Appendix 1: Joint Health and Wellbeing Strategy progress report, March 2017 - June 2017

This progress report provides an overview of progress to deliver against the Joint Health and Wellbeing Strategy (2015 – 2020)

Theme	Preparing for a healthy life		
Objectives	Improving outcomes for babies, young children and their families		
Area of focus (1)	 Improving the health and wellbeing of Looked after Children Target All initial health assessments completed within time frame (20 working days / 28 calendar days) Review Health assessments for children looked after for a year or more Increase the proportion of locally placed looked after children – to at least 46% (2017/18) to 53% (2019/20) Continue to closely monitor the provider including staff vacancies. 	AMBER Date of substantive report to HWBB: TBC	
Progress since March 2017	 Two young people, placed out of borough, have not had their IHAs carfrom Barnet is going to visit the young people in June 2017 to complete Of the 12 children and young people who required an IHA in March, a were seen within the timescale. The remaining review is out of borous chase that this is completed as soon as possible. Of the 6 children and young people requiring an IHA in April, 100% we timescales. From data received at the end of May there had been nine entries int DNA and rebooked, 5 IHA booked, 1 remand (requested), 1 no longet timeframes). Performance has improved from 50% in January and 19% in Fe and 100% for April which can be attributed to: 	wo young people, placed out of borough, have not had their IHAs completed so a consultant from Barnet is going to visit the young people in June 2017 to complete the IHAs. Of the 12 children and young people who required an IHA in March, almost all (11 out of 12, 92%) were seen within the timescale. The remaining review is out of borough, the team continue to hase that this is completed as soon as possible. Of the 6 children and young people requiring an IHA in April, 100% were completed within the mescales. From data received at the end of May there had been nine entries into care; 1 IHA completed, 1 DNA and rebooked, 5 IHA booked, 1 remand (requested), 1 no longer LAC. Int improvements have been seen regarding IHA performance (being within statutory nes). Performance has improved from 50% in January and 19% in February to 92% for March % for April which can be attributed to:	
	 Considerable work with the GPs and stakeholders to improve the pat The nursing team increasing the number of reminders that young peed 	5	

	 prior to the appointment which includes calls and emails the day before the appointment Improved communication and working between CLCH and social care (including placements) Previously key workers were reporting that no-one was able to attend appointments with the young people, this issue has now been resolved Independent Reviewing Officers are now involved in any key issues, this has been particularly helpful for out of borough placements. Review health assessments (RHAs) In quarter 4 of 2016/17, 74 RHAs were completed 98% within the timescales. Five young people did not attend appointments in January and were seen in February, March and one in April. A thematic analysis of the review health assessments completed in this period found that: There was one case with child sexual exploitation concerns and was known to MASE Four were referred to CAMHs Two were referred to GP regarding concerns about their weight. 	
	On Thursday 25 May the Corporate Parenting Advisory Panel reviewed performance information for a range of indicators relating to the provision of service and outcomes for LAC and care leavers ¹ . In the data reported, external residential placements had risen from 9.4% the previous month to 10.4% which is above the target tolerance monitor of 9.6% due to an increase in the numbers of children exhibiting challenging behaviour and those with complex needs e.g. children with concerns linked to Child Sexual Exploitation. Also, LBB foster placements (including kinships) had reduced from 46.5% to 43.1% due to fostering not being the preferred choice and children with challenging behaviour or complex needs needing additional support / preparation work in specialist residential provision.	
Planned activity	The IHA process has improved significantly, however, there are still delays in the LAC Health Team receiving the IHA report from health professionals. The Team is working with health professionals to improve this.	

¹ Corporate Parenting Advisory Panel - <u>https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=208&Mld=8790&Ver=4</u>

	 Review and redesign the process for IHAs Designated Medical Officer to continue to quality assure reviews and support quality improvements Continue to monitor the completion of IHAs including looking at IHAs for specific cohorts such as children with Special educational needs and disabilities (SEND) LAC IHA Stakeholder meeting continues to meet but quarterly To track, monitor and reduce numbers of external residential placements Action for LBB foster placements: to increase numbers of therapeutically trained foster carers to undertake specialist placements. 	
Area of focus (2)	 Increasing the uptake of childhood immunisations Target – Increase uptake of childhood immunisations to be above the England average 	AMBER Date of substantive report to HWBB:
Progress since March 2017	September 2017	
Planned activity	Public health will work with NHSE and PHE to identify barriers to uptake	in Barnet.

