



Barnet Clinical Commissioning Group

**Report on**

**Barnet Health and Well-Being Board /  
Partnership Boards  
Summit**

**Held on 20 June 2014**

## Contents

1	Introduction and aims of the Summit	3
2	Next Steps – moving forward from the Summit	4
3	Summit Programme	5
4	Introduction and Welcome	7
5	Table discussion: Why are we involved in Partnership Boards?	9
6	Report from the Partnership Boards	10
7	Workshop 1 – Tacking social isolation	12
8	Information gathering and discussion	14
9	Workshop 2 – Effective Communication and Networking	15
10	Round-Up of the Event	16
11	Participant Evaluation of the Summit	17

## Appendices

- Appendix 1 Partnership Board Achievements since November 2013 and Priorities and Challenges 2014 - 15
- Appendix 2 Output from Workshop 1
- Appendix 3 Information Gathering and Discussion Factsheets

## 1. Introduction and Aims of the Summit

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

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

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

The purpose of the Summit is to:

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

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

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

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

## 2. Next Steps - moving forward from the Summit

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

- Information from the **Tackling Social Isolation Workshop** will be used:
  - by Partnership Boards to inform their individual work plans
  - by Commissioners in developing strategies and commissioning services.
  
- Skills developed through the **Effective Communication and Networking Workshop** will be used by participants to better communicate:
  - with other members of their Boards
  - between Boards
  - in wider activities to promote good working relationships with colleagues and stakeholders

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

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

### 3. Summit Programme

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

---

9.30am		<b>Registration</b>
10am		<b>Introduction</b> Kate Kennally Strategic Director for Communities
10.05am		<b>Welcome and Update on Health and Well-Being Board</b> Councillor Helena Hart Chairman, the Health and Well-Being Board
10.15am		<b>Table discussion:</b> Why are we involved in Partnership Boards?
10.25am		<b>Report from the Partnership Boards</b> <ul style="list-style-type: none"><li>• Progress since Autumn Catch-Up 2013</li><li>• Priorities and challenges for 2014-15</li></ul> Partnership Board Co-chairs
10.55am		<b>Refreshments Break</b>
11.15am		<b>Workshop 1:</b> <b>Anyone can be lonely – how each Board will contribute to tackling social isolation</b>  Karen Ahmed, Helen White, Troy Henshall
12.15pm		<b>Lunch</b>

---

**1pm**



**Information gathering and discussion**

You can choose to hear about:

- 1 Health and Social Care Integration
  - 2 The Care Act 2014
  - 3 Children and Families Bill (SEN Reform)
  - 4 The Carers Strategy Action Plan 2014-15
- 

**1.40pm**



**Workshop 2:  
Effective communication and networking**

North East London  
Commissioning Support Unit

---

**2.40pm**



**Round up**  
Kate Kennally

---

**2.50pm**



**Refreshments and Networking**

---

## 4. Introduction and Welcome

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

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

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

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

- Councillor Hart explained that the programme covered a range of important and challenging issues that Summit participants were well placed to tackle together. Councillor Hart informed participants that she was looking forward to hearing from the Partnership Boards about their achievements since November 2013, and their plans for the year ahead. Councillor Hart thanked the Partnership Boards for reviewing and commenting on the Health and Well-Being Board's identified priorities for the next year.
- She recognised the importance of partners at the event coming together to consider what social isolation means in Barnet, observing that loneliness is everyone's business, and is a priority area that the Health and Well-Being Board is committed to tackling.
- She welcomed the workshop to be led Andrew Brown and colleagues from the North East London Commissioning Support Unit about effective communication and networking. She explained that, as Chairman of the Health and Well-Being Board, she works closely with many individuals and organisations, and recognises how crucial good communication is to making partnerships succeed. She also noted that Partnership Board co-chairs have identified the need for good communication as a key-issue in their work.
- She acknowledged that this is going to be one the most challenging years for local areas in a long time and a time of far-reaching policy change. She noted that there is a requirement for all in Barnet to deliver greater health and social care integration, and to offer new forms of care and support for both older people and young people and their families, including young people with disabilities. She also noted that this is an opportunity for there to be great

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

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

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

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



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

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

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

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

## 6. Report from the Partnership Boards

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

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

The report was given by:

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

The Co-Chairs reported the following points:

