MEETING
HEALTH & WELLBEING BOARD
DATE AND TIME
THURSDAY 12TH NOVEMBER, 2015
AT 9.00 AM
VENUE
HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

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

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

Dr Charlotte Benjamin
Dr Andrew Howe
Chris Munday
Councillor Sachin Rajput
Regina Shakespeare
Dr Clare Stephens
Councillor Reuben Thompstone
Dawn Wakeling
Michael Rich
Chris Miller
John Atherton

Substitute Members

Julie Pal
Councillor Wendy Prentice
Councillor David Longstaff
Bernadette Conroy
Dr Ahmer Farooqui
Dr Barry Subel
Maria O'Dwyer
Nicola Francis
Mathew Kendall
Dr Jeffrey Lake

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

Andrew Charlwood – Head of Governance

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

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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Decisions of the Health & Wellbeing Board

17 September 2015

Board Members:-

AGENDA ITEM 1

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

* Dr Charlotte Benjamin
* Dr Andrew Howe
* Chris Munday
* Dr Clare Stephens
* Regina Shakespeare
* Councillor Reuben Thompstone
* Dawn Wakeling
* Councillor Sachin Rajput
* Michael Rich
* Chris Miller
John Atherton

* denotes Member Present

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

The Chairman welcomed all attendants to the meeting of the Health and Wellbeing Board. The Board received a verbal update on the progress of the actions of the previous meeting.

RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 30th July 2015 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Paul Bennett who has left NHS England. The Board heard that John Atherton had been appointed to the post for the interim and that the post will be recruited to by February 2016.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 4):

There were none.

4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 5):

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 6):

None were received.

6. JOINT STRATEGIC NEEDS ASSESSMENT 2015-2020 (Agenda Item 7):

The Chairman introduced the item and thanked all the parties involved with the production of the renewed Joint Strategic Needs Assessment 2015-2020 which she referred to as an excellent, reasoned, relevant and readable document. She added that as a result of the very fine balance achieved between extensive engagement and analysis, the JSNA was able to provide an extremely high quality, impartial and credible evidence base on which to base decisions and would add great value to all the work that was done across the Public and Voluntary Sectors to improve health and wellbeing in

Barnet. It had also been reviewed and informed by the comments received from the Board.

The Chairman noted the proposal for plans to host an interactive micro-site JSNA by December 2015 which can be accessed and used as an informative and transparent web-based tool. The Chairman invited Mr Luke Ward, Commissioning Lead Entrepreneurial Barnet to join the meeting.

Mr Ward informed the Board about the benefits of a published JSNA micro-site which can be updated as gaps and concerns about policies are raised.

The Board noted that the development of the JSNA 2015-2020 was informed by a number of guiding principles which were applied from the outset and included:

- Focus on demand management, prevention and early intervention.
- Identification of longer-term trends and needs

Dr Debbie Frost, Chair of the Barnet CCG, commended the joint efforts in the preparation of the JSNA website as well as the Executive Summary of the new JSNA 2015-2020 contained within the appendix to the Report. The Board requested that examples be added to the Executive Summary to highlight some of the achievements. **(Action)**

Chris Miller, Independent Chair of the Adults and Children's Safeguarding Boards, noted that a wider scope of referrals from different organisations and sources are needed in relation to figures for referrals as set out in graph 8 on p172 of the report.

The Chairman thanked Mr Ward and the Board for the discussion.

RESOLVED that:

1. **The Health and Wellbeing Board approves Barnet's Joint Strategic Needs Assessment 2015-2020.**

2. **The Health and Wellbeing Board comments on the wider approach being taken to maintaining and embedding the JSNA in Barnet, in particular the JSNA website which is being developed jointly by Barnet CCG and LB Barnet.**

7. DRAFT JOINT HEALTH AND WELLBEING STRATEGY (2016 - 2020) (Agenda Item 8):

The Chairman welcomed discussion on the draft Joint Health and Wellbeing Strategy 2016-2020, which had been informed by the renewed Joint Strategic Needs Assessment and developed following discussion at the Board in July. She very much welcomed the suggestion of the Vice Chairman Dr Debbie Frost that in recognition of the integral part which colleagues from the CCG, Healthwatch and other partners represented on the Board had played in its development, that the Strategy now be called the *Joint* Health & Wellbeing Strategy. It was noted that following this meeting of the HWBB and approval by the Board, a Public Consultation would commence and run until 25 October 2015 to gain the views of partners and residents.

The Consultation will inform the final JHWB Strategy which will be reported to the Health and Wellbeing Board for approval in November 2015, together with the local Barnet Dementia Manifesto.

The Board provided the following comments for consideration to be included in the draft JHWB Strategy ahead of consultation:

- To amend wording around primary care co-commissioning (p286) to reflect current arrangements
- To consider the collation of data and child immunisation rates on p288
- On p288, re-drafting needed to reflect proportion of number of children subject to a child protection plan
- To add role of designated GPs under p305 of the report.

The Chairman welcomed all comments and moved to the recommendations as set out in the report.

RESOLVED that:

1. **That the Health and Wellbeing Board notes the draft Joint Health and Wellbeing Strategy (2016-2020) and comments on its content, including any areas to be developed further.**

2. **That the Health and Wellbeing Board approves the draft Joint Health and Wellbeing Strategy for public consultation from 17 September to 25 October 2015.**

3. **That the Health and Wellbeing Board notes that the final Joint Health and Wellbeing Strategy will return to the Board on 12 November 2015 for sign off.**

8. HEALTH AND WELLBEING BOARD AND PARTNERSHIP BOARDS SUMMIT REPORT (Agenda Item 9):

The Chairman welcomed Mr James Mass, Community Wellbeing Assistant Director and Ms Hannah Ufland, Partnerships Board Officer to join the meeting for this item. Dr Clare Stephens welcomed the report and noted the importance of incorporating the ideas generated into work programmes.

The Chairman thanked all those involved with the success of the Partnership Board Summit which was held on 9th July 2015. The Board noted the information contained in the Report and the excellent attendance and lively discussions from all partners at the Summit which presented an ideal opportunity to share lessons.

The Board noted that a further update report will be received in January 2016.

RESOLVED that:

1. **That the Health and Wellbeing Board agrees the Summit report (appendix 1) for publication on London Borough of Barnet website and for circulation to all members of the Health and Wellbeing Board and Partnership Boards.**

2. **That the Health and Wellbeing Board notes that a report on the proposals for future partnership engagement will be presented to the Health and Wellbeing Board on 28 January 2016.**

9. BARNET CCG: 2016/17 DRAFT COMMISSIONING INTENTIONS (Agenda Item 10):

The Chairman welcomed the report and the opportunity for the Board to review the CCG Commissioning Intentions for 2016/17. The Chairman welcomed Ms Elizabeth James, Head of Clinical Commissioning, Interim, Barnet CGG to present the item.

The Board noted that under the provisions of the NHS Act 2006 all CCGs are required to prepare commissioning intentions for each financial year. The Board was informed about the engagement process involving patients, CCG Governing Body Members and service providers which has informed the draft Commissioning Intentions 2016/17.

The Board noted the Strategic Goals as set out in the appendix to the report which have helped to produce the draft Commissioning Intentions of the CCG for 2016/17.

Dr Frost welcomed comments from the Board and emphasised the importance of joined up working particularly in respect of engagement and partnership working with Healthwatch Barnet.

RESOLVED that:

1. **That the Health and Wellbeing Board notes and comments on the content of the draft Barnet CCG 2016/17 Commissioning Intentions (see Appendix 1).**

10. JOINT CO-COMMISSIONING ARRANGEMENTS FOR PRIMARY CARE SERVICES WITHIN BARNET AND NORTH CENTRAL LONDON CCGS FROM 1 OCTOBER 2015 (Agenda Item 11):

The Board received a presentation on the report from Beverley Wilding (Head of Primary Care Commissioning, BCCG).

The Board noted the information contained within the report and the appendix to the report along with the presentation.

RESOLVED that:

1. **That the Health and Wellbeing Board notes and comments on the contents of this report.**

11. PLANNED PROCUREMENT OF AN INTEGRATED NHS 111/OUT-OF-HOURS SERVICE ACROSS NORTH CENTRAL LONDON (Agenda Item 12):

The Chairman welcomed Dr Barry Subel, Barnet Clinical Commissioning Group, to join the meeting. Dr Subel informed the Board about the proposal to procure an integrated NHS 111/GP OOH service.

The Board heard about the viability of commissioning NHS 111/ OOH service as a single contract which would allow for fewer transfers and enable better information sharing.

4

Mr Michael Rich, Head of Healthwatch Barnet informed the Board about the option to bring an update report to a later meeting which would be informed by Barnet Healthwatch and potentially other NCL Healthwatch service.

The Chairman thanked partners for the discussions.

RESOLVED that:

1. **That the Health and Wellbeing Board notes and comments on the proposal to procure an integrated NHS 111/GP out-of-hours service (OOH) across Barnet, Camden, Enfield, Haringey and Islington.**

12. FORWARD WORK PROGRAMME (Agenda Item 13):

The Chairman informed the Board that the minutes of the Health and Social Care Integration Board of 8th September and the minutes of the Finance Group meeting held on 16th September will be reported to the HWBB at its meeting in November 2015.

Dr Howe informed the Board that the theme of his Annual Report, as Director of Public Health is Mental Health.

The Board noted the Forward Work Programme which is a standing item on the agenda.

RESOLVED:

1. **That the Health and Wellbeing Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).**

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

3. **That the Health and Wellbeing Board agrees to align its work programme with the work programmes of the Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board (see Appendix 2).**

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

None.

The meeting finished at 11.55 am

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	Health and Wellbeing Board 12 November 2015
Title	**Joint Health and Wellbeing Strategy (2015 – 2020)**
Report of	Commissioning Director – Adults and Health Director of Public Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Joint Health and Wellbeing Strategy (2015 – 2020) Appendix 2: JHWB Strategy Consultation report October 2015 Appendix 3: Dementia Manifesto for Barnet Appendix 4: Public Health annual report 2014/15
Officer Contact Details	Zoë Garbett, Commissioning Lead, Health and Wellbeing Email: zoe.garbett@barnet.gov.uk, Tel: 020 8359 3478

Summary

This paper presents the Health and Wellbeing Board with the final version of Barnet's Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020 (appendix 1). The strategy incorporates feedback following a period of public consultation (appendix 2) which took place from 17 September to 25 October 2015. The JHWB Strategy has been developed as a result of the refresh of the JSNA 2015-2020. The paper includes the Barnet's Dementia Manifesto (appendix 3) and Public Health's Annual Report (2014/15) (appendix 4).

Recommendations

1. That the Health and Wellbeing Board approves the Joint Health and Wellbeing Strategy (2015-2020, appendix 1) for wider circulation including publication on websites of partner organisations.
2. That the Health and Wellbeing Board notes that the Finance Planning Sub-Group will develop an implementation plan for the Joint Health and Wellbeing Strategy and this will be presented to the Board in January 2016.
3. That the Health and Wellbeing Board notes the progress made by Public Health during 2014/15 (appendix 4).
4. That the Health and Wellbeing Board approves the Dementia Manifesto for Barnet (appendix 3).

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 At its meeting in November 2014 the Health and Wellbeing Board (HWBB) requested work to commence on refreshing the current Barnet Joint Strategic Needs Assessment (JSNA) and producing a new Joint Health and Wellbeing (JHWB) Strategy, which were originally produced in 2011/2012 and expire in 2015.

1.1.2 On 17 September 2015 Barnet's Health and Wellbeing Board approved the updated JSNA (2015 - 2020). The JHWB Strategy has been developed following the refresh of the JSNA, using this as the evidence base to determine priority areas for action. The JSNA is now available online at www.barnet.gov.uk/jsna and by December, the JSNA will have its own microsite which will be kept up-to-date.

1.1.3 The JHWB Strategy offers an opportunity to review and improve the focus of the HWBB and its partners. Key features of the JHWB Strategy are:

- Focus on specific areas of highest impact
- A plan that drives partnership working; health and wellbeing is everyone's business and responsibility
- Added value to current plans and strategies and becomes a guiding document of the work of the HWBB and its partners.

1.1.4 In reviewing the progress made against the actions in the last strategy it has been helpful to review the work of Public Health. Each Theme Committee is to receive an annual report which provides an update of work undertaken to meet the committee's commissioning intentions. Therefore, appendix 4 presents Public Health's Annual Report 2014/15 which includes performance and financial data. Overall, 2014-15 was a very successful and busy year for the Public Health Service. The five commissioning priorities were all delivered successfully gaining significant benefits for Barnet residents. Some highlights include joint work with other boroughs under the West London Alliance umbrella, leading work to procure sexual health and genitourinary medical (GUM) services for 22 boroughs, redesigning substance misuse services and implementing a local employment support initiative. The Smoking Cessation Service has required attention and, after continued under performance by the main provider, the contract was terminated.

1.2 **Joint Health and Wellbeing Strategy**

1.2.1 The current Health and Wellbeing Strategy has been reviewed in light of the JSNA 2015-2020 refresh, Public Health Annual Report 2014/15, local strategies (current and draft), national guidance and policy and discussions with Barnet Council, Barnet Clinical Commissioning Group (BCCG), Healthwatch and the five Partnerships Boards (Older People's Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board; Carers Strategy Partnership Board; Physical and Sensory Impairments Partnership Board) which are made up of service users, carers and voluntary and community sector organisations.

1.2.2 The new Joint Health and Wellbeing Strategy (appendix 1), captures the progress we have made against the previous Health and Wellbeing Strategy[1]. The new JHWB Strategy does not cover all of the activities currently being undertaken but uses JSNA data to highlight where we have achieved positive change in the borough and where more action is required (captured in our new priorities).

1.2.3 The aims of the updated are Strategy:

- Keeping well
- Promoting independence.

1.2.4 The four themes from the previous strategy have been retained with updated priorities. Each section of the strategy highlights activity since the last strategy, key data from the updated JSNA, planned activity to meet our objectives in the area as well as targets. The table below gives an overview of each section.

Vision	To help everyone to keep well and to promote independence

[1]Barnet Health and Wellbeing Strategy 2012 - 2015 https://engage.barnet.gov.uk/adult-social-services/health_wellbeing/results/barnet-health-and-wellbeing-strategy---web-ready.pdf

Themes	*Preparing for a healthy life*	*Wellbeing in the community*	*How we live*	*Care when needed*
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we will do to achieve our objectives	Focus on early years settings and providing additional support for parents who need it	Focus on improving mental health and wellbeing for all	Focus on reducing obesity and preventing long term conditions through promoting physical activity	Focus on identifying unknown carers and improving the health of carers (especially young carers)
		Support people to gain and retain employment and promote healthy workplaces	Assure promotion and uptake of all screening including cancer screening and the early identification of disease	Work to integrate health and social care services

1.3 **Consultation**

1.3.1 A number of engagement and consultation events took place between April - August to inform the strategy priorities and content of the draft JHWB Strategy including discussions with Barnet's Youth Board, the Partnership Boards, Barnet's Safeguarding Boards, Healthwatch and colleagues at Barnet Council and BCCG.

1.3.2 A public consultation ran from 17 September – 25 October to gain the views of partners, colleagues and residents on the draft JHWB Strategy. The

consultation included an online survey (paper copies on request) promoted through a number of channels including CommUNITY Barnet, Healthwatch, Patient Participation Groups, Barnet's Communication team, local events and organised visits and meetings to specific groups such as Children and Young People's Practitioners' Forum and Healthwatch's AGM.

1.3.3 A full consultation report can be found at appendix 2. 27 people responded to the online survey and a further seven individual responses were received. The draft strategy was also presented at a number of fora.

1.3.4 Feedback from the consultation has informed the final JHWB Strategy 2015-2020. Overall there was support for our vision, themes and areas of priority focus. A few highlights from the consultation are included below (see the full report at appendix 2 for more detail):

- Respondents wanted to see more details about how we plan to support people with physical and sensory impairments to access services
- Respondents wanted to see the inclusion of allotments within the strategy (as part of our Open Spaces strategy)
- Respondents wanted to be assured that we would be supporting our most vulnerable carers
- Mental health support needs to be personalised, accessible and embedded within a person's family/context.

1.3.5 Since the draft strategy was presented to the Board in September the targets in each theme area have been converted to narrative (instead of being presented in a table). Other sections have been updated include the sport and physical activity section, the dementia diagnosis rate, BOOST figures and information about people receiving personal budgets.

1.3.6 It is also worth noting that during the consultation a number of partner organisations have offered to contribute our delivery of the strategy such as through supporting campaigns and delivering employment support services.

1.4 **Implementation of our strategy**

1.4.1 Following approval by the Health and Wellbeing Board, an implementation plan will be developed in partnership with all stakeholders. The development will be overseen by the Finance Group. It is key that partners across the public sector are involved and engaged with the implementation of this strategy. The implementation plan will attach timescales and agency ownership to each action outlined in the strategy.

1.4.2 The implementation plan will return to the HWBB for approval in January 2016 and the HWBB will receive annual performance reports from late 2016.

1.5 **Dementia Manifesto for Barnet**

1.5.1 In January 2015, the Health and Wellbeing Board agreed to develop a local

dementia manifesto for Barnet. With the growing and understandable concern about dementia both nationally and in Barnet, coupled with the increasing numbers of people with dementia, it is extremely timely that this is presented as part of the Joint Health and Wellbeing Strategy to show how we plan to achieve our aims.

1.5.2 The Dementia Manifesto for Barnet (appendix 3) details both progress to date and plans for the future. It has been influenced by conversations with partner agencies and Older Adults Partnership Board.

2. REASONS FOR RECOMMENDATIONS

2.1 Producing a Joint Health and Wellbeing Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JHWB Strategy, through the Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 There is a legal requirement to draft a Health and Wellbeing Strategy. Not producing a JHWB Strategy would create a risk of non-alignment across the Health and Wellbeing Board membership, may result in decisions being made either in silos or based on sub-optimal evidence and intelligence, and increase the likelihood of unnecessary duplication and overlap of public sector spend.

4. POST DECISION IMPLEMENTATION

4.1 Following discussion by the Health and Wellbeing Board, the final JHWB Strategy will be designed and then published on HWBB member websites an circulated widely.

4.2 The Finance Group will develop an implementation plan for the JHWB Strategy which will return to the HWBB in January 2016.

4.2.1 Following approval by the Health and Wellbeing Board, the Dementia Manifesto for Barnet will be published and a detailed implementation plan with partners and stakeholders will be developed.

4.2.2 The Board will be kept up to date with progress being made against the strategy (including the Dementia Manifesto) through annual performance reports.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The JHWB Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWB Strategy has been developed to align and bring together national and local strategies and priorities including Barnet Council's Corporate Plan 2015-2020 and BCCG's strategic plans.

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

5.2.1 The JHWB Strategy directs the Health and Wellbeing Board priorities for the period 2015 – 2020, building on current strategies and focusing on areas of joint impact within current resources towards sustainability. The priorities highlighted in the Strategy will be considered by organisations when developing activities. The Strategy will support the work of all partners to focus on improving the health and wellbeing of the population and places emphasis on effective and evidence-based distribution of resources for efficient demand management. Each project will be individually funded however, using the existing resources of the participating organisations.

5.3 **Social Value**

5.3.1 The JHWB Strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing. The JHWB Strategy will inform commissioning.

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

5.4 **Legal and Constitutional References**

5.4.1 Producing a JHWB Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local authorities and CCGs have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board. The Board must have regard to the relevant statutory guidance – Statutory Guidance on Joint Strategic Needs assessments and Joint Health and Wellbeing Strategies - when preparing the JSNA and JHWS.

5.4.2 The Health and Wellbeing Board, at its meeting on 13 November 2014, recommended that work commence on developing a JSNA to inform the Health and Wellbeing Strategy.

5.4.3 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.

- To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the JHWBS and refer them back for reconsideration.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 There is a risk that if the JSNA and JHWB Strategy are not used to inform decision making in Barnet that work to reduce demand for services, prevent ill health, and improve the health and wellbeing and outcomes of people in the Borough will be sub optimal, resulting in poorly targeted services and avoidable demand pressured across the health and social care system in the years ahead.