Area of focus (3)	 Early years review The council (including Public Health) and Barnet CCG are working together to further integrate service offer of health-related services in early years settings improving service delivery for families. Objectives of the Early Years review: 	GREEN
	 To deliver the best outcomes possible for children and families in the early years with the resources available To enable vulnerable families with children under five years old to build their resilience 	Date of substantive report to HWBB: TBC October 2017
	 To provide integrated services so that they are joined up around the needs of families and feel seamless to users To support meeting the duty to provide sufficient, high quality childcare for eligible 2, 3 and 4 year olds 	
Progress since March 2017	To develop a sustainable model for early years services.	
Planned activity	 East-Central Hub Development Group will continue to meet over the next three months to develop the detail of the model. Pilot to go live in September 2017. Decision on future delivery of children's health services (Health Visitors, Family Nurse Partnership and School Nursing) also due September 2017. Evaluation of model in February/March 2018. 	
Theme	Wellbeing in the community	
	Creating circumstances that enable people to have greater life opportunities	

Theme Objectives	Wellbeing in the community Creating circumstances that enable people to have greater life opportunities	GREEN Date of substantive report to HWBB:
		September 2017
Area of focus (4a)	 Mental health remains a priority, as reflected in the NCL STP and local plans such as CYPP and H&WBB strategy with a focus on service redesign Child and Adolescent Mental Health Services (CAMHS) In order to improve CAMHS provision, Barnet CCG and Barnet Council agreed to jointly re commission CAMHS at the HWBB in September 2016 Public health are supporting the redesign of Children's Mental Health & Wellbeing services; developing a programme of work that is based on the Thrive Model. The new approach will improve access to services by improving sign posting, selfmanagement and enabling one off contact in order to improve coping mechanisms in children and young people. Date of substantive report to HWBB: 	GREEN
Durante alian	September 2017	
Progress since March 2017	 Child and Adolescent Mental Health Services (CAMHS) The CAMHS procurement is proceeding with a number of key milestor CYP Emotional Health and Wellbeing consultation was undertained 	

	 the Child team with 400 young people including pupils of 25 schools (inc primary, secondary, special, faith based and a PRU), Youthorium 2017 youth convention at the Allianz Park and a further 7000+ online (concluded April 2017) PIN was issued On 12th April 2017 Procurement Soft Market Launch event at the Allianz Park Stadium in May attended by a substantial number of providers including several from the VCS Outline service model has been developed and presented to potential providers Face to face Soft Market Testing (competitive dialogue) sessions have taken place throughout May and June with a range of provider organisations interested in bidding for the new services contract As a result of feedback from these session the procurement timeline has been extended to 1st April 2018 CAMHS Procurement Implementation Group has been established and meet on a weekly basis CYP Emotional Wellbeing and Mental Health Operational Group has been established to ensure cross programme awareness and support delivery 	
	Expansion and Development of Children's Mental Health & Wellbeing services	
	 Following consultation with Barnet's Children and Young People, we have commissioned an Online Counselling and Support Service for 11-25 yr olds called <u>Kooth</u> which is currently being promoted across Barnet Schools We have established a Resilient Schools Programme led by Public Health which has been launched in the first 6 Barnet schools (2 secondary, 2 primary and 2 specialist schools). A Resilience Schools coordinator (Jayne Abbott) has been recruited A new Emotional Wellbeing Team (4 trainees and manager) has been established in Barnet Council-funded by Health Education England in the first year- to support low/moderate anxiety/depression in young people who do not meet the CAMHS threshold of need. The team is being embedded into the councils service structures M.A.C UK/Reach is a new project in the process of setting up with the council to go live working with gang members and hard to reach individuals with mental health and high risk behaviours 	
Planned activity	Undertake a series of procurement workshops in preparation of going to market to design light touch regime offer based upon feedback from the SMT competitive dialogue sessions	
	Creation of a suite of documents to form part of the information supplied as a legal requirement of procurement process	
	Offer to be formally published in Official Journal of the European Union in August/Sept 2017	

	 CYP IAPT capacity building opportunities to be investigated with support offered throughout Barnet Council, VCS organisations and NHS trusts meeting due in July with a view to bidding for funds later the year Extension of crisis care offer to be negotiated with current providers with a view to a service being offered at weekends Decision due in July 2017 Opportunities for VCS capacity building programmes to be explored with umbrella organisations such as Young Barnet Foundation and Community Barnet meeting to take place in July 2017 Mental Health First Aiders in Schools programme to be co-produced with Hendon School and Public Health and Rolled out throughout Barnet in next academic year 2017/18 Continue to support the UNICEF Child Friendly Communities programme implementation. Next meeting due in July 2017 	
Area of focus (4b)	 The vision for adult mental health is designed to achieve a number of strategic goals: Achieve effective and proactive service delivery plans in a more collaborative approach Move away from 'Mental Health professional led' models of care towards more primary care, community, and peer-led models of support Reinforce relationships and community connections Rebalance the model and orientate professionals towards prevention and early intervention for both carers and users Deliver potential to integrate community and peer groups into specialist care to foster effective 'Step Down care' back into primary care and community settings Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets for example developing peer models. 	GREEN Date of substantive report to HWBB: TBC

Progress since March 2017	Adults mental health services
	The Reimagining Mental Health Programme led by the CCG and endorsed by the council at the HOSC in October 2017 continues to deliver a whole system transformation approach to mental health.
	Phase 2 Reimagining, pilot delivery Primary Care link working and Wellbeing Hub:
	 Organisations are working collaboratively, with minimal investment in transformation, to deliver improvements for individuals, with dedicated Mental Health Linkworker support in primary care, and community services following a social prescribing model. Since the last report referrals to secondary care from primary care have been minimised. There are around 40% fewer referrals and there are fewer inappropriate referrals, especially to crisis care and mental health liaison. Linkworkers are embedded in the new Wellbeing Collaborative delivering wellbeing services to people across Barnet. Organisations are working closely with commissioners to ensure that social prescribing sits alongside clinical and social care support. o Coverage rolled out across all Barnet localities in January 2017 and referrals have been received from all 62 practices – each practice now has a named, dedicated Linkworker o GP Practitioners promote the direct benefits of the Linkworker and integrated service to their colleagues. Dr Holz attends Team meetings monthly to support solution-focused approaches. Linkworkers are attending Practice meetings to meet with all GPs and promote the service. o There has been some turnover in the team recently, due to promotion, and new Linkworkers are being recruited. o Patient feedback is positive – "it was the best assessment I have ever had in many years of using services!" GPs continue to praise the service for supporting them with advice on referral pathways to community services and assessments for patients with complex needs. o Direct links with the wider collaborative are key to the success of the service with the following organisations
	attending team meetings: MARAC, Employment and Benefit Support Agencies, Bright Futures, Westminster Drug Project, Eating Disorder service, Future Paths, SOLACE, and Twining Employment.
	The Wellbeing Hub had its official launch at the Reimagining Mental Health meeting on 9th February 2017. The

	 Wellbeing Hub continues to grow and provide a single gateway for mental health earlier intervention services. The new service model and resulting pathways have been designed to support the customers experience and apply strengths based practice. More people with mental health issues will receive support focused on helping with their whole life, for example, getting a job and a home of their own. The new model maintains partnership working with health whilst increasing focus on holistic support and access to the community. Joint pathways with partner organisations are established and there is a shared commitment to support individuals and work collaboratively. Staff have undergone jo training with Linkworkers, the Network staff and community based staff and are delivering Emotional Health Checks in community A task group has been set up to continue building relationships with community organisations. The Network has developed stronger links with the Wellbeing Hub and has established a weekly joint referral meeting 	
	a drop in session for the Wellbeing centre at the Network building. The Network, the Wellbeing Hub and a Hub Link Worker lead meet weekly to discuss cases which are open to more than one service.	
	Most significant and measurable results:	
	 Primary Care Linkworkers achieved an overall 40% reduction in referrals to secondary care from South Barnet since commencement of linkworker service. A total of 2,103 referred patients have received the service since August 2016. 	
	 Did not attend rate below 10% target (May 2017 – 5.45%) Average of 94% of a total referrals to linkworkers were acknowledged within 24 hours and were contacted within 5 working days in the first qtr of operation 	
	4. 92% of all referrals had a comprehensive care and support plan created within 15 working days (including primary care and third sector support)	
	Emotional health checks are being delivered across Barnet following staff training	
Planned activity	Evaluation of the Primary Care Linkworker and Wellbeing Hub models – Dr Mike Scanlan has recommended a number of measures to embed the services. These are being considered and follow up to be determined.	
	Work continues to ensure the IT systems are effective and the aforementioned task group will continue to build on community links and provide a critical eye to the service as it continues under the new model.	

	Commissioners are working with the Wellbeing Hub and Mind Matters (IAPT) to offer a wide range of psychological therapies to reach more people in the community. Work is continuing to join up services with IPS and MAPs. Other step down pathways are being considered to deliver better outcomes from acutes and to continue to prevent admissions. Services are commencing phase 3 redesign of integrated Wellbeing Services through integrating IAPT, Wellbeing Hub and services and Talking Therapies. Further planning is expected to focus on greater integration within the Care Closer to Home agenda and continue to support local mental health developments for the NCL STP.	
Area of focus (5)	 Employment Increase the proportion of adults in contact with secondary mental health services in paid employment. Increase the proportion of adults with learning disabilities in paid employment Target Proportion of adults in contact with secondary mental health services in paid employment - 6.1% at the end of quarter 3 (2016/17) against a target of 6.8% for the quarter (2016/17 target is 7.2%) Percentage of adults with learning disabilities in paid employment – 9.4% at the end of quarter 3 (2016/17) against a quarter target of 10.4% (10.8% for 2016/17) 	AMBER Date of substantive report to HWBB: TBC
Progress since March 2017	 April 2016 – March 2017 Employment and healthy workplaces (good progress) Individual Placement and Support (IPS): The service has engaged 78 residents and secured 46 jobs during the year. The performance compares favourably against national benchmarking. We have enter into a Social Impact Bond co-commissioning arrangements which has brought in additional funding in 17/18 and the CCG are considering giving consideration to the future of the service as part of its wider review of mental health services. Motivational and Psychological Support (MAPS): The service received 432 referrals, engaged 216 residents and 	

	helped 64 residents to move into jobs during the year.
	 The council's community based Jobs Team in Burnt Oak has supported over 800 people since March 2015 and supported 300 people into work. In early 2017 the model was replicated in the south of the borough around Childs Hill and Golders Green. Barnet's employment support services have received attention regionally and nationally with several visits from the Department of Work and Pensions. They have been recognised as models of good practice and have helped inform the ambitions outlined in the London Thrive programme.
	 Employment for people with disabilities (gaps) Proportion of adults in contact with secondary mental health services - the increase this is due to a reduction in the overall cohort size rather than an increase in the numbers employed There is now significantly more mental health provision with a focus on DWP client groups but less focus on those only in contact with adult social care Some gaps in provision have been identified as:
	 Specialist employment support for ASC learning disabilities clients (IQ under 70) Supporting mental health clients to retain employment Job Brokerage at scale.
Planned activity	A data audit is being undertaken to establish the number of adults with learning disabilities in paid employment to attain an accurate reflection of our current activity such as the seven individuals placed in employment through the YCB transformation programme.
	Developing the market and engaging with providers not yet operating in the borough and procuring an approved list for supported employment by April 2017.
	Embed employment in care plans – develop the role for brokerage in securing employment pathways, embedding strengths based practice and continue to develop the Mental Health Enablement model
	Raising quality of provision within existing day-care – including the Your Choice Barnet transformation and hold Job Coaching and Brokerage Skills (delivered by British Association for Supported Employment).
	London has secured devolution of the Health and Work Programme investment. This is the DWP employment support that will replace the Work Programme. Barnet will work with West London boroughs to develop a specification and select a provider in partnership with DWP.

The council is working with the Learning and Work Institute to evaluate the project, this will include the impact of the service on resident wellbeing. The council is also replicating the model in another unemployment hotspot in the south of the borough. As with BOOST this new location will make links with local health services to support health and work outcomes side by side.	
The council as a public sector leader - leverage to create job opportunities through contracting and becoming a disability confident employer The council to attain Disability Confident Employer level 2 status.	
	Date of substantive report to HWBB:
	ТВС

Theme	How we live	;				
Objectives	Encouragir	Encouraging healthier lifestyles				
Area of focus (6)	Reduce excess weight in children (10 – 11 years old) (overweight and obese)				G	BREEN
	Year	Target	Reported			
	2016/17	32%	Current (2016/1	7 quarter 2) – 32.58%		
	2017/18	32.6%				
	2019/20	32.6%				
	Reduce exc 56.8% 2016	·	: in adults (overw	eight and obese)		REEN / MBER
	Year		Target	Reported		
	2016/17		56.8%	Current (2016/17 quarter 2) – 56.75%		
	2017/18		57.8%			

	2019/20	57.8%			Date of
					substantive report to HWBB:
					September 2017 (as part of Public Health's performance report)
Progress since					
March 2017 and planned activity	 Children's Weight mar Public Health tea 	-	London conversation on	childhood obesity	 Great Weight
		roduced and uploaded t		fina abiaatiwaa far th	
	• Support to the de		y Weight Strategy to def		le strategy.
	weight and obes	e (between > 91 st centi	offer weight managemen le to > 98 th centile). Th will be shared with stake	e service has beer	
			PI's, scoping the possib g recommendations from		er as part of the
	A working group	will meet to develop a s	rategic action plan base	d on HW Strategy c	bjectives.
	Planned re-procu	rement of T2 services to	begin in August 2017.		
	Adult Weight Manageme	ent			
	The development of the in progress. This has be range of work which rela	en delayed by staffing	issues and will be back	on track shortly. Th	nere has been a

	on a systems wide approach. These include:		
	A focus on the built environment and how we can maximise the built environments role in encouraging healthy lifestyles for all residents. We are working with planners and planning commissioners to integrate health outcomes into planning decisions, regeneration and growth (on-going) and are part of a national pilot with the Town and Country Planning Association to engage planners in public health outcomes. The healthier catering commitment has continued with substantial support and an awards ceremony took		
	place in Sept with another planned for Sep 2017		
Area of focus (7)	 Increase screening uptake Target: increase screening uptake 	RED	
	• Target. Increase screening uptake	Date of substantive report to HWBB:	
Progress since March 2017	It is intended that the NHS screening assurance group (which draws together a range of statutory and voluntary/community sector partners with an interest in screening) supports NHSE with the production of performance reports and suggesting possible actions to promote uptake in localities. NHSE have been approached to propose a schedule of work.		
	Locally there will be a campaign in June focused on promoting uptake of cervical screen national charity, will be holding 2 days of events in the borough.	ening. Jo's trust, a	
	The communities together network have also been approached to explore potential w community partners might be able to support promotion efforts.	ays in which	
Planned activity	To support NHSE in reviewing reporting once they are able to engage.		
	Summer cervical cancer campaign.		

Theme	Care when needed	
Objectives	Providing care and support to facilitate good outcomes and improve user experience	
Area of focus (8)	Care closer to home	AMBER
		Date of substantive report to HWBB:
		July 2017
Progress since November	 Care Closer to Home Programme - progress update on Governance, project activity and links with Adult care New Operating Model Governance: Membership of the Joint Commissioning Executive Group has been expanded to include provide (CLCH NHS Trust; Royal Free London NHS Foundation Trust; Barnet, Enfield & Haringey Menta Trust; Barnet GP Federation and LB Barnet Adults & Communities Delivery Unit) and the group I rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme B The JCE CC2H Programme Board has approved the development of a Care Strategy and held a workshop style discussion on the vision and aspirations for Care Closer to Home, which will be w into a report and presented to the HWB at a later date. The CEOs of LBB, BCCG, Royal Free, CLCH, BEH, the GP Federation and the BCCG chair, hav discuss their shared aspirations for new delivery models on the Barnet footprint and have collect confirmed their support for exploring the potential of new delivery models as part of the CC2H Programme. Project Highlights: Expressions of Interest received from 5 CHIN groups in Barnet – 3 CHINS approved, the first CH Burnt Oak, covering 5 GP practices and a population of 51,000 will go live from 1 October 2017. The CHIN will work under the governance arrangements of the Barnet Federated GPs Ltd who v oversee the development of QIST (Quality Improvement Service Teams) that will be integral to the development of the CHIN and its quality improvement programme. 	

	 Practice level data has been produced to inform CHIN objectives, but requires refinement. CHIN and QIST development is being overseen by the NCL Care Closer to Home Board and the Joint Consultative Executive Group (JCEG) which is jointly chaired by the Local Authority and CCG. It has also been agreed that CHINs will need to have links and pathways to strength based social care operating model and early intervention Adult Social Care New Operating Model: Strength Based Practice and 'Care Space' Hubs: The council has implemented strengths-based social care, a delivery approach which encompasses social work and occupational staff working in a strengths-based way with service users and carers. Staff are working in the community, in specially developed Care Spaces (Assessment Hubs) or colocated with the voluntary and community sector; and increased signposting, prevention and early intervention. Strengths-based social care aims to promote resilience for service users and carers, improve quality of practice, and reduce the reliance on funded packages of care. A strengths-based practice training programme was co-developed through a successful pilot in Quarter 1 last year and rolled out across the A&C operational teams in Quarters 2 and 3; the programme was shortlisted for the Creative and Innovative Social Work Practice award at the Social Worker of the Year awards. CareSpaces were rolled out across the borough, enabling operational teams to make stronger links with local communities and service users to have better access to community resources, with two hubs (the Independent Living Centre and Anne Owens) co-located with local voluntary and community sector (VCS) organisations.
Planned activity	 Governance/Project Activity : Officers from BCCG, LBB and the Federation will develop a joint resourcing and programme delivery plan to support the development of CHINs and QISTs across Barnet. In July the JCE CC2H Programme Board will consider a report on the Local Area Co-ordination work and prevention services in Barnet. The Board will also oversee the delivery of other STP-driven initiatives that require local delivery. This work will be developed over time and is likely to include prevention, children and young people, mental health and elective care. Engage and identify practices interested in taking part in the CHIN to ensure population coverage Identify the support requirements needed by the CHIN including clinical and managerial leads

Area of focus (9)	 Agree and approve CHIN governance arrangements Develop the leadership and partnership from across health and social care and establish CHIN management board Work with partners from public health and Business Intelligence to understand the specific needs of the CHIN population. Identify the outcomes the CHIN(s) aspires to improve Set out proposed model for achievement of outcomes for approval by CCG/JCEG Prepare Business Case for approval of CHIN outcomes including financial budget to support changes Identify the CHINs approach to engaging with local people and support required from partners Mobilise changes identified to key pathways to deliver agreed outcomes Strengths Based Practice: Further work will take place during 2017/18 to embed and enhance the strengths-based model. Five priority themes for on-going change and improvement have been identified: Evolving Practice, Embedding and improving services, effectively working together, Empowering and engaging others. Examples of the improvement initiatives include a dedicated resource for strength based coaching; enhanced links between quality board, panel and customer feedback; developing prevention and local area coordination, continued front door transformation, increased targeted use of new services provisions (e.g. shared lives and telecare) Continuing to explore options for Care Space hubs
Alea Ol IOCUS (9)	Carers (including young carers) Delivering the Carer and Young Carer Strategy – Focus on identifying unknown carers Improving the health of carers (especially young carers)

		Date of substantive report to HWBB:
		ТВС
Progress since March 2017	Good progress has been made on the Carers and Young Carers Strategy Action Plan for ye two action plan has been drafted. The new contract for integrated support services for carers and young carers continues to be performing well. The support offered through this contract includes:- • Carrying out statutory carers assessments • Delivery of the Carers Emergency Card Scheme •Hospital support service for carers and young carers – service • Better digital resources- on-going • Improved employment support for carers • Better engagement with schools regarding identification and supporting young carers • Activities and peer support for carers and young carers • Mentoring for young carers • Better engagement with schools regarding support for young carers • Activities for carers and young carers • Activities for carers and young carers	ar one and the year e delivered and is
	 LBB continues to be a member of the Employers for Carers Scheme (membership no. #EF all LBB employees and SME's in the borough (businesses who employ less than 250 staff) to such as:- Supporting working carers – a carer's guide 	

	 Supporting carers in your workforce – an employer's guide Supporting carers in your workforce – a manager's handbook
	The Council are in year two of delivering a Specialist Dementia Support Service for adults with dementia and their carers focused on helping to improve their health and wellbeing, maximize their independence and help sustain carers in their caring role. Support offered through the service includes assessments, support planning and providing training and information and advice to carers of adults with dementia and information and advice and activities focused on reminiscence to adults with dementia.
	• The Council will again be promoting and supporting carers week 2017 with the Lead Provider to help support raising awareness of and championing carers, highlighting the challenges that they face and the contribution they make families and communities and promoting local support available to carers.
	. Family Services have commissioned specialist training for their staff on supporting young carers they come into contact with and this training is being offered to practitioners in Family Services and Adults and Communities. The Provider for carers and young carers support services is also offering training to young carers.
	Extensive engagement has also been carried out in various forums promoting supporting carers and young carers and applying a whole family approach to support offered including the Family Service Practitioners Forum, Adults and Communities staff and the A&C Voluntary Community Sector Forum
Planned activity	 To continue to carry out extensive engagement to promote supporting and helping to identify carers and young carers to stakeholders with a particular focus on health settings. To continue to deliver the carers and young carers strategy action plan for year two To continue to expand the carers support offer within Barnet To continue to promote the employers for carers scheme with local SME's in Barnet To continue to deliver regular training to staff within Adults and Communities and Family Services regarding identification of carers and young carers, support available and applying a whole family approach to support offered