### Carers Strategy Partnership Board

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

### Mental Health Partnership Board

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

### Older Adults Partnership Board

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

### Physical and Sensory Impairment Partnership Board

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

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

The workshop was led by:

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

There was a presentation covering:

- What we mean by social isolation and loneliness
- Some of the causes of social isolation
  - poor health
  - poor mobility
  - lack of money
  - lack of transport
  - living alone
- Social isolation as a leading cause of poor health:
  - as harmful as smoking 15 cigarettes a day
  - twice as harmful as obesity
  - higher risk of depression
  - higher risk of Alzheimer's
- Getting everyone involved in tackling social isolation:
  - through initiatives such as 'Adopt a Place', 'Yellow wristbands' and Timebanking

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

- Casserole Club helps people share extra portions of home cooked food with others in their area who might not always be able to cook for themselves
- It gets more people cooking fresh food while strengthening local neighbourhood relationships
- The benefits of Casserole Club are:
  - reduced social isolation
  - tackling malnutrition amongst older people
  - strengthening connections between the generations within communities
  - alleviating food poverty

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

Participants worked in groups to consider three questions:

1. What are the most important things about loneliness for you?
2. What can the Partnership Boards do to help tackle loneliness?
3. What is one thing you can commit to doing?

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

## 8. Information gathering and discussion

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

The discussion groups focused on:

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

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

The fact sheets are provided at Appendix 3.

## 9. Workshop 2 – Effective Communication and Networking

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

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

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

### Tips for **effective listening**

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

### **Thinking** – think before you speak

### **Speaking**

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

93% of communication is **non-verbal**

- tone of voice
- body language

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

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

**Networking is useful for:**

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

**Top tips for networking:**

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

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

## 10. Round-up of the Event

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

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



## 11. Participant Evaluation of the Summit

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

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

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

### Summary of detailed responses

#### 1. Number of feedback forms completed: 31

*Rows do not add up to 31 as not everybody rated every point.*

How well were you able to say what you wanted at the day?






Was the information clear in the packs?

Were the presentations clear?

Did you find the workshops useful?

How good was the venue?

How good was the day?

	Very Good 	Fairly Good 	Average 	Fairly Poor 	Very Poor 
How well were you able to say what you wanted at the day?	15	11	3	1	
Was the information clear in the packs?	13	10	4	1	
Were the presentations clear?	16	13	2		
Did you find the workshops useful?	11	14	5	1	
How good was the venue?	26	5			
How good was the day?	20	10		1	

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

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

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

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

**4. Did you find the communications workshop useful?**

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

### **How could we make the Summit better?**

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

### **Anything else you would like to say**

#### Positive messages

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

#### Development points

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

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

## Appendix 1

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

#### Carers Strategy Partnership Board

##### Achievements

Achievement	Further details
1. Promoted the Carers Offer.	This provides a useful directory of information on support available to carers across social care, preventative services and from universal services.
2. Reviewed working arrangements of CSPB.	<p>The Board agreed to:</p> <ul style="list-style-type: none"> <li>• increase membership from carers</li> <li>• reduce the number of presentations to the Board with a focus on the work plan</li> <li>• change the training sub-group to include looking at information and advice for carers</li> </ul> <p>A working group will focus on action needed to implement the Care Act.</p>
3. Developed Action Plan for 2014/15.	The Board has produced an action plan for 2014/15 using the national 'Making it Real for Carers' template.
4. Increased awareness of Care Act and impact on carers.	The impact of the Care Act on carers has been highlighted and further information will be provided to the Board as it becomes available.

### Top priorities for the year ahead

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

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

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

## Learning Disability Partnership Board

### Achievements

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

## Top priorities for the year ahead

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

## Challenges

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



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

## Mental Health Partnership Board

### Achievements

Achievement	Further details
<p>1. Checked with the Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) about what they are doing to improve the quality and safety of services and the experience of service users and carers.</p>	<p>The Board held a discussion about quality issues in the Mental Health Trust, which identified concerns of people regarding communication and time it took to access Trust services.</p> <p>The Trust responded to these concerns by redesigning the referral and crisis pathway.</p> <p>The Board's workshop in February 2014 was used as an opportunity to hear from the Trust about the impact of these improvements and included presentations from:</p> <ul style="list-style-type: none"> <li>• Mental Health Trust</li> <li>• Barnet Voice for Mental Health</li> <li>• Carers Lead on Carers Strategy and Carers Support Service</li> </ul> <p>Members fed back to MHT on quality issues in services.</p>
<p>2. Informing the service model for Improving Access to Psychological Therapies (IAPT) and Wellbeing Services.</p>	<p>Workshop held in October 2013 to get Board's views about proposals to re-commission the IAPT and Wellbeing Services and the type of service model.</p> <p>People wanted to ensure that there were talking therapies services other than IAPT.</p> <p>The Commissioners modified the IAPT recommissioning proposals to make sure</p>

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

## Top priorities for the year ahead

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

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

## Challenges

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

## Older Adults Partnership Board

### Achievements

Achievement	Further details
<p>1. Helping to shape the Barnet Ageing Well Programme, following approval of the budget and action plan for 2014/15.</p>	<p>Board members active participants on the Ageing Well Programme Board.</p> <p>The Board has received and will continue to receive regular updates on the programme.</p> <p>One of the Board co-chairs is one of the architects of the East Finchley neighbourhood work (Altogether Better).</p>
<p>2. Undertaking critical friend role in relation to the development and delivery of health and social care services.</p>	<p>The Board influenced:</p> <ul style="list-style-type: none"> <li>- Healthwatch Barnet</li> <li>- Choose and Book Service</li> <li>- Barnet Council's Community Offer</li> <li>- Development of outdoor gyms</li> <li>- Barnet Timebank</li> <li>- HSCI model for frail older people</li> </ul>
<p>3. Continuing to shape the frail elderly pathway work, particularly as falls, stroke and dementia initiatives move through implementation.</p>	<p>The Board has received and will continue to receive regular update on falls, stroke and dementia work and use the opportunity to provide feedback and comments as the new services bed in</p>
<p>4. Overseeing development of Barnet's Neighbourhood Services.</p>	<p>Having shaped the Neighbourhood Services model, the Board receives regular reports and will at the next board be considering the Annual Review report</p>
<p>5. Contributed to the development of Barnet Older People's Association (BOPA).</p>	<p>BOPA and 55+ forum have merged to form the Barnet Seniors Assembly.</p>
<p>6. OAPB workshop on the new integrated model for health and social care.</p>	<p>Board input into this special event.</p>

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

### Top priorities for the year ahead

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

### Challenges

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

## Physical and Sensory Impairment Partnership Board

### Achievements

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

### Top priorities for the year ahead

Priority	Further details
1. Hold an event focusing on prevention (e.g. stroke, deaf awareness, sight loss).	<ul style="list-style-type: none"> <li>• Awareness raising at mosques etc, events for religious / community leaders re prevention etc – to disseminate information affecting the health of their communities. Cover a range of disabilities.</li> <li>• Using expertise of community leaders, to help with cultural and language barriers / issues.</li> </ul>

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

## Challenges

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



## Appendix 2

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

#### Summary of Group Discussions

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

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

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

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

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

### Carers Strategy Partnership Board

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

## **Learning Disability Partnership Board**

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

## **Mental Health Partnership Board**

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

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

### **Older Adults Partnership Board**

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

### **Physical and Sensory Impairment Partnership Board**

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

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

### 3. What is one thing you can do?

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

## Appendix 3

### Information and Discussion Session Fact sheets

- 1 Health and Social Care Integration
- 2 The Care Act 2014
- 3 Children and Families Act 2014 (SEN Reform)
- 4 The Carers Strategy Action Plan 2014-15

## 1. Health & Social Care Integration

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

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

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

### Why Integration? Why Now?

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

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

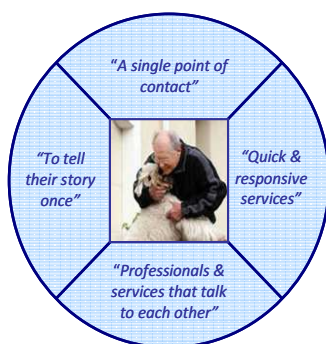
We are investing early to implement and embed integrated working to support these users and improve the care system overall, e.g. to:

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

## Our Vision

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

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



### Our Vision Statement

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

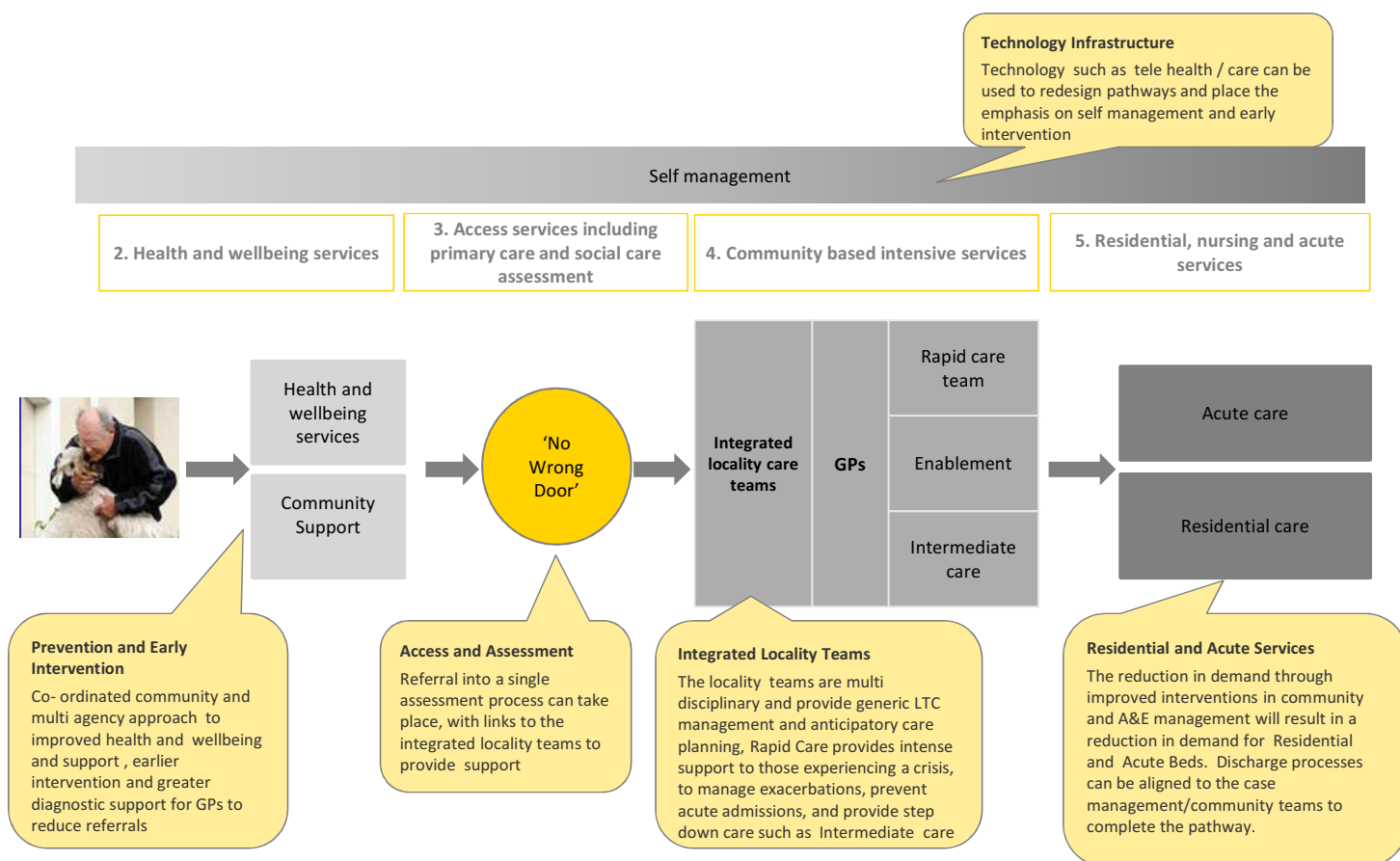
Integrated care will be commissioned by experts in collaboration with care providers and delivered seamlessly by a range of quality assured health, social care, voluntary and private sector organisations.”

## Current Projects

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



## Integrated Care in Practice



### Next Steps

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

### Useful Web links:

Better Care Fund: <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan>

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

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

## 2. The Care Act 2014

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

### Care Act Provisions - from April 2015:

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

### Funding reform - from April 2016:

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

### Useful Weblinks:

Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Consultation (regulations, guidance and factsheets): <http://careandsupportregs.dh.gov.uk/>

### Other duties for Local Authorities

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

### Looking to the future

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

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

### Impact of the Care Act in Barnet:

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

### Actions

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

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

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

<sup>1</sup>Source Joint Strategic Needs Assessment 2012 (JSNA)

<sup>2</sup>Source: Office for National Statistics, Census 2011

### 3. Children and Families Act 2014

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

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

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

#### Key Highlights of the Act

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

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

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

## Impact of the Children and Families Act

Families should experience:

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

Local Authorities will aim to:

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

## Actions

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

There are 3 core work-streams:

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

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

## Useful web links

[www.legislation.gov.uk/ukpga/2014/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted)

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

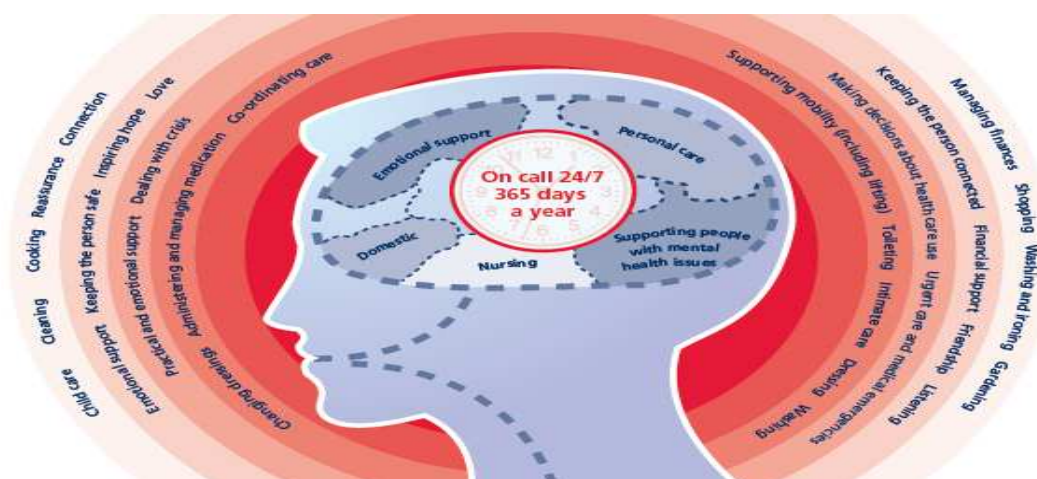
## 4. Carers Strategy Action Plan 2014-15

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

### Who is a carer?

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

### Support provided by carers



### Carers in Barnet

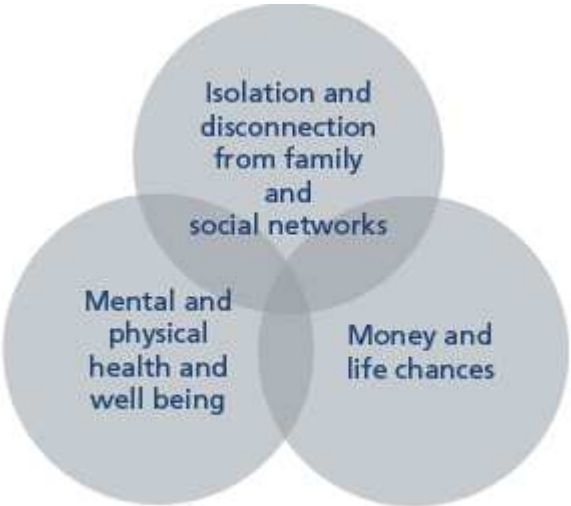
1 in 10 people on Barnet are likely to be caring. The borough has over 32,000 carers with over 6000 providing over 50 hours of care a week. This is the second highest number of carers in the London region. The number of carers providing over 50 hours of care has increase by a third since 2001. The Care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

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



## Impact of caring

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

	<p>40% of carers experience psychological distress or depression, with those caring for people with behavioural problems experiencing the highest levels of distress.</p> <p>33% of those providing more than 50 hours of care a week report depression and disturbed sleep.</p> <p>Those providing more than 20 hours of care a week over an extended period have double the risk of psychological distress over a two year period compared to non-carers. Risk increases progressively as the time spent caring each week increases.</p> <p>44% of carers suffer verbal or emotional abuse; 28% endure physical aggression or violence from the person they care for.</p> <p>Older carers who report 'strain' have a 63% higher likelihood of death in a 4 year period.</p> <p>Providing high levels of care is associated with a 23% higher risk of stroke.</p>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Support for carers

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

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

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



**The key actions for 2014-15 are:**

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