5.6 **Equalities and Diversity**

5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group and socio-economic background relevant to Barnet.

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the local authority and the CCGs are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 A number of partners have been involved in the development of the JHWB Strategy including a public consultation. See point 1.3 and appendix 2.

5.8 **Insight**

5.8.1 The JSNA is an insight document and pulls together data from a number of sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. The Joint HWB Strategy has used the JSNA as an evidence base to develop

priorities.

6. BACKGROUND PAPERS

6.1 Joint Strategic Needs Assessment 2015 - 2020, Health and Wellbeing Board, 17 September 2015, item 7: https://barnet.moderngov.co.uk/documents/s25805/Joint%20Strategic%20Needs%20Assessment%202015-2020%20HWBB%20Sept%202015.pdf

6.2 Draft Joint Health and Wellbeing Strategy (2016 - 2020), Health and Wellbeing Board, 17 September 2015, item 8: https://barnet.moderngov.co.uk/documents/s25837/Draft%20Joint%20Health%20and%20Wellbeing%20Strategy%20HWBB%20September%202015.pdf

6.3 Draft Joint Strategic Needs Assessment (JSNA) and emerging priorities for the Health and Wellbeing Strategy, Health and Wellbeing Board, 30 July 2015, item 6: https://barnet.moderngov.co.uk/documents/s24989/Draft%20Joint%20Strategic%20Needs%20Assessment%20JSNA%20HWBB%20July%202015.pdf

6.4 Dementia manifesto, Health and Wellbeing Board, 29 January 2015, item 10: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4

6.5 Health and Wellbeing Priorities for 2015 – 2020, Health and Wellbeing Board, 13 November 2014, item 7: https://barnet.moderngov.co.uk/documents/s19164/Health%20and%20Well-Being%20Priorities%20for%202015-20.pdf

Keeping Well, Promoting Independence

A Joint Health and Wellbeing Strategy for Barnet 2015 – 2020

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Appendix 1 – Barnet's Health and Wellbeing Board

1. Foreword

As one of the most important responsibilities of the Health & Wellbeing Board (HWBB), our Joint Health & Wellbeing Strategy (JHWB) provides the framework and direction for local commissioning and service planning.

Our new Joint Strategic Needs Assessment (JNSA) - on which our JHWB Strategy is based - tells us that thankfully on average people in Barnet are living much longer. However, it is the health and wellbeing quality of that longer life which our Joint Health & Wellbeing Strategy seeks to improve – adding life to years not just years to life.

Using our recently updated and renewed JSNA as an evidence base, we outline our priority areas for action to meet our ambition to keep our residents well and to promote independence; we are particularly concerned with improving the health and wellbeing of people with mental health problems and those increasingly affected by dementia.

As Chairman and Vice Chairman of the Health & Wellbeing Board and reflecting the truly joint nature of this strategy, we are absolutely committed to its implementation. With help and support from pregnancy and throughout the life course and recognising the vital role that carers play, we hope to inspire residents and partners with our plans and look forward to working together to achieve the most positive impact possible for our residents over the next few years. Of paramount importance is our emphasis on prevention, self-management, early intervention to prevent disease and secondary intervention – so vital to slowing the progression of disease.

We would like to thank the wide range of partners who have contributed to the development of this strategy especially all those residents who took the time to feed into the consultation; your opinions are much valued and we have reflected many of these in the final strategy.

Councillor Helena Hart - Chairman, Barnet HWBB

Dr Debbie Frost - Vice Chairman, Barnet HWBB and Chair of Barnet Clinical Commissioning Group

2. What we are trying to achieve

Barnet is a great place to live and is now the largest borough in London by population. People in Barnet can expect to live longer and in better health than in many parts of London and England as a whole. This is not by chance but is linked to a range of factors including levels of family support, lifestyle, wealth, access to healthcare and green spaces, as well as the ability to access the right support when needed.

While the overall picture is positive, the current Barnet Joint Strategic Needs Assessment (JSNA) has shown that there are marked differences in health and wellbeing outcomes, between places and different demographic groups, within Barnet. With less and less public money available, this Joint Health and Wellbeing (JHWB) Strategy aims to align and combine our efforts on a focused list of priorities where together we can make the largest impact to reduce health inequalities.

This strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing.

We hope to inspire and encourage both individuals and partners with this strategy and our vision for health and wellbeing in Barnet; we will do this through the following approach:

- Providing a shared vision and strategic direction across partners
- Continuing the emphasis on prevention and early intervention including secondary prevention (slowing the progression of disease)
- Making health and wellbeing a personal agenda as well as increasing individual responsibility and building resilience whilst ensuring provision for people with complex needs and/or special access needs
- Joining up services so residents have a better experience
- Developing greater community capacity; increasing community responsibility and opportunities for residents to design services with us
- Strengthening partnerships to effect change and improvement
- Putting emphasis on working holistically to reduce health inequalities in order to enhance each individual's health and wellbeing.

It is our vision for Barnet residents, where appropriate, to be able to far better manage their own health and wellbeing. Barnet has a strong foundation for using resources within local communities with 88% of residents satisfied with their local area and 90% of residents saying that they help their neighbours out when needed (Resident Perception Survey, autumn 2014). 28% of residents volunteer regularly

(weekly or monthly) and over 1,400 voluntary and community sector organisations are active in the borough.

This Joint Health and Wellbeing Strategy reflects Barnet's Strategic Equalities Objective that *"Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the taxpayer."*

In September 2015 Barnet became the first London Borough to sign a faith covenant. The All Parliamentary Party Covenant for Engagement between Faith Communities and Local Authorities sets out how Barnet council and faith groups can work together in the borough. The Covenant will be upheld in the design and delivery of the activities described in this strategy as faith communities are a valuable partner for improving health and wellbeing in the borough.

The Health and Wellbeing Board and its partners are well placed to seek to improve wellbeing and tackle inequalities locally. Organisations, partners and residents tell us that they all want the same thing – to keep well and promote independence. This strategy is a guide as to how, together, we can have the biggest impact.

We have consulted widely on this strategy not only to ensure that people feel it is appropriate but also to embed our vision across the public sector and to develop joint services to make the biggest difference.

Aims

The Joint Health and Wellbeing Strategy has two overarching aims consistent with the aims of the previous strategy:

> **Keeping Well** – Based upon a strong belief that 'prevention is better than cure', this strategy aims to begin at the very earliest opportunity by giving every child in Barnet the best possible start to live a healthy life. It aims to create more opportunities to develop healthy and flourishing neighbourhoods and communities as well as to support people to adopt healthy lifestyles in order to prevent avoidable disease and illness.
>
> **Promoting Independence** – This strategy aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing. It also aims to ensure that when extra care is needed, this is delivered in a way which enables everyone (children, young people, adults and older people) to regain as much independence as possible, as soon as possible, and as ever supported by health and social care services working together.

It is our aim that this strategy should be used to inform service planning and service development across the public, private and voluntary and community sectors in the borough. Barnet's Health and Wellbeing Board is responsible for the development of this strategy and for overseeing its implementation. Further information about the

Barnet Health and Wellbeing Board, its membership, subgroups and associated groups can be found at appendix 1.

Themes and priorities

Annually the Health and Wellbeing Board has reviewed the progress made against the previous Health and Wellbeing Strategy (2012–2015) and, based on the progress made, has identified a number of priorities. Using the updated JSNA we are now able to review the progress made and redefine our approach for the lifetime of this refreshed JHWB Strategy (2015–2020).

Our current Health and Wellbeing Strategy focuses on priorities across four theme areas and these priorities have been retained for the refreshed strategy. The table below gives an overview of the theme areas and the priorities we will focus on within each theme area:

Vision	To help everyone to keep well and to promote independence			
Themes	*Preparing for a healthy life*	*Wellbeing in the community*	*How we live*	*Care when needed*
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we will do to achieve our objectives	Focus on early years settings and providing additional support for parents who need it	Focus on improving mental health and wellbeing for all	Focus on reducing obesity and preventing long term conditions through promoting physical activity	Focus on identifying unknown carers and improving the health of carers (especially young carers)
		Support people to gain and retain employment and promote healthy workplaces	Assure promotion and uptake of all screening including cancer screening and the early identification of disease	Work to integrate health and social care services

Our efforts across the priorities will have a cumulative positive impact. Our aspirations for all children, young people, adults and older people are embedded across the theme areas.

3. Where we are now

Barnet at a glance

The latest Barnet JSNA, formulated in 2015, is an impartial and up-to-date evidence base to be used as an effective means for joined up decision making across all sectors. The JSNA provides the data and information from which we can determine our priorities. The key headlines from the JSNA are:

- Barnet is now the **largest borough in London by population (projected to be 367,265 by the end of 2015) and is continuing to grow**. The highest rates of population growth are forecast to occur around the planned development works in the west of the borough, with over 113% growth in Golders Green and 56% in Colindale by 2030
- **The west of the borough has generally the highest levels of deprivation in the wards of Colindale, West Hendon and Burnt Oak.** There are pockets of deprivation across the borough such as the Strawberry Vale estate in East Finchley and the Dollis Valley estate in Underhill
- **Barnet's population is becoming more diverse**, driven predominantly by natural change in the established population. The highest proportion of the population from white ethnic backgrounds are found in the 90 years and over age group (93.3%) whereas the highest proportion of people from black, Asian and minority ethnic (BAME) groups are found in the 0-4 age group (55.4%). The wards of Colindale, Burnt Oak and West Hendon have populations of whom more than 50% are from BAME backgrounds
- In Barnet, as in the rest of the country, **women have a higher average life expectancy (85 years) than men (81.9 years).** The life expectancy of men has increased at a higher rate than that of women, reducing the life expectancy gap between genders from 5.1 years (1991/93) to 3.1 years
- The life expectancy of individuals living in the most deprived areas of the borough are on average 7.6 years less for men and 4.7 years less for women than those in the most affluent areas. By ward, **Burnt Oak has the lowest average life expectancy from birth of 78.8 years,** 4.2 years behind the Barnet average and 8.3 years behind Garden Suburb, which has the highest life expectancy of 87.1 from birth
- Gains in life expectancy have outstripped gains in **healthy life expectancy.** This indicates that although women are living (on average) longer than men, **a larger proportion of women's lives is spent in poor health**; 19.1% (16.2 years) for women and 17.0% (13.9 years) for men

- **Coronary Heart Disease is the number one cause of death amongst men and women, followed by Cancer**
- Due to the projected population increase in those 65 and over, **the number of people aged over 65 living with moderate or severe learning disabilities is estimated to rise** from 143 in 2015 to 187 in 2030
- In 2015, it is predicted that **56,333 people aged 18 – 64 have a mental health problem**
- It is estimated that over **4,000 people in Barnet are living with dementia** and even greater numbers of families and friends are adversely impacted by the condition. By 2021 the number of **people with dementia in Barnet is expected to increase** by 24% compared with a London-wide figure of 19%
- During 2013/14, **4,957 people were diagnosed as having had a stroke**. The rate of emergency hospital admissions for stroke in Barnet (235.4 / 100,000) was higher than the national rate (174.3 / 100,000)
- In 2013-14, **breastfeeding initiation in Barnet was the 11th highest among all 326 English local authorities** and 9th highest among the 33 London boroughs.
- Barnet has a **relatively low level of smoking prevalence compared with other areas** (15% of adults over 18 years, compared to 18.4% nationally).
- Barnet has a relatively **high percentage of the adult population with a healthy weight** (42.1%). Although the percentage of adults with excess weight (55.7%) (combined overweight 35.2%, plus obese 20.5%) is low compared to the national average it nonetheless covers a large proportion of the adult population. Barnet also has a **high percentage of underweight adults** (2.3%) compared to the national level (1.2%)
- For children aged 4 - 5 years, the percentage of excess weight (overweight and obese) was 21% in 2013/14 was lower than London (23.1%) and England (22.5%) averages and has declined over the past five years. However, the proportion of **excess weight for children** aged 10 – 11 years has increased to 34.4% in 2013/14 compared to 33.6% in 2012/13 this is similar to the national rate but still lower than the London region (37.59%)
- Barnet is ranked 16th and 14th out of all London boroughs in relation to 'life-satisfaction' and 'worthwhileness' wellbeing scores out of the 33 London boroughs. Both of these indicators have experienced a decline in Barnet since 2011. **Resident satisfaction levels vary throughout the borough** peaking in Finchley Church End, Garden Suburb and Totteridge with satisfaction being lowest in Burnt Oak.

The full JSNA can be accessed here - www.barnet.gov.uk/jsna

Policy context

Although it has only been three years since the last JHWB Strategy the policy context has moved on greatly with a number of major legislative changes and policy developments.

Locally, the council approved it its **Corporate Plan** (2015 – 2020)[1] in April 2015 which strives to ensure that Barnet is the place of opportunity, where people are helped to help themselves, where responsibility is shared and where high quality services are delivered effectively and at low cost to the taxpayer. The council's Corporate Plan sets the framework for each of the commissioning Committees' five year commissioning plans. Whether the plans are covering social care services or concern universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes – the principles of fairness, responsibility and opportunity. With the Corporate Plan, this strategy will provide strategic direction to council strategies and action plans, including those on housing, regeneration, transport, employment and business.

The Barnet Clinical Commissioning Group's (BCCG) **Five Year Strategic Plan** (2014 – 2019) outlines its strategic vision to work with local people to develop seamless, accessible care for a healthier Barnet. BCCG goals are to promote health and wellbeing; transform primary care; ensure the right care, first time and develop joined up care.

Nationally it is proposed that GPs provide services on a seven-day a week, 8am – 8pm basis by 2020. BCCG had submitted a collaborative bid with Enfield CCG in partnership with Barnet constituent GP federated networks regarding the Prime Minister's Fund – Wave Two. Although the bid was unsuccessful the proposals explored networks delivering extended access (8am to 8pm, seven days a week) and digital primary care.

The continuing financial pressures across the health and social care economy underlies the importance of changing the way in which we work for example crossing organisational boundaries and providing services in a more collaborative and effective way.

NHS England approved the council and BCCG joint **Better Care Fund** bid in January 2015 which laid out how we plan to better care for people with complex needs. Barnet's Better Care Fund represented a single pooled budget of £23,312,00 for 2015/16, to support health and social care services to work more closely together. The council and BCCG are working together, within the Health and Social Care Integration model, to deliver a robust programme of work including Healthy Living Pharmacies and Barnet's Integrated Locality Team (BILT).

The **Five Year Forward View**, published in October 2014 by NHS England, set out a radical increase in emphasis on prevention and public health focusing on greater individual and community control and responsibility through a new relationship with patients and communities. Four new models of care are identified in the NHS England planning guidance for the Five Year Forward View including multispecialty

[1] Barnet Council's Corporate Plan (2015-2020) https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance.html

community providers, integrated primary and acute care system, additional approaches to creating smaller viable hospital and models of enhanced health in care homes. Relevant here is the shift to local determination of how resources are most effectively deployed, one example is the Great Manchester devolution deal with NHS England, this would enable decisions to be made closer to the population being served.

In 2014, NHS England asked for CCGs to put forward their bids for **co-commissioning (with NHS England)** of primary care. The North Central London (NCL) CCGs' Co-Commissioning application to be involved at Level 2 decision making only has been approved. Following changes to their constitutions, the CCGs in NCL (Barnet, Enfield, Haringey, Camden, Islington) will be able to collaborate to decision-making within the Joint Co-Committee arrangements set out by NHS England.

The **Care Act 2014**, the most comprehensive overhaul of social care since 1948, provided an opportunity to build on and improve the care and support that we deliver. The Care Act called for care to be focused on the individual, their needs and their wellbeing, including increasing the importance of individuals choosing who they buy their care from. The Care Act has also put carers on an equal platform as their cared for in terms of eligibility for support. The Care Act came into force on 1 April 2015 and is therefore a key driver in refreshing the JHWB Strategy alongside challenges of increased demand for adult social care support.

The **Children and Families Act**, another major piece of legalisation, was implemented in September 2014. In particular, the Act introduced a single assessment process, Special Educational Needs (SEN) reforms (including Education, Health and Care plans replacing statements) and a comprehensive local offer of services available to children, young people and their families. The council and BCCG have been working together to implement changes including cross-over with the Care Act.

In December 2012, the Department of Health published the **Winterbourne View Concordat**. This has developed into the Transforming Care programme of action designed to transform services for people with learning disabilities, autism and mental health conditions. There is ongoing work in Barnet to improve and adapt current services, such as a new model for community learning disability services, embedding new care and treatment review processes to include people at risk of admission and a new Learning Disability Skills and Competency Framework for staff.

This strategy also considers wider influences on health and wellbeing such as changes to the welfare and benefits system, housing policy and developments in the built environment. We are aware that the policy context is likely to change in the lifetime of this strategy and while we will be as flexible as possible in order to meet these demands, our ambition and priorities are unlikely to change.

4. Preparing for a healthy life

Highlights

The council, BCCG and voluntary and community sector have been working hard to implement the reforms from the **Children and Families Act** (2014) in order to be compliant to deliver a system designed around the needs of children and able to support them until they are 25.

We have developed our commitment to improving the life experiences of children and young people with complex disabilities into a vision for a new and improved 0-25 disability service which aims to foster resilience and independence. The new service intends to reduce the 'cliff-edge' of care our young people and their families often report during the transition from children's services to adults. The council is working to align with BCCG as the same service challenges are experienced by young people and their families accessing health services.

New models of **health visiting** and school nursing have been completed in time for the transfer of the responsibility of services from NHS England to the local authority in October 2015.

The **Healthy Children's Centre Project** supports Children's Centre staff and health professionals to work together to provide high quality services to support young children and families' health and wellbeing. Taking a whole family approach the project has focused on a range of health and wellbeing outcomes such as involving families in healthy eating, reducing obesity through healthy lifestyles, promoting successful breastfeeding and children's oral health. An Oral Health Co-ordinator, started in 2014 and has trained staff to deliver the Brushing for Life Programme (promoting effective tooth brushing and fluoride's indisputable role in preventing tooth decay). Oral Health Champions in Children's Centres have also been identified. Schools in areas of high deprivation or with a high number of overweight children have been prioritised.

At centres for children, baby clinics (or self-service weighing services at centres without baby clinics) are providing a valuable opportunity for centre staff to engage with new families about services and support available.

What does Barnet's JSNA tell us?

Population growth

- The 0-15 age group shows growth at a greater rate than the 16-64 age group until 2026, after which the child population is expected to decline slightly. This pattern of growth suggests that families are moving to Barnet with children. The high rates of population growth for children and young people (CYP) is

expected to largely occur in wards with planned regeneration works and are predominantly in the west of the borough.

Deprivation

- Overall, in comparison with the national picture, children in Barnet have above average good health, educational attainment and life chances. However, this is not uniform for all children across the borough
- Although the number of children living in poverty[2] has reduced slightly from the last Health and Wellbeing Strategy, from 18,000 to 17,330, this remains a significant proportion of children in the borough (21.2%), located notably in the western areas of Barnet. The poor outcomes for children in poverty are well documented especially poor educational attainment and ill health.

Health

- Childhood immunisation rates seem to remain a problem in Barnet with rates worse than the national rates, we will continue to work with NHS England to ensure accurate data is collected. Barnet's Public Health team is looking at immunisation uptake with partners, overseen by the Health Overview and Scrutiny Committee
- Poor dental health is associated with poor health outcomes in later life. Child dental decay is the top cause for non-emergency hospital admissions in Barnet for children
- The number of post-16 pupils remaining in special schools is placing pressure on the availability of places for admission of younger pupils.

Safety

- Keeping people safe is a key component of health and wellbeing. The safety of children in Barnet is overseen by a partnership of colleagues on the Safeguarding Children Board and the Children, Education, Libraries and Safeguarding Committee
- Over half of children and young people with a child protection plan have suffered neglect. 65% of known cases of child sexual exploitation (CSE) in Barnet are females in their teenage years. The pattern of CSE in Barnet is wide and varied. Key characteristics have been youth violence or gang related activity and male adults 'talking' to young females and boys through the internet.

[2] According to the 2010 Child Poverty Act, a child is defined as being in poverty when he/she lives in a household with an income below 60% of the UK's average. Throughout the refreshed JSNA and JHWB Strategy child poverty will be defined based upon the definition put forward by the 2010 Child Poverty Act.

