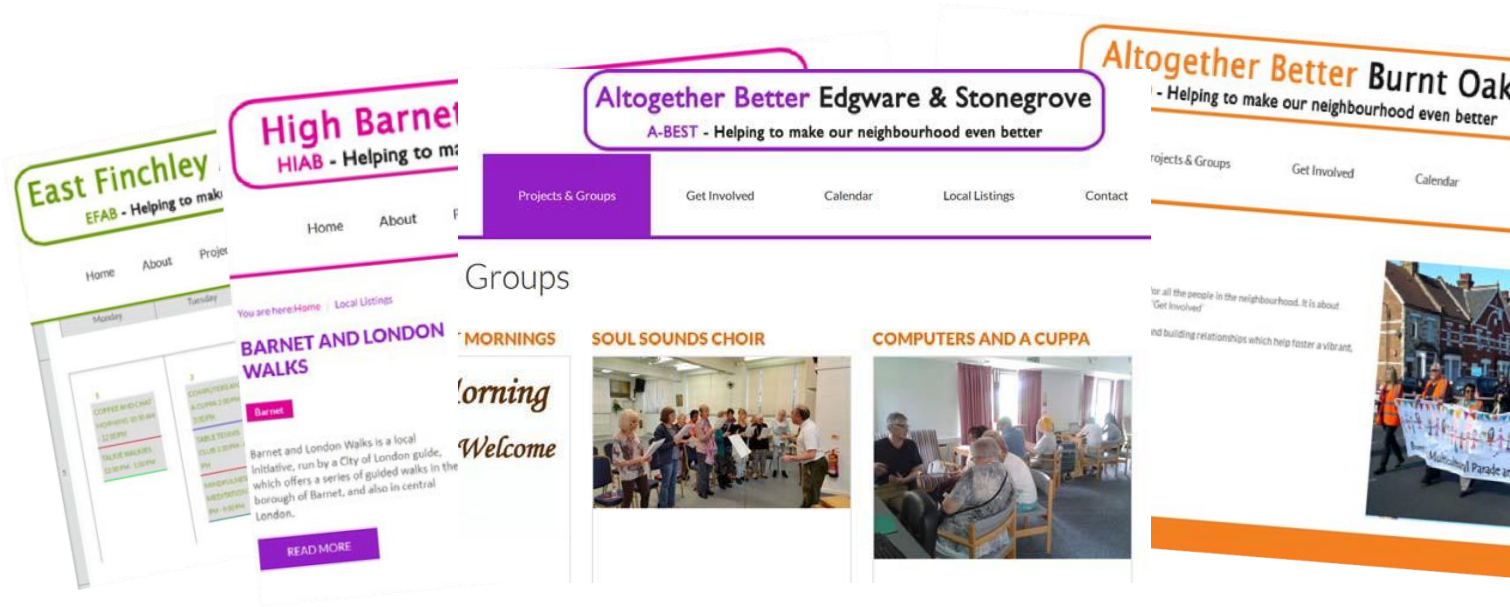
Altogether Better is increasingly targeting individuals at risk of admission to residential care. The fact a significant number of those surveyed having long term conditions or are carers or are suffering from long term health conditions is positive in that it suggests Altogether Better is targeting at risk groups.



Borough Wide Engagement and Publicity

Altogether Better Websites

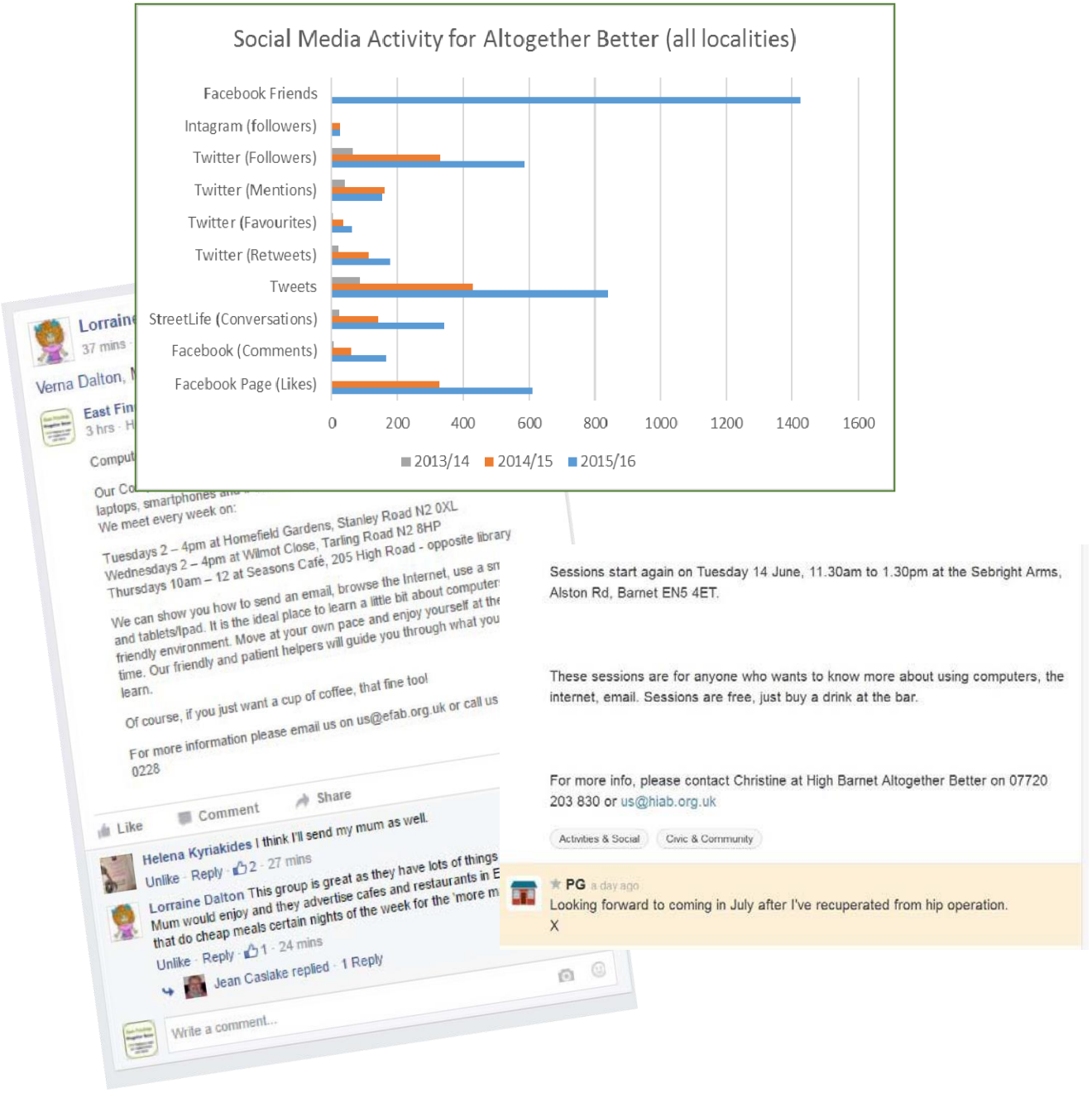
Due to provider support issues, all the Altogether Better localities' websites were re-launched during 2015. Each website provides information on projects that are underway as well as a calendar of future events. Local businesses and organisations are able to register with the website and use it to publicise their activities. They are provided with a log-in to update their information and add events to the calendar.



Social Media

Social media is an integral part of Altogether Better. The table below shows social media activities across the four localities with over 1400 friends and 600 likes on the Facebook page.

- StreetLife, a neighbourhood based social networking platform, allows us to connect with residents who are part of a particular locality. Over the past year there have been 342 conversations, compared with 141 the year before.
- Facebook comments and conversations have tripled over the past year (164 compared to 58 the previous year).
- Twitter mentions (retweets, favourites and conversations) have increased to 394 across all four localities (up from 308 last year).
- The number of followers on Twitter has almost doubled since last year (508, up from 331).



Media Coverage

The Altogether Better – the Ageing Well Programme in Barnet has received positive press coverage over the past year. Below are a number of positive media stories:

1. Cook with the Wooden Spoon and Apron club
www.the-archer.co.uk/archive.php?year=2016&month=March
2. Meditation – is it for you?
www.the-archer.co.uk/archive.php?year=2016&month=March
3. Computer help
www.the-archer.co.uk/archive.php?year=2016&month=March
4. EFAB: what's on and when?
www.the-archer.co.uk/archive.php?year=2015&month=December
5. Things can only get better
www.the-archer.co.uk/archive.php?year=2015&month=December
6. Everyone gets involved in Grange Big Local event
www.the-archer.co.uk/archive.php?year=2015&month=November
7. Festival specials for all ages
www.the-archer.co.uk/archive.php?year=2015&month=November
8. Swap your skills at Barnet's Timebank
www.times-series.co.uk/news/14108226.Swap_your_skills_at_Barnet_s_Timebank/?ref=eb
9. Learn to cook…or cook better
www.the-archer.co.uk/archive.php?year=2015&month=October
10. Runners and ramblers on the move
www.the-archer.co.uk/archive.php?year=2015&month=October
11. Burnt Oak Festival Units Community
www.barnet-today.co.uk
12. New dementia project launched
www.times-series.co.uk/news/13786069.New_dementia_project_launched
13. Cooking skills sharing sessions
www.the-archer.co.uk/archive.php?year=2015&month=September
14. Venue for coffee & chat
www.the-archer.co.uk/archive.php?year=2015&month=September
15. Personal Shoppers
www.the-archer.co.uk/archive.php?year=2015&month=September
16. New faces for coffee and chat
www.the-archer.co.uk/archive.php?year=2015&month=August
17. Shop Assistance: thanks very much!
www.the-archer.co.uk/archive.php?year=2015&month=August
18. Could you lead a meditation group?
www.the-archer.co.uk/archive.php?year=2015&month=July

archer.co.uk/archive.php?year=2015&month=July

19. Coffee and Chat
www.the-archer.co.uk/archive.php?year=2015&month=June

20. Shop Assistance
www.the-archer.co.uk/archive.php?year=2015&month=June

21. Dine for £5
www.the-archer.co.uk/archive.php?year=2015&month=May

The sessions will take place at Brent Cross Tesco every Friday

28 Sep 2015 / James Cavan, Reporter / @JCTimesSeries

0 comments

Don't be the last to know! Get the latest local news straight to your inbox.

Your email address Sign up

A NEW reading group for dementia sufferers and their carers has been launched in Barnet.

Run by The Reader Organisation, the Memory Loss group will meet at Brent Cross Tesco every Friday from 1.30pm to 3pm.

The project started yesterday (September 25).

WHAT HAS BEEN ACH

New faces for coffee and chat

East Finchley Altogether Better or EFAB's community-led Coffee and Chat sessions have been seeing new faces each week, with the group chatting informally and sharmselves.

ey A
rs w
ugh

p send a speaker in the next few
y weeks, and any other relevant
speakers are also welcome to

Runners and ramblers on the move

EFAB's Mums Who Run group, a friendly jogging group for women, and Talkie Walkies walking group, have both moved their sessions to a different day, and look forward to welcoming newcomers to the groups.

Mums Who Run are now meeting on Friday mornings at 9.30am in Cherry Tree Wood, and encourage women of any age (not necessarily mums) to join them for a friendly, supportive jog together. All fitness levels are catered for. Contact sarahglennon7@gmail.com for more details or to attend.

Talkie Walkies have decided to change their week to a Monday, and n 12.30pm outside th Arms pub, 105 Fo before setting off on a stroll and chat to attendees wish they enjoy a cuppa or lun afterwards. Please co on samsonel@btinte call Tony on 07958

Cook with the Wooden Spoon and Apron club

EFAB's Wooden Spoon and Apron club is returning on Thursday 7 April for a set of six sessions based around different themes such as Chinese, European, Indian, Jewish, Persian, Thai and Ukrainian cooking, with recipes led by an experienced home cook wanting to share their skills with others.

As well as great food, the main emphasis is on having fun and socialising, with participants cooking tasty meals together in small groups and then eating the meal they have prepared together at the end of the session. Sometimes people even bring a bottle.

The sessions are taking place on Thursdays from 5-8pm at the Ann Owens Centre, Oak Lane, N2, and £5 per session covers all ingredients, the meal and printed recipes to take away.

Anyone can participate, from beginners to more experienced cooks. To sign up, call Lisa Smith on 07909 998453 or email us@efab.org.uk.

Chop, chop: Izzy and Patricia at a cookery session

Dine for £5

The Silver Service scheme has now kicke several local cafés and restaurants offering deals to customers over 60 years of age, and on Tuesday lunchtimes.

The Bald Faced Stag, Barracuda, Big Chef, New Local Café, The Pelican Fish Bar (formerly Costi's) and Seasons restaurants are all taking part.

Look out for the silver sticker displayed in windows and each restaurant will set tables aside for Silver Service diners, clearly displaying their menu and what is included in the deal.

If you have a restaurant or café in East Finchley and would like to take part in this scheme (for free), please c of East Finchle Better on 0790 email us@efab.o

riendly chat: A coffee morning under way at the Stag.

Coffee mornings hot up

Lots of people have been enjoying a nice cuppa with others at EFAB's new community-led coffee mornings. Everyone is welcome to come in and have a chat with fellow slurpers at the Bald Faced Stag in the High Road from 10.30am to 12.30pm every Monday. If you would like to join the EFAB Friends and volunteer some of your time to help run these sessions, just go along, or contact Lisa Smith on 07909 998453 or email us@efab.org.uk

August 2015: Wellbeing Café moves to new venue, Clissold Arms as the

old venue was no longer available.

September 2015: IT & Biscuits changes names to Computers and a Cuppa, with three groups up and running.

EFAB had a presence at the Grange Big Local – Table Tennis club run tournament and recruits new members.

October 2015: Talkie Walkies changed name to Talk & Walk and has grown from eight to ten attending each Monday.

Cooking Skills group starts, sessions continue in December, February, and April.

November 2015: Mums Who Run changed name to Cherry Tree Runners and welcomed members of both sexes. It has now has six to eight attendees.

December 2015: EFAB had a stall at East Finchley Christmas Festival.

January 2015: Meditation group started again for six weeks. Attendance has increased from twelve to twenty five.

March 2015: Community Kitchen Garden Group starts at Martin School. Six to ten adults attend, with school children, one lunch time each week.

EAST FINCHLEY ALTOGETHER BETTER (EFAB) PROJECTS UNDERWAY:

During the past year over 1000 local people have engaged with EFAB, with over 250 Community Friends and organisations actively involved, offering their experience and support. The following projects are at different stages of delivery, with some projects underway, others about to start or in the planning stages.

<table>
<tr><th colspan="4">Cooking Group – started Oct 2015</th></tr>
<tr><td>Scope</td><td colspan="2">To share recipes for fresh, healthy foods on a budget.</td><td rowspan="3">“During the current set of sessions we’re offering Persian, Indian, European, Jewish, Chinese and Ukrainian cooking classes. Attendees have told us they really enjoy the sessions, learning new skills and recipes and eating the lovely food together afterwards”

Sajeda (62) Community</td></tr>
<tr><td>Outcomes</td><td colspan="2">• Increased confidence, kitchen skills, ability to prepare different dishes, budget and shop.
• Reduced isolation and loneliness and enhanced health through healthy eating</td></tr>
<tr><td>Outputs</td><td>• Number of sessions this year:
• Number of hours per session:</td><td>12
3</td></tr>
</table>

Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	10 3 10	*Friend*
Users	• New participants this year: • Average number per session: • Total number of participants:	26 9 26	

Computers and a Cuppa Groups (x3)			
Scope	To tackle digital exclusion of older people through peer to peer learning.		"I Look forward to the two weekly sessions Tuesdays Homefield Gardens and Wednesdays Wilmot Close. It has been a lot of fun over the last 18 months. Both venues have turned into pleasant sociable and helpful afternoons. Many people have seen all sorts of benefit from the support given by helpers and regular 'clubbies' (lots of laughter too). **"** *Paul (60), Community Friend*
Outcomes	• Increased confidence in use of ICT, including using email, phone calls, web searches, access to public services online and use social networking sites • Reduced isolation and loneliness • Enhanced health and wellbeing		
Outputs	• Number of sessions this year – 34 (library), 30 (Wilmot Close) and 12 (Homefield Gardens): • Number of hours per session:	144 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	9 5 23	
Users	• New participants this year: • Average number per session: • Total number of participants:	60 15 90	

Wellbeing Café		
Scope	Support groups that provide accessible information and leisure in a social setting, helping to build relationships in the local community.	

Outcomes	• Signposting to prevention services • Improved wellbeing, with social interaction increasing confidence and reducing depression or anxiety • Reduced loneliness, people feeling valued and being treated with respect • A 'good fit' with informal sources of support	 **"**It has opened so many doors for me. It has introduced me to some lovely new people and I have made new friends through it. It gets me out of the house on Monday mornings. I have met some wonderful people who I would never normally come into contact with. It has given me a sense of community. **"** *Lisa (56), Community Friend*
Outputs	• Number of sessions this year: 47 • Number of hours per session: 2	
Community Friends	• New Friends this year: 8 • Average number per session: 5 • Total number of community friends: 14	
Users	• New participants this year: 40 • Average number per session: 20 • Total number of participants: 45	

Table Tennis Club		
Scope	To empower people to improve their mobility and mental health, through providing fun, exercise, laughter and social interaction.	**"**Being no longer able to play my beloved tennis due to a neck/back problem preventing overarm action, I thought table tennis might provide the required competition and exercise. This has proved to be the case and, as well as satisfying my aggressive sporting streak, it has definitely improved my agility. Not only do I reach shots I wouldn't have attempted a while ago, I often return them! It is nice to meet a bunch of new people who enjoy playing and with whom I can have a laugh and joke as well as a chat. It's amazing what we find we have in common. **"** *Diana (71), participant*
Outcomes	• To boost wellbeing and mental health whilst breaking down social isolation. • Improved health, particularly in relation to decreased risk of CVD and diabetes and a positive effect on bone health.	
Outputs	• Number of sessions this year: 44 • Number of hours per session: 2	
Community Friends	• New Friends this year: 5 • Average number per session: 6 • Total number of community friends: 10	
Users	• New participants this year: 12 • Average number per session: 10 • Total number of participants: 35	

Talk and Walk		
Scope	Meet and walk together whilst having a chat	"The Talk & Walk Monday group

Outcomes	• Exercise together in company and safety • Increase in community spirit • Reduced isolation and loneliness		has made such an impact socially. I've met one lady who lives short distance from me and have seen her in the street to talk to. Another said she was at Weight Watchers at the Clissold so I joined and have met her there also. Both of these ladies are near my own age, 65, so good to know people in my own age group. I feel Talk & Walk group is great thing to do in the summer months. Is a gentle level manageable for most, free and good way to start the week. " *Amber (65), participant*
Outputs	• Number of sessions this year • Number of hours per session	45 1.5	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	5 2 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	10 6 15	

Shop Assistance			
Scope	To provide assistance to those who are unable to go out and do their shopping alone, either by giving lifts, shopping on their behalf or assisting with internet orders and deliveries. Joint project with Advocacy in Barnet.		**"**Helping out with Mrs C's shopping made me feel I was able to make a positive contribution to her wellbeing, by just giving up a couple of hours every two weeks to drive to Waitrose. She was very appreciative!**"** *Sarah (61yrs)* *Community Friend*
Outcomes	• Reduced loneliness and isolation through weekly contact • Signpost to other organisations if needed • Improvement in undertaking the ability to self-care • Regular monitoring of physical deterioration or a crisis (for example, hospital admission)		
Outputs	• Number of sessions this year • Number of hours per session	50 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	6 6 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	6 6 6	

Silver Service			
Scope	To encourage older people to be social and have an affordable meal outside of the home.		
Outcomes	• Reduced loneliness and isolation • Increased connections in local community • Improvement in daily living functions • Affordable hot meal available once a week		
Outputs	• Number of sessions this year • Number of hours per session	49 3	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 6 8	
Users	• New participants this year: • Average number per session: • Total number of participants:	100+ 20 100+	**"**I found out about EFAB from Farsafone as I am one of the trustees. EFAB has given me the chance to make friends and share my experience with them on Persian food, as well as other cuisines. Thanks!" *Azam (65) participant*

Cherry Tree Runners			
Scope	To encourage residents to be social in a fit and healthy way.		
Outcomes	• Improved physical and mental health including weight-loss and increased self- esteem • Increased community spirit		
Outputs	• Number of sessions this year • Number of hours per session	36 1	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 2 4	**"** Since starting the group, I've had the opportunity to meet a variety of people from East Finchley and further afield. It's great to run with company and support others who are finding their way back to fitness. **"** *Sarah (44) Community Friend*
Users	• New participants this year: • Average number per session: • Total number of participants:	5 6 12	

Mindfulness Meditation - started Oct 2015		
Scope	To facilitate meditation practice for beginners or improvers, bringing people together to find some time for themselves.	**"** The group has connected me with people in the community I never would have met and I have

Outcomes	• Positive effect on physical and mental wellbeing • Reduced symptoms of insomnia, fatigue, depression and anxiety. • Increased use of local library space		built new friendships that I value very much **”** *Roya (27) Community Friend*
Outputs	• Number of events this year • Number of planning meetings • Number of hours per session	16 2 1.5	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	5 3 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	38 20 38	

Locality Summits			
Scope	To share achievements and learning from the various project groups being supported.		**“**I heard about EFAB through their meditation classes. I have been a fan and supporter ever since. East Finchley Altogether Better fulfils its mission by making us feel part of the community. The social gatherings are always fun and other classes - like about computers are pretty useful. Weekly walks help us to keep fit. I highly recommend EFAB to all neighbours in our friendly neighbourhood.” *Pedro (62) participant*
Outcomes	• A shared vision and future direction for EFAB • Improved ability to 'champion' the priorities and needs of the local area • Increased community spirit		
Outputs	• Number of sessions this year • Number of hours per session	4 2.5	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	4 40 250	

Bi-monthly Newsletter / Street Champions			
Scope	To provide information to local people about a range of local initiatives that are likely to be of interest.		**“**I drop multiple copies to various locations such as my church, coffee mornings and also my local medical centre. I usually carry a few on me in case I get chatting to someone at the bus stop or while walking my dog in Cherry Tree Wood. Delivering the newsletter is a great way of letting people know all the good things that are happening in
Outcomes	• More active participants in local community • Improved access to information, consultation and co-production		
Outputs	• Number of sessions this year • Number of hours per session	6 2	

Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	8 13 18	East Finchley thanks to EFAB and at the same time, feeling you are doing something for the community." *Finola (80), Street Champion*
Users	• New participants this year: • Total number of participants:	900 4900	

" I Really enjoyed being there today. What a pleasant group of people. I didn't mention it before, but I have a diagnosis of early Parkinson's, so I am more interested in staying active and getting some regular exercise, rather than excelling at table tennis. It is perfect for me, being a combination of both physical and mental exercise, and above all enjoyable. Should be there again next week. Thank you! "

Neil (54), Participant

" I am happy to deliver the EFAB Newsletter to my neighbours as I think many reading it will be inspired to find out more and want to meet up with others who live nearby. It is enjoyable to be part of a friendly group of sociable people, even just having chats over coffee or going for walks together, and the EFAB newsletter has details of these and other EFAB supported groups for all to get involved with. All this is what EFAB is doing so well and the more people that know about it the better! "

Rita (80), Street Champion

WHAT HAS BEEN ACHIEVED - ALTOGETHER BETTER BURNT OAK

Throughout 2015 / 2016 further development of Altogether Better Burnt Oak has been supported by community friends who have offered their experience and support. **Thanks go to Bob Hendley, Dulcie Burnett, Nila Patel, Molly Hennesy, Inas Ibrahim, Roland Handly, Josy Fuoco, Cherry James, Margaret Lacey, Lachchya Gurung, and Fiona Braley.** In 2015/16, Altogether Better Burnt Oak is being supported by Nazra Zuhyle, Altogether Better Officer and Stephen Craker, Ageing Well Programme Manager.

April – September 2015:	Planned Burnt Oak's second multicultural parade and festival. Better Burnt Oak worked in partnership with other local community groups including Burnt Oak Residents Association (BORA), Burnt Oak Pensioners Voice, North Road Community Centre, the Met Police, Local Schools and Nutmeg Community. There were 300 participants from over 25 cultural and community groups, including six local schools took part in the parade. This year Better Burnt Oak carried out a poster competition that was held Over 5,000 local residents attended the festival at Silk Stream Park.
December 2015:	Launched new website.
January 2016:	Locality Summit.
March 2016:	Launched activity and entertainment afternoons at Wood Court
April 2016:	Launched Yoga and Meditation sessions

ALTOGETHER BETTER BURNT OAK PROJECTS UNDERWAY:

During the past year, over 6000 local people have engaged with Altogether Better Burnt Oak, with over 30 new Community Friends and organisations becoming actively involved. The following projects are at different stages of delivery, with some projects underway, others about to start or in the planning stages.

Wellbeing Cafe			
Scope	As EFAB Wellbeing Cafe		"It's been nice to meet new people and make new friends!" *Jo (75), Community Friend*
Outcomes	As EFAB Wellbeing Cafe		
Outputs	• Number of sessions this year • Number of hours per session	36 2.5	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	3 1 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	10 5 10	

Talk and Walk			
Scope	Meet and walk together whilst having a chat.		" A great way to stay fit and healthy and what lovely company too! We walk at our own pace and there's no pressure to rush or speed up. I've made some lovely new connections." *Gloria (50), Community Friend*
Outcomes	• Exercise together in company and safety • Increase in community spirit • Reduced isolation and loneliness		
Outputs	• Number of sessions this year • Number of hours per session • Number of planning sessions	28 2 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	5 6 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	3 9 9	

Yoga and Meditation			
Scope	Increase communication between parents and children, develop skills and reduce social isolation through activities.		
Outcomes	• Children make new friends and are engaged outside school hours • Children develop skills through group activities • Parents spend time with children and develop communication • Volunteers develop skills • Increase in community spirit		**"**One of the best classes I have been to! It's a great way to relax the mind and body and connect with yourself. I have been raving about it to my friends who want to join this group too! " *Sri (55), Community Friend*
Outputs	• Number of sessions this year • Number of hours per session	1 1.5	**"**I had a very bad accident a few years ago and my mobility was affected. Yoga has helped immensely and I am now able to move with ease. My husband and I enjoy the sessions very much. A great way to connect with oneself **"** *Mala (63), Community Friend*
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 2 2	
Users	• New participants this year: • Average number per session: • Total number of participants:	12 12 12	

Locality Summits			
Scope	To share achievements and learning from the various project groups being		
Outcomes	• A shared vision and future direction for developing Altogether Better locally • Improved ability to 'champion' the priorities and needs of the local area • Increased community spirit		"I enjoy our socials. It always nice to meet everyone from other groups and to have friendly chats over a nice meal!" *Dulcie (73), Community Friend*
Outputs	• Number of sessions this year • Number of hours per session	3 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	10 30 30	

Silver Service			
Scope	To offer seniors a two or three course meal deal working in partnership with local restaurants and lunch clubs.		
Outcomes	• Reduced loneliness and isolation • Increased connections in local community • Improvement in daily living functions • Affordable hot meal available once a week		
Outputs	• Number of sessions this year • Number of hours per session	4 3	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	6 6 6	"I was happy to hear this scheme had been introduced to Burnt Oak. I've made new friends and enjoy occasionally taking my daughter along for a meal too! " *Katie (73), participant*
Users	• New participants this year: • Average number per session: • Total number of participants:	30 20 60	

Burnt Oak Multi-Cultural Parade and Festival			
Scope	To help build relationships between ethnic and cultural groups and increase involvement in the local community through a celebration and sharing of culturally diverse traditions, dance, food, performances, exhibitions, concerts and information.		**"**A great way to spend time with the family and meet people you otherwise would not meet! This year I was happy to see the number of local schools that took part. It was lovely to see the kids perform on stage*."* *Amy (34), participant*
Outcomes	• Increase in community networks / spirit • Greater interaction between people of different cultures and backgrounds • Different cultural values are respected • Increased number of people who do not tolerate racism		
Outputs	• Number of events this year • Number of planning meetings • Number of hours per session	1 15 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	50 12/50 72	
Users	• New participants this year: • Total number of participants:	1000 5000	
www.barnet-tv.co.uk/programmes/community			

Bi-monthly Newsletter / Street Champions			
Scope	To provide local information about the range of local initiatives that are likely to be of interest.		"I find this a great meet people and have a chat. I attend several community groups, it's nice to know that I'm able to play an important part in keeping residents informed about what's on in Burnt Oak. It's also a good way for me to check in on my neighbours." *Vi (83), Street Champion*
Outcomes	• More active participants in local community • Improved access to information, consultation and co-production		
Outputs	• Number of editions this year • Number of hours per session	6 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	6 12 12	
Users	• New participants this year: • Total number of participants:	800 4000	

Other activities being planned in Burnt Oak

Shop Assistance	
Scope	To provide assistance to those who are unable to go out and do their shopping alone, either via lifts, shopping on their behalf or assisting with internet orders and deliveries. Joint project with Advocacy in Barnet.
Outcomes	• Reduced loneliness and isolation • Signpost to other organisations if needed • Improvement in self-care • Regular monitoring of physical deterioration or crises (e.g. hospital admission)

Spring in Your Step Intergenerational Walking Group	
Scope	To facilitate a social activity that enrich lives, reduce isolation and loneliness and encourage active participation
Outcomes	• Develop a strong community spirit and improved community cohesion • Greater feeling of wellbeing in older people • Increased mutual respect and understanding between the generations • Younger people develop better interpersonal skills.

Other activities being planned in Burnt Oak

Spring in Your Step Intergenerational Walking Group	
Scope	To facilitate a social activity that enriches lives, reduces isolation and loneliness and encourages active participation.

Outcomes	• Develop a strong community spirit and improved community cohesion • Greater feeling of wellbeing in older people • Increased mutual respect and understanding between the generations • Younger people develop better interpersonal skills.

Better Burnt Oak handed over the delivery of the following projects part-way through the year to other local community groups in order to increase their capacity to develop new projects.

Burnt Oak in Business	
Scope	To develop local business networks to help break down cultural barriers and increase involvement in the local community.
Outcomes	• Local business owners and professionals able to network and share skills and experiences in the local area • Increase number of work experience placements

Young Minds	
Scope	Increased communication between parents and children, develop skills and reduce social isolation through activities.
Outcomes	• Children make new friends and are engaged outside school hours • Children develop skills through group activities • Parents spend time with children and develop communication • Volunteers develop skills • Increase in community spirit

Community Cleanup	
Scope	A partnership with Burnt Oak Residents Association (BORA), to clean up the local area.
Outcomes	• The local area will be more attratcive • Hygiene will be reduced litter • Increased community spirit

Teen Time - activities for teenagers aged 12 - 19	
Scope	Young people have opportunities to get involved in and develop skills outside school hours.
Outcomes	• Teenagers are engaged outside school hours • Develop skills through group activities • Volunteers develop skills • Increase in community spirit

WHAT HAS BEEN ACHIEVED - ALTOGETHER BETTER EDGWARE & STONEGROVE

Development of Altogether Better Edgware and Stonegrove (A-BEST) has been supported by volunteers who have offered their experience and support throughout the year. In 2015/16, the East Finchley Altogether Better project is being supported by Lisa Smith, Altogether Better Officer and Stephen Craker, Ageing Well Programme Manager. **Special thanks go to Jennifer Hudson, Godfrey Manning, Maxine Webber, Diana, Lorna the Edgware Town Team, Larches Community Trust, St. Margaret's Church and restaurants that signed up to the Edgware Silver Service for their advice and support throughout the year.**

April- May 15: Pop up shops Broadwalk Shopping Centre

June 2015: Wellbeing Café

Sept 2015: Launched Edgware Community Chorus.

December 2015: Launched new A-BEST website.

February 2016: Launched 'A Walk Down Memory Lane' – senior residents share their stories with younger people.

March 2016: Locality Summit.

March 2016: Launched 'Talk and Walk'.

ALTOGETHER BETTER EDGWARE & STONEGROVE PROJECTS UNDERWAY

Silver Service		
Scope	To encourage older people to be social and have an affordable meal outside of the home.	"A great initiative! There's a group of us who enjoy trying a variety of food and often meet on a Tuesday to try out a new restaurant. We've been to them all and have made new friends. The restaurant staff know us well and are very friendly
Outcomes	• Reduced loneliness and isolation • Increased connections in the local community • Affordable hot meal available once a week	

Outputs	• Number of sessions this year • Number of hours per session	48 4	and welcoming." *Diana (63) participant*
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 7 7	
Users	• New participants this year: • Average number per session: • Total number of participants:	60 6 160	

Community Choir			
Scope	To encourage both the young and older generations to be social and take part in regular singing activity to promote wellbeing and health.		
Outcomes	• Reduced isolation and loneliness • Improved community spirit and cohesion • Increased mutual respect and understanding between the generations • Increased confidence in self and community • Greater feeling of wellbeing through increased lung capacity, better posture, self- esteem etc.		
Outputs	• Number of sessions this year • Number of hours per session	13 2	" This group has made me feel happy. We live in a fast becoming machine world. Being around people, getting to know people is vital to me. It has helped me through a very difficult time. " *Joyce (67), Community Friend*
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	3 4 6	
Users	• New participants this year: • Average number per session: • Total number of participants:	25 15 35	

Case Study - The Community in Chorus

Jenny (74) had spent 26 years away from the UK when she lost her husband following a long illness. After deciding to move back to Edgware to care for her mother, she found that much had changed since she left the country in 1989.

In joining the Altogether Better Edgware and Stonegrove Community Choir practice, that welcomes singers of all abilities, she's rediscovered a sense of community that has helped her resettle in the UK after being away for so long.

"I didn't really know where or how to start my life again", Jenny explained.

It was through attending a session organised at Edgware library to learn about computers that she found out about a new choir practice that was going to be led by one of the IT expert volunteers, Godfrey Manning.

"Oh yes! I thought", remembers Jenny, "singing is my life, I really love it. But due to the sadness of my husband passing away I just hadn't been able to because I'd end up crying."

"I wasn't after a session for people with perfect voices or anything like that – I just wanted to be able to sing while having a bit of a giggle from time to time and just enjoy myself. So I joined! I sing my heart out to get rid of my sadness, helping me to cope with being back in the UK again.

"I've just found happiness here. Meeting new people, being part of a group and spending time with them to me is a joy. It's a very rewarding, satisfying, and most importantly – a fun thing to do. I think the borough is doing something wonderful here in supporting this activity."

Jenny also had some words of encouragement for anyone who's uncertain about joining in. She said: "Lots of people my age can feel isolated by this computer age we're in - and I find it strange too - so I feel it's more important than ever to make sure you have that human interaction and sense of community wherever you can find it. "And if that's within a small community, it can spread to a bigger circle - like ripples on a pond, you know - one stone, and it widens and widens. That's the spirit of living."

Reminiscence Project			
Scope	To deliver intergenerational reminiscence sessions to remember past events, lifestyles and activities.		"It's simply lovely sharing memories from my past with young children growing up on the same estate as I did! I was surprised at how interested they were! They asked many questions and I was encourage to share more about life back in the 50's and 60's" *Lorna (65) Community Friend*
Outcomes	• Improved emotion, wellbeing and happiness • Improved perceptions of own health and optimism • Positive impact on relationships between generations • Improved community cohesion		
Outputs	• Number of sessions this year • Number of hours per session	3 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	3 2 5	
Users	• New participants this year: • Average number per session: • Total number of participants:	15 15 15	

Bi-monthly Newsletter / Street Champions			
Scope	To provide information to local people about a range of local initiatives that are likely to be of interest.		"I enjoy walking the streets and in my neighbourhood delivering the newsletter. I was interview in one issue and I was delighted to let people know I was in the newsletter! It's been a great way to keep my local community informed about activity in the local area." *Julia (67), Street Champion*
Outcomes	• More active participants in local community • Improved access to information, consultation and co-production		
Outputs	• Number of issues this year • Number of hours per session	6 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	5 6 6	
Users	• New participants this year: • Total number of participants:	150 1500	

Computers and a Cuppa			
Scope	To tackle digital exclusion of older people through peer to peer learning.		"As a younger person who likes to spend time with older people I see it as my duty and responsibility to help older people learn how to use modern technology. It's also helped build new friendships with a group people I would otherwise have not met." *Andy (33) Community Friend*
Outcomes	• Increased confidence in use of ICT, including using email, phone calls, searching the internet, accessing public services online and use social networking sites • Reduced isolation and loneliness • Enhanced health and wellbeing		
Outputs	• Number of sessions this year • Number of hours per session • Number of planning meetings	4 2 3	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 2 2	
Users	• New participants this year: • Average number per session: • Total number of participants:	2 2 2	

Locality Summits			
Scope	To share achievements and learning from the various project groups being supported.		"It's great fun to meet the wider group and get to know people from other groups… and what's more it's always over a lovely meal!" *Maxine (59), Community Friend*
Outcomes	• A shared vision and future direction for developing Altogether Better locally • Improved ability to 'champion' the priorities and needs of the local area • Increased community spirit		
Outputs	• Number of sessions this year • Number of hours per session	3 2	
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	10 30 30	

Spring in your Step	
Scope	To facilitate a social activity that enrich lives, reduce isolation and loneliness and encourage active participation
Outcomes	• Develop a strong community spirit and improved community cohesion • Greater feeling of wellbeing in older people • Increased mutual respect and understanding between the generations • Younger people develop better interpersonal skills.

Line Dancing	
Scope	To encourage both the young and older generations to be social and to promote wellbeing and health.
Outcomes	• Reduced isolation and loneliness • Improved community spirit and cohesion • Increased mutual respect and understanding between the generations • Increased confidence in self and community • Greater feeling of wellbeing through increased lung capacity, better posture, self-esteem etc.

Shop Assistance	
Scope	To provide assistance to those who are unable to go out and do their shopping alone, either via lifts, shopping on their behalf or assisting with internet orders and deliveries. Joint project with Advocacy in Barnet.
Outcomes	• Reduced loneliness and isolation through weekly contact • Signpost to other organisations if needed • Improvement in undertaking the ability to self-care • Regular monitoring of physical deterioration or a crisis (e.g. hospital admission)

WHAT HAS BEEN ACHIEVED - ALTOGETHER BETTER HIGH BARNET & UNDERHILL

Building on the initial work that had taken place in 2014, work re-started in November 2015 when a project officer was recruited. A range of local people and businesses in **High Barnet & Underhill** areas came together to form High Barnet Altogether Better. The first priorities were to update the mapping exercise, engage with key stakeholders and with the local community. Learning from the other Altogether Better projects have informed the development of HIAB. Altogether Better is led by Stephen Cracker and Christine Halpin.

During the first five months, 300 people have engaged with HIAB. Two Community Friends have been recruited to deliver Computers and a Cuppa sessions and two Street Champions have been recruited, delivering 120 newsletters between them. One restaurant has joined Silver Service and two more are considering joining.

November 2015: Project officer started in post.

December 2015: Launch of High Barnet Altogether Better website www.hiab.org.uk

January 2016: Held three 'Pop up Shops' at Chipping Barnet Library and three 'Pop up Shops' at The Spires Shopping Centre.

Held a workshop at Mary Immaculate and St Gregory the Great Church Launched first edition of the bi- monthly HIAB newsletter, distributed in High Barnet, Underhill, Dollis Valley and to 800 residents in Arkley.

February 2016: Held a workshop at St Peters, Arkley.

Held a workshop at Christ Church, High Barnet Held Pop up Shop at Chipping Barnet Library and The Spires Shopping Centre.

Hosted a stand at Barnet Libraries Health and Wellbeing event, part of Barnet Libraries festival, engaging with around thirty new community friends Recruited first 'Street Champion', to deliver sixty newsletters.

Recruited first restaurant to join Silver Service, Renis Café, High St.

March 2016: Held workshop at The Rainbow Centre, Dollis Valley Held Pop up Shops at Chipping Barnet Library and The Spires Shopping Centre.

Held three leafleting sessions at The Co-op store, Mays Lane

Recruited Community Friends to lead Computers and a Cuppa.
Secured venue in which to hold Computers and a Cuppa, starting April Printed and distributed second edition of HIAB newsletter.

Future Activity

Other Activities being discussed and in planning stage:

- Computers and a Cuppa (two sessions planned, Tuesdays and Saturdays)
- Talk and Walk
- Meditation
- Wellbeing coffee morning
- Sensory garden
- Community garden

EMERGING ALTOGERTHER BETTER LOCALITIES

Local people in other areas are also coming forward to get involved. Conversations and meetings continue with a number of local people in **Finchley Central, New/East Barnet, North Finchley**, **Cricklewood** and **Golders Green**.

WHAT HAS BEEN ACHIEVED - DELIVERING A BOROUGH-WIDE APPROACH

Altogether Better - the Ageing Well programme in Barnet has started to deliver a bottom-up, asset based approach to make a significant contribution to older people's wellbeing. From the outset it was recognised that the model would need the support and action at both a local and borough-wide level. To support the locality based working, a number of borough-wide initiatives have, and continue to be, developed. These have included:

All-Age Friendly Community Assessments
An age-friendly community is suitable and empowering for people of all ages, with a design and facilities that assist people to enjoy health, wellbeing and quality of life. The WHO Age-friendly cities programme was adapted and a survey (both paper and online) was developed and since October have been distributed to enable people to assess how age-friendly their local community is.

A report was drafted which:

- Provided a snapshot evaluation of the ten factors of an age friendly community
- Presented the issues raised by people, in their own words
- Identified issues which hinder our communities' ability to be age-friendly
- Increased awareness of and commitment to ensuring he characteristics of age-friendly communities are a reality across Barnet.

The ten factors of an age friendly community are:

1. Local amenities
2. Public transport
3. Public seating and places to rest
4. Public toilets
5. Pavements
6. Neighbourhood safety
7. Places to meet
8. Information and advice
9. Your home
10. Your voice

The survey ran from 3 November 2014 until 5 June 2015 and was completed by 156 people of varying ages.

As part of encouraging local people to get involved, we created a conversation 'your views on Edgware' in regards to Age Friendly survey. The response has been great with lots of comments from residents who have been living in the area for a long time. So far, the conversations have earned mixed views. People described how the area has changed since they have been living there also what the issues and the positives coming out of the area.

BARNET TIMEBANK NETWORK

Barnet Timebank Network is a means of exchange used to organise people and organisations around a purpose, where time is the principal currency. For every hour participants 'deposit' in a timebank, perhaps by giving practical help and support to others, they are able to 'withdraw' equivalent suppot in time when they themselves are in need. In each case the participant decides what they can offer. Everyone's time is equal, so one hour of my time is equal to one hour of your time, irrespective of whatever we choose to exchange. Because time banks are just systems of exchange, they can be used in an almost endless variety of settings. One to one exchanges continue to grow and exchanges have included CV help, gardening, befriending, DIY, plumbing, basic electrics, Thai cookery, Fitness advice, mural painting, art classes, IT help, languages and many more. As Barnet Timebank Network has been running for two years, during 2015/16 work commenced to support it to become sustainable and a funding relationship developed with Barnet Homes.

Case Study - DC Joined the Timebank a year ago after signing up after a talk at the personal independent group at Barnet Job Centre Plus. DC has a fairly long history of mental health issues and was becoming increasingly isolated. DC was attracted to the project as he saw the benefits of using his skills as a carpenter and painter and decorator and becoming more involved in his community. DC has since found the Timebank a central tacit to his life; he has joined the Timebank guitar group, completed over 100 hours of DIY help received massage and reflexology and regularly attends the weekly Timebank drop in.

As DC himself says "It has been great for helping me gain the confidence to get back into work and interact with members of society again, as there is no pressure. It is filling a gap in society by helping older people and people with mental health issues who perhaps do not feel there is a lot of support elsewhere."

Just to stress how well I see Timebank in Barnet doing. The change in confidence and self- belief with some of my customers has been immense. They are now seeing they have got a future and their health and disabilities are not clouding their belief and daily lives in a totally negative way. I hope it will go from strength to strength for all the people of Barnet as this is definitely a way forward for many people to improve their lives, lessen isolation and increase positive interaction within communities.

Stuart Downie, Disability Employment Adviser, Hendon Jobcentre Plus

Description	End of year 2 (Dec 15)
Number of people who have joined the Barnet Timebank network across the two-year pilot	246
Number of credits exchanged across the network	2000
Members who have earned at least one credit	67%
Number of hours of venue space	1,680

VOLUNTEER-LED INTERGENERATIONAL SHARED READING GROUPS

The Barnet Volunteer Led Intergenerational Reading Project has been running for almost two years. In the first 18 months of the project (to end Dec 2015) the project:

- reached a total of 118 people, from diverse backgrounds, including 68 people in the latest quarter alone (October- December 2015)
- established 10 weekly Shared Read Aloud reading groups (8 community groups open to all and 2 community groups for people with Memory Loss and their Carers)
- trained a total of 16 volunteers to lead these groups
- cover a wide range of locations in Barnet, with the 10 groups taking place in different settings throughout the borough

All the groups are co-facilitated by two volunteers, recruited, trained and supported by The Reader Organisation and are delivered in a variety of settings: libraries, a community centre and a public house.

Volunteer-led Intergenerational and Dementia Shared Reading Groups			
Scope	To create sustainable reading groups that bring people of different age groups together to foster well- being, improve mental health across a range of social, educational and cultural boundaries.		
Outcomes	• Improved wellbeing and quality of life • Increased social inclusion and circle of friends • Increased sense of making a positive contribution • Increased skills and employment opportunities • Improved sense of community cohesion		
Outputs	• Number of hours per session • Number of people attending over 2 years	2 168	
Community Friends	• Number of volunteers	18	
Users	• Number of weekly readers	81	

SUPPORTING THE DEVELOPMENT OF THE FIRST MEN'S SHED IN BARNET

Men's Sheds have a role in promoting the health and wellbeing of men who participate in them by supporting their engagement in activities they enjoy and find meaningful. This, in turn, provides a sense of purpose and identity. The social environment of Men's Sheds can lead to the development of positive social relationships with other men and a sense of belonging.

The Friern Barnet Men's Shed is open to all men over 18. There are on average of 50 men attending each week. There is a particular emphasis on the reuse, refurbish and recycle of wood and materials donated or collected from building projects and it is a model that the Friern Barnet Men's Shed steering group are keen to promote and will provide a definable objective for 'the Shed' and its members for its sustainable future. The North London Woodturners Association have agreed to the use of their turning equipment by the shed. In addition, two large DIY stores and Ikea have agreed to supply the shed with wood and materials on an ongoing basis.

Men's Shed		
Scope	To provide a space for men to meet, socialise, learn new skills and take part in activities with other men.	
Outcomes	• reduction in social isolation • the opportunity to pass on skills and to maintain their own independence • feeling valued as individuals • remaining active • to improve access to services for older men • Improved wellbeing by reducing depression, anxiety and social isolation	
Outputs	• Number of events this year • Number of hours per session	192 5
Community Friends	• New Friends this year: • Average number per session: • Total number of community friends:	2 3 8

"It's great to have a place where men can meet and share experiences and socialise together. It's our own space, we can take part in activities we enjoy and learn something at the same time "

(*Chris, Community Friend)*

Users	• New users this year: • Average number per session: • Total number of users:	60 12 90	

Due to the success of the Friern Barnet Men's Shed, a group of men in High Barnet area have formed a group and, with the support of the Ageing Well Programme Manager, continue to attempt to identify a suitable venue to launch a second men's shed in the borough.

THE IMPACT OF BARNET'S AGEING WELL PROGRAMME

A tremendous amount of energy and support has been given to Altogether Better – the Ageing Well programme in Barnet from local people across Barnet, in particular those from Burnt Oak & Colindale, East Finchley and Edgware & Stonegrove. In 2015/16, over 10,600 volunteer hours were given to Ageing Well projects, with Barnet residents taking part in over 44,700 hours' worth of new activities - that's 6,385 days of companionship and increased wellbeing.

During 2015/16, over 6000 local people engaged with Altogether Better projects, with over 700 people volunteering as either Community Friends or Street Champions.

The Silver Service scheme (local restaurants offer a £6 lunch deal on Tuesdays to diners over 60 who can go with a friend, carer or relative of any age) has been extended to all Altogether Better localities. As well as the nutritional benefit of a hot meal, this reduces loneliness and isolation and increases community connections among a vulnerable group. Diners sit with other people who live in their local area but who they don't necessarily now, helping to form links between older residents.

Throughout 2015/16, Altogether Burnt Oak has been supported by Community Friends who've provided time and experience. One exciting project in Burnt Oak was the multi-cultural parade and festival. This aimed to build relationships between ethnic and cultural groups through sharing a day of dance, food, performances, music and information. Over 600 people took part in the street parade and around 5,000 people attended the festival.

The Ageing Well Programme services has helped community organisations to become less dependent on support from the council. Increasing social capital means there is greater availability of volunteers to support projects and provide peer support.

- All-Age Friendly Community Assessments
- Cherry Tree Runners (running group)
- Community Choir
- Computers and a Cuppa
- Dementia Friends
- Intergenerational Reading Groups
- Locality Summits
- Men's Shed
- Reminiscence Project
- Shopping Assistance
- Silver Service
- Spring in your Step
- Street Champions
- Table Tennis Club
- Talk and Walk walking groups
- Wellbeing Café

Benefits tracking

The Better Care Fund has five key metrics[1]:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient/ service user experience
- A locally proposed metric

This project is targeted at the first of these, it is targeted at delaying entry into residential care or care homes for older people. It does this by supporting them to stay healthy, be sociable and remain living in their communities for longer. The table below sets out levels of engagement associated with the Altogether Better – Ageing Well Barnet programme, divided across the different localities it operates in.

	East Finchley		**Burnt Oak**		**Edgware**		**High Barnet**
	Last Year	This Year	Last Year	This Year	Last Year	This Year	This Year
Prevalence of people engaged with Altogether Better activities by locality							
Community Friends	117	105	67	92	41	20	2
Street Champions	12	18	9	12	2	6	1
Participants *	171	367+	65	121+	27	212	
New Community Friends	95	60	57	66	37	10	2
New Street Champions	8	6	8	6	1	5	1
New participants *	144	297	63	55	27	102	
Total people engaged	300	490	141	225	70	238	3
Prevalence of service type offered by locality							
Information / advice	5	5	2	2	2	2	2
Arts / culture / reminiscence / other social activities	1	3	3	3	2	3	
Physical activities	3	3	1	1	1		
Support with shopping / gardening	1	1					
People helped to live at home	2	1	1	1	2	1	1
Opportunities for	12	13	7	7	7	6	3

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

volunteering							

* Excluding Festival and Parade participants, and people who receive newsletters and information from street champions

There is a range of evidence that co-producing community activities for older people at risk of dependency, can be a cost effective way or reducing and avoiding demand for adult social care.

The Joint Strategic Needs Assessment (JSNA) states that there is a significant shift in the way in which support is delivered, with more people choosing to live at home for longer. It contains characteristics of older people who are most at risk of developing a high level of dependency on adult social care services. It also provides data on how these individuals are spread across the borough, e.g. Social isolation is particularly prevalent amongst older women in affluent less densely populated areas of the borough.

The Prevention and Early Support Services paper[2] summarises research on the triggers for entry into the Barnet social care system. Triggers that are pertinent for older residents include: social isolation, new health conditions and decline in existing health conditions/ poor condition management. Altogether Better – the Barnet Ageing Well programme aids the development of community activities, including physical activities. Older people taking part in these activities on the face of it, have the potential to reduce social isolation and maintain their health by increasing the amount they exercise. In addition, Altogether Better brings together neighbourhoods, to design and provide community activities. Fostering neighbourliness and strengthening bonds between more and less vulnerable residents helps to build more resilient communities. Building resilient communities means neighbours helping each other to remain independent, reducing and avoiding demand for council services. In summary, the activities provide a direct benefit in mitigating triggers for demand and they have a knock on effect of increasing resilience of communities, which also reduces demand.

Community projects also provide benefits for the volunteers that take part[3]. The fact that Altogether Better is community led makes it a development opportunity for the volunteers that are engaged with the project. Increased social activity, leadership experience and closer relationships with neighbours are beneficial to people of all ages[4].

There is a wealth of evidence of the effectiveness of similar initiatives in other areas.

[2] https://barnet.moderngov.co.uk/documents/s35907/Prevention%20and%20Early%20Support%20Services.
[3] Bowling Alone, Robert Putnam, 2000

[4] Age of Opportunity: Older people, volunteering and the Big Society
http://www.respublica.org.uk/ item/Age-of- Opportunity-Older-people-volunteering-and-the-Big-Society

The Community Agents Project provides: befriending, benefits advice, form filling, social activity, transport shopping, odd jobs/ maintenance, information and advice. It is targeted at older residents. The project with was shown to have a Social Return on Investment (SROI) of £3.29 for evidence £1 invested.

10 Local Area Coordinators working in Derby were shown to provide a SROI of £4 of social value for every £1 invested[5]. Linkage plus is a national project that provides funding for groups of older local residents to co-produce community activities for older people. The Net Present Value (NPV) is calculated to be £1.80 per £1 invested. This increases to £2.65 for initiatives with the most holistic approaches to delivering services[6].

[5] http://www.thinklocalactpersonal.org.uk/_assets/BCC/Assured_SROI_Report_for_Local_Area_Coordination_in_Derby_March_2016.pdf

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186771/rrep572.pdf

BARNET & WHETSTONE PRESS

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Burnt Oak festival unites community

Thursday 24 September 2015 By Dave Speck

The streets of Burnt Oak came alive with the sights and sounds from a variety of cultural groups during the Multicultural Street Parade last Saturday (September 19).

The parade kicked off from Edgware Community Hospital with representation from the local Chinese, Italian, Angolan and Spanish communities as well as St. Alphage Church, Bamfield Primary School, Broadfields Primary School, Woodcroft Primary School, Colindale Primary School, Orion and Goldbeaters Primary school. Many more organisations joined the parade on the day.

Celebrations continued at Silkstream Park with entertainment from Nutmeg Community, Chinese Mental Health Association, local schools and local artists. There were a variety of stalls selling jewellery, food and information about local services.

Fun sporting activities including boxing, athletics and football were laid on by Youth and Communities team) along with Barnet Football Club and London

Josy Fuoco, from Burnt Oak Resident's Association, said: "It's been a great from the local community. People have been telling me how impressed the event includes everyone and develops a sense of community. The parade to appreciate and celebrate Burnt Oak's culture diversity with music, dan

The festival was organised by Altogether Better Burnt Oak working in pa Association (BORA), Nutmeg Community and Love Burnt Oak.

People

There's more to being a neighbour than living next door

In changing times it's become more important than ever to feel connected to our neighbours.

Two years ago the Altogether Better initiative was launched to help bring people in Barnet closer together, reduce isolation and create opportunities for people of all ages to share their time and skills with each other.

Jointly funded by the council and the NHS, and supported by the Barnet Older People's Assembly as part of the our Ageing Well programme, the scheme supports local people to start up and run projects which they feel would benefit their area, as well as helping to offer services to those who need support.

Altogether Better is exciting because it is open to all.

Singing and making new friends is a joy

After moving back to Edgware to care for her mother following the loss of her husband in 2014 and 26 years spent away from the UK, Jonny Horsford found the changes to her life unsettling.

Jenny explained: "I had previously been a carer for my grandmother and my husband before he passed away, and now I'd come back to the UK to be a carer for my mother. But I couldn't just do that. I thought - I needed to find my own feet as well but I didn't really know how or where to start."

Jenny found out about the Edgware and Stonegrove 'Community Chorus' choir practice through an Altogether Better newsletter she picked up at Edgware library.

"Oh yes! I thought", remembers Jenny, "singing is my life, I really love it." Soon after Jenny joined the choir, which welcomes singers of all abilities to St Margaret's Church in Edgware every other Monday between 3-4pm. Since joining Jenny has rediscovered a sense of community that has really helped her settle back in Barnet life, adding: "I've just found happiness here. Meeting new people, being part of a group and spending time with them to me is a joy. It's a very rewarding, satisfying, and most importantly – a fun thing to do. I think the borough is doing something wonderful here in supporting this activity."

Jenny also had some words of encouragement for anyone who's uncertain about joining in. She said: "Lots of people my age can feel isolated - so I feel it's more important than ever to make sure you have that human interaction and sense of community wherever you can find it."

For more information on the Altogether Better initiative in Edgware and Stonegrove please visit www.a-best.org.uk, or get in touch with Nazra Zuhyle on tel: 07909 998463 or email: us@a-best.org.uk

Could table tennis be the sport for you?

Table tennis is a fun and sociable sport for anyone who enjoys being part of a friendly group of people having fun and keeping fit and healthy together.

Each Tuesday between 2.30-4pm the Shree Aden Depala Mitra Mandal Centre in East Finchley holds a free table tennis club that's open to all local residents. The equipment, as well as hot / cold drinks and biscuits are provided.

It doesn't matter about your age, whether you've played for years, are picking up a bat for the first time, or if you haven't been in a while - you'll be welcomed. The entrance is at the side of the centre.

To find out more about the other Altogether Better activities in East Finchley please visit www.etab.org.uk or contact Lisa Smith on tel: 07909 998453 or email: us@etab.org.uk.

FURTHER INFORMATION
For more information or to get involved, please contact:

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Email: nazra.zuhyle@barnet.gov.uk Tel: 07909 998463

Lisa Smith, Altogether Better Officer (East Finchley)
Email: lisa.smith@barnet.gov.uk Tel: 07909 998453

Christine Halpin, Altogether Better Officer (High Barnet)
Email: christine.halpin@barnet.gov.uk Tel: 07720 203830

AGENDA ITEM 7

	Health and Wellbeing Board **19 January 2016**
Title	**Barnet CCG: 2017/18 Commissioning Intentions**
Report of	Director of Commissioning Operations (Interim)
Wards	All
Date added to Forward Plan	March 2016
Status	Public
Enclosures	Appendix 1 – North Central London CCGs commissioning intentions standard letter Appendix 2 – Barnet CCG: 2017/18 Commissioning Intentions – Royal Free Appendix 3 – Barnet CCG: 2017/18 Commissioning Intentions – CLCH Appendix 4 – Barnet CCG: 2017/18 Commissioning Intentions – RNOH
Officer Contact Details	Neil Snee – Director of Commissioning Operations (Interim), NHS Barnet Clinical Commissioning Group neil.snee@barnetccg.nhs.uk

Summary

Under the terms of the NHS Act 2006 all CCGs are required to prepare commissioning intentions for each financial year. The commissioning intentions plan must set out how the CCG proposes to exercise its functions in that period. Each CCG is required to provide a copy of the commissioning plan to the local authority's Health and Wellbeing Board, to ensure that commissioning intentions are kept up to date, and to ensure that they are routinely discussed by the Health and Wellbeing Board.

The purpose of this paper is to present Barnet Clinical Commissioning Group's Commissioning Intentions for 2017/18 to members of the Barnet Health and Wellbeing Board.

Recommendations

1. **That the Health and Wellbeing Board notes Barnet CCG's 2017/18 Commissioning Intentions (see Appendices 1, 2 and 3) for each provider where it is the lead commissioner.**

1. WHY THIS REPORT IS NEEDED

1.1 Under the terms of the NHS Act 2006 all CCGs are required to prepare commissioning intentions for each financial year. The commissioning intentions describe how the CCG proposes to exercise its functions in that period (Appendices 1, 2 and 3). Each CCG is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that commissioning intentions are kept up to date, and to ensure that they are routinely discussed by the Health and Wellbeing Board.

2. REASONS FOR RECOMMENDATIONS

2.1 The recommendation to members of the Health and Wellbeing Board is in line with the NHS Act 2006.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 There are no alternative options that comply with the terms of the NHS Act 2006.

4. POST DECISION IMPLEMENTATION

4.1 Responsibility for sign off is held by Barnet CCG. The intentions will be published on the Barnet CCG website and issued through lead commissioner arrangements to all providers of services to the people of Barnet.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Barnet CCG 2017/18 Commissioning Intentions are required as part of the Barnet CCG 5 Year Strategic Plan and will be used as the basis of the 2017/18 Operational Delivery Plan.

5.1.2 The report aligns with the strategies and commissioning intentions of Barnet Council's Corporate Plan 2015-2020, reflect Barnet's Joint Strategic Needs Assessment (JSNA) and contribute to the aims of Barnet's Joint and the Health and Wellbeing Strategy, particularly the overarching aim of 'Keeping Well'.

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

5.2.1 All areas are required to deliver efficiencies of at least 2.5% in 2017/18, which may be through increased throughput, for the same inputs, removing costs from the system by fewer steps in the delivery of care; decommissioning clinically ineffective procedures, treatments and therapies; and price re-negotiation. However, the NCL Sustainability and Transformation Plan may require CCGs to deliver further financial efficiencies in 2017/18.

5.3 **Legal and Constitutional References**

5.3.1 Section 14Z11 of the National Health Service Act 2006 requires the CCG to present its commissioning plans to the Health and Wellbeing Board as set out above.

5.3.2 The Council Constitution – Responsibility for Functions (Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which includes:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the Health and Wellbeing Strategy and refer them back for reconsideration
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- Specific responsibilities for:
    - Overseeing public health
    - Developing further health and social care integration

5.4 **Risk Management**

5.4.1 The commissioning intentions have been compiled with close attention to the patient's right of access to defined quality, and safe, healthcare that is affordable. Each commissioning intention is supported by a piece of development work that will define the risks of taking it forward in greater detail.

5.5 **Equalities and Diversity**

5.5.1 In the same way as for risk management in section 5.4, each commissioning intention will be developed and if an equalities impact assessment is required then this will be undertaken as part of the development work. The aim of the plan is to continue to reduce the inequalities faced by the population of Barnet and this will be a key part of the criteria in progressing each of the commissioning intentions.

5.6 **Consultation and Engagement**

5.6.1 Barnet CCG is required by statute to discuss with all key stakeholders the compilation of the commissioning intentions document. Section 14Z2 of the NHS Act states:

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) —

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.6.2 As part of the process of developing the commissioning intentions, engagement and consultation was undertaken with key stakeholders at a workshop held on the 1st September which included Barnet CCG staff, joint commissioners, Governing Body members and GPs.

5.6.3 The timescales this year were challenging, not least because of the need to publish the '6 month letter' by the 30th September, but also because the contracting and planning round is being brought forward by three months, with sign off of NHS contracts with providers due on the 23rd December 2016.

6. BACKGROUND PAPERS

6.1 Not applicable.

Appendix 1

NHS
Barnet Clinical Commissioning Group

Building 2
North London Business Park
Oakleigh Road South
New Southgate
London
N11 1NP

Chief Executive

30th September 2016

Dear (Chief Executive)

North Central London Clinical Commissioning Groups' Commissioning Intentions for 2017/18 and 2018/19

I am writing in my capacity as Chief Officer for Barnet Clinical Commissioning Group (CCG) as lead Commissioner on behalf of the Associate CCGs ('the Commissioners'), party to the current contractual agreement with the Royal Free Hospital NHS Foundation Trust ('the Trust'). This letter sets out the Commissioning Intentions for the coming two years and our approach to contractual agreement for the 2017/19 contract.

As you will be aware, the mandated national approach to agreeing healthcare provider contracts, is for a contractual agreement to be reached before the end of December 2016. It is also stipulated that a two year contract be agreed. The expectation being this will help to provide a solid basis for Sustainable Transformation Plan (STP) implementation.

This letter is not designed to replace current or forthcoming national guidelines and publications and is to be viewed as additional local requirements above and beyond regional and national guidance.

Where there are no specific changes referred to in this letter to the existing contractual terms and conditions, it should be assumed that the CCGs wish for these terms and conditions to continue and that they will form part of the 2017/19 contract. However, this is a two year contracting process and that, as such, changes may take place during the length of the contract.

The letter provides the custom and practice formal notification of proposed changes to commissioned services and contract terms and conditions. Unless otherwise stated, the CCGs expect the requested changes to be implemented from 1st April 2017. However, as this is a two year contract, there are a number of service changes the CCGs are highlighting the intent to change, during the life of the contract.

Given the revised contracting timetable and the requirement to have agreed contracts before the end of December 2016, as per the guidance we feel this is an excellent opportunity to help ensure implementation plans are in place prior to the start of the new contract in April 2017.

Please find set out below the commissioning intentions for North Central London (NCL) CCGs that will impact on contracts for 2017/18 and 2018/19.

Our intentions have been developed through local engagement with our residents, respective councils and voluntary sector, as well as through broader collaborative pieces of work accruing from the NCL STP, the Haringey and Islington Wellbeing Partnership, Royal Free Hospital Pathway Transformation work, and Healthy London Partnerships (HLP).

The financial strategy developed in support of the STP clearly sets out the financial pressure in the system overall and the need to drive up value and remove cost as a result. In addition, system incentives are not aligned to the objectives of the STP to further invest in prevention and primary care, or the introduction of new models of care.

The evolving commissioning strategy being developed therefore places emphasis on developing new contract forms and incentives to underpin the STP, and a set of commissioning principles by which we would want to negotiate contracts for 2017/18 and 2018/19. The CCGs intention is that both the development of contract arrangements and the commissioning principles also recognise the operational and financial pressure that providers in NCL are operating under.

Progress made in developing the NCL STP in 2016/17 will be of great help in agreeing our plans for 2017/18 and 2018/19.

1. Introduction

NCL CCGs commissioning intentions for 2017/18 and 2018/19 are framed within:-

- Local priorities for each CCG to deliver improved outcomes developed through Health and Wellbeing Boards and informed by respective Joint Strategic Needs Assessments;
- Guidance from NHS England (NHSE) and NHS Improvement (NHSI) including the Five Year Forward View (FYFV) and recent publication on improving operational and financial performance in July 2016;
- Collaboration priorities identified through the NCL STP and other collaborative programmes (Haringey and Islington Wellbeing Partnership, Royal Free Hospitals Pathways Transformation, London Health Commission ambitions set out in Better Health for London and HLP workstreams).

2. Strengthening Operational and Financial Performance

On 21 July 2016 NHSE and NHSI published guidance to improve operational and financial performances.

The guidance indicates that there will be a two-year planning round for 2017/18 and 2018/19 with operating plans, and supporting contracts with providers, to be completed by 23rd December 2016. The CCGs would like to work to this deadline and recognise that a settlement for 2016/17 is a precursor to agreeing contracts for 2017/18 and 2018/19.

The NHS England document '2017-2019 NHS Operational Planning and Contracting' (the 2017/19 planning guidance) published on 22nd September 2016 describes the required approach for planning and contracting in the two-year period 2017/19, whilst NHS planning geographies begin to implement the first two years of their STPs. Two-year contracts will reflect two-year activity, workforce and performance assumptions that are agreed and affordable within each local STP. NHSE has issued a two-year tariff for consultation and there will be two-year CQUIN and CCG Quality Premium schemes.

CCG and provider plans will need to be agreed by NHSE and NHSI with a clear expectation that they must be fully aligned in local contracts. The guidance re-iterates that NHSE requires all contracts to be signed by 23rd December. From April 2017 each STP area will have a financial control total that is also the summation of the individual organisational control totals. All organisations will be held accountable for delivering both their individual control total and the overall system control total. It will be possible to flex individual organisational control totals within that system control total, by application and with the agreement of NHSE and NHSI.

2.1 Settlement for 2016/17

The CCGs would like to use the Quarter One reconciliation process for 2016/17 which will inform the two-year contracts to be agreed by the end of December 2016. Initial conversations in each health economy are underway for this purpose.

The CCGs recognise that £60m support for providers in 2016/17 from the sustainability fund held by NHSE is contingent on providers meeting their financial control totals and on the local health care economy's delivery of NHS Constitution waiting time standards.

The CCGs will go as far as possible in supporting provider delivery of respective control totals through a year-end settlement process, and thereby secure sustainability funds. CCGs will therefore seek agreement from NHSE to secure release of the 1% fund held by each CCG to support the year-end settlement process. CCGs will only release 1% contingency funds on agreement of year-end positions for 2016/17.

2.2 Planning guidance for 2017/18 and 2018/19

Planning guidance to support completion of operating plans and signed contracts for the next two years by 23rd December is expected in September 2016.

The two-year operational plans and contracts will also flow from the STP due to be submitted in October 2016, with the STP in turn setting how each organisation will play their part in delivering locally agreed STP objectives including sustainable financial balance across the NCL STP footprint.

Initial guidance for the planning round indicates that:

- There needs to be a more collaborative process to contract agreement than in previous years;
- This will be underpinned by a simplified approach to contracting and flexibility in implementing strategies;
- Partnership working will be incentivised through STP funding streams;
- Local health systems could adopt system control totals for finance, providing opportunities for the transparent sharing of risk.

CCGs ask that we negotiate contracts for 2017/18 and 2018/19 in this manner.

2.3 National tariffs for 2017/18 and 2018/19

Draft tariffs for the next two years have been published for consultation, with the proposals showing:

- Two price lists for 2017/18 and 2018/19;
- A move from HRG4 to phase three of HRG2+;
- Material changes to tariffs for maternity and general medicine.

From the changes to tariff proposed CCGs believe that use of full payment by results for acute contacts in 2017/18 and 2018/19 will add to the risk seen in 2016/17 of inflationary pressure on hospital contracts removing the ability to invest in prevention and primary care.

The CCGs therefore believe that draft tariffs for the next two years confirm the need to set a road-map for realigning incentives and contract form, and commissioning models to support delivery of our STP objectives.

This presents a challenge for both commissioners and providers. Section 4.1 sets out commissioner proposals for alternative contract form and incentives.

2.4 Planning timetable

The table below sets out the planning timetable from NHSE to support the delivery of two year contracts by the end of December 2016. Local planning timetables will be worked up in line with this.

Timetable Item (*applicable to all bodies unless specifically referenced*)	Date
Submission of STP finance forms	16 September
Planning Guidance published	**22 September**
Technical Guidance issued	**22 September**
Commissioner Finance templates issued (commissioners only)	22 September
Draft NHS Standard Contract and national CQUIN scheme guidance published	22 September
National Tariff draft prices issued	22 September
Provider control totals and STF allocations published	30 September
Commissioner allocations published	21 October
NHS Standard Contract consultation closes	21 October
Submission of STPs	**21 October**
National Tariff Section 118 consultation issued	31 October
Final CCG and specialised services CQUIN scheme guidance issued	31 October
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	1 November
Submission of summary level 2017/18 to 2018/19 operational financial plans (commissioners only)	1 November (noon)
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November
Final NHS Standard Contract published 4 November	4 November
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	11 November
Submission of full draft 2017/18 to 2018/19 operational plans	**24 November (noon)**
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly from: 21/22 November through to 30/31 January
National Tariff section 118 consultation closes 28 November	28 November
Where CCG or direct commissioning contracts not signed and contract signature deadline of 23 December at risk, local decisions to enter mediation	5 December
Contract mediation	5 – 23 December
National Tariff section 118 consultation results announced	w/c 12 December
Publish National Tariff[1]	20 December
National deadline for signing of contracts	**23 December**
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23 December
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	**23 December**

Timetable Item (*applicable to all bodies unless specifically referenced*)	Date
Final plans approved by Boards or governing bodies of providers and commissioners	By 23 December
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9 January
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 January

[1] The National Tariff publication date is dependent upon the completion of a 28-day consultation period

3. Challenges for 2017/18 and 2018/19

Operating plans for the next two years, and the supporting contracts, will need to address the following challenges:

- The clinical case for change set out in the STP including a significant reduction in health inequalities;
- The significant financial gap across the health and care economy in NCL;
- Variable service quality across providers in both primary and secondary care;
- Delivery of NHS Constitution waiting time standards for A&E, cancer and referral-to-treatment, as well as the new mental health standards for psychological therapies and early intervention in psychosis.

The progress made to date in developing the NCL STP will help us to address these challenges over the next two years.

4. Commissioning Strategy

NCL CCGs are developing a commissioning strategy as one the enablers for the delivery of the STP, this strategy sits alongside the emerging financial strategy for NCL. The commissioning strategy recognises that the planning environment for 2017/18 and beyond is very different to the one we experienced in 2016/17. In particular planning for the next two years places a much greater emphasis on system wide sustainability and transformation.

The commissioning strategy, in response to this, considers realigning contract form and incentives that will best deliver the strategic objectives of the STP and investment in prevention, primary care and out of hospital services.

4.1 Contract Form

The CCG believe that the contracts for 2017/18 and 2018/19 need to set a road-map for realigning incentives and commissioning models in support of the STP and system sustainability. As part of this CCGs believe that acute contracts will need to move away from payment-by-result models to ensure the system has the opportunity to invest in STP priorities.

Consideration of alternative contract forms includes a minimum income guarantee to providers, with supporting incentives for activity and cost reduction, in explicit recognition of the financial and operational pressures being faced by providers in NCL.

Initial conversations have been undertaken between commissioners and providers in NCL on alternative contract forms for 2017/18 and 2018/19. Annex 1 to this letter provides greater details for the minimum income guarantee approach to contacts.

CCGs recognise that any contract form needs to be underpinned by a robust baseline and detailed analytical work is underway to support this and will be shared to support contract negotiations.

4.2 Commissioning principles

The NCL Commissioning Strategy includes a set of principles we would like to see underpin negotiations for 2017/18 and 2018/19. We believe that these principles are consistent with the ambition in the recent guidance published by NHSE and NHSI to move to a collaborative approach to contract agreement compared to previous years.

The set of principles by which we want to work together are:

- Partner organisations will work together for the benefit of local people;
- We will involve local people in our design, planning and decision-making;
- Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
- We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates.

The minimum income guarantee approach summarised above is designed to incorporate these principles.

National tariffs and Non-Tariff services

Providers will follow all guidance relating to the national and local tariffs. Any nationally mandated deflators/inflators will be applied to non-Tariff prices in line with NTPS Guidance. No other changes to non-Tariff prices will be accepted without the explicit consent of the Host Commissioner on behalf of all Associate Commissioners.

Block items paid without backing MDS are not appropriate for a contract set using NTPS and local tariffs on a cost and volume basis. Therefore any block items remaining in the contract are assumed a double count and will not be included in contracts as the default position.

Counting and Coding Changes

The Trust is asked to set out any identified counting and coding changes from the Provider perspective in order to ensure that the full impact of these are understood by both parties prior to them being discussed and agreed as part of the contract round. Changes to counting and coding will not be considered for 2017/19 unless they are in line with national requirements or the terms of Service Condition 28 of the current Standard Contract.

Claims

As stated by NHSE, all activity identified by the National Identification Rules will be funded by NHSE. CCGs will not fund any activity that are identified as NHSE attributable.

In line with the Secretary of State directive regarding the use of patient identifiable data (PID) and the upholding of type two objections, Commissioners can no longer submit patient identifiable information to Providers. This includes the submission of

NHS numbers. Where queries, validation or analysis is dependent on the use of a unique identifier where available, these will be provided. Providers are requested to co-operate with the National Directive.

It is essential that providers supply a fully populated local submission for the maternity pathway. This lack of supporting information is leading to a lot of disputes over the correct assignment of the lead provider for payment and/or issues regarding the maternity case mix which is currently recorded and charged by providers. In the absence of a National system for Maternity activity and related financial reconciliation of this activity, the CSU will be running some Maternity challenges using Freeze data instead of the normal Flex submissions.

Diagnostic imaging is not being correctly encoded within the outpatient commissioning dataset. It is not sufficient for providers to send separate local submissions for this unbundled activity element, as it does not provide all the information which is required for validation of the data. Therefore, providers will be required to fully encode this data within national Secondary Use Service (SUS) data in line with national guidance, Therefore, commissioners will only pay for diagnostic imaging activity which is recorded correctly in SUS.

Block elements of contracts continue to cause difficulty. Where these are continued, the nature of the service and the rules around which activity is included must be made fully available, and where appropriate, must be supported by Patient Level Data.

The derivation of the national tariff must be possible from SUS data. For example Best Practice Tariffs (BPTs) that rely on access to other datasets or systems e.g. Myocardial Ischaemia National Audit Project (MINAP) must have this data encoded into SUS data flows.

Developing Indicative activity plans (IAPs)

Our suggested approach to the development of IAPs is set out below:

- Analysis is undertaken to compare activity levels each month in 2014/15, 2015/16 and months 1 to 4 in 2016/17 and the percentage increase/decrease of activity levels over this time period.
- A 12 month data set from Month 5 2015/16 through to Month 4 2016/17 is taken as the starting point for agreeing the IAP.
- The 12 month data set is then reviewed by Commissioners/North East London Commissioning Support Unit (NELCSU) and the Trust, to assess the appropriate adjustments to be made based on:
    - Historical growth trends based on the analysis from point 1
    - Predicted waiting list position/RTT backlog position at 31st March 2017
    - Trust known service changes
    - Trust-specific service changes
    - Commissioner specific service changes, e.g. Quality, Innovation, Productivity and Prevention (QIPP) which also needs to take into account whether or not the Trust will backfill the capacity generated from any of

these schemes/de-commissioning of the services to be replaced by the QIPP initiatives
- Any known policy changes that will impact on activity levels, e.g. screening programmes
- Demographic and non-demographic growth
- Adjustments for relevant contractual terms and conditions including re-admissions and Emergency Threshold predicted values

There will also need to be a period of testing the 2017/19 tariffs and refreshing the IAP against the new HRGs.

Information Schedule

National data submissions

Providers are expected to pro-actively monitor and implement all applicable nationally mandated dataset implementations and data standards, and pro-actively highlight to Commissioners should there be risks to these being met.

Automatic upload of data submissions

The NELCSU has developed an automatic upload facility which providers will be expected to use to upload data submissions to the CSU.

Non acute data flows

The NELCSU have agreed a minimum data-set across all care settings which they expect providers to follow which will be shared within Information Schedules.

Block elements of contracts

Where these are continued, the nature of the service and the rules around which activity is included must be made fully available, and where appropriate, must be supported by Patient Level Data.

Unbundled activity

Commissioners will require a separate data flow submitted as part of Service Level Agreement Manager (SLAM) backing data to validate unbundled activity. This should additionally be submitted via SUS according to the rules for identification of such activity as outlined in national SUS submission guidance. Providers will be required to fully encode this data within national SUS data in line with national guidance, Therefore, Commissioners will only pay for unbundled activity which is recorded correctly in SUS in 2017/19.

The Provider is required to submit a list of Outpatient Clinics at the start of the year.

The Provider is required to provide evidence that Best Practice Criteria are being met, where the BPT is charged. Where supporting information is not provided, Commissioners will not fund the additional Top Up tariff.

Information Sharing to Tackle Violence (ISTV)

Over the past year the Mayor's Office for Policing and Crime ('MOPAC'), has been working in conjunction with NELCSU and partner organisations to develop an extended anonymised dataset the Department for Health ISB 1594, which is included in the national standard contract. To support MOPAC and the Royal College of Emergency Medicine's ongoing commitment to reducing violent crime, The London Information Sharing to Tackle Violence Anonymised Sharing Programme brings together an innovative data sharing and analysis methodology between Mayor Trauma Centres and Emergency Departments, Police and Community Safety Partnerships to gain a pan-London view and inform the collaborative response to violent crime in the capital. This extension on the national agreed dataset ISB 1594 to report and provide monthly data and detailed information relating to violence-related injury resulting in treatment is being sought from trusts to ensure the momentum of this important work stream is maintained. To support this work the host Commissioner on behalf of itself and Associate Commissioners would like to request that an enhanced anonymised dataset is collected and sent to NELCSU on a monthly basis.

Productivity metrics

Commissioners will seek improvements in provider efficiency across a number of areas in comparison to peer organisations and any metrics set previously. Building on the work done in 2016/17 it is expected that as a minimum metrics will be more

challenging than those previously set in to comply with the ethos that performance should improve over time. Metrics are intended to cover the following areas:

- New to follow up ratios
- Day Case to Out Patient Procedure ratio
- A&E attendance to admission ratio
- Consultant to consultant ratio

Further work will be undertaken to review and agree APMs and ensure the minimum baseline dataset on which to base targets.

Individual Funding Requests (IFR)

Providers and commissioners will be notified when cohorts are identified through the IFR process so that business cases for service developments can be worked up. Business cases for drugs and public health cohorts must be submitted to the lead commissioner by 31st October 2016 in order that decisions and finances are aligned for 2017/18. Business cases will not be accepted in-year.

5. Priorities for 2017/18 and 2018/19

The sections above set out the national and local framework for developing our commissioning priorities for the next two years, and our recommendations as to how commissioning models and contract form need to change in response to the planning framework and our priorities. This section sets out commissioning intentions that we think will have a material impact on service and contract provision over the next two years.

There is a strong thread of consistency that runs through intentions developed locally in each CCG, and in collaborative work programmes across NCL including the STP, the HLP, and from national guidance from the FYFV and recent guidance on financial and operational performance.

National and local strategies all point to a common set of priorities, that in turn align to how people tell us they would like to see services provided:

- The need to invest in prevention and primary care;
- Better coordination of care for the individual supported by teams around the practice and co-production;
- Improving the quality of, and reducing the variation in, primary care and secondary care services;
- The need to shift system incentives to support these priorities.

5.1 North Central London Sustainability and Transformation Plan

Operational guidance for 2017 to 2019 published on 22nd September makes clear that plans for 2017/18 and 2017/19, and supporting contracts, will be milestones for delivery of our STP.

Our STP priorities are summarised below, as detailed implementation plans for these STP priorities are developed they will require service changes across the provider landscape and in turn to contract baselines for each provider to reflect delivery. We will engage with residents in developing the detail of these plans and formal consultation where appropriate.

The NCL STP identifies the following priorities for joint working across North Central London:

- A focus on population health and in particular in areas that will support improved outcomes and reduced costs within the five-year period of the STP, with these areas being:
    - Smoking with a commitment to reduce prevalence to 13% by 2020/21;
    - Reducing falls by 10% by 2020/21;
    - Taking whole system action to tackle obesity and diabetes;
    - Reducing unwarranted variation in the delivery of population health outcomes by GP practices;
    - Increasing employment support for people with mental health problems and other key groups.
- A focus on developing out of hospital services including urgent care and primary care:
    - Development of primary care at scale and a common offer through investment, development of health and care teams around the practice, delivery of the London Strategic Commissioning Framework, and support for the emerging GP Federations;
    - Ensuring primary care and ambulatory care triage in A&E;
    - Development of out of hospital pathways to support admission avoidance for rapid response, end of life care, and self-management programmes;
    - Begin the designation evaluation for Emergency Centres, Specialist Emergency Centres and Urgent Care Centres (UCCs) to ensure a common offer across NCL;
    - Work to review stroke rehab-pathways to focus on early supported discharge and home recovery based models.
- Development of mental health services:
    - Begin implementation of the NCL perinatal mental health strategy;
    - Consider the pooling of resources to establish a dedicated female psychiatric intensive care unit (PICU) ward for NCL residents;

- Development of primary care mental health services and community resilience;
- Align CCG and NHS England plans for child and adolescent mental health (CAMHs) services by taking on tier four commissioning, currently led by NHS England, for this cohort across NCL.

- Optimising elective pathways including consolidation and specialisation of elective services to improve outcomes. This builds on the Carter Review that has highlighted large amounts of variation in the quality and costs of delivery of care across providers:
  - Work with providers to assess the variability of surgical outcomes and work to define standards and reduce variation with an initial focus on trauma and orthopaedics, general surgery, ophthalmology and paediatrics
  - In 2017/18 we would look to develop co-commissioning of specialist services with NHSE for the following services/pathways:
    - Critical care pathways including a focus on neuro-rehabilitation
    - Bariatric care
    - A psychiatric intensive care unit care with a particular focus on women's care
    - CAMHS tier IV and HIV
    - Sexual health services
- Work on enablers:
  - Estates - considerations will follow clinical pathway planning stages of new care models supported by the opportunities afforded through NCL status as a London estates devolution pilot;
  - Using data better and IT as an enabler by working to ensure technology supports new
  - The realignment of contract form and system incentives as set out above.

The first cut of the STP submitted to NHSE on 30th June 2016 identified the following priorities for joint working across NCL:

- A focus on population health and in particular in areas that will support improved outcomes and reduced costs within the five-year period of the STP, with these areas being:
  - Smoking with a commitment to reduce prevalence to 13% by 2020/21;
  - Reducing falls by 10% by 2020/21;
  - Taking whole system action to tackle obesity and diabetes;

- Reducing unwarranted variation in the delivery of population health outcomes by GP practices;
- Increasing employment support for people with mental health problems and other key groups.

- A focus on developing out of hospital services including urgent care and primary care:
  - Development of primary care at scale and a common offer through investment, development of health and care teams around the practice, delivery of the London Strategic Commissioning Framework, and support for the emerging GP Federations;
  - Ensuring primary care and ambulatory care triage in A&E;
  - Development of out of hospital pathways to support admission avoidance for rapid response, end of life care, and self-management programmes;
  - Begin the designation evaluation for Emergency Centres, Specialist Emergency Centres and Urgent Care Centres (UCCs) to ensure a common offer across NCL;
  - Work to review stroke rehab-pathways to focus on early supported discharge and home recovery based models.
- Development of mental health services:
  - Begin implementation of NCL perinatal mental health strategy;
  - Consider the pooling of resources to establish a dedicated female psychiatric intensive care unit (PICU) ward for NCL residents;
  - Development of primary care mental health services and community resilience;
  - Align CCG and NHSE plans for child and adolescent mental health services (CAMHS) by taking on Tier 4 commissioning, currently led by NHSE, for this cohort across NCL.
- Optimising elective pathways including consolidation and specialisation of elective services to improve outcomes. This builds on the Carter Review that has highlighted large amounts of variation in the quality and costs of delivery of care across providers:
  - Work with providers to assess the variability of surgical outcomes and work to define standards and reduce variation with an initial focus on trauma and orthopaedics, general surgery, ophthalmology and paediatrics;
  - In 2017/18 we would look to develop co-commissioning of specialist services with NHSE for the following services/pathways, critical care

pathways including a focus on neuro-rehabilitation, bariatric care and a psychiatric intensive care unit care with a particular focus on women's care, CAMHS tier IV and HIV and sexual health services.

- Work on enablers:
    - Estates - considerations will follow clinical pathway planning stages of new care models supported by the opportunities afforded through NCL status as a London estates devolution pilot;
    - Using data better and IT as an enabler by working to ensure technology supports new care models. This includes the creation of integrated health and care records;
    - The realignment of contract form and system incentives as set out above.

5.2 Care Closer To Home - Barnet CCG

A key part of Barnet's future commissioning strategy is the move towards 'Care Closer To Home' (CC2H) which is in line with the Five Year Forward View. This approach is where clinical services will be moved from the acute sector to primary and community care where it provides easier access for patients, as well as being safe and cost effective to do so. CC2H is about developing new care pathways and different models of care delivery, which will support effective and efficient patient care.

Developing schemes to move healthcare closer to home will sit alongside other solutions, such as improving existing processes and decision systems within acute providers.

As we develop these new plans and schemes to support CC2H in collaboration with the GP federations, we will ensure we are making pragmatic, evidence-based appraisals of how the benefits for patients and organisations compare with the costs of the various schemes within NCL.

5.3 Haringey and Islington Wellbeing Partnership

The Wellbeing Partnership is sponsored by local providers, Councils and CCGs and therefore the priorities identified have a clear alignment across both health and social care services as well as looking at wider determinants of health and wellbeing with the overall objectives being to:

- Aim for a whole population approach to health and care delivery;
- A simultaneous focus on improving outcomes and reducing costs for population groups who are currently high consumers of health and care;
- Shift care upstream by supporting people to stay and be health, to reduce the level of ill health within our population.

The following population and care pathway priorities have been identified for development:

- A model of care that supports independence in frail older people with health and social care needs;
- An integrated model of care for people with learning disabilities;
- A re-designed musculo-skeletal pathway;
- A model of care that improves prevention, identification and management of diabetes and cardiovascular disease;
- Mental health recovery and enablement.

In 2017/18 the Wellbeing programme will also focus on the following cross-cutting themes:

- Prevention – maintaining independence, early identification and diagnosis;
- Sustaining good mental health;
- Development of primary care;
- Integration of health and care services
- Action on the wider determinant of health including employment, education, housing and environment;
- The One Public Estates Programme to make the best use of public sector estate across health and care services;
- A strategic visioning and planning workstream that will consider options for both commissioning and providing health and care services. This includes consideration of contract form and incentives set out in Section 4 above.

5.4 Healthy London Partnership

In 2013 the London Health Commission examined how London's health and healthcare can be improved for the benefit of the population, with the findings published in the 'Better Health for London' report, published in October 2014.

The report set out ten aspirations and ambitions for London, supported by a series of recommendations to enable London to become the world's healthiest major global city. The aspirations and ambitions are summarised in the table below.

Aspirations for London	**Ambitions for London**
Give all London's children a healthy happy start to life	Ensure that all London's children are school ready at age five; Halve the number of children who are obese by the time they leave primary school and reverse the trend in those who are overweight.

Aspirations for London	Ambitions for London
Get London fitter with better food, more exercise and healthier living	Boost the number of active Londoners to 80% by supporting them to walk, jog, run or cycle to school or work
Make work a health place to be in London	Gain 1.5 million working days per year by improving employee health and wellbeing in London
Help Londoners to kick unhealthy habits	Have the lowest smoking rate of any city over five million inhabitants
Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 10%
Enable Londoners to do more to look after themselves	Increase the proportion of people who feel supported to manage their long-term conditions to top quartile nationally
Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	Access to general practice 8am to 8pm and delivered in modern purpose-built/designed facilities.
Create the best health and care services of any world city, throughout London and on every day	Have the lowest death rates in the world for the top three killers: cancer, heart diseases, and respiratory illness; and close the gap in death rates between those admitted to hospital on weekdays and those admitted at the weekends.
Fully engage and involve Londoners in the future health of their city	Year on year improvements in inpatient experience for trusts outside the top quintile nationally.
Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector.

In response to the report London CCGs, with NHSE, have established the HLP, with CCGs agreeing to allocate 0.15% of their baseline to establish thirteen London-wide workstreams to help deliver the London Health Commission ambitions.

The transformation workstreams to be delivered across London are summarised below:

- **Upgrade prevention and public health:**
  - Prevent ill health.
- **Design care around Londoner's needs:**

  - Best start in life;
  - Transform care for the mentally ill;
  - Access best cancer care;
  - Transform the lives of the homeless.
- **Transform how care is delivered:**
  - Urgent and emergency care system;
  - Primary care;
  - Specialised care services.
- **Making change happen:**
  - Interoperability – connecting health and care;
  - Engagement and self-management;
  - Align funding and incentives to support transformation;
  - Develop workforce to support transformation;
  - Transform estate to deliver high quality care.

5.5 Clinical Network Priorities

NCL wide Commissioning Intentions:

- Medicine's Optimisation (see Annex 2)

- Maternity (see Annex 3)

- Cancer (see Annex 4)

National / London Commissioning Intentions:

In Annex 5, priorities for national and London Commissioning Intentions have been identified for:

- Public Health and Health in the Justice System
- Mental Health
- Immunisations and screening
- Children and Young People
- Personalisation (Personal Health Budgets and social prescribing)
- Homelessness
- Strategic Clinical Network (SCN) intentions

Annex 6 details the NCL Associate CCGs' commissioning intentions for the Trust.

5.6 Enfield Clinical Commissioning Group

Enfield CCG remains a financially challenged organisation and it will need to identify additional recurrent and non-recurrent initiatives and savings as part of its overall Recovery Plan.

At this time the full extent of its Recovery Plan is still being worked up and therefore the detail within the associate CCGs' commissioning intentions relating to Enfield CCG (Annex 6) is subject to revision. More importantly, the addition of new schemes and initiatives will be designed to bring Enfield CCG and the wider health economy back in to financial balance. Whilst Enfield CCG is committed to giving providers and the public it serves the requisite notice of changes where appropriate,

Enfield CCG reserves the right to introduce new schemes that are not currently heralded within this document at any point.

The commissioning intentions found in the separate Enfield table in Annex 6 should be acknowledged by providers as the most recent.

5.7 Local CCG priorities

Local commissioning intentions focus on delivery the health and improvement priorities agreed through the Health and Wellbeing Board and informed by the Joint Strategic Needs Assessment (JSNA).

The CCG's priorities detailed in the table below are ones that will have a significant impact on provider contracts in 2017/18 and 2018/19 and we therefore want to draw them to your attention. These commissioning intentions relate to Barnet as lead commissioner. All commissioning intentions relating from the CCG's Associate Commissioners to the Trust are contained in Annex 6.

Programme Area	Services	Commissioning Intention
Cancer	Risk Stratification of Prostate Cancer	Prostate cancer patients will be discharged to their GP for the management of their prostate cancer.
Planned Care	Management of patients post prostate Cancer treatment.	Decommission routine follow ups from secondary care for specific cohort of patients, and recommission from primary care via a Locally Commissioned Service (LCS)
Long Term Conditions	Cardiology - End to End Pathway	Implementing an End-to-End Cardiology pathway that includes a community-based heart functioning improvement service, which went live on the 6th June 2016.
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.

Programme Area	Services	Commissioning Intention
Long Term Conditions	Neurology	Develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice
Integrated Care	Discharge to Assess	Ensure the onward care of a patient is prioritised by moving patients out of an acute bed, and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process
Integrated Care	Frailty Pathway	Development of Frailty pathway including review of Rapid Response services and locality based Integrated Teams
Integrated Care	Stroke Services	NCL-wide review of the end-to-end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.

Programme Area	Services	Commissioning Intention
Integrated Care	Tissue Viability	A review of the current pathway as identified a number gaps in primary care provision. 1. New model will support the delivery of care in a community setting. 2. Enable the reduction of unscheduled attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care
Children and young People	Community Paediatrics	Current service specification with RFH is out of date and needs reviewing in the light of new legislation for SEND. The new timeframes in particular, will put pressure on the community paediatrics pathway.
Children and young People	Enuresis and Continence Management	Review of existing service available within primary care, provided by CLCH and RFL to understand what is currently available, the gaps, improve the pathway and possibility of recommissioning from one provider or supporting primary care to provide.
Children and young People	Orthoptics	Move to an integrated service model. On hold. Decommission CLCH and Royal Free. Re-specify and procure during 2017/18
Children and young People	Epilepsy services	To undertake an in-depth review with the intention of enhancing the existing Epilepsy service in line with population growth and NICE guidance
Children and young People	Respiratory services	To undertake an in-depth review with the intention of developing and commissioning of a Children's Asthma service
Children and young People	Allergy services	To develop a Children's Allergy service
Children and young People	Paediatric diabetes	To undertake an in-depth review with the intention of enhancing the existing diabetes service in line with population growth.

Programme Area	Services	Commissioning Intention
Children and young People	Palliative care	To review as to the future needs of Children's that require palliative care
Planned Care	Chronic Kidney Disease (CKD) acute service	To commission a community element to the RFL CKD service including triage and nurse led clinics.
All Areas	All Services	Enablement of Care Integrated Digital Records (CIDR) services across all local health and social care providers. This includes the continual evolution of data sharing for clinical and social care information - access to data at the point of care (part of FYFV - Digital by 2020) All Providers will need to be able to share patient records digitally (their IT systems will have open API capabilities enabled)
Primary Care	Commission anticoagulation services from GPs/Barnet Federation	Support the development of the Barnet GP Federation to deliver list based services to the Barnet Population,
Primary Care	Provision of 7 day 8-8 services out of hours	Commission the Barnet GP Federation to provide additional appointments both bookable and urgent from 6.30-8.00pm Monday to Friday and 12 hours per day on Saturday and Sundays in the 3 Barnet Localities
Primary Care	Commission a new Local Commission Service	Commission one universal local commissioned service from Barnet GP practices/service provider(s) that supports the requirements of the Transforming Primary Care - SCF and health needs of the Barnet population
Primary Care	Future commissioning of existing Local Commissioned Services from GP Practices	Consider decommissioning the following LCSs from Barnet GPs: Anti-coagulation, End of Life Care, Looked After Children (LAC), homeless, methotrexate and medicines management. Conditional on reprovision of services as part of a universal LCS

Programme Area	Services	Commissioning Intention
Urgent and Emergency Care	Walk-In Centre	Review of the Walk-in Centre service commissioning arrangements as part of the wider urgent care review and the Finchley Memorial Hospital development to enhance primary care service
Urgent and Emergency Care	A&E attendance reduction and admission avoidance	To reduce the numbers of patients entering emergency departments (EDs), and to reduce hospital admissions where possible for those whose health needs can be more appropriately met outside of an acute setting. To support these patients to receive the right care in the right place by informing them simply of where they can access the most relevant services to them outside of an ED setting.

We would seek to use the next two years as an opportunity to help shape and ultimately determine between commissioners and providers how these developments outlined in this letter would apply to our local health economy and how they will help address the challenges we collectively face across NCL and beyond.

Please contact me if you require further information.

Yours sincerely

Cathy Gritzner

Accountable Officer

Barnet CCG

LIST OF APPENDICES

Annex 1: Contracting Round 2017/19 Proposal for Providers

Annex 2: Medicines Management and Optimisation

Annex 3: North Central London Maternity Commissioning Intentions 2016/18

Annex 4: Cancer Commissioning Intentions 2017/18

Annex 5: National/London Commissioning Intentions

Annex 6: Associate CCG commissioning Intentions

Annex 1

Contracting Round 2017/19 Proposal for Providers

Overview

The aim of this presentation is to provide an overview of our proposed approach to Acute, Mental Health, Community and Specialist Contracts for 2017/18 and 2018/19.

It sets out the background to this approach in terms of the following:

- National guidance
- Learning from other areas – e.g. Bolton
- Rationale for movement towards capitated budgets
- Local drivers for change – e.g. Sustainability Transformation Plan (STP), Value Based Commissioning (VBC)/Outcomes Based Commissioning (OBC) next steps

The proposed approach is then described, taking the above into account, along with the next steps required to ensure contracts are signed within the timescale of December 2016.

In summary, we are proposing a movement towards **population-based budgets** within a longer timeframe, with the enabler for this being contracts based on a **minimum income guarantee**. This will support joint delivery of STP priorities, whilst providing a forum to remove costs from the system.

This presentation does not include options for potential formal joint ventures with providers, e.g. Accountable Care Organisations, but this is an option to be discussed once contract form has been agreed. However, there is agreement that to ensure the financial sustainability of the local health economy it is vital that we work together to develop and implement initiatives that remove costs from the system. A joint team that works across providers and commissioners is therefore highlighted as one of the key enablers for these plans.

Background: National Guidance

- Strengthening Financial Performance and Accountability published 21st July 2016 (Reset)
- CCGs to agree two year contracts with their providers by December 2016, for April 2017 to March 2019
- Driver for change within the system will be the STP

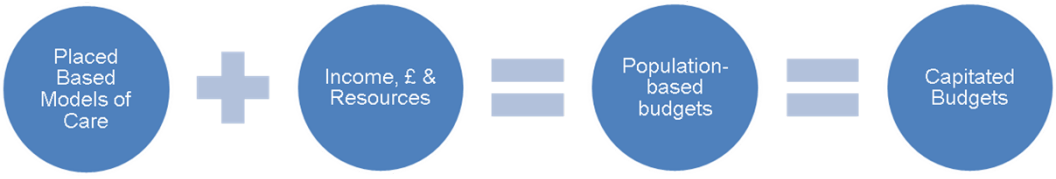
Outline proposal (draft) from NHSE states that:

- To support system stability there will be a number of changes to Tariff to facilitate the move towards population-based budgets (also referred to as place-based budgets or capitated budgets)
- A national template for local variation of payment for emergency activity will be developed
- There will need to be a radical change in the behavioural dynamics of planning / contracting towards a more collaborative process

- This will be underpinned by simplified approaches to contracting and flexibility in implementing strategies
- Partnership working will be incentivised by a number of funding streams, available at the STP level
- Local health economies with robust STPs could adopt system control totals for finance, providing opportunities for the transparent sharing of risk

Background: Place-based Models of Care

- King's Fund focus on 'place-based' models – promotes a geographical focus rather than pathway specific approach.
- Place-based systems of care involve organisations working together to improve health and care for a geographically-defined population, collectively managing common resources.
- Whatever boundaries are chosen, place-based systems of care should focus on the whole of the local population, rather than only focusing on specific medical conditions.
- Within NCL, the CCGs have been piloted VBC approaches across disease specific areas; Placed-based models of care are the next step along this journey.
- Need to consider how we move towards this in NCL – minimum income guarantee contract with an NCL STP risk share are an enabler to achieving population based budgets in the longer term.



Background: Learning from other areas

Bolton FT / Bolton CCG agreed a new way of working to ensure financial sustainability of local health economy. Following principles apply:

- Deficit of either organisation is a failure of both
- Collaborative working
- Aligned incentives
- Open, transparent with no fear
- Enabling and supporting the locality vision
- Risks faced, shared, managed

The contract form to support this approach divides PODs into four different categories:

- Activity reduction incentives
- Cost reduction incentives
- Cost risk share
- Fixed income

Depending on which category a POD falls into, there is either a minimum income guarantee or risk share agreed. An NCL adaptation of this model is shown later in this section.

Background: NCL local issues

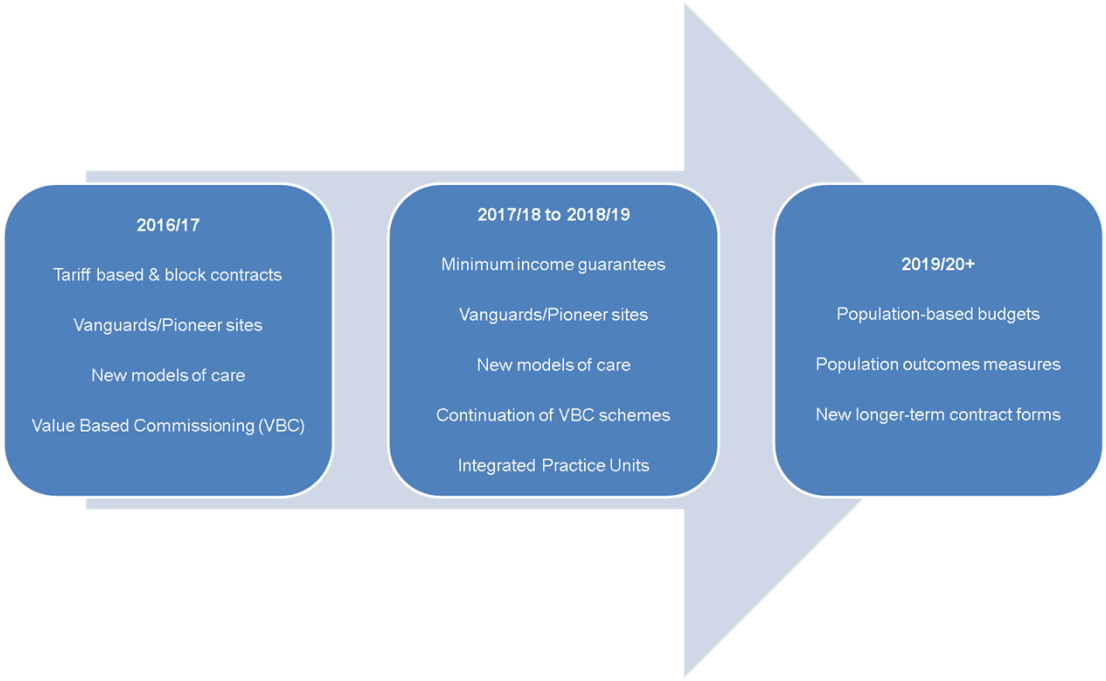
Need to address a number of system wide issues including:

- A significant financial gap in the local health economy
- Silo approach to contracting round
- Lack of collective ownership & responsibility for health economy
- Variable service quality
- Provider longer term viability
- Health inequalities
- Workforce recruitment & retention
- Variable GP Practices
- Increasing patient & public expectations

There is a need to ensure the key driver for change within the system is the Sustainability Transformation Plan (STP), through established workstreams:

- Out of hospital care (Care Closer To Home)
- Elective care
- Provider productivity
- Prevention (Workforce for prevention, Supporting healthier choices, Early diagnosis and proactive management, Tackling wider determinants of health, Workplace wellbeing, Self-management)
- Mental Health (Community Resilience, Out of hospital mental health, Acute pathway, Female PICU, CAMHS, Mental health liaison)

Journey - Current position to population-based budget



Proposals for 2017/19

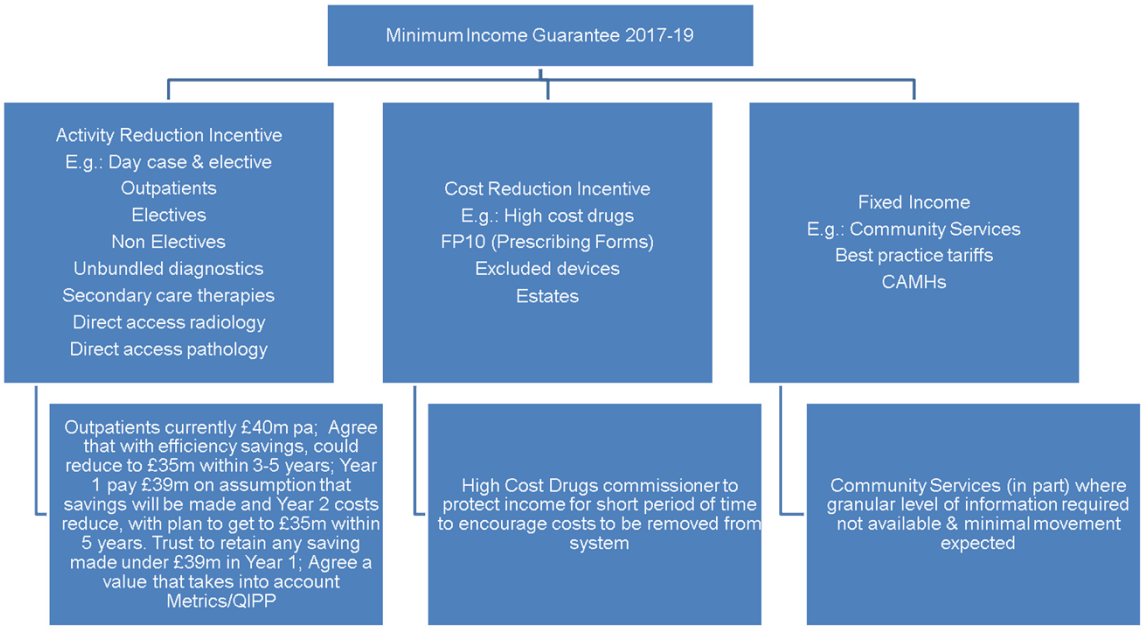
A minimum income guarantee comprised of three main payment mechanisms:

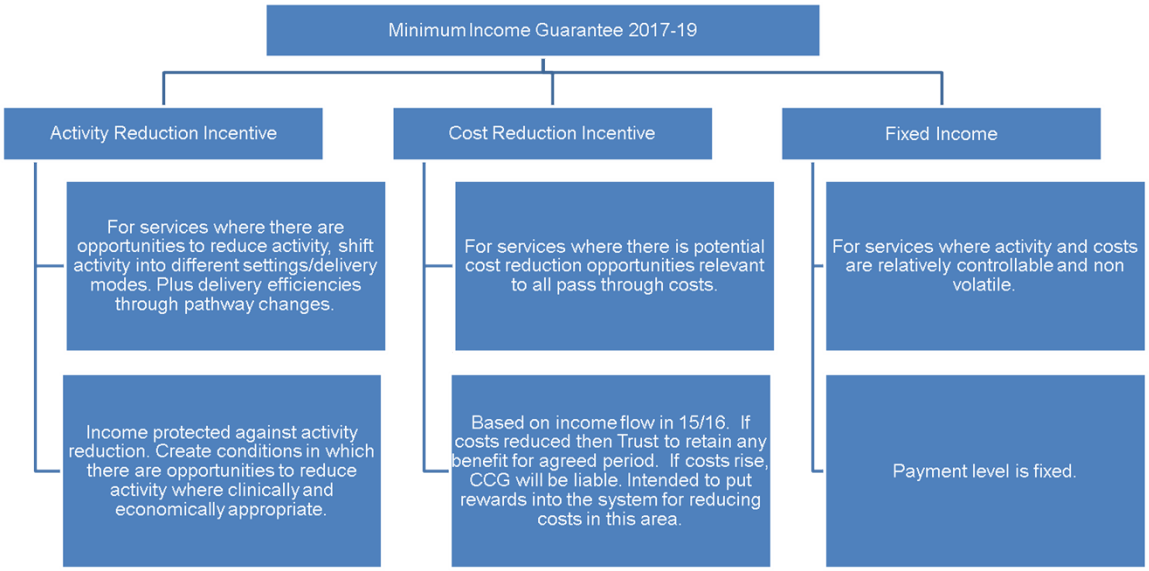
1. Activity Reduction Incentive
2. Cost Reduction Incentive
3. Fixed Income

The following pages describe how this would apply by POD, with examples for each. It is noted that:

- Commissioners and Trusts where deemed appropriate shall consider a Risk Share
- Commissioners and Trusts in setting and agreeing baselines will include an assessment of growth
- Incentives would be paid to encourage a movement towards population based budgets, with suggestion that CQUIN, KPIs and others are used for this
- Underpinned by a joint commitment to reducing costs from the system
- Propose a joint team is put in place to develop and implement schemes that replace CIP / QIPP to ensure a system wide approach linked to the STP

Proposal – Minimum Income Guarantee schematic





Activity Reduction Initiative (An Example)

2017/18 (Year 1):

- Activity Reduction 2.5% Plan vs 5% Actual achievement
- Income Plan (Guaranteed) £9.75m plus Trust savings through meeting and exceeding activity reduction plan (£0.5m)

2018/19 (Year 2):

- Activity Reduction 5% Plan vs 7.5% Actual achievement
- Income Plan (Guaranteed) £9.5m plus Trust savings through meeting and exceeding activity reduction plan (£0.75m)
- Plan agreed to deliver activity reduction of 12.5% by Years 3-5

Years 1 and 2 – the Trust retains any benefits where activity reduction is greater than plan

Proposal for 2017/19 - Contract issues and suggested approach

The following paragraphs set out how we propose to address the following issues in the 2017/19 Contracting Round:

- CQUIN
- KPIs
- QIPP
- Local prices
- Emergency marginal rates
- Readmissions
- Changes to tariff
- Information schedule
- Local quality requirements
- Potential impact of poor CQC reports

For each area, it sets out the key deliverables required by December 2016, and further work required to achieve this.

It also describes the proposed contract form by provider, the rationale behind these proposals, and the risks associated with delivery.

CQUIN / KPIs

Current position:

Range of local and national CQUINs (2.5%) and up to 100 KPIs per Trust. Apart from standard contractual levers, there are no additional financial implications for non-achievement of KPIs

Proposed move for 20167/18:

CQUINs – Agree two to three CQUINs per Trust, with the same indicators across Trusts where appropriate

KPIs – Agree on smaller focused set, with same indicators used across Trusts where appropriate. Link to STP initiatives and for key indicators carve % from contract to add financial consequences

Essential for December 2016:

Agreement of CQUIN and high impact KPI indicators, measurements and percentage of contract value

Desirable:

Agreement of all KPIs, including those with non-financial impact

The following areas are proposed for CQUINs / KPIs for 2017/18 – 2018/19. These support a move towards population-based budgets and outcomes measures:

- Shadow implementation of population-based budgets (capitated budgets)
- Shadow monitoring of agreed population outcome measures – building on what has been implemented through learning from VBC, but moving away from disease specific indicators to those at population level
- Working collaboratively with other providers to implement OBC across acute, community and mental health trusts
- Mental health and community services information (including outpatients) provided at agreed level of granularity
- Activity shifts to community / primary care - could include risk shares where assuming reduction in acute
- Agreement / implementation of pathway changes that will reduce cost in system – linked to Wellbeing Programme
- Establishment of joint Programme Management Office (PMO) that sits across provider and commissioner, responsible for developing and implementing schemes which remove cost from the system. This may not necessarily be included as an incentive, but could be funded through an agreed level of productivity improvements

Issues affecting Contract Value:

QIPP, Local prices, Marginal Rate Emergency Tariff, Readmissions and Tariff Changes

Current position:

Adjustments made to contract value based on agreed values for above

Proposed move for 2017/18

- Block / variable position agreed that takes into account agreed productivity / pathway measures that will reduce overall values, i.e. onus is on providers to make internal changes, with some degree of risk share / tolerance. For each area this would mean:
- QIPP / productivity metrics: Commissioners and provider reach agreement on areas where further productivity gains can be made, or pathways changed to

produce savings. Contract value is based on agreed position, with risk shares where appropriate.
- Emergency marginal rate / readmissions: Contract value is based on current trend, with no adjustments made in year. Contract value for non-elective is either block, block with minor tolerance, or block with variable cost and volume in community services
- Local prices: Contract value is based on current values unless commissioners / providers flag now that a change is required
- Tariff Changes: Contract value takes movements in tariff into account, e.g. maternity remains a variable if providers feel a block does not take into account potential increase in income

Essential for December 2016:

- Agreement of approach, e.g. Areas that will be block / block with tolerance and agreement of tolerance, by Point of Delivery (PoD)
- Agreement of adjustments for productivity / pathways changes that will be made. To be informed by activity and financial trend analysis.
- Value for each of the above agreed
- Timescale for proposed, costed up options – end September.

Service Specifications, Reporting & Information Requirements and Quality Requirements

Current position:

Detailed schedules agreed

Proposed move for 2017/18:

Detailed schedules may not be worked up by December 2016 if Commissioners wish to make significant changes to current arrangements. It is proposed that the following is agreed:

By December 2016:

- Work Plan for update and refresh of Service Specifications to be agreed between Commissioners and Trusts for 2017/19
- New Service Specifications incorporated (where appropriate)
- Roll over of Schedule 6 from 2016/17
- Updated Data Quality Improvement Plan (DQIP) and Service Delivery Improvement Plan (SDIP) to support STP delivery, move to population based outcomes measures and capitated budgets
- No Provider Business Cases to be considered as part of Contracting Round 2017/19; exceptions only where agreed by each CCG
- Quality Schedules to be updated to take into account outcomes of 2016/17 CQC inspections, although CQUINs to focus on incentives outlined on earlier slides, unless there are exceptional reasons

Other benefits

It is anticipated that this approach in supporting STP delivery will also deliver additional benefits in terms of:

- A joint approach to development of population-based budgets and population outcome measures
- Realignment of contract management priorities
- Refinement of the claims and challenges process
- Reductions in audits and deep dives
- Capacity generated to deliver Value Added initiatives

Annex 2

Medicines Management and Optimisation

This section sets out the lead Commissioner's, on behalf of itself and Associate Commissioners, expectations for 2017/18 with regard to high cost drugs.

1.1 New Elements are;

- Gain share/risk share
  - Around the biologics; etanercept, infliximab and use of biosimilars.
  - Around growth hormone
  - Around other biologics coming in the pipeline, please see 'NCL Principles of RISK share document' (actual risk share proportions would be considered on a case by case basis as they come into the pipeline).

1.2 Six months' notice is given to all secondary care providers that NCL CCGs require;

- 50% of the intravenous (latest NICE Technology Appraisals require cheapest acquisition cost infliximab to be used) anti-TNF drug infliximab to be the biosimilar product, and NCL CCGs undertake to agree the Infliximab and etanercept gain-share position in year taking account of prevailing market forces with any agreement based on the difference in price between biosimilar and brand at the current price. Any split in savings share from switching will be agreed according to the principles in the risk share document above on a case by case basis.
- 80% of the anti-TNF etanercept to be the biosimilar product. NCL CCGs will agreed a suitable split of the savings for 2017/18 to between providers and commissioners, based on the current list price.
- 90% of growth hormone to be from the lowest acquisition cost formulation as defined by London Procurement Partnership (LPP)
- Figures will be based on the difference in price between originator product versus recommended biosimilar

Financial Impact	Will there be an impact?	How will activity Change?	What change do we expect in activity?
	Reduction in cost per patient for a treatment course on biologic.	Underlying growth in activity is significantly lower than price reduction, so a volume increase in activity will be seen.	Increase in volume in line with emerging incidence of disease. Overall cost would show a decreased rate of growth compared with when only originator product was available.

Activity Impact	Will there be an impact?	How will activity Change?	What change do we expect in activity?
	Increase in volume in line with emerging incidence of disease.	Increase in volume in line with emerging incidence of disease.	To be quantified

Moorfields:

Following on from work undertaken in 2015-16, the administration price package of £289 currently being charged could not be justified, and is unsustainable. In line with NTPS guidance: "*Local prices for high-cost drugs, devices or listed procedures must be paid in addition to the relevant national price for the currency covering the core activity. However, the price for the drug, device or procedure must be adjusted to reflect any part of the cost already captured by the national price*" we expect the current overall cost of this treatment will be aligned across NCL.

1.3 Six months' notice is given to Moorfields Eye Hospital NHS Foundation Trust that NCL CCGs will agree a reduction to the overall cost of the medication and administration of anti-vascular endothelial growth factor (Anti-VEG) drugs to reflect both NICE guidance and the tariff charge applied by other providers in NCL for the equivalent service.

Financial impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	Reduction in cost per patient for a treatment course on Anti - VEGF Activity	Increase in volume in line with emerging incidence of disease.	Increase in volume in line with emerging incidence of disease. Overall cost would show a decreased rate of growth compared with when only originator product was available.

Activity impact	Will there be an impact?	How will activity change?	What change do we expect in activity?

	Activity will be charged in line with tariff, and reduced from current price of £289 to £109 plus MFF (code BZ23Z)	Increase in volume in line with emerging incidence of disease.	Increase in volume in line with emerging incidence of disease.

UCLH, Royal Free and BCF:

We would expect that PbR excluded drug cost charges reflect drug acquisition cost only and that these should reflect acquisition cost at LPP agreed price or PAS prices (whichever is lower), and should follow any prior approval process in place for those treatments (e.g. Blueteq, Tick Box Forms etc.).

- This will be an NCL CCGs wide change. NCL CCGs will only pay the actual cost of the drug or technology at which the provider procured the treatment (including any LPP discounts or Patient Access Scheme discounts), in line with NTPS Guidance.
- Any additional (administrative or other) charges applied to drugs or technologies will not be honoured unless specifically agreed otherwise in the contract.
- The same will apply to drugs/technologies which have been approved following submission to the Individual patient Funding Request panel of the relevant CCG.

Financial Impact	Will there be an impact?	How will activity Change?	What change do we expect in activity?
	Overall cost for drugs affected by any excess charges should be reduced	A reduction in the charge made across to CCGs	Decrease in excess charges

Activity Impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	Activity will be charged in line with agreed acquisition prices minus any administrative tariffs.	Increase in volume in line with emerging incidence of disease, decreased spend per treatment of affected high cost drugs.	Increase in volume in line with emerging incidence of disease, overall decrease in cost per unit of drug used.

Locally Commissioned Services:

We would expect that any locally commissioned services or packages of a care remain cost effective and reflect any efficiencies that become available as a consequence of, but not limited to tariff or drug price changes, or more efficient ways of service delivery using for example telemedicine.

This will be an NCL CCGs wide change. NCL CCGs will only pay the actual costs at which the provider delivers the particular service, in line with the principals set out in NTPS Guidance or local agreements. As components of service provision become subsumed into reference costs for example, a commensurate reduction in activity cost would be expected in locally agreed services where appropriate.

Financial Impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	Overall cost for packages of care including drugs elements affected by changes should be reduced	A reduction in the charge made across to CCGs	Decrease in cost of package prices or locally agreed prices maintaining cost effectiveness of service.

Activity Impact	Will there be an impact?	How will activity Change?	What change do we expect in activity?
	Activity will be charged in line with agreed prices which will be reviewed as elements within the package reduce in price.	Increase in volume in line with emerging incidence of disease, decreased spend per treatment of affected package of care.	Increase in volume in line with emerging incidence of disease, overall decrease in cost per package of care should be seen.

Carter Productivity Improvements

According to the Carter Review (Operational productivity and performance in English NHS acute hospitals: Unwarranted variations) there is significant variation in the approaches and scale to delivering medicines optimisation;

- Rates of prescribing pharmacists as a proportion of total hospital pharmacists varied between 2.5% and 71% (average 14%).
- Limited digital maturity with regards to medicines information technology.

- Great variation in the deployment of electronic prescribing and administration systems in both inpatient and outpatient.
- Inconsistencies in the way trusts code those medicines classified as high cost drugs.
- Providers will be expected to prescribe and supply in a manner that minimises the potential for waste: examples of prescribing practices that could lead to financial waste include dispensing very large supplies of drugs, in particular high cost drugs with each issue.

NCL CCGs will expect:

- Trusts to take note of the Carter report implications and in particular increase clinical patient facing time for pharmacists.
- Introduce back office efficiencies to free up pharmacy resource for clinical work.

- Improve coding and compliance with minimum data sets and have closer working between their hospital pharmacy and finance teams to ensure correct mapping to the required treatment codes.

- Reduce stock holding in pharmacy departments.

- To improve the Digital maturity of pharmacy and prescribing systems.

Financial impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	Overall cost for drugs will not be affected by any back office efficiencies, increase in clinical patient facing time, coding etc. Service cost may increase and should settle as this becomes business as usual.	Overall service could increase or decrease (may be due to re-commissioning / transformation etc.)	Overall cost for drugs will not be affected by any back office efficiencies. Service cost may well increase and should settle as this becomes business as usual.
	No expected increase in activity anticipated.	Activity is not expected to change.	Activity is not expected to change.

Financial impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	Reducing Stock Holding in pharmacy departments will increase efficiency and reduce waste, but the benefits will be to the provider, and the NHS overall. Overall cost for drugs will not be affected, as CCGs will only be charged for what is used in their patients	No change in activity should be seen, though Pharmacy departments will have to ensure they have robust processes in stock for ensuring timely acquisition of stock.	Overall cost for drugs will not be affected by reduction in stock holding efficiencies.

Activity impact	Will there be an impact?	How will activity change?	What change do we expect in activity?
	No expected increase in activity anticipated.	Activity is not expected to change.	Activity is not expected to change.

- NCL CCGs intend to improve the efficiency of treatment pathways in a number of areas including, but not limited to Rheumatology, Ophthalmology and IVF.

- In 2017/18 NCL CCGs seek to assess the opportunity to redesign rheumatology services and will require providers to audit outpatients and provide information around first and follow up appointments for Rheumatoid Arthritis related activity.

- NCL CCGs would expect that devices (both excluded and included in tariff) continue to be acquired at on the best terms and most efficient manner for the local NHS. Therefore we will expect Providers to actively work with us in ensuring device acquisition prices are continually reviewed and opportunities for increased efficiencies fully exploited. Those treatments (e.g. Blueteq, Tick Box Forms etc.).

- This will be an NCL CCGs wide change.

Financial Impact	Will there be an impact?	How will activity Change?	What change do we expect in

			activity?
	Individual cost for devices should see a reduction though overall cost may increase and should settle as this becomes business as usual.	Overall service could increase or decrease (may be due to re-commissioning / transformation etc.)	Overall cost for devices may increase or decrease depending on incidence of conditions treated. Service cost may well increase.

Activity Impact	Will there be an impact?	How will activity Change?	What change do we expect in activity?
	No expected increase in activity anticipated, but incidence, or changed inclusion criteria prompted by local or national need or direction may result in increased or decreased activity	Activity is not expected to change.	Activity is not expected to change.

Planned audits to demonstrate compliance with clinical and/or financial instructions will include but are not limited to Certolizumab and 12 week free supply, growth hormone. Further opportunities for audit identified in year will be discussed and agreed with Trusts.

Perennial Issues for NCL CCGs

All services and medicines will be commissioned in line with the NHSE current '*Manual for Prescribed Specialist Services*' and PbR excluded drug list, including any in-year updates and adjustments. All existing, and new drugs and technologies should be provided within the scope of National Tariff and Payments System guidance unless:

- explicitly excluded through the NTPS 2017/18 and funding agreed with commissioners,
- or as part of excluded services;
- or through local arrangement agreed with the commissioners.

Ensure commissioning of drugs excluded from tariff is in line with principles agreed by NHSE with provider trusts and brings in efficiencies as highlighted in the Lord Carter report. This includes:

- Commissioning of medicines across an integrated pathway.
- Data schedules that assure compliance with commissioned use of these drugs; usage outside these commissioned arrangements will be at the financial risk of the Provider trust.

All CCG commissioned medicines will be charged at acquisition costs that will routinely be no higher than the London Procurement Price or Patient Access Scheme, whichever is lower with no blanket on-costs.

For these drugs that are prescribed and supplied by the hospital optimizing use of the Homecare route, together with applying the governance mentioned in the Hackett report.

Adherence to all medicines management specification documents, i.e. The Principles for Commissioning High Cost Drugs, Red Drug List, Interface policies and the CCG commissioned drug list.

It is the responsibility of providers to inform commissioners of any cost pressures anticipated in the forthcoming year due to NICE technology appraisals, and other developments as per the nationally mandated time frames (between September 2016 and January 2017) for horizon scanning.

Horizon scanning of drugs and respective business cases to support their use must be submitted to commissioners by 30th September 2016 in order that decisions and finances are aligned for 2017/18. New excluded drugs and devices will not be funded in-year unless approved by NICE or previously identified and planned for within the prioritisation round. Business cases will not be accepted in-year.

A full data set will be submitted for all drug charges and any subsequent challenges.

NHS provider Trusts that provide medicines through the homecare route should adhere to all national policy or guidance published as a result of the Hackett Report, including the Royal Pharmaceutical Society's Professional Standards for Homecare Services.

All CCG commissioned medicines will be charged at acquisition costs, with no blanket on-costs or administration charges added.

QIPP projects and initiatives developed as part of a constructive collaborative engagement with Trusts will be vital to ensure that contracts remain affordable. Commissioners and Providers have discussed and agreed a number of schemes as locally identified projects. NCL CCGs will seek to implement agreed plans as outlined in the updated document 'Acute commissioning medicines QIPP plan for 2017/18 NCL CCG'.

Previously discussed and agreed QIPP work includes biosimilar switching, use of lowest acquisition cost HCDs

Emerging opportunities and future plans will be discussed and agreed as opportunities are identified and captured by way of contract variation

The prescribing of care pathways will be reviewed in 2017/18. The areas to be audited will be agreed with providers as part of the commissioning round. Compliance with NICE guidance will be subject to in-year audit.

Where devices / appliances (e.g. erectile dysfunction vacuum pumps / wound care) that are not excluded from the National tariff are required in line with NHS and Trust criteria, Trusts shall ensure a supply for the patient as part of the outpatient tariff.

Where Trusts are using excluded drugs they will provide evidence of compliance with NICE guidance via process of tick boxes, or through use of Blueteq.

Agreements aimed at improved efficiency and cost effective use of PbR excluded High Cost Drugs will be included in the contract.

Annex 3: North Central London Maternity Commissioning Intentions 2016/18

Perinatal mental health

The mental health STP has submitted a funding application to the NHSE Perinatal Mental Health Community Development Fund (September 2016), in order that the perinatal mental health strategy developed over the past year can be implemented. This will enable a specialist community perinatal mental health service to be developed and implemented across NCL, supplementing the services which currently exist and introducing new service provision where they do not. If unsuccessful further funding opportunities are expected to be offered until 2019/20 when allocations will be part of CCG baselines. Therefore planning for the implementation of these services will still need to take place across maternity, mental health, primary care, community and social care sectors.

Maternity providers in NCL will have a key role in ensuring that a future specialist perinatal service is a success. Midwives, obstetricians and neonatal services will need to work in conjunction with commissioners and providers from the mental health, public health, social care and primary care sectors to develop and implement pathways and models of care. Individual maternity providers will be expected to identify a lead obstetrician and specialist midwife with designated time within their job plans to undertake this work.

A service specification has been developed by the London Perinatal Mental Health Clinical Network and will be implemented by CCGs, local authorities and NHSE as specialist services come online.

The commissioning and provision of maternity services in NCL – Implementation of Better Births

In February 2016 NHSE published the National Maternity Review, 'Better Births' and in July 2016 the Maternity Transformation Programme which will drive implementation was launched. In preparation for local implementation the North Central London CCGs, in conjunction with the Maternity Network Board will undertake a review of the current systems of commissioning and provision for maternity care. This will seek to identify how services could be delivered across pathways of care, how geographical and organisational boundaries can be minimised, and how women and families can have a greater influence over service review development and change. Organisations will be asked to provide a commitment to full implementation of Better Births including a willingness to review governance and accountability processes which will allow movement of staff across organisational and geographic boundaries.

The maternity network has submitted a bid (September 2016) to NHSE to become an early adopter maternity system. Whether successful or not, implementation will be required to commence over the coming months and certainly no later than the beginning of 2017/18.

Key areas of work include:

- Greater personalisation of care provision, which takes account of women's choices of community or acute settings for antenatal and intrapartum care. This will include increasing births in midwife led settings; home, freestanding (FMU) and Alongside Midwife-led Units (AMU). A more formalised approach to the safe transfer of women which seeks to improve choice and continuity in the antenatal and postnatal period will be developed.
- An increase in the number of women who are offered continuity of carer. This will be delivered through the delivery of care closer to home within community hub settings. Community midwifery teams will have access to named obstetrician support and where necessary deliver care across geographical boundaries. Antenatal clinic services for higher risk women will be reviewed to ensure continuity of carer and choice are a key part of the care that is offered.
- Improved multi-professional working through the community hubs and acute services so that women can access a wide range of interventions through a joined up approach. These will include community midwifery, stop smoking, peri-natal mental health, health visiting etc.
- That professionals can work across geographical, organisational and professional boundaries to deliver safe, effective care. That those professionals have the opportunity to learn together and through joint a competency framework are able to utilise that training across the network.
- The development of a single point of contact / access for women into maternity services in NCL and improved quality of information that enables an informed choice of type of provision as well as individual provider.
- Safer care and improved outcomes for women and their babies through initiatives such as the Stillbirth reduction care bundle (Safer births).
- The development of teams of midwives that are able to explore mechanisms for self-management and governance that are enjoyed by independent providers of midwifery services such as Neighbourhood Midwives. The introduction of new providers into the market e.g. independent providers of midwifery services
- Work with the wider women and children's commissioners and provider workforce to ensure a whole system approach to the early identification and early help for families to ensure a local focus that meets local need and is shared across the STP footprint.

These programmes will be developed through the NCL maternity network over the coming months, however it is likely that the resulting plans will not be available for the commencement of contract negotiations in October to December 2016, and will be implemented across the lifespan of the 2017/19 contract period and beyond.

Review of pathways of care to improve care for women with higher levels of need

The CCGs will work together with providers and others (e.g. primary care, public health and users including the maternity service liaison committees) across the maternity network to examine and review pathways of care and examine how these might be best provided across organisational and geographical boundaries. The way in which enhanced payments for these services are more effectively able to be used to improve services will be considered. Such pathways may relate to rarer medical conditions which attract an intensive pathway payment or high levels of social need which attract the intermediate pathway payment. The possibility of developing teams across provider boundaries will be explored with the intention of commissioning for improved outcomes and quality for women and families as well as improving value for money for the health economy. This will also need to include the opening of the market to other, independent providers.

The CCGs will work with providers to examine the potential impact of tariff changes and the introduction of personalised budgets which were outlined in the maternity review but which have not yet been clarified.

Maternity Specification update

The maternity specification will be reviewed in conjunction with clinician representatives of the maternity network to take account of changes to national and regional policy and updated clinical guidelines. This will include a specific requirement for the provision of postnatal delivery plans for women with gestational diabetes (NICE Ng 3) which has been identified by GPs as an area where improvements in communication are required.

Annex 4

Cancer Commissioning Intentions 2017/18

NCL CCGs will commission cancer services for their population in line with the strategic intentions of the national cancer taskforce [reference: Achieving World Class Cancer Outcomes – A Strategy for England 2015-2020] and the pan-London cancer commissioning board intentions [ref: Cancer Commissioning Intentions 2017/18. Barnet CCG will also, where appropriate, commission cancer services at an STP footprint level as outlined in 'Achieving World Class Cancer Outcomes – A Strategy for England 2015-2020'. NCL CCGs will continue to commission services locally where agreed in 2016/17.

In summary

1. **National/regional intentions**
   - Pan-London Cancer Commissioning Board intentions
     - 2016/17 commissioned services where already agreed
     - Metastatic breast cancer service specification
     - Optimal lung cancer pathway specification
   - The national strategic focus asks that providers must demonstrate:
     - Compliance with 31/62 day cancer waiting times standards - sufficient capacity will be commissioned and use of contract levers will be enacted where not compliant. In particular for urgent GP referrals, providers should:
       - Be able to offer a first appointment within seven days and should be able to achieve a median wait of less than eight days for the first appointment;
       - Be able to transfer patients for treatment, where necessary, by day 38;
       - Be able to treat the patient within 24 days of an intertrust referral (in accordance with national breach reallocation guidance).
     - GP direct access for key investigative tests for cancer – blood tests, chest x-ray, ultrasound, MRI, CT and endoscopy – if not already (as mandated), these should be available from April 2017
     - Development of capability to achieve the 28 day diagnosis standard by 2020
     - Offering of genetic tests for specific bowel, ovarian and breast cancer patients;
     - All patients under the age of 50 receiving a bowel cancer diagnosis are offered a genetic test for Lynch Syndrome.
     - All women with non-mucinous epithelial ovarian cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis.
     - All women under the age of 50 diagnosed with breast cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis.
   - Services for patients living with and beyond cancer, with a view to ensuring that every person with cancer has access to the elements of the Recovery Package by 2020. In 2017/18 service providers will be expected to conform to the NICE service specification to be published in year, building on the Recovery Package.

- Appropriate integrated services for palliative and end of life care, in line with the NICE Quality Standard (2011).

North Central London SPG/STP agreed priorities

- A blended community/acute stratified follow up service for prostate patients
- Compliant 62 day urgent GP cancer waiting times pathways by tumour site for approval by the NCL cancer board that demonstrate compliance with national and regional guidance for:
    - Timely inter-trust transfers
    - Pathway timings

Local priorities

- Migration of SDIP projects into KPI where services are appropriately developed
- Where the 62 standard is not being met and where patients continue to wait a long time for cancer treatment, Root Cause Analysis of breaching patients is expected (as a minimum, for all 104 day waits)
- Improved data quality for breach reasons reporting on the national CWT database (Open Exeter)

CCG specific work programmes where they exist:

- **Camden** – Camden CCG will continue to commission the Camden cancer programme.
- **Islington** – The Islington plan for cancer supports bowelscope sigmoidoscopy screening and MDC multidisciplinary diagnostic centres

Annex 5: National/London Commissioning Intentions

Draft Public Health and Health in the Justice Commissioning Intentions 2017/18

Introduction

The London Commissioning Intentions should be read in conjunction with the flowing three national commissioning intentions;

- Public Health Section 7a
- Armed Forces and their Families Commissioning Intentions
- Health in the Justice Commissioning Intentions

Which are due to be published at the end of September. Set out below are the specific actions that NHSE London commissioners are proposing for 2017-2019 as befits a 2 year contracting round.

These commissioning intensions cover the following programmes;

- Antenatal and New-born screening
- Immunisations
- Child Health Information
- Cancer Screening
- Adult screening
- Health in the Justice
- Armed Forces
- Quality

Where possible we have asked that our commissioning intensions are combined with the plans of other complimentary work such as the Transforming Cancer Services programme, plans for maternity services etc. and are adopted by both CCGs and into the 5 London Sustainable and Transformation Plans

1. Antenatal Newborn Screening Programmes

1.1 Newborn Bloodspot Laboratories:

With the introduction of expanded screening in January 2015, three of the nine conditions screened for present acutely in the neonatal period:

- Medium-chain Acyl CoA Dehydrogenase Deficiency (MCADD)
- Maple Syrup Urine Disease (MSUD)
- Iso-Valeric Acidaemia (IVA).

Without prompt management, they can result in permanent disability and/or death.

In 2016/17 NBBS laboratories were contracted to ensure cover for bank holiday periods to remove the risk of delayed diagnosis of such a disorders due to the day on which the sample was received in the laboratory.

In 2017/18 NHSE London plan to commission NBBS laboratories to ensure staff terms and conditions will accommodate Saturday working in line with nationally agreed timescales for implementation of Saturday working.

1.2 Newborn Hearing Screening:

NHSE to review the fragmented service configuration across Trusts in North West London. Newborn Hearing Screening service providers to work towards centralised model 'Hub & Spoke' as established in South West and South East London. A centralised model has advantages for timely tracking babies within mobile populations, more resilience staffing, efficiencies and economies of scale.

1.3 Sickle Cell & Thalassemia Screening:

NHS E to review current service delivery models for antenatal sickle and thalassaemia screening. Evidence the most effective pathway to ensure timely partner testing and prenatal diagnosis and work with providers to move towards recommended model of service delivery.

1.4 Newborn Infant Physical Examination:

All maternity providers to submit NIPE Key Performance Indicators in line with national screening service specifications.

1.5 Fetal Anomaly Screening Programme (FASP) Biochemical Laboratories:

NHSE to review the complex commissioning arrangements of FASP laboratories. These are currently contracted and funded as part of the Maternity Pathway Payment by CCGs. However, Service Level Agreements with laboratories are negotiated separately by individual maternity units.

In line with the national recommendations, NHSE (London) to consider acting as Lead commissioner for Wolfson Laboratory for all providers.

2 Immunisations

2.1 Hepatitis B

As part of ensuring robust Neonatal HepB within the GP delivery-model, we are reviewing local process with every CCG and will co-draft the London integrated Neonatal Hep B pathway which will be in place across London by 1st December 2016. We will create a resilient weekly failsafe reporting system with our new CHIService hubs for Hep B neonatal vaccinations including recording of results of blood/serology tests from 1st April 2017.

2.2 Bacillus Calmette–Guérin (BCG) vaccine

Whilst there continues to be a global shortage of BCG stock, we will sustain our Neonatal BCG optimisation pathway and referral process for the most at-risk babies and infants. We will ensure our BCG optimisation pathway offers 100% of new births in high-prevalence borough birthing units and that 70% of at risk new born babies are vaccinated. For older infants under 3 months old who might have either missed

the neonatal BCG offer or have moved into London, we will sustain the community-based neonatal BCG referral clinics. We will review stock supplies and usage every three months to understand if we might extend the age range of infant and toddlers eligible for BCG.

2.3 Increasing Immunisations

Following extensive dialogue with practices and key immunisation leads, we will co-draft the London best practice pathway for 0-5s routine childhood immunisation commissioned across London from 1st April 2017. We will ensure that every maternity unit in London is offering maternal vaccinations (including influenza) to pregnant women from 1st April 2017. Following various reviews and a root cause analysis, we will seek to collaborate with all GP practices to send proactive text invites and reactive text reminders using their clinical systems from June 2017. We will collaborate with all practices to ensure that all parents are enabled to make future vaccine appointments at current appointments (i.e. the 12 month one is booked at 4 month vaccination) using Patient Online and other digital technology from June 2017. We will work with CCGs to promote vaccination in young adults up to the age of 19 from August 2017 - this would include uptake of HPV; MenACWY and MMR catch-up and the launching of Patient Online. We will ensure that every Borough and CCG has a joint plan to achieve our influenza aspirations for patient, carers and workforce for 2017/18 from October 2017.

2.4 Child Health Information Service (CHIS)

Following an extensive procurement process London will have four consolidated CHIS Hubs, each of which will produce monthly update their 0-19 age groups with vaccination status from December 2016. As part of our London primary care digital strategy, we will commission alerts to GPs to finish incomplete neonatal HepB pathway from January 2017. With the advent of our CHIS hubs and the technical progress with ITK messaging across clinical systems, we will offer every parent in London the eRedbook from February 2017. The CHIS digital strategy for London also intends to afford HVs and GPs access to the Northgate new born screening portal from June 2017 so they view new born hearing , blood spot and new infant physical examination NIPE screening results. We aim to offer download of the same results by December 2017.

3 Cancer Screening Programmes

3.1 Cervical Screening

3.1.1 The London Cervical Sample Takers Database has now been rolled out across London. Once the database is in a fit state, with all extraction and reporting templates in place and functioning, NHSE will look to outsource the maintenance and management of the system;

3.1.2 Primary Human Papilloma Virus (HPV) testing will be implemented in the NHS Cervical Screening Programme in 2017/18, in line with national guidance and timescales. Samples will continue to be taken using current techniques, however, only those samples which test positive for High Risk HPV (HPV HR +ve) will be screened for cytological abnormalities. This will reduce the workload by an estimated 80 – 90%. In 2014/15 a total of 569,600 women

were screened in London, a reduction of 80% the laboratory cytology workload will result in a drop to 113,920. Working with SPGs and CCGs, NHSE will scope the future requirements for cytology services in line with NHSI's pathology rationalisation programme. We will also scope the requirements for consumables used across London, in light of the reduction in processing of cervical samples, with a view to re-negotiating/procuring a new deal for London;

3.2 Bowel Cancer Screening

3.2.1 Faecal Immunochemical Testing (FIT) will replace the current FOBt test for the NHS Bowel Cancer Screening Programme during 2017/18. It is anticipated that FIT will deliver a 5 – 10% increase in uptake. In 2015/16 at total of 479,054 subjects were invited and of those 220,717 (46.07%) were adequately screened; with a 5% increase in uptake this would increase to 244,670 adequately screened. If cut off levels are set to give the current 2.3% positivity rate this will equate to an additional 307 positive test results which will require follow up through diagnostic testing (colonoscopy) NHSE will be scoping endoscopy requirements for the programme in view of the anticipated increase in activity;

3.3 Breast Screening

3.3.1 Following the recent procurement of a single administrative Hub for the NHS Breast Screening Programme in London, NHSE and the Hub will scope a single NHS Breast Screening Database (NBSS) for London to support introduction of invitation by Next Test Due Date. A change in invitation processes will require all clinical providers to complete a risk impact assessment and state of readiness assessment and either move towards only screening from static sites or at a minimum to implementing live NBSS on all mobile screening units. A single London NBSS will support the scoping and implementation of a centralised film reading service across London;

3.3.2 Following evidence from the breast screening DNA project in Camden and Tower Hamlets, with an additional 625 women from 11 practices in Tower Hamlets screened as a result of direct contact and an increase of 9% in uptake for breast cancer screening during the year in Camden, we will scope the feasibility of a DNA contact service for breast screening across London.

4 Adult Screening

4.1 Diabetic Eye Screening Programme (DESP)

4.1.1 Following the successful pilot with West London CCG, we will roll-out co-commissioning of Hospital Eye Services (HESs) across London;

4.1.2 We will scope the roll-out of Optical Coherent Tomography (OCT) into DESP services to improve patient pathways/care and reduce referrals into HES services.

Providers will need to draw up business cases re procurement of equipment with CCGs commissioning local HESs;

4.1.3 During the year we will establish the DESP screening pathway for pregnant women through engagement with CCGs commissioning maternity services and with SPGs in support of their transitional plans for improving maternity care;

4.1.4 We will support changes to the frequency of screening for diabetic patients in line with national guidance. It is anticipated that patients with a negative screen on two or three successive occasions will move from annual to two-yearly screening, reducing the workload for DESP providers. Patients with abnormal screens or high risk of diabetic retinopathy will continue to be invited annually;

4.1.5 NHSE will support the expected roll-out of GP2DRS to enable the extraction of single collated lists from GP IT systems.

5 Abdominal Aortic Aneurysm Screening (AAASP)

5.1 Contracts with current providers will be extended until mobilisation of services is completed following the London-wide procurement of AAASP services. As part of the procurement we will introduce tariffs into new cost and volume contracts; Targets for uptake and coverage will be included within the new contracts.

5.2 We will work with Specialised Commissioning and the National AAASP to seek clarity on the status of the NWL Vascular Network in relation to the referral of screening patients with an aorta of > 5.5cms

6 Health in the Justice System

6.1 Improving Health and well-being of people in the London Prisons

6.1.1 Prison Reforms: HMP Wandsworth is one of six pilot reform prisons with Executive Governors that have more autonomy over budgets and functions. The prison will be re-roled from April 2017 to be 70% remand and 30% sentenced prisoners (compared to 70% sentenced and 30% remand prisoners currently), and there may be other prison undergoing similar changes. NHSE's Health in the Justice System team will work with all prison reforms and local commissioning stakeholders to design an integrated health service to meet the primary care, mental health and substance misuse needs of the population

6.1.2 NHSE, Health in the Justice System team will develop and implement an improvement plan to take forward the findings of the prison inpatient review carried out in 2016-7. This will include opportunities of working with NOMS, prison governors and healthcare to improve earlier and timely access to care, treatment and support and to reduce escorts and bed watches

6.1.3 We will work with Specialised Commissioning in NMHSE, London and Mental Health Trusts to streamline the pathway for mental health transfers to and from London prisons

6.1.4 We will roll out the GP registration pilot across London to deliver continuity of care for people leaving prisons to maintain their health benefits from prison and to support reducing re-offending

6.1.5 We will implement smoke free prisons by the end of 2017/8 in line with the priorities set by NOMS, PHE and NHSE

6.1.6 BBV opt out testing (Hep B/C/HIV) will be introduced to all London prison by April 2017 as part of the joint priority between NHSE, Public Health and NOMS

6.1.7 We will build on our 2016-17 CQUIN to ensure full implementation against the screening protocol for DESP, AAA and bowel cancer within the London prisons

6.1.8 Health in the Justice team has expanded the TB programme for prisoners and detainees in the Immigration Removal Centres and an additional two prisons (HMP Thameside and HMYOI Feltham). There is an additional business case for HMP Isis for roll out in June 2017. These new sites will be fully operational by April 2017

6.1.9 We will embark on a planned procurement for a pan-London radiology reporting service for all prisons and Immigration Removal Centres for October 2017

6.20 We will work with the NHSE Screening Team to consolidate screening in prisons and looks at ways of improving uptake of screening

6.21 We will re-procure an integrated healthcare service model for HMYOI Feltham with the new contract in place from April 2018

7 Improving Mental Health in the Justice System

7.1 We will develop co-commissioning opportunities with CCGs to develop:

- Integrated mental health pathways from and to Liaison and Diversion services in police custody and courts
- integrated child and adolescent mental health pathways for children and young people in the Justice System

7.2 We will commission equivalent access to IAPT and Early intervention for psychosis services for people in the London prisons. This will be supported by a Mental Health Clinical Reference Group with expertise in justice settings.

7.3 We will continue to support the HLP on their crisis care and mental health programmes to improve pathways and access to approved places of safety and mental health inpatient beds, working with the three police forces, Mental Health Trusts & CCGs.

7.4 We will work with the MPS to evaluate the effectiveness of the enhanced Liaison and Diversion service commissioned to provide mental health support to Counter Terrorism Command.

8 Improving Services for Children, Young People and Adults who have been sexually abused

8.1 We will develop and implement a two year modernisation plan to take forward the findings of the MOPAC/NHSE, London Sexual Violence and Child Sexual Exploitation Needs Assessment working with the Havens, Rape Crisis Centres and other stakeholders. This will include taking forward the findings of the 2016-7 Estates review of the Havens.

8.2 We will review the Children and Young People's (CYP) Haven in order to develop a commissioning plan for 2018/19 and beyond.

8.3 We will work with MOPAC, CCGs and Local Authorities to evaluate the pilot Child Houses funded by the Home Office and develop commissioning options for 2018/19.

8.4 We will build on the work of the Health & Justice CAMHS Transformation programme to ensure that robust pathways to and from custody are reflected within the overall healthcare offer.

8.5 We will align the model of healthcare delivery with any reforms to the Young Persons Estate.

9 Immigration Removal Centres

9.1 We will work with the Home Office to deliver the recommendations from the Shaw report on the management of vulnerability with the Immigration Removal Centre setting, in particular for those detainees with mental health issues.

10 Health for homeless asylum seekers

10.1 We will support Guy's and St Thomas' NHS Foundation Trust to ensure their healthcare premises for patients for Barry House are housed in an appropriate local healthcare facility.

10.2 We will commission an updated health and social care needs assessment for the initial accommodation services that outlines the work achieved following the additional investment given for mental health and maternity services.

11 Patient and Public Participation

11.1 We will ensure all training packages offered to our Patient and Public Participation sub-group and commissioning technicians are NVQ accredited.

12 Armed Forces

Currently the national Armed Forces commissioners are consulting on the national commissioning intentions. This consultation is due to be completed by October 2016.

12.1 Procurement of a National Veteran's Mental Health Service: NHSE is responsible for some veteran's mental health services. Following the outcome of the stakeholder engagement event and our review of existing services NHSE national Armed Forces team is planning procurement to commission veteran's mental health services from April 2017. Further details will be circulated in due course.

12.2 London's plans For our London Armed Forces Network (LAFN), our recently audit demonstrated that London needs a primary care training program for staff which includes Mental Health First Aiders module. We are collaborating with the London Deanery to develop this. The LAFN also intends to establish a mental health sub-group to support further post-traumatic stress service and review drug, substance misuse and alcohol provision for ex-forces and their families. We will continue to liaise with the Ministry of Defence (MoD) to ascertain the effect and implications of any international decant of active personnel back to London garrisons in Hounslow and Greenwich. No date has yet been established.

13 Quality; Management of clinical or service delivery incidents

13.1 Commissioned service providers are, in the majority of cases, accountable for ensuring the appropriate management of clinical or service delivery incidents.

13.2 The management of incidents and serious incidents should be delivered in accordance to available guidance where available and applicable.

13.3 The National Serious Incident framework, the process for completing the appropriate investigation should take no longer than 60 days, unless agreed otherwise by the commissioner.

13.4 NHSE (London) Public Health and Health in the Justice System commissioners feel this timeframe should be applied to all incidents, whether classified as serious or not. This will support the delivery of effective contract management, where concerns around quality and safety are present.

13.5 As such, we will be including in all of our contracts held with service providers that there is an expectation they produce all the required information and reports within 60 days of declaring an incident (irrespective of severity).

Commissioning intentions Statement for homelessness

Homelessness should not be a barrier to accessing and receiving high quality healthcare. We expect all providers to work proactively with commissioners and other partners to help identify and support homeless patients so that they receive holistic care that meets their needs. This includes engaging positively with the work of the London Homeless Health Programme.

Healthy London Partnership - Children and Young People's Programme - CCG Commissioning Intentions 2017/19

Background

HLP CYP programme has undertaken a number of pieces of work designed to support CCGs in improving services for CYP. This document briefly describes those outputs and how they can be used by CCGs within commissioning intentions 2017 – 2019. These should be seen in conjunction to plans described in the STP for the area.

Acute Care Standards for CYP and Peer Review

The HLP CYP Acute Care Standards are a compilation of all standards for in-patient care deriving from Royal Colleges, NICE, the Department of Health and other bodies. They represent the standards of care which should be delivered within paediatric inpatient units.

https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/resources-old

HLP has commenced a programme of supportive peer review using expert clinical panel members in conjunction with local CCG commissioners. The output of the review is an action plan held jointly by the provider trust and CCG.

Commissioning Intentions 2017 – 2019

The CCG will work with the Royal Free Hospital NHS Foundation Trust as lead commissioner to make progress towards achieving the actions described in the agreed plan following the peer review

Level 1 and 2 Paediatric Critical Care

“High Dependency Care for children (Royal College of Paediatrics and Child Health 2014) changed the nomenclature of critical care and proposed that a degree of intensive care (formerly known as high dependency care) should be delivered in all in-patient units (level 1 PCC). Some units should be designated as level 2 units providing level 1 care plus the ability to look after CYP receiving long term ventilation. HLP published a set of standards to support this model.

https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/hospital-care

Bringing all units up to the standards required will be a large leap in quality, requiring extensive development of the medical and nursing workforce. In order to undertake this, HLP has secured funding to develop an educational package with online and face to face elements to support extensive workforce development. In addition, work is underway to develop a commissioning framework for L1 and L2 PCC.

Commissioning Intentions 2017 – 2019. The CCG will work with (INSERT NAME) trust to make progress towards achieving delivery of L1 PCC standards. The CCG will work with other CCGs in the SPG/STP area to determine which trust/s should be commissioned to deliver long term ventilation to CYP.

Paediatric Assessment Units (PAU)

“A PAU is a facility within which children with acute illnesses, injuries or other urgent referrals (from GPs, Community Nursing teams, Walk-in Centres, NHS Direct or Emergency Departments can be assessed, investigated, observed and treated without recourse to in-patient areas” (RCPCH 2009). HLP will be publishing standards for PAUs in September 2016 in response to specific CCG requests as there is much activity in this model development across London.

The CCG will work with its local providers to commission a paediatric assessment unit based on the standards set out in the HLP CYP PAU standards (2016).

Asthma Care

The 2015 pharmacy public health campaign collected data from nearly 10,000 CYP with asthma when they attended their pharmacy. Results for each CCG can be found here https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/london-asthma-toolkit/pharmacy/public-health-campaign.

The HLP CYP asthma standards describe the level of care which should be delivered across the system, from pharmacies to primary, secondary and tertiary care. Consistent delivery of these across London will reduce the high morbidity and mortality associated with asthma in CYP.

https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/resources-old

The CCG will work with primary care providers and (INSERT NAME) trust to make progress towards achieving delivery of the London asthma standards for CYP.

CYP in Mental Health Crisis

All CCGs submitted a Local Transformation Plan (LTP) for CAMHS in September 2015. These will be revised by October 2016 and Tier 4 collaborative commissioning plans need to be in place by December 2016. HLP is publishing a CYP Mental Health Crisis Care document at the end of September to help CCGs. which will be found here:

https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/camhs

The CCG will work with their local providers to make progress towards delivering their local CAMHs transformation plans and delivering any national standards that are developed.

New models of care for CYP

The HLP CYP team have produced a portfolio of products on out of hospital care to drive improvements in quality. These include:

- London’s out of hospital standards for children and young people
- Compendium: New models of care for acutely unwell CYP - which describes a number of alternative models of care provided for CYP across the country, with a particular focus on acute models of care. Many of the case studies included illustrate how these standards can be used to drive improvements in

quality and assist commissioners to identify opportunities within their own areas.

- New models of acute care (in development)
- Opportunities for Pharmacy to support out of hospital care (in development)

This suite of documents will help organisations to develop place-based models of care treating the CYP in the most appropriate location for their needs.

https://www.myhealth.london.nhs.uk/healthy-london/programmes/children-and-young-people/resources-old

The CCG will work with their local providers to make progress towards developing their out of hospital care provision for CYP.

Supporting people to manage their own health, wellbeing and care

2017/18 Commissioning intentions prepared by HLP Personalisation and Self-Care programme

Overview

People who manage their own health, wellbeing and care have improved experience of care, increased choice and reduced demand for high-intensity acute services. The NHS FYFV calls for a radical upgrade in prevention and public health, and greater engagement with people and communities to harness the energy and potential they have. There is a growing body of evidence showing that a diverse and wide range of person-centred and community-centred approaches lead to improved outcomes and significant benefits for individuals, services and communities. This has been demonstrated through improved mental and physical wellbeing, contributing towards NHS financial sustainability and wider social outcomes

A commitment to supporting people to manage their own health, wellbeing and care was clear from the 30th June 2016 London STP submissions with plans to rollout digitally enabled self-care a key part of local digital roadmaps. However, 40% of people have low levels of knowledge, skills and confidence to manage their health and wellbeing; 44% say they would like to be more involved in making decisions about their care; and research shows that people want a multi-channel offer - in achieving personalisation through an online account and making it easier to self-serve.

The health and care system can do much more to support people to make improved and informed choices and to be more active in managing their own health, wellbeing and care.

Success in 2020

Londoners are more proactive in their care and report improved outcomes due to their enhanced role in shared decision-making. Supported by a vibrant and diverse supply market and new digitally-enabled processes, self-care becomes the norm. New Care Models empower Londoners to take control of their health and wellbeing drawing upon a wider network of support made available by family, friends, voluntary and community groups, as well as heath and care services when needed. This results in:

- **Care decisions are shared, helping to reduce unwarranted variation and supporting patients to make informed choices.** Patients are routinely and systematically involved as active partners with clinicians in clarifying acceptable care, treatment or support options and choosing a preferred course of action. Decision aids to help people think are widely utilised to help patients and clinicians think through the pros and cons of different care, treatment or support options.
- **Care planning and self-management is hardwired into how care is delivered**. Meaningful care planning takes place for people with long-term conditions or ongoing care needs which guides the choices and actions of the patient and their professional team. This care plan is digital and can be shared between care settings and is owned by, and useful for, patients, their families or

carers. People living with long-term health conditions or care needs are offered support to improve their confidence and their capacity to manage their own health and wellbeing. This is achieved through greater take-up of evidence based approaches such as self- management education, peer support, health coaching and group based activities

- **Personal Health Budgets and integrated personal budgets, including NHS and social care funding, are available to everyone who could benefit** (in line with Mandate requirements). In each CCG area at least 1-2 people per 1,000 of the population has a PHB or integrated personal budget incorporating NHS funding. PHBs should be in place for NHS Continuing Healthcare and Continuing Care, people with high cost packages of support (e.g. people with a learning disability); and in specific areas where the model will deliver a positive impact (e.g. end of life care, mental health).
- **Social action beyond the NHS helps people improve their health and manage their wellbeing.** CCG and local authority commissioners support the local population in building community capacity and resilience. Social prescribing and Expert Patient Programmes are widely available to the public through primary care and whole population care models. Strong partnerships between the NHS, statutory partners and voluntary groups deliver health prevention and support for patients, carers and their families. Shared leadership promotes community-based activities aiming to strengthen local skills, knowledge and resilience to improve health and wellbeing.

Ahead of the 2017/18 planning round, HLP's Personalisation and Self-Care Programme is encouraging CCGs across London to signal the following commissioning intentions to local providers:

- **Extend an existing CQUIN or agree a new local incentive scheme for shared decision-making**. NHSE's 'where to look' packs can help target local populations. Once local populations have been identified then commissioners should check whether decision aids are available to help patients and professionals reach decisions that take account of the personal preferences of the individual. Commissioners should consider incentivising the utilisation of decision aids for specific populations as well as the appropriate training of staff which could be quality assured by adopting the CollaboRATE measure.
- **Extend an existing CQUIN or agree a new local incentive scheme for person-centred care planning and self-management.** Patients who are frail, reaching the end of their life, are socially isolated or lonely, have dementia or complex co-morbidities spanning physical health, mental health and social care, as high consumers of health and care services, are the most likely to benefit from an **integrated care plan**. Local providers should be incentivised to routinely undertake structured conversations between patients and practitioners to identify individuals' goals and the support needed to achieve them. A single integrated care plan should be outcomes based ("what matters to me"), owned by the individual and, when explicit consent given, key information is accessible through digital channels to other professionals involved in their care and support. In terms of **self-management**, providers should be incentivised to offer tailored support based on need (including anticipatory care planning, social prescribing, health coaching and personal health budgets) alongside ongoing reviews of individuals' support needs to ensure it reflects changing

goals, needs and priorities. There are a number of useful resources available to support health literacy and digital health literacy.

- Negotiate with providers for a proportion of block funding from all out of hospital contracts to be used for personal health budgets which will be promoted through local social prescribing schemes and expert patient programmes. Block contracts present barriers to offering people choice and control. In order to release funds for Personal Health Budgets, CCG commissioners need provider's time and input to review current funding and contracts and how they can be used to help PHBs to be taken up by a wider cohort of people. Provider's concerns about the potential destabilising effect of this on local provision are understood. Commissioners are therefore encouraged to work with all providers of out of hospital services to explore:
  - A local risk-share agreement releasing portions of block contracts.
  - Extending an existing CQUIN or developing a new scheme which will incentivise providers to free up a percentage of the block contract to be prioritised for the wider uptake of PHBs and enable the supported transition to a more diverse local supplier marketplace. Guidance available from Leeds South and East CCG on unblocking contracts in specialist children's services.
- **Increase the existing provision and use of Expert Patient Programmes and Social Prescribing Schemes.** Expert Patient Programmes (or Chronic Disease Self-Management Programmes) have favourable economic evaluations - investment by health services, leads to savings by health services. They promote self-efficacy and greater self-management of health. It may be a quicker win to develop and expand existing programmes such as these, with a review to ensuring they are operating according to best evidence and practice, and effectively measuring the health, social and financial outcomes. They could more explicitly include social prescriptions, and provide information about the range of sources of help and support within their communities. In tandem with this, local Social Prescribing coverage should be extended to mainstream populations (i.e. people who do not have an existing long term condition) and cover the whole life course to include parents and guardians of children and young people.
- Gain a commitment from local providers to work with a range of stakeholders to promote information and access to community based resources and help build local capacity to support vulnerable people. Commissioners should encourage providers to utilise local online directories, which are available in every London borough, with professionals' sign-posting appropriate patients to information on additional resources that can aid their care and support. Mental health and community health providers can also help build local capacity by inviting representatives of voluntary sector organisations and other key agencies like the London Fire Brigade to participate in standard and routinely scheduled training courses (i.e. MECC, Safeguarding, MHFA etc.). The London Fire Brigade carried out 85,000 visits within vulnerable people's homes in 2015 and the Brigade are keen to formally rollout 'safe and well' visits across London in 2017. Local providers should be encouraged to build formal relationships with the London Fire Brigade so that they can access their free resources (building and meeting room space for promotion of local health initiatives), as well as develop processes to receive appropriate referrals from the London Fire Brigade and social housing providers.

Support you can expect from the HLP to implement the above

Personalisation and Self-Care Programme

- Promoting good practice and enablers to support the rollout of Personal Health Budgets and
- Integrated Personal Commissioning across London
- Personalisation and Self-Care Case for Change (April 2016)
- Population health and financial modelling and analysis on the Return on Investment of Social

Prescribing Schemes, Expert Patient Programmes and both combined (September 2016)

- Commissioners Guidance on Operationalising Social Prescribing (November 2016)
- Fire as a Health Asset pilots commence (January 2017)
- Guidance on how to optimise usage of local online directories (March 2017)
- Contributing standards for the development of personalised apps – e.g. integrated digital care plan (2017/18)

London Digital Programme

- Document exchange (structured and unstructured documents) STP pilots commence (Quarter 2 2017/18)
- End of Life Care Plans and Crisis Care Dataset STP pilots commence (Quarter 3 2017/18)
- Online Passport (Passport) STP pilot commence (Quarter 4 2017/18)

Transforming Primary Care Programme (Proactive workstream)

- Strategic Commissioning Framework Financial Model (August 2016)

Commissioning Intentions 2017/18 – Digital Services and Interoperability

Introduction

This briefing is intended to inform the development of CCG Commissioning intentions. It provides key messages and signals to the provider community from both a national and regional perspective on the development and use of digital services (including interoperability). The briefing is provided by the HLP Interoperability Programme.

Context

Following announcements by the Secretary of State in September 2015, CCGs in London (working within digital roadmap footprints) are now collaborating to providing a system leadership and co-ordination role supporting the delivery of the various ambitions set out by the National Informatics Board and in local sustainability and transformation plans.

The recent report by Robert Wachter describes the importance of technology to future transformation plans and highlights key deficits in digital maturity in all settings. Achieving improvements in digital maturity in hospital and other settings is a key area in which improvement is required and CCGs are expected to collaborate with providers residing within and across roadmap/STP footprints to drive up digital maturity in order to support wider transformation plans.

https://www.england.nhs.uk/digitaltechnology/info-revolution/wachter-review/

The NHS settlement includes provision of £1.4b funding to cover informatics development. A proportion of this funding will be retained nationally for the development of national infrastructure, but significant funding will be made available for local use. A number of sources of national funding have already been announced covering primary care (Estates and Technology Transformation Fund), Global Centres of Digital Excellence and Urgent & Emergency Care Transformation.

Health economies wishing to take advantage of national funding will be expected to be 'investment ready'. This will mean they need to have approved roadmaps in place and also to have developed collaborative governance and delivery models at STP level. Economies most likely to attract local funding will have strong collaborative informatics leadership and delivery capabilities in place.

CCGs within footprints containing providers with low levels of digital maturity should be working closely with these providers to develop local investment plans that will drive up maturity. They should already be supporting alliances between providers. In the informatics context, this means exploring options to learn from and potentially utilise technology available in more digitally mature organisations – in particular from centres of global digital excellence.

Local STPs are enabled by and potentially dependent on CCG engagement to create:

- Improved collaboration between all organisations to deliver improved value for money, drive up digital maturity and ensure the safe and efficient functioning of

new models of care. From an informatics perspective, this is likely to mean consolidation of informatics services and platforms around Accountable Care organisations and/or to require interoperability solutions that are able to support clinical workflows that can span existing organisational boundaries.

- Improvements in digital maturity – in particular within provider organisations – to drive down cost whilst streamlining workflow.
- A patient-centric approach to information sharing (recognising that from an informatics perspective, 'place' may mean something bigger than a single STP footprint.
- Digitally enabled channel shift (to reduce demand for face to face care both in primary and secondary care and to increase the proportion of people being cared for closer to home).
- The provision of new capabilities to enable at-scale information sharing between organisations and patients both to support direct care provision and advanced real time analytics/population health management.

Delivery of digital roadmaps and the broader transformation agenda will require collaborative action in at least five domains:

- Access - The development and adoption at scale of digital and telephone based alternatives/enhancements to face to face to care (particularly in the out of hospital and urgent and emergency care contexts).
- Citizen activation – in particular in the realm of self-management and participation in care
- Design – (and collective ownership) of a London-wide, patient centric interoperability infrastructure that enables 'plug and play' apps, provides the means to locate and share data at minimum cost and which enables at scale information sharing to support clinical workflow.
- Assurance - (of provider informatics strategies) by CCGs and of CCG roadmaps by NHSE. The assurance of provider strategies by CCGs will require CCGs to ensure that all providers are making appropriate investments in their informatics strategies and that they are capable of delivering the ambitions set out in the NIB.
- Standards - The development and adoption of information 'standards' to support technical interoperability strategies

Interoperability

Interoperability is a key enabler for wider transformation. CCGs should note that a range of different patterns of interoperability may be required to resolve key STP problems.

Viewing of local care records – can be achieved (in order of sophistication) using portal style technologies, in- context viewing or integration within system workflows. Use of point to point integration to achieve integration between hospital systems and local integrated care records is increasingly discouraged by HLP on the grounds that such integrations are costly and cannot scale. Instead, local strategies should increasingly align around hub models provided locally or regionally as they emerge.

Population health management - will most likely require at-scale aggregation of data to create a data pool against which advanced algorithms can be used to

support local clinical decision making and commissioning activities. The bigger the data pool, the more useful the analysis.

Co-ordination of care - will most likely require real time location, in context viewing and the ability to update structured data and documents that is locally held by each organisation. Given the nature of London, this needs to be supported across organisational and STP boundaries to enable urgent care provision and specialist services such as cancer. The use of subscriber based alerting and notification services will be a key enabler. NB the HLP London Digital Programme will provide capabilities in this space 'once for London' and CCGs should promote and support this 'once for London' London wide initiative.

Activation of patients - Local initiatives to connect patients to their data are to be encouraged. These will require identity management. CCGs should be aware of the recent commitment by the Secretary of State to implement a 'blue-button' style service across the NHS. NB: HLP are working closely with the national NHSE team and Digitalhealth.London to create an online account through which patients can create and use a digital identity to connect to their data using accredited apps. CCGs should promote and support this 'once for London' initiative.

Key signals

It is of particular importance that CCGs signal to existing and potential new providers an expectation that their strategies will support the following ambitions.

- Any new information systems must demonstrably comply with existing national (and potentially locally defined) standards (where these are appropriate).
- Providers should be encouraged to support connectivity to the emerging regional information exchange 'hub' as it emerges.
- Any new information systems must be capable of exposing a comprehensive set of APIs (Application Programming interfaces) to enable the sharing of patient records. Providers must be capable of exposing data based on a common set of standards (e.g. IHE XDS, CDA, FHIR)
- New and legacy systems must demonstrate continuing compliance with published and emergent standards such as those relating to transfers of care from hospital.
- Providers must support the use of electronic solutions for key cross-organisation transactions (e.g. referral, electronic ordering and results reporting)

Annex 6: Associate CCG commissioning Intentions

Enfield CCG specific commissioning intentions (refer to Section 5.6 in the main letter)

Programme Area	Services	Commissioning Intention
Planned Care	Cancer screening in Enfield	Enfield CCG to develop innovative pathway and publicity arrangements to maintain/improve Bowel, Cervical and Breast screening attendances, especially in the most deprived wards. 6 months' notice is given of possible change.
Integrated Care	Care Homes. Care Homes Assessment Team to deliver a further reduction in emergency admissions from care and nursing homes.	Enfield CCG will review the CHAT Team to ensure efficacy and efficiency of service. 6 months' notice is given of change to specifications and KPIs.
Integrated Care	End of Life Services. All palliative care patients to have advance care plans in place and choice of preferred place of death	Enfield CCG expects all providers to be formally signed up to and deliver "Coordinate My Care". 6 months' notice is given of intent to change the contractual statement for End of Life Services from 1st April 2017.
Integrated Care	OPAU at Chase Farm. CF OPAU is a rapid access health and wellbeing hub to support Enfield's older people's health, well-being & independence if their health conditions are at risk of worsening.	Enfield CCG will review the OPAU at Chase Farm to ensure efficacy and efficiency of provision. 6 months' notice is given of service chance.
Long Term Conditions	Long Term Conditions/integrated Care MDT approach in diabetes, COPD/asthma/heart failure	ECCG to review provision for patients with long term conditions. To support patients with co-morbidities/complex needs/more than one long term conditions; To use MDT approach to manage patients with complex needs by keeping patients in the community as long as possible, to reduce frequent re-admissions to the hospital; To encourage clinicians to work collectively in an integrated way to address patients with complex needs in the community. 6 months' notice is given of possible service change.
Long Term Conditions	Locality based hypertension management in primary care	ECCG to develop locality based services in hypertension management in primary care; to reduce outpatient appointments; to reduce hospital admissions; to promote self-management; to be in line with NICE guidelines and local/NCL wide agreed clinical pathway in the management of hypertension in primary care. ECCG gives 6 months' notice of change to pathways which will impact on activity levels.
Long Term Conditions	Locality based COPD/asthma management in primary care	ECCG to develop locality based services in COPD/asthma management in primary care; to reduce emergency re-admissions to the hospital; to promote patient self-management; to have call and recall review at locality level; spirometry testing in primary care; medication review monitoring; to be in line with NICE guidelines and NCL-wide/local clinical pathways in respiratory; integrate further between community respiratory specialist nursing team/ILTs and primary care teams. ECCG gives 6 months' notice of change to pathways which will impact on activity levels.

Programme Area	Services	Commissioning Intention
Integrated Care	Continuing Healthcare. Management of care pathway for frail and elderly patients in transition from physical health and elderly mental health care including patients with dementia, and more complex physical and mental health needs	Enfield CCG gives notice of intent to development of local continuing health care bed provision in Enfield to reduce the number of patients receiving complex care out of area. To improve the effective use of resources by developing a joint health and social care service specification that represents VFM and improves access to local CHC long term care locally.
Planned Care	Community Dermatology. Improving the effectiveness of the Community Dermatology Service to increase volume, performance and service scope.	ECCG to serve 6 months' notice to RFH to develop the Community Dermatology Service in 2017/18. To include: 1. Implementation of a revised Community Dermatology Service Specification 2. Revised Key Performance Indicators with escalation routes where performance does not meet the targets set. 3. Relocation of services to two primary care sites 4. Increased scope to include Paediatrics, Routine monitoring, OP Procedures and other items as determined by the specification.
Planned Care	Community Dermatology - Review	Under review (as part of QIPP transformation for 2017/18
Planned Care	Community Gynaecology	Enfield CCG to review the community Gynaecology service. 6 months' notice is given of decision to re-commission or decommission current provision.
Community	Community Urology	Enfield CCG to review the community Urology service. 6 months' notice is given of decision to re-commission or decommission current provision.
Community	Community Ophthalmology Re-procurement of Enfield Community Ophthalmology Service to improve VFM, access and patient waiting times.	Enfield CCG gives 6 months' notice to all Providers that we are decommissioning all internal routine referrals into Ophthalmology with effect from 1st April 2017. This includes referrals from screening programs that are commissioned by NHS England. All routine GP referrals are required to be sent to the Enfield Referral Service for triage to an AQP provider. Enfield CCG will enter into negotiation with Providers to effect this contractual change from 1st April 2017.
Children and young People	School Aged Children (The Healthy Child Programme)	A greater emphasis on prevention and early identification, resulting in improved outcomes and performance indicators and a decrease in referral to more specialist services. Enfield CCG will work with the London Borough of Enfield on the development of the Early Help Model incorporating the Healthy Child Programme for 5 -19 year olds. 6 months' notice is given that Enfield CCG will expect all providers to implement specified elements of the model.
Children and young People	Early Years Help:- Maternity Services To deliver the 2020 vision for maternity services described in the Better Births Review (2016)	1. Enfield CCG will work with NCL commissioners to develop an NCL plan in response to the Better Births Review 2. Enfield CCG expects all providers to deliver specified elements of the integrated peri-natal mental health pathway subject to additional funding for specialist perinatal provision 6 months' notice is given of change to specifications and KPI's

Programme Area	Services	Commissioning Intention
Children and young People	CAMHS (Future in mind) - Transformation plan. To deliver 'an integrated whole system approach to driving further improvements in children and young people's mental health outcomes'	1. Enfield CCG to review progress of implementation of the Future Mind Transformation Plan against agreed milestones and outcomes. 6 months' notice is given to BEH MHT of potential change to plans, to be supported by a new service specification. 2. Enfield CCG will work with NCL commissioners to review provision for children and young people with Eating Disorders against NICE Guidance 3. Enfield CCG expects that all Providers to embed the THRIVE model of care underpinned by CYP IAPT principles.
Children and young People	LAC: Improved health outcomes for children and young people in care, and young people leaving care with emotional wellbeing and mental health issues	Enfield CCG to review provision for Looked After Children given the increase in number of referrals and revised guidance. 6 months' notice is given to BEH MHT and RFH of a new service specification/potential application of new models of care (BEH MHT SDIP work programme in 2016/17)
Children and young People	SEND and Children with complex health needs: Children and Families Act. Improved outcomes and experience of service for children and young people with Special Educational Needs and Disabilities, and their families. Implementation of the Children and Families Act (2013) and revised SEND Guidance.	1. Enfield CCG gives 6 months' notice is given to BEH MHT and RFH of a new specification for children with disabilities/potential application of new models of care 2. Enfield CCG will work with the Council and providers to develop a local action plan in response to the joint SEND inspection 3. Enfield CCG will review potential to extend personalisation through more flexible contracts and/or personal budgets and 6 months' notice is given of possible change
Children and young People	SEND and Children with complex health needs: Autism. Improved outcomes and experience of service for children and young people with suspected social communication issues	Enfield CCG to review end to end pathway for autism diagnosis against NICE guidance. 6 months' notice is given to providers of change to current services.
Children and young People	Children who are ill: Improved outcomes and experience for children and young people who are ill, including those with acute, chronic and life limiting conditions	1. Enfield CCG to review out of hospital services for children who are ill, including approach to self-management, continuing and palliative care and children community nursing services. 2. Subject to public consultation Enfield CCG will implement outcomes of the review of the Chase Farm PAU (included in commissioning intentions for 2016/17) 3. Enfield CCG will work with Haringey CCG to ensure the effective implementation of NMUH urgent care and PAU pathways 4. Enfield CCG to work with NCL commissioners to review implementation of the Best Practice Diabetes Tariff 6 months' notice is given to providers of possible change to services.

Programme Area	Services	Commissioning Intention
Children and young People	Personal Health Budgets (continuing care and further services to be identified)	The NCL CCGs will review the potential to extend personalisation through more flexible contracts and/or personal budgets. Providers will need to work with commissioners to roll this out. Enfield CCG: 6 months' notice to BEHMT and RFH of this change.
Diagnostics	Pathology. Standardisation of Pathology provision through procurement of Direct Access Pathology Service. De-commission of current acute providers.	ECCG to serve 6 months' notice to Acute Pathology providers of intent to procure a single provider for Direct Access Pathology. To include: 1. Standard pricing schedule 2. Contract and Quality metrics 3. Incentive proposal for demand management 4. Robust IT plan which integrates between primary care and pathology provider 5. Collection of samples from GP Practices and other sites as defined in the service specification.
Planned Care	Teledermatology - Implementation in 16/17, scope expansion in 17/18. Redirection of patients from acute outpatients to most appropriate setting i.e. self-care, primary care or community.	ECCG to serve 6 months' notice to RFH of intent to further develop the Teledermatology service in 2017/18. To include: 1. Implementation of Teledermatology Service via RFH (majority provider) with consultant triage 2. Redirection of activity from acute to primary care following Teledermatology review 3. Patients direct listed to procedure or biopsy following Teledermatology 4. Redirection of all appropriate follow-up activity to Community Dermatology Service 5. Expansion of scope to include rashes, 'urgents', 2WW and paediatrics (subject to clinical case)
Planned Care	Acute Dermatology. Implementation of acute dermatology specification setting out clear thresholds ensuring appropriate reduction in acute capacity to allow transfer to community service and/or Teledermatology.	ECCG to serve 6 months' notice to acute providers of intent to develop and implement an Acute Dermatology Service Specification, the specification will include: 1. Thresholds for activity 2. KPIs including 1st:FUP ratio, outpatient: procedure ratio and waiting time 3. Access to consultant Advice & Guidance
Planned Care	Direct Listing of Endoscopies. Implementation of triage at the point of referral to identify appropriateness of Direct Listed Endoscopy.	ECCG to serve 6 months' notice to existing acute providers to develop an Endoscopy Direct Listing protocol and pathway. Referrals will be triaged using a standard referral form and assessed for appropriateness of direct listed procedure.
Planned Care	PoLCE	Enfield CCG to agree the implementation of an NCL-wide PoLCE policy with effect from 1st April 2017. Enfield CCG with NCL CCGs will open negotiations with Providers to agree a contract variation in 2017/18 informed by the CCG's revised PoLCE criteria for 2017/18. Enfield CCG gives 6 months' notice to providers that PoLCE criteria and a PoLCE Financial Cap will apply from 1st April 2017.
Planned Care	ENT Pathway between Community & Acute	Enfield CCG to review the ENT community to acute away to ensure value for money and that the service provided meets requirements. 6 months' notice is given of possible service change.
Planned Care	Roll bunion service into PoLCE	TBC following GB decision on inclusion of Bunion Surgery within the NCL PoLCE policy.

Programme Area	Services	Commissioning Intention
Planned Care	MSK 1. To develop integrated MSK services in Enfield 2. To review criteria for hip/knee arthroplasty - Hard choices	Enfield CCG gives 6 months' notice of 1. Intent to commission a consultant-led multidisciplinary MSK elective system, which will include a single point of access through the provider hub and spoke model combining all planned Orthopaedics, Rheumatology, pain management and physiotherapy services across Enfield, triage and assessment, guided by evidence based clinical pathways to facilitate referral process; shared decision making tools to help with patient decision, care planning and self-management. Provide learning loop/education with primary care on referral and skilling up primary care on MSK related conditions and reduce referral variation. 2. To develop a set of criteria for hip/knee arthroplasty
Planned Care	Community cardiology	Enfield CCG to review the current community cardiology service specification; question whether it is fit for purpose; is in alignment with NICE guidelines, and consider local clinical pathways in the context of the STP process/as part of whole systems approach to cardiology services in Enfield. 6 months' notice is given of possible service change.
Planned Care	Respiratory	ECCG to review clinical pathways for respiratory with NCL clinical leads, to reduce variation and unnecessary hospital activity, and improve patient outcomes. ECCG gives 6 months' notice of change to pathways which will impact on activity levels.
Planned Care	Revised criteria for Hernia procedures	Review of the criteria to ensure more robust assessments - possible commissioning intention for development
Planned Care	Revised criteria for Haemorrhoids	Review of the criteria to ensure more robust assessments - possible commissioning intention for development
Planned Care	Revised criteria for Male Sterilisations (Vasectomies)	Review of the criteria to ensure more robust assessments - possible commissioning intention for development
Planned Care	Community Sleep Apnoea Service	Enfield CCG to review the Sleep Apnoea Screening pilot in order to help bring activity back into the community and drive down acute activity. 6 months' notice is given of revised Service Specification.
Planned Care	PSA Monitoring Local Enhanced Service	Enfield CCG to agree the implementation of an NCL-wide Urology Local Service: Stable Prostate Cancer and Watchful Waiting Follow-up monitoring. This will provide routine follow ups for patients who have been diagnosed and subsequently discharged with prostate cancer and those men with high PSA levels who do not wish/are able to have a TRUS biopsy. 6 months' notice is given of possible change.
Planned Care	Ear Syringing Local Enhanced Service	Enfield CCG to review the current pathway arrangements and activity. Consider options to develop a seamless ENT pathway for a Local Enhanced Primary Care Service. This will be considered this as part of whole systems joined up approach to ENT services in Enfield. 6 months' notice is given of possible change.
Planned Care	Locality Commissioning	Enfield CCG gives notice of possible reductions in acute activity from increased use of community services, unnecessary referrals & development of care plans for frequent flyers
Planned Care	Ophthalmology secondary care routine referrals	Enfield CCG to decommission all routine direct referrals to Ophthalmology secondary care providers who are not listed under the Enfield CCG Community Ophthalmology AQP Contract.

Programme Area	Services	Commissioning Intention
Planned Care	Procedures of Limited Clinical Effectiveness (PoLCE) Standardise across NCL CCGs PoLCE Policy 2017/18	Enfield CCG to agree the implementation of an NCL-wide PoLCE policy with effect from 1st April 2017. Enfield CCG with NCL CCGs will open negotiations with Providers to agree a contract variation in 2017/18 informed by the CCG's revised PoLCE criteria for 2017/18. Enfield CCG gives 6 months' notice to providers that PoLCE criteria and a PoLCE Financial Cap will apply from 1st April 2017.
Planned Care	AQP Adult Hearing Services Improve access to Adult Hearing Services for patients greater than 50 years and improve VFM at RFL (and BCF) and Adult Hearing Services provided by Any Qualified Providers	Enfield CCG to serve 6 months' notice to Decommission Direct Access Adult Hearing Services for patients over 50 years at RFL. All patients over 50 years will access AQP Providers (including RFL) for direct access adult hearing services from 1st April 2017. Enfield CCG will enter into negotiation to agree a contract variation with RFL for 2017/18.
Planned Care	AQP Termination of Pregnancy Re-procurement of Any Qualified Providers for the provision of Termination of Pregnancy service	Enfield CCG gives notice that these services will be advertised in 2017/18 as part of the CCG's Any Qualified Provider reprocurement policy.
Planned Care	Pathology GP Direct Access Tests Review	Under review (as part of QIPP transformation for 2017/18
Medicines Management	Medicines Management Shift from Lucentis / Eylea to Avastin treatment for Wet AMD.	Enfield CCG gives 6 months' notice of intent to decommission the existing Wet AMD service and for patients who have been treated for Wet AMD in accordance with NICE guidance recommission on the basis of offering Avastin as an alternative to Lucentis and Eylea
Mental Health	De-commission RAID	ECCG to serve six months' notice of the decommissioning of RAID mental health services
Contract form	Non-PbR Price Review Standardise Provider Contract Prices for Non-PbR Activity) across NCL CCGs (based on lowest priced Provider)	Enfield CCG gives 6 months' notice to Providers of intent to implement a standard PbR tariff for: Non-Mandatory PbR tariffs, Critical Care, Direct Access Pathology tests, Mental Health HRGs, RDAs and Non-PbR Outpatient appointment, with effect from 1st April 2017. Lead CCG(s) will work with Enfield CCG to open negotiations with Providers to agree a contract variation to ensure that local prices demonstrate comparative value for money and any that do not, will need to be reduced for 2017/18, from 1st April 2017.
Contract form	Consultant to Consultant Protocol Reduction in Consultant to Consultant referrals	Enfield CCG give 6 months' notice of intent to implement a reduction in Consultant to Consultant Referrals, undertaken in 2017/18. Haringey CCG and Barnet CCG will lead Provider negotiations supported by Enfield CCG with RNMUH and RFL to agree a contract variation for these services from 1st April 2017.
Contract form	Provision of full contract minimum data set for monitoring PbR related activity in 2017/18.	Enfield CCG gives 6 months' notice to all secondary care acute and any other relevant providers that Enfield CCG will commission PbR related activity based on revised national PbR tariffs for 2017/18. Providers will ensure contract reporting schedules include full data MDS to allow monitoring of contracts in 2017/18 in order to improve data quality and timelines for activity reporting in accordance with the NHS standard contract information schedule (schedule 6b) and data quality improvement plan (schedule 6C).
Other	CQUIN payment scheme 2017/19	Enfield CCG gives 6 months' notice to all providers that Enfield CCG will agree the Commissioning for Quality and Innovation CQUIN) payment for the achievement of stretched targets and innovative measurable schemes in line with NHS England guidance 2017/18.

Associate CCG	Programme Area	Services	Commissioning Intention
Camden CCG	Children and young People	Children's Partnership Alliance	Renewal of existing Children's Partnership Alliance Agreement SLA on a rolling one year basis.
Camden CCG	Children and young People	Perinatal mental health service including peer support	Subject to decisions across NCL, a bid for funding from NHS England and local decision-making about proposed investment, Camden CCG's intention is to strengthen perinatal mental health services including peer support. This is likely to include specialist perinatal psychiatry, nurse and peer support for women in the perinatal period
Camden CCG	Planned Care	All	The CCG intends to introduce local timescales for route cause analyses (RCAs) and Clinical Harm Reviews (CHRs) to be completed: a) for RTT, cancer, diagnostics within 4 weeks of the breach (not the future appointment date); b) for discharge issues (e.g. discharge alerts, unsafe discharges) within 7 days; c) for C.Diff within 10 days. The template for these is to be agreed between provider and commissioner. National timeframes will still apply for serious incidents, complaints, and MRSA bacteraemia.
Camden CCG	Mental Health	Psychiatric Liaison	In line with the STP, NCL partners expect to have psychiatric liaison services in place by 2017, which conform to the standards set by NHSE. In line with the evidence base there is a national expectation that these will be provided and funded through Acute providers over an agreed period of time
Camden CCG	Primary Care	London Offer	The CCG intends Commission the London Offer as part of the Universal Offer
Camden CCG	Primary Care	Universal Offer (Including London Offer)	The CCG intends to revise, update and re-commission Locally Commissioned Services from GP practices as part of the Universal Offer.
Haringey CCG	Community	Community Urology Service	Re-procurement of service
Haringey CCG	Community	PoLCE	Procedures of Limited Clinical Effectiveness
Haringey CCG	Integrated Care	Rapid Response	Expansion of the Rapid Response service will take place in 2016/17 using System Resilience funds, which will expire in March 2017 (core service funding will still continue). The impact of service expansion will be evaluated in early 2017 and inform a QIPP proposal to fund further expansion in 2017/18 (provided the expanded service is found to be effective). The service evaluation will also inform how Haringey CCG can work closely with partners in Islington to create a model that works across the both boroughs to best support local hospitals. Rapid Response will also be a key consideration in proposals to develop the system of intermediate care across both Haringey and Islington.

Associate CCG	Programme Area	Services	Commissioning Intention
Haringey CCG	Integrated Care	Stroke Services	Across NCL we have initiated a review of the end to end stroke pathway with a view to establishing appropriate capacity to meet demand and to move away from a predominantly bed-based rehabilitation model. NCL CCGs are committed to implementing the recommendations of the NCL-wide review. This will include a focus on developing a consistent offer of early supported discharge delivered by a skilled workforce. This may lead to the commissioning, as part of an NCL seven day offer, of an ESD spanning the five boroughs as well as a remodelling of the acute stroke and inpatient rehabilitation capacity to ensure improved patient experience and outcomes and effective capacity utilisation across the pathway. The findings of the NCL-wide review will inform the recommissioning of the inpatient rehabilitation beds at Homerton Hospital. As part of our joint commitment to promote independence, choice and control, the CCG and Council will be commissioning a new community support service for stroke survivors and their carers
Haringey CCG	Integrated Care	Better Care Fund and Integrated Care Schemes	There are a number of initiatives contributing to integrated care in Haringey that have been implemented on a trial basis, or are under review as part of the Better Care Fund programme. The aim is to develop a more joined-up approach to integrated care in Haringey. The following services will be evaluated in 2016-17, with a decision on continued funding, re-modelling or re-procurement taken in Spring 2017: • Home Care Reablement • Integrated Community Therapies Team • Falls - Strength and Balance • MDT teleconferences • Locality Teams We are also looking into alternative ways supporting community wellbeing, including social prescribing, this will build on previous work under the neighbourhoods connect service.
Haringey CCG	Children and young People	CAMHS	The CCG is working to establish a Section 75 agreement between Haringey CCG and Haringey Council. It is envisaged that Haringey CCG will be assuming the lead commissioner role for all Haringey CAMHS including LA commissioned services. This will need to be supported by reviewed specifications and a separate finance schedule with CAMHS disaggregated from the adult community mental health budget. Commissioning intentions for CAMHS are to implement our local CAMHS Transformation Plan, and work closely with NCL colleagues to develop a wider approach to perinatal, crisis and eating disorder services, along with the STP priorities.

Associate CCG	Programme Area	Services	Commissioning Intention
Haringey CCG	Children and young People	Transforming Care for People with LD (Winterbourne View). Reduce hospital admissions and length of stay. Tasks include: CTR implementation pre and post admission, identifying populations at risk of admission (risk stratification), up skilling providers and maintain or decrease hospital admissions by 10%.	1. Refer to NCL wide commissioning intentions 2. Enfield CCG expects all providers to deliver the specified elements of the STAY project for Enhanced Behaviour. Project will be subject to review and possible change.
Haringey CCG	Planned Care	Dermatology-Punch Biopsies	Recode as OPD procedures rather than day case
Haringey CCG	Planned Care	NMUH Ophthalmology Service	NCL CCGs will agree a reduction to the cost of administration of anti-vascular endothelial growth factor (Anti-VEG) drugs to reflect both NICE guidance and the tariff charge applied by other providers in NCL for the equivalent service
Islington CCG	Community	Termination of pregnancy	Providers will be contracted from April 2017 for three years under an any qualified provider contract
Islington CCG	Long Term Conditions	Value Based Commissioning - Diabetes	Commissioners and Trusts have committed to shadow-monitoring of capitated budgets and monitoring of VBC outcomes across Haringey and Islington for people with diabetes and for over 75s in Haringey. Trusts have committed, within MOUs, to working together under shared governance. The work that we have initiated through VBC will become part of the wider work that Haringey and Islington are doing together under the Haringey and Islington Partnership.
Islington CCG	Planned Care	Moorfields A&E, acute ophthalmology services	To commission a minor eye conditions service, delivered in the community by optometrists that will impact on the number of minor eye conditions seen in the acute setting.
Islington CCG	Planned Care	MSK community, MSK acute, Rheumatology, Orthopeadics (surgery), Pain services, diagnostics	Complete business case for future of Community MSK service - Haringey and Islington to reach agreement with providers on service commissioning decision. To commission a new model of care for MSK services, across community and secondary care.
Islington CCG	Planned Care	Obesity Services	To commission a Tier 3 Obesity Service for Islington residents in line NHS England guidance.
Islington CCG	Planned Care	Ophthalmology acute service	Commissioners would like to agree that either the Royal Free, or the Whittington repatriate the ophthalmology service that is currently jointly delivered by both hospitals. We would wish to maintain the locations that the service is currently delivered in however, for admin and patient safety reasons - 1 provider should lead the service.

Associate CCG	Programme Area	Services	Commissioning Intention
Islington CCG	Learning Disabilities	All	To ensure people with learning disabilities, particularly those with additional complex health needs, receive equal access to high quality, appropriate and timely interventions across the healthcare system to identify and treat health conditions, improving well-being and preventing premature deaths
Islington CCG	Mental Health	Value Based Comissioning for psychosis	Commissioners expect all parties to work together to achieve the best outcomes and key deliverables for people with Psychosis across Islington and Camden boroughs. Trusts are expected to work in support of Camden and Islington NHS Foundation Trust who are recognised by commissioners as the Lead Provider for the Camden and Islington Integrated Practice Unit for Psychosis and Physical Health Care. Islington and Camden Commissioners will expect all parties to fully participate in delivery of the value based commissioning for psychosis service model and associated contract in 2017/18. Commissioners will work with the Trusts, currently not party to this contract, to support them in preparing to join this agreement. Joining this contract will involve activity relating to care for Camden and Islington's patients with psychosis being removed from the core contract and become part of the value based commissioning for psychosis contract Commissioners will be exploring how the benefits of this model can be extended into Haringey as part of the Wellbeing Partnership. Barnet, Enfield and Haringey - We will continue to move to payment by results / activity contracting for adult mental health secondary care services in 2016/17. Treatment for a first episode of psychosis will go live, and we will extend shadow operation to a wider group of 'clusters', proposed to be the rest of the psychosis clusters
London Borough of Enfield	Children and young People	Early Years Early Help Model: A greater emphasis on prevention and early identification, resulting in improved outcomes and performance indicators and a decrease in referral to more specialist services.	Enfield CCG will work with the London Borough of Enfield on the development of the Early Help Model incorporating the Healthy Child Programme for 0-5 year olds. Co-location to be considered. 6 months' notice is given that Enfield CCG will expect all providers to implement specified elements of the model.

Associate CCG	Programme Area	Services	Commissioning Intention
London Borough of Enfield	Children and young People	School Aged Children: The Healthy Child Programme. A greater emphasis on prevention and early identification, resulting in improved outcomes and performance indicators and a decrease in referral to more specialist services.	Enfield CCG will work with the London Borough of Enfield on the development of the Early Help Model incorporating the Healthy Child Programme for 5 -19 year olds. 6 months' notice is given that Enfield CCG will expect all providers to implement specified elements of the model.
NCL	Mental Health	Specialist community care / crisis care	In line with the STP, all the NCL CCGs will review crisis, acute and rehabilitation pathways, including: Implementation of the crisis concordat; Acute pathways and female PICU; Review of residential and community rehabilitation. This may include the commissioning and decommissioning of services as required in order to deliver this programme of work.
NHS England - specialist	Planned Care	Development of Bariatric Surgery across NCL. NHS England Specialist Commissioning arrangements with CCGs requires future development of Bariatric Surgery in NCL in 2017/18	Development of service specification and business case required to inform future commissioning arrangements and bariatric surgical provision in NCL
NHS England - specialist	Medicines Management	All	To repatriate expenditure on specialist drugs in scope of the NHS England manual for prescribed services that are currently prescribed in Primary Care for 2017/18.
Camden CCG	Community	Adult Audiology Service	Potentially decommission this service from March 2017
Other	Children and young People	Asthma care	All Providers to implement asthma standards (Healthy London Partnership).
Other	Children and young People	Autism Spectrum Disorder (ASD) Services and Pathways	Improved outcomes and experience of service for CYP with suspected social communication issues. Building community-based capacity and early intervention pathways in line with national recommendations. Islington CCG: Implementation of recommendations set out in review of ASD Assessment and Diagnostic Services. To address excessive waiting times within the pathway. Enfield CCG: To review end to end pathway for autism diagnosis against NICE guidance. 6 months' notice given to providers of change.

Associate CCG	Programme Area	Services	Commissioning Intention
Other	Children and young People	Improved outcomes and experience of service for CYP with Special Educational Needs and Disabilities (SEND) and their families. Implementation of the Children and Families Act (2013) and revised SEND guidance.	To ensure professionals provide timely information to inform statutory EHCP processes and deliver robust local offer services Enfield CCG: 6 months' notice to BEH MT and RFH of a new specification for children with disabilities/potential application of new models of care. CCG, council and providers to produce an action plan in response to the joint SEND inspection.
Other	Children and young People	London Paediatric acute care standards (children and young people acute services)	Providers to implement London Paediatric acute care standards (Healthy London Partnership 2016)
Other	Children and young People	London Paediatric critical care standards (children and young people acute services)	Where appropriate levels apply, providers to implement London Paediatric critical care standards levels 1 and 2 (Healthy London Partnership 2016)
Other	Children and young People	National specification for Eating Disorders	Review of commissioned ED services. NHSE require implementation of national service specification.
Other	Children and young People	Personal Health Budgets (continuing care and further services to be identified)	The NCL CCGs will review the potential to extend personalisation through more flexible contracts and/or personal budgets. Providers will need to work with commissioners to roll this out.
Other	Children and young People	Transforming Care for people with LD (Winterbourne View)	Tasks include: CTR implementation pre and post admission, identifying populations at risk of admission (risk stratification) and up skilling providers Enfield CCG: Reduce hospital admissions and lengths of stay. Enfield CCG expects all providers to deliver the specified elements of the STAY project for Enhanced Behaviour. Project will be subject to review and possible change.
Other	Children and young People	Transition (children and young people services)	All providers to implement the NICE quality standards for transition to adult services.
Other	Children and young People	Child Safe House model	To explore options for reconfiguring existing services across providers to support the development of a child safe house in NCL if the model is progressed
Other	Planned Care	Anticoagulation	Growth in the prescribing of newer oral anticoagulant drugs (NOACs) arising from pathway redesign (e.g. primary care initiation) or increased uptake, together with use of anticoagulation self-testing and self-monitoring in line with NICE guidance, may result in reductions in anticoagulation clinic activity due to reduced monitoring requirements.
Other	Planned Care	Rheumatology	To review options for primary and community based management of RA patients and move activity from secondary to primary/community care
Other	Planned Care	Fertility	To review revised package for IVF treatments reflecting Bemfola price.

Associate CCG	Programme Area	Services	Commissioning Intention
Other	Mental Health	Review the Community Eating Disorder Service with Children's and NHS England Eating Disorder Commissioners to inform commissioning intentions for 2017-18	A review of the Community Eating Disorder Service with Children's and NHS England Eating Disorder Commissioners will take place to inform commissioning intentions for 2017-18. Part of the NCL STP

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Appendix 2

Royal Free London NHS Foundation Trust

Programme Area	Services	Commissioning Intention
Cancer	Risk Stratification of Prostate Cancer	Prostate cancer patients will be discharged to their GP for the management of their prostate cancer.
Planned Care	Management of patients post prostate Cancer treatment.	Decommission routine follow ups from secondary care for specific cohort of patients, and recommission from primary care via a Locally Commissioned Service (LCS)
Long Term Conditions	Cardiology - End to End Pathway	Implementing an End-to-End Cardiology pathway that includes a community-based heart functioning improvement service, which went live on the 6th June 2016.
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.
Long Term Conditions	Neurology	Develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice
Integrated Care	Discharge to Assess	Ensure the onward care of a patient is prioritised by moving patients out of an acute bed, and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process

Programme Area	Services	Commissioning Intention
Integrated Care	Frailty Pathway	Development of Frailty pathway including review of Rapid Response services and locality based Integrated Teams
Integrated Care	Stroke Services	NCL-wide review of the end-to-end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.
Integrated Care	Tissue Viability	A review of the current pathway as identified a number gaps in primary care provision. 1. New model will support the delivery of care in a community setting. 2. Enable the reduction of unscheduled attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care
Children and young People	Community Paediatrics	Current service specification with RFH is out of date and needs reviewing in the light of new legislation for SEND. The new timeframes in particular, will put pressure on the community paediatrics pathway.
Children and young People	Enuresis and Continence Management	Review of existing service available within primary care, provided by CLCH and RFL to understand what is currently available, the gaps, improve the pathway and possibility of recommissioning from one provider or supporting primary care to provide.
Children and young People	Orthoptics	Move to an integrated service model. On hold. Decommission CLCH and Royal Free. Re-specify and procure during 2017/18
Children and young People	Epilepsy services	To undertake an in-depth review with the intention of enhancing the existing Epilepsy service in line with population

Programme Area	Services	Commissioning Intention
		growth and NICE guidance
Children and young People	Respiratory services	To undertake an in-depth review with the intention of developing and commissioning of a Children's Asthma service
Children and young People	Allergy services	To develop a Children's Allergy service
Children and young People	Paediatric diabetes	To undertake an in-depth review with the intention of enhancing the existing diabetes service in line with population growth.
Children and young People	Palliative care	To review as to the future needs of Children's that require palliative care
Planned Care	Chronic Kidney Disease (CKD) acute service	To commission a community element to the RFL CKD service including triage and nurse led clinics.
All Areas	All Services	Enablement of Care Integrated Digital Records (CIDR) services across all local health and social care providers. This includes the continual evolution of data sharing for clinical and social care information - access to data at the point of care (part of FYFV - Digital by 2020) All Providers will need to be able to share patient records digitally (their IT systems will have open API capabilities enabled)
Primary Care	Commission anticoagulation services from GPs/Barnet Federation	Support the development of the Barnet GP Federation to deliver list based services to the Barnet Population,
Primary Care	Provision of 7 day 8-8 services out of hours	Commission the Barnet GP Federation to provide additional appointments both bookable and urgent from 6.30-8.00pm Monday to Friday and 12 hours per day on Saturday and Sundays in the 3 Barnet

Programme Area	Services	Commissioning Intention
		Localities
Primary Care	Commission a new Local Commission Service	Commission one universal local commissioned service from Barnet GP practices/service provider(s) that supports the requirements of the Transforming Primary Care - SCF and health needs of the Barnet population
Primary Care	Future commissioning of existing Local Commissioned Services from GP Practices	Consider decommissioning the following LCSs from Barnet GPs: Anti-coagulation, End of Life Care, Looked After Children (LAC), homeless, methotrexate and medicines management. Conditional on reprovision of services as part of a universal LCS
Urgent and Emergency Care	Walk-In Centre	Review of the Walk-in Centre service commissioning arrangements as part of the wider urgent care review and the Finchley Memorial Hospital development to enhance primary care service
Urgent and Emergency Care	A&E attendance reduction and admission avoidance	To reduce the numbers of patients entering emergency departments (EDs), and to reduce hospital admissions where possible for those whose health needs can be more appropriately met outside of an acute setting. To support these patients to receive the right care in the right place by informing them simply of where they can access the most relevant services to them outside of an ED setting.

Appendix 3

Central London Community Healthcare NHS Trust

Programme Area	Services	Commissioning Intention
Long Term Conditions	Cardiology - End to End Pathway	Implementing an End-to-End Cardiology pathway that includes a community-based heart functioning improvement service, which went live on the 6th June 2016.
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.
Long Term Conditions	Neurology	The CCG seeks to develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. Thus ensuring that NHS resources are directed towards investing in quality and not paying for the costs of failure, as has happened in the past. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice
Integrated Care	Discharge to Assess	The objective will be to ensure the onward care of a patient is prioritised by moving patients out of an acute bed, and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process
Integrated Care	Frailty Pathway	Development of Frailty pathway including review of Rapid Response services and locality based Integrated Teams

Programme Area	Services	Commissioning Intention
Integrated Care	Stroke Services	NCL-wide review of the end to end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.
Integrated Care	Tissue Viability	A review of the current pathway as identified a number gaps in primary care provision. 1. New model will support the delivery of care in a community setting. 2. Enable the reduction of unscheduled attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care
Children and young People	Integrated S&LT, Occupational Therapy and Physiotherapy and Orthotic service re-commissioning	Decommission three existing services across two providers. Complete a review and re-specify to ensure sustainability within resources, a revised Children's community therapies specification jointly commissioned via a pooled budget between the CCG and London Borough of Barnet
Children and young People	Orthoptics	Move to an integrated service model. On hold. Decommission CLCH and Royal Free. Re-specify and procure during 2017/18
Children and young People	Transition (children and young people services)	All providers to implement the NICE quality standards for transition to adult services.
Children and young People	Child Safe House model	To explore options for reconfiguring existing services across providers to support the development of a child safe house in NCL if the model is progressed

Programme Area	Services	Commissioning Intention
Children and young People	Looked After Children	Decommission associated CLCH services and re-specify and procure an integrated service that improves the pathway between Initial Health Assessment (IHA) and Review Health Assessments (RHA).
All Areas	All Services	Enablement of Care Integrated Digital Records (CIDR) services across all local health and social care providers. This includes the continual evolution of data sharing for clinical and social care information - access to data at the point of care (part of Five Year Forward View - Digital by 2020) All Providers will need to be able to share patient records digitally (their IT systems will have open API capabilities enabled)
Unplanned care	Walk-In Centre	Review of the Walk-in Centre service commissioning arrangements as part of the wider urgent care review and the Finchley Memorial Hospital development to enhance primary care service
Primary Care	Provision of 7 day 8-8 services out of hours	Commission the Barnet GP Federation to provide additional appointments both bookable and urgent from 6.30-8.00pm Monday to Friday and 12 hours per day on Saturday and Sundays in the three Barnet Localities
Primary Care	Commission a new Local Commission Service	Commission one universal local commissioned service from Barnet GP practices/service provider(s) that supports the requirements of the Transforming Primary Care - SCF and health needs of the Barnet population
Primary Care	Future commissioning of existing Local Commissioned Services from GP Practices	Consider decommissioning the following LCSs from Barnet GPs: Anti-coagulation, End of Life Care, Looked After Children, homeless, methotrexate and medicines management. Conditional on reprovision of services as part of a universal LCS

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Appendix 4

Royal National Orthopaedic Hospital NHS Trust

Programme Area	Services	Commissioning Intention
Long Term Conditions	MSK - procure new pathway model	The Right Care Value pack has identified Barnet as an outlier, a review of the pathway is currently underway and it is anticipated that a new model of care will be procured.

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AGENDA ITEM 8

	Health and Wellbeing Board **19th January 2017**
Title	**Children and Adolescent Emotional Wellbeing and Mental Health Services –Transformation and Procurement**
Report of	Chris Munday Director of Children's Services London Borough of Barnet (LBB) Neil Snee, Interim Director of Commissioning Barnet Clinical Commissioning Group (BCCG)
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Procurement Timetable Appendix B: Equalities Impact Assessment Appendix C: CAMHS Transformation Young People Consultation Plan
Officer Contact Details	Eamann Devlin CAMHS Joint Commissioning Manager (interim) Eamann.Devlin@barnetccg.nhs.uk

Summary

Procurement of Child and Adolescent Mental Health Services (CAMHS)

On 15th September 2016 the Health and Wellbeing Board agreed that Barnet Council and Barnet Clinical Commissioning Group (CCG) would jointly commission a new Children and Young Peoples Emotional Wellbeing and Mental Health System replacing the current community CAMHS Services. Planning and implementation of this process has begun. This report provides an update to the process and a progress report on steps to improve current provision in Barnet.

We commissioned a report from independent clinician Dr Mike Scanlon (see below section 2.3) reviewing our local needs assessment and service model. Key findings from this report and subsequent review processes confirm that gaps exist in the local service system. Specifically prevention, early intervention and outreach crisis services require development. These conclusions confirm that Barnet requires a remodelling of services.

The new model will seek to incorporate an improved and more accessible clinical service into a whole-system approach for prevention, early help and intervention informed by, and based on, the resilience based approaches such as the "Thrive Model" (Background Papers 1), as part of the joint approach.

Detailed planning and preparation for the tender has begun. Providers have been advised of this process and will be given formal notice in January 2017. Enfield CCG who are lead contractor for the main CAMHS service have been advised. We have requested a confirmation of the CAMHS finance element of the Barnet, Enfield and Haringey Mental Health Trust block contract to be disaggregated and taken out of this contract. A procurement timetable has been developed (Appendix A) and gateway meetings with key departments have begun. An Equalities Impact Assessment has been written (Appendix B) and a Consultation Plan with young people has being developed (Appendix C).

Service Improvement

Barnet applied for and has received new additional funding to improve existing provision for Perinatal Mental Health, Youth Offending CAMHS, a new Barnet Council based Psychological Wellbeing Service and an in year funding project to reduce CAMHS waiting times. These funding awards total over £500k for the next 12 months and £350k annually thereafter. These projects will support our plans to achieve immediate improvements for the local population and will be developed to align with the new service model. An improvement plan has been developed to reduce waiting times and £164k of the new funding received in November 2016 has been allocated to this programme.

Recommendations

That the Health and Wellbeing Board notes and approves the following

1. **Notes the progress made in jointly commissioning a new Emotional Wellbeing and Mental Health System for Children and Young People**

2. **Notes the commissioning intentions as planned with the procurement process based on the timetable Appendix A**

3. **Note the monitoring of progress against milestones in the procurement plan Notes the successful funding bids received and progress toward improving local provision.**

4. **An update report on procurement to be provided to the HWBB in July 2017.**

1. WHY THIS REPORT IS NEEDED

BACKGROUND

1.1. The Health and Wellbeing Board approved the recommendations of the Children and Young Peoples Mental Health & Well Being Governance Board

to jointly commission a new CAMHS system by 1st October 2017. This report provides an update and additional detail to this process and informs the board of progress to improve the existing provision of services.

1.2. Existing contracts that will come under this procurement process are as follows

- Barnet Council funded CAMHS provided by Barnet Enfield and Haringey-Mental Health Trust (BEH-MHT) Value = £770k
- Barnet CCG contract (BEH-MHT) as part of mental health block contract-managed by Enfield CCG = Value £3.7m
- Contract variations between Barnet CCG and BEH-MHT using transformation funding for additional provision = value £300k
- Barnet CCG contract with RFL for Barnet South CAMHS with RFL Block contract (value TBC)

1.3 Total value of existing services within the planned procurement is £4.77M rising to a maximum of £5.25m annually for 2017.18 onward. The contracts listed above will come to an end on 1st October 2017.

1.4 BEH-MHT and Royal Free London (RFL) who provide community CAMHS have been informed of this intention and will be given formal notification of contract termination in January 2017. The scope of the existing services falling under the procurement process are:

- BEH: CAMHS East and West, Barnet Adolescent Service (BAS), SCAN (Learning Disability/Autism Service), Looked After Children CAMHS, Primary and Secondary Service, CAMHS Paediatric Liaison Service
- RFL: Barnet South CAMHS

1.5 Service Development and Improvement

1.5.1 Barnet has been successful in several bids to receive new funding that will result in additional provision being in place during 2017, this includes:

- Youth Offending CAMHS: Annual £97k secured from NHS England Health and Justice Team-service to be based in YOS and support mental health provision for vulnerable adolescents.

- Psychological Wellbeing Service (PWS): £125k+ for 1 year to fund 4 x new trainee staff for early intervention within the Council's Children and Family Services. The new service will provide targeted early intervention to vulnerable young people who are experiencing difficulties with anxiety, depression, and emotional distress but who are not yet at a diagnostic threshold for specialist CAMHS.

- Perinatal Mental Health: £700k+ annual funding secured for North Central London (NCL) CCG's including Barnet for specialist service starting April 2017. This will be a specialist consultant led clinical service offering

therapeutic interventions, assessment and support to pregnant women with known risk factors and those with emerging severe mental health needs.

- Waiting Times: Additional one-off in-year £164K secured by Barnet to reduce CAMHS Waiting Times including funding a new voluntary sector counselling service.

1.5.2 Barnet will also benefit from the Child House pilot project in NCL. Funded by the Home Office Innovation Fund, through Mayor of London Police and Crime unit (MOPAC) and NHS England (London region) as a two-year pilot in the first instance, and opening in 2017. The Child House facility for young people who have experienced sexual assault will be based in Camden, with outreach provision, and will be available to Barnet children and young people who meet the referral criteria

2. REASONS FOR RECOMMENDATIONS

2.1 Barnet Council and Barnet CCG wish to:

- Develop an 'Emotional Well Being System', in line with our resilience approach utilising the "Thrive Model", creating a more efficient, responsive, integrated and outcome focused approach to children's emotional health.
- Improve patient and family experience by better prevention, resilience building, and early intervention, reducing waiting times, and making accessing support less stressful.
- Co-Design with Children, Young People and Families/Carers.
- Reduce Hospital and Residential Tier 4 admissions

2.2 The level of transformation required in local CAMHS services is such that we believe a procurement process is the best option to achieve the best outcome for the local population. The average wait for CAMHS referral to Treatment is 4 months+. Activity data suggests that the main community CAMHS are not efficient and are seeing on average of less than two appointment per-day for each clinician. Most referrals (59%) come from GP practices. Feedback from stakeholders suggests this may be due to other professionals experiencing difficulties in successfully access the CAMHS services.

2.3 Services need to be delivered in a fundamentally different way to meet need earlier in the pathways. The voluntary sector is currently not represented within the commissioned system and undoubtedly could offer forms of support and improved access that may not otherwise be available. The key findings of our review of the local needs assessment include:

- Barnet needs to enhance crisis and outreach CAMHS services to help reduce specialist CAMHS hospital admissions

- Barnet has a higher level of Tier 3 referrals (2400 per year) than Tier 2 (400 per year) whereas the opposite picture would be expected.

- Barnet should work to improve prevention, resilience building and easy to access support including self-referral options, support for schools, telephone, Skype or online counselling/support

- Development and support for the local voluntary sector treatment options.

2.4 The increased resources available through transformation funding from NHS England offer an opportunity for a fundamental re-design of services in line with our CAMHS plan. The emotional wellbeing of children and young people is an increasing priority of national policy. It also underpins whole life chances, educational achievement and opportunities to thrive through building resilience.

2.5 The Government has emphasised the need for further development of local children's mental health provision. Barnet CCG and Barnet Council have embarked on an ambitious programme to improve services and pathways. The work will feed into and be incorporated in the plans of the sub-regional programme for Sustainability and Transformation for North Central London for mental health development to embed effective transformation of local services and pathways to well-being.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The Children and Young People Mental Health & Well Being Governance Board considered the option of re-designing services within the current contract arrangements. The existing LB Barnet contract which has already been extended by one year is due to expire 1st April 2017 and procurement rules require a tender to be held within a reasonable timeframe. The Barnet CCG contract is an associate arrangement with Enfield CCG being the lead. Therefore to move toward a jointly commissioned arrangement between Barnet Council and Barnet CCG, a procurement process and termination of current arrangements is the only viable option.

4. POST DECISION IMPLEMENTATION

4.1 A procurement plan timetable has been drafted and is attached – (Appendix A). A consultation plan for wider stakeholders including children, young people and families is being drafted. A full project plan is in place and will be overseen by the CYP Mental Health & Well Being Governance Board.

4.2 The procurement does not include the Specialist Eating Disorder Service or the Specialist Therapies provided at Tavistock and Portman. Meetings will be held with these providers to outline plans and manage interim arrangements.

4.3 A service model discussion document will be circulated to key stakeholders in January 2017 following consultation. A service model and tender documents will be finalised by early March 2017. The tender will go to advert in April 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in programme plans across the differing developments and will continue to inform the transformation process.

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 highlighted the requirement to support better integration across pathways and services for people with mental health needs and to ensure the right support at the right time to meet individual identified needs.

5.1.3 Barnet Children and Young People's Plan has helped shape the CAMHS Transformation process and this programme will support the key objectives of the 'Family Friendly' vision for children and families to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

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

5.2.1 London Borough of Barnet provides £0.77M funding per-annum for Community CAMHS services. Barnet CCG provides £3.7m to Community CAMHS and an additional £0.3m for transformation.

5.2.2 Current progress to improve services is being achieved within agreed financial resources already allocated. Barnet CCG CAMHS Transformation funds allocated by NHSE have been agreed and signed off for 2016.17 in the Barnet Transformation Plan of December 2015.

5.3 Legal and Constitutional References

5.3.1 The benefits of the planned transformation will be delivered in accordance with relevant statutes including the Equality Act 2010, the Care Act 2014, Mental Health Act 1983 as amended and the Children Act 1989.

5.3.2 There are relevant duties owed under the Equality Act 2010, the Care Act 2014,the Mental Health Act 1983 as amended and the Children Act 1989 and

Children Act 2004 when providing Mental Health services for Children and Adolescents

5.3.3 The Council's Constitution, Responsibility for Functions (Annex) sets out the terms of reference of the Health and Wellbeing Board which includes the following responsibilities:

- 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; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

- 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.

- 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. To explore partnership work across North Central London where appropriate.

- Specific responsibilities for developing further health and social care integration.

5.4 Risk Management

5.4.1 A risk management log forms part of the procurement plan and is attached. Risks will be monitored through a monthly reporting template to the CAMHS Transformation Board.

5.5 Equalities and Diversity

5.5.1 Barnet Council and Barnet CCG has competed an Equalities Impact Assessment (Appendix B). Impacts will further be gauged through consultation and measuring outcomes. All areas require improvements given the negative stigma that has hitherto surrounded daily reporting and societal attitudes towards mental health; however the government has targeted parity of esteem with physical health to ensure mental health is considered as part of everyone's right to care and support.

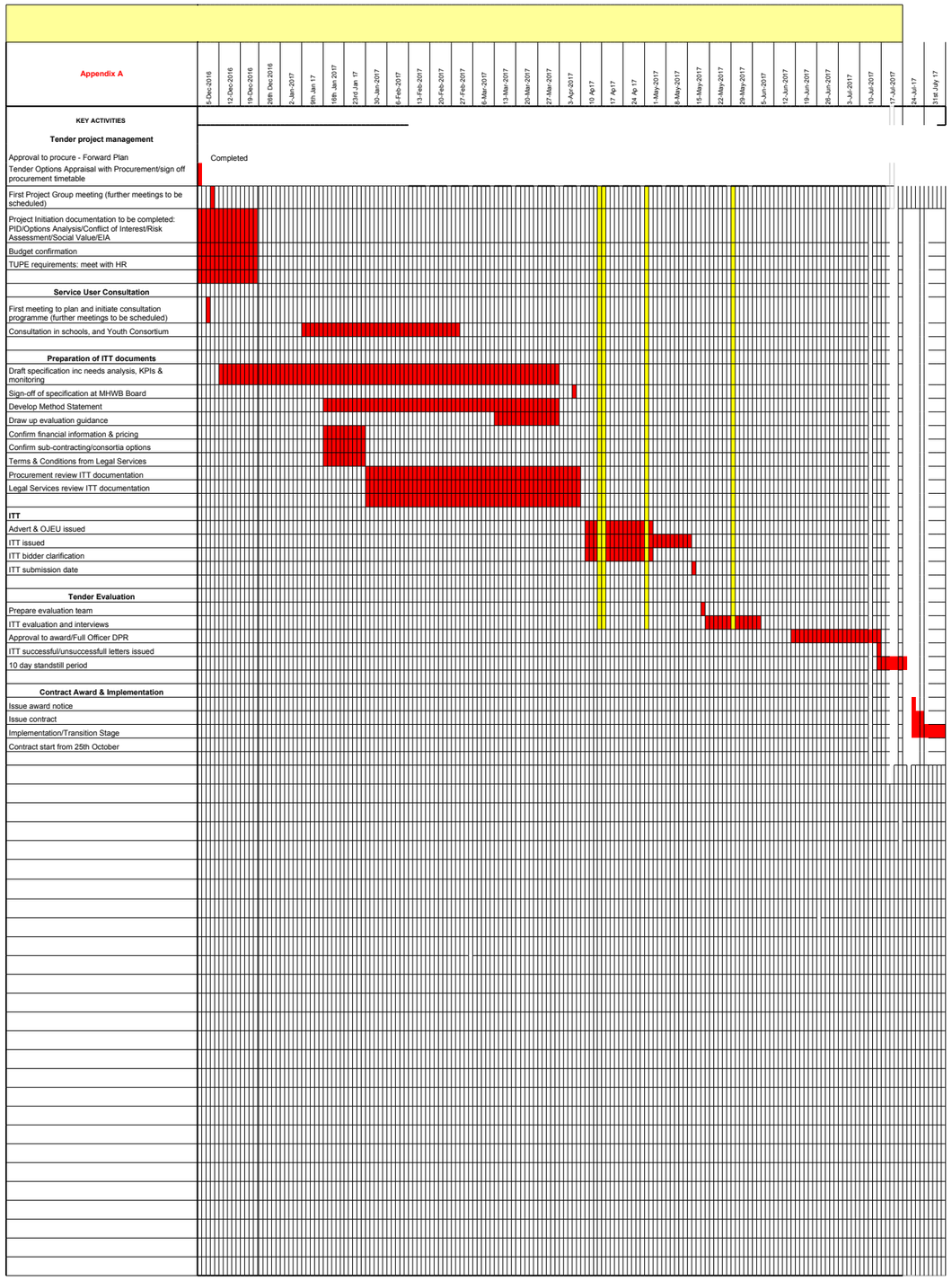
5.6 Consultation and Engagement

5.6.1 Extensive consultation will be undertaken in transforming CAMHS through Co-design groups and action learning sets with people with lived experience of mental health, the voluntary sector, statutory sector, schools, private not-for-profit organisations, statutory secondary care and social care services, primary care GPs and practice managers, commissioners, the Police, Probation Services, Elected Members and Senior Council officers.

6. BACKGROUND PAPERS

The Thrive Model
http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

Appendix A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5-Jun-2017
12-Jun-2017
19-Jun-2017
26-Jun-2017
3-Jul-2017
10-Jul-2017
17-Jul-2017
24-Jul-17
31st July 17
KEY ACTIVITIES
Tender project management
Approval to procure - Forward Plan
Completed
Tender Options Appraisal with Procurement/sign off procurement timetable
First Project Group meeting (further meetings to be scheduled)
Project Initiation documentation to be completed: PID/Options Analysis/Conflict of Interest/Risk Assessment/Social Value/EIA
Budget confirmation
TUPE requirements: meet with HR
Service User Consultation
First meeting to plan and initiate consultation programme (further meetings to be scheduled)
Consultation in schools, and Youth Consortium
Preparation of ITT documents
Draft specification inc needs analysis, KPIs & monitoring
Sign-off of specification at MHWB Board
Develop Method Statement
Draw up evaluation guidance
Confirm financial information & pricing
Confirm sub-contracting/consortia options
Terms & Conditions from Legal Services
Procurement review ITT documentation
Legal Services review ITT documentation
ITT
Advert & OJEU issued
ITT issued
ITT bidder clarification
ITT submission date
Tender Evaluation
Prepare evaluation team
ITT evaluation and interviews
Approval to award/Full Officer DPR
ITT successful/unsuccessfull letters issued
10 day standstill period
Contract Award & Implementation
Issue award notice
Issue contract
Implementation/Transition Stage
Contract start from 25th October

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Appendix B Equality Analysis (EqA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Barnet Child & Adolescent Mental Health Services (CAMHS)	
This will be a revised and retendered service	
Department and Section: Children's & Young People's Services	
Date assessment completed: January 2017	
2. Names and roles of officers completing this assessment:	
Lead officer	Jenny Perkins, Interim Joint Commissioner (Children's Services), Barnet CCG.
3. Full description of function, policy, procedure or service:	

a) What is the proposal?

Child and Adolescent Mental Health Services (CAMHS) are provided to support children and young people who are experiencing mental distress or ill-health.

For Barnet children and young people, the existing contract for CAMHS is jointly held by the London Boroughs of Barnet, Enfield and Haringey, and the service provider is Barnet, Enfield and Haringey Mental Health Trust (BEH MHT).

The contract term has been extended by 12 months in 2016, and the service must be re-tendered in 2017.

Both Barnet Children's Services and the CCG contribute towards the cost of this contract.

A smaller contract is held between the CCG and the Royal Free London Hospital (RFL) for the provision of Barnet South CAMHS.

Barnet Council and Barnet CCG now wish to withdraw from the joint contract with Enfield and Haringey in order to re-tender for a service that will cater specifically for Barnet C&YP. The Barnet South service, provided by RFL, will also be included in the re-tender.

The re-tendered service will be subject to a re-design and re-specification following a recent review, to incorporate the following elements:

- CAMHS East and West, Barnet Adolescent Service (BAS), SCAN (LD/Autism Service), LAC, Primary and Secondary Service, CAMHS Paediatric Liaison Service, all provided currently by BEH MHT
- Barnet South CAMHS provided by RFL

The specialist Eating Disorder Service at the Royal Free Hospital, and the specialist Adolescent Service provided by the Tavistock and Portman NHS Trust, will continue in their current form and will not be included in the re-tender. However, some further development of their service objectives and performance indicators will take place.

The service re-design will shift the emphasis of the CAMHS service towards community-based, highly-accessible services that will seek to support young people experiencing distress at a much earlier stage.

The intended outcomes of the re-design are to:

- Develop community-based mental health wellbeing and counselling services that are readily-available to children and young people in schools and primary health care facilities.
- Optimise the use of the Thrive approach in schools to support a high level of emotional wellbeing and resilience for all young people in Barnet.
- Ensure that early help for emotional distress is readily available to young people, and that young people who are recognised as vulnerable are signposted to support without delay.
- Intervene at an earlier stage to reduce the levels of emotional distress in young people, and prevent mental health problems from escalating to the point where clinical services are required.
- Retain clinical provision for children and young people who require it, and who are expected to be significantly fewer in number following the development of the community-based services.
- Avoid inappropriate referrals to clinical services through the development of a range of alternative sources of support.

The proposal was presented to the Health & Wellbeing Board in November 2016, where it received support. It will receive final sign-off from the Board and from the CCG Executive in January 2017.

b) Why is the re-design and re-tender needed?

The current contract with the Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) has been extended by 12 months, and a re-tender in 2017 is required.

The recent review has also found that the CAMHS service, as currently configured, is not accurately reflecting or meeting local needs.

This was evidenced by the fact that, in 2016, 50% of referrals to the existing CAMHS services were assessed to not meet criteria and were never progressed to receive a service. Specialist hospital admission rates were also high in Barnet (judged against expected incidence); there was a much higher than expected level of Tier 3 referrals and a corresponding very low level of Tier 2 admissions; no self-referral routes and no alternative modes of delivering Tier 1 and 2 support (i.e. no telephone, skype or on-line counselling or support); and Tier 1 and 2 services for prevention and early support pre-CAMHS were generally under-developed.

Further, those young people who did receive clinical treatment experienced severe delays in accessing it, averaging 131 days.

Overall, almost 2400 Tier 3 referrals for a clinical service were received in 2015/16, whereas 400 referrals were made to Tier 2 community-based services. The opposite referral pattern would be expected. Further, extrapolations from national estimates reveal that the number of young people in Barnet who are failing to receive the lower level support that they require is very significant.

It is estimated that 30% of children and young people are experiencing low grade (sub clinical) mental distress that can in time become a more significant condition. In Barnet that equates to 28,484 young people, and that number is expected to rise to 36,293. Similarly, it is estimated that 24,684 Barnet young people are experiencing suicidal thoughts, expected to rise to 26,774.

The evidence overall demonstrates a lack of early help and preventive services for children and young people beginning to experience mental distress which has not yet reached the threshold for clinical intervention.

As a result, most young people, and many inappropriately, have been directed towards clinical services

which have been overwhelmed with initial assessments. Hence children who have been assessed to require a clinical service have waited a long time to receive one.

This evidence confirms the rationale for proceeding with a re-procurement of CAMHS which will incorporate a more accessible clinical service into a whole-system approach for prevention, early help and intervention informed by, and based on, resilience-based approaches including the Thrive approach.

The re-procurement will offer the opportunity for alternative providers to bid, thereby helping to ensure that the best available provider or providers is/are engaged to deliver the service from Autumn 2017 onwards. As one of several potentially beneficial outcomes of the procurement it is hoped that the voluntary sector, not currently represented in the service commissioning, will contribute forms of support and improved access that may not otherwise be available.

c) Compliance with national guidance and with council policy

The benefits of the planned transformation will be delivered in accordance with relevant statutes including the Equality Act 2010, the Care Act 2014, Mental Health Act 1983 as amended, and the Children Act 1989.

Nationally, the high cost of mental health within acute provision budgets has been identified, as has the growing level of need in the general population and amongst young people in particular. These issues were highlighted in three key policy documents: *No Health without Mental Health,* 2011; *Future in Mind* 2015*;* and the *Five Year Forward View,* 2016.

The emotional wellbeing of children and young people is an increasing priority of national policy. It also underpins whole life chances, educational achievement, and opportunities to thrive.

Locally, the Joint Health and Wellbeing Strategy 2015-2020 highlighted the requirement to support better integration across pathways and services for people with mental health needs and to ensure the right support at the right time to meet individual identified needs.

Barnet Children and Young People's Plan has helped shape the CAMHS Transformation process and this programme will support the key objectives of the ‘Family Friendly’ vision for children and families to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

The proposal is consistent with the commissioning intentions for Children and Young People’s Services.

Governance for the project will be provided by the C&YP Mental Health & Wellbeing Governance Board, which will report where appropriate to the Joint Health & Wellbeing Board.

d) Financial considerations

The financial contributions from Barnet Council and the CCG will be maintained, and some additional resources have been secured in 2016, some of which will come on line in 2017, so there will be a small increase in budget for the new service overall.

In total, the value of services falling within the planned procurement is £4.77m rising to a maximum of £5.2m annually for 2017/18 onwards.

Some of the new resources, made available through service transformation funding from NHSE, offer the opportunity to re-design the service and develop the pre-clinical service elements.

e) Who is the service aimed at?

The community-based elements of the service, especially the use of the Thrive approach in schools, is being piloted initially but it is hoped that the approach will eventually be adopted to promote the emotional resilience of all school-aged children in Barnet.

Preventive support and counselling will also be developed for those children who require more than universal support for the emotional well-being.

At tier 3, clinical service will offer more specialist support to children who have levels of distress such as anxiety or depression requiring more intensive intervention.

f) Who is it likely to benefit?

The re-designed service at tiers 1 and 2 will provide in particular for the age-group 11-18 years, where support is considered to be most needed.

Potentially all children will benefit at the level of input that they require – general support to mental well-being for all children in schools, more targeted support to those at risk, and quicker access to clinical support for those who need it.

g) How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of?

The service will be accessible to children and young people, especially in the age-range considered to be most crucial for support i.e. 11-14 years, and irrespective of disability, gender, sexual orientation, religion or belief.

Further, the need for support may arise from issues of gender, sexual orientation, occasionally belief, and from disability. The existing clinical service user group includes young people with learning disabilities and associated mental health and behavioural needs, and this is not expected to change as a result of the service re-design.

Pregnancy may occasionally be a feature for young women in the service user group.

Support to parents and carers may be an important feature of the support offered, depending on the age of the young person, at all levels of input.

One of the services that is not included in the re-tender, i.e. the eating disorder service, may serve a group of young people who are disproportionately female, in line with the need profile. And the other, the Adolescent Service, is targeted at an age group with specific and characteristic needs.

h) Identify the ways people can find out about and benefit from the proposals.

As described above, the re-designed service is intended to provide highly-accessible support at a much earlier stage than is possible with the current service, and with quicker access to the clinical service for those who require it.

A consultation exercise that is taking place with young people between February and March will seek to establish which means of locating and accessing services are preferred by them.

It is expected that mobile phone applications, websites, and other digital means of providing information, advice and support will be popular, in addition to the more traditional delivery mechanisms.

The provider of the re-designed service will be required to provide a high profile in schools and other appropriate venues, including primary health care venues, so that young people know how to access support when they need it.

4. How are the equality strands affected? *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes ☒ / No ☐	**Positive impact** The re-designed service has the potential to reach young people at an earlier age and before their mental health needs become significant enough to require a clinical service, while still maintaining a timely clinical service for those who needs demand it. **Data** <u>Age of young people accessing the service in 15/16</u> To follow	N/A
2. Disability	Yes ☒ / No ☐	**Positive impact** <u>Mental Health Needs</u> The service is provided specifically for children and young people who have mental health needs and those who may be vulnerable to developing such needs. The proposals will provide a wider range of support and treatment options for young people, and increase provision for prevention and early help.	The provider(s) will be expected to collect and report service take-up data to include disability, which will be compared with

		The impact of the service going forward will be further gauged through consultation with young people and their carers, and through measuring outcomes achieved for them. Mental health is an area of need associated with negative stigma and attitudes which need to be addressed in tandem with the provision of support to promote self-esteem and better mental health. <u>Learning disabilities & Autism</u> A proportion of service users experience mental health needs associated with learning disability, autism and behavioural challenges. They will benefit as part of the larger service user group from the service improvements. Monitoring will ensure that there are no unintended consequences of the service re-design in respect of specific needs within the service user group. <u>Physical and sensory impairment</u> A proportion of service users may have physical and sensory impairment. As indicated above, the development of more easily accessible, community based support options with self-referral, will potentially benefit all young people wishing to access services. **Data** <u>Currently available data to follow</u>	existing data as a baseline
3. Gender reassignment	Unknown	No available data. It is possible that issues of gender may be a presenting issue for some young people who require clinical support and that referral on to very specialist support may be indicated in these circumstances	NA
4. Pregnancy and maternity	Yes ☐ / No ☒	There are no direct impacts in relation to pregnancy or maternity in the proposal although, as stated, pregnancy may be a factor for some young people seeking support, and the provision of earlier support may provide a positive impact by promoting self-esteem and reducing risky behaviour.	NA
5. Race / Ethnicity	Yes ☒ / No ☐	**Positive Impact** By widening the base of support provided to young people in Barnet, it is possible that young people from minority ethnic backgrounds will find services more accessible. As now, the provider will be expected to provide a service that is appropriate and sensitive to all service users, irrespective of ethnicity or cultural background. There is an intention to engage the voluntary sector in providing some of the community-based services, and this may provide opportunities to further increase	The provider(s) will be expected to collect and report service take-up data to include ethnicity, which will be compared with existing data as a baseline

		accessibility to young people from specific ethnic backgrounds The monitoring of service take-up data will help to ensure that there are no unintended consequences of the service re-design. **Data** Current data to follow.	
6. Religion or belief	Yes ☒ / No ☐	**Positive Impact** As above, by widening the base of support provided to young people in Barnet, it is possible that young people from specific religious or belief communities will find services more accessible. As now, the provider(s) will be expected to provide a service that is appropriate and sensitive to all service users, irrespective of religion or belief. There is an intention to engage the voluntary sector in providing some of the community-based services, and this may provide opportunities to further increase accessibility to young people of specific religious or belief communities. The provider(s) will be expected to collect and report service take-up data to include ethnicity. Currently available data to follow	The provider(s) will be expected to collect data on religion or belief
7. Gender / sex	Yes ☐ / No ☒	It is not expected that the re-designed service will have a specific gender-based impact e.g. on take-up. However, it is expected to increase access to appropriate support for all young people who require it. Some services, not included in the tender, have a predominantly female service-user group e.g. the Eating Disorder service. Currently available data to follow	The provider(s) will be expected to collect data on gender
8. Sexual orientation	Unknown	It is not expected that the re-designed service will have a specific impact on issues of sexual orientation. However, by making access to services easier, it is possible that young people who have concerns arising from sexual orientation will find it easier to obtain the support that they need. Currently available data to follow	The provider(s) will be expected to ask young people whether they would like to provide information on sexual orientation
9. Marital	Yes ☐ / No	Not relevant to this service.	NA

Status	☒		
10. Other key groups? Carers	Yes ☒ / No ☐	**Positive Impact** Parents/carers of young people requiring mental wellbeing support may benefit from a wider base of community support and from speedier access to clinical support for their young people. <u>Specific data not available</u>	NA

5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Young people will be consulted as part of the service re-design on their needs and preferences. If the objectives of the re-design are successfully met, it is expected that young people's satisfaction levels in respect of mental health and wellbeing services will increase. The provider will be required to test satisfaction levels at defined points in time as part of the KPIs

6. How does the proposal enhance Barnet's reputation as a good place to work and live?

The proposal is intended to provide an improved level of mental health and wellbeing support for children and young people in the borough.

7. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?

The service specification will require the provider(s) to offer services that meet the needs of all children and young with mental health and wellbeing needs in Barnet, regardless of their community of origin, and it is expected that this will be evidenced by the range of support provided for young people.

8. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)*

The service contract and specification will require the service provider(s) to work to an agreed set of performance indicators and to report on these, to include:

- Service user profile, including age, gender, sexual orientation, disability, ethnicity and religion.
- The benefits and individual outcomes achieved for young people.
- Service user satisfaction.

The service will be monitored at regular intervals.

Details are yet to be defined, but may include the provision of some data/reports on a monthly basis in the initial stages of the contract, followed by quarterly monitoring by commissioners, and an annual report for commissioners and senior managers.

CAMHS services are included in Ofsted inspections of Children's Social Care Services.

9. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

It is not expected that the re-designed service will lead to resentment or perceptions of differential treatment in the service user group, and the opposite may be true by seeking to address some of the circumstances that cause stress and distress to young people or difficulties which may arise from these: bullying; worry about school performance; uncertainties about relationships and about sexual orientation; vulnerability to extreme views.

Through providing support to young people, the service will promote an ethos of equality and will counter, where appropriate, discrimination against young people with a protected characteristic.

10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.*

Some consultation with stakeholders was carried out as part of the recent service review, and the views of young people in other relevant consultations was taken into account in the review report.

A specific consultation with Barnet young people will take place between January and March to inform the service re-specification and tender. This will include consultation through existing forums for young people in schools, and focus groups at the youth service event in February.

Overall Assessment

11. Overall impact		
Positive Impact ☒	Negative Impact or Impact Not Known[1] ☐	No Impact ☐

12. Scale of Impact		
Positive impact: Minimal ☐ Significant ☒	Negative Impact or Impact Not Known Minimal ☐ Significant ☐	

13. Outcome			
No change to decision ☐	Adjustment needed to decision ☐	Continue with decision *(despite adverse impact / missed opportunity)* ☐	If significant negative impact - Stop / rethink ☐

14. Please give full explanation for how the overall assessment and outcome was decided

The proposed service re-design and tender will have a positive impact on mental health and wellbeing support for children and young people in Barnet because:

- It will provide services that are informed by the expressed wishes and preferences of Barnet young people.

- It will provide a wider range of support, to include digital sources of information, advice and support; support for mental wellbeing and resilience in schools; accessible counselling in schools, in primary health care venues, and through voluntary sector organisations that provide for young people; and speedier access to specialist clinical services for those young people who require this level of intervention.

- It will provide support at an earlier stage, and with quicker access to specialist clinical support where this is indicated.

- The service will work to enhanced contractual obligations in respect of service quality, and the desired outcomes for young people.

[1] 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
There are no unintended consequences of the service re-design in terms of access and take-up by children and young people, including those with protected characteristics.	Service take-up in the new services is monitored for volume, as well as age, gender and other protected characteristics, and compared against the 2016/17 baseline where available.	No negative impacts of the service re-design. Mitigations to be planned and implemented if data monitoring from January 2018 onwards suggests this is necessary.	Designated monitoring officer(s)	Quarterly from 1/10/17

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)

Date:	**Date:**

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Appendix C

Transforming Barnet CAMHS – Consultation Programme with children and young people

Author:	*Mark Foster*
Date:	*13.12.16*
Service / Dept:	*Family Services, Voice of the Child Team*

Contents

The listed headings are those which are considered to be essential for a Report. If you have further headings or sub headings please enter them. If you consider that a heading is not appropriate to your project, please do not delete it, but rather explain why.

1. Introduction

1.1 Purpose

The purpose of this consultation programme is to engage with a broad range of children and young people (CYP) within Barnet in order to ensure that their views are able to influence both the procurement and re-modelling of Barnet's mental health and emotional wellbeing services. Services will be jointly commissioned by London Borough of Barnet including Public Health and Barnet CCG. London Borough of Barnet will lead the process on behalf of the partnership and report back to the CAMHS Transformation Board.

It is anticipated that by engaging with CYP, consulting with them, supporting them to co-produce and listening to their opinions and suggestions, with a genuine commitment to their influencing of the design of mental health and emotional wellbeing services, then services will be responsive to the changing needs and challenges facing CYP in Barnet and will be fit for purpose.

By providing mental health and emotional wellbeing services that are accessible to Barnet's CYP, and which have been co-designed by them, we would hope to see better health outcomes, and a reduction in demand upon more specialist services for those with acute needs.

1.2 Background

The Council's vision is to be a 'family friendly' London borough by 2020 where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

The Council and CCG have adopted a partnership approach to this goal because addressing these issues is the responsibility of everyone who works with and cares about children and young people in Barnet. 'Future in Mind 2015-*Promoting, Protecting and Improving our young people's mental health and wellbeing'* sets out the key task of transforming existing CAMHS services and moving toward a modern fit for purpose emotional wellbeing support system. A central principle of this vision is to design services in partnership with young people.

Barnet is committed to working with children and young people and with partners from different organisations across the borough and has produced a child-friendly plan for 2016 - 2020 that reflects the priorities, needs and aspirations of the local population and sets out how, together, Barnet can become an even better, more 'Family Friendly' place to live.

In a 'Family Friendly' Barnet, children and families are able to:

- keep themselves safe
- achieve their best
- be active and healthy
- have their say

These form the four key outcomes of the plan, with each one supported by a series of objectives which act as a framework to make the councils vision a reality. Our Plan sets out how Barnet will focus on increasing resilience in the community, helping families to help themselves. It focuses on how Barnet will work in partnership with children, young people and their families, ensuring that the council is helping them to do things for themselves, rather than to them or for them.

An action plan sits beneath this Plan and will detail how partners and services are delivering the plan. In addition, the plan sits alongside other key strategic plans including the Health and Wellbeing Strategy and Safer Communities Strategy.

The Children and Young People's Plan also includes a new Charter for Children and Young People, which was informed by the Youth Convention held in Barnet in November 2015, and a new Child Poverty Review.

1.3 Referenced Documents

- Joint Strategic Needs Assessment
- Future in Mind 2015
- Barnet Children and Young People's Plan 2016-2020
- Health and Wellbeing Strategy
- Safer Communities Strategy.

2. Executive Summary / Overview

We intend to engage with and listen to a broad and representative range of Barnet CYP via several delivery channels including:

- Delivering a series of workshops run by our VOTC team for groups of 10-15 CYP within a variety of settings to discuss their thoughts and opinions on mental health and emotional wellbeing services. In order ensure that a broad and representative group of CYP are consulted with, and so as to reflect equality and diversity, we will seek to engage with:
    - Schools
    - Youth Clubs
    - Voluntary and Community Sector (VCS) organisations including Mind, Princes Trust, Scouts, NCS and Community Focus.
    - Youth Offending Team
    - Current CAMHS service users
    - Children In Care
    - Pupil Referral Unit

    Each group will begin with a scene setting solution focused webinar introduction by Dr Mike Scanlon.

- Delivering a youth convention titled "Youthorium 2017" on 23rd February at Allianz Stadium to engage with a representative group of 120-150 Barnet CYP utilising Meetingsphere to ensure capture of the views of CYP and a "Big

Brother style video room" Voxpop booth to capture visuals of CYP "talking heads"

- The VOTC Team will include a set of targeted questions as part of the UK Youth Parliament elections which begin in Feb '17 in order to reach out to 3000+ Barnet CYP

- Distribution of an online survey throughout the VOTC network and practitioners forum members for CYP to complete.

- Working with Media Citizens where appropriate to support the production of media content for internal and external marketing and information purposes.

We are committed to ensuring that all engagement undertaken is fully confidential and that all information captured is anonymised and handled with the appropriate protocols and levels of data protection. The only exception to confidentially being the Voxpops but appropriate consents will be gained before use.

Participation from schools as well as engaging with Voluntary and Community Sector organisations fundamental to the success of this project and our policy of designing CYP friendly services.

All feedback will go directly to The CAMHS Transformation Board which includes key decision makers and commissioners within the council, Public Health, CCG and as such offers a valuable opportunity to effect change in these critically important areas.

To ensure that we reach as representative a group as possible we will be canvassing opinions from a range of age groups but with a focus on the CAMHS target age group of 14-18 year olds.

We anticipate that through the various delivery channels the programme through the VOTC team will be able to engage with 3800 Barnet CYP

Projected costs are:

Salaries – daily charge rate @ 4 days per week @ 292.23 per day till 03.03.17

=14,027

Materials – printing costs approx. 1k.

Conference costs – hire of venue, catering and Meeting Sphere approx. 6k.

Total – £21,027.

3. Report

A report of findings will be collated at the conclusion of the engagement events and be available the first week of March 2017.

4. Appendices

- Project Delivery Timetable
- Proposed Group Workshop Delivery Plan

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Approvals (if required)

By signing this document, the signatories below are confirming that they have fully reviewed the Report for xxxxxx project and confirm their acceptance of the completed document.

Name	Role	Signature	Date

Enter the names of the people and their roles who need to sign this document in order to show approval of the document's contents, with space for them to sign it

AGENDA ITEM 9

	Health and Wellbeing Board **19 January 2017**
Title	**Report on the update of the Shisha campaign**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	Natalia Clifford, Public Health Consultant Email: Natalia.clifford@harrow.gov.uk Tel: 0208 359 6299

Summary

The shisha Task and Finish group have worked to develop a health education campaign to raise awareness of the health harms of shisha smoking in Barnet. This report aims to inform the Health and Wellbeing Board of progress of the campaign and to give the Board an update on future actions.

It is the intention of the Task and Finish group to continue to work on key actions as part of the second phase of the campaign. This includes working with young adults and secondary schools, educating Barnet's stop smoking advisers and undertaking another creative communications campaign in the new year. A final report will be presented to the Board detailing evaluation of the campaign and next steps for the Task and Finish group.

Recommendations

1. **That the Health and Wellbeing Board endorses the next phase of the Shisha campaign (sections 1.2-1.4)**
2. **That the Health and Wellbeing Board approves and supports the distribution of campaign materials and proposed communications techniques aimed at all Barnet residents.**

1. WHY THIS REPORT IS NEEDED

1.1 BACKGROUND

1.1.1. In March 2016, the Health and Wellbeing Board approved the formation of a shisha Task and Finish group to tackle the growing number of shisha bars in Barnet. Actions of the Task and Finish Group included developing and implementing a health education campaign aimed at Barnet residents in order to highlight the health risks associated with smoking shisha.

1.1.2. Other actions agreed were to undertake a broad communications strategy that tackled commonly held myths surrounding shisha smoking. Further to this, members of the Task and Finish group, lead a joint activity with HMRC to ascertain compliance and regulatory issues within the hot spot areas of N3 Finchley Church End. This was followed by engagement with local shisha businesses by Environmental Health to offer guidance on compliance with the Smoke Free Legislation.

1.1.3. The first phase of the campaign entailed developing evidenced based campaign messages. The health messages and art work was tested with three target groups, the general public, through the Citizens Panel group (including parents); BAME residents and young people, through the youth council. Following feedback from the focus group testing, campaign messages and designs were developed.

1.1.4. Having presented the campaign imagery and proposed location of posters to the Board; the feedback received, meant that a soft launch of the campaign was undertaken in the summer of 2016. This included the distribution of a strong image and adverts in bus shelters for two weeks, poster distribution to strategic sites across the borough including libraries and the creation of a dedicated shisha information webpage, focusing on myth busting. Further to this, all shisha businesses were contacted by Public Health and informed of the campaign and directed to the Council's website for further information.

1.1.5. Environmental Health distributed to all shisha premises a newly designed leaflet giving guidance on general business compliance and Smoke Free responsibilities. Also, as part of the initial work of gauging impact of the campaign (including assessing knowledge and understanding of health messages) a questionnaire was designed and hosted on the shisha webpage.

1.1.6. Endorsement is sought from the Board on the proposed communications approach to engagement with residents and all activities within the final phase of the campaign.

1.2 PHASE TWO OF THE SHISHA CAMPAIGN

1.2.1 In line with the agreed project plan, the second phase of the shisha campaign has now commenced. Public Health have commissioned a nationally well-known organisation called Cut Films, who specialise in working with young people in Barnet and across London on anti-smoking and anti-tobacco issues.

1.2.2 The approach taken by Cut Films is to change young people's perceptions of shisha smoking through the use of peer influence. Cut Films aim to deliver a strong and targeted tobacco education programme using social language that young people can understand and relate to.

1.2.3 The short film/advert that has been developed, has engaged with Barnet's young people and uses peer influence to make behaviour changes. The approach is evidence-based, using the Theory of Change Impact Model focusing on arriving at a solution to smoking shisha after identifying the health risks.

1.2.4 Cut Films have started to engage with all secondary schools and some youth groups. As part of the health education campaign, key messages are relayed to year nines up to sixth formers (13 – 18 year olds). The format is either to deliver an assembly or a workshop depending on year group and venue. A lesson plan is also shared with the school in order to ensure knowledge is retained at the school in the long term.

1.2.5 In addition to this, Public Health has commenced engagement with health professionals, specifically GP's and Pharmacies who deliver level 1 and 2 stop smoking advice. GP's and Pharmacies have been sent an online questionnaire to ascertain what their present knowledge of shisha is. This will be followed up by a briefing on shisha smoking, the risks associated with health and dispelling common myths. This includes supporting health professionals to raise the topic of shisha smoking for patients who smoke shisha.

1.2.6 Finally, the questionnaire will be sent out again to health professionals to assess knowledge gained from the briefing note. This will allow Public Health to ascertain and measure change in knowledge and confidence on discussing shisha.

1.3 COMMUNICATIONS

1.3.1 The updated communications strategy is an important element of phase two of the education campaign. Following the soft launch, it is proposed that phase two communications uses a more intensive approach, making use of a variety of techniques designed to engage with Barnet residents.

1.3.2 The aim of the communications strategy remains the same, engagement with residents, businesses and key partners who work with young people in the borough. However, it is proposed that the campaign (using the current imagery) re-launches in January 2017. Evidence has shown that the New Year is a good time to change unhealthy behaviours. Therefore, it has been agreed that this could be an opportune time to re-enforce health messages and dispel myths on shisha.

1.3.3 The communications campaign will use several techniques during 3 January up until the 10 February. During this time, residents will be encouraged to take part in the online questionnaire on the Council's shisha webpage. As an incentive, participants will have the opportunity to be entered into a prize draw and win one month's free membership with the borough's GLL Gyms. It is anticipated that the peak of the campaign will be from mid-January to the end of January 2017.

1.3.4 Communications tools that will be used during phase two of the campaign include:

- Social media posts on Twitter and Facebook.
- Digital advertising, before, during and after the campaign – sign-posting internet users to the campaign webpage.
- Partnership working with Middlesex University to promote the campaign to their students
- Bus shelter panels and six sheet posters across Barnet.

1.3.5 In addition to this, Public Health and the communications team will be working together to develop a series of short video blogs (vlogs) to be posted on the Council's social media channels. This will take the form of an interview with a Doctor from the Public Health team discussing the health risks associated with smoking shisha.

1.3.6 Other channels include articles in Barnet First and the school circular and press releases.

1.4 EVALUATION

1.4.1 Public Health have also commissioned to measure the impact of the shisha campaign. This will be conducted by Word of Mouth Research (WMR) who are a social policy and public health organisation who will be using evidenced based research methods to understand the impact of all the interventions delivered by the Task and Finish group.

1.4.2 In addition to facilitating the focus groups and undertaking the testing of health messages for the poster campaign; WMR have designed the questionnaire on the shisha webpage and the questionnaire administered to health professionals and will be undertaking a full analysis of results in February 2017.

1.4.3 It will be the role of WMR to conduct and complete a full evaluation of the questionnaires used. In addition to this, WMR will evaluate the impact of Cut Films in secondary schools and undertake some comparison work on exposure to the shisha campaign on businesses in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1.1 Following the Health and Wellbeing meeting in September, the Board requested an update from the Task and Finish group. In response to this, the following recommendations have been made.

2.1.2 The recommendations are to ensure that the HWBB endorse:

- The general approach taken in phase two (final stage) of the campaign;
- The general approach taken in the communications strategy starting in January 2017;

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1.1 The alternative approach is for the communications strategy, Cut Films work with schools, briefings with GPs and pharmacies, engagement with shisha businesses and final evaluation to cease.

3.1.2 This is not recommended as the Task and Finish group agree that the messages and learning from the campaign from the evaluation offer an effective way of raising awareness of future health messages in Barnet. Furthermore, the campaign actively aims to educate and protect residents from the risks of smoking shisha.

4. POST DECISION IMPLEMENTATION

4.1.1 Once approval is gained from the Health and Wellbeing Board to continue the health education campaign targeting Barnet residents, the Task and Finish group will:

- Timetable the launch of the communications strategy for January 2017 using a range of media and social media techniques.
- Continue to engage with secondary schools, youth groups and Middlesex University to educate on the health risks associated with smoking shisha.
- Continue to work with regulatory services (in particularly, Environmental Health and Strategic Planning) on shisha businesses.
- Raise the issue of shisha with GPs and Pharmacies Level 1 and 2 smoking advisers.
- Conduct and conclude a full evaluation on the campaign starting in February 2017 and to be completed in March 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan (2015-2020) highlights that Barnet's vision is that public sector services (including London Borough of Barnet) will be more integrated, intuitive and efficient.

5.1.2 The proposal to tackle shisha draws upon the fact that the corporate priority recognises Public Health as a priority theme across all services in

the council. The partnership Task and Finish group to tackle shisha in Barnet fits into the council vision of being integrated, intuitive and efficient service.

5.1.3 The Joint Health and Wellbeing Strategy (2015-2020) makes a commitment to reducing premature mortality due to cardiovascular disease and cancers. Smoking tobacco is a known contributory factor to these conditions. Also, tackling the growing use of shisha through health educational campaigns supports residents to adopt a healthy lifestyle which is one of the overarching aims of the strategy.

5.1.4 Finally, the commitments to growth and business identified in Entrepreneurial Barnet[1] and Strategic Planning provide an excellent springboard from which to develop the positive experience of those who work, live and study in Barnet through integrating responses to key public health issues and town centres.

5.2 RESOURCES (FINANCE & VALUE FOR MONEY, PROCUREMENT, STAFFING, IT, PROPERTY, SUSTAINABILITY)

5.2.1 The cost of the shisha campaign is being funded from the public health grant.

5.3 SOCIAL VALUE

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 From the services that were commissioned as part of the delivery of the shisha campaign, Public Health chose one provider (Cut Films). Cut Films offered additional social value by engaging and undertaking outreach with local young people in order to develop, produce and communicate the health risks associated with smoking shisha through a short film.

5.3.3 This additional social value has meant that capacity has been built within secondary schools and youth groups in building their knowledge of shisha.

5.4 LEGAL AND CONSTITUTIONAL REFERENCES

5.4.1 Under the Council's Constitution – Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes:

[1] Entrepreneurial Barnet - https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- 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.
- 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.
- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
    - Overseeing public health
    - Developing further health and social care integration

5.5 RISK MANAGEMENT

5.5.1 The risk of discontinuing the second phase of the shisha campaign and the programme of activities, means that continuity of the health messages are lost. Given that the Task and Finish group undertook a 'soft launch' in August 2016, it is important that the campaign follows up with a more robust approach.

5.5.2 The impact of this means that, the council is able to learn (through the evaluation) how public health messages can be effectively communicated and potential ways of engaging with residents on key messages. This is particularly true of secondary schools and youth centres where Cut Films and award winning organisation has undertaken shisha work. It is the role of the Task and Finish group to oversee that these risks are mitigated.

5.6 EQUALITIES AND DIVERSITY

5.6.1 The communications campaign does not exclude, prevent or discriminate against any of the protected equality groups. Shisha smoking is traditionally more prevalent in certain (Middle Eastern) ethnic groups. However, in London, it is becoming more popular amongst all ethnic groups, particularly amongst young people.

5.6.2 Equality and Diversity issues are a mandatory consideration in decision making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.3 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

5.6.4 *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

5.6.5 *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

5.6.6 *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.7 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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5.7 INSIGHT

5.7.1 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking prevalence estimates in regular smokers amongst 11-15 year olds and 16-17 year olds is similar to the England average. However, data from The What About Youth (WAY) survey (2015) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked 'other tobacco products', Barnet appears towards the middle of the rankings (15 out of 35 Local Authorities).

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 15th September, 2016. The Growing Issue of Shisha.

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4

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AGENDA ITEM 10

	Health and Wellbeing Board **19 January 2016**
Title	**Section 75 Agreements: Annual Report**
Report of	Commissioning Director – Adults and Health, LBB Commissioning Director – Children and Young People, LBB CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	June 2016
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	Zoë Garbett, Commissioning Lead, Health and Wellbeing Email: zoe.garbett@barnet.gov.uk, Tel: 020 8359 3478

Summary

Under Section 75 of the NHS Act 2006 Local Authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.

The borough has Section 75 agreements covering services for adults and children. The Joint Commissioning Executive Group monitors the delivery of the agreements.

The Health and Wellbeing Board is responsible for overseeing the delivery of the Section 75 agreements to ensure that they are operating effectively and having maximum impact. The Health and Wellbeing Board have the opportunity to review key achievements, risks and mitigations, financial information and commissioning intentions.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the impact of the Section 75 agreements in delivering improved outcomes for Barnet's residents.**

1. WHY IS THE REPORT NEEDED

Background

1.1 Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.

1.2 Section 75 (S75) agreements allow for Local Authorities and health to pool funding to develop improve services and to maximise resources. Section 75s are a tool to facilitate joint working to improve outcomes for residents.

1.3 Over the past year the Joint Commissioning Executive Group (JCEG) has been working to implement the audit recommendations from LBB's Audit Committee at the end of 2015. The recommendations included updating the agreements, improving the storage of agreements and putting in place more robust monitoring. There was also the requirement for training on Section 75s for all staff involved in their set up, delivery and monitoring, this was held in December 2016.

1.4 JCEG receives Section 75 progress reports at each meeting. The progress reports allow JCEG to oversee the delivery of Section 75 including risks and mitigations, finances and commissioning intentions (including the end dates of the agreements themselves). JCEG makes recommendations to the relevant decision making bodies or officers for future joint arrangements.

1.5 The report covers key achievements, risks and mitigations, finances and commissioning intentions from September 2015 – September 2016 for each agreement/schedule. The key achievements across all of the agreements are:

- Improved outcomes for residents such as:
  - Improving outcomes for children and young people with Speech Language and Communication Needs (SLCN)
  - Significant successful progress has been made in the re-provision of patients from hospital settings to their new community bespoke community services
  - Reducing emergency admissions due to falls
  - Reducing excess bed stays for people who have had a stroke

    - Supporting a an enablement focused model of mental health and improving employment and accommodation options for people with mental health conditions
    - Developing person centred plans for the Campus Reprovision residents which are making measure improvements to the quality of life of residents
- Joining up service provision and improving access to services for older people through the Health and Social Care Integration S75
- Joint actions to mitigate risks and issues such as to reduce the overspend in community equipment
- Undertaking joint evidence based reviews such as of early support interventions
- Appropriate control environments and monitoring is in place for all agreements.

The Agreements and schedules – adults

1.6 **Overarching agreement**

1.6.1 The overarching agreement in adults has been in place since August 2013. The original agreement expired in August 2016 and was extended was no end date (specific agreements / schedules have end dates).

1.6.2 The overarching agreement details the terms for collaborative working, between Barnet Council and Barnet CCG relating to the establishment of management of jointly commissioned services pursuant to Section 75. The following outcomes and objectives are expected from this agreement:

- Consolidate and improve joint commissioning between the Parties to the agreement to improve the services received by members of the community
- Improve outcomes for members of the community in relation to their physical and mental health and emotional wellbeing
- Commission Services in a co-ordinated manner by identifying the benefits and options of further integrated service provision, service commissioning and support services between the Council and the Clinical Commissioning Group
- Raise standards by improving the quality and responsiveness of the Services and providing a wider pool of knowledge and experience for staff working.
- Support the development of the Joint Strategic Needs Assessment
- Make more effective use of resources and where appropriate shift resources to focus on prevention and early intervention, and the extension of universal services, rather than high cost specialist provision

- Seek to secure more seamless service provision across both Parties (to the agreement) and also across different types of services to meet needs holistically and promote easy access to Services.

1.6.3 As the overarching agreement details collaborative principles, where Section 75s have been developed for specific services these have and will become schedules under this agreement. Currently the following are schedules under the overarching agreement:

- Community Equipment
- Prevention / Voluntary Sector
- Health and social care integration (covering the Better Care Fund).

1.6.4 The following service specific agreements remain as separate agreements until they are revised and/or renewed and will then become schedules under the overarching agreement:

- Integrated Learning Disability Service
- Campus Re-provision; “Our Health, Our Care, Our Say”, with the support of “Valuing People”, that services termed as NHS Campus sites, be reprovided. The agreement covers the care of 10 people

1.6.5 The Agreement between LBB and Barnet, Enfield, Haringey Mental Health Trust covering Integrated Provision of Mental Health Services will remain as an independent agreement.

1.7 **Lead Commissioning for an Integrated Community Equipment Service**

1.7.1 The current schedule for Community Equipment has been in place from April 2016, replacing the previous agreement which was in place from December 2013. The current schedule expires in March 2017 and has a pooled fund of £2,566,598. The key outcomes of the current schedule are:

- To maximise economies of scale and deliver cost saving opportunities through effective commissioning of community equipment
- Commission good quality community equipment services which allow service users to safely remain in their own homes for as long as possible, retain individuals independence upon hospital discharge and provide appropriate support to retain individuals independence upon hospital discharge and provide appropriate support to maintain good health or support recovery in the case of long-term illness or complex conditions.

1.7.2 The key highlights from this schedule are:

- A joint approach to providing Community Equipment across Barnet, ensuring that service users get the right equipment in the right time, regardless of their needs or which team they deal with
- A single point of contact across health and social care staff to resolve issues, give feedback and set up new providers on the system
- Effective contract monitoring of the Community Equipment contract, delivering improvements across the service, especially in improving the quality and timeliness of recycled equipment
- A full commissioning process was delivered in short timescales, ensuring that Barnet is on track to mobilise a new Community Equipment contract for 1 April 2017.

1.7.3 There is a risk regarding overspend on Community Equipment, jointly the following activity has been undertaken to ensure the appropriate use of equipment and to improve processes including increasing collections through a more targeted approach, stricter authorisation processes and workshops for staff.

1.7.4 A further risk for this schedule is the short mobilisation period for the new contract; action plans have been put in place to allow for a smooth transition.

1.7.5 The section 75 will be varied and extended from 1 April 2017 alongside the commencement of the new contract.

1.8 **Voluntary and Community Sector Commissioning (prevention and early support)**

1.8.1 The current schedule for Voluntary and Community Sector Commissioning has been in place from April 2016, replacing the previous agreement which was in place from April 2014. The current schedule expires in March 2022 and has a pooled fund of £2,474,449. The schedule covers funding for 13 services in the voluntary sector providing a range of services contributing to improved health and wellbeing for Barnet residents.

1.8.2 The key highlights from this schedule are:

- Integrated the commissioning of preventative services, reducing duplication, maximising outcomes and ensuring each service commissioned has a properly constructed service specification
- Monitoring has been improved and is consistent across the services.
- Services have been jointly reviewed for quality of service delivery, value for money and contribution towards entry and escalation into the social care system
- Redesigned and enhanced the service for carers and young carers with a new contract commencing in October 2016

- Voluntary sector capacity building and volunteering contracts have been extended to January 2018, commissioners have worked with provide to improve service delivery for 2017
- Spend is to profile; no over or underspends reported.

1.8.3 There is a risk regarding the impact of the review on the voluntary and community sector. Community Barnet have been commissioned to support organisations to explore other options including partnerships and alternative funding. The review has been managed by the council's Adults and Safeguarding Committee.

1.8.4 A further risk associated with this schedule is that a number of organisations are in council buildings, some of which are in arrears. The council Estates team is working with organising, in line with the Community Benefit Assessment Tool and putting in place payment plans for arrears where necessary.

1.8.5 The Section 75 schedule will be reviewed following the outcomes of the third party spend review.

1.9 **Integrated Learning Disability Service**

1.9.1 The current agreement for the Integrated Learning Disability Service has been in place from February 2016, replacing the previous agreement which was in place from February 2012. The current agreement expires in January 2018 and has a pooled fund of £3,151,708. The key outcomes of the current agreement are to:

- Maximise the efficiency and effectiveness of the commissioning of the services for people with learning disabilities
- Improve the quality of the services and outcomes for people with learning disabilities and their carers
- Improve Services, responding to expert professional opinion, such as from the GP community and delivering the strategic objectives of each party
- Wherever possible, provide services closer to where people live
- Improve access to both health and social care services for people with Learning Disabilities
- Ensure service users and their carers receiving coherent integrated packages of care
- Provide high quality Services which are safe, sound and comprehensive and supportive.

1.9.2 The key highlights from this agreement are:

- For Winterbourne Patients and Hospital avoidance, significant successful progress has been made in the re-provision of patients from hospital

settings to their new community bespoke community services and the CCG/LBB and BLDS partnership working to urgently respond to patients' potential health crisis and being able to effectively treat patients within the community

- The temporary employment of a Specialist Occupation Therapist has developed independence for individuals with learning disabilities. Exploring long term options
- Providing employment support to providers to increase opportunities for individuals; full benefit is expected to be seen in early 2017.

1.9.3 There is currently a minor overspend of £7,000 whilst the three organisations discuss room hire costs for clinic accommodation for outpatient health clinics and therapy facilities; this is expected be resolved.

1.9.4 There is a risk regarding the Winterbourne Cohort not moving on as per the NHS England time frames due to Official Solicitor orders; working with NHS England to ensure services are robust. The Health and Wellbeing Board receive six monthly reports regarding the borough's Winterbourne Cohort as part of the Transforming Care update.

1.9.5 With regards to service development, commissioners are part of the NCL Transforming Care Partnership and are working with NHSE to identify model.

1.9.6 The specialist Health Services will be retendered in early 2017. The commissioner is currently working with individuals with learning disabilities, the specialist learning disability services and carers to create an appropriate tender document.

1.10 **Learning Disability Services for 10 service users – subject to the campus re- provision programme**

1.10.1 The current agreement for Campus re-provision has been in place from April 2010. The current agreement has no expiry date (as the agreement relates to the care of specific individuals) and has a pooled fund of £1,709,088. The key outcomes of the current agreement are to:

- Pool budgets to support people with learning disabilities who have been living in long stay NHS accommodation to live within the local community; ensuring that stakeholders are consulted and decision taken in the best interest of the individual concerned
- Support people to live meaningful, fulfilling lives whatever their ability or disability.

1.10.2 The key highlights from this agreement are:

- Providing a consistent approach to care co-ordination
- Review of person centred planning documents
- Implementation of the NHS England toolkit

- Co-ordination with North Central London Transforming Care Programme
- Specialist Residential Services (SRS) commissioners action plan:
  - Forming an understanding of the whole cohort of service users at SRS to develop a joined up plan for the future care needs of each individual. An external specialist agency (Changing our Lives) has been commissioned (funded by NHSE) to undertake a review of each patient's needs.
  - Developing a framework approach setting out the steps to be taken for each patient; this has been discussed with the Official Solicitor.
  - Established collaborative working to review the outcomes of the Changing Our Lives reviews and consider options available for individual patients so that the framework can be applied consistently to each person,
- Spend is to profile; no over or underspends reported.

1.10.3 A risk regarding this agreement is that providers may be unable to respond to the needs identified through individual reviews; commissioners are working with providers to ensure that services are developed and are to the highest quality.

1.10.4 A further risk, which has been escalated to NHS England, is that providers may become unstable if service users move on.

1.10.5 The Section 75 will require review prior to the March 2018 contract being entered into following the completion of the Changing Our Lives work in Spring/Summer 2017. The person centred review may result in additional needs being identified or that individual patients should remain within the service.

1.11 Health and Social Care Integration

1.11.1 The current schedule for Health and Social Care Integration has been in place from April 2016, replacing the previous agreement which was in place from April 2015. The current schedule expires in March 2017 and has a pooled fund of £24,324,521. The main aim of the schedule is to oversee the Better Care Fund pooled budget and associated work programmes to integrate health and social care for frail elderly and people with long term conditions.

1.11.2 Barnet's Better Care Fund (BCF) aimed to deliver a multidisciplinary approach, provide integrated and coordinated services and develop a whole system focus. This approach has provided:

- A point of access to agencies
- Joint assessments; providing effective triage and navigation of service users to the most appropriate pathways
- A focus on early intervention and bringing care closer to home

- Improved management of older people by enabling alternatives to hospital admissions and care home placements.
- Positive impact on activity levels (2015/16):
  - Non-elective admissions – Relating to Falls. Across the pathway the falls service has seen a reduction in 2015/16 especially in hip trauma and sprain strain, this has led to a cost reduction on the previous year of £163k.
  - Care homes/ Delayed transfers of care Dementia: across the pathway it data shows a movement in the case mix alongside an overall reduction in activity of 30, this has led to savings of £300k in 2015/16.
  - Delayed transfers of care - stroke: reduction in excess bed days by 272 over BCF period in line with current projections in our local Business Case.

1.11.3 It is anticipated that the reduction in adverse clinical outcomes will continue in 16/17. Below are the outcome measures currently below target including mitigations:

- Delayed Transfers of Care (DTOCs) target. The local health economy has struggled to achieve the set target. In order to mitigate the issues, the local health and social care system brought online 20 Discharge to Assess beds in November 2016
- Reablement: The borough broadened access to enablement services in 2015/16 aiming to reduce the need for more intensive care packages across the health and social care cohort and this in turn meant that people with greater levels of need are now using enablement services. Work is being carried out with local providers to improve the borough's enablement offer.

1.11.4 There is currently a reported overspend in quarters 1 and 2 of 2016/17 predominately driven by Community Equipment (health element). The following activity has been undertaken to ensure the appropriate use of equipment and to improve processes including increasing collections through a more targeted approach, stricter authorisation processes and workshops for staff.

1.11.5 A review of all projects is underway to assess effectiveness and impact. Interventions that demonstrating impact will be scaled-up interventions in line with guidance for 2017/18 – 2018/19.

1.11.6 The Section 75 schedule will be varied and extend the agreement in line with guidance for 2017/18 – 2018/19.

1.12 **Integrated provision of mental health services for adults of working age & older adults**

1.12.1 The current agreement for mental health provision has been in place since August 2015. This agreement is between the council and Barnet, Enfield and Haringey Mental Health Trust. The current agreement has expires in July 2017 and has a pooled fund of £20,346,953 (two year value). The key outcomes of the current agreement are to:

- Improve outcomes for people with mental health problems
- Increase the number of people with mental health problems in stable accommodation
- Increase the number of people with mental health problems in employment.

1.12.2 The key highlights from this agreement is that the delivery against the key actions is in line with key performance indicators and shows improved performance on 14/15 comparisons for settled accommodation and employment.

1.12.3 The Section 75 agreement has supported council staff to be managed by the Trust. That position is now changing with the Adults and Communities reorganisation of social work staff and the Trust's reorganisation of enablement community services.

1.12.4 There is a shortage of trained Advanced Mental Health Practitioners (AMHPs) at national level continues to impact on the availability of staff for rota cover across Barnet, Enfield and Haringey. Meetings continue every 6 weeks across the Barnet, Enfield and Haringey boroughs to discuss mitigations where possible. Administrative support for AMHPs has been included in the new Adults team structure.

1.12.5 From the end of January 2017 there will no longer be a need to ensure the Section 75 allows for aligned funds or LBB social work staff employed in the Trust, however there will be a variation planned to the current contract to reflect the continued joint and integrated working and key performance indicator management; and the continuing arrangements for a residual staffing complement remaining in the Trust's Older People's services.

The Agreements and schedules – Children services

1.13 **Overarching agreement**

1.13.1 The overarching agreement in children services has been in place since August 2013. The original agreement expired in August 2016 and has been extended was no end date (specific agreements / schedules have end dates).

1.1.1 The overarching agreement details the terms for collaborative working, between Barnet Council and Barnet CCG relating to the establishment of management of jointly commissioned services pursuant to Section 75. The agreement details the same terms as the adults agreement (as detailed in 1.6.2).

1.1.2 As the overarching agreement details collaborative principles, where Section 75s have been developed for specific services these have and will become schedules under this agreement. Currently the following are schedules under the overarching agreement:

- Speech and Language Therapy (SALT)
- Looked After Children (LAC); and
- Occupational Therapy (OT).

1.1.3 The new schedule for Child and Adolescent Mental Health Services (CAMHS) will become a schedule under the overarching agreement once it is developed.

1.14 Speech and Language Therapy (SALT)

1.14.1 The current schedule for Speech and Language has been in place from April 2014. The current schedule expires in March 2019 and has a pooled fund of £2,053,635. The key outcomes of the current schedule are to provide a comprehensive range of interventions within a universal, targeted and specialist framework for delivery, which:

- Maximise the speech, language and communication skills of all children and young people in Barnet, from birth to their nineteenth birthday
- Maximise the extent to which parents and carers are able to support children and young people in Barnet to develop speech, language and communication skills
- Maximise the extent to which staff working with children and young people are skilled and confident in supporting them to develop, language and communication skills
- Use an early identification and intervention approach to working with all children and young people.

1.14.2 The key highlights from this schedule are:

- Better flexibility in service delivery for example sessions in children's centres, front line staff trained, and input at tribunals and improved coordination of speech and language communication needs
- The provider was graded as outstanding in a recent CQC inspection and activity data and training offered were over performance targets

- Families and stakeholders, including schools and Cambridge Education, report satisfaction with provider and service delivery. As well as 100% of children reporting that they feel listened to by the staff
- Agreements for data sharing are being developed to improve service delivery.

1.14.3 A current issue is that advice for Education, Health and Care Plans (EHCP) is below schedule, remedial actions have been discussed and are in place.

1.14.4 A re-procurement exercise will be undertaken that will integrate children's community therapies, SALT, Occupational Therapy and Physiotherapy that will result in a need led outcomes and evidenced based service. The new service in place January 2018 and the section 75 schedule will be revised accordingly.

1.15 **Occupational Therapy**

1.15.1 The current schedule for Occupational Therapy has been in place from April 2014. The current schedule expires in March 2019 and has a pooled fund of £401,000. The key outcomes of the current schedule are to:

- Provide a consistent high quality assessment and treatment service that is child and family centred at all points of the treatment pathway
- Work with children and their families, in order to attain highest independence and maximal physical potential, promote learning and sharing and assist children and families to integrate activities into their daily life.
- Provide specialist therapy to optimise functional motor skills and reduce the risk of developing contractures
- Assess for, recommend and provide where possible equipment such as seating, splinting, aids to daily life for home and school in conjunction with others involved
- Assess for special educational needs and advice the local authority.

1.15.2 The key highlights from this schedule are:

- a stronger partnerships resulting in better opportunities to deliver seamless services to children and young people for example meetings between Joint Commissioning Unit and family services, Cambridge education, 'Leading Edge Groups' (LEGS) resulting in increased dialogue which improves and shapes service delivery
- Quarterly contracts meetings which have resulted in better understanding of performance and opportunities to show added value and innovation

- The service is actively recruiting to vacant posts and providing additional clinics to increase the capacity in the service and to reduce delays experienced in accessing the service.

1.15.3 A re-procurement exercise will be undertaken that will integrate children's community therapies, SALT, Occupational Therapy and Physiotherapy that will result in a need led outcomes and evidenced based service. The new service in place January 2018 and the section 75 schedule will be revised accordingly.

1.16 **Looked after children**

1.16.1 The current schedule for Looked after children (LAC) has been in place from April 2015. The current schedule expires in March 2019 and has a pooled fund of £131,941. The key outcomes of the current schedule are to:

- Co-ordinate and monitor health assessment reviews for children placed in the Barnet
- Arrange and co-ordinate health assessment reviews for co-shared care children placed out of LBB for specifically named children
- Ensure that looked after children have equality of access to health care
- Undertake assessments of non-school children in care homes, or those who have complex needs and or previous history within the service
- Ensure that a health care plan is written for each looked after child that clearly sets out objectives, actions, time-scales and responsibilities arising from the assessment.
- Provide expert advice for carers and any agency in relation to a child's or young people identified health needs.

1.16.2 The key highlights from this schedule are:

- Improved collaboration between the Local Authority, the provider and the CCG to resolve outstanding issues of delivery
- Regular meetings between all stakeholders involved which did not happen before
- Previously reported a challenge in meeting the 20 day period for the Initial Health Assessment (IHA) for when the child is taken into care. Capacity, pathway and information sharing have improved and the service is now reporting that 72% of assessments are complete in the required timeframe.

1.16.3 The service is being reviewed and the commissioners are exploring and developing service options. The Section 75 schedule will be updated accordingly.

2. REASONS FOR RECOMMENDATIONS

2.1 JCEG receive performance reports at each of its meetings regarding the effectiveness of Section 75. This report allows the HWBB to comment on the performance of the agreements and task JCEG with any further action required.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 Pooled fund managers will continue to monitor the effectiveness of the agreements and reports will be taken to each JCEG.

4.2 A number of the Section 75 agreements will be varied and extended or reviewed in the next 12 months. The commissioning intentions are outlined in section 1.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Ensuring that our section 75 agreements are operating effectively supports local health and social care integration which is a key priority of the Joint Health and Wellbeing Strategy as well as the government's Five Year Forward View. The section 75 agreements allow for key programmes to be delivered supporting prevention and wellbeing agendas including the delivery of equipment to allow people to remain in their own homes for longer.

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

5.2.1 Section 75s detail the pooled fund for the agreements which are detailed in section 1 and summarised below:

Agreement title	**Pooled budget (16/17 unless stated)**
Adults	
Lead Commissioning for an Integrated **Community Equipment** Service	£2,566,598
Voluntary and Community Sector Commissioning (prevention and early support)	£2,474,449
Integrated Learning Disability Service	£3,151,708
Learning Disability Services for 10 service users –	£1,709,088

Agreement title	Pooled budget (16/17 unless stated)
Adults	
subject to the **campus re- provision** programme	
Health and social care integration	£24,324,521
Integrated provision of **mental health services** for adults of working age & older adults	£20,346,953 (2 year total value)
Childrens	
Speech and Language Therapy	£2,053,635
Looked After Children	£131,941
Occupational Therapy	£401,000

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

5.4.1 Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.

5.4.2 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- 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 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.
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- 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 JHWBS and refer them back for reconsideration.
- 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.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 Section 1 outlines the specific risks (and mitigations) associated with each Section 75, identified by Pooled Fund managers.

5.5.2 Risks with the contractual providers are managed through the appropriate contractual management processes.

5.5.3 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

5.6 **Equalities and Diversity**

5.6.1 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 and foster good relations between people from different groups. Both the Local Authority and the CCG are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.2 The contracts delivering the services (under the section 75) are closely monitored to ensure that the equalities duties are met. Equalities information is considered in making commissioning decisions and identifying the requirement for Section 75 agreements.

5.6.3 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group.

5.7 **Consultation and Engagement**

5.7.1 N/A

5.8 **Insight**

5.8.1 The JSNA is an insight document and pulls together data from a number of sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. In making commissioning decisions and identifying the requirement for Section 75 agreements, insight is employed.

6. BACKGROUND PAPERS

6.1.1 Internal Audit Exception Recommendations Report and Progress Report up to 31 December 2016, Audit Committee, 28 January 2016, item 7: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=144&MId=8415&Ver=4

6.1.2 Prevention Services, Adults and Safeguarding Committee, 10 November 2016, item 10: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8674&Ver=4

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AGENDA ITEM 11

	Health and Wellbeing Board **19 January 2017**
Title	**Minutes of the Joint Commissioning Executive Group**
Report of	Commissioning Director – Adults and Health CCG Accountable Officer
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Minutes of the Joint Commissioning Executive Group 24 October 2016 Appendix 1- Minutes of the Joint Commissioning Executive Group 23 November 2016
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 3593478

Summary

This report is a standing item which presents the minutes of the Joint Commissioning Executive Group (formerly known as 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. The Groups key areas of work include the Better Care Fund and Section 75 agreements.

Recommendations

1. **That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Group meetings of 24 October 2016 and 23 November 2016.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health and Wellbeing Board on the 26th May 2011 agreed to establish a Financial Planning group (now named the Joint Commissioning Executive Group) to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Joint Commissioning Executive Group (JCEG) meets bi-monthly and is required to report back to the Health and Wellbeing Board (HWBB).

1.2 For 2016-2017 the overall Better Care Fund pot has increased by a £797,000 uplift to core the CCG allocation, £17,059 additional CCG funding and £100,000 increase in Disabled Facilities Grants (DFG) funding. Therefore, the Better Care Fund Allocation for Barnet in 2016/17 is £24,324,521, which includes the Barnet CCG minimum contribution of £22,336,331, additional CCG contribution of £17,059 and Barnet Council's Contribution of £1,971,131.

1.3 The budgets will be used to continue to support the delivery of existing initiatives, as well as any such new initiatives identified to support the delivery of Better Care Fund (BCF) outcomes and the appropriate protection of social care services.

1.4 Given changes in the operating context for the CCG and LBB, the Terms of Reference were updated and agreed in December 2015 (and updated and agreed in April 2016), giving the Joint Commissioning Executive Group main functions:

- To oversee the development and implementation of plans for an improved and integrated health and social care system (including Education where relevant) for children and young people, adults with disabilities, older people, those with long term conditions, and people experiencing mental health problems
- To oversee the delivery of the Better Care Fund including:
  - Holding Joint Commissioning Unit and partners to account for delivery
  - Making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk and, where necessary, making recommendations on recovery plans
  - Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services.
  - Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets.
- To oversee all Section 75 agreements held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively and to bring them in line with overarching Section 75 agreements. Receiving performance reports on Section 75 agreements (at each meeting) and other relevant services/projects.
- To review all annual budget, additional budget, budget virement and all new expenditure commitment proposals relating to the Better Care Fund, or to other joint budget arrangements prior to these being taken through the approval processes required under each partner's own scheme of delegation.

- To approve the work programmes of the Joint Commissioning Units (adults and children).
- To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions.
- To review reports being considered by the Health and Wellbeing Board which have financial or resource implications.
- To receive financial reports (Better Care Fund and Section 75 reports).
- To recommend to the Health and Wellbeing Board, Council Committees and Barnet CCG's Finance Performance and QIPP Committee how budgets should be spent to further integrate health and social care.
- To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board.
- To agree business cases arising from the Joint Commissioning Units for adults and children's, subject to both the Council and Barnet CCG's governance framework or Scheme of Reservation and Delegation
- To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy.
- To develop and maintain a forward work programme to ensure strategic and operational alignment between the Council and Barnet CCG. All members will contribute to the work programme.

1.5 Minutes of the meeting of the JCEG held on the 24 October 2016 are presented in appendix 1.In October the Group –

- Discussed the content of the North Central London Sustainability and Transformation plan; ensuring that this is appropriate from a Barnet perspective
- Reviewed the borough's progress to deliver the Joint Health and Wellbeing Strategy (2015 – 2020) ahead of presentation to the HWBB in November 2016
- Shaped work currently underway to improve the quality in care homes
- Discussed and reviewed the roll out of BILT
- Reviewed the Better Care Fund dashboard; agreeing further actions required to improve performance and outcomes
- Agreed to review pooled fund arrangements for the BCF
- Confirmed the completion of the Section 75 audit actions and reviewed performance of the Section 75 agreements

1.6 Minutes of the meeting of the JCEG held on the 23 November 2016 are presented in appendix 2. In November the Group –

- Discussed the content of the North Central London Sustainability and Transformation plan; exploring the impact of joint working and agreeing for the joint commissioning work programmes to reflect the NCL STP
- Discussed the CCG proposal for a Care Closer to Home programme; agreeing to further explore how the programme builds on joint working and contributes to joint strategies (such as the JHWB Strategy)
- Reviewed the CCG resilience plans and discussed further actions to improve performance such as to reduce delayed transfers of care

- Agreed the Quarter 2 performance and narrative for the Better Care Fund submission to NHS England

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Group) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing 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 Joint Commissioning Executive Group, the Health and Wellbeing 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 Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive Group to take forward its programme of work, the group will progress its work as scheduled in the areas of the Better Care Fund, Section 75 agreements and financial reporting.

4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

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 and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing 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 Joint Commissioning Executive Group acts as the senior joint commissioning group for integrated health and social care in Barnet. The Groups functions relate to the management of local resources, as outlined at

1.4.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing 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.

5.4.2 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.

5.4.3 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. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The 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.

5.4.4 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.

5.4.5 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.

5.5 **Risk Management**

5.5.1 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. JCEG 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.

5.6 **Equalities and Diversity**

5.6.1 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.*

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

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 **Consultation and Engagement**

5.7.1 The Joint Commissioning Executive Group will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive Group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Minutes from the Health and Wellbeing Board – JCEG
Monday 24 October 2016
North London Business Park, Boardroom
14.00 – 15.30

Present:
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
(MA) Muyi Adekoya, Integration, LBB/CCG
(NH) Neil Hales, Assistant Director Commissioning Development, CCG
(RH) Roger Hammond, Interim Chief Finance Officer, CCG (Chair)
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:
(AD) Anisa Darr, Resources Director, LBB
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB
(NS) Neil Snee, Interim Director of Integrated Commissioning, CCG

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, RH welcomed the attendees to the meeting. Apologies were noted as above.	
Policy and strategy		
2.	**NCL Sustainability and Transformation Plan (STP)** RH gave an overview of the STP development. The health and care organisations within this NCL geographic footprint have been working together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. RH stated that the STP had been submitted on Friday 21 October. RH stated that the financial assumptions within the plan exclude adult social care and specialist commissioning. RH stated that, due to guidance from NHS England, the CCG is currently unable to publish the plan.	

3.	**Draft Joint Health and Wellbeing Strategy including Barnet's Health Profile** AH introduced the paper by explaining that the annual report of the Joint Health and Wellbeing (JHWB) Strategy builds on the reports that have been going to each HWBB and suggests priorities for the coming year. The Group reviewed the Barnet Health profile for 2016 and **AH stated that the violent crime indicator would be discussed with Community Safety.** CM went on to describe the importance of this indicator with regards to safeguarding. Barnet has seen an increase in serious youth violence and the Council is exploring ways to target resources. AH drew the Groups attention to childhood immunisation rates which have been a key focus of the Health and Wellbeing Board (HWBB) over the last year. AH explained that NHS England would be presenting a paper to the HWBB on the 10 November which includes data from practices rather than the COVER system. CM stated that the rates still needed to improve and welcomed the opportunity to discuss this with NHS England at the HWBB. The Group asked **ZG to add more detail about the Care Closer to Home programme.** The Group asked for an item on the next agenda about Care Closer to Home. AH asked how the paper linked with the CCG's commissioning intentions. RH explained that letter had been sent to providers. **RH / NH to circulate to the group.** **ZG to work with the CCG with regards to the CCG commissioning intentions being presented at the HWBB.**	**AH** **ZG** **RH/NH** **ZG**
4.	**Care home update** MA provided an introduction to the item explaining that, in late 2014/15, a lot of work was done to review the quality of care home provision in the borough. A strategy was developed to address the gaps and to enhance quality including workforce development and support in care homes. MJ explained the joint Council and CCG project exploring how to improve ways of assessing and monitoring quality through the use of a Quality Assessment Framework (QAF) in Nursing and Residential Homes. The project aims to align and improve the assessment and monitoring of quality. MJ went on to describe how a tool had been implemented in Birmingham which developed into a CQUIN and involved the LA and CCG. MJ stated that there is an appetite to use the tool in Barnet. NH asked about the finances for the project. MA stated that Birmingham have offered Barnet the use of the tool free of charge if Barnet acknowledge Birmingham's develop of the tool. MA explained that the commissioner resource required needed to be scoped and that the issues identified by the tool would be	

	addressed by the care homes themselves. KH asked if the Care Quality team in LBB had been involved to date and MJ stated that they had been. KH noted the importance of a good relationship with CQC for this to work. MJ explained that the tool supported the development of an improved and proactive relationship with CQC. MJ asked the Group to consider supporting the tool and how delegated authority would be addressed (one owner of the tool used by both authorities). AH supported the tool but felt that more information was required regarding short and long term impacts. The Group agreed to support the proposal of a Quality Assessment Framework (QAF) in nursing homes and in the longer term residential homes. The Group asked for a report to the next meeting which looked at how this will work in practice, what the best processes are for both organisations and what the role and responsibilities are between the organisations.	**MA**
5.	**Roll out of BILT** MA presented the BILT update regarding the roll out of the provision. Prior to the roll out BILT had only been operating in the west with GP referrals. The team received 529 referrals, 288 of which had been discharged. MA stated that there had been an expectation of more referrals; a new risk tool has been commissioned which will risk stratify segments of the population for BILT and allow BILT to make contact for intervention. BILT will also be able to identify its own patients. The joint funding for BILT in year one was £759,369 and year 2 is just over £1m. MA went on to explain that BILT is currently working with 8 practices in the west of the borough. This will increase by 10 further practices from across the borough identified as having the most high risk patients. MA went on to describe a current issue around digital record consent which is vital for the project. NHS digital prefer an opt-in approach which has an anticipated response rate of approximately 3%. An opt-out approach is preferred, processes around this are being considered to ensure that people have enough time to opt-out if they would like to. AH asked whether the service would be able to absorb such a large increase in case load. MA stated that this would be monitored. KH stated that the new context of the Care Closer to Home programme was important for this service. KH also stated that the outcomes, impact and cost of the service would be analysed.	
6.	**BCF Finance and performance dashboard** **Dashboard**	

	KH provided an overview of the BCF dashboard, stating that: • Delayed transfers of care (DTOCs): have remained above target for both NHS and Social Care delays in Q2. Barnet does not have delays in assessing clients - systems are in place, including an Assessment Notification Screening Role, to ensure assessments are allocated, prioritised and acted on promptly. This role is working well and ensures that limited resources are targeted appropriately to ensure prompt discharges. As a result, Barnet performs much more strongly than its comparators. Challenges around the shortage of homecare capacity remain. Work is being carried out to rationalise lists of patients awaiting discharge and streamline handoff processes, as well as putting in place dedicated escalation routes to resolve issues quickly. • Non-elective admissions: Q1 non-elective admissions for Barnet CCG patients are 121 (1.6%) below plan. • Permanent admissions to residential care: reported admissions are still well below target at the end of Q2 (169.7 against the 192.7 per 100,000 population target). NH stated that this linked to resilience work that the CCG is working on which would be good to bring to this group. **Finance** RH stated that overall the BCF finances were on plan. RH recognised the pressures in the system on both sides. KH asked for diagnostics and the plans in place to minimise the community equipment pressure on both sides. The Group will receive a paper at its next meeting about this. **Report from finance group regarding pooling budgets for BCF** RH acknowledged the report of the finance group and asked for a further report of how the organisations will take forward the pooling arrangements. The finance group are required to answer the questions laid out in appendix 1 of the paper to establish the pooled from April 2017. The Group agreed to establish the appropriate process through the BCF pooled budget and then replicate this for the other section 75 agreements. CM explained that there would be a pooled fund for CAMHS which will require a new section 75 agreements.	**NH**
7.	**Section 75 – performance and audit update** ZG highlighted that the actions required for the S75 Audit have now been completed. RH thanked ZG and KH for the work that they had undertaken on this. ZG went on to add that two section 75 agreement highlight reports were not received, these were for Mental Health (BEH MHT) and learning disabilities. **ZG to chase and update NH if these are not received.** ZG noted that some of the risks highlighted in the report had already been discussed as part of the agenda. ZG stated the risks around the children section 75	**ZG**

	agreements which are being addressed by commissioners. ZG stated that a S75 annual report would be bought to JCEG in January ahead of the Health and Wellbeing Board. ZG mentioned that she is working with the Childrens JCU to secure the appropriate agreement to extend the overarching section 75 agreement infinitely (similar to the adults overarching agreement) as well as extending the three section 75 agreements under this (SALT, LAC and OT) for 3 years until March 2019. For the Council CM can agree this under delegated authority, for the CCG this has to go to the Governing Body in November.	
Business		
8.	**Minutes of previous meeting – 23 August and action log** The minutes were agreed at the HWBB on the 17 September. No changes were made. The action plan was updated. A number of actions were covered in the agenda, in addition: • The outstanding BCF financial report from the last meeting has been circulated • The CCG and LBB extended the adults overarching section 75 agreement indefinitely with extension/variations to the BCF, Voluntary Sector and Equipment schedules • Integration of health into 0 – 25 was taken to HSCI Board in September for discussion and action • Primary care strategy and risk stratification went to the HWBB for discussion in September • The CCG and Council continue to meet to discuss the third party spend review to ensure alignment • The CCG's Mental Health Task and Finish group is meeting to take forward the reimagining programme.	
9.	**Health and Wellbeing** **Health and Social Care Integration (HSCI) Board** The Group heard how the HSCI Board had met to discuss the STP, Accountable Care, Care Closer to Home and health integration in the 0-25 programme. The minutes of the HSCI Board will be reported to the HWBB in November. **Health and Wellbeing Board (HWBB) – Forward Plan** The Group noted the forward work programme for the HWBB.	
10.	**AOB** None.	

	Next meeting (JCEG): 23 November 13.30-15.00, Boardroom • BCF Quarter 2 sign off (due 25 November 2016) • Resilience update and links with other programmes (including winter planning) (NH) • Community equipment – diagnostics and further action (MA) • Care closer to home (NH) 4 January 10.00-11.30 • Section 75 Annual report • Care homes updates (LBB / CCG) 20 February 15.30-17.00 • BCF Quarter 3 sign off	

Minutes from the Health and Wellbeing Board – JCEG
Wednesday 23 November 2016
North London Business Park, Boardroom
13.30 – 15.00

Present:
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(CMc) Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Chair)
(MA) Muyi Adekoya, Joint Commissioning Manager Integration, LBB/BCCG
(JF) John Ferguson, Primary Care Transformation Lead / Care Closer to Home, BCCG
(LG) Leigh Griffin, Director of Strategic Development, BCCG
(NH) Neil Hales, Assistant Director Commissioning Development, BCCG
(NS) Neil Snee, Director of Integrated Commissioning, BCCG
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:
(AD) Anisa Darr, Resources Director, LBB
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(RH) Roger Hammond, Interim Chief Finance Officer, CCG

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, DW welcomed the attendees to the meeting. Apologies were noted as above.	
Policy and strategy		
2.	**NCL Sustainability and Transformation Plan (STP)** DW introduced the item and asked the group for questions and comments. NS asked about the anticipated impact on joint work and implication for peer organisations and local authorities. NS went on to comment on the importance of contracts over the next 2 years for both organisations and was particularly interested in ensuring that prevention is included in these contracts. NS also noted the importance of the third sector and public health as the plans are implemented locally. With regards to Care Closer to Home, NS stated that 42 of the 44 plans nationally include Care Closer to Home so there is the need to articulate what this means locally for Barnet. DW described the leadership summits which have been arranged and reflected NS points around the importance of 2 year contracting.	

	DW went on to inform the group that, at the time of the meeting, the assurance timetable was not clear. DW also stated that the NCL Transformation Board continues to meet and will be evolving as the plans move towards implementation. DW informed the group that the NCL STP had been published on all NCL council websites and that a consultation was live on the council's consultation webpages (Engage Barnet). DW also informed the group that the NCL STP would be considered at Joint Health Overview Scrutiny Committee (25 November 2016). NS stated the need for clear, joint service development and finance development plans to reflect joint discussions. DW informed the group of the clear joint work programmes for the Joint Commissioning Units (JCUs). **NH and CMc to ensure that the JCU work programmes for children and adults reflect the NCL STP and joint working discussions.**	**NH/CMc**
3.	**Care Closer to Home** JF introduced the Care Closer to Home programme which is in line with national and local drivers for change. In order to develop a new Care Closer to Home approach a key requirement is to create a major shift of balance from avoidable hospital admissions to integrated health, social care and third sector models delivered in community and primary care settings. To deliver the key vision, all non-acute services would need to be aligned to a Care Closer to Home model of delivery which is based on healthcare effective clinical outcomes and not volume. The Care Closer to Home approach will include patient-focused, evidence based, sustainable services. JF stated that it is proposed for Care Closer to Home becomes a framework for improved service delivery. JF explained that the programme is at an early stage with the vision still being developed and welcomed a discussion about creating a joint approach between health, social care and public health. LG added that the embedded within the Care Closer to Home approach are the principles of prevention, early support and integration. NS added that the Care Closer to Home programme builds on and links to a number of joint programmes developing over the next years including the frailty pathway and services for looked after children. CMc described how the Family Friendly Barnet and resilience approaches, articulated in the borough's Children and Young People Plan, fits with the narrative of the Care Closer to Home programme. AH stated that some of the activities described as being included in the Care Closer to Home programme are already in the borough's Joint Health and Wellbeing (JHWB) Strategy, such as physical activity. AH also stated that we have a Making Every Contact Count (MECC) training initiative which has started in the council and that there is Health Education England funding available for this. JF explained that there had been some initial discussions about this.	

	DW noted the strategic relevance of the programme and links with the wider STP and welcomed the discussion at the group. DW stated that a lot more work was needed to develop the programme into a joint programme including developing joint governance, building on joint programmes already in place such as the JHWB Strategy and the Better Care Fund and looking at the role of the HSCI Board and the JCUs. LG welcomed the comments and stated that design of the programme is to be further developed and will look to address these points. LG went on to state that the HSCI Board was slightly different and that a discussion was required between commissioning and strategic discussions. DW asked if, before new services were developed, current provision and activities could be mapped so that a position is taken on what is working and not working and the programme can be developed from this. MA updated the group on the commitment, made by the group, to review the BCF. MA stated that this was underway. **DW asked for the initial developments to be shared with NS, NH and DW.** NS summarised the elements involved in this programme as the joint commissioning functions, LBB joint working, primary care improvement, transforming adults and public health. **DW asked for the role of JCEG and the JCU to be articulated in the next iteration of the plans.** **The group agreed for LG to work with JF and DW to discuss and work through the issues raised.** **CMc asked for someone form the Resilience Programme for LBB to be invited onto the working group.** *NS left the meeting.*	**MA** **JF** **LG** **JF**
4.	**Resilience** NH explained that this item was requested at the previous JCEG meeting following a discussion about delayed transfers of care (DTOC). NH gave an overview of the resilience and winter planning plans in place to mitigate increased demand and other pressures over the winter period. MA stated the links with the Better Care Fund plans. LG stated that there was now work to do to look at pressures around particular condition or care homes and how we are ensuring the best range of choices are available. LG also noted the need for key messages and communication.	
5.	**Community Equipment** NH explained that he had met with James Mass (Assistant Director, Adults and Communities, LBB) and was waiting further analysis with regards to health's overspend on Community Equipment. NH stated that activity is currently being	

	reviewed to ensure appropriate use. DW stated that the use of Community Equipment helped people to remain independent in their own homes but that both organisations need to ensure that the service is being delivered appropriately and effectively.	
Performance and finance review		
6.	**BCF Finance and performance dashboard and Q2 submission** **Dashboard** The group welcomed the report. **LG asked MA for clarification on the presentation on the reablement figures**. **MA to review the level of information presented to JCEG.** **Finance** Finance colleagues were not present. Finance to send a narrative of the financial position for BCF to the group. **MA to inform finance colleagues.** **MA to chase a report from finance group regarding pooling budgets for BCF** **Q2 submission** MA introduced the item which asks for JCEG's approval of the quarter 2 report ahead of submission to NHS England on 25 November 2016. MA described how, compared to the national conditions, Barnet looks favourable and that Barnet was on track to meet all targets (except DTOC). The group noted the positive progress regarding non-elective admissions. MA explained that the Q2 submission notes that most localities are referring to BILT, BILT is now receiving referrals from all localities and this will be reflected in the Q3 return. **MA to ensure that the narrative reflects both LBB and BCCG activity.**	**MA** **MA** **MA** **MA**
Business		
7.	**Minutes of previous meeting – 24 October and action log** Further information to be added regarding the BCF finances. The action plan was updated. A number of actions were covered in the agenda, in addition: • BCCG commissioning intentions were circulated to the group • Discussion at HWBB regarding the violent crime indicator (in the Barnet Health Profile 2016) to be taken forward by Community Safety	

	• Outstanding S75 reports received and annual report is being worked.	
9.	**Health and Wellbeing Board (HWBB) – Forward Plan** The Group noted the forward work programme for the HWBB.	
10.	**AOB** DW noted the development of a number of groups, programmes and boards where the council and BCCG work together. **The group agreed for the role and responsibility of JCEG to be reviewed.**	**ZG**
	Next meeting (JCEG): 4 January 10.00-11.30 • Report from the Finance Group regarding pooling budgets for the BCF • Section 75 Annual report • Care homes update - to review and comment on how the Quality Assessment Framework will work in practice • CAMHS 20 February 15.30-17.00 • BCF Quarter 3 sign off	

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AGENDA ITEM 12

	Health and Wellbeing Board **19 January 2017**
Title	**Forward Work Programme**
Report of	Commissioning Director Adults and Health
Wards	All
Date added to Forward Plan	January 2014
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1- Forward work programme of the Health and Wellbeing Board Appendix 2- Forward work programme of Council Committees and Barnet CCG's Board
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 359 3478

Summary

This report introduces the forward work programme for the Health and Wellbeing Board (the 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 Wellbeing Board
- The work programmes of other Strategic Boards in the Borough, thematic Committees and Health Overview and Scrutiny Committee;
- The significant programmes of work being delivered in Barnet in 2017/18 that the Board should be aware of
- The nature of agenda items that are discussed at the Board.

Recommendations
1. **That the Health and Wellbeing Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).**
2. **That Health and Wellbeing Board Members continue to 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. **That the Health and Wellbeing Board continue to align its work programme with the work programmes of the 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 (see Appendix 2).**

1. WHY THIS REPORT IS NEEDED

1.1 At the Health and Wellbeing Board meeting on 13th November 2014 the Board committed to monthly updates of the forward work programme in alignment with other council committees.

1.2 The current forward work programme has been designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects that have been identified as priorities by the Board at its various meetings and development sessions. The current work programme covers a period until the end of July 2017.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 10 November 2016 and suggests a refreshed schedule of reports and items for the following eleven months, reflecting the Board's statutory requirements, responsibilities as the Commissioning Committee for public health and agreed priorities set out in the Joint Health and Wellbeing Strategy (2015 – 2020). The work programme will be regularly reviewed and updated.

1.4 Agendas are split into two sections. The first section will be decision and discussion items which will explore topical issues; this section will include external speakers (including residents) to speak at the Board to agree joint action. In the second section, the Board will consider and note papers.

1.5 The Health and Wellbeing Board must ensure that its forward work programme is compatible with the forward work programmes of the 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 Governing Body, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate. Items of interest from other committee are also included so that the Board are sighted on relevant items. Updated forward work programmes for each of these Boards are attached at Appendix 2 to support the Board in planning its work programme effectively.

1.6 There are a number of work programmes being delivered in 2017/18 that will be of interest to the Health and Wellbeing Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to, Adult Social Care Alternative Delivery Model (ADM) project, Early Years ADM and work across North Central London.

2. REASONS FOR RECOMMENDATIONS

2.1 To maintain a programme of agenda items that will aid the Board in fulfilling 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 Wellbeing Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Joint Health and Wellbeing Strategy, including the annual priorities within the Strategy that were agreed at the November 2015 Board meeting.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board and transformational changes required to meet the savings targets for both the Council and the Barnet CCG.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 Health and Wellbeing 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 Wellbeing Board meetings.

5.3.2 The work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference as set out in the Council's Constitution Responsibility for Functions- Annex A, 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. To explore partnership work across North Central London where appropriate.*

*(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 **Social Value**

5.4.1 N/A

5.5 **Risk Management**

5.5.1 A forward work programme reduces the risks that the Health and Wellbeing

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.

5.6 **Equalities and Diversity**

5.6.1 All items of business listed in the forward programme and presented at the Health and Wellbeing 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 Wellbeing 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.

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

5.6.3 This is particularly essential when addressing 5.3.2. (6) above regarding health inequalities.

5.7 **Consultation and Engagement**

5.7.1 The forward work programme will be set by the Members of the Health and Wellbeing Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.7.2 The bi-annual 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.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

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Health and Wellbeing Board Work Programme

January 2017 – July 2017

Contact: Zoë Garbett
Commissioning Lead – Health and Wellbeing (LBB)
Zoe.garbett@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
19 January 2017				
DISCUSSION				
Draft CCG Commissioning Intentions 2017/19	**The Board is asked to comment on the update of the CCG Commissioning Intentions.**	CCG Accountable Officer	**TBC**	Yes
CAMHS	**The Board is asked to comment on the progress to develop a joint children and adolescent mental health service (CAMHS) in Barnet and are asked to endorse service specification.**	Interim Director of Commissioning Commissioning Director Children and Young People	**Head of Children's Joint Commissioning** **CAMHS Joint Commissioning Manager**	Yes
Update from the Tackling Shisha Task and Finish Group	**The Board is asked to comment on and direct the activity of the Task and Finish Group**	Director of Public Health	**Consultant in Public Health** **Client Commissioning Lead for Enforcement**	No
Ageing Well Annual Report 2015/176 and review	**The Board is asked to review and comment on the borough's Ageing Well programme.**	Commissioning Director – Adults and Health	**Project Manager – Ageing Well** **Commissioning Lead Health and Wellbeing**	No
NOTE				
Section 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all Section 75 agreements.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People CCG Accountable Officer	**Strategic Lead Adults Health**	No
Minutes of the Health and Wellbeing Board Working	**The Board is asked to approve the minutes of the Joint**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Groups (where available): • Joint Commissioning Executive Group	**Commissioning Executive Group and Health and Social Care Integration Programme Board**	CCG Accountable Officer		
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
9 March 2017				
DISCUSSION				
Care Closer to Home	**The Board is asked to consider and discuss the progress to implement care closer to home.**	Director of Strategic Development		No
Annual Director of Public Health Report	**The Board is asked to note the report.**	Director of Public Health	**Consultant in Public Health**	No
Public Health Commissioning Plan 2015 – 2020	**The Board is asked to approve the revised PH commissioning intentions (2015-2020) in light of changes to the public health grant. This report will include how PH will contribute to the JHWB Strategy priority to improve mental health and wellbeing.**	Director of Public Health	**Consultant in Public Health**	Yes
Update on creating healthy places with the Local Plan	**The Board is asked to note progress.**	Director of Public Health	**Consultant in Public Health**	No
Screening update including a Healthwatch consultation report	**The Board is asked to review and comment on the progress made to improve screening uptake in the borough.**	Director of Public Health	**Consultant in Public Health** **NHS England: London Regional Lead** **Head of Healthwatch**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Family Nurse Partnership	**The Board is asked to note and comment on the borough's Family Nurse Partnership.**	Commissioning Director – Children and Young People	**Head of Childrens Joint Commissioning Senior Commissioner**	No
NOTE				
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
June 2017 (TBC)				
DISCUSSION				
Tackling health inequalities in Barnet including suicide prevention	**The Board is asked to review and comment on the approach to tackling health inequalities in Barnet.**	Director of Public Health	**Consultant in Public Health**	
Update from the Shisha Task and Finish group	**The Board is asked to review the progress made to explore local powers to minimise health harms associated with shisha.**	Director of Public Health	**Consultant in Public Health**	

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Care home development work	**The Board is asked to review and comment on the developments with care homes.**	Director of Integrated Commissioning	**Joint Commissioning Manager – Integrated Care**	No
Update on Substance Misuse services for Adults and Young People	**The Board is asked to note the progress made to deliver substance misuse services.**	Director of Public Health	**Head of Public Health Commissioning**	No
Childhood Immunisations update including an updated action plan	**The Board is asked to review progress made by NHS England to improve uptake of childhood immunisations following actions given to NHS England at the HWBB in July 2016.**	NHS England – Director of Public Health Commissioning, Health in the Justice System and Military Health	**NHS England – Immunisation Manager**	No
NOTE				
Adults Engagement Strategy Update	**The Board is asked to comment on the progress of the Adults Involvement Board.**	Adults and Communities Director	**Engagement Lead**	No
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
July 2017 (TBC)				
DISCUSSION				

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Tackling obesity	**The Board is asked to note the progress made to tackle obesity in the borough.**			
Employment and healthy workplaces	**The Board is asked to consider and discuss initiatives supporting people to gain and retain employment.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**TBC**	No
NOTE				
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
September 2017 (TBC)				
DISCUSSION				
Procurement of sexual health services	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
NOTE				
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
Unallocated				
Fit and Active Barnet - including leisure services and green spaces	**The Board is asked to consider and discuss the progress made to encourage healthier lifestyles.**	Commissioning Director – Adults and Health	**Strategic Lead – Sports and Physical Activity**	No
Health visiting and integration of health services	**The Board is asked to comment on the progress made in developing the Boroughs health visiting and integration of health services.**	Commissioning Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Children's Continuing Care	**The Board is asked to comment on the progress to develop the model for children's continuing care.**	Commissioning Director – Children and Young People	**TBC**	No
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Commissioning Director – Children and Young People	**TBC**	No
Implementing Barnet's Carers' Strategy	**The Board is asked to comment on the progress**	Commissioning Director – Adults and Health	**Carer's Lead**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	made to implement the Carer's Strategy.	Commissioning Director – Children and Young People		
Devolution – estates	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Commissioning Director – Adults and Health CCG Accountable Officer	**TBC**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

January

Adults and Safeguarding Committee	Report of	Officer Board	Clearing
23 January 2017 ***(clearance 4 January)***			
Adults and Safeguarding Performance Report	Dawn Wakeling/ Mathew Kendall	SCB	SCB
Prevention and Early Support Review: consultation report	Dawn Wakeling	TBC	TBC
Lessons Learned Report: Enablement Contract	Mathew Kendall	TBC	TBC
Extension of the Later Life Planning Service	Dawn Wakeling	TBC	TBC
Next meeting: 6 March 2017			

CCG Governing Body	Report of	Officer Board	Clearing
Next meeting: 26 January 2017			

February

Children, Education, Libraries and Safeguarding Committee	Report of	Officer Board	Clearing
21 February 2017 ***(clearance 3 February)***			
Culture and Arts	Chris Munday	TBC	TBC
School Admissions Arrangements	Chris Munday	TBC	TBC
Fees and Charges	Chris Munday	TBC	TBC
Annual Report of Safeguarding Services	Chris Munday	TBC	TBC
Annual report from the Corporate Parenting Advisory Panel	Chris Munday	TBC	TBC
Final Commissioning Plan - Addendum 2017/18	Chris Munday	SCB 31/01/17	SCB 31/01/17
Next meeting: 17 May 2017			

March

Adults and Safeguarding Committee	Report of	Officer Board	Clearing
6 March 2016 ***(clearance 15 February)***			
Adults Social Care Alternative Delivery Model: Update Report	Dawn Wakeling	TBC	TBC
Final Commissioning Plan - Addendum 2017/18	Dawn Wakeling	SCB 31/01/17	SCB 31/01/17
Next meeting: TBC 2017			

CCG Governing Body	Report of	Officer Board	Clearing
Next meeting: 30 March 2017			

May

Children, Education, Libraries and Safeguarding Committee	Report of	Officer Board	Clearing
17 May 2017			
Report of the Barnet Youth Parliament Members	Chris Munday	TBC	TBC
Report of the Barnet Youth Assembly	Chris Munday	TBC	TBC
Next meeting: TBC 2017			

CCG Governing Body	Report of	Officer Board	Clearing
Next meeting: 25 May 2017			

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