

MEETING

BARNET PARTNERSHIP BOARD

DATE AND TIME

MONDAY 18 NOVEMBER, 2013

AT 8.30 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF BARNET PARTNERSHIP BOARD (Quorum 3)

Chairman: Councillor Richard Cornelius

Councillors

Councillor Helena Hart, London Borough of Barnet

Councillor David Longstaff, London Borough of Barnet

Councillor Robert Rams, London Borough of Barnet

Councillor Reuben Thompstone, London Borough of Barnet

Councillor Daniel Thomas BA (Hons), London Borough of Barnet

Partners

Andrew Travers, London Borough of Barnet

Chris Naylor, London Borough of Barnet

Pam Wharfe, London Borough of Barnet

Dr Andrew Howe, London Borough of Barnet

Kate Kennally, London Borough of Barnet

David Byrne, Barnet and Southgate College

John Morton, Barnet Cilincal Commissioning Group

Steve Knight, Middlesex University

Jeanne Cantorna, Job Centre Plus

Adrian Usher, Metropolitan Police

Tom Nathan, Brent Cross Shopping Centre

Dr Sue Sumners, Clinical Commissioning Group

Julie Pal, Community Barnet

Michael Morley, Job Centre Plus

Julie Willoughby, Job Centre Plus

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

Chief Executive's Service contact: Stephen Evans 020 8359 3021
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COMMISSIONING GROUP

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Barnet Partnership Board

MINUTES OF MEETING HELD ON 23 May 2013 AT Hendon Town Hall, The Burroughs, NW4 4BG

PRESENT:

AGENDA ITEM 1

Cllr Richard Cornelius (Chairman)	London Borough of Barnet
Cllr Helena Hart	London Borough of Barnet
Cllr David Longstaff	London Borough of Barnet
Cllr Robert Rams	London Borough of Barnet
Andrew Travers	London Borough of Barnet
Chris Naylor	London Borough of Barnet
Pam Wharfe	London Borough of Barnet
David Byrne	Barnet and Southgate College
John Morton	Barnet Clinical Commissioning Group
Dr Andrew Howe	London Borough of Barnet
Steve Knight	Middlesex University
Jeanne Cantorna	Job Centre Plus
Tom Nathan	Brent Cross Shopping Centre
Julie Pal	Community Barnet

LBB OFFICERS:

Stephen Evans	Barnet Commissioning Group, LBB
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1. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Board held on 8 November were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following:

Cllr Andrew Harper	Cabinet Member for Education Schools and Families
Cllr Daniel Thomas	Deputy Leader of the Council
Ch Supt Adrian Usher	Barnet Borough Commander, Met Police
Dr Sue Sumners	Barnet Clinical Commissioning Group
Julie Willoughby	District Manager, JobCentre Plus
Michael Morley	Acting District Manager, JobCentre Plus
Kate Kennally	Director for People, LBB

3. UPDATE FROM PARTNERSHIP BOARDS ON STRATEGIC PRIORITIES

Safer Communities Board

Cllr Longstaff updated the group on the discussions held at the Safer Communities Board meeting on 19th April. Cllr Longstaff explained that the "Go nowhere twice" model for policing will be used to tackle issues around re-offending incidents of street crime. Cllr Longstaff also highlighted the success of three of the four initiatives that received funding

from the Mayor's Office for Policing and Crime (MOPAC). Cllr Longstaff also reported that the business case for CCTV was agreed by Cabinet Resources Committee on the 18th April.

Health and Well Being Board

Cllr Hart provided an update on the issues that were discussed at the Health and Wellbeing Board meeting (H&WBB) on 25 April. Cllr Hart noted that LINK has been replaced by HealthWatch whose intention is to fully engage with a range of communities. The group were asked to refer to Appendix A of page 11 of the BPB paper, which detailed the proposed revised terms of reference that were agreed by the H&WBB meeting. Cllr Hart advised that the new joint team that will be led by Dr Andrew Howe.

Cllr Hart outlined the plans in June for the Barnet Council Health Workplace month event. Cllr Hart advised of the new service for the elderly and those living with complex needs. Cllr Hart also highlighted that the H&WBB agreed a joint strategic working needs assessment and noted the H&WBB membership was effective in producing improved outcomes.

Cllr Hart also reported on the three proposed local priorities, selected by GP's, namely:

- o Dementia Services
- o End of Life Care
- o Stroke Services

Cllr Hart explained that one of the current priorities is the Early Years Programme to help young people and first time mothers to give them support, help & information.

ACTION: The Board noted this priority

Barnet Children's Trust Board - Children and Young People plan

Mr Travers reported on the welfare reform challenge and the impact this would have on families and young people. He confirmed plans for a multi agency working group with assistance from JCP to mitigate risks.

Mr Travers updated about the Safeguarding Priority Programme for troubled families and the community budget approach. He suggested that other Boards consider where pooled budgets and resources might be introduced in other areas to unlock efficiencies and achieve the best outcome for residents.

Cllr Hart explained that families have been helped by Early Intervention and highlighted that young people are often represented by giving presentations at these meetings.

4. FORWARD WORK PROGRAMME OF SUB-BOARDS AND RECOMMENDATIONS FOR BPB INVOLVEMENT

The Leader emphasised to Board members the opportunity to bring issues to this group where they can be brought to light.

5. SPENDING REVIEW 2013: THE SCALE OF THE FISCAL CHALLENGE AND THE IMPACT ON BARNET – PRESENTATION & DISCUSSION

Mr Evans delivered a presentation on the potential scale of the economic challenge facing the Local Government as a result of continued austerity until the end of the decade, the potential outcome of the Government's Spending Review which would report on 26 June and what this might mean for Barnet.

Mr Evans noted that the council had plans in place to achieve savings of £72m over the period 2011 – 2015 and was likely to be required to make savings of a similar magnitude over the period 2016 – 2020. Mr Evans highlighted that the council was in the process of determining what its budget envelope might be until 2020, in order to allow it to plan for the challenges ahead.

Meeting the challenges of continued austerity and rising demand for services was something that would require a joint effort by the council and its local strategic partners. John Morton from the Barnet Clinical Commissioning Group (CCG), offered support and commitment from the CCG to break even in 3 years.

It was noted at the meeting, the expenditure increase in the Mental Health Community as well as reducing estates expenditure such as hospitals, how much has been spent and how to procure services effectively.

6. BARNET BID TO DCLG 'LOCAL PUBLIC TRANSFORMATION NETWORK' – COORDINATING THE LOCAL 'EMPLOYMENT OFFER'

Mr Travers introduced an item on the Government's proposed Local Public Transformation Network, sponsored by the Department for Communities and Local Government, which seeks to share learning and best practice from the Government's 'Whole Place' and 'Community Budgets' pilots. The council has applied to be part of the network by submitting an Expression of Interest, jointly with DWP, on a programme to support people into employment.

Mr Travers emphasised the importance of partnership working at the local level, to achieve the best outcome for residents and to pool resources to deliver a better service.

Mr Travers explained that in the future, better communications and customer insight would be vital in providing better services. The council's relationship with Capita would provide much richer insight and the council would like to develop a virtual insight function with partners as a priority. Mr Travers also referred to the work introduced by Mr Evans on analysing the council's longer term budget envelope and offered to work with partners to determine what the wider picture would look like across the Borough.

Tom Nathan from the Brent Cross Shopping Centre explained the challenges to growth in retail, which included the restructure of online shopping and how people spend their leisure time and how this impacts on growth.

Cllr Hart suggested crosscutting work with the CCG and Middlesex University and involvement from Estates. Cllr Hart suggested a dialogue between CCG and Middlesex.

ACTION: Steve Knight & John Morton meet to discuss

Andrew Travers presented a report, which outlined a focus for supporting people into work through investment in skills and employment, which was one of four key work streams for stimulating growth in the local economy. He explained the proposal to working with the partnership steering groups to be taken forward in a coordinated way.

The Leader also emphasised working together in partnership with a purpose and focus on the other three key work streams namely:

- I) Housing and regeneration
- II) Business and Expertise
- III) Investment in transport infrastructure and community facilities

7. AOB

None.

Date of next meeting

7 Nov 2013, 8.30-1030am, Committee Room 2, Hendon Town Hall

The meeting finished at 9.45 am

BARNET PRIORITIES & SPENDING REVIEW: EFFICIENCY AND SERVICE INTEGRATION - PROPOSALS FOR JOINT WORKING BETWEEN BARNET COUNCIL AND STRATEGIC PARTNERS**ITEM NO:** 3**REPORT OF:** Kate Kennally, Director for People**SUMMARY AND PURPOSE OF REPORT:**

- This paper updates the Barnet Partnership Board on the following:
 1. **Efficiency & integration proposals** – Initial proposals for joint working discussed by the council and individual partners, with the ambition of generating efficiency savings and providing more integrated services to residents.
 2. **Community Budget proposals** - Proposals for potential 'Community Budget' programmes, to be developed jointly by the council and strategic partners, which pool budgets from across the public sector to unlock efficiencies and achieve shared outcomes. Proposals include a number developed in the four 'Whole Place Community Budget' pilot areas of Greater Manchester, West Cheshire, Essex and London 'Tri-borough' (Hammersmith & Fulham, Kensington & Chelsea, Westminster) which could be replicated in Barnet, as well as some initial proposals in development by the council as part of the Priorities and Spending Review.

INPUT REQUESTED FROM THE BARNET PARTNERSHIP BOARD:

- It is recommended that the Board discuss the proposals set out in this paper and:
 1. The council and its partners agree to take forward the programme of proposals for efficiency and service integration set out on page 20 and develop the detail – including economic and feasibility assessments - into outline Business Cases. Whilst it is recommended that all ideas remain on the table at this stage, the Board is asked to give a steer on which proposals might be prioritised;
 2. The council and partners commit to allocating adequate staff resource and share the required data – subject to formal data sharing agreements where required - in order to develop the detail of the programme into Business Cases; and
 3. That future iterations are brought back for discussion and agreement at the Barnet Partnership Board as they are developed. Final decisions on policy and resources will be made by Cabinet and Cabinet Resources Committee in the usual way.

The recommended process for taking this forward is set out in Section 3 on page 18 of this paper.

CONTACT: Stephen Evans, Assistant Director Strategy & Policy. Stephen.evans@barnet.gov.uk

SECTION 1: WHOLE PLACE COMMUNITY BUDGET PILOTS – THEMES AND SHARED LEARNING

A 'Whole Place Community Budget' (WPCO) organises public spending by place, rather than by individual organisations or services. Community Budgets, which can be applied to tackling a range of local issues, are particularly suited where a group of citizens experience multiple challenges and generate a high volume of cost across different parts of the system.

2. Community Budgets aim to:

- Bring together joint investment to achieve shared priorities;
- Overcome situations where one partner invests but others benefit, i.e. where 'the fruit falls in someone else's garden';
- Overcome the time-lags that discourage investment in early intervention and prevention;
- Generate investment in new delivery models that encourage innovation, shared ownership and improved outcomes;
- Make use of evidence of costs and benefits, starting with theoretical cost-benefit analysis (CBA) models, then overlaying this with real achievements that reduce demand (and therefore cost);
- Enable cashable savings, with flexible contracting and redeployment of staff across boundaries, leading to return on investment; and
- Provide a basis for partners to decommission/recommission across 'service boundaries', at scale, allowing money to flow across silos.

WPCB PILOTS

3. In 2012, the WPCB model was tested in four pilot areas: Greater Manchester; Essex; West Cheshire; and London's Tri-borough (Hammersmith and Fulham, Kensington and Chelsea and Westminster). Whitehall civil servants were seconded to pilot authorities to support the development of the programmes.

4. The pilots focused on 6 priority themes: **(1) Assets; (2) Domestic Abuse; (3) Work and Skills; (4) Health and Social Care; (5) Children and Young People; and (6) Reducing Offending.** Examples of proposals developed through the pilots are set out in **Table 1.**

5. **Section 2** sets out a number of proposals for efficiency and integration following initial discussions between partners and the council. In addition to these initial proposals, it is recommended that the council and partners work together to jointly develop a programme of 'Community Budgets', which consider developing similar proposals to those identified through the WPCB pilots in Barnet as well as emerging PSR ideas that might warrant a Community Budgets approach.

TABLE 1: PROGRAMMES DEVELOPED THROUGH THE WHOLE PLACE COMMUNITY BUDGET PILOTS

ASSETS		
<p>PROBLEM</p> <ul style="list-style-type: none"> Public sector partners across West Cheshire own in excess of 1,500 assets (car parks, playgrounds, office blocks, hospitals). Running and maintenance costs £40m+ p.a. 	<p>SOLUTION</p> <ul style="list-style-type: none"> In West Cheshire, significant savings made through co-location – reduces and enables residents to access more services in one place. Partners identified assets similar in nature/use e.g. 60 buildings of generic office accommodation cost partners £12.4m annually. Achieved through: <ul style="list-style-type: none"> Joint asset management: Managing assets across organisations through a Partnerships Estates Group. Memorandum of understanding: Applying principles for sharing information and common principles for partnership working. Consolidation of common asset types: Other asset types addressed as partnership matures. 	<p>IMPACT</p> <ul style="list-style-type: none"> In West Cheshire, better customer services through improved accessibility, combinations of compatible functions and better utilisation of property portfolios, with reduction in size and cost. Savings of £4m over 5 years, with annual reduction in running costs of £1.7m by 2017. Up front cost of £1.1m to facilitate the moves including building alterations, ICT infrastructure and staff relocation.
DOMESTIC ABUSE		
<p>PROBLEM</p> <ul style="list-style-type: none"> Essex pilot identified 2,500 perpetrators of domestic abuse brought to trial but only c100 complete a programme to address their abuse. West Cheshire found c9,000 women a year affected by domestic abuse but the majority do not touch criminal justice system - only 1,160 incidents reported. 	<p>SOLUTION</p> <ul style="list-style-type: none"> In West Cheshire, a new approach based on stronger partnership working with focus on: <ul style="list-style-type: none"> Access team to provide support earlier. A coordinated, consistent, evidence based common assessment. Menu of interventions for perpetrators including electronic monitoring, alcohol monitoring, perpetrator programmes and addressing substance abuse. Local commissioning teams to ensure the right interventions are 	<p>IMPACT</p> <ul style="list-style-type: none"> In West Cheshire, estimated savings of £7.6 million over 5 years.

<ul style="list-style-type: none"> • One in five murders in Essex preceded by domestic abuse. • In Essex, there are 1,000 locations, 116 phone numbers and 80+ agencies offering services to victims of domestic abuse. • Domestic abuse costs £20m p.a. in West Cheshire, 98% of which is reactive services. • In Essex, domestic abuse costs £48m a year, with policing costs of £16m. 	<p>available.</p> <ul style="list-style-type: none"> • Wider use of integrated offender management. • Testing shared budgets and investment based on clear map of costs and benefits across local public sector. • All agencies signed up to a common set of outcomes and measurable objectives. • A data and intelligence hub to ensure accurate management information and the accurate measurement of impact. 	
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WORK & SKILLS

PROBLEM	SOLUTION	IMPACT
<ul style="list-style-type: none"> • Each of the pilots identified the fit between local training and local skills needs as a priority. • In Essex, only 60 people are in training for over 8,000 marketing roles in the local economy. 	<ul style="list-style-type: none"> • Essex 'Skills for Growth' proposal, which includes greater emphasis on local employers determining vocational skills priorities through a new Employment and Skills Board informed by local labour market intelligence. • Bringing vocational skills funding streams for 16 to 24 year olds together and devolving responsibility for funding decisions to enable greater direction by local employers and use of a new payment by results funding model focused on job outcomes. • Creating a coherent vocational pathway from school to work ensuring young people have information to make sound choices. • Creating a better way to track young people throughout their journey from school to sustained employment. 	<ul style="list-style-type: none"> • Re-design of vocational skills in Essex to fit local labour market requirements through a PbR funding model - expected to achieve: • £150m+ benefit to Greater Essex by 2020 - reduced benefits (JSA), increased apprenticeships, increased Gross Value Added (GVA), and introduction of payment by results (PbR) to drive VFM in vocational skills provision. • Increasing the number of apprenticeships year on year to create 8,000 additional places by 2020, leveraging in more than £70m local public/private investment. • Increased Tax revenue due to increased employment. • Reduced 'waste' in the system (eg. through reducing multiple course changes).

HEALTH AND SOCIAL CARE

PROBLEM

- Health and social care services facing major pressures:
- **Demand:** Over the next decade demand for services is expected to rise at around c4% a year.
- Users experiencing fragmented care, a lack of control and avoidable admissions to hospitals/care homes;
- Ageing population with growing burden of chronic conditions;
- Unsustainable models of care and inter-dependence across the system;
- **Financial:** Health sector in Tri-borough needs to deliver savings of £115m, adult social care budgets face reductions of c£38m.

SOLUTION

Tri-borough considering:

- Focus on 20% of the population with most serious conditions that account for 77% of health and social care costs (average annual costs of £24,752 per person compared to £275 for lowest risk groups);
- Pro-active approach to help people manage complex chronic conditions more effectively and provide better care of healthier, lower risk patients to prevent admissions to hospital/care homes;
- Bringing together health and social care budgets, allocated on per patient basis rather than tariffs for specific procedures;
- Integrated health and social care system, with dedicated centres focusing on high risk patients to support most vulnerable people in their own homes to avoid hospital/care home admissions.

Pilots proposed further joint work with the Department of Health, NHS Commissioning Board and Monitor to consider:

- New funding model across the health and social care system moving away from national tariff payments for specific procedures.
- Support for development of new contracts with providers and new information sharing arrangements.
- Up-front investment in integrated care and a 3 year funding cycle for CCGs.
- Workforce changes to enable people to work across organisations in hybrid roles.

IMPACT

- Tri-borough model will deliver £66m p.a. of efficiency savings in year five, with costs of £28mi enabling net acute savings of £38m p.a.
- Primarily driven by a reduction in acute hospital activity, through investment in community and social care services.

REDUCING REOFFENDING

PROBLEM

- Nationally, reoffending has fallen by 1.5% – but has increased in some areas.
- Tri-borough - reoffending by all adult offenders has increased from 23% to 27% despite investment of £6m a year of discretionary grants in 9 separate reoffending programmes.

SOULTION

Tri-borough proposing:

- Local reoffending service for short sentenced prisoners (less than 12 months) returning to the borough.
- Implementing an adult reoffending service to replace all local authority grant funded services targeted at reoffending.
- Releasing resources from current spend on reoffending programmes to support wider Tri-borough priorities from a Public Health and Criminal Justice perspective
- Replacing all local authority grant funded services targeted at reoffending.
- Shifting discretionary spend (predominantly Public Health and Police and Crime Commissioner funding for Drug Intervention Project) on adult reoffending from services predominantly focused on those receiving sentences of over 12 months in custody and those assessed through the Drug Intervention Project to those receiving 12 months or less who have higher likelihood to re-offend.
- Establishing a service consisting of a custody referral element engaging all offenders at earliest opportunity to provide help for a wider range of health related issues including all drug misuse, alcohol misuse, mental health and learning disabilities.
- A reducing offending team focusing on assessment and action planning for short sentenced offenders.
- Targeted interventions which, tailored to the offender.

IMPACT

- Tri-borough seeking technical support from central government for a two year pilot and evaluation. If evaluation shows better outcomes and savings, scaling up the model will require joint investment from departments that benefit including the Home Office, Ministry of Justice, Department of Work and Pension and Department of Health.
- Tri-borough aiming to reduce the re-offending of short sentenced prisoners by 10%.
- New service will cost £11.2m over 5 years from 2013-14.
- Reducing the reoffending of short sentenced prisoners expected to reduce local spending on tackling reoffending by £1.2m to £6.1m over 5 years.

CHILDREN & YOUNG PEOPLE

PROBLEM

- Greater Manchester identified a problem with the number of young children who were not ready for school at age 4 and 5.
- In West Cheshire, a need to develop a more joined-up and evidence-based approach to support and prevention was identified in order to reduce 'failure' demand at the highest level of need.

SOLUTION

- Greater Manchester pilot focused on pre-birth to 5 years to increase proportion of children who are 'school ready' by the end of their reception year. Pilot aims to identify risks to children's development early and provide tried and tested support, through:
- Improved universal, preventative services aiming for 100% coverage of the 40,000 children born in GM each year.
- Parental contract to enable parents eligible for targeted two-year old day care to be on track towards sustainable employment.
- Where risks are identified, families given proven packages of help
- Common terms and conditions for childcare workers to improve the quality, affordability and accessibility of childcare.

IMPACT

- Delivery to Greater Manchester of £215m of savings over 25 year period, from additional costs of £38m.
- Investment agreement will be developed that reflects where benefits for both local and national partners are likely to fall and whether they fall in the short, medium or long-term.

SECTION 2: PROPOSALS FOR JOINT EFFICIENCY AND SERVICE INTEGRATION PROGRAMMES

6. Closer integration between the council and its strategic partners - in terms of identifying avenues to reduce cost and join up services - is essential if we are to bridge the forecast funding gap of £185m (£70m to council budgets) over the period 2015 - 2020. Once agreement has been reached about which proposals to take forward jointly, they will need to be properly scoped and developed into Business Cases which will also need to include economic impact assessments and feasibility studies. This will require a commitment from both the council and partners to provide adequate resource to take this forward.

7. This section sets out:

- I. **Efficiency & integration proposals** - proposals for generating efficiencies and integrating services that have been discussed between the council and partners so far; and
- II. **Emerging ideas for a programme of 'Community Budgets' between the council and strategic partners** – this includes suggestions for where Barnet might develop similar Community Budget proposals to those developed through the four WPCB pilots, as well as emerging proposals being developed locally through the Barnet Priorities & Spending Review that might benefit from a Community Budgets approach.

8. For the purposes of this paper, the proposals have been grouped into the following 3 categories in order to fit with the work streams of the PSR: **(1) EFFICIENCY - ASSET UTILISATION & SHARED SERVICES; (2) GROWTH/LOCAL ECONOMY/SKILLS & EMPLOYMENT; (3) SERVICE INTEGRATION.**

I. EFFICIENCY INITIAL PROPOSALS FOR JOINT WORKING BETWEEN THE COUCIL AND LOCAL PARTNERS

9. This section covers initial proposals put forward in discussion between the council and partners on the Barnet Partnership Board.

MIDDLESEX UNIVERSITY (MU)

- Following the relocation of the Archway campus, the entirety of MU's UK operations resides in Barnet. The University is a valuable asset for the borough in three main areas: 1) To support the council's ambitions in relation to skills and employment; 2) as a direct benefit to the local economies where MU campuses and halls of residence are based; and 3) through a more strategic use of both council and MU assets.
- The recent report from the OECD on education indicators shows that graduates' incomes are on average 57% higher than those of students with A-Levels alone. The University is, therefore, also an enabler for social mobility and prosperity for Barnet's residents as well as being a large employer and net contributor to the Barnet economy.

KEY: ASSET UTILISATION & SHARED SERVICES (AS); GROWTH/LOCAL ECONOMY (GSE); SERVICE TRANSFORMATION/INTEGRATION (SI)

PROPOSAL	DESCRIPTION	AS	GSE	SI
ESTABLISH A MIDDLESEX UNIVERSITY BUSINESS PARK	<ul style="list-style-type: none"> MU proposal to explore the possibility of establishing a technical/innovation centre in the Borough with a view to supporting students in a number of areas, including how to start up a business. Benefits include: Potential for more young people to create businesses/enter employment; use of assets (if an existing assets or site can be utilised); economic benefit to the area where the part is located. 		X	
EXPAND SPORTS FACILITIES AND THE LEISURE 'OFFER' FOR STUDENTS AND RESIDENTS	<ul style="list-style-type: none"> MU sees development of sports and leisure facilities as an important part of its future strategy in helping continue to improve its offer and appeal to prospective students. LBB aware of a need to invest in sports and leisure facilities in the borough. Working collaboratively on improving sports and leisure facilities has been done by a number of other councils and universities (e.g. Hertfordshire). Benefits include: Improving the sports and leisure 'offer' to MU students and wider residents; potential reduction in costs to the council from providing/updating existing facilities; contribution to the council's Health & Well Being objectives. 			X
HOUSING & STUDENT ACCOMMODATION	<ul style="list-style-type: none"> Students tend to be either local or international (although not consistent across all courses). LBB could explore link between university accommodation and its housing strategy. Could be a community engagement aspect to this, with students encouraged to get involved in volunteering and other forms of community engagement across the borough. Benefits include: Asset utilisation of accommodation; economic benefit to areas where students based; social/community benefits from linking to help with the community. 	X		
BUSINESS ACCOMMODATION & PROPERTY ASSETS	<ul style="list-style-type: none"> Opportunities to resolve some challenges with long term leases on rented office space. Consider consolidation with other partners such as the CCG to find a resolution and help consolidate assets. Benefits include: Asset utilisation and benefits to local economies/town centres in areas where students use facilities, including creation of jobs and potentially more local businesses/services. 	X		
A STRONGER NIGHTTIME ECONOMY	<ul style="list-style-type: none"> Opportunity to develop the night time economy of Barnet to the benefit of the local economy, as there are very few entertainment options locally. Development of an improved night time economy would also strengthen the university offer to potential new students. Leeds, Bournemouth and Brighton are all good examples where collaborative working between council and the local university on this type of strategy has had positive impacts. Benefits include: Regeneration and economic benefit to local areas/town centres; job creation. 		X	

JOB CENTRE PLUS (JCP)

- The council has developed a close working relationship with JCP over the past 18 months in particular, working closely together to deliver an integrated approach to implementing the Government’s Welfare Reform programme in the borough – as part of a co-located ‘Joint Taskforce’.
- A strong partnership between the council and JCP – along with Barnet & Southgate College, vocational skills providers and local business – is crucial in achieving our shared ambition of having more residents in work and doing more to ensure that the skills and training on offer in the borough more closely matches the demands of the local labour market. There is an opportunity to learn from the WPCB pilots in this area.

PROPOSAL	DESCRIPTION	AS	GSE	SI
CUSTOMER SERVICE HUBS	<ul style="list-style-type: none"> • Creation of Customer Service Hubs to deliver a wide range of advice services e.g. JCP Advisory Services, LA Housing Benefit Advice, Housing, Social Services, Children’s Services. • Several Joint Services in place at the moment such as Integrated Offender Management (Apex House), Troubled Families (NLBP), and Benefit Cap (Barnet House) – scope to branch out into some JCP premises and maybe Libraries, Children’s Centres etc. • Benefits include: More effective use of estates, allowing for some rationalisation and budget savings; easier access to services for residents. 			X
EXPANSION OF BENEFIT CAP JOINT TASK FORCE	<ul style="list-style-type: none"> • Build on the success of the Joint Task Force (established to respond to welfare reform), expanding its remit to incorporate Under Occupancy households and develop the service into a permanent joint working model to help shape services to residents in the run in to Welfare Reform changes. • Joint working on the Benefit Cap has led to some notable successes in moving customers into work through joint working, and other initiatives such as Group Information sessions has enabled residents to make informed choices as to their future direction of travel. • Joint visits by JCP and Barnet Homes is another outcome developed as a result of working together which should lead to further positive outcomes for both LA and JCP. Co-Locating has also enabled closer co-operation in terms of addressing customer barriers to moving into work. • Team already in place – opportunities exist for it to be enhanced and built upon. • Benefits include: An improved/coordinated service through a ‘one stop shop’ approach which could be used as a model for other joint initiatives; financial and social benefits through potential in the reduction of the risk of rent arrears, evictions/homelessness and safeguarding the LA’s rental incomes; supporting more residents into work and off benefits will also benefit the local economy. 			X

NHS/BARNET CLINICAL COMMISSIONING GROUP (CCG)

- As the commissioning body for the local NHS, Barnet CCG is a key strategic commissioning partner in the PSR process. Over the duration of the PSR period, Health and Social Care are expected by the Government to integrate service delivery and commissioning for older people underpinned by a national £3.8 billion pooled fund. The council and the CCG are required to submit their 2 year 'Locality Plan' to Government – setting out how health and social care services will be integrated locally – by March 2014.
- There are also potential opportunities for the council and the CCG (and other parts of the local public sector in the borough) to join up in order to release efficiencies through the better utilisation/consolidation of assets and office space, joint procurement and the sharing of back office services. The council's partnership with Capita will be valuable in determining how some of these benefits might be unlocked and there is an opportunity to learn lessons from the WPCB pilots, many of which focused on asset utilisation.

PROPOSAL	DESCRIPTION	AS	GSE	SI
LBB/CCG BACK OFFICE INTEGRATION	<ul style="list-style-type: none"> • Work is underway with the council to look at opportunities to reduce back office costs. Initial meetings to consider opportunities to join up elements of back office have taken place and further meetings will be taken forward. • Benefits include: Reduced spending on back office costs. 	X		
LBB/CCG RATIONALISATION OF CAPITAL ASSETS	<ul style="list-style-type: none"> • Work is underway with the council to look at shared approach to utilisation of capital assets across the CCG estate. Meetings to consider opportunities to join up elements of back office have taken place, with further meetings planned. • Benefits include: Reduced spending on estates and potential to unlock receipts from asset sales. 	X		
LBB/CCG JOINT PROCUREMENT ACTIVITY	<ul style="list-style-type: none"> • Explore opportunities for joint procurement between CCG and LBB – discussions already underway. For back-office/asset/procurement proposals, intention is to develop proposals through H&WB Finance Group, then onto full H&WBB for consideration of business cases. • Benefits include: Reduced costs on procurement. 	X		
HEALTH & SOCIAL CARE INTEGRATION – DEVELOPING A MODEL OF INTEGRATED CARE	<ul style="list-style-type: none"> • The H&WB Financial Group developing proposals for an operating model for integrated service delivery and the outline commissioning plan for the deployment of Barnet shared of the national pooled fund. As part of the PSR, the model will be developed, with hypothecated savings estimated, together with an outline of the spending plan for the Barnet share of the £3.8bn Integration Transformation Fund • Work will need to take account of the financial modelling from the Tri-borough Community Budget pilot which has modelled that for each £1 invested in an integrated health and care system there is £2.35m of savings by year 5 of operation, split 2/3rds to the NHS and 1/3rd to social care. • The work will outline: 			X

	<ul style="list-style-type: none"> ○ A shared statement of requirements (which will frame the design of the new model) ○ Underpinning activity and spend data across acute, intermediate, primary, community, residential and social care (which will be used to support the modelling work that will inform the future model). ○ Analysis of funding streams that fall within the Integration Transformation Fund and proposals for how this will be managed. ○ Evidence base of what works (and what is already working elsewhere) with particular focus on demand management, treatment and intervention, rehabilitation and reablement and workforce development. ○ Proposals to inform development of a target operating model – including spearhead projects already underway by the H&SC Integration Programme and options identified by the H&SC Integration Board. ○ Model will also make proposals for the governance arrangements across LBB and the CCG to support delivery of this work. 			
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BARNET AND SOUTHGATE COLLEGE (BSC)

- In the context of the PSR, BSC is an enabling partner, providing the right training opportunities to support growth, regeneration and employability.
- Opportunities for cost improvement and reduction exist in the areas of better asset utilisation and reducing welfare payments through commissioning training and development linked to obtaining job outcomes.
- Together with other local and regional skills and training providers, there is an opportunity for increasing the employability of Barnet’s residents and reducing unemployment across the borough by more closely matching the courses and training on offer more closely with the requirements of local businesses. Moving more of Barnet’s out of work into employment will produce benefits not only for the local economy but, potentially, also a direct benefit for the council e.g. through lower spend in housing costs, reduction in rent arrears and reductions in Council Tax Support.
- BSC have embarked on this process, through closer engagement with local employers, and there is an opportunity to expand on this through closer joint working with the council to develop a clearer, more coordinated ‘local offer’ to young people who are training for the world of work; those impacted by welfare reforms; and those wanting to re-train in order to continue their careers in a different sector.

PROPOSAL	DESCRIPTION	AS	GSE	SI
ASSET UTILISATION, SHARING BACK OFFICE AND PROCUREMENT	<ul style="list-style-type: none"> ● Potential to consider rationalisation of BSC and LBB assets as well as exploring the opportunities through shared procurement activities and streamlined back office functions. ● Benefits include: Cost reductions from reduced procurement and back office spend, with the potential to unlock receipts from asset sales. 	X		

METROPOLITAN POLICE

- The council’s relationship with the police operates at two levels – at the commissioning level with the Mayor’s Office for Policing and Crime (MOPAC), who have responsibility for determining the commissioning priorities for the Met and sets the strategy around the use of assets and back office functions, and at a delivery level locally with the Barnet Borough Commander.
- Opportunities for collaboration include driving out efficiencies through a more coordinated use of assets and resources, with the redevelopment of the Peel Centre representing a significant part of the Colindale regeneration as well as looking at back office efficiencies. These decisions are taken at the commissioner level, so any discussions about the use of assets in Barnet would need to be directed through MOPAC.
- There are also possibilities to explore how some of the ideas in relation to reducing reoffending and domestic abuse being taken forward through the Whole Place Community Budget pilots could be replicated to achieve similar benefits in Barnet. These are set out in Section 2.

PROPOSAL	DESCRIPTION	AS	GSE	SI
ASSET UTILISATION, SHARING BACK OFFICE AND PROCUREMENT	<ul style="list-style-type: none"> • Potential to consider rationalisation of police and LBB assets (and with those owned by other partners) as well as exploring the opportunities through shared procurement activities and streamlined back office. Proposals would need to be explored with MOPAC. • Benefits include: Cost reductions from reduced procurement and back office spend, with the potential to unlock receipts from asset sales. 	X		

COMMUNITY BARNET AND WIDER VOLUNTARY & COMMUNITY SECTOR (VCS)

- The relationship between the council and the voluntary and community sector (VCS) is changing. During this period of austerity, and through the Localism Act and other policy reforms, residents and communities are gaining new rights and opportunities to promote wellbeing and to support themselves and others to live independently. This offers the potential to empower residents and is also crucial in managing demand for services.
- The strength of the council’s Local Infrastructure Organisation (LIO) – Community Barnet - is a crucial factor in the success of our ambitions for the sector. Barnet’s LIO should act as a leader in building social capital and a sense of place; helping local organisations to improve their organisational effectiveness; and acting as a bridge between the council, the wider public and private sectors and the VCS.
- A flourishing VCS is critical to achieving the objectives of the PSR, to support families and communities to better support themselves. The PSR needs to identify those areas where we anticipate a transfer of responsibility to local communities supported by the VCS. In order to make this successful, the council needs to work in partnership with Community Barnet and other influential VCS organisations across the borough in order to unlock the potential for residents to support themselves and others and ‘empower’ communities.

- As part of this, the council needs to consider how the VCS in Barnet is resourced – in particular the balance between core capacity building and delivery funding - and how the levers provided for in the Localism Act might create opportunities to empower communities. This will involve the need to develop a new Compact between the council and the sector to frame this. The process for developing the Compact, known locally as the Charter, has already begun in consultation with the sector.

PROPOSAL	DESCRIPTION	AS	GSE	SI
VCS CAPACITY BUILDING AND REFORM	<ul style="list-style-type: none"> A wide ranging programme of action between LBB and CB to develop and empower Barnet’s VCS and considers the reforms required to the way the sector is funded and how the Localism Act might be used in order to achieve this vision. The programme should focus on: <ul style="list-style-type: none"> Supporting a new relationship with residents <ul style="list-style-type: none"> The council aims to support residents to live independently and to empower local people and organisations to develop their own solutions to local challenges. LBB should work with CB to achieve this aim and to support residents with these new opportunities and responsibilities. Promoting a shift from traditional VCS models and functions <ul style="list-style-type: none"> VCS funding is shifting from a grant-giving to a commissioning model, which has created a marketplace where VCS organisations compete for contracts. CB should support VCS organisations in this transition. This may include groups that wish to discuss their organisational mission in the context of current and future tendering opportunities and to provide advice on the balance between service provision and business development. It may also include providing advice and support to local organisations that lack tendering expertise. As well as bidding for contracts, another shift that non-profit groups may consider is a move towards social enterprise and the LIO should be able to advise on developing this model. Capacity building <ul style="list-style-type: none"> LBB and CB should build capacity in the VCS so that it is able to compete in a marketplace which includes well-resourced national organisations, maintaining a vibrant and capable sector with local knowledge. This capacity building may include income generation support; start up advice for new non-profit groups; governance advice; and business services such as accountancy. Networking and consortia building <ul style="list-style-type: none"> The VCS in Barnet is large and varied. While there is some appetite for collaboration, parts of the sector are disjointed and at times unprepared for the changing relationships with the council and within the sector itself, and the demands of the market. This picture will not be unique to Barnet. CB and LBB should encourage networking among the VCS and support links between organisations working on similar causes, providing the opportunity for groups to share and benefit from best practice. The council believes that developing partnerships and consortia between VCS organisations will put them in a stronger position to tender for contracts, taking advantage of shared back office costs, economies of scale, more resources and a wider base of expertise. 			X

BRENT CROSS AND ENGAGEMENT WITH BUSINESS

- The Chief Executive of Brent Cross Shopping Centre is a member of the Barnet Partnership Board as a representative from the Barnet business sector. Brent Cross have identified that they are keen to be a part of the PSR, in particular looking at the Brent Cross/Cricklewood regeneration scheme and how a new Brent Cross can support the wider regeneration of the area as part of the Barnet Growth Strategy.
- The council is working on an Enterprise Strategy, which will consider how to obtain more structured engagement with businesses across the borough and from different sectors. Effective engagement with business is critical to improving satisfaction with Barnet as a place to do business as well as supporting growth and increased levels of sustainable employment.

II. EMERGING IDEAS FOR A PROGRAMME OF 'COMMUNITY BUDGETS' BETWEEN THE COUNCIL AND LOCAL STRATEGIC PARTNERS

10. This section puts forward suggestions for a programme of 'Community Budgets' developed jointly between the council and local strategic partners in order to drive out efficiencies and better integrate services across the system.

Table 1: Sets out programmes developed in the WCPB pilot areas which could be replicated in Barnet.

Table 2: Sets out emerging proposals being developed locally through the PSR that would warrant a Community Budgets approach.

TABLE 1: WHOLE PLACE COMMUNITY BUDGET PROGRAMMES THAT COULD BE REPLICATED IN BARNET

PROPOSAL	DESCRIPTION	AS	GSE	SI
<p>DOMESTIC ABUSE – INTEGRATING SERVICES</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • Police • CCG • Community Barnet/VCS 	<ul style="list-style-type: none"> • As set out in Section 1, a number of the WPCB pilots have identified significant transformational savings for the police through work on addressing domestic abuse (West Cheshire, 28% cost reduction for the Police), focused work on reoffending (Tri-borough, 39% cost reduction for Police) and scaling up work with troubled families (national – 13% cost reduction for the Police). • Through the PSR, there is an opportunity to explore how a ‘whole system’ approach to tackling domestic abuse in Barnet could unlock savings for the police, LBB, the judicial and the NHS as well as achieving better outcomes for victims. The Wave 2 One Barnet project on Community Safety should provide the vehicle through which these opportunities are actively pursued through the PSR process. • Benefits include: Potential efficiency savings across the system with a reduction in the volume of ‘reactive spend’; a tailored approach to ensure that interventions match to the needs of victims; a ‘menu of interventions’ for perpetrators including electronic monitoring, alcohol monitoring, perpetrator programmes and addressing substance abuse; a commitment to data sharing to ensure accurate management information and the accurate measurement of impact. 			X
<p>REDUCING REOFFENDING</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • Police • CCG • Community Barnet/VCS 	<ul style="list-style-type: none"> • Depending on the level of appetite from the police and other interested partners, there is an option to consider how Barnet might learn from the WPCB pilot in the Tri-Borough in relation to reducing reoffending and implement a similar approach – based around the rationalisation of funding streams and targeting interventions through a single service – in the borough. • As with the Community Budgets programme in the Tri-Borough, a similar approach in Barnet could consider how to better integrate and streamline the assessment and referrals process, with more targeted interventions which, tailored to the offender. • This might involve the establishment of a service consisting of a custody referral element engaging all offenders at earliest opportunity to provide help for a wider range of health related issues, or a system similar to the Tri-Borough’s ‘Reducing Offending Team’ focusing on assessment and action planning for short sentenced offenders. • Benefits include: An adult reoffending service to replace all local authority grant funded services targeted at reoffending, streamlining the system, unlocking efficiencies and ensuring that resources are better targeted at achieving shared outcomes. 			X
<p>REDESIGNING 16-24 VOCATIONAL SKILLS PROVISION TO MATCH LOCAL LABOUR DEMAND</p>	<ul style="list-style-type: none"> • There are over 1,000 job vacancies in Barnet each month (1,382 in August 2013) across a range of sectors and at a range of skill levels. • LBB and its partners should consider opportunities to redesign the 16-24 skills ‘offer’ across the borough – similar to the Essex Community Budget proposal – by working with BSC, JCP, MU, skills providers and employers to ensure that vocational training on offer more closely matches the needs of the local labour market. Such an approach would enable 			X

<p>PART OF A WIDER COMMUNITY BUDGET APPROACH TO SPENDING ON 16-24 YR OLDS IN BARNET</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • Police • CCG • Job Centre Plus • Barnet & Southgate College • Middlesex University • Local employers • Community Barnet/VCS 	<p>employers to determine vocational skills priorities, informed by a robust evidence and information base.</p> <ul style="list-style-type: none"> • BSC are actively engaged with SMEs across a number of sectors. LBB should work with BSC and other partners to explore how it could do more by working together to develop a better ‘whole system’ approach. Proposals could include simplifying the system of advice and guidance on offer for 16-24 year olds as part of a streamlined pathway from education to work. This work is currently being taken forward as part of work happening through the West London Alliance, which is looking at how skills and employment provision can be more effectively targeted at the sub-regional level. • As part of this, the programme could consider the Essex example by pursuing ‘virtual pooling’ of 16-24 vocational skills funding and devolving responsibility for funding decisions to achieve greater direction by employers and introducing a PbR funding model to drive up VFM. • This proposal could be expanded to include wider spending on the 16-24 yr old age group in Barnet, with contributions from the police (in relation to community safety) and the CCG in relation to health. • Benefits include: Reduced benefit payments (JSA), increased tax revenue, increased apprenticeships, introduction of a payment by results (PbR) to drive VFM; reducing NEETs; reduced crime; further reduction in benefit payments (JSA) and reduced ancillary costs (eg.NHS); reduced ‘waste’ in the system (eg. through reducing multiple course changes); better service for users through streamlining of NEET support. 			
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TABLE 2: EMERGING PSR PROPOSALS THAT WOULD WARRANT A COMMUNITY BUDGETS APPROACH

PROPOSAL	DESCRIPTION	AS	GSE	SI
<p>TARGETED EARLY YEARS SUPPORT TO REDUCE NUMBERS ENTERING SOCIAL CARE</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • CCG • Public Health England • Schools • Community Barnet/VCS 	<ul style="list-style-type: none"> • Improve early identification and support in early years to reduce the number of families and young people with needs requiring support from the family focus team and social care level interventions. This should provide for more integrated services for the user, with costs to the wider public sector achieved through reduced demand. This could be achieved through: <ul style="list-style-type: none"> ○ Closer integration with health, improved links with specialist adult teams, persistent focus on what works. ○ One service approach to management of Children’s Centres – share resources, ideas, learning and data. ○ A further shift in the balance from universal to targeted services. ○ Developing the workforce and strengthening volunteer programmes. 			X

<p>INCREASE INDEPENDENCE OF YOUNG PEOPLE WITH LEARNING DIFFICULTIES TO REDUCE LONG-TERM SUPPORT COSTS</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • CCG • Schools • Barnet & Southgate College • Community Barnet/VCS 	<ul style="list-style-type: none"> • Work more effectively with adolescents with learning disabilities, their families and wider support networks to increase independence / social capital and reduce on-going financial impact for adults. • Identify who can best build trusted relationships with families and support independence planning and explore alternative delivery models. • Ensure children’s SEND placements set appropriate ambitions and expectations. • Ensure short breaks scheme has focus on independence training as well as respite. 			X
<p>IMPROVING PREVENTION FOR ADOLESCENTS WITH MENTAL HEALTH ISSUES AND REDUCING LONGER TERMS COSTS TO THE PUBLIC SECTOR</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • CCG • Community Barnet 	<ul style="list-style-type: none"> • Work more effectively with adolescents with mental health issues, their families and their wider support networks to improve life outcomes and reduce the on-going financial impact for adults. • Working with adolescents differently to improve long term outcomes. • Improving maternal mental health through early identification of risk factors (part of EY review). 			X
<p>REDUCING THE TOTAL SYSTEM COSTS OF ADULT MENTAL ISSUES</p> <p>Partners involved:</p> <ul style="list-style-type: none"> • Barnet Council • CCG • JCP • Police 	<ul style="list-style-type: none"> • Develop a Community Budgets approach to focus on improving the mental health of key groups to improve outcomes and reduce costs for LBB and our public sector partners. • Identify potential groups – for example could include new parents, the recent unemployed or victims of domestic violence. • Quantify impact for wider LBB and our partners including DWP, the CCG and the criminal justice system. • Use an evidence based approach to develop interventions to implement or prototype. 			X

SUMMARY: JOINT COUNCIL/PARTNER PSR PROPOSALS

11. The proposals set out in this paper can be categorised as follows:

CATEGORY	NUMBER OF PROPOSALS
Asset Utilisation & Shared Services (AS)	7
Local economy/Growth/Skills & Employment (GSE)	2
Service integration (SI)	12
TOTAL	21

12. The detailed breakdown of how these proposals fall across partners is as follows:

	ORGANISATION	PROPOSAL	AS	GSE	ST
1	MIDDLESEX UNIVERSITY	ESTABLISH A MIDDLESEX UNIVERSITY BUSINESS PARK		X	
2	MIDDLESEX UNIVERSITY	EXPAND SPORTS FACILITIES AND LEISURE 'OFFER'			X
3	MIDDLESEX UNIVERSITY	HOUSING & STUDENT ACCOMMODATION	X		
4	MIDDLESEX UNIVERSITY	BUSINESS ACCOMMODATION & PROPERTY ASSETS	X		
5	MIDDLESEX UNIVERSITY	STRONGER NIGHTTIME ECONOMY		X	
6	JCP	CUSTOMER SERVICE HUBS			X
7	JCP	EXPANSION OF BENEFIT CAP TASK FORCE			X
8	NHS/CCG	LBB/CCG BACK OFFICE INTEGRATION	X		
9	NHS/CCG	LBB/CCG RATIONALISATION OF CAPITAL ASSETS	X		
10	NHS/CCG	LBB/CCG JOINT PROCUREMENT ACTITIVE	X		
11	NHS/CCG	HEALTH & SOCIAL CARE INTEGRATION			X
12	BSC	ASSET UTILISATION, SHARING BACK OFFICE AND PROCUREMENT	X		
13	POLICE	ASSET UTILISATION, SHARING BACK OFFICE AND PROCUREMENT	X		
14	COMMUNITY BARNET	VCS CAPACITY BUILDING AND REFORM			X
15	POLICE	DOMESTIC ABUSE			X
16	POLICE	REDUCING REOFFENDING			X
17	LBB/BSC/MU/JCP/POLICE/CCG	REDESIGNING 16-24 VOCATIONAL SKILLS AS PART OF A WIDER COMMUNITY BUDGET ON 16-24 YR OLD SPENDING (COMMUNITY SAFETY, SKILLS & EMPLOYMENT, HEALTH)			X
18	LBB/CCG/PH ENGLAND/SCHOOLS/CB	TARGETED EARLY YEARS SUPPORT TO REDUCE NUMBERS ENTERING SOCIAL CARE			X
19	LBB/CCG/SCHOOLS/BSC	INCREASE INDEPENDENCE OF YOUNG PEOPLE WITH LEARNING DIFFICULTIES TO REDUCE LONG-TERM SUPPORT COSTS			X
20	LBB/CCG/SCHOOLS/CB	IMPROVING PREVENTION FOR ADOLESCENTS WITH MENTAL HEALTH ISSUES AND REDUCING LONGER TERMS COSTS TO THE PUBLIC SECTOR			X
21	LBB/CCG/JCP/POLICE	REDUCING THE TOTAL SYSTEM COSTS OF ADULT MENTAL HEALTH ISSUES			X
TOTAL			7	2	12

BARNET PARTNERSHIP BOARD RECOMMENDATION

- 13. It is recommended that the Board discuss the proposals set out in this paper and:**
- 1. The council and its partners agree to take forward the programme of proposals for efficiency and service integration set out on page 20 and develop the detail – including economic and feasibility assessments - into outline Business Cases. Whilst it is recommended that all ideas remain on the table at this stage, the Board is asked to give a steer on which proposals might be prioritised;**
 - 2. The council and partners commit to allocating adequate staff resource and share the required data – subject to formal data sharing agreements where required - in order to develop the detail of the programme into Business Cases; and**
 - 3. That future iterations are brought back for discussion and agreement at the Barnet Partnership Board as they are developed.**

SECTION 3: TAKING IT FORWARD

In terms of taking this forward to the development of Business Cases, it is recommended that:

- 1. Where the Board agrees with the proposals for Asset Utilisation and Shared Service opportunities set out in this paper, these are taken forward as part of the Efficiency work stream of the PSR. Barnet’s Council’s Delivery Board will oversee the development of these proposals, with input from staff identified by each partner to take this forward on their behalf.**
- 2. Where the Board agrees with the proposals for Growth and Skills/Employment opportunities set out in this paper, these are taken forward as part of the Growth work stream of the PSR. Barnet’s Council’s Commissioning Board will oversee the development of these proposals, with input from staff identified by each partner to take this forward on their behalf.**
- 3. Where the Board agrees with the proposals for Service Integration opportunities set out in this paper, these are taken forward as part of the Service Transformation work stream of the PSR. Barnet’s Council’s Commissioning Board will oversee the development of these proposals, with input from staff identified by each partner to take this forward on their behalf.**

MEETING: Barnet Partnership Board	Date: 18 November
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AGENDA ITEM 4

REPORT OF: Leader of the Council
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SUMMARY AND PURPOSE OF REPORT: To update the Barnet Partnership Board (BPB) on the Council's work with partners across West London to promote employment, skills and growth across the sub-region

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD: To note the work being undertaken across West London

CONTACT FOR FURTHER INFORMATION: Cath Shaw Enterprise and Regeneration Lead Commissioner Cath.shaw@barnet.gov.uk (020 8359 4716)

Overview

1. This paper describes the work underway with partners across West London (Barnet, Brent, Ealing, Harrow, Hillingdon and Hounslow) to promote employment, skills and growth across the sub-region. The programme brings together a number of different national and London-wide initiatives to create a coherent set of 'asks' and 'offers' for West London. These initiatives include:
 - A City Deal for London
 - Whole Place Community Budgets
 - The Public Service Transformation Network
2. The West London Alliance (WLA), a partnership of the six West London Councils, has worked with businesses representatives, Further and Higher Education institutions, Job Centre Plus, the Voluntary and Community Sector and other local partners to identify five workstreams:
 - (i) Tackling youth unemployment
 - (ii) Tackling persistent and long-term unemployment
 - (iii) Addressing the 'skills mismatch'
 - (iv) Supporting new businesses
 - (v) Supporting business growth

Each workstream is led by a different Council, with Barnet taking a lead on work stream (v) Supporting business growth.
3. These workstreams are underpinned by work to develop an overarching economic vision for West London and to understand housing delivery and infrastructure needs across the area.
4. The West London Jobs, Skills and Growth programme fits into the timeframe for the Priorities and Spending Review, and will feed into the development of PSR proposals.

A City Deal for London

5. The Government's 'City Deals' programme devolves agreed powers and freedoms to cities in return for commitments to delivery growth. They are already in place in a number of areas, including Birmingham, Greater Manchester, Newcastle, Leeds, Sheffield and Liverpool. Many of these deals allow for the retention of a larger share of business rates – to be reinvested in growth and infrastructure – as well as flexibility to borrow against forecast future revenue streams.
6. In London, discussions between London Councils and the GLA have begun, with the ambition to develop a set of 'asks' of Government for further devolution of funding and powers in line with the City Deal model. The focus is around driving growth, employment and competitiveness, building in a range of freedoms, incentives for investment and mechanisms for sharing the proceeds of growth. The 'ask' of Government is being developed around three policy areas:
 - Devolution to improve welfare into work, skills and employment programmes (along with the associated funding from Whitehall);
 - Potential changes in the national housing investment policy, in return for a more co-ordinated London-wide 'offer' addressing cash, consent and capacity in the building industry; and
 - The recommendations of the London Finance Commissioning in relation to transport and infrastructure.
7. As part of this process to develop a City Deal for London, a number of sub-regions are developing their own growth-based proposals to feed into the process coordinated by the GLA London Councils. In Westminster, for example, plans are being developed for a 'West End City Deal' that allows for a greater proportion of business rates and the benefits of tourism to be retained and reinvested.

Whole Place Community Budgets & the Public Service Transformation Network

8. 'Whole Place Community Budgets' involve local partners working together to identify all funding streams associated with a particular issue or problem, and then co-designing proposals to re-focus this funding to deliver better outcomes at lower cost.
9. In addition to unlocking the potential benefits of efficiencies and better outcomes through a Community Budgets model, there are other incentives for councils, other public services, and the business and voluntary/community sectors working collaboratively to design and deliver services. Whitehall has made significant resources available to support integration and joint working at the sub-regional level. Chief among these pots are the Single Local Growth Fund (worth £10 billion over 5 years from 2015), the £3.8 billion set aside for health and social care integration and an additional £200 million to expand the Troubled Families programme. The Greater London Authority will also have access to significant resource, including £9bn of capital expenditure and financial power by 2020. Whitehall is clearly setting its stall out that collaboration and integration at the local level is the way forward, and incentivising Local Economic Partnerships to drive this.
10. In April, the WLA submitted an Expression of Interest to be included in the next round of Whole Place Community Budget pilot areas to be supported by the Government. On 3 July, Eric Pickles announced that the WLA had been invited to participate in a Public Service Transformation Network (PSTN) which has been set up to provide

support from Government and enable shared learning in the application of place based budget approaches.

11. As a first step, the PTSN invited each of the nine new Community Budget areas to complete a 'Joint Statement of Intent' (JSI) as a public statement of the partnerships intentions.

WLA growth deal - proposals and priority work streams

12. The priority work streams for the WLAs growth programme that have been identified - and will be taken forward as business cases for intervention - relate to the drivers for growth, including skills and employment and business growth. Taking a 'whole public sector view' forms the basis of the Community Budgets approach. It has therefore been essential to involve partners and providers in the development of the WLA work streams from the outset.
13. In July, a West London Partner Forum was held in order to scope the programme. The event was attended by nearly 50 West London organisations, businesses and public agencies. A number of outline work streams were developed. During August, this 'long list' was refined into five priority work streams as set out below.

Work stream 1: Young People, especially those at risk of being NEETs
<ul style="list-style-type: none"> • Focus on young people aged 14-24 not in education, employment or training. • Aim to simplify the 'customer journey' through - mapping current service provision in detail; identifying gaps and best practice; and co-designing the business case to improve the effectiveness and efficiency of services to provide quality and consistent information, advice and guidance available to anyone who falls into the age range who falls within the NEETs category. • Key partners include: Connexions, Job Centre Plus, Skills Funding Agency, Education Funding Agency, Schools, Colleges, Training Providers and employers.
Work stream 2: Long Term Adult unemployed, with a particular focus on those being supported into work sustaining that employment
<ul style="list-style-type: none"> • Focus on adults who have been out of work for significant periods or are at risk of being so. • Work stream will consider the 'offer' for people not yet on the DWP Work Programme but identified as potential candidates; improving the outcomes of those on the Work Programme and ensuring partners address the needs of those who come off the Programme (where there is currently a lack of support). • Key partners include: Job Centre Plus, Public Health England, DCLG, Dept for Business, Innovation and Skills (local hubs), G15 group, private training providers, Colleges, Housing Associations, and employers.
Work stream 3: Addressing Skills Mismatch – with a focus on learners making the right choices and simplifying skills provision for employers
<ul style="list-style-type: none"> • Focus on learners and employers – with the aim of ensuring that (1) learners are able to make informed choices about pathways into, and progression in, employment and (2) employers get people with the skills they require to support business productivity and growth, ultimately leading to the creation of more jobs and increased GVA. • Colleges and other training providers will be key in terms of the range of courses they offer, which in turn should be informed by learner, employer and future market demand. • Key partners include: Job Centre Plus, Colleges and other training providers, UK Commission for Employment and Skills, Federation of Small Businesses, GLA/LEP, Skills Funding Agency, Information, Advice and Guidance providers, National

Citizen Service, Universities, CBI, and Connexions.

Work stream 4: Support for business start-ups – with a focus on improving accessibility to quality advice and support

- The proposal is to ensure that there is ‘no wrong door’ for start-ups looking for business advice and support.
- ‘Start-ups’ will include those wanting to start a business or new / young businesses already trading. The proposal is to improve the provision of / access to information, advice and guidance. While this will primarily focus on business related topics (access to finance and premises, home working, business planning, regulatory requirements, employing staff / payroll, health & safety, market research) it may also need to include signposting to other support services i.e. child care, health.
- The customer group could include home workers, lifestyle businesses, young people, women returners, professionals wanting to start-up on their own, people with disabilities, BMEs, etc.
- **Key partners include:** West London Business, Federation of Small Businesses, Harrow Business, Universities.

Work stream 5: Supporting Businesses to grow - with a focus on those that would make significant contributions to employment and GVA growth

- The proposal is to target businesses who are trading and ‘ready to grow’ but who are often prevented from so doing through a variety of ‘deficiencies’ which might include access to finance; market knowledge or other expertise; appropriate move on premises; access to supply and value chains; IP support; a skilled workforce; or their knowledge of Planning or public sector contract requirements.
- **Key partners include:** West London Business, Federation of Small Businesses, local business groups, Universities.

14. Currently, work is progressing to co-design proposals to take forward these workstreams, with a view to completing draft business cases by 20 December, and final proposals by 31 March 2014.

Links to the Barnet ‘Priorities and Spending Review’

15. Encouraging business growth and tackling worklessness are key strands of Barnet’s ‘Priorities and Spending Review’, which will develop proposals for how the council will live within its means and mitigate a forecast budget gap of £70m over the period 2015 – 2020. The Barnet PSR will conclude next summer and the key milestones in the process mirror that of the WLA programme.

16. Council Officers – principally the Director for Place, Lead Commissioner for Enterprise and Regeneration and Assistant Director for Strategy – will ensure that the PSR and WLA programmes are aligned. They will also signpost workstream leads to relevant Barnet partners as appropriate. Through the development of Barnet’s PSR proposals and the wider WLA work streams, Officers will also advise on which initiatives are more appropriate to be commissioned at the borough level and which will provide greater benefit from being taken forward at the sub-regional level, through the WLA.

Conclusion

17. The Board is invited to note progress on developing the West London Jobs, Skills and Growth programme.

MEETING:

Barnet Partnership Board

Date:

18 November

AGENDA ITEM 5**REPORT OF:**

Leader of the Council

SUMMARY AND PURPOSE OF REPORT:

To update the Barnet Partnership Board (BPB) on the Council's refreshed approach to equalities and the public consultation on the draft Equalities Policy 'Aiming for Equal life chances in Barnet- ensuring the right approach to equalities in changing times'

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD:

- To note the consultation on the draft Equalities Policy
- To give consideration to the suggested partner recommendations.

CONTACT FOR FURTHER INFORMATION:

Lesley Holland,
Commissioning and Policy Officer, LBB
equalities@barnet.gov.uk (020 8359 7263)

1. Introduction

- 1.1 Barnet has always been a place where diverse communities have got on well together. Barnet will continue to grow and change over the next 15 years as development drives growth in regeneration areas, and the borough becomes more diverse with significant growth in older and younger generations. As local areas change and austerity causes shifts in the perception and receipt of public services it is important that the Local Authority works with partners to retain a focus on equalities and community cohesion.

2. Refreshing our approach to equalities

- 2.1 Nationally the equalities agenda has been shifting as a result of the change in government, the financial crisis and the need to target services. The independent review of the Public Sector Equalities Duty reported in September, recommending a further review in 2016. It is therefore business as usual for public bodies in being transparent about their objectives and performance on equality. The Equalities and Human Rights Commission will produce guidance on the minimum equality standards and the council will consider these when they are released. That considered, inequalities persist and public services have a key role in redefining the approach to these.
- 2.2 The council's Corporate Plan confirms growth as a priority and this brings with it opportunities and challenges to stability and cohesion as areas change. It is important that growth and equality of opportunity go hand in hand, so that everyone can benefit from Barnet's successes. Equally, current national policy changes such as welfare reform could have an impact on the profile of the

borough, for example to increase the wealth diversity or change the composition of households. The quality of our shared data and knowing what to monitor so that the council and partners can understand any potential impact means we can react to any resultant tensions.

- 2.3 Since the last Equalities Policy in 2010 the council has transitioned to the Commissioning Council model. Shared equalities and community cohesion objectives need to be implemented through a 'mixed economy' of service providers. Partners have equally gone through periods of change in their structures and governance. There is therefore currently an opportunity to update our policies to give clarity and strengthen leadership and delivery of these important agendas.

3. Development of an Equalities Policy and 'Communities Together' Plan

- 3.1 The council has refreshed its Equality Policy and developed a Community Cohesion Action Plan to coordinate partner activities, clarify roles and responsibilities and outline monitoring and review processes. These outline how the council will work with key partners and community organisations to meet its statutory responsibilities as part of the Equality Act 2010. There are 3 strands: elimination of discrimination, advancement of equality of opportunity and fostering good relations between communities.

4. The Equalities Policy

- 4.1 The Equalities Policy will provide an update to the 2010 edition to take account of the borough's demographics, the new commissioning approach, the Strategic Equalities Objective set out in the 2013 Corporate Plan, and the measures for assessing progress against our policy objectives and commitments.
- 4.2 It is important that local residents and community organisations have the opportunity to input into the development of the policy. We welcome comments and contributions to the public consultation which is available online (other formats available) here; <http://engage.barnet.gov.uk/consultation-team/draft-equalities-policy>
- 4.3 The council has made contact with partners to make them aware of the consultation and has proposed that we use this consultation period to discuss joint priorities, actions and coordinate our engagement activities.

5. The 'Communities Together' Plan and Network

- 5.1 Learning from Barnet's good response to the disorders in 2011 and the fire at the Somali Bravanese Community Centre earlier in the year helped to develop a 'Communities Together' Plan for community cohesion, which has been approved by Cabinet. This outlines how the council and its partners will engage with community organisations to promote understanding about what really matters to communities and to monitor and respond to any community tensions in a quick and effective manner.
- 5.2 The approach to community cohesion is based on continuing to build relationships with partners and community organisations with the council taking a community leadership role. The council has set up two networks;

- Firstly, an on-going 'Communities Together' Network made up of a wide range of community organisations; including faith groups, youth representatives, schools and key professional partners which will report to the Safer Communities Board. The network meetings are co-chaired by Pam Wharfe, Director for Place and Julie Pal, CEO of CommUNITY Barnet. The Network will focus on insight, information exchange and join action planning to support community cohesion. The group had its first meeting in October.

- Secondly, an Inter-Agency Staff Network. This Network will be made up of lead officers from a range of council delivery units and partner organisations, including Capita and the police. It will function as a virtual network charged with responding to issues and taking an operational lead.

5.3 Elected members have a key role in understanding their community and knowing how to report any concerns via LBB Customer Services.

6. Governance

6.1 The council will report its Strategic Equalities Objective and related performance measures to CRC at the end of each financial year, integrated with the end of year performance and finance reporting.

6.2 The 'Communities Together' Network acts as a subgroup of the Safer Communities Partnership Board and will provide them with an annual report

6.3 As part of the transition to the Commissioning Council model the council's approach to equalities creates greater level of autonomy for internal and external Delivery Units and ensures the council meets its public commitments and statutory duties.

7. Partner Recommendations

7.1 To continue to engage with and contribute to the Communities Together Network

7.2 To actively promote the consultation to share the Council's equalities Policy and define areas for joint action

7.3 To pool insight and data across partners in order to improve needs led commissioning through the Insight Network

7.4 To work together to build staff and organisational capacity to consider equalities as part of business and financial planning, considering cumulative impact where applicable

7.5 To work together to deliver better outcomes for citizens and aim for equal life chances for in Barnet.

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MEETING:

Barnet Partnership Board

DATE:

18 November 2013

AGENDA ITEM 6a

REPORT OF:

Cabinet Member for Public Health

SUMMARY AND PURPOSE OF REPORT:

This report provides a status update on the HWBB. It summarises the progress that the Board has made since May 2013, updates the BPB on Year 1 performance of the Health and Well-Being Strategy, and presents the HWBB's key challenges for the coming year

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD:

Members of the Board are asked to:

- Comment on the performance achieved in Year 1 of the Health and Well-being Strategy, and consider the report's recommendations that will be presented to the HWBB on 21st November (see Appendix 1);
- Support the work being taken forward by the Health and Well-Being Financial Planning subgroup to develop integrated care in the Borough, and consider the role organisations in the Borough play to prevent ill health in older people and for those with long-term conditions.

CONTACT FOR FURTHER INFORMATION:

Claire Mundle, Policy Unit, Commissioning Group, Claire.mundle@barnet.gov.uk, 020 8359 3478

Barnet's Health and Well-Being Board: Progress since May 2013

1. The first HWBB status update report in May 2013 informed the BPB that the HWBB would be taking forward the following activities
 - Developing collective action to reduce avoidable disease caused by unhealthy lifestyles, reduce childhood obesity, support in early years (before birth and after birth), and reshape our leisure services.
 - Overseeing the development and integration of the Local Authority's role for Public Health, ensuring widespread use of health impact assessment in the commissioning cycle of all programmes, particularly in growth and regeneration programmes.
 - Developing a performance monitoring framework to assess progress of the Health and Well-Being Strategy.
2. HWBB members have taken forward each of these objectives. The Public Health team has taken lead responsibility for delivering the first objective. Notably, the team has initiated a Sports and Physical Activity Review in Barnet, which will consider the provision of leisure services in the Borough. The Public Health team engaged with the Partnership Boards, HWBB members, Council officers and

Members, and CCG colleagues at a multi-agency catch-up event on the 5th November to identify the barriers that exist to participation in physical activity for Barnet's various population groups, which will help inform the outcomes of the review.

3. In June 2013, the Government's Spending Review announced the initiation of a £3.8 billion Integration Transformation Fund to drive local plans for integrated care at unprecedented scale and pace. In response to this announcement, and in recognition of the future demographic and financial challenges facing the Borough, Barnet's Health and Well-Being Financial Planning Subgroup commissioned Ernst and Young to develop the integrated care model for frail elderly residents and people over 55 years old with long-term conditions. Ernst and Young have now developed a high-level model of service provision across health and social care, which focuses partners on designing services that can support people to stay out of hospital for as long as possible. They will continue to work with the Financial Planning Subgroup until December 2013 to prepare a detailed outline business case for integrated care services in the Borough. This business case will ensure that the HWBB is able to access the Integration Transformation Fund, as it will form the basis of the 2 year integrated locality plan the HWBB will need to develop and submit to Government ministers by March 2014.
4. The HWBB has approved an approach to performance measurement of the Health and Well-Being Strategy, and will be considering the first annual performance report of the Strategy on the 21st November 2013. The report provides the HWBB with an overview of performance against meeting the objectives of the Health and Well-Being Strategy, outlines the key service plans in place to take work forward in year 2 of the Strategy, and proposes a series of recommendations to the HWBB about where it should focus its attention in year 2. The performance report is appended to this document, for the BPB to review. Highlights from the report are also outlined below.

Barnet's Health and Well-Being Strategy: Year 1 Performance Highlights

5. The annual report on performance is the first opportunity the HWBB has to look how local services are being developed to improve the health and well-being of Barnet's residents, and also to understand how the health profile of Barnet's people is changing. The performance indicators agreed in the Health and Well-Being Strategy give an indication of how well Barnet's services are responding to local population need.
6. A small number of the targets in the Health and Well-Being Strategy were revised during summer 2013 after Health and Well-Being Board Members identified that these targets were not fit-for purpose. The revisions were approved by the Health and Well-Being Board in September 2013. They have not reduced the focus on the areas that were identified as part of the original consultation exercise to develop the Health and Well-Being Strategy; instead they seek to build on the original targets in the Strategy to ensure they are measurable. A set of these revisions and the case for change of each original target is set out here: <http://barnet.moderngov.co.uk/documents/s10733/Proposed%20revisions%20to%20the%20targets%20in%20the%20Health%20and%20Well-Being%20Strategy.pdf>
7. Positive and negative changes in performance will be influenced by more than just the local service provision in place, but it is important that the HWBB, and

BPB, is aware of the health and well-being trends of Barnet's population so it can plan for and develop services strategically and in good time.

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

9. Chapter 1: Preparing for a Healthy Life

Good performance

The rate of **smoking in pregnancy** has dropped for the fifth year in a row (5.2%¹), and now rests firmly below the national average (13.3%) and the latest London average (6% in 2010/11).

The rate of **teenage pregnancy** (19.1 per 1000²) has also dropped consistently since 2007 (33.1 per 1000), and is well below the national average of 34.0 per 1000. Encouragingly, there is a downward trend towards the best performer rate of 11.7 per 1000³.

Alcohol-specific stays for under-18s have reduced to 36.6 per 100,000⁴ down from 37.4 per 100,000. This is below the London average of 39.1 per 100,000.

The target for the number of **families with complex needs** identified for the Troubled Families Programme (705) will be met on time.

The number of young people who have a **transition plan** when they are 18 is already 100%.

Areas for improvement

Childhood obesity levels among Year 6 children (19.2%⁵) have dropped slightly since last year (19.6%). Local figures remain in line with the national average (19.2%), and are lower than the London average (22.5%) but are almost twice as high as the rates in the best performing area of the country (10.3%)⁶.

Areas of concern

NHS England reported **immunisation rates** for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013, attributed to data collection issues (see separate NHS England briefing attached to the performance report).

10. Chapter 2: Well-Being in the Community

Good performance

The percentage of **NEETs** (16 to 18 year olds who are not in education employment or training) remains below national average of 4.1%.

¹ % mothers smoking in pregnancy where status is known, 2011/12

² Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011

³ Rutland UA

⁴ Crude rate per 100,000

⁵ % school children in Year 6 (age 10-11), 2011/12

⁶ St Alban's CD

Residents' **sense of belonging** is in line with 2010/11 rates (c75%). This perception measure has seen a positive direction of travel since 2008/09. The local position is now four per cent lower than the 2010/11 national average.

The number of **vulnerable people moving to more independent living** is increasing- in 2012/13, 25 individuals were supported into more independent living arrangements, in keeping with the target in the Strategy.

Areas for improvement

The number of people with **long term mental health problems** (6%) and **people with a learning disability** (10%) in **regular paid employment** is being maintained but is not yet improving.

Areas of concern

The average length of time spent by households in **short-term nightly purchased accommodation** has risen slightly since the end of 2012/13 (638 up from 635), away from the target of 500.

11. Chapter 3: How We Live

Good performance

Healthy eating opportunities are improving, as takeaways and restaurants have begun signing up to the Healthy Catering contract.

Physical activity levels in the Borough have increased from 8.5% to 10.2% (2010/12 data).

Areas for improvement

Adult smoking rates have fallen since 2012 (from 18.7%⁷ to 17.5% in 2013) and are lower than the London average of 18.9%. However, deaths attributable to smoking have risen from 147 per 100,000⁸ in 2012 to 153 per 100,000 in 2013- this is the second upward shift since 2009 (despite figures remaining below the comparable national averages).

The **adult obesity rate** has remained static for the past 3 years at the rate of 17.9%⁹. Whilst encouraging that the rate is not going up, this also indicates how stubborn obesity is as a public health issue.

Rates of **increased and higher risk drinking** have risen from the 2011 rate of 17.7% to 20%¹⁰. The Strategy has set an ambition to reduce the rate of increased and higher risk drinking to the level of the best performer in the Country (which was 11.5% in 2011 is now 15.7%¹¹).

The **uptake of breast screening** is up from 69.2% to 69.4%, compared to the current England average of 77%.

Areas of concern

Although the number of eligible people aged between 40 and 74 who have received an **NHS Health Check** is rising- from 3.79% at the end of 2012/13 to 5.46% in the middle of 2013/14, progress to meet the 12.7% end of year target will be stretching¹².

⁷ % adults aged 18 and over, 2011/12

⁸ Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011

⁹ % adults, modelled estimate using Health Survey for England 2006-2008

¹⁰ % aged 16+ in the resident population, 2008-2009

¹¹ Newham LB

¹² The local 'task and finish' group who have been assessing progress with NHS Health Checks will be reporting their findings shortly.

12. Chapter 4: Care When Needed

Good performance

The number of emergency admissions related to **hip fracture** in people aged 65 and over has reduced from the 2009/10 baseline of 457.3¹³ to 404 (2011/12 data)

The number of **carers** who self-report that they are supported to sustain their caring role is increasing, from 6% to 8.9%. However, this is not to say that further improvement isn't needed to ensure that this isn't the reality for a greater number of carers in the Borough.

Areas for improvement

The number of people who are receiving **end of life care** that are supported to die at home is lower than the national average (16.4%¹⁴ compared to 20.3%). The Secretary of State for Health has recently urged Health and Well-Being Boards to focus attention on the end of life services provided in their Borough to ensure they are responsive to local needs and choices.

Areas of concern

The data issues confronting the CCG at this time make it impossible to assess if progress is being made in reducing the **number of emergency hospital admissions/ re-admissions**¹⁵

13. This data has been considered alongside other data series provided by the Barnet Health Profile and information provided about performance in each priority area, to develop a series of recommendations to the HWBB about where it should focus its attention in Year 2. Of particular significance is the recommendation to develop a plan to address the worryingly high levels of tuberculosis in the Borough (as identified by the 2013 Barnet Health Profile). The full set of recommendations can be found in the performance report appended to this document¹⁶. The BPB is asked specifically to consider these recommendations and provide feedback.

Barnet's Health and Well-Being Board: Future Key Challenges

14. The Board continues to work in the context of far-reaching policy change and highly challenging financial circumstances. Barnet CCG is the most financially challenged CCG in the country, and requires continued support from Board members and their organisations to ensure that it is able to maintain momentum in recovering its financial position. Specifically, the HWBB will be supporting the CCG as it works in partnership with NHS England and NHS Property Services Ltd. to try to address the problem of under-utilisation of estates in the Borough.

¹³ Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12

¹⁴ Percentage of all deaths that occur in own home, average annual for 2008-10 (ONS data)

¹⁵ It is important for the BPB to be aware that the CCG is currently working with NHS England to resolve information governance issues that have impacted on the CCG's ability to commission services since April 2013. Until 31 March 2013, Primary Care Trusts (PCTs) had access to patient identifiable data for various commissioning purposes. However, with the dissolution of PCTs in England and establishment of the new commissioning structure under the Health and Social Care Act 2012, significant changes were made to the way CCGs would gain access to data for commissioning purposes. At a national level an Information Governance Taskforce has been established to respond to the impact the changes have had in relation to access to data. The CCG and Commissioning Support Unit (CSU) are feeding in local issues and solutions to support at a national level. Until this is resolved, the CCG will be working within restricted commissioning conditions.

¹⁶ The detailed set of performance templates that underpin this performance report are available on request from Claire Mundle (Claire.mundle@barnet.gov.uk)

There have been no GPs at Brunswick Park Health Centre and Finchley Memorial Hospital for some time, which has significant financial implications for the CCG in relation to the costs they incur for the NHS Estate in the Borough.

15. The Board is actively supporting the NHS and Public Health teams as they grapple with issues arising from the organisational changes brought about by the Health and Social Care Act (2012). These include information governance issues (set out in footnote 15 on the previous page), and the development of new contractual and informal relationships with NHS England (the national NHS commissioning body). NHS England is now responsible for commissioning screening and immunisation services on behalf of local areas. In Barnet, there have already been issues raised and taken forward by the Cabinet Member for Public Health and other Board Members in relation to the temporary removal of breast screening facilities at Finchley Memorial Hospital, and the problems NHS England currently has to report on progress with pre-school immunisations. The Board is lobbying NHS England to ensure that service performance, and local partnership working, is not jeopardised by these events. The Board will need to maintain oversight of this challenge to ensure that these issues are resolved.
16. The Board will need to invest considerable time to ensure that the integrated care proposals are developed in advance of March 2014, and Board Members will need to work through the Financial Planning sub-group, and in partnership with Ernst and Young to ensure that the proposals that are developed are robust and sustainable given the changing policy environment and the financial savings required from both the Local Authority and the CCG.

Role of Barnet Partnership Board

17. **As the Council's Local Strategic Partnership, to which the HWBB is accountable, the BPB is asked to review the Health and Well-Being Strategy performance report and provide feedback to the HWBB, particularly on the report's recommendations, for it to consider and respond to.**
18. **It is recommended that the BPB seeks to support the work being taken forward by the Health and Well-Being Financial Planning sub-group to develop integrated care in the Borough, and consider the role organisations in the Borough play to prevent ill health in older people and for those with long-term conditions.**

Appendix A: Annual Performance Report- Barnet's Health and Well-Being Strategy

Introduction

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

The Strategy is focused on enabling people to keep themselves well and recover from ill-health throughout their lives, and also on supporting people to stay independent and in their own homes for as long as possible once they become seriously ill. In Barnet, the Health and Well-Being Board is fully signed-up to the idea that people should be encouraged and helped to look after their own and others' health wherever possible.

The Strategy is also designed to support people throughout their lives, from before they are born to the time they are planning for their final days. It is based on Michael Marmot's "life course approach" to health outcomes, which has proven that if people are supported to be healthy from their very first years, they are more likely to spend more years of their later life in good health. The Strategy has a clear focus on developing preventive health and social care services that intervene early to keep people well, and prevent them from experiencing unnecessary harm.

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

This report for the Health and Well-Being Board documents the progress that has been made by local partners to improve the health and well-being of Barnet's population, since the launch of the Health and Well-Being Strategy in October 2012.

Approach to performance measurement

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

- The key achievements of the first 12 months
- The headline service plans for the coming 12 months
- Data against the Strategy's indicator set to show changes in health and well-being trends
- Commentary to assess the progress so far and highlight where the Health and Well-Being Board should focus its attention over the coming year

The complete set of performance reports is available on request. The completed templates provide the basis for the implementation plan of the Strategy for the 2014/15 year, which will enable the Health and Well-Being Board to monitor progress to the deliver the Strategy.

The performance targets set out in the Health and Well-Being Strategy (2012-15) set a clear direction of travel for all agencies in the Borough focused on delivering health and well-being objectives. A small number of the targets in the Health and Well-Being Strategy were revised during summer 2013 after Board Members identified that these targets were not fit-for purpose. The rationale for each of these revisions has been set out in Appendix A. The revisions were approved by the Health and Well-Being Board in September 2013. They have not reduced the focus on the areas that were identified as part of the original consultation exercise to develop the Health and Well-Being Strategy; instead they seek to build on the original targets in the Strategy to ensure they are measurable.

Bigger picture: Changes to the health and social care landscape in the last year

2013 has been a year of far-reaching change and challenge, which has shaped the progress that has been made against the Health and Well-Being Strategy in a number of ways.

- Across the NHS, the Local Authority and the voluntary sector, the financial challenges have continued to grow. Nationally, the NHS needs to make £30 billion savings by 2020/2021. Barnet Council needs to make neatly £70 million savings by the end of the decade. Partners have needed to think differently about what and how they provide services, and will also need work together to make these savings.
- Central Government has given clear directions to local NHS and social care providers that they will need to develop 'integrated care' proposals to support people to be cared for in the community and in their own homes wherever possible.
- Public Health moved into the Local Authority, bringing the team closer to its partners in housing, planning and licensing, social care, education, transport and children's services.
- Barnet Clinical Commissioning Group (CCG) took over commissioning responsibilities from Barnet PCT for a number of local NHS services including hospital care; bringing clinicians closer to the decisions about the services that are provided to the residents they look after. They inherited a significant deficit with the change, and have developed plans to recover their financial position over the next 5 years.
- Healthwatch was established as the new "consumer champion" for health and social care services, with a remit to talk to residents about how and social care services need to improve
- A number of services, including immunisations and screening for various cancers are now commissioned by NHS England rather than local Public Health or NHS teams.

- Health and Well-Being Boards became statutory bodies within local authorities, with responsibilities to make sure there are a joint strategic needs assessment and a joint health and well-being strategy in place; and a remit to bring health and care partners together to work on improving health and wellbeing outcomes for people in the Borough. Moving out of shadow form has given the Board more clout to drive changes to health and wellbeing services.
- There have been significant changes to the welfare reform system. This has affected a number of residents in Barnet, who are now being supported to make affordable life choices, and to get back into work. While these changes to the benefits system are rolling out, private sector rents are rising at a significant rate.
- The Care Bill has set out plans to introduce a cap on the costs that people will have to pay for care in old age, and also sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. This has significant implications for social care services in the Borough, which continue to be worked through.

The performance reports that have been submitted to the Health and Well-Being Board show how responsive services have been to these changes, and have also identified the areas where the health and Well-Being Board will need to play an important supportive role in coordinating activity and driving through local changes so that the Borough can meet these and other changing demands.

Healthwatch Barnet will have a particularly important role to play to support the delivery of the Health and Well-Being Strategy. Consultation and engagement is a core part of Healthwatch Barnet's role and responsibility, and its consortium structure means it has an extensive reach into some of Barnet's key communities. Further details of where Healthwatch Barnet could be further consulted to assist the development and delivery of quality services are detailed in the body of the report. This would prove particularly valuable where there has been a low take-up of services and/or where the statutory services would like to extend its reach to and gather in-depth responses from smaller or under-represented communities.

Looking back: local action during the first year of the strategy to improve health and well-being

Progress in the first year of the Strategy has been addressed below in terms of the 2012 Health and Well-Being Strategy public consultation, which aligned with a number of the key actions set out in the Strategy. Consultation was carried out through Partnership Boards, children's centres etc. and any response to the consultation was fed back to these groups. A full list of activities that partners have undertaken over the past 12 months to support the delivery of the Strategy is contained within the performance templates in Appendix A.

Preparing for a healthy life

1. Last year, consultation respondents were asked to select which three actions to give children in Barnet the best start for a healthy life were most important to

them. Over half (53%) of respondents who answered this question ticked Active Lifestyles programmes in schools, and a large proportion (45%) ticked an increased range of organised physical activities in order to reduce obesity. The Public Health team have developed and launched a multi-faceted health and wellbeing initiative in primary schools (called the Healthy Schools Programme) that will encourage children to be more active, make healthier food choices, and understand strategies to look after their emotional wellbeing. Since it launched in September 2013, 7 schools have contacted the lead provider for support.

2. Whilst the respondents did not rate having a Family Nurse for families with on-going health problems, or increasing the take up of immunisations, as a priority actions for the Health and Well-Being Board last year, there have been a number of important developments in these areas locally, which will be of interest to Barnet's residents. Responsibility to ensure immunisations coverage for children remains high in the borough now rests with the new national commissioning body, NHS England, rather than with the local Public Health team. Recent analysis from NHS England on progress to maintain immunisations coverage shows that there have been problems in them collecting the local data to monitor immunisations rates since April 2013, and resultantly they cannot be confident about the current rates of immunisations being delivered in the Borough (see NHS England briefing attached to this report).
3. The Family Nurse Partnership that supports disadvantaged new parents through tailored help and support from a specialist nurse has been recruiting towards its 100 family's target, and now has a few families who are due to graduate in their cohort. Initial feedback from those who have been involved in the programme has been very positive. Barnet's work with the identified cohort of troubled families was already well established within the Troubled Families Division and we negotiated 'fast-tracking' our work with the 705 families over two years. The work has been on-track, and is due to be completed by 2014.

Well-being in the community

1. In terms of actions to create more opportunities for healthy and flourishing neighbourhoods and communities, 54% of consultation respondents felt that increased training and employment opportunities for those who find it particularly hard to get paid work were among the three most important actions. Barnet Council has developed a programme which has a focus on training, supporting adults with a learning disability, autism, Asperger's and/or mental health needs to access employment; including job coaching, work experience, job tasters. The Council also secured more than £400,000 additional government funding to continue the Right to Control programme, in partnership with Barnet Centre for Independent Living and Job Centre Plus, which supports people to combine two or more funding streams related to their social care, housing or employment support and choose how to spend this. The cross-partner Welfare Reform Steering Board have also been working with the Public Health team to develop a programme to support those with low level mental health needs back into employment.

2. 42% of consultation respondents cited new planning and licensing projects that help to create a safe and healthy environment for people to live in as being a priority area for the strategy. The Borough is embarking on an ambitious programme of regeneration, which has health and well-being objectives built into the heart of the programme of work. Specific examples of work that has taken place in the last year to progress this agenda include the provision of conditions to encourage cycling, through initiatives like Safe Cycle Routes, and ensuring provision of cycling storage facilities, being built into regeneration schemes i.e. in the plans to develop Colindale and Brent Cross.
3. Working with local employers to provide training, education and flexible working opportunities for young people was rated third, with 38% of consultation respondents listing this as one of the three most important issues to them. A lot of work has taken place to increase participation rates and reduce the levels of young people not in education, training or employment (NEETS) in the Borough over the past year. The Children's Service has established a Placements and Participations Team (PPT) who will identify track and support young people 16-19 to ensure they are participating in education, employment or training. An apprenticeship Club has also been established in four schools and an Apprenticeship Training Agency were set up to work with Small and Medium Enterprises (SME's) in order to create apprenticeships for local residents.
4. 32% consultation respondents rated giving advice and financial support to vulnerable and older residents to help them keep their houses warmer as an area they wanted to be taken forward. The Winter Well programme has been initiated in 2013/14 by the Public Health team (providing practical support and advice to vulnerable residents including the elderly to reduce the impact of cold weather and cold homes on health), and the Council is also undertaking a Decent Homes programme that ensures the delivery of works to improve the thermal comfort of vulnerable properties.

How we live

1. In terms of healthier lifestyles, consultation respondents viewed health and lifestyle checks for people aged between 40 and 74 years, better use of green spaces and leisure facilities, and promotion of healthy eating as the most important actions for the Health and Well-Being Strategy.
2. The annual Health Checks programme began in Barnet began in 2012, which was a later start than in other Boroughs. The Public Health team have been making progress to embed the Health Checks programme in Barnet, having delivered training for GP, nurses and healthcare assistants on delivering health checks. To accelerate progress, a recovery plan has been developed to ensure that the programme is rolled out at scale and pace over the coming year.
3. The Public Health team have also been making significant gains at developing the use of green spaces and leisure facilities, and have made investments in outdoor gyms and marked routes to encourage people to be more active in the community. The marked routes and 5-6 outdoor gyms will be ready for use in April 2014. These investments will also be supported by an Activator

programme that will provide exercise instructor training opportunities for local people and support for community members to be active using the outdoor gyms and marked routes. Respondents to the consultation also valued the promotion of healthy eating. The Public Health team has been working with development and regulatory services in the Council to sign local restaurants and takeaways up to the Healthier Catering Commitment. Over 26 businesses have signed up since the project began earlier this year.

4. The other two actions of alcohol restrictions and smoking cessation were also ranked highly by large numbers of consultation respondents. There has been action taken by the Public Health team to work with education and community providers to educate children about the risks of smoking, and the Stop Smoking services for adults have also been developed further with advanced training being offered to advisors.
5. The CCG and Public Health team have both been working to prevent increasing and hazardous drinking in the Borough. The CCG has been leading on a programme of brief interventions in acute and primary settings under consideration, which has the potential to assist 1 in 8 hazardous and harmful drinkers back to sensible drinking levels. The Public Health team has been scoping options to enforce trading standards and licensing conditions to make it harder for people to make unhealthy choices.

Care when needed

1. Consultation respondents ranked improving dignity and quality of care for people in Barnet care homes and developing new ways of supporting frail older people as the most important actions to provide appropriate care and support to people who need it. The Health and Social Care Programme in Barnet launched two spearhead integration pilots to improve quality of care in Care Homes, and to support frail elderly people to stay independent and out of hospital wherever this is appropriate. Both pilots will be running until the end of 2013, and the learning from each of these will be used to shape future services for older people. Barnet Council Improving Quality in Care Home Team, its Safeguarding Team and the Care Quality Commission has developed a strong working partnership with Healthwatch Barnet Enter and View Teams. The Enter and View reports are seen as a valuable summary of the care of residents. Healthwatch Barnet will be responsive to other proposals of how it can contribute to the evaluation of services, particularly from the resident's/patient's viewpoint.
2. Barnet's health and social care teams have made progress at developing an integrated care model for elderly people and those with long-term conditions, in line with national expectations, and will help develop services that offer high quality, coordinated and person centred care for these groups of people.
3. A project has also been initiated to look at how to improve people's health around falls. Of all people who fall, the project aims to identify people when they fall for the first time, *before* they experience hip fractures. A dementia hub has also been set up to support the increasing number of residents with

dementia in the Borough to stay as well as possible for as long as possible, outside of residential settings.

4. Setting up Personal Budgets and making sure local residents are able to plan for their final days were seen as less important areas to consultation respondents. These areas are however important components of the work that the CCG does to support vulnerable residents. The CCG has commissioned a valuable rapid response service with the aim of providing rapid access to hands-on care when patients or their carers are in crisis as they near end of life (last six months of life), a situation that can result in an admission to hospital or prevent a patient returning home from hospital to die. The CCG will also be rolling out personal health budgets from April 2014, to give local people more control over how they manage their needs.

Impact: What is happening to health and well-being locally?

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

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

Chapter 1: Preparing for a Healthy Life

Good performance

The rate of **smoking in pregnancy** has dropped for the fifth year in a row (5.2%¹), and now rests firmly below the national average (13.3%) and the latest London average (6% in 2010/11).

The rate of **teenage pregnancy** (19.1 per 1000²) has also dropped consistently since 2007 (33.1 per 1000), and is well below the national average of 34.0 per

¹ % mothers smoking in pregnancy where status is known, 2011/12

² Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011

1000. Encouragingly, there is a downward trend towards the best performer rate of 11.7 per 1000³.

Alcohol-specific stays for under-18s have reduced to 36.6 per 100,000⁴ down from 37.4 per 100,000. This is below the London average of 39.1 per 100,000.

The target for the number of **families with complex needs** identified for the Troubled Families Programme (705) will be met on time.

The number of young people who have a **transition plan** when they are 18 is already 100%.

Areas for improvement

Childhood obesity levels among Year 6 children (19.2%⁵) have dropped slightly since last year (19.6%). Local figures remain in line with the national average (19.2%), and are lower than the London average (22.5%) but are almost twice as high as the rates in the best performing area of the country (10.3%)⁶.

Areas of concern

NHS England reported **immunisation rates** for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013, attributed to data collection issues (see separate NHS England briefing attached to the performance report).

Chapter 2: Well-Being in the Community

Good performance

The percentage of **NEETs** (16 to 18 year olds who are not in education employment or training) remains below national average of 4.1%.

Residents' **sense of belonging** is in line with 2010/11 rates (c75%). This perception measure has seen a positive direction of travel since 2008/09. The local position is now four per cent lower than the 2010/11 national average.

The number of **vulnerable people moving to more independent living** is increasing- since April 2013, 75 individuals have been supported by the local Move On Team with the outcome of either personalising the support offered to a greater extent, moving to a less restrictive environment and/or supported to move on to more independent accommodation, where possible closer to Barnet.

Areas for improvement

The number of people with **long term mental health problems** (6%) and **people with a learning disability** (10%) in **regular paid employment** is being maintained but is not yet improving.

Areas of concern

The average length of time spent by households in **short-term nightly purchased accommodation** has risen slightly since the end of 2012/13 (638 up from 635), away from the target of 500.

³ Rutland UA

⁴ Crude rate per 100,000

⁵ % school children in Year 6 (age 10-11), 2011/12

⁶ St Alban's CD

Chapter 3: How We Live

Good performance
Healthy eating opportunities are improving, as takeaways and restaurants have begun signing up to the Healthy Catering contract.
Physical activity levels in the Borough have increased from 8.5% to 10.2% (2010/12 data).
Areas for improvement
Adult smoking rates have fallen since 2012 (from 18.7% ⁷ to 17.5% in 2013) and are lower than the London average of 18.9%. However, this is presented in the 'amber' category because the number of deaths attributable to smoking have risen from 147 per 100,000 ⁸ in 2012 to 153 per 100,000 in 2013- this is the second upward shift since 2009 (despite figures remaining below the comparable national averages).
The adult obesity rate has remained static for the past 3 years at the rate of 17.9% ⁹ . Whilst encouraging that the rate is not going up, this also indicates how stubborn obesity is as a public health issue.
Rates of increased and higher risk drinking have risen from the 2011 rate of 17.7% to 20% ¹⁰ . The Strategy has set an ambition to reduce the rate of increased and higher risk drinking to the level of the best performer in the Country (which was 11.5% in 2011 is now 15.7% ¹¹).
The uptake of breast screening is up from 69.2% to 69.4%, compared to the current England average of 77%.
Areas of concern
Although the number of eligible people aged between 40 and 74 who have received an NHS Health Check is rising- from 3.79% at the end of 2012/13 to 5.46% in the middle of 2013/14, progress to meet the 12.7% end of year target will be stretching ¹² .

Chapter 4: Care When Needed

Good performance
The number of emergency admissions related to hip fracture in people aged 65 and over has reduced from the 2009/10 baseline of 457.3 ¹³ to 404 (2011/12 data)

⁷ % adults aged 18 and over, 2011/12

⁸ Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011

⁹ % adults, modelled estimate using Health Survey for England 2006-2008

¹⁰ % aged 16+ in the resident population, 2008-2009

¹¹ Newham LB

¹² The local 'task and finish' group who have been assessing progress with NHS Health Checks will be reporting their findings shortly.

¹³ Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12

The number of **carers** who self-report that they are supported to sustain their caring role is increasing, from 6% to 8.9%. However, this is not to say that further improvement isn't needed to ensure that this isn't the reality for a greater number of carers in the Borough.

Areas for improvement

The number of people who are receiving **end of life care** that are supported to die at home is lower than the national average (16.4%¹⁴ compared to 20.3%). The Secretary of State for Health has recently urged Health and Well-Being Boards to focus attention on the end of life services provided in their Borough to ensure they are responsive to local needs and choices.

Areas of concern

The data issues confronting the CCG at this time make it impossible to assess if progress is being made in reducing the **number of emergency hospital admissions/ re-admissions**¹⁵

Horizon Scanning: The Changing Health Context in Barnet

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

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

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

Preparing for a healthy life

The rate of **infant deaths** (4.1 per 1000 live births) is slightly below the national

¹⁴ Percentage of all deaths that occur in own home, average annual for 2008-10 (ONS data)

¹⁵ It is important for the BPB to be aware that the CCG is currently working with NHS England to resolve information governance issues that have impacted on the CCG's ability to commission services since April 2013. Until 31 March 2013, Primary Care Trusts (PCTs) had access to patient identifiable data for various commissioning purposes. However, with the dissolution of PCTs in England and establishment of the new commissioning structure under the Health and Social Care Act 2012, significant changes were made to the way CCGs would gain access to data for commissioning purposes. At a national level an Information Governance Taskforce has been established to respond to the impact the changes have had in relation to access to data. The CCG and Commissioning Support Unit (CSU) are feeding in local issues and solutions to support at a national level. Until this is resolved, the CCG will be working within restricted commissioning conditions.

average (4.3 per 1000 live births) this year, which is a similar position to previous years, but the rate of infant deaths in the best performing Borough is significantly lower (1.1 per 1000 live births).

The level of **child poverty** in Barnet (21.2%) has been dropping since 2010, and now is only just above the national average (21.1%)¹⁶.

Well-Being in the Community

Statutory homelessness (2.5 per 1000 households) is higher than in 2012 and 2011. The rate in Barnet is slightly above the national average (2.3 per 1000 households).

Whilst **long-term unemployment**¹⁷ in Barnet (7.2 per 1000 population) is lower than both the national average (9.5 per 1000 population) and the London average (11.0 per 1000 population), it has still risen significantly in the Borough since 2012 (4.4 per 1000 households).

How we live

There are almost twice as many new cases of **tuberculosis** diagnosed in Barnet (30.6 per 100,000 population¹⁸) than the national average (15.4 per 100,000 population). Barnet's rate is still below the London average (43.4 per 100,000), but it remains worryingly high for the Borough.

The number of people diagnosed with **diabetes** has been increasing since 2008 (now 5.8% people on GP registers with a recorded diagnosis of diabetes up from 3.8% in 2008), is the same as the national average, and above the London average of 5.6%.

Rates of **malignant melanoma** have been increasing since 2010 (now 9.1 per 100,000 population aged under 75 up from 6.7 in 2010), despite remaining below the national average (now 14.5 per 100,000 population aged under-75 up from 12.6 in 2010). **Early deaths from cancer** have also risen slightly since 2011 (now 97.6 per 100,000 population aged under-75¹⁹); though also remain below the national average (108.1 per 100,000 population).

Since 2011, the rates for hospital stays for **self-harm** have been rising (now 112.2 per 100,000 population up from 95.2 per 100,000 population in 2011). The rate of hospital stays for **alcohol related harm** has stayed at the same level as in 2012 (at 1636 per 100,000 population). Whilst these rates in Barnet remain below the national averages²⁰, hospital stays for both self-harm and alcohol related harm in the best performing Boroughs are notably lower²¹.

¹⁶ % children (under 16) in families receiving means-tested benefits & low income, 2010 data

¹⁷ Crude rate per 1,000 population aged 16-64, 2012

¹⁸ Crude rate per 100,000 population, 2009-2011

¹⁹ The 2011 rate was 96.5 per 100,000 population under 75. The 2012 rate was 93.2 per 100,000 population

²⁰ The current national average for hospital stays for self-harm is 207.9 per 100,000 population. The current national average for hospital stays for alcohol related harm is 1895 per 100,000 population.

Acute sexually transmitted infections have risen starkly since 2012 (now 802 per 100,000 population up from 621 per 100,000 population in 2012²²), and are now very close to the national average (now 804 per 100,000 population).

Care when needed

Excess winter deaths in the over 65s remain higher than the national average for the second year in a row (though the national trend is upwards whereas the Barnet trend is downwards over that period). The Barnet rate was 20.3 in 2012 and 19.8 in 2013²³. The national average in 2012 was 18.7 and in 2013 is now 19.1.

Moving forward: plans and priorities for year 2 of the Health and Well-Being Strategy (2014/15)

The performance templates in Appendix A provide a comprehensive set of actions that are planned for the next 12 months that will enable partners to meet the commitments it signed up to in the Health and Well-Being Strategy. The quantity of actions planned for the coming year indicates the level of commitment there is to improve health and well-being in the Borough. Highlights for the coming year, taken from these reports, have been summarised below.

Preparing for a healthy life

1. A joint review of Health Visiting and School Nursing in Harrow and Barnet commenced in early November 2013, which aims to identify the model of service delivery which will provide the best outcomes for children and young people, aged 0-19 years in Barnet and Harrow. The review will also consider the role of the Family Nurse Partnership. The outcomes of the review will include recommended options reflecting the criteria within the Health and Well-Being Strategies, Children and Young People's Plans for both Boroughs and the Public Health Outcomes Framework, and draft specifications for the health visiting service and school nursing service for 2015-16 which clearly articulate the best model identified. The final report will be completed by the end of March 2014.
2. A project is being initiated to define a clear coordinated pathway for assessment of 0-25 year olds with special educational needs (SEN) and disabilities across health, social care and education, in response to the Children and Families Bill, which removes SEN statements for up to 18 year olds and replaces them with extended integrated plans in 2014. A project manager is already in place to look at the 0-25 y/o pathway, particularly with respect to these new integrated care plans. The project manager will be seeking to re-

²¹ The current best performer for hospital stays for self-harm is 51.2 per 100,000 population (Tower Hamlets LB). The current best performer for hospital stays for alcohol related harm is 910 per 100,000 population (Wokingham UA).

²² NB. the data reported in 2013 is currently being scrutinised for accuracy before conclusions are drawn and subsequent action taken

²³ Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths

- define the role of the transitions service in Barnet in light of the legislation, and ensure it works well alongside other partners on this agenda.
3. The Public Health team will be implementing the full Early Years Programme, which will include development of a full functioning breastfeeding peer support service and parenting programmes/volunteer support programmes.
 4. The Public Health team will also be leading the Sports and Physical Activity Review in Barnet, and identifying methods of encouraging physical activity in the school, public space and home environments. They have plans to undertake packed lunch audits and training for parents on what constitutes a healthy packed lunch and to promote the take up of free school meals.
 5. The CCG will be contributing to a 5 Borough CCG maternity network to look at whole range of quality indicators in maternity services including caesarean section; post-partum haemorrhage etc., to develop a rich picture of quality from which to commission services in future.

Well-Being in the community

1. The Council's planning policy team are scoping an evidence base on the distribution of fast food takeaways and are looking to work closely with the Public Health team on fast food providers, linking to the healthy eating agenda. The Council's planning team will also be reviewing their Infrastructure Delivery Plan (IDP) and liaising with the CCG to understand the local NHS objectives, so these can be factored into regeneration development plans at any earlier stage.
2. The Council will lead the development of a 10 unit supported living resource for people with High Functioning Autism/Aspergers (Speedwell Court), who would otherwise move into residential care.
3. A newly established project board at Barnet Council will take forward a range of Homelessness Initiatives, including:
 - a. Temporary Accommodation converted to Assured Shorthold Tenancy in appropriate cases
 - b. Private Sector Letting units sourced via residential estate agents using cash incentive for landlords
 - c. Private Sector Accommodation sourced by partner Housing Associations on 3 year lease arrangements
 - d. Tendering for bulk provision of out-of-London units, possible through joint procurement with other North London boroughs.
4. The Altogether Better project will be rolled out across deprived neighbourhood in Barnet, which works in local communities to identify community leaders/ interested people who are interested in giving up their time to foster inclusion in that area; as will the Positive Ageing Campaign (breaking down barriers between older and younger people and also encourage older people to make opportunities of things to do in their later life such as volunteering and dating).
5. The cross-partner Welfare Reform Steering Board will be working with the Public Health team to develop a programme to support those with low level mental health needs back into employment. The Council will also be re-tendering the 'Working for You' project (which has a focus on training and supporting adults with a learning disability, autism, Asperger's and/or mental health needs to access employment) and will focus on encouraging longer-term employment placements.

How we live

1. The 'Operation Smoke Storm' initiative will be delivered in local schools, involving training teachers to educate children about the risks of smoking, and a schools and communities based project called 'Cut Films Barnet' will also be established to engage young people early and understand their attitudes towards smoking.
2. The Public Health team and CCG will be working together on an obesity care pathway review, focused on prevention and early identification of obesity risk-factors. The Public Health team will be launching a Fit and Active Barnet Campaign in 2014 that aims to provide co-ordinated physical activity and healthy weight programme in Barnet, which will include the Outdoor Gyms programme and marked routes in parks that have already started.
3. The CCG will be leading the development of integrated and enhanced primary care mental health services as part of the Barnet, Enfield and Haringey Mental Health Strategy, and will work with the Public Health team to develop preventive mental health services in the Borough.
4. The CCG will also lead a refresh of the Child and Adolescent Mental Health Services (CAMHS) strategy and the re-commissioning of CAMHS to increase integration and improve care pathways will help contribute to this. A new CAMHS model for an acute in-patient unit and enhanced community teams at Edgware hospital will be developed as part of this work. This will be monitored through the Children and Young People's Plan and Children's Trust Board.
5. The Public Health team will also be introducing an Information & Brief Advice (IBA) service in 21 pharmacies from November 2013 to identify those with increasing and higher risk drinking patterns.

Care when needed

1. Further integration across health and social care is planned at scale and pace through the development of a target operating model for integrated care in Barnet that will be developed by January 2014. This model will inform Barnet's integrated locality plan for 2014/15- 2015/16. The enhanced falls prevention service that will be commissioned from CLCH Community hospitals and Royal Free hospitals will be one of the services supporting delivery of the model, supporting people to stay out of hospital for as long as possible. The Health and Social Care Integration Project is committed to working with Healthwatch Barnet to consult on new initiatives, processes and services. Healthwatch Barnet is able to quickly gather opinion from a range of volunteer residents that are representative of Barnet's communities.
2. The Council will be introducing systems and processes to support a greater self-service model in order to motivate and guide residents to make use of Telecare. Such a model would provide greater information, advice and promotion of telecare devices tailored to an individual's needs, allowing users to view and procure relevant devices and services online from a single online marketplace.
3. The CCG and Council will be developing a Dementia Hub which will provide information advice and support to newly diagnosed people with dementia and their carers from early worries to end of life care. It will build a network of local

dementia services and will act as a recourse function/ build a local presence that raised dementia awareness.

4. The various initiatives that have been started to improve the quality of care in care homes will be brought together to ensure that a unified approach is taken to supporting quality improvement across care homes moving forward. The CCG will also be implementing a training plan to educate nursing home staff on the management of patients nearing the end of life (on-going programme).
5. The Council will be engaging with NHS and Public Health partners around the identification, assessment and support of carers as part of the design and delivery of the Carers' Offer.

Conclusions

This performance report provides the Health and Well-Being Board, wider stakeholders, and the public, with a greater sense of clarity on accountability for actions and outcomes of the Health and Well-Being Strategy. The report reflects many positive changes to performance and partnership working over the past 12 months, but also recognises that there are many areas in which performance could be further improved to make a real difference to Barnet's populations.

For the Health and Well-Being Strategy to add further value to existing and forthcoming local strategic plans and actions around reducing health inequalities and improving health and care, it is important that commissioners and delivery leads review the commentary in this report and ensure that their plans for 2014/15 are adequately ambitious and transformative. There is now an opportunity to use this performance report as a catalyst for discussions between teams and organisations to identify linkages between their work programmes for the next 12 months. If the Strategy can bring partners together to have new discussions about how they can work together to improve health and well-being, then the Strategy will on one level have been successful. The challenge for the coming year will be to build on current good performance, whilst simultaneously improving performance in those areas where the need for progress has been identified.

Recommendations for the Health and Well-Being Board

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

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

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

Preparing for a healthy life

1. That the Health and Well-Being Board works concertedly with NHS England to address the pre-school immunisations data issues they have identified so that the local area can be assured that immunisation rates are being maintained (as the Strategy requires them to be)
2. That the Health and Well-Being Board provides strategic multi-agency leadership to the two forthcoming transformation programmes in response to legislative changes that affect children and young people- namely the development of a new model for health visiting and school nursing services for 2015-16; and the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.

Well-Being in the community

1. That the Health and Well-Being Board considers what partners collectively should be doing to promote models that limit social isolation, in partnership with Older Adult's Partnership Board and Older Adults Assembly. This should involve giving specific focus to the solutions that will most effectively reduce level of excess cold hazards in elderly people's homes.
2. That the Health and Well-Being Board considers the multi-agency leadership role it can play to support residents into employment, be they those who have been affected by welfare reform or those who are furthest from the job market, with a view to help them afford stable accommodation.

How we live

1. That the Health and Well-Being Board commissions the Public Health team to lead the development of a plan to address the worryingly high levels of tuberculosis in the Borough.
2. That the Health and Well-Being Board considers in-depth how it can coordinate activities across partners to tackle increasing and higher risk drinking in the Borough, considering the various local levers it has at its disposal to affect change. Healthwatch Barnet could engage with young people and different ethnic communities to further the development and delivery of key messages and services in this area.

Care when needed

- 1. That the Health and Well-Being Board continues to drive the development of integrated care proposals ahead of the national deadline of March 2014, that will support Barnet's frail elderly residents and those with long-term conditions to maintain independence in their own homes for as long as possible.**
- 2. That the Health and Well-Being Board provides on-going oversight and endorsement of the work taking place locally to develop self-care initiatives that will help residents maintain their independence (including telecare) and to support the Borough's many carers to maintain their own health and well-being as well as that of the people they care for.**

Appendix A: Approved revisions to the performance indicators of the Health and Well-Being Strategy

Chapter 1: Preparing for a Healthy Life Responsible Lead Agency: The Children's Trust Responsible Lead Commissioner: James Mass, Family & Community Well-being, London Borough of Barnet		
Original target	Proposed revision	Rationale
All women in Barnet to access NICE compliant maternity care by 12 weeks gestation	To be confirmed by the CCG - please refer to the rationale.	<p>It would not be possible to achieve a target of 100% for all maternity bookings at 12 weeks as it is dependent on a multitude of factors which are outside the control of commissioners and providers. Booking at 12 weeks is dependent on the expectant mother confirming her pregnancy before 10 weeks of gestation. For some women it's not appropriate for the GP to make a referral at that stage as they are considering whether indeed they would like to continue with the pregnancy or not. This in itself presents a delay in the process. The CCG is working with their providers through quality review meetings to agree that where they receive a referral before the 10 weeks gestation they work towards defining a booking target by 12 weeks, however this is predicated by patient choice.</p> <p>At this point in time the CCG has not finalised how the exception reporting for this target, including the numerator and denominator, will work. The CCG would like to confirm the target with the Health and Well-Being Board at a later date, but in the meantime will be able to confirm performance from the providers on a monthly basis (which will help the CCG to establish a baseline figure from which it can assess future performance in this area).</p>
Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5%	Reduce the rate of obesity in children, specifically: reducing the proportion of children aged 4 to 5 classified as overweight or obese to 21.5% (remaining	The target in its own right is completely acceptable. However, it has been proposed that the target is extended to cover both overweight and obesity (as it does in the Corporate Plan and Public Health Management Agreement) as this provides a more robust indication of the number of children and young people who could be at risk of developing obesity related health problems in later years.

baseline towards the England best of 10.7%	below the London average) Reduce the proportion of children aged 10 to 11 classified as overweight or obese to 33 % (London average)	
Reduce the number of children and young people misusing alcohol and drugs by 91% by 2014/15.	Reduce the number of young people admitted to hospital with alcohol specific conditions to below the most recent London average crude rate of 35.72 per 100,000.	The original target is assumed to have been written in error, as it is not realistic. The crude rate of young people being admitted to hospital with alcohol specific conditions in Barnet (over the 2008/09- 2010/11 period) was slightly higher than the London average during this period. The revised target aligns with a key measure within the Children and Young People's Plan to focus efforts on reducing alcohol misuse in young people.

Chapter 2: Wellbeing in the Community		
Responsible Lead Agency: London Borough of Barnet (LBB)		
Responsible Lead Commissioner: Pam Wharfe, Director for Place, LBB		
Original target	Proposed revision	Rationale
Reduce by 4.3% the number of young people who are not in education, employment or training	Maintain the percentage of 16 to 18 year olds who are not in education employment or training at below 4.1%	The current rate of NEETs in Barnet is 3.4% (in March 2013). The proposed revision aligns with the current target in the Education and Skills management agreement at Barnet Council, which seeks to retain a low level of NEETs (accounting for seasonal variations), whilst simultaneously working to reduce the number of children whose activity is not known to the Borough and improving the rate of children who are in education and training.

Chapter 3: How we live**Responsible Lead Agency: Barnet and Harrow Public Health****Responsible Lead Commissioner: Dr Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Service**

Original target	Proposed revision	Rationale
Reduction of 20% in the number of people smoking in Barnet by 2016 in line with the London target.	Reduce prevalence by 20% from the 2010/11 baseline of 18.7% start over 5 years to get to 15% by 2015/16	The revision has been made to clarify the requirements of the target.
Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%	Year on year increase of people aged between 40 and 74 who have received an NHS Health Check to 12.7% by 2013/14 and 25.7% by 2014/15. In five years our coverage should be 60%.	The NHS Health Checks programme did not begin in Barnet until October 2012. The revision has been made to clarify the achievable year on year increase in the number of people who have been offered an NHS Health Check, based on the start date of this programme in the Borough. The five year target of 80% has been amended to 60%, projected from the annual increase expected between 2013 and 2015.
Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.	Year on year increase based on the 2009/10 baseline of people with a learning disability who have received an annual health check	There is currently no Directly Enhanced Services scheme for Mental Health Annual Health Checks. The CCG's ambition is to be able to confirm a measure on annual health checks for those with mental illness with the Board, but the Board is also asked to consider the use of another measure to assess local performance at supporting people with mental illness: <i>"The number of people who have depression and/or anxiety disorders who are offered psychological therapies"</i>

Chapter 4: Care When Needed Responsible Lead Agency: Adult Social Care & Barnet CCG Responsible Lead Commissioner: Karen Ahmed, Later Life, London Borough of Barnet		
Original target	Proposed revision	Rationale
That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014	That all people who have continuing healthcare needs have access to a personal health budget by 1st April 2014	The proposed change clarifies the responsibilities of the CCG in delivering this target; that the priority is for the CCG to make sure that personal health budgets are accessible to people
The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015	To remain the same at present, but the CCG requests to bring a revision to the Board in future based on the outcome of a review into an appropriate baseline measure	The CCG is currently undertaking a scoping exercise with public health to revise the baseline measure for this target, to explore showing the number of inpatient admissions for fractured neck of femur for people over 65 as a percentage of the total older population.
Increase in the number of people who are receiving end of life care that are supported to die outside of hospital	No change to the target, however please refer to the rationale for an explanation of the current difficulties in reporting against this target.	The CCG would like to bring to the Health and Well-Being Board's attention that it is not currently possible to distinguish between hospital deaths and deaths in specialist palliative care units/ hospices that are based in hospitals. This means that an indicator showing hospital deaths will be an over-count and hospice deaths an under-count. The CCG asks the Board to be mindful of this when considering performance against this target.
The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline.	No change to the target, however please refer to the rationale for an explanation of the current difficulties in reporting against this target.	The target is valid. The Commissioning Support Unit (CSU) cannot generate a performance report on this target at present as it requires the team to use patient identifiable information which they do not have access to at the moment. The data issue is currently being addressed by NHS England. The CSU will be submitting an application to become an 'accredited safe haven' (ASH) which will enable them to process data. The application deadline for accreditation is on 30 September 2013.

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MEETING

Barnet Partnership Board

DATE:

18 November 2013

AGENDA ITEM 6b

REPORT OF: Cabinet Member for Safety and Resident Engagement**SUMMARY AND PURPOSE OF REPORT:**

The report covers the following;

- The recent developments of the Safer Communities Partnership Board
- Performance
- The agreed business planning cycle
- The development of the new Safer Neighbourhood Board

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD:

- For Information only

CONTACT FOR FURTHER INFORMATION:

Kiran Vagarwal, Head of Community Safety, Kiran.Vagarwal@Barnet.gov.uk, 020 8359 2953

1. Development of the SCPB

- 1.1 The membership of the board has been refreshed in line with the requirements set out in Section 5 of the Crime and Disorder Act 1998. The Board has taken into consideration local stakeholder partners who it would like to be included as core members. These organisations include Victim Support, Community Barnet and Middlesex University. The new Safer Neighbourhood Board will be included once it has been set up in April 2014.
- 1.2 The statutory partners are:
 - Metropolitan Police
 - Local Authority
 - Fire and rescue authorities
 - NHS/Public Health
 - Probation
- 1.3 The terms of reference will be reviewed over the coming weeks.
- 1.4 A delivery structure has been developed in consultation with partners and now provides a clear governance process for the delivery of the community safety plan.

2. Performance

2.1 Overall performance is strong with long-term reductions across the majority of the MOPAC crime types:

Crime Type	Reduction in a rolling 12 month period to 30 September 2013
Burglary	-8.9%
Criminal damage	-19.2%
Robbery	-25.7%
Theft from motor vehicle	-14.4%
Theft of motor vehicle	-25.6%
Violence with injury	-4%
Theft from person	+12.1% (NB Barnet's rate per 1,000 population is well below the London and the similar group average, and there is no upward trend – the level has been relatively stable from month to month over the last 18 months.

2.2 We have seen some of the largest year-to-date reductions in residential burglary and robbery in London. Barnet's Probation and Youth Offending Service are performing strongly compared to peers.

2.3 Key highlights are:

- Burglary:
 - Performance year to date (Apr – Oct 23) reduction of 425 residential burglaries vs. same period last year (1286 residential burglaries vs. 1711) – as of 23rd Oct this is the largest reduction of all 32 London boroughs.
- Robbery:
 - Performance year to date (Apr – Oct 23) reduction of 189 robberies (411 robberies vs. 600 same period last year)
- Reduction in violent crime:
 - Serious Youth Violence: 21.7% reduction performance year to date Apr to Sep 25th (vs. same period last year)
 - Knife crime 22.8% reduction performance year to date Apr to Sep 25th (vs. same period last year)
 - Gun crime 12.5% reduction performance year to date Apr to Sep 25th (vs. same period last year)
- Violence with Injury (excluding Domestic Violence):
 - 1.1% reduction Rolling 12 months (to 25 Oct 2013 vs. previous 12 months)

2.3 Priorities identified by the partnership in order to sustain long-term reductions in residential burglary in Barnet are:

- To ensure sufficient partnership interventions are in place to reduce the risk of high burglary rates during upcoming winter seasonal burglary peaks.

- Reducing repeat offending among Barnet’s local burglars
- Early intervention towards young people at risk of becoming involved in burglary
- Making Barnet less attractive to cross-border burglars

2.4 The partnership has been successful in securing four-year funding from the Mayor’s Office for Policing and Crime (MOPAC) to deliver burglary reduction initiatives.

2.5 The Integrated Offender Management Food Bank recently won 2nd prize for Innovation in the DWP pan-London awards.

2.6 Barnet Probation Service based at Denmark House in West Hendon has been named team of the year in London by the London Probation Trust awards.

3. Business planning cycle for the partnership.

3.1 In 2007 Community Safety Partnership reforms lay down in law what strategic assessments should include, what new partnership plans should look like and what partnerships were required to do with regards to community engagement.

3.2 In summary the legislation¹ states the following:

- For each area there shall be a strategy group whose functions are to prepare a strategic assessment and implement a partnership plan. The plan will be reviewed annually before the start of each year.
- The strategy group shall have in place arrangements governing the review of the expenditure of the partnership monies and for assessing the economy, efficiency, and effectiveness of such expenditure.
- The strategy group shall have in place arrangements for information sharing and shall prepare a protocol setting out these arrangements (under section 17A of the 1998 Act (a); under section 115 of the 1998 Act (a) and for the purpose of formulating a strategic assessment and partnership plan for the area.
- During each year the strategy group shall prepare a strategic assessment on behalf of the responsible authorities. The purpose of the strategic assessment will be to assist the group in revising the partnership plan.
- A list of what the assessment should include.
- For the purpose of preparing the strategic assessment and preparing and implementing the partnership plan the strategy group shall make arrangements for obtaining the views of persons and bodies that live or work in the area.
- The strategy group hold one or more public meetings per year.

3.3 Barnet Community Safety Team is leading on the production of the strategic crime needs assessment and the following timescales have been agreed by the partnership:

By When	Task
January 2014	Strategic Crime Needs Assessment completed

¹ Statutory Instruments, Crime and Disorder Act 1998 (Formulation and Implementation of Strategy) Regulations 2007.

February 2014	Summary of strategic crime needs assessment produced
March 2014	Partners consulted about emerging priorities
July 2014	Community Safety Plan refreshed and published

4. Development of Barnet Safer Neighbourhood Boards

4.1 In his manifesto for the 2012 election the Mayor stated that he will:

- Establish Safer Neighbourhood Boards in every borough giving local Londoners and victims a greater voice
- Give local people a direct say in Community Payback
- Create a £1million a year local crime prevention fund for Safer Neighbourhood Board projects

4.2 The manifesto talked of enabling neighbourhoods to set policing priorities as a way of ensuring the police focus on the priorities of local communities. As a result, the London Police and Crime Plan, the Mayor's strategy for tackling crime and making London safer over the next three years, not only reflects the Mayor's mission and priorities, it also sets out his plan to fulfil his manifesto commitment on giving Londoners a greater voice.

4.3 The role of Safer Neighbourhood Boards will be to establish local policing and crime priorities, monitor police performance and confidence, and fulfil a range of important, specific functions.

4.3 The £1million available to Safer Neighbourhood Boards represents a 25% increase in that available to existing borough engagement and oversight groups in the last two years.

4.4 The Community Safety Partnership has been working closely with MOPAC to develop Barnet's Safer Neighbourhood Board, which will go live in April 2014.

MEETING:
Barnet Partnership Board

DATE:
18 November 2013

AGENDA ITEM 6c

REPORT OF:
Cabinet Member for Education, Children and Families

SUMMARY AND PURPOSE OF REPORT:

To update the Barnet Partnership Board (BPB) on the outcomes of the Children's Trust Board (CTB) held on 24 October 2013.

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD:

- To endorse the outcomes of the Children's Trust Board and its agenda items.
- To reinforce the importance of partners providing timely performance information to enable progress in the achievement of the Children & Young People's Plan to be tracked and for any emerging performance issues to be swiftly identified.

CONTACT FOR FURTHER INFORMATION:

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Detail:

The Children's Trust Board (CTB) provides inter-agency governance to ensure that partners in Barnet are working effectively together to improve the wellbeing of children and young people. This paper provides an update on the outcomes from the CTB meeting held on 24 October 2013.

I. Mid-Year Performance Report of the Children and Young People's Plan (CYPP)

Mid-year progress of the CYPP is measured against the seven strands of the plan; Early Years; Primary; Secondary; Preparation for Adulthood; Early Intervention and Prevention; Targeting of Resources to Narrow the Gap; and Keeping Children and Young People Safe.

The CTB was advised that it had not been possible to collect data from partners in some instances as the indicators previously agreed were no longer monitored. It was agreed that partner agencies would identify alternative or amended indicators that can be used to track achievement of the CYPP. Some of

these changes will also need to feed into other boards, most notably in monitoring of the Health and Wellbeing Strategy.

II. 2014/15 Budget Proposals and Longer-term Financial Challenges:

The CTB was advised that the Council needs to make savings of c.£19million in 2014/15, and further savings of in c.£20million in 2015/16, with planned austerity until the end of the decade. The CTB was advised that the Council had forecast a budget gap in the period 2016-2020 of approximately £70million. In context of the financial constraints, the CTB commented on the need to deliver services through greater efficiencies where possible.

III. Early Years:

An internal review on early years is currently being undertaken – led by the Council but working with partners - with the aim of improving provision across the borough. This review brings together a number of strands of work including the Childcare Sufficiency Assessment, the increase in provision of 2-year old places within the borough and the review of health visiting.

The CTB were advised that Phase One of the review is now complete the emerging findings of the review had led to a range of recommendations that can be summarised as follows:

- Create a more joined-up Barnet early years system to identify vulnerable families early and co-ordinate support for them. In particular, a more integrated delivery approach for children’s centres and health visitors, along with other health professionals.
- An improved family approach with higher risk adult groups – mental health, drugs, alcohol and domestic violence.
- Simplifying the system for parents and partners.
- Consolidation of support for early years settings.
- A further shift in the balance from universal to targeted services.
- Market development activity in growth areas to ensure there is appropriate and sufficient childcare across Barnet.

IV. Increasing Participation and Addressing Youth Unemployment, Learning Lessons and Next Steps:

In developing Barnet’s Education Strategy, the CTB identified a need to broaden the range of opportunities available to ensure that all of Barnet’s young people successfully transition into adulthood and are equipped to become economically independent. Whilst a high proportion of young people in Barnet stay on at school to continue their studies and a higher proportion go on to university compared with elsewhere, there is a continued need to improve the opportunities available to ensure that all young people actively participate in employment, education and/or work related training.

Ensuring young people are ready to access the world of work and that they acquire the right skills and expertise is also crucial to Barnet's plans to grow. Schools and colleges now have the responsibility for delivering careers guidance, sharpening the focus on the future employability of students as they go through their school and college career.

The CTB was asked to:

- Note the progress made and lessons learnt
- Note the partnership working group and encourage attendance from their organisation
- Identify opportunities within their organisations to increase work-based opportunities for young people
- Identify opportunities for improving the co-ordination of opportunities and sharing experiences within the borough.

<http://barnet.moderngov.co.uk/documents/s11270/Increasing%20participation.pdf>

V. Annual Report of the Barnet Children's Safeguarding Board (BSCB)

Safeguarding remains a key priority of the CTB. The annual report of the BSCB was presented and noted by the Board;

http://www.barnetscb.org/downloads/download/59/annual_report_2012-2013

The priorities for the BSCB remain similar to those of last year and reflect the Board's Work Plan 2012/14 agreed in 2012. Additional focus has been made on issues of neglect, child sexual exploitation and reviewing safety policies.

In May 2013 the BSCB held a planning day with a focus on the learning from the SCIE Case Reviews which had been completed and reviewing our existing Work Plan priorities.

The consensus from the day taken in conjunction with significant feedback from multi agency "Learning Events", with frontline staff which had been carried out through the year resulted in an agreed focus on the priorities below and with a strong emphasis on the fundamental role that the MASH will play in continuing to develop both the culture and operational practice across the partnership in Barnet;

- Quality Assurance, Challenge and Scrutiny - To further develop scrutiny of BSCB in monitoring and evaluating the effectiveness of safeguarding activity across the partnership through a combination of S11 and multi-agency audit together with shared performance information, so that children & young

people in Barnet are safe from abuse neglect, violence and sexual exploitation

- Risk Assessment, Information Sharing and Partnership Work - Seek to develop Tools/Protocols to promote improved information sharing, risk assessment and partnership working, including support for development of MASH
- Young People at risk through peer violence and exploitation - To focus on peer to peer violence including Gangs/Sexual exploitation/ Anti Bullying/e safety
- Neglect/ Early Intervention - Promoting and evaluating a model of early help for children and families which reduces demand and cost as part of the Munro Demonstrator pilot with a particular focus on issues of neglect.
- Learning and Development - To strengthen the BSCB role in promoting learning and development across the partnership.