What we plan to do

Improve oral health for children

We will seek to improve access to dental services for children and young people. In June 2015, Healthwatch reported problems with NHS dentists accepting new patients (including children) and have commissioned Homestart Barnet to explore the dentistry experiences of families with young (pre-school children). This study will look at the impact of accessibility to dental services for young children, availability of NHS dental services, family attitudes and opinions to dental care and the availability of clear information on how to access dental services.

For Oral Health Champions, we will increase stakeholder networking and increase community activity, outside of the classroom and centres for children to ensure that good oral health practices are embedded.

Provide effective services for children, young people and their families

Poor oral health is an indicator of wider difficulties including neglect; we are committed to supporting parents and families to create positive and supportive environments for children. The best chance for intervention with lasting positive impact is during the first 1001 critical days[3] of a child's life which is a critical period for brain development as well as attachment. We aim to improve outcomes for our children and young people through developing a supportive environment so children can thrive in their early years. We will provide a variety of support for parents especially older and first time mothers. All of our centres for children are working towards **Healthy Children's Centre** Status anticipating five centres will be awarded this status in late 2015. We will continue to support our centres for children to become registered as Healthy Children's Centres by late 2016.

An **Early Years review** has been undertaken and will be continually reviewed in light of emerging legislation. A locality model for centres for children has been developed which supports integrated working with partners with an early years offer being led jointly by BCCG and the council. The model will deliver a broader offer of services which incorporates external provision and builds on community capacity; it will also consider co-location and integration of health services. The offer will aim to improve outcomes and reduce inequalities for children. The locality model focuses on three areas (east/central, south and west) of the borough aiming to improve flexibility, effectiveness and also join up services to create a clear, identifiable Early Years offer which is trusted by residents and facilitates strong support networks. Our partners are key to ensuring centres for children are able to make a positive impact on the health and wellbeing of children and their families.

[3] 1001 Critical Days http://www.1001criticaldays.co.uk/UserFiles/files/1001_days_jan28_15_final.pdf

Pregnancy and the birth of a baby are a critical ‘window of opportunity’ when parents are especially receptive to offers of advice and support. Promotion of support and linking new parents with early years provision is vital and effective. The Early Years Service provides brokerage and outreach across the borough to seek to ensure all parents of targeted two year olds and universal three and four year olds access their **free entitlement offer**. Currently 42% of eligible two year olds and 86% of eligible three and four year olds access their offer. There is a targeted approach to increase uptake as well as to link with employment opportunities.

The JSNA identifies Burnt Oak and Colindale as areas of particular need given the levels of deprivation. Just over one third of the children in Burnt Oak and in Colindale are living in low-income families. Burnt Oak is the only ward where the average household income in 2015 – at £25,000 per year – was lower than in 2008. Targeted, multi-agency, place based commissioning programmes have been developed including a GP-led well-being pilot, Love Burnt Oak’s Health Coaches funded by the Area Forums, a town centre regeneration project and a multi-agency employment service (Burnt Oak Opportunity Support Team, BOOST).

We will seek to support more of our looked after children locally, especially those with a range of complex needs, enabling them to benefit from the quality of local schools and other local services. We are committed to increasing the number of Barnet children fostered by Barnet foster carers.

From mapping of **voluntary and community sector services** documented in the JSNA, local voluntary and community sector provision for children is relatively low in the areas where the population of children and young people is forecast to be highest (Colindale and Burnt Oak). Targeted social action, volunteering and employment projects, delivered by our local infrastructure partners, aim to rectify this. Our local infrastructure partners, with the council, will support voluntary and community organisations to deliver services and offer solutions to help sustainability.

The Health and Wellbeing Board recognises and supports the priorities of the Safeguarding Children Board including CSE and Female Genital Mutilation (FGM). The Health and Wellbeing Board has a role to ensure CSE issues are championed across partners.

How will we know we have made a difference?

Our performance measures for the theme “Preparing for a healthy life” are:

- Five of centres for children to be Healthy Children’s Centres by 2016 with all centres being accredited by 2020
- Have 85% (65% from vulnerable groups) of families with child/ren under 5 registered and accessing services at centres for children by 2015/16 and 96% (65% vulnerable groups) by 2019/20

- Increase the percentage of children in care in Barnet foster care as a percentage of all children in care from 35% (2014/15) to 39% (2015/16) and 53% (2019/20)
- Enhance our corporate parenting approach across Barnet by, for example, increasing the percentage of free entitlement early years places taken up by parents/carers (where eligible) from 41% (2014/15) to 50% (2015/16) and 85% (2019/20)
- Reduce the prevalence of early childhood dental caries from 6.1% (2013) to the national average (3.8%) by 2020
- Remain above the school readiness national average (60.4%) for the percentage of children achieving a good level of development at the end of reception – 65.4% for Barnet's children in 2013/14
- Increase satisfaction of children and parents with services for children and young people (aged 0 – 25 years old) through the development of our 0 – 25 disability service
- Increase uptake of childhood immunisations (six vaccinations) to be at or above the England average
- Increase the frequency of occurrences whereby children and young people are engaged and involved in the design, planning and review of services and commissioning processes
- Increase social action and voluntary and community sector activity through the work of our Local Infrastructure Partners.

5. Wellbeing in the Community

Highlights

The previous Health and Wellbeing Strategy identified excess cold hazards (such as cold homes, the cost of energy bills, social isolation, access to services and risk of falls) as a priority. The **Winter Well scheme**, led by Regional Enterprise Ltd. (Re), working in partnership with the council, BCCG and voluntary and community sector partners, was successfully delivered in 2014. The scheme aims to reduce negative health outcomes and excess winter deaths by providing practical assistance to the most vulnerable and eligible residents.

To date the scheme has included training and advice to over 110 professionals and 210 residents on energy matters to prevent and reduce fuel poverty. The scheme includes a Winter Well helpline and has provided emergency supplies and services such as heaters, damp proofing and boiler repairs. To date energy switches have saved borough residents a total of £24,004 (total for 97 residents). Warm places have been set up across the borough for people who had difficulty heating their homes and/or found themselves isolated over the colder months. Seventy new Community Friends (part of Altogether Better) were recruited during the scheme showing the community's response to help others in the event of cold weather.

Altogether Better

Altogether Better officers work in small geographical localities, have an open door, access to information and small amounts of funding, but most importantly a remit to nurture local solutions and keep people independent. The projects aim to build and unlock community resources and bring people together.

Currently there are four Altogether Better sites covering the following the areas:

- Burnt Oak
- East Finchley
- Edgware and Stonegrove
- High Barnet, Arkley and Underhill

Activities include Talkie Walkies (walking groups), Wellbeing Cafés and Men in Shed projects. Also, restaurants offer discounted meals for older people as part of the Silver Service initiative (in two localities). We will seek to promote the expansion of these opportunities where the Council engage with providers in relation to Healthy Catering Commitments.

As part of the wider Ageing Well programme, Barnet has borough wide projects. The Barnet Timebank is in its second year; 121 exchanges have included CV help, gardening, befriending, fitness advice and language lessons. There are also a number

of volunteer led intergenerational reading groups including for people with dementia and their carers.

The condition of and access to local **housing** has an important role in the quality of life and health of both individuals and communities. The council has developed a new Housing Strategy (2015 – 2020) which sets out how the council and partners will deliver the additional housing that is required in the borough due to the growing population. The strategy details how more affordable housing will be provided as well as promoting independence through the provision of wheelchair accessible housing. In Barnet, there are also a number of plans in place to improve housing such as removing health and safety hazards in homes (particularly in the private rented sector), re-locating and improving the quality of an in-house children's home, and work to better understand the causes of homelessness and how to prevent it as part of the Housing Strategy. We are also working with private landlords to ensure good quality private sector housing.

Improving **mental health and wellbeing** is a key priority. In 2014, BCCG and Barnet Council signed up to the Crisis Care Concordat and the Government emphasised the importance of achieving parity of esteem between physical and mental health; valuing mental health equally with physical health.

Action already taking place includes:

- Barnet Council's Network Enablement Service
- BCCG and the council working with Barnet, Enfield and Haringey Mental Health Trust to improve and modernise the current secondary care services towards a community based model of care delivery within the community
- BCCG South Locality Primary Care Liaison Pilot which is reporting early reductions in hospital admissions through step-up functions
- The Burnt Oak and Colindale Wellness Service Pilot involving a navigator role to support people through their health and wellbeing journey
- BCCG implementing a locally enhanced service to improve access to primary care for people with mental health problems who are homeless
- Reducing the waiting list for IAPT as well as encouraging self-referrals to IAPT
- Public Health has developed a Suicide Prevention Strategy, Working Group and action plan. Self-harm and suicide prevention workshops have been held for professionals and volunteers who work with vulnerable groups
- Two public health commissioned employment support services - Motivational and Psychological Support based in local Job Centres and an Individual Placement and Support (IPS) scheme for people with severe and enduring mental health needs and based in community mental health teams
- Barnet is leading a West London Alliance (WLA) programme looking at developing IPS for people with common mental health conditions. Learning

from other similar schemes suggests that we should expect to see between a third and a half of people supported gain and retain employment
- A number of befriending schemes running such as Alzheimer's Society supporting people with dementia and their carers and Homestart supporting families.

A Barnet Schools Health and Wellbeing programme has been in place since 2013, and is both established and performing well. The emotional health and wellbeing element of this programme offers support to develop programmes, a directory for signposting as well as training to build capacity within schools. We seek to build on existing work in schools which will promote early identification of Tier Two (child adolescent mental health specialists working in community and primary care settings) needs and offer appropriate interventions. A project is underway to pilot an evidence based manualised treatment group for managing severe anxiety which impacts on school attendance.

Barnet's Community Education Provider Network (CEPN) has commissioned a programme for primary care staff to consider how patients with medically unexplained symptoms (MUS) can be empowered and how primary care can aid recovery. Service users were included in the delivery of these sessions. The work is yet to be evaluated but it lays the foundation for further work in Barnet to address the needs of patients with MUS and help to redress the balance of supporting mental health with equal importance as physical health.

What does Barnet's JSNA tell us?

Mental health, mental wellbeing and social isolation

- Barnet has lower prevalence of depression (4.3%) in adults than the national average (5.8%) however the prevalence of schizophrenic, bipolar affective disorder and other psychoses (0.95%) are higher than the national average (0.84%)
- Emergency admissions for self-harm (109.9 / 100,000) are lower than the average for England (191 / 100,000) and the suicide rate (6.9 / 100,000) is lower than the national rate (8.5 / 100,000)
- The hospital admissions rate for poor mental health in children (aged less than 18 years) in Barnet is higher (167.6 / 100,000) than the average national rate (87.6 / 100,000)
- Prevalence varies by age and gender, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

Domestic violence and violence against women and girls

- Domestic violence along with parental mental ill health and substance abuse are the most common causes for referrals into social care and result in the poorest outcomes for children and young people
- The number of Multi Agency Risk Assessment Conference (MARAC) cases of domestic abuse associated with drug and alcohol use in Barnet nearly doubled between 2011 and 2013.

Employment

- Barnet has a lower than average percentage of people with mental health conditions and learning disabilities in work than other areas
- There are significant differences in the proportion of working-age people receiving Job Seekers Allowance in different wards, the areas with the highest proportions being in Burnt Oak, Childs Hill and Underhill.

What we plan to do

Mental health and wellbeing

The number of people with mental health conditions is predicted to increase as the population grows. In November 2014, the Health and Wellbeing Board identified prevention of and early intervention in mental health problems as a priority. Mental health is our **key priority in year one[4] of this strategy** with partners coming together to make a positive impact for all of our residents.

We will continue to implement national guidance including the recommendations that will come from the NHS England established taskforce to develop a five year forward view for mental health. We are hoping, through this strategy, to build **prevention and early identification** into all we can to prevent and reduce mental health problems for our borough's residents. Many Public Health and community initiatives contribute to mental wellbeing across the lifespan such as pregnancy and parenting support, physical activity and self–care.

Barnet will run a **wellbeing campaign** focusing on taking responsibility for and improving mental wellbeing as well as tackling stigma. The campaign will embed wellbeing into current activity, share success stories and celebrate World Mental Health Day. We will also:

- Develop a health champion programme in primary care focused on improving mental health and wellbeing
- Review local pathways for antenatal and postnatal depression including promoting peer support

[4] From agreement in November 2015 – April 2017

- Be part of the pan London digital mental health support service
- Maximise the potential of improvements to and changes in the management of open spaces, where this could support improved mental wellbeing.

All services and activities working with residents have a responsibility to identify where someone could benefit from support. Healthwatch Barnet Youth has been undertaking a survey into the awareness, training and confidence of schools' staff regarding mental health, following a series of workshops and focus groups with young people to determine their priorities and concerns on health.

Early mortality for people with severe mental health problems is widely documented. Treatment services are required to make changes at scale to re-focus on recovery, social inclusion and enablement. The **Reimagining Mental Health** project, facilitated by BCCG, is putting residents at the centre of mental health service delivery. The co-designed and co-produced model aims to deliver better, more targeted health services through a community–based approach.

BCCG has committed to the following commissioning intentions to:

- Work with Enfield and Haringey CCGs to review Psychiatric Liaison Service provision
- Review each 2015/16 contract for services for older people relating to multidisciplinary care in people's own homes that link with primary, secondary, social and voluntary and community sectors, and including access to Rapid Care, Triage Rapid Elderly Assessment Team, Post-Acute Care Enablement Service, Integrated Care Team and the Barnet Integrated Locality Team
- Undertake, collaboratively across North Central London, an end-to-end pathway redesign of existing Child and Adolescent Mental Health Services (CAMHS) as our response to the national CAMHS Transformation agenda including a focus on the most vulnerable (including those with complex needs and/or special access needs)
- Produce CAMHS out of hour's service, working with North Central London partners.

Alongside this, a new specification for **mental health social work** has been developed by the council to re-focus social work. Work is now underway to embed the model which includes Consultant Social Workers and integrated pathways as well as improving employment and accommodation.

Social isolation

Feelings of social isolation and loneliness can be detrimental to a person's health and wellbeing. We will seek to improve the identification of people (children, young people, adults and older people) at risk of or experiencing social isolation (across the borough) through our Healthy Living Pharmacies, hospital discharge teams and substance misuse treatment services.

In Barnet, social isolation is especially prevalent in older women who live alone (more likely to be in areas of higher affluence and lower population density). We will develop targeted initiatives, building on current good practice and working with the voluntary and community sector, to encourage greater social contact. We will engage volunteers through befriending schemes (particularly as a respite offer for carers) and promote ways for people to get involved locally such as in the borough's parks and green spaces and libraries.

> **The Barnet Provider Group** has expanded its programme of activities which includes lunch clubs and befriending activities, tea dances and games afternoons. Activities have reached over 2,500 new people over the last 12 months. Many of these activities are delivered by volunteers (over 500 are involved). The benefits of volunteering are well documented and the majority of volunteers are older people themselves. The Barnet Provider Group plans to expand its befriending services during 2015/16 so that it can continue its work to prevent loneliness and isolation.

Employment and healthy workplaces

There has been growing recognition that the **relationship between health and work** has a significant effect on the lives of individuals and on wider society[5]. When out of work, an individual's health is more likely to deteriorate and they risk falling into poverty. Nationally, for too long it was assumed that people with health conditions should be protected from work but in recent years evidence has shown how detrimental this approach can be to individuals and their families.

Barnet has been responding to the Welfare Reform agenda with a **Welfare Reform** Task Force. The Task Force brought together the council's housing officers, Jobcentre staff and health advisers into a single team to work with those impacted by Welfare Reform. This integrated team has engaged with 96% of residents affected by the Benefit Cap and helped over a third of them into work.

> In the past, local authorities, Jobcentre Plus, Work Programme providers, and the local voluntary and community sector have generally operated in silos to help people into work. While this has produced some positive results, there remain pockets of disadvantage where communities are missing out on the opportunities that growth brings.
>
> **Burnt Oak Opportunity Support Team (BOOST)**, launched in April 2015 and based in the library, helps people find work through holistic support in their local area. The project is part of a West London Alliance approach called

[5] Fitness for Work, Department for Work and Pensions (2013) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181072/health-at-work-gov-response.pdf

'Working People, Working Places' and puts all relevant services together under one roof so all residents (whether they claim benefits or not) can access the targeted support they need to help them develop new skills and overcome any obstacles to employment that stand in their way. Key to the success of the model is the involvement of the local community facilitated by Love Burnt Oak who will help the service engage with more isolated residents. The service is also supported by a commissioned service called Future Path that supports people with their mental health, physical health and employability side by side. The aim of the two year project is to boost incomes in the area, supporting people into work as well as supporting a measurable increase in the wellbeing of those supported. The BOOST team have already supported 63 people into work.

We will continue to take a personalised approach to support individuals to pursue their interest within their capabilities. There are opportunities for more partners to get involved in the BOOST project and work together to increase incomes and improve wellbeing.

When residents gain employment (including a return to employment following a period of ill-health) we want them to be healthy and we need to **create healthy workplaces** that support this. Around 300,000 people across the country fall out of work a year and into the welfare system because of health-related issues. The state spends £13 billion a year on health-related benefits, with employers facing an annual bill of around £9 billion for sick pay and associated costs. Costs to individuals are around £4 billion in lost income. A healthy and happy workforce also improves the experience of our customers.

As we ask residents to take more responsibility for their own health, **employers** also need to take responsibility for the health and wellbeing of their staff, creating healthy environments and modelling healthy behaviours. The council and BCCG are two of the largest employers in the borough. The council is looking to achieve an excellence level for the London Healthy Workplace Charter and BCCG is implementing its Health and Wellbeing Policy. HWBB member organisations are committed to supporting their staff to be healthy at work and will promote and champion this agenda to partners such as Re and our health and social care providers as well as via Entrepreneurial Barnet which is Barnet's public sector approach to making the best place in London to be a small business.

As not all of our residents will actually work in the borough, the HWBB will share its learning and experience across London, through the London Healthy Workplace Charter, to promote to other boroughs and partners.

The **London Healthy Workplace Charter**, a Greater London Authority programme, asks employers to review the support they offer their employees in a number of areas including stress prevention, the promotion of mental

wellbeing, smoke free spaces, active travel, healthy eating, a reduction of excess alcohol consumption and the prevention of substance misuse.

How will we know we have made a difference?

Our performance measures for the theme "Wellbeing in the community" are:

- Recruit 50 Health Champions in 2015/16 with further roll out to 2020
- Increase the proportion of adults in contact with secondary mental health services in paid employment from 5.7% (2013/14) to 7% (2015/16) and continue to increase (2019/20)
- Increase the proportion of adults with mental health needs who live in stable accommodation from 70.90% (2014/15) to 75% (2015/16) with the aim of being in the top 25% of comparable boroughs by 2019/20
- Through improved CAMHS we will reduce the waiting time for eating disorder services, reduce self-harm admissions and A&E presentations, every young person presenting with self-harm or crisis to be seen within two hours regardless of setting and improve parent and teacher reported Strength and Difficulties Questionnaire (SDQ) to below threshold for referral
- Support 240 people into work via BOOST in 2015/16 and 2016/17
- Barnet Council to achieve (by 2016) and maintain London Healthy Workplace Charter
- Maintain or reduce the percentage of employees who have had at least one day off in the previous week (1.3% in 2010 – 2012)
- Increase the percentage of adult social care users who have as much social contact as they would like from 41.4% in 2014/15 to being in the top 25% in England

6. How we live

Highlights

Barnet has embraced the **transition of public health** from the NHS to the Local Authority using this as a key way to address the wider aspects critical to health and wellbeing. Some successes include the commission of substance misuse services which will address fragmentation of services, school nursing, health visitors transfer preparation and increase in NHS Health Checks.

Public Health has also developed a **Substance Misuse** Strategy which coordinates activities to prevent and protect residents from harmful substance misuse as well as promote and sustain recovery through collaboration, training, social marketing and reviewing local licensing. An Implementation Group, led by Public Health, has been established to take forward key areas of action overseen by the HWBB as well as the Community Safety Partnership. Further to this, enhanced training of Barnet GPs in health promotion for patients with mental illness is part of the Reimagining Mental Health plan.

Barnet and Harrow joint Public Health service is working in collaboration with the West London Alliance (WLA) and the majority of boroughs across London as part of collaborative **sexual health** (genitourinary medicine, GUM) service commissioning arrangements. The major new service tendering, expected in 2017, will reduce service fragmentation, improve access and early intervention which in turn will reduce unwanted pregnancies and onward transmission of sexually transmitted infections (STIs) as well as aiming to tackle escalating costs.

Taking action locally, we have organised a number of pop up screening events to increase the **early identification of disease**. The pop up shops and health promotion events have provided information on healthy lifestyles and their contribution to cancer prevention, symptoms and the importance of early presentation and diagnosis and screening.

The **Obesity** Pathway group, with a membership of BCCG, schools, leisure and providers, has been exploring improvements to the child weight management pathway. Healthy Weight Nurses were appointed in 2015 and after being in place for six months, the nurses had engaged with 25 children on a 1:1 basis, reporting that almost all had shown positive behaviour change and, as a consequence, six had already lost weight. The team has also noticed behaviour changes in the families of the children they have engaged with. Another aspect of our Child Weight Management programme is Alive and Kicking which, through information on nutrition and physical activities, is successfully supporting weight loss. Alive and Kicking is also engaging with schools and parents to embed healthy weight principles.

For adults, the Obesity Strategy Group has expanded following a commitment to develop a Healthy Weight (Obesity) Strategy and action plan. An adult Weight Management Service development is underway.

Barnet Council is committed to working with its contracted leisure provider to enhance and develop varied opportunities. This has been highlighted by the total number of "GLL Better Inclusive" members, a membership aimed at encouraging participation of people with disabilities which peaked at 733 in 2015.

What does Barnet's JSNA tell us?

Healthy Lifestyles

- Smoking, bad diet, and a lack of exercise are the main causes of premature death in Barnet
- Rates of sexually transmitted infections are lower than London rates. However, there are lower detection rates of chlamydia (16%) than England (24.9%)
- In Barnet, only 1% of all trips between 2007/08 – 2009/10 (baseline figures) were made by bike
- Pollution levels are higher along arterial routes, particularly the North Circular, M1, A1 and A5.

Long-term conditions

- The rate of emergency hospital admissions due to stroke is significantly higher in Barnet than London or England
- The prevalence rate of diabetes is forecast to rise at both national and local levels and this increase could be even higher if diabetes risk factors such as obesity are not addressed.

Screening

- Screening rates for cervical cancer (68.8%) and breast cancer (71.2%) are significantly lower in Barnet than the England average (74.2%; 75.9% respectively).

Sport England – Active People Survey Data (APS)

The number of people playing sport is tracked continuously through Active People – the largest survey of sport and active recreation ever carried out in Europe. Active People provides information on the national and local picture of who is taking part in sport and how are they participating.

APS 9 Quarter 2 (April 14/2015) evidences significant levels of inactivity within Barnet:

- 37.9% of the population currently participate in activity at least once a week (moderate intensity for 30m or more)
- 17.1% total number of population participating in activity 3 or more times per week (moderate intensity for 30m or more)
- 51.9% of the population do not currently take part in any sport
- Inequalities are apparent as current research demonstrates 46.1% of men currently participate in activity once or more per week (30m more)
- 30.2% of women currently participate in activity once or more per week (30m more).

What we plan to do

Sport and physical activity

Barnet Sport and Physical Activity Needs Assessment (2012) highlighted that whilst health behaviours and outcomes are more favourable in Barnet than in England as a whole, sport and physical activity rates and the use of outdoor spaces are below the national average.

A breadth of evidence demonstrates that a more active lifestyle is essential for physical and mental wellbeing. Regular physical activity helps to reduce the risk of stroke, type II diabetes, development of dementia, incidences of heart disease, cancers and high blood pressure. Physical activity supports the prevention and management of long term conditions as well as being a component of achieving and maintaining a healthy weight.

Physical inactivity currently costs the UK economy £7.2 billion. Additional costs are incurred via the wider economy; through sickness absence, premature death of productive individuals and increased costs for individuals and their carers.

Within Barnet, the health costs of physical inactivity currently cost £6.7 million. This is approximately £1.9 million per 100,000 of the Borough population. However as measured by the Sport England Active People Survey Data (APS9 Quarter 2) 43.8% of the Borough are currently inactive and would like to do more.

We aspire to ensure our residents lead an active and healthy lifestyle. Our ambition is underpinned by a commitment to:

- Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents:
    - Reflect public health outcomes within a new leisure management contract (from 2018)
    - Refurbish and redevelop of leisure facilities.
- Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services:
    - Facilitate mutually beneficial partnerships that connect and align services to deliver a more cost effective physical activity pathway

    - Develop the Fit & Active Barnet network that encourages engagement and collaboration.
- Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an 'active habit'. We will:
    - Work with local, regional and national partners
    - Ensure opportunities are concentrated in a range of settings to sustain future activity; schools/colleges, workplace, community, leisure, travel and open environment
    - Assess the supply, demand and quality of playing pitches. Leading to the adoption of a Barnet Playing Pitch Strategy
    - Develop and improve the accessibility and quality of open spaces across the borough to support healthy outcomes, underpinned by the Barnet Open Spaces Strategy (including allotments and safety)
    - Utilise open space to co-ordinate and support recreational and competitive activity, inclusive of Outdoor Gyms
    - Promote and support of clubs, initiatives and activities within Barnet
    - Through local infrastructure organisations, we will support individuals and communities to take ownership and responsibility for sustainable sports and physical activity options
    - Facilitate a Community Sport and Health Activation project in Burnt Oak and Colindale. A project targeting young people 11- 19yrs, supported by Sport England and additional partners
    - Work with our Volunteer Centre to develop volunteering opportunities and recruit and retain volunteers, increasing and tailoring workforce development
    - Provide the structures required for individuals to recognise their sporting potential
    - Make healthy choices the easiest and first in the built environment such as consideration of the placement of stairs in new buildings.
- Target those who do not traditionally engage. To increase participation amongst under-represented groups such as women and girls, people with disabilities, people from BAME communities, children and young people and older adults we will:
    - Widen access to ensure that facilities and open spaces are better used by the communities they serve
    - Work in partnership with providers to develop sustainable activities targeted at those people at risk of developing long term health conditions
    - Support early intervention and health promotion pathways such as the children and young people's obesity pathway and cardiovascular disease, highlighting the benefits of leading an active lifestyle. We will improve the post Health Check service offer to ensure that people engage in services and lifestyle changes where necessary

- Support and promote activities provided by local organisations such as Love to Move for people over 50 delivered by Age UK Barnet and Saracens Sport Foundation
- Create and support stronger and safer communities ensuring that activity venues are welcoming, secure and experiences are positive
- Tackle the barriers facing the most disadvantaged and enabling them to reach individual potential
- Ensure there is a commitment to provide affordable participation opportunities for those who experience cost as a barrier for example concessionary based schemes within leisure centres
- Engage community and faith leaders
- Retain English Federation of Disability Sport (EFDS) Inclusive Fitness Initiative Accreditation at Burnt Oak Sports Centre, exploring expansion and commitment within the leisure facility portfolio
- Support Barnet Centre for Independent Living (BCIL) to deliver 'The Into Sport' project which is a Sport England funded initiative assembled through a partnership between Inclusion London, Interactive and five London DPOs (disabled people's user led organisations). The project takes a creative approach to tackling barriers faced by disabled people in accessing sport and physical activity.

Wider public health workforce

The definition of the Public Health workforce is changing to highlight how public health is everyone's business. To make the biggest impact we need to utilise the wider public health workforce which consists of individuals who are not specialists in Public Health but who have the opportunity to improve the public's health and to create inclusive communities and places. A training resource will be developed to upskill staff (from all sectors) who interact with residents to maximise the opportunities for face-to-face contact to promote good health, social care and wellbeing information, messages and signposting. The training will also support the identification of hidden carers. Specific training is also available such as Raising the Issue of Weight training to support professionals to discuss weight issues with residents. We will also promote and improve signposting resources.

Regeneration

The borough's ambitious regeneration and growth programme provides an opportunity to develop new lifetime neighbourhoods that promote independence and wellbeing. Being aware that the environment in which people live impacts their health, we will build public health into all our regeneration and transport projects including the provision of new health facilities and plans to encourage active travel. The high street, at the heart of local community, offers an ideal platform for health promotion. Where possible, we will create healthy high streets including health champions and stores making healthy options easier. We will also consider the

proximity of fast food outlets to schools, colleges, leisure centres and other places children gather. We will also link regeneration programmes with child friendly and dementia friendly community developments. We will drive this through our Entrepreneurial Barnet Board supported by national programmes such as NHS England's Healthy New Towns. We will also look at the role Health Impact Assessments play in planning.

Where comprehensive development and regeneration is taking place across the borough (particularly at Colindale and Brent Cross), a wide range of investment programmes are planned to secure improvements to health outcomes for those populations already living in and new residents moving to those areas. These include:

- Expanded or new integrated use local primary care facilities
- New high quality and energy efficient housing to replace existing non-decent housing stock
- Travel planning, public transport, parking measures and highways improvements to enable travel choices
- New schools that can help improve educational and family lifestyle outcomes
- New community and youth facilities to promote social engagement and support positive local community activities.

Screening

Increasing screening uptake remains a priority. NHS England has lead responsibility for screening performance. Public Health will work with NHS England to explore appropriate service delivery in line with best practice to improve the uptake of all screening including cancer screening programmes.

How will we know we have made a difference?

Our performance measures for the theme "How we live" are:

- Increase, by 1%, the percentage of active adults 14 years and over (as measured by Sport England Active People Survey) by 2020 (currently 37.9%)
- Increase the total number of leisure centre members (all categories) from 26,400 to 30,000 in 2020
- Increase total leisure centre attendances (1,149,290) by 2% by 2020
- Increase participation (as measured by Sport England active people survey) by 1% for the following groups by 2020:
  - Females 16 years and over, currently 30%
  - Older adults (55 and over), currently 27%
  - People with disabilities, currently 733
- Reduce excess weight in adults (55.7% in 2014/15)
- Cumulative percentage of the eligible population aged 40-74 who are offered (33.4%) and take up (8%) a NHS Health Checks to become more targeted

- Reduce the prevalence of children classified as overweight and obese by 0.5% for each group (4 – 5 year olds overweight, 4 – 5 year olds obese, 10 – 11 year olds overweight, 10 – 11 year olds obese) by 2020
- Increase the uptake of screening

We will also monitor the following:

- An increase in life expectancy and healthy life expectancy including decreasing inequalities (between wards and genders)
- Reducing the prevalence of CHD and cancers

7. Care when needed

Highlights

Barnet has improved **access to care and support** by:

- Launching a new universal deferred payments scheme
- Providing prevention services, promoting wellbeing and focusing on delaying or preventing the need for social care services
- Improving information and advice services, enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how to fund it
- Implementing a service to support self-funders to arrange and manage their community care (users pay a fee to cover costs)
- Promoting Information and Advice providers including Social Care Direct
- Changes to support services for carers as well as establishing an assessment for carers own needs and implementing changes of eligibility for carers
- Continuing to meet Equalities Duties and provide a person centred approach, for those with specific access needs we provide interpreters and information in a variety of formats. We are currently reviewing our telecare and sensory equipment offer.

Carers can access mainstream and prevention services to promote their health and wellbeing for example they can receive health checks for themselves and obtain information and advice about benefits. Following a carers assessment and development of a personalised Support Plan, the council offers further support options including obtaining a direct payment to meet their identified and eligible needs and outcomes; and respite given to the person they look after. There are specialist support services for carers delivered through a lead provider who work with voluntary and community sector partners to provide short breaks so carers can have time off from caring; peer and group support; training in manual handling and help with emergency planning.

With support from the council, a Parent Carer Forum has been established in Barnet with a membership of over 100 parent carers. The forum will be a resource for consultation, vital at a time of service development alongside the wider Carer’s Forum.

Integrated care and encouraging self-care were identified as priority areas by the Health and Wellbeing Board in November 2014 and since then a key focus of the board has been to deliver better care for people with complex health care needs. The council, BCCG, voluntary and community sector as well as providers are working together to create ways for people to remain in their own homes for longer.

In line with our prevention aims and to reduce the pressure on accident and emergency departments, we have been developing community models of care. The borough has established a Healthy Living Pharmacy (HLP) model with 28 pharmacies (of the 78 in Barnet) signed up to providing a health and wellbeing support service to patients.

Our commitment to support people to live **meaningful, fulfilling lives** whatever their ability or disability is also evident in our Winterbourne View Concordat progress. There are active discharge plans in place for many of the remaining patients. Commissioners and care co-ordinators are working closely with existing and new providers to develop solutions which are in the patients' best interests.

Barnet achieved the 67% **dementia diagnosis** national target for 2014/15 with a 67.7% result and, as of August 2015, we have achieved a 77.1% diagnosis rate. This means that three quarters of the people estimated to be living with dementia in Barnet have a diagnosis. The re-configured Memory Assessment Service, provided by Barnet, Enfield and Haringey Mental Health Trust, became fully operational in July 2014. The service provides a holistic assessment for people with memory problems and has the capacity to meet the needs of a growing population of older people with dementia. Located with this service, is Barnet's Dementia Advisor service which provides specialist information and advice at the point of diagnosis and a point of contact on an ongoing basis. Four Dementia café's provide opportunities for people with dementia and their carers to gain information and advice and take part in a range of activities.

The Early **Stroke** Discharge team provides specialist stroke rehabilitation care and a seamless transfer from hospital to home for stroke survivors. Barnet's post-acute services such as stroke review and specialist information and advice ensure that the recovery potential for people following a stroke is maximised. The stroke review service re-assesses an individual's health, social care and therapy needs at six months post stroke, improving their recovery potential. The review can pick up the need for further prevention services so reducing the likelihood of a second stroke.

What does Barnet's JSNA tell us?

Our older population

- Barnet has a higher proportion of people aged 85 and over (3.1%) compared to Outer London (1.8%) and the UK (2.3%)
- Currently, Garden Suburb and High Barnet have the largest proportion of people who are over 65, both at 18.1% of the population within the ward. Over this period, Brunswick Park and Hale are projected to experience relatively higher levels of growth in the proportion of the population aged 65 and over, increasing by 5.8% and 5.5% respectively

- The over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate goes higher in successive age bands; over-65 population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.

Health and social care

- Despite continued growth in the adult population, the number of people in receipt of residential care and nursing care has decreased from 1,441 in 2011/12 to 1,367 in 2013/14 (a decrease of 5.1%)
- Overall the percentage of diabetic people having all 8 health checks in Barnet is below the national rate
- Increasing demand on urgent and emergency care with Barnet Accident and Emergency activity recording an increase in 14/15 compared to 2013/14
- Barnet has a higher population of people with dementia than many London boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London
- The incidence of tuberculosis (TB) in Barnet (25.9 per 100,000, three year average) is lower than the London regional rate (39.6 per 100,000) but higher than the rate in England (14.8 per 100,000). Barnet has a higher number of drug resistant TB cases than the average number of these cases in London.

Carers

- In 2011 there were 32,256 residents who classified themselves as a carer in Barnet. The 25-49 year old age group had the largest number of carers (12,746)
- In relation to the total population, Brunswick Park and Underhill have the highest rate of carers (10.5% of the population), whereas Colindale has the lowest (6.90% of the population)
- Young carers are at particular risk of remaining hidden from services, in Barnet we have identified 2% of under 18s to be carers but there is a large gap in identification of 16 – 17 year olds with a caring responsibility
- On average carers are more likely to report having poor health (5.2%) than non-carers (4.2%), especially among carers who deliver in excess of 50 hours of care per week. One in 5 young carers describe their health as being only fairly good or even poor
- Young carers are also 1.5 times more likely to have a disability, long term condition and special educational needs than non-young carers
- Young carers are twice as likely not to speak English as their first language
- The Carer's Survey shows that whilst carers reporting satisfaction with the services they received has decreased from 74.7% 2012/13 to 68.1% in 2014/15, satisfaction has remained stable for people who are cared for (88.3% of service users in 2013/14 and 88.2% of service users in 2014/15).

What we plan to do

Carers

Carers are being recognised nationally for their contribution. Carers are being prioritised in this strategy due to their crucial role and their own health and wellbeing needs which will increase as more people choose and are supported to remain at home for longer. According to Carers UK, there are 6.4 million carers in the UK reducing the national care bill by an estimated £119bn per year, equivalent to £18,594 per carer. Each caring situation is unique and every carer has different needs and priorities. It is important to identify carers, and where needed, support them to carry out their caring role whilst protecting their own health and wellbeing.

A caring role can develop and change gradually overtime or an individual (parent, partner and sibling) may not regard what they do as caring which means that identifying carers is difficult. Awareness needs to be raised with residents to understand what caring is and that it is ok to ask for help. To increase the **identification of unknown carers** we will:

- Develop campaigns for the following:
  - Areas with a high population of older people such as Garden Suburb
  - Work with schools and colleges to develop effective outreach to identify carers who are aged 16 -17
  - People from BAME communities to ensure literature and information is accessible.
- Work with businesses (including pharmacies), through Entrepreneurial Barnet, to ensure that businesses understand their responsibility, as employers and in interactions with residents, to identity and provide carers with the flexibility they require to work and care
- Ensure services working with adults identify children and young people (and where they have caring responsibility) at an early stage and make referrals as necessary such as drug and alcohol services and enablement services as well as voluntary and community sector providers.

To support carers to have a life of their own, **positive health and wellbeing** as well as supporting our most vulnerable carers, we will embed the needs of carers across the priorities of the JHWB Strategy as well as:

- Making sure carers have access to high quality support when they need it including advice about their entitlements and services available
- Providing specific training for young carers in the areas of learning disability, physical disability and mental health (including dementia) so they are better equipped in their caring role

- Developing the respite offer for carers, through our local volunteering service and through the council's contracted lead provider
- Ensuring that services are developed with carers and their cared for in mind particularly prevention provision and services for people with long term conditions such as dementia and stroke
- Actively involving carers in at all stages of strategic and service commissioning. The council and BCCG are committed to making sure that the voice of carers shapes the services available to them, and monitor the effectiveness and standards of what is available.

Dementia

Our aim has been to focus on early and timely diagnosis, improving information and supporting people with dementia and their carers in the early stages. Our **Barnet Dementia Manifesto** sets out what we aim to do next, for example, increase public and professional awareness and understanding of dementia. Recognising particular housing needs, the council will increase the supported housing options for people with dementia and their carers, linked to health and care support and other community facilities by 2025.

Palliative and End of Life Care

Two thirds of people that die every year are 75 years of age or older. However deaths in England and Wales are expected to rise by 17% from 2012 to 2030. Traditionally palliative care services have been oriented towards cancer care; however people with a whole range of other conditions including cardiovascular, respiratory, neurological disorders and dementia should also be accommodated. To date the proportion of people with non-cancer diagnoses accessing specialist palliative care services has remained low.

With both the palliative and end of life care being a priority for Barnet, a review of the current pathway is underway in order to ensure that patients are supported to die in their preferred place of choice. We will:

- Work with the voluntary and community sector to:
    - Improve the availability of relevant information to individuals and their carer
    - Raise awareness of the importance of talking about dying and death as well as getting your affairs in order
- Continue to ensure timely identification of the end of life phase, this will involve linking the palliative care register with other long-term condition registers
- Further develop our local processes for access to rapid response end of life care in the community.

Health and social care integration

The Health and Wellbeing Board has a clear vision for the integration of health and social care for frail elderly people and people with long-term conditions in Barnet (to deliver our Better Care Fund objectives) and has set up an ongoing programme of work to deliver it which includes:

- Encouraging residents to be involved in and take responsibility for their health and wellbeing in order to support independence. Programmes which develop social capital are achieving great outcomes such as the neighbourhood services and voluntary and community sector initiatives:
- Building teams across primary and community health and social care to support people with complex long term conditions
    - Barnet Integrated Locality Team – to improve the coordination and quality of care
    - Develop the Health Living Pharmacy model to improve the public health service offer across the borough
    - Looking at where integration of commissioning can be explored with neighbouring boroughs.
- Encouraging friends and families to refer to social care services, earlier as currently a large majority of referrals to social care are from either primary or secondary care settings
- Embedding prevention through system transformation including changing the patient-professional conversation which our Heath Champion pilot in 2016 aims to achieve with roll out from 2017.

We will design and develop services with voluntary and community sector groups and residents to ensure that needs are considered, for example we will work with Barnet Senior Assembly to improve the quality of and access to information and advice for older people.

In terms of the Winterbourne View Concordat (Assuring Transformation), there have been no new in or out of borough hospital admissions since September 2014. The BCCG's Continuing Health Care team continues to work closely with the Integrated Community Learning Disabilities service to identify and plan appropriate support for those at risk of admission. A whole system approach is required to achieve better outcomes for our residents. When someone needs care and support, they need services that are joined up around individual needs, including those of carers. **Personal Budgets** and **Personal Health Budgets** (PHBs) are central to this approach. NHS England guidance requires CCGs to include people with learning disabilities in long stay hospitals for PHBs.

Gearing Up is a partnership programme led by Barnet Mencap alongside Barnet BCCG (Continuing Healthcare Staff), the council and parent carers piloting Personal

Health Budgets for people with learning disabilities. PHBs aim to develop innovative, personalised accommodation, care and wellbeing solutions for individuals and presents a huge opportunity for the health and social care market to diversify and personalise their service offer to creatively meet the needs of residents. There are also opportunities to explore this with neighbouring boroughs. At the present time, there are 10 individuals who have a PHB in Barnet. With local stakeholders we will develop a local offer during 2016 where PHBs become the default offer for people receiving Continuing Healthcare and other individuals.

Primary care

The success of the Health and Social Care Integration model relies on significant changes in primary care delivery. Improving access, quality and outcomes in primary care will reduce hospital admissions. Improving primary care is a key strategic goal of BCCG and across North Central London to:

- Jointly co-commission primary care with NHS England
- Coordinate care around the needs of the patient
- Building on existing Primary Care Networks, support the continued development of Networks, across the borough, to deliver a wider range of enhanced services, delivered at scale, within a primary or community setting, that allows for improved access to seven days a week
- Promote health and wellbeing (improve uptake of Health Checks for people aged 40 – 74)
- Recruit and retain the best staff
- Provide high quality and safe premise and practice.

Locally, building on the work of Healthwatch Barnet, we will encourage service user feedback and improve the collection of patient experience information. Primary care services are keen to work with partners to improve service quality such as Barnet Mencap detailing the experiences of people with learning disabilities and autism.

Tuberculosis (TB) is a disease that is preventable and treatable yet it remains a major public health problem in London. In January 2015, Public Health England and Department of Health released the Collaborative TB Strategy for England, 2015-2020. In July 2015, the Health and Wellbeing discussed a new approach to control TB in the borough which includes developing a Latent TB Infection screening programme for new registrants targeted a people aged 16 – 34 and from countries of high prevalence. This will require a local programme network to develop and an application for available funding.

How will we know we have made a difference?

Our performance measures for the theme “Care when needed” are:

- In 2014/15 Adult Social Care assessed 1364 carers and there were 5950 registered carers at the Carers Centre. We aim to increase the identification of unknown carers by 10% by 2015/16 and continue to increase this to 2019/20
- Increase the number of carer assessments resulting in information, advice and services being provided from 1160 who received direct support following an Adult Social Care assessment in 2014/15 to being in the top 25% of comparable boroughs by 2019/20
- Increase the percentage of adult carers who have as much social contact as they would like from 35.8% (2013/14) to being in the top 25% of comparable boroughs by 2019/20
- Increase the proportion of carers satisfied with social services from 34.6% (2013/14) to 35.7% (2015/16) aiming for the top 25% of comparable boroughs by 2019/20
- Maintain the diagnosis rate of 77.1% and continue to meet the 12 week referral to diagnosis target
- Increase the proportion of people who feel in control of their own lives from 73.3% (2014/15) to the top 25% in England by 2019/20
- Increasing choice and control through Personal Health Budget, moving from ‘we do this for some people’ to ‘we do this for most people’ in 2016 (Makers of Progress scorecard)
- Reduce permanent admissions to residential and nursing care homes of 13.5 per 100,000 population (of 18 – 64 year olds) in 2014/15 to be in the upper quartile in our comparator group by 2019/20
- Increase the proportion of older people still at home 91 days after discharge from 73.8% (2014/15) to 81.5% (2015/16) with the aim of being in the top 10% in the country by 2019/20
- Increase the detection of TB, targets for the latent screening programme to be confirmed
- Working with NHS England and partner organisations to reduce the proportion of people reporting a very poor GP experience.

8. Target setting, monitoring and governance

The targets chosen in this strategy are considered most relevant to the strategic priorities. Most of the data which will be used to monitor achievement against targets is already being collected and monitored by one of more of the agencies on the Health and Wellbeing Board, which avoids duplication.

The targets will be regularly monitored and reported to the Health and Wellbeing Board to assess progress.

While this is a four year strategy, the targets will be reviewed annually, taking on board the latest intelligence and recommendations. The results will be published so that the public are easily able to track our progress in achieving our priorities set out in our Joint Health and Wellbeing Strategy.

Appendix 1 Barnet's Health and Wellbeing Board

The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where key leaders from the health and care system work together to improve the health and wellbeing of local communities.

The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through development and implementation of Barnet's Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

The membership of the HWBB (November 2015)

Chairman: Councillor Helena Hart

Vice Chairman: Dr Debbie Frost (Barnet Clinical Commissioning Group Chair)

London Borough of Barnet

Two Councillors –

Chairman of Adults Safeguarding Committee

Chairman of Children, Education, Libraries and Safeguarding Committee

Director of Adults Social Services

Director of Children's Services

Director of Public Health

Barnet Clinical Commissioning group (BCCG)

Two BCCG Board Members

Chief Operating Officer

NHS England

One representative

Observer member
(Speaking, non-voting rights)

Independent Chair of the Safeguarding Adults and Children Boards

Healthwatch Barnet

Head of Healthwatch Barnet

Barnet's Health and Wellbeing Board has been functioning in shadow form since 2012 and functioning a statutory body in April 2013 and has achieved the following:

- Agreed the final plans for Barnet's Better Care Fund
- Supported Barnet CCG's proposal to joint co-commission (with NHS England) primary care alongside the North Central London CCGs
- Approved Public Health 5-year Commissioning Plan

- Agreed for Public Health to commission the Fit and Active Partnership Board to be set up
- Supported the commissioning of a Tier 2 adult weight management service
- Reviewed our progress against the Disability Charter
- Identified the need for a local Dementia Manifesto
- Received Healthwatch Barnet reports highlighting issues on:
    - meals in hospitals
    - the hospital discharge process
    - improving awareness of local services.
- Took responsibility for health and wellbeing issues in the Children and Young People Plan.

Barnet's Health and Wellbeing Board has three subgroups: Early Years Subgroup, Finance Group and the Health and Social Care Integration Board.

The Health and Wellbeing Board works closely with Barnet's five Partnership Boards (Older People's Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board; Carers Strategy Partnership Board; Physical and Sensory Impairments Partnership Board). Members of the Health and Wellbeing Board and the Partnership Boards are bought together at twice yearly summits which are a forum for collaborative working.

To access more information about the Board including the Board's work programme, agenda and papers visit:
https://barnet.moderngov.co.uk/ieListMeetings.aspx?CId=177&Year=0

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Consultation report

Keeping Well, Promoting Independence

A Joint Health and Wellbeing Strategy for Barnet 2015 – 2020

October 2015

Introduction

This report sets out the findings from the consultation conducted as a part of the development of the Joint Health & Wellbeing Strategy 2015 - 2020. The consultation involved two phases. The first phase explored views on the proposed priorities of the strategy and the second phase asked for views on the draft strategy. Both phases included workshop discussions and the second phase included a survey.

The findings are important in order to quantify the opinions of residents and partner organisations on the strategy.

Background and context

At its meeting in November 2014 the Health and Wellbeing Board (HWBB) requested work to commence on refreshing the current Barnet Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing (JHWB) Strategy, which were originally produced in 2011/2012 and expire in 2015. The Health and Wellbeing board are required to produce a JSNA and JHWB Strategy.

The Barnet JSNA, which was carried out in 2015, provides the evidence base for the JHWB Strategy 2015 - 2020. The JSNA provides a snapshot and future projects of the profile of our borough covering aspects such as health, social care, community assets, community safety and housing. The JSNA highlights areas of 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 Joint Health and Wellbeing strategy aims to reduce these health differences by focusing on keeping well and promoting independence.
The Joint Health and Wellbeing Strategy has two overarching aims consistent with the aims of the previous strategy:

> Keeping Well – Based upon a strong belief that 'prevention is better than cure', this strategy aims to begin at the very earliest opportunity by giving every child in Barnet the best possible start to live a healthy life. It aims to create more opportunities to develop healthy and flourishing neighbourhoods and communities as well as to support people to adopt healthy lifestyles in order to prevent avoidable disease and illness.
>
> Promoting Independence – This strategy aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing. It also aims to ensure that when extra care is needed, this is delivered in a way which enables everyone (children, young people, adults and older people) to regain as much independence as possible, as soon as possible, and as ever supported by health and social care services working together.

Methodology and data collection

The consultation took place in **two phases**:

- April – August 2015 developing the strategy priorities
- 17 September – 25 October 2015 public consultation on the draft strategy which included a survey.

The consultation collected a wide range of views and opinions from both local residents and interested organisations.

In summary, the methodology was as follows:

- The strategy was presented as a number of meetings between June – October 2015 giving residents and partners the opportunity to discuss the strategy in workshop sessions
- A consultation document was made available to all respondents which included a copy of the strategy
- Collection of respondents views were fed back via a self-completion survey made available online via http://engage.barnet.gov.uk/ and in paper copies by request
- An easy read summary document was made available
- The online survey was available from 21 September – 25 October 2015
- Data was collated and analysed in-house
- The survey was widely promoted via a communications campaign through Barnet online (press release), social media, public and service user events, Barnet CCG internal and external communications channels, Healthwatch, Resident Forums, Barnet Homes residents' Viewpoint Register, and communications via CommUNITY Barnet's contact database, to encourage high response to the survey.

Findings

Phase 1: Priorities

From April – August 2015 a number of **engagement events** were held to develop the JHWB Strategy priorities. Following the emerging findings of the JSNA and a review of our performance over the lifetime of the previous Health and Wellbeing Strategy (2012 – 2015) initial priorities were identified as areas where it would be beneficial for the HWBB to focus their joint efforts in order to make the most positive gains for the borough's residents. Participants in this phase of the consultation were asked what they thought of the priorities. The strategy was discussed with:

- Partnership Boards at the Partnership Boards and Health and Wellbeing Board Summit (residents, carers, voluntary and community sector organisations, Healthwatch, Barnet Council and Barnet CCG)
- Barnet Youth Access Board
- Barnet Safeguarding Boards
- London Probation Service
- Local infrastructure organisations (CommUNITY Barnet; Groundwork)
- Partnership Strategic Commissioning Board (including businesses and Middlesex University)

Overall this phase of the consultation found **support for the priorities**. As a result of this phase the priorities were **refined and important areas of further exploration**

were provided (such as social isolation, employment). Appendix 1 has highlights from a few of the discussions.

Phase 2: Draft Joint Health and Wellbeing Strategy 2015 – 2020

A **survey** was available online and paper copies were available on request from 21 September – 25 October 2015. In addition, the strategy was **presented** at a number of fora and individual organisations and residents were encouraged to feed into the response outside of the survey.

Survey responses

A total of **27 residents and organisations took part in the survey**. This achieved sample size is based on the total number of respondents to the survey as a whole, and not the number of respondents to individual questions. The results presented are based on “valid responses” only, i.e. all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question depending on the extent of non-response.

The responses came from a mixture of Barnet residents (68.2%), voluntary and community sector organisations (27.5%) and public sector organisations (4.5%). Due to the small sample size no further analysis has been done on the response to each question by these different demographic sub groups.

Overall there was **support for the vision, theme areas and priorities –**

- 96% agreed with the overall vision for health and wellbeing in the borough
    - One respondent disagreed with the vision based on delivery, this is addressed in the response below
- Over 80% agreed with the theme areas
- A high percentage of people agreed with our priorities for the themes –
    - Preparing for a healthy life – 74%
    - Wellbeing in the community – 85%
    - How we live - 85%
    - Care when needed – 85%

For each theme, respondents considered the **following areas to be most important.** The areas that are most important to residents reflect the principles of the strategy including a focus on prevention and early intervention, building resilience and community capacity and reducing health inequalities:

For preparing for a healthy life:

- Develop targeted, multi-agency, place based commissioning programmes to increase household income
- Target social action, volunteering and employment projects delivered by our local infrastructure partners

- Ensure all parents of targeted two year olds and universal three and four years olds access their free entitlement offer.

For wellbeing in the community:

- Build prevention and early identification into all we can to prevent and reduce mental health problems
- Make mental health the key priority of the Health and Wellbeing Board for the first year of the strategy
- Engage volunteers through befriending schemes (particularly as a respite offer for carers) and promote ways for people to get involved locally such as in the Borough's parks and green spaces and libraries.

For how we live:

- Make it easier for people to access and engage with sport and physical activity - Take sport and physical activity outside of the leisure centre
- Target those who do not traditionally take part in sport and physical activity
- Support individuals and communities to take ownership and responsibility for sustainable sports and physical activity options.

For care when needed:

- To increase the identification of unknown carers – develop targeted campaigns
- To support carers to have a life of their own and positive health and wellbeing through training for carers, improving the respite offer and involving carers in the development services
- Continue to implement our vision for the integration of health and social care for frail elderly people and people with long-term conditions including building teams across organisations, promoting prevention, taking a whole life perspective and improving referrals into services.

As well as the survey respondents, individuals and organisations fed into the consultation via written responses, workshops or through arranging individual meetings. The strategy was discussed at:

- Children and Young People Practitioners' Forum (see appendix 1)
- Healthwatch AGM (see appendix 1)
- Barnet Youth Access Board (see appendix 1)
- Three Barnet resident forums.

Individual responses were received from:

- Jewish Care
- London Romanian Seventh-day Adventist Church

- Jewish Deaf Association
- Barnet Voice for Mental Health
- Healthwatch Barnet Youth
- Saracens Sports Foundation
- Age UK Barnet

Throughout the consultation there have been a number of offers from organisations to support us to deliver our priorities and these discussions are being taken forward. Local organisations and groups have offered to engage with the proposed actions particularly promoting independence, employment support services, signposting and holding events to promote health and wellbeing.

The table below captures the areas highlighted by all respondents (online survey and individual responses). Responses have been grouped into themes.

Issues raised	**Response**
Accessibility: • The needs of people with physical and sensory impairments and the importance of cultural differences are missing • Rated as highly important by respondents with regards to the focus areas of each theme • The importance of choice and control.	The strategy has been updated to: • Highlight our equalities duty and person centred approach to service design and delivery • Accessibility is central to a number of programmes such as the Health and Social Care Integration model, 0 – 25 disability service and the early years review • Incorporate people with complex and/or special access needs throughout the strategy • Include information about the Barnet Centre for Independent Living (BCIL) project to increase participation in sport and physical activity for people with physical disabilities • Increase the information included about personal health budgets • For children, accessibility is central to our 0 – 25 service offer and will be part of the early years review.
Including “whilst also bearing in mind individualised care costs and long term benefits” after - “Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the taxpayer.	This line is from Barnet’s Strategic Equalities Objective (https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/equality-and-diversity.html) and therefore cannot be amended. The statement that you added, “whilst also bearing in mind individualised care costs and long term benefits” is considered as part of the Equalities Objectives and as part of meeting the requirements of our equalities duty
Supporting the voluntary and community sector to deliver services and	We value the work of the voluntary and community sector and consider the sector to be a key partner in delivering our vision for health and wellbeing in the

become sustainable.	borough. Work with our Local Infrastructure Organisations is referenced within the strategy. The Health and Social Care Integration work led by the council and CCG (described in the *Care when needed theme*) works with residents and voluntary and community sector groups to develop services that support people to take responsibility for their own health.
There is too much focus on volunteer capacity; how will volunteers be identified?	The strategy looks at the opportunities for developing and supporting community capacity. The strategy also highlights the importance of employment and increasing outcomes and the programmes we have in place to support this. Working with our Local Infrastructure partners will help us to identify and develop our volunteers.
Include the reference for the resident satisfaction data.	A reference to the Resident Perception Survey has been added.
Effectiveness of campaigns (wellbeing; carers).	We will run targeted, evidence based campaigns. We will also work with our partners (such as schools, pharmacies, social care providers) to embed consistent messages. Campaigns to identify hidden carers were highlighted as a priority area by respondents for the care when needed theme and, through the consultation process, a number of organisations have offered to support the delivery of campaigns.
Preparing for a healthy life theme to include single mothers, all mothers and the needs of parents who need help and support.	The priority and action incorporates and reflects the needs of all parents, the priority has been updated to reflect this - Focus on early years settings and providing additional support for parents who need it.
Do we still have school dentists?	We commission an Oral Health Service (this comprises of Oral Health Co-ordinator plus equipment) this reflects Barnet's overall public health oral health improvement strategy. The Oral Health Co-ordinator promotes a tooth brushing programme in targeted schools. We also have a Community Dental service (based at Vale Drive Primary Care Centre) for children and young people with SEND or children who are unable to receive oral health through a regular NHS dental service.
Lack of mental health statistics in section 3 (*Where are we now)*	One statistic has been added to section 3: In 2015, it is predicted that 56,333 people aged 18 – 64 have a mental health problem

	Statistics about mental health in the borough are included, in detail, in the *Wellbeing in the community.*
There are often long waiting times for mental health services including the voluntary sector.	We are keen to rebalance the system to focus on prevention, early intervention and improved management of complex cases to relieve the pressure on the system. The service redesigns and developments (including the reimagining mental health project) will be looking at waiting times to ensure that care and support is available to residents when they need it as well as making sure that families and communities are aware of the services available. The strategy (*Wellbeing in the community)* gives our vision and highlights areas of further development which will include personalised services in the community, this work is underway and will involve further consultation.
Engaging with residents with mental health issues within their family setting to make sure they are aware of all the programmes and support services that are available.	
Making mental health services shorter and more focussed on getting well, rather than staying in them for a long time.	
Include support for people with long term problems to attain a meaning and purpose in life.	This has been included in the description of *Wellbeing in the community* - We will strive to support people to pursue their interests within their capabilities. This is also reflected in our personalised approach and volunteering offer as well as neighbourhood and community services.
Ensuring that health champion programmes are developed appropriately.	*Wellbeing in the community* refers a new model of health champions which will be piloted in 2016. Health champions will be supported to work alongside patients and staff in six practices in the west of the borough. This model is based on a successful implementation of a similar model in another area of the country and will be closely monitored.
Social isolation The importance of transport in reducing social isolation "In Barnet, social isolation is particularly prevalent in elderly women who live alone, notably in areas of higher affluence and lower population density." this does not take into account social connectivity and socio economic status (and other research)	Transport will be considered as part of regeneration schemes and activities to reduce social isolation We acknowledge that people from all backgrounds in all areas of the borough experience social isolation. However, research conducted by Barnet shows that older women are more likely to live by themselves. The research found that women are more likely to live by themselves in areas of higher affluence. The strategy has been updated to make this clearer - In Barnet, social isolation is especially prevalent in elderly women who live alone (more likely to be in areas of higher affluence and lower population density). As outlined in the strategy we will be working to reduce

	social isolation of all residents (children, young people, adults and older people) at risk of or experiencing social isolation (across the borough). We will use research, evidence and examples of best practice to identify and support residents experiencing social isolation.
In relation to people missing work due to ill health is it worth mentioning that work is being done with GPs on dealing with Medically Unexplained Symptoms which accounts for a lot of lost days in work e.g. back pains etc.	The strategy has been updated to include in *Wellbeing in the community.*
The link between housing and health needs to be stronger.	This is already included in *Wellbeing in the community* and will be taken up as part of the Housing Strategy with the Health and Wellbeing Board being sighted on developments
Support uptake of screening for age related conditions such as triple A screening, occult faecal blood screening for rectal/colon cancers. Also for age related macular degeneration.	Public Health will work with NHS England to explore appropriate service delivery in line with best practice to improve the uptake of all screening including cancer screening programmes. The priority has been updated to make this clear.
There needs to be improved follow up of patients who complete physiotherapy sessions to ensure they continue taking exercise.	The Sport and Physical Activity section in *How we live* reflects our ambition to work with partners to improve pathways to physical activity. The link between physiotherapy will be covered more holistically through an approach with hospitals to signpost into walking for heath related programmes – an area of work that will be reviewed in the coming year.
Need to be clearer about how sport and physical activity will happen outside of leisure centres, e.g. food growing projects, cook and eat etc. Allotments, gardening and food growing are important for health and wellbeing.	The sport and physical activity section (*How we live*) has been updated to better reflect our ambitions and intentions to support residents to participate in sport and physical activity especially outside of leisure centres. Allotments are included in the scope of the Open Spaces Strategy which aims to develop a strategy for parks and open spaces that reflects the needs and aspirations of residents, elected members and staff and ensures a sustainable financial basis for the service. The Council has an aspiration to radically re-think the role that parks and open spaces play within the borough. Parks and open spaces have the potential to support a wide range of cross-cutting

	strategic priorities, including public health and wellbeing, the environment, biodiversity, education, employment, community safety, regeneration and community engagement. In developing a new strategy, the Council wishes to reference current best practice and recent research into options for future funding and governance of public open spaces
Keeping parks clean.	This will be considered as part of the Open Spaces Strategy, a reference is included in *Wellbeing in the community*.
Pedestrians • Need to improve the pedestrian environment and infrastructure so it is designed for pedestrians. JHWB Strategy needs to be considered alongside Barnet environmental policies. • ALL pedestrians need to be considered • Paths need to be constructed out of appropriate materials and even (to reduce falls) • Making the built environment conducive to walking (closeness of shops, benches, access to toilets, safety).	Our sport and physical activity aspirations are inclusive of these aspects for example active travel, encouraging engagement outside of leisure centres and promoting an active habit. The Council has a duty under the Highways Act 1980 to ensure that the highway network, which includes all footpaths and public rights of way, is safe for all residents who are using it. To this end the Council is investing £50 million over the next 5 years to renew a large number of the highway network (including footpaths) in the borough. In addition the highway network is regularly inspected to ensure that it is safe and any defects found to be urgent are repaired within 2 hours. New footpath linkages and walking routes are part of the strategies and implementation plans behind every regen scheme.
Carers – need to know about benefits.	We aim to ensure that all carers have access to the entitlements and services that they need. The strategy (*Care when needed)* has been updated to make this explicit.
Supporting vulnerable carers.	This is inherent in our priority to support the health and wellbeing of carers; this will mean identifying carers who have their own health and wellbeing vulnerabilities to ensure that they have access to the appropriate support. This has been highlighted with *Care when needed*.
End of life care is missing.	Prior to consultation a section on palliative and end of life care was being developed which is now included in the final strategy to show our work in this area.

With regards to delivering our ambitions, this is a joint strategy between Barnet CCG, Barnet Council and Healthwatch Barnet; all organisations are committed to the

delivery of this strategy. Following agreement at the Health and Wellbeing (November 2015) a delivery plan will be developed and presented to the Board in January 2016; further consultation will take place with regards to the delivery plan as is it vital that partners commit to embedding the strategy and supporting the delivery of its priorities. Each year a performance report will be presented to the Board to ensure that progress is being met. The strategy will be embedded in the work of the Health and Wellbeing Board member organisation and our partners.

We are also committed to ensure that we monitor and evaluate programmes to determine effectiveness and best value for money. Barnet Council and Barnet CCG are committed to delivering high quality services, we comply with standards and guidance and have monitoring and evaluation processes in place. Both organisations regularly seek service user feedback and work closely with Healthwatch such as implementing the findings of enters and views to improve services for residents

Appendix 1: Feedback from workshops and presentations

1) Partnership Boards and Health and Wellbeing Board Summit – 9 July 2015, 88 people (service users, carers, VCOs, councillors, LBB, Healthwatch, BCCG)

Overview of key points:

Preparing for a healthy life (early years settings and child tooth decay)

- Early years setting – key priority; including educating parents, developing positive attachments and building resilience
- Need to improve engagement with fathers (all parents)
- Links with safeguarding (dangers of the internet)
- Helping young people prepare for adult life
- Incorporating the priority of child tooth decay with the early years settings priority
- Child tooth decay is a strong identifier of need
- Improving access to dental care (in and out school)

Wellbeing in the community (improving mental health and mental wellbeing for all)

- Supporting certain groups, targeting those most in need
- Reducing stigma, raising awareness
- Not just focussing on high end need, need to support people with low mental health issues
- A holistic approach to care is needed including links with other conditions and behaviours (e.g. smoking)
- Pathways and treatment services (e.g. referrals, waiting times) are an issue
- Focusing on early intervention and encouraging self-care
- Key role for voluntary and community sector
- Improved promotion of what support is available
- Encouraging community and neighbourhood activities

How we live (physical activity and healthy workforce)

- Improve the boroughs networks and environment to be more conducive of active travel
- Focusing on prevention including explaining the benefits of physical activity
- Physical activity is a broad area – needs to have specific aims
- Healthy workforce is important; working with employers to allow flexible working
- Reducing the stigma of mental health in the workplace (including the application process and being able to call in sick)
- Employment opportunities and inclusion for people with disabilities

Care when needed (carers)

- Professionals need to appreciate the important role of carers

- Indentifying hidden carers; issue of people feeling obligated to care, being supported to identify as a carer and access support available
- Supporting vulnerable carers (e.g carers with mental health issues)

Other

- Importance of the voluntary and community sector
- Accessibility

2) Barnet Youth Board – 30 April 2015 and 24 September, 20 young people in total

- Promotion of dentists and positive oral health needs to be within and outside of schools
- Opportunities to link with 'Make your mark'
- Transport and access to services is important for everyone especially older people and people who have had an operation
- Accessing a GP is important but sometimes difficult
- Intergenerational projects should be encouraged
- Eating disorders need to be recognised and people need to be able to access support
- More healthy eating and public health promotion needed in schools
- Availability of housing
- Importance of mental health support, reducing stigma and the support being there when young people need it (e.g. at night)

3) Healthwatch AGM, 17 September 2015, 57 people attended

- Suicide is an important issue, supporting people in crisis should be paramount
- The importance of developing services with people (not just for people)
- It needs to be clear when neighbours are able to refer people to services (rather than requiring a GP) such as to support people with early signs of dementia
- There needs to be more intergenerational work
- Experience of primary care is important (links to the Healthwatch Primary Care Group)
- Quality of services in care homes
- Interpreters are needed for people whose first language is not English and for people with hearing loss
- Service and referrals need to be joined up
- Transitions from children to adult services need to improve
- Eye sight liaison officer is now in place and making a positive difference

4) <u>Children and Young People Practitioners' forum, 30 September, 35 people</u>

Preparing for a healthy life

- Demand versus supply of free child care (we are working to increase the supply in places where this is low and increase the take up across the borough)
- Healthy towns – solution that Barnet can use? What is happening in Barnet
- Communicate what is happening locally?
- Educating families about their health
- Prenatal classes and beyond
- Throughout stages – health visitors, children centres
- How can join up dental issues across agencies in NHS / council – where you can go? Emergency dentist?
- Involving different communities / cultures in dental care guidance
- Saracens – contribute – children centres in Hertfordshire, crèche and then access for mums about nutrition, parents understanding own health and in turn helping children (link Healthy Children Centres)

Wellbeing in the community

- Emotional wellbeing is important for all ages
- Access to services is difficult and needs to improve

How we live

- Be clearer about increasing participation plans including support for people to access
- Using assets such as school facilities in the evening
- Barriers to cycling in the borough such as no showers at work, no borris bikes, storage at home is difficult. Need to encourage bike recycling and borrowing
- Review alcohol licensing
- Screening – need to know who is not accessing it to be targeted, take the service to the people and ensure employers let people go to appointments
- Mobile apps are good e.g. couch to 5k

Care when needed

- Active language needed – what are we implementing?
- Need to engage with children and young people in the delivery of the strategy
- Who is engaged? How can we extend our networks?

Dementia Manifesto for Barnet

London Borough of Barnet &

Barnet Clinical Commissioning Group

Autumn 2015

'….it is estimated that by 2021 the number of people with dementia in Barnet will grow by 24%. With more people being diagnosed with dementia it is extremely important that the support people need is available to them at the earliest stage '

A Dementia Manifesto for Barnet – DRAFT

INTRODUCTION

This Dementia Manifesto for Barnet sets out how Barnet Council and Barnet Clinical Commissioning Group (BCCG) will work, with partners, to ensure that people with dementia and their carers receive the care and support they need.

Barnet Council and BCCG are committed to supporting people with dementia to live a full and active life, enabling them to live at home for longer and ensuring that their carers are empowered and supported in their daily lives. We will place the person with dementia and their carers at the centre of support, ensuring integrated services wrap around them and their needs.

The Dementia Manifesto for Barnet sets out a series of commitments and actions. It also reports on achievements to date.

It is estimated that over 4,000 people in Barnet in 2015 are living with dementia, and even more friends and family are adversely affected because of their condition. National research suggests that the majority of people affected by dementia think that services and communities do not meet their needs.

Working with partners in the public and voluntary sector, Barnet has developed local dementia

services with a focus on improving information and advice and supporting people mainly in the early stages of the condition, as research suggests that people have a better quality of life if they receive an early diagnosis and support.

Councillor Helena Hart, Chairman of the Health and Wellbeing Board, has said 'With the growing and understandable concern about Dementia both nationally and here in Barnet and the adverse effects it can have on whole families, it is extremely timely that we are publishing our Dementia Manifesto for Barnet as part of our Health and Wellbeing Strategy"

Dr Debbie Frost, Vice Chair of the Health and Wellbeing Board, has said 'the Dementia Manifesto for Barnet will build on the excellent work done in primary care to significantly raise Barnet's Dementia Diagnosis rate and awareness locally, and ultimately assist people with dementia to live successfully in a more understanding community'

Councillor Sachin Rajput, Chairman of the Adults and Safeguarding Committee, has said 'it is estimated that by 2021 the number of people with dementia in Barnet will grow by 24%. With more people being diagnosed with dementia it is extremely important that the support people need is available to them at the earliest stage. '

Dr Jonathan Lubin said 'Dementia diagnosis is not just a label, it is about understanding and choice and enables the person with dementia and their carers to plan for their future, and receive the support they need.'

Key facts about Barnet and dementia

- Barnet has the second highest number of people over the age of 65 in London.

- The number of older people in Barnet is expected to rise by **8%** over the next 5 years.

- Barnet has the highest number of care home places registered for dementia in London, per 100 population aged 65 and over.

- The dementia diagnosis rate is **77.1%** for Barnet as at August 2015. This means that three quarters of people estimated to be living with dementia in Barnet have received a diagnosis of their condition.

This manifesto outlines the Barnet commitment to delivering services based on the needs of our residents to support people living with dementia. We will consult with the Older Adults Partnership Board, senior GPs the Alzheimer's Society, local service providers and other stakeholders, and ensure the manifesto is implemented.

DEMENTIA IN BARNET – WHAT WE HAVE DONE SO FAR AND WHAT WE WILL DO NEXT

Increasing early and timely diagnosis

Our aim is to focus on early and timely diagnosis, improving information and advice, and supporting people mainly in early stages of dementia. This rests on the belief that informed people can take the decisions best for them. Earlier diagnosis facilitates earlier access to services and support to manage dementia better, enabling the person with dementia to remain independent for longer in their own home and in the community. Here are some examples of what we have done so far:

- In March 2015 Barnet exceeded the national target to diagnose at least 67 per cent of the estimated number of people in the borough living with dementia, reaching a rate of 77.1 per cent by August 2015. This was achieved by close working between many partners but in particular, GPs and the Memory Assessment Service.

- In November 2014 the Council, together with the BCCG organised a launch event alongside our colleagues from the Alzheimer's Society and Barnet, Enfield and Haringey Mental Health Trust. This showcased the new dementia services (the Memory Assessment service and the Dementia Advisor Service) available in

Barnet. This team exists to support residents to obtain a prompt diagnosis and then receive on the spot information and advice, plus provide ongoing contact via the Dementia Advisor service.

- The reconfigured Memory Assessment Service provided by Barnet, Enfield and Haringey NHS Mental Health Trust became fully operational from July 2014. The service provides an early, holistic assessment for people with memory problems, and is a single point of referral for all people with a possible diagnosis of dementia. The service is multi-disciplinary, following NICE guidelines and has capacity to meet the needs of the growing population of older people with dementia.

What we will do next

- We will increase public and professional awareness and understanding of dementia. This includes an understanding of the benefits of timely diagnosis and awareness of available community support services. We will work with people with dementia, their carers and the wider community to find ways to address stigma, as this is a key barrier to people accessing services early on. We will do this via the Older Adults Partnership Board, the Barnet Seniors Assembly and local community groups.

- Working with our partners in the Prevention and Wellbeing team, Community Barnet, and the Barnet Provider Group and local community groups we will target information and resources to support early diagnosis and intervention in our harder to reach groups and communities. We will ensure that hard to reach groups are visited either by a Dementia Advisor, a volunteer from the Older Adults Partnership Board, or the Barnet Seniors Assembly so that messages such as 'Healthy Heart Healthy Brain' are delivered along with advice on where to find support.

- We will continue to provide IT support to GPs to assist dementia identification and diagnosis, and communicate regular news and advice via our GP Clinical Dementia leads.

- More than three quarters of people with dementia in Barnet are receiving diagnosis and monitoring.

- We will ensure that people receive a diagnosis within 12 weeks of referral to the Memory Assessment Service by their GP.

- We will run events in May each year during Dementia Awareness Week, and link with Barnet Altogether Better locations.

Access to information and advice

Our aim is to ensure that people with dementia and their carers are able to access information and advice, as this is a key area affecting the ability of people with dementia to remain living in their own home. Some examples below of what we have done so far:

- The **Dementia Advisor Service,** currently provided by the Alzheimer's Society and located within the Memory Assessment Service, addresses the need for specialist advice and support at an early stage, and delivers specific information at the point of diagnosis. It promotes better informed decision making so that independence can be sustained. Any person with dementia in Barnet will always have the name and contact number of a Dementia Advisor who will be able to provide advice and support in line with the individual's needs and those of their carer.

- Barnet Council currently supports provision of **four dementia cafes** in Mill Hill, Finchley Memorial Hospital and two in New Barnet. These provide opportunities for people with dementia and their carers to gain information, advice and support as well as take part in a range of activities including arts, crafts and exercise. The dementia advisor team also attends Café sessions.

What we will do next

- We will further develop our web based and printed information about dementia and the services available in Barnet.
- We will review our existing directory of services and provide a quick reference ‘Guide to Dementia Services in Barnet’ to be available from early 2016.
- We are funding three Dementia Advisors.
- All GPs and other community health services will be asked to display dementia information materials and resources.

Increasing post diagnostic support following diagnosis for people with dementia and their carers, families and friends

Our aim is to ensure that people with dementia and their carers are able to access sound support in the community, as this is key to enabling people with dementia to remain living in their own home. Here are some examples of what we have done so far:

- The **Day Opportunities Service at Marillac** supports those with moderate levels of dementia to remain at home for as long as possible, helping individuals adjust and adapt and allowing their carers respite. Based in and connected to the local community, the service helps people to maintain their wider roles and contacts as well as activities of daily living.

- Support for carers plays a significant role in enabling people with dementia to live in the community for as long as possible and the **Carers Support** service offers personalised support, and facilitation of peer groups and networks. Dementia specific programmes for carers aim to provide carers with the skills required to carry out their caring role.

What we will do next

- All people who receive a dementia diagnosis through the Memory Assessment Service will be offered a personal care plan and provided with a range of information and support, and counselling where appropriate.

- Any person with dementia in Barnet will have the name and contact number of a non-clinical dementia specialist (a Dementia Advisor) for advice and support. The Dementia Advisor will be a key point of contact for people with dementia and their carers; this will ensure that people have access to Living Well planning include information, links into local social networks, learning activities, and physical activities. The Dementia Advisor will also provide links to specialist advice, financial planning and income maximisation (for example, ensuring that people do not miss out on welfare benefits to which they are entitled).

- We will ensure attendance by Professionals at Dementia Cafés, to enable people with dementia and their carers to seek advice in an informal setting.

- Working with Healthwatch Barnet, we will review whether our commissioned services are meeting the needs of Black and Minority

Ethnic groups, and engage with local community groups to gain a better understanding of needs and current gaps in service provision.

- We will commission a range of housing options that better meet the specialist needs of people with dementia. During 2015/16 we will incorporate these proposals into the planned Barnet Accommodation Strategy for Vulnerable People.

- An innovative dementia focused **extra care housing scheme**, comprising 51 flats, will be opening in Spring/Summer 2017 in Mill Hill.

- We will ensure there is a designated Joint Commissioner for Dementia in Barnet.

We will involve people with dementia and their carers in the commissioning, design and development of services.

Our aim is to involve people with dementia and their carers so that services can better meet their needs, both now and in the future.

Already people with dementia and their carers have been asked about the dementia services they want; we have taken their views into account for the new services that are being put in place.

What we will do next

- The 'Guide to Dementia Services in Barnet' will be co-produced: carer representatives and people with dementia will be consulted on the format and content of the guide.

- People with dementia and their carers will be consulted on service re-design, and asked to take part in procurements of new services: for example we are asking carers to be involved in evaluating tenders to provide Dementia Community Support Services. We will also involve carers in the working group for the new Extra Care Scheme in Mill Hill.

- Further service users and carer involvement with the implementation of this Manifesto will take place over the lifetime of this Strategy.

- The Barnet Dementia Steering Group, which brings together stakeholders across health and social care and the voluntary sector will be refreshed and will include carer representation.

We will ensure that high quality mandatory training will be available for all staff providing formal care for people with dementia

Our aim is for staff providing formal care to be able to recognise the signs of dementia and take appropriate action.

What we will do next

- We will build on the training events that took place in 2014/15. We will continue dementia training and awareness for GP and clinical staff in primary care to ensure they are able to recognise memory problems and refer to the Memory Assessment Service where appropriate. We will ensure that awareness training, either in-house or e-learning, is undertaken by administrative staff.

- We will publish a Dementia Care Guide for Front Line Practitioners, for example care assistants. This will be available in late 2016. Carer representatives and people with dementia will be consulted on the content and format of the guide.

- We will encourage all GP practices to have a named clinical lead or champion for dementia.

- All staff working with commissioned providers in community care will be encouraged to become a 'dementia friend', either on-line or by attending a face to face session.

- We will ensure that dementia awareness sessions are part of basic induction for customer facing staff at Barnet Council.

Hospitals in Barnet will be dementia friendly

Our aim is for all NHS services which serve Barnet residents to pledge to provide dementia friendly services. Here are some examples of work already underway:

- Staff at the Royal Free and Barnet Hospitals have been trained at induction on identification and treatment of dementia. This enables staff to understand the symptoms of dementia, the feelings that people with dementia may have, and how these may affect both in-patients' and out patients' experience of hospital care.

- The Mental Health Trust provides a liaison service to the hospital wards at Barnet

Hospital to assist the identification and diagnosis of people with dementia. This ensures that the patient receives the care they need at a time when new surroundings and strange experiences can have a negative effect on a person with dementia.

What we will do next

- We will work with hospitals to ensure that patients with dementia receive a good experience in hospital and are not disadvantaged

- We will engage with hospitals to understand what is already in place for patients with dementia and to develop an understanding of what a dementia friendly hospital will look like.

- We will identify and work with the senior clinicians responsible for quality improvement and training for dementia care in local hospitals

- **How:** We will engage with the Mental Health Liaison service (this service works on the wards to identify patients who may have dementia and refers these to their GPs) to analyse the current data and review the existing model of service provision to

consider if further investment would be beneficial.

A Dementia Friendly Barnet - we will make our communities dementia friendly as part of our Ageing Well commitment

Our aim is for the Barnet community to be one where people living with the dementia feel confident, have positive goals, know that they can contribute to their community and take part in activities that are meaningful to them. We are already working to make Barnet dementia-friendly in many ways:

- **Barnet libraries** staff who meet the public have signed up as dementia friends. They are being trained so that they know how to serve customers with dementia and their

carers well. Barnet libraries have a Books on Prescription scheme. GPs prescribe their patients a range of books providing practical advice about living with dementia.

- The **Saracens Dementia Club** runs three times each month at Finchley Memorial Hospital, providing people living with dementia and their carers with information, gentle exercise and fun activities in a social atmosphere.

- The Alzheimer's Society runs **Singing for the Brain** sessions weekly in Mill Hill. These provide people living with dementia and their carers with a stimulating and fun experience.

- The Reader Organisation is running two **dementia reading groups**. People with dementia and their carers are welcome to go along, to read out loud if they like, or to just sit back and relax and enjoy being read to.

- During Dementia Awareness Week 2015 the Alzheimer's Society ran **Dementia Friends Sessions** at the Council and BCCG offices in North London Business Park. **Eighty-five staff from both organisations attended and became dementia friends.** Barnet CCG has

pledged to ensure that all staff are given the opportunity for dementia friends training.

What we will do next

- We will promote dementia friendly communities to tackle stigma, raise awareness and promote opportunities for people with dementia to live well.

- Barnet Council and BCCG will register for the National Framework for Dementia Friendly Communities in early 2016 and start the recognition process. The application process requires the borough to highlight activities already taking place which contribute towards a dementia friendly community. We will state how we

intend to engage with people with dementia living in Barnet, and local businesses in our plans to become dementia friendly.

- We will work with the Dementia Friends programme, to promote Dementia Friends sessions in health and social care settings and to the wider community. An example is to continue to engage in Dementia Awareness Week – see above for further detail.

The Manifesto - Next steps

We will set out an action plan for change, share our progress with residents and health and social care professionals and make further change based on their feedback

Implementation of the Manifesto commitments and actions will be overseen by the Barnet Dementia Network. This will include Barnet Council, BCCG, carers, providers, Older Adults Partnership Board members, Alzheimer's Society and Age UK Barnet.

Targets will be developed to measure success.

The Barnet Health and Wellbeing Board is committed to achieving the above by working in partnership with key organisations and local people. Consultation with the Older Adults Partnership Board, GP leads, the Alzheimer's Society, Dementia Steering Group, Healthwatch Barnet and local providers, will take place through a series of meetings, conversations and focus groups to develop an action plan.

We will report to the Health and Wellbeing Board annually in November, alongside the Health and Wellbeing Strategy on progress towards targets.

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Public Health Annual Performance Report, Dr Andrew Howe – for information

Introduction

This report provides an overview of the work of the Public Health Service from March 2014 to April 2015. This includes a review of activity and performance of the service, highlighting progress made against the Corporate Plan commissioning priorities and a review of activity and performance against the Management Agreement priorities. The report also outlines other key achievements and progress on challenges encountered during the year. The report concludes with a brief outline of priorities for, and anticipated pressures in, 2015-16.

1.1 Executive Summary and Scene Setting

Overall 2014-15 was a very successful and busy year for the Public Health Service. The five commissioning priorities were all delivered successfully gaining significant benefits for Barnet residents. Initiatives included in the Management Agreement with Barnet Council have also been successfully delivered. In addition to commissioning priorities and the management agreement the Public Health Service was engaged in a range of other developments.

Following a review of the functioning and future direction of the Service it was agreed that organisational changes would be made. These structural changes will allow further alignment with commissioning processes in the Council and enhance working with and providing support to other parts of the Council.

Externally the Service has continued to work with other boroughs under the West London Alliance umbrella. The Joint Public Health Service is leading 22 boroughs in the work to re-procure sexual health and genito urinary medical services. 2014-15 has also seen extensive partnership working; with local communities to extend the Ageing Well initiative and with economic development and Job Centre Plus to implement a local employment support initiative are examples.

The year has also had its challenges. Analysis and remedial work was undertaken to improve Health Checks provision; the re procurement of the substance misuse contract (Drug and Alcohol) provided the opportunity to redesign the treatment pathway and in doing so facilitate improved recovery outcomes. The new service contract became operational on 1st October 2015. The Smoking Cessation Service also required much attention and after continued under performance by the main provider the contract was terminated. In all of these cases there were indications by year end that performance was improving.

1.2 Review of 2014-2015 Activity

Achievement of Commissioning Priorities

The five Public Health commissioning priorities for 2014-15 were:

School Nursing and Health Visiting Integration
Strategic Leadership for the Fit and Active Barnet campaign
Self Care Programme
Re procure Sexual Health and Drug & alcohol Services
Support for employment

These have all been successfully completed. Their completion has seen a number of significant gains for the local population and Barnet Council.

Priority 1

Complete the School nursing and health visiting review and ensure appropriate development of the early years and schools well-being programmes ahead of assuming commissioning responsibilities for Health Visiting services in 2015.

Through West London Alliance Public Health lead the successful procurement of the school nursing service.

The review was completed and the outcomes used to develop a structure that will allow future integration of health visitors with Children's Centres. The school nursing contract was successfully re-procured with the Service leading for the West London Alliance group re-procurement. The School Nursing Service and School Aged Immunisations which is being commissioned by NHS England will be delivered by a common provider in Barnet from October 2015.

Priority 2

Provide strategic leadership of the Fit and Active Barnet (FAB) Campaign and delivering environmental and behavioural interventions to promote physical activity

The FAB Partnership Board was established to ensure coordination of activity and adopted the Sport and Physical Activity Strategy Statement and developed a delivery plan. The Board agreed to prioritise target groups for participation - people with disabilities, older people and children. The FAB campaign promoted the Council brand and encouraged residents to be active – for example, a double page spread on FAB in Barnet First on the theme of al fresco exercise with an emphasis on the outdoor gyms and marked and measured routes. An 'inclusive' section was added to the website to encourage people with disability to participate in sports and physical activity.

Priority 3

As part of the integrated care agenda, introduce a new self care programme in partnership with the Clinical Commissioning Group

Health and social care integration Tier 1 plans were developed and submitted as part of the Barnet Better Care Fund application. A steering group was established with membership from the Local Pharmaceuticals Committee and Barnet Clinical Commissioning Group.

The programme continues in 2015-16.

Priority 4

Re-procure sexual health services, and drug and alcohol services (following a service review); in collaboration with the West London Alliance where appropriate

Sexual Health Services

This is a medium term length programme with the intention to re-procure services by 2017. A collaborative GUM commissioning and procurement strategy is in development.

Public Health is leading on the re procurement process for 22 London boroughs. A local sexual health strategy for Barnet was presented to the Health and Wellbeing Board in November 2014.

A sexual health service review, with a particular focus on stakeholder engagement, is in progress. This will inform the requirements in terms of shape and nature of the future service.

The potential for the Harrow and Barnet public health team to lead a sexual health commissioning support function is currently under review.

This programme of work continues in 2015-16

Drug & Alcohol Services

A review of the Drug & Alcohol (substance misuse) service was undertaken and identified the need to reform the treatment pathway to improve recovery outcomes. This was incorporated into the tender requirements for the new service which commenced on 1st October 2015.

Priority 5

Provide strategic leadership and, where appropriate, investment support to other areas of the council that influence the wider determinants of health. In particular via improvements in the built environment and supporting people with health problems back to work.

Pilot employment support programmes were run initially - the Individual Placement and Support service. The cost of each job obtained was £1,600 compared to the bench mark range of £1,600 - £4,000. The pilot cohort achieved 31% employment compared to the benchmark of 30% - 56%; which means a very successful and cost effective solution was developed. The pilots informed the development of two new employment support services outlined below.

Barnet was involved in the successful West London Alliance (WLA) bid for funds to develop an integrated mental health and employment pilot. As a result of the successful pilot scheme above Barnet was selected as a spearhead borough to implement a further initiative. This will test whether the Individual Placement & Support (IPS) model of service can be extended to support people with lower level mental health needs - the Motivational and Psychological Support (MaPS) service. Competitive employment is the primary goal of the project.

1.3 Achievement delivering the Management Agreement with Barnet Council

The schools wellbeing programme and next steps

The Barnet Schools Wellbeing Programme commenced in the 2013-14 academic year and provided a suite of resources and consultancy support for schools to help them incorporate health and well-being measures and also support them with Healthy Schools London status.

Schools have taken up the offer of support in areas of

Healthy Eating and Physical Activity
Emotional Health & Wellbeing
Sex & Relationship Education
Drug & Alcohol Education and Awareness
Smoking prevention

Schools responded well to the Healthy Schools London (HSL) awards with 83% of all Barnet schools registered. 35 schools achieved their bronze award, 13 schools the silver award and 2 have submitted for the gold award. Barnet is amongst the top 5 for achieving HSL awards in London.

As the funding for the programme was for two years fixed term, ending in July 2015, sustainability options were discussed with schools. A consultation with schools was carried out through the steering group for the programme and through an online survey. This included Deputy Heads, Head of Key Stage 2, Heads of PE Senior leadership team, Assistant Heads, PSHE Leads, and Assistant Principals. In total 12 schools were involved in the consultation.

Schools valued the support they had received, in particular, specific support in applying for the HSL awards. They recognised, that through the training, resource packs and consultancy support, they had embedded several measures within their schools and if on-going support was required in those areas, they would purchase direct from the providers of the programme.

For the 2015-16 academic year, the Health Education Partnership has been commissioned to provide the Healthy Schools London coordinator role. The role supports primary and secondary schools with ‘hands on’ support to obtain their HSL awards and increase the number of bronze, silver and gold accreditations within the borough. Schools were also supported to form a network and share best practice and learning.

The Public Health service will continue to have on-going engagement with schools. In the 2015-16 academic year the National Child Measurement Programme data will be used to rank schools according to the numbers of children above a healthy weight. Schools with children of excess weight in the upper quartiles will be contacted and offered support, including; HSL support if they are not already involved; specific weight management support, which includes referral to the recently commissioned tier 2 child weight management programme Alive N kicking and the STOP (school time obesity prevention) programme. Schools are also encouraged to engage in the Mayor’s Golden Kilometre initiative, where schools are encouraged to encourage their pupils to run or walk a kilometre each day and to engage with their local environment.

Children's Centres Wellbeing initiative

This programme has a number of work streams. The Breast feeding service in addition to gaining Level 1 UNICEF accreditation also provided four paid peer supporters which supported nine peer support breast feeding groups.

A Health and Wellbeing Coordinator was funded to take forward the Healthy Children's Centre Standards. 82 cooking and healthy eating workshops took place across Children's Centres involving 823 parents. This included healthy eating and cooking advice, practical sessions for parents and training for staff. 11 out of 13 centres received the 'eat better, start better' training and 13 Children's Centre staff were nominated as Health & Wellbeing champions.

An Oral Health Coordinator was funded to support the supervised tooth brushing programme in Reception and Nursery classes and oral health workshops for parents were provided in all 13 Children's Centres; this exceeded the set target.

Winter Well

The 2014-15 Winter Well project was delivered. The mild weather reduced demand for emergency equipment although the energy efficiency component of the work continued to grow.

1.4 Other Achievements

Smoking prevention - Cut Films

Barnet schools and groups did exceptionally well in the national Deborah Hutton Campaign, Cut Films smoking prevention competition. Susie Earnshaw Theatre School won the Popular Choice, Judges Choice and 12-15 age group categories with their film, "If you could see it". Barnet Young Carers and Siblings won the Young Judges Choices and Under 11 categories with "Something will happen"

Public Health Service reorganisation

Agreement for the service to reorganise was given by the Joint Public Health Service Governance Board. The new structure enables the service to have increased dedicated links to the various directorates within the Council and will further enable embedding of public health perspectives in the commissioning and delivery of services.

Work placements

The service continues to receive high numbers of GPs and Public Health Registrars in training and unpaid volunteers who are frequently graduates for placements. They all contribute, on an unpaid basis, to the work of the Service.

1.5 Issues

There were three service areas which proved challenging in 2014-2015. Significant effort went into these areas to improve service delivery and performance.

Health Checks Service performance

The Health Checks programme commenced approximately six months before the transfer of public Health to the Council. In the intervening two years much work has taken place to improve the take up of health checks. Training has been provided to GP practices and various events staged to increase uptake based on analysis of take up rates in various parts of the borough and effort targeted accordingly. A new IT data management system that provides live information based on GP data systems and a new payment structure will be introduced in October 2015. New equipment has been procured to expedite testing. This will be distributed to GP practices selected on the basis of performance and local population need.

Overall, performance for people receiving health checks has improved substantially with Barnet now ranking 8th out of London 33 Councils.

Tobacco Control & Smoking Cessation performance

Tobacco control

Whilst smoking prevalence is falling year on year across London tobacco use remains one of the greatest threats to the health of people in the capital. Public Health England (PHE) data indicated that at least 1 in 6 Londoners are smokers although this varies significantly by deprivation with levels of up to 1 in 4 in the most deprived boroughs. At the same time there continue to be issues around the widespread availability of cheap illegal tobacco, the relatively recent issue of shisha use in young people and the emergence of e-cigarettes.

Adult smoking prevalence in Barnet is 15% which is lower than national average of 19%. Smoking rates vary across the borough with highest rates in Burnt oak ward (17%).

Barnet took part in a Sector Led Improvement (SLI) initiative on tobacco and undertook a self assessment with peer review workshops. Self assessment showed some areas for improvement such as vision and leadership, partnership working, planning and commissioning and innovation and learning.

Comprehensive tobacco control interventions, implemented at local level and part of a strategic partnership approach, reduce smoking prevalence and have been proven effective at reducing social and health inequalities.

Regional Enterprise Ltd, a collaboration between Barnet Council and Capita provide environmental health, licensing and trading standards and one of their work areas supporting public health is a tobacco project. A number of actions were taken in 2014/15:-

Shisha

In early 2014-15 work was undertaken identifying the number of Shisha premises in Barnet. This involved scoping which of these premises were compliant or non-complaint with legislation – i.e. labelling and smoke free. As a result of this four premises were prioritised

A number of officers attended shisha workshops to look at current enforcement best practice across North London Boroughs. The conclusion from this was that prosecution of smoke free offences was a labour intensive and protracted process and a joint approach by regulators was considered more likely to be effective with limited resources.

Shisha premises have been flagged as an issue at the Joint Tasking Group (JTaG). An intelligence package was created mapping Shisha premises and crime and anti-social behaviour to see whether they are having an impact on other issues within Barnet.

In September 2014 a local shisha task force was established and the four priority premises were visited

Counterfeiting and illegally imported Cigarettes

Trading standards takes a strong stance against any trader found selling cigarettes purchased from any illegitimate sources. A trader who purchases these items has no means of confirming that what they are buying is not harmful to human health, regardless of whether they are marketed as "grey" imports or as counterfeits. Furthermore even if the items turn out to be legitimate but illegally imported from abroad they will not have the UK standard warnings about the dangers of smoking. There has been a slight reduction in the reports to trading standards this year with only 5 complaints received.

Wagtail have been approached and are in the process of setting up an operation. There is a possibility of this being funded by HMRC therefore this is being explored.

Safety of e – cigarettes

Trading Standards received a number of enquiries and allegations relating to unsafe e cigarette chargers. There has also been an increase in the media coverage of this with due to the death of a man attributed to a fire caused by an e cigarette in August 2014.

Young people

Modelled prevalence of people aged 15 who are regular smokers in Barnet is 6.8%. The national modelled prevalence is 9.0% Hendon ward has the highest prevalence of 15%. The earlier children become regular smokers, the greater their risk of developing life-threatening conditions, such as lung cancer or heart disease, if they continue smoking into adulthood. Those who start smoking before the age of 16 are twice as likely to continue to smoke as those who begin later in life – and are more likely to be heavier smokers (Muller 2007).

There is evidence that school based interventions are effective in reducing uptake of smoking and NICE have published a series of recommendations. Schools are being supported by Public Health to reach and maintain their Healthy School status and thus their statutory duty to promote the health and wellbeing of pupils. All schools applying for a bronze award are required to show evidence they have a schools smoking prevention policy. They can chose to take this further in applying for silver ward through an action plan to address particular issues.

Public Health commission a young people's smoking project called Cut Films through their school well-being programme. It is an anti-tobacco education campaign, created by young people for young people through the medium of filmmaking.

'Smoking Bullet' by Barnet Youth & Family Support Services won the prestigious Judges Choice award for its powerful anti-smoking message aimed at other young people across the country. The team from Barnet Council's Canada Villa Youth Centre also won the best film in the 12 to 15 year old category. Another group of Barnet residents from JCoSS (Jewish Community Secondary School) achieved joint third place in the national awards.

Smoking Cessation

The percentage of people who smoke in Barnet has dropped considerably over the last two years and the stop smoking service targets have been adjusted to reflect this. Currently, 15% of Barnet residents are smokers. This brings additional challenge to get the "hard core" of smokers to quit. Despite this, research has shown that 70% of smokers want to quit so there is a good sized target group. The increasing use of "e-cigarettes" is also reported to be having a potentially negative impact on the service with more smokers eschewing stop smoking services in favour of harm reduction from e-cigarettes.

The Barnet Stop Smoking Service was commissioned through Central London Community Healthcare (CLCH) and was due to expire at the end of July 2015. Due to CLCH consistent underperformance, the contract was terminated and the service ceased at the end April 2015. In the interim, pharmacies and GPs will be delivering the local stop smoking service and supporting the Public Health service to achieve the quit target. Training and support for promotional activities is being provided by the Harrow stop smoking team in the interim. The plan is to develop an options appraisal which will propose a number of service models based on best practice and value of money.

Drug & Alcohol Service performance

The service has been re-procured

Analysis of the operation of the previous service – the configuration of provision and the individual service components - identified a number of areas where changes could be made to improve recovery outcomes. The tender for the new service included a new treatment pathway based on this analysis. A new service has been commissioned and commenced operation on 1st October 2015.

1.6 Financial Performance

The Public Health Delivery Unit is the main Delivery Unit for the services commissioned by the Health and Wellbeing Board. Of the £14.335m budget (representing 5% of overall Council budgets), £14.044m was spent; with the remaining £0.291m transferred to the Public Health Reserve to meet contingencies and future commissioning priorities.

1.7 Priorities and pressures in 2015-16

Priorities

There is a considerable degree of continuity in the priorities of 2014-15 and 2015-16 and they continue to support Council corporate priorities and the four strands of the Health and Wellbeing Strategy - Preparing for a Healthy Life, Wellbeing in the Community, How we Live, and Care when needed.

The priorities have evolved in response to the Council's Corporate Plan which sets the framework for each of the Commissioning Committees five year Commissioning Plans including a commitment to earlier intervention and demand management, and working with residents to prevent problems rather than treating the symptoms when they materialise.

The commissioning priorities are the culmination of prioritisation work conducted by elected Members of the Health and Well-Being Board with the support of lead commissioners from the Council and senior leaders from the Clinical Commissioning Group.

The most significant shift in spending is towards early years where the greatest returns on investment are seen but which are realised over longer time scales. These investments are important in moving toward sustainable service models for the future.

Commissioning Priorities for 2015-16:

Give every child the best start in life
School nursing commissioning arrangements
Funding of family nurse partnership

Enabling all children, young people and adults to maximise their capabilities and have control over their lives
Children and adults who are overweight and obese encouraged & supported to lose weight.
People are encouraged and supported to quit smoking
Community emotional wellbeing
Making every contact count

Create fair employment and good work for all, which helps ensure a healthy standard of living for all
Ensuring robust Sexual Health services
Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and recovery.
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm - Procurement of a new Young People's Drug and Alcohol Service by April 2016

Strengthen the role and impact of ill health prevention
People with a long term condition are encouraged and supported to self-manage their condition
Health and lifestyle checks are offered and taken up

Pressures

Central Government has announced a 7.4% cut to the Public Health grant in-year during 2015-16. Plans for reducing activity to achieve the cut have been developed while awaiting the conclusion of the Department Health consultation on how the reduction is to be achieved.

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	Health and Wellbeing Board 12 November 2015
Title	**Barnet Clinical Commissioning Group Primary Care Strategy Proposal**
Report of	Director of Clinical Commissioning, Barnet CCG Primary Care Clinical Lead, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Process for the development of the local Primary Care Strategy for Barnet
Officer Contact Details	Elizabeth James – Director of Clinical Commissioning Barnet CCG Elizabeth.james@barnetccg.nhs.uk Dr Michelle Newman – Primary Care Clinical Lead, Barnet CCG Michelle.newman@barnetccg.nhs.uk

Summary

CCGs are expanding their role in Primary Care Commissioning, most recently with the adoption of Joint Commissioning of Primary Care for North Central London (from 1st October 2015). North Central London CCGs are working collaboratively to refresh the NCL Primary Care Strategy in light of the national changing policy landscape of primary care.

As a local response to this, the Officers of Barnet CCG are taking the opportunity to develop the local Barnet CCG Primary Care Strategy and will be routinely discussing the development of this with the Health and Wellbeing Board in the coming months.

The purpose of this paper is to present the process for developing the local primary care strategy to the members of the Health and Wellbeing Board and outline the process for active engagement with primary care providers; patients, public and carers across Barnet with support from Healthwatch and primary care patient participation groups (PPGs) and integrated teams supporting the ongoing development of primary care. Health and Wellbeing Board members are asked to note the process with the aim of delivering the final Primary Care Strategic document to the Health and Wellbeing Board in January 2016 for information.

It should be noted that for the purpose of this report "Primary Care" refers to primary medical care services and out of hospital medical services only – the commissioning of primary care dentistry, eye care and community pharmacy services remain the

responsibility of NHS England (London.)

Recommendations
1. That the Health and Wellbeing Board notes and comments on the process to be adopted to develop the local Barnet Primary Care Strategy.
2. That the Health and Wellbeing Board notes that the final Barnet CCG Primary Care Strategy will be brought to the Board in January 2016 for information.

1. WHY THIS REPORT IS NEEDED

1.1 The local Primary Care Strategy for Barnet will be developed to:-

- Provide a local focus on primary care transformation.
- support the NCL collaborative approach to primary care strategic planning;
- provide clarity between the CCGs responsibility for primary care commissioning and those of NHS England now that we are actively operating as joint commissioners of primary care;
- establish a local process for identifying primary care commissioning priorities, such as primary care and community care integration based on local needs assessment;
- inform the development of primary and community care estate at a time when resources are limited and there is a requirement to demonstrate value for money;
- inform how primary care providers in Barnet can deliver at scale to support the capacity of the local primary care workforce when demand on primary medical care is increasing;
- inform technological investment plans in areas such as the single patient record – enabling primary care providers to invest appropriately in infrastructure which enables shared care;
- demonstrate how conflicts of interest are effectively managed within the CCG when commissioning primary care services;
- outline the procurement processes that are to be applied when commissioning primary care enabling patient choice and robust market testing whilst ensuring quality and value for money.

1.2 The Health and Wellbeing Board will be requested to ensure that the process for developing the primary care strategy outlined in the report addresses the above priorities. A summary of the process is included in Appendix 1.

1.3 In addition the Barnet Primary Care Strategy will be used to inform joint and in the future delegated primary care commissioning from NHS England.

1.4 Joint Primary Care commissioning will give Barnet CCG the opportunity to realise objectives in a new way as clinical commissioners of both primary and secondary care. By moving towards full delegation of primary care commissioning, services and contracts will be shaped to reduce variation and

promote consistency of care, improve quality, align primary care services to the wider CCG commissioning intentions and ensure value for money.

1.5 The key benefits of Joint Commissioning, which will be informed by our local primary care strategy, are:-

- Enabling a shared vision for primary care including new models of care and integration of provider teams
- Increased clinical leadership and public involvement in primary care enabling more focused local decision making
- Opportunity to strengthen relationships with primary care providers locally.

1.6 Nationally, CCGs are also moving towards delegated authority which will also be referenced within the strategy. The first wave delegated CCGs have demonstrated that CCGs can, by holding the primary care budgets:-

- Improve out of hospital services for local people moving services from secondary into primary/community based care
- Enable new models of care where a single accountable provider can hold a contract
- Strengthen the commissioning of local incentive schemes, commissioning for primary care health outcomes and improve integration between GP practices and community teams.

1.7 A future vision will be developed which can be adapted to include the integration of other key primary care service providers currently hosted by NHS England – community pharmacy, NHS dentistry and NHS eye care services.

2. REASONS FOR RECOMMENDATIONS

2.1 Producing a local Primary Care Strategy will enable the CCG to align the primary care commissioning intentions to a clear set of objectives. It will allow, through consultation, the needs and wants of the local population from primary care providers to be clearly articulated and acted upon as appropriate.

2.2 The strategy will also allow the ambitions of the NCL primary care strategy to be interpreted with local considerations resulting agreement of clear objectives with realistic timescales set for delivery. The process will also enable the alignment of key ambitions set out in the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and national primary care policy which will be fully reviewed and applied to local primary care commissioning intentions whilst addressing any conflicts of interest through a process of due diligence and internal audit.

2.3 In addition to the priorities listed in section 1 – the local strategy will enable us to address the strategic objectives set by the NCL collaborative. These can be summarised as:-

- Ensuring primary care co-commissioning arrangements are effective in providing strategic leadership to primary care transformation in NCL

- Improving the quality of primary care in NCL;
- Developing a plan to implement Strategic Commissioning Framework for London in next three years which will focus particularly on following in NCL in 15/16:
  - o Accessible care – providing a personalised, responsive, timely and accessible service
  - o Coordinated care – providing patient centred, coordinated care and GP-patient continuity
  - o Proactive care – supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy
- Developing federated care networks across 80% of practices in NCL (% subject to further refinement)
- Developing interoperability between practices across NCL (80% of practices sharing information, however % subject to further refinement)
- Developing an estates strategy which is underpinned by an up to date premises audit for all practices in NCL and the application by at least 25 practices for improvement funding
- Developing a workforce development programme working closely with the Community Education Providers Network (CEPN) and focusing on recruitment and retention and continuous professional development.

2.4 As Committee members will see, the NCL strategic priorities overlap/feed into the priorities being considered locally by the CCG with the primary care strategic document complementing the collaborative regional approach to primary care development.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Although there is no legal requirement to produce a local primary care strategy it is seen nationally as an example of best practice and will provide Barnet CCG with a local road map of how to make informed decisions at a local level – ensuring we work to meet the primary care service needs of all members of our community. The option of not delivering a local primary care strategy has not been considered.

4. POST DECISION IMPLEMENTATION

4.1 Following the decision from the Health and Wellbeing Board the CCG will deliver the key commitments outlined in this paper to undertake consultation with service users, service providers, work with public health, local authority, Healthwatch, NHS England (London), the LMC and clinical leaders to shape the detail of the primary care strategic document. This will then be drafted and taken through the internal CCG governance and due diligence process – with Governing Body sign off at the end of December 2015. This will then be presented to the January Health and Wellbeing Board for review and approval. Timelines are outlined in Appendix 1.

5. POST DECISION IMPLEMENTATIONIMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The primary care strategy, on completion, will inform decision making across Barnet CCG and its partners including delivery plans for the local authority, NHS England (London), Healthwatch Barnet and the third sector. Detail and

references of these interdependencies will be contained within the primary care strategy. It will also inform the CCGs commissioning intentions and service delivery plan going forward.

5.1.2 The CCG will use the strategy to build on the roadmap set by NHS England in the form of the Transforming Primary Care in London Strategic Commissioning Framework which looks to create local commissioning and contracting priorities to strengthen the quality of care patients receive out of hospital. These services will need to be accessible seven days a week, be proactive in meeting the needs of the local population and realise high quality health outcomes for patients.

5.1.3 Key components from the recently updated Health and Wellbeing Strategy which impact primary care commissioning will be included/ referenced within the primary care strategy.

5.1.4 Content from the recently updated draft Barnet Joint Strategic Needs Assessment will be used to inform the current and future health and wellbeing needs related to primary care across all of the Barnet localities.

5.1.5 The Primary Care Strategy will also feed into the Barnet CCG operating framework, five year delivery plan and annual refresh of our commissioning intentions.

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

5.2.1 The Primary Care Strategy will inform CCGs primary care commissioning priorities for 2016 and beyond.

5.2.2 In order to ensure sustainability the CCG will use the strategy to inform the promotion of anticipatory care, network development, the single health care record, innovative information technology and diagnostics working towards the single care record through the commissioning of EMIS community and legally agreed Information Governance agreements.

5.2.3 At a time when recruitment and retention of GPs and practice nurses is challenged we will look to build professional relationships, develop education and strengthen the clinical and business capabilities of practices and federative networks. We will look to strengthen practice resilience and improve resources to face the new challenges.

5.2.4 The commercial environment in which secondary care hospitals, community services, mental health services and GP practice is changing dramatically.

5.2.5 The importance of measuring improvement, an increasing number of service providers and an increasing competitive market aligned with the requirement for commissioners to make financial savings means that our GP providers are under even more pressure to adapt and change. In Barnet we want to ensure that our networks are supported in managing this change and every GP practice, whether large or small, is given the support they need whilst

managing effectively any conflicts of interest and applying due diligence processes to primary care investment.

5.2.6 In relation to Regeneration and Growth Areas, where proposals for new and replacement primary care facilities are determined to be necessary to address the needs arising from development, contributions from development or the provision of replacement or expanded facilities will be secured through the process to ensure that costs are appropriately shared and do not impose an unreasonable financial burden on the commissioners of primary care services. NHS England's Primary Care Infrastructure Fund is also supporting investments in the Primary Care estate across the borough.

5.2.7 The formal evaluation process recently developed for assuring the services were are already commissioning locally from primary care will also be included in the strategy. This process will be regularly reviewed to ensure assurance that these services are delivering the required health outcomes, meeting the key performance indicators and being readily accessible to all. Where services are not adding value the decommissioning process will also be outlined which will include the appropriate consultation processes as required.

5.2.8 In terms of financial implications for the council, for regeneration and growth areas, where proposals for new and replacement primary care facilities are determined to be necessary to address the needs arising from development, contributions from development or the provision of replacement or expanded facilities will be secured through the process. This will ensure that costs are appropriately shared and do not impose an unreasonable financial burden on the commissioners of primary care services. NHS England's primary care infrastructure fund is also supporting investments in the primary care estate across the borough. A current example of where this joined-up approach to future planning and funding of improvements is underway is in Colindale, where emerging business plans include an economic case that tests and ensures the developments will contribute their fair share towards capital costs.

5.3 **Social Value**

5.3.1 Ensuring patients, carers and the voluntary sector are at the heart of decision making for their own care will be central to our primary care strategic approach, supporting policies that promote improved quality of clinical outcomes and compassionate care.

5.4 **Legal and Constitutional References**

5.4.1 Joint commissioning of primary care also enables shared responsibility with NHS England for the adherence to the legal and constitutional obligations set for the strategic direction of services provided through GMS, PMS and APMS contracts. The CCG actively works with GP practices to ensure that these contractual obligations and nationally negotiated Directions are followed with financial reference to the Standard Fees and Entitlements documentation where applicable.

5.4.2 The CCG are committed to working closely with the Local Medical Committee (LMC) to ensure contractual considerations are met where appropriate.

5.4.3 For any non GMS, PMS, APMS services, the CCG is committed to using the NHS Standard contractual framework which is already in place for locally commissioned primary care services. The primary care commissioning process forms part of our regular internal audit process to assure due diligence. All primary care investment has to be approved by the Primary Care Procurement Committee to ensure all potential conflicts of interest are addressed.

5.4.4 In respect of procuring primary care services outside the nationally agreed contractual specifications, the CCG will follow the Public Contract Regulations 2015 (the "Regulations") to ensure patient choice and full engagement of the wider health provider market. The application of the rules for procuring these types of services under the new Public Contract Regulations 2015, will largely depend upon whether the overall value of the contract is above or below the applicable threshold. Health care services let by CCGs will be exempt from the 'Light Touch Regime' found under the new Public Contract Regulations 2015 (the "Regulations") until April 2016 if their value falls below the applicable threshold. This means that the existing 'Part B' services regime will continue to apply to those contracts. The strict rules found under the Regulations will apply to those contracts which exceed the threshold. In any event procurement of contracts falling into the primary care services category are subject to the overriding EU Treaty principles of equal treatment, fairness and transparency in the award of contracts.

5.4.5 Under the Council's Constitution (Responsibility for Functions – Annex A) the responsibilities of the Health and Wellbeing Board includes:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 **Risk Management**

5.5.1 There is a risk that if a primary care strategy is not developed and followed when commissioning primary care services that there will be duplication of investment, challenges in respect of conflicts of interest, reduced access to services and an inequity of service provision. Reputational risk to the CCG

and a negative impact on the relationship between the CCG and GP practices and a failure to deliver joint commissioning effectively are also risks that the CCG is working hard to avoid.

5.6 **Equalities and Diversity**

5.6.1 Equity of access to primary care service provision and quality of care, seven days a week, is a priority for the CCG. The primary care strategy will include a full assessment of need (referencing information from the JSNA and the Health and Wellbeing strategy) via qualitative and quantitative review from patients and carers which will inform primary care commissioning intentions. The Equality Act 2010 outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 Full detail of the planned consultation is contained within Appendix 1 – which will include active engagement with the primary care committee of Healthwatch and full engagement with the patient participation groups – hosting of which is now a contractual requirement for GP Practices nationally. We will also develop a process of engagement with third sector service providers to inform primary care commissioning.

5.8 **Insight**

5.8.1 As outlined in appendix 1, the JSNA will be used to inform the strategy alongside a number of key documents (Joint Health and Wellbeing Strategy; NHS England guidance).

6. BACKGROUND PAPERS

6.1 None

NHS

Barnet Clinical Commissioning Group

Paper:	**Appendix 1: Process and timeline for the development of the Primary Care Strategy for Barnet CCG 2016/17**
Date:	21 October 2015
Meeting:	Barnet Health and Wellbeing Board – 12th November 2015
AUTHORS:	Elizabeth James, Director of Clinical Commissioning, Barnet CCG Beverley Wilding, Head of Primary Care, Barnet CCG Rebecca Thornley, Primary Care Programme Manager, Barnet CCG
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Version Control:	V1 – 21 October 2015 – Rebecca Thornley V2 – 21 October 2015 – Dr Michelle Newman

Background

Barnet CCG aims to build on the roadmap set by NHS England via the Transforming Primary Care in London Strategic Commissioning Framework which looks to create local commissioning and contracting priorities to strengthen the quality of care patients receive out of hospital. The method for doing this will be through the development of a Primary Care Strategy for Barnet. Primary care needs to provide services that are accessible seven days a week, be proactive in meeting the needs of the local population and which realise high quality health outcomes for patients.

This local strategy will be developed in partnership with NHS England, the Health and Wellbeing Board, Public Health, primary care service providers, the third sector and most importantly patients, their carers and the wider public.

Already, through collaborative working with NHS England, joint primary care commissioning gives Barnet CCG the opportunity to realise its five year commissioning plan in a new way as clinical commissioners of both primary and secondary care.

As the CCG moves to full delegated authority for commissioning primary care, the primary care strategic plan will ensure that services being developed reduce variation and promote consistency of care at a very local level, while continuing to improve quality, align primary care services to the wider CCG commissioning intentions and ensure value for money.

The legal mechanism for commissioning primary medical care services currently is through General Medical Service (GMS) contracts, Personal Medical Service (PMS) contracts and Alternative Provider Medical Service (APMS) contracts. Any other locally commissioned services provided by GP practices are commissioned through the National NHS Standard Contract with the emphasis on moving to outcomes based approaches to commissioning primary care at practice, network and whole systems level. The strategy will ensure that this legal requirement is fully observed and that outcomes are robustly performance managed.

The CCG is looking to further develop primary medical care by putting general practice at the heart of health and social care by:-The primary care strategy we are proposing to develop will seek to place General Practice at the heart of health and social care services by:

- The integration of multidisciplinary teams ensuring seamless services and strengthening the clinical workforce across all networks.
- Fully integrating clinical pathways of care across primary care, mental health, social care and the third sector.
- Improving access and continuity of care for patients seven days a week across primary, secondary and out of hours care.
- Placing a greater focus on prevention and managing self-care.

Developing a primary care vision

The Governing Body of the CCG is holding a focussed session to undertake a review of its current primary care vision. This will be held on 29th October 2015. This session will provide the opportunity for clinical leaders within the CCG, senior management team and lay members to fully evaluate the primary care journey in Barnet to date and refresh the previous vision, aligning this to the wider commissioning intentions and to our five year plan. The outputs from this workshop will be shared primary care service providers and service users as part of the shaping of the primary care strategy.

Document themes

The main themes of the primary care strategy have been selected to align the document to the NCL Primary Care Strategy (which is currently being refreshed), the Transforming Primary Care in London Strategic Commissioning Framework and the key priorities identified through our current commissioning intentions. These themes can be summarised as:-

1. Developing a primary care vision
2. Delivering primary care transformation through joint/delegated commissioning
3. Understanding the primary care service need (with reference to the JSNA/Health and Wellbeing Strategy for Barnet) and capturing priorities
4. Developing new models of shared care

5. Developing the primary care infrastructure to enable change (this includes both the local information technology and governance strategy and primary care estate strategy)
6. Delivering primary care services at scale – including developing and supporting the primary care workforce and GP networks/federative models
7. Demonstrating how conflicts of interest will be managed when investing in primary care
8. Developing market testing and robust procurement processes to enable patient choice
9. Engaging effectively with patients and the public to ensure services are of high quality, equitable and demonstrate true value for money.

Consultation, Engagement and Timescales

The consultation and engagement process has already begun with meetings undertaken and planned with:-

Stakeholder Group	Meeting/Consultation	Actions
Health Watch Barnet	20.10.15 – Presentation to Health Watch Barnet Primary Care Committee	To work closely with primary care committee members to shape the detail of patient engagement and work with practice patient participation groups to identify primary care service priorities – locality needs
Primary Care Working Group	Monthly Barnet CCG primary care working group – presenting regular updates on the development of the strategic plan – making amendments/additions as required	Meeting with CCG lay members, clinical leaders, primary care managers and commissioning leads to shape and own the direction of the strategy. 22.10.15.
Barnet CCG Governing Body	29.10.15 – full engagement session to confirm the primary care vision for Barnet in preparation for Joint/Delegated commissioning	Working with the clinical and management leadership team of NHS Barnet to clarify the primary care vision refresh and confirm priorities evolving from stakeholder engagement/national and NCL directives
Practice Patient Participation Groups Pan-Barnet	Meetings/questionnaires to be shaped with Healthwatch and socialised during November 2015	Undertake quantitative feedback from all practice patient participation groups capturing local needs/aspirations for primary care services
Health and Wellbeing Board	Proposal for developing the primary care strategy for November Board meeting 12.11.15	Proposal for noting by H&WBB of the CCG primary care strategic direction and strategic document process and sharing of information on how the

		process will be delivered.
Pan Barnet Primary Care Provider network	Proposals to be shared at the pan Barnet primary care provider network meeting in November following access discussion 21/10.15	Draft strategy to be shared with pan Barnet primary medical care provider networks for feedback/contribution to strategic content
Barnet Local Medical Committee	Draft proposals for primary care strategy to be shared with the Londonwide LMC (Barnet representative)	Meeting arranged for November to share priorities for primary care with LMC representing all 64 GP practices in Barnet.
NHS England (London)	Meeting with NHS England (London) senior primary care leads to ensure that the ambitions of the NCL Transforming Primary Care Strategic Framework is referenced and aligned with the within the content of the Barnet Primary Care Strategy	Meeting week commencing 2.11.15
Joint Primary Care Commissioning Board – NHS England	Monthly JPCCB meetings – draft to be presented to the November meeting to ensure this aligns to NCL primary care ambitions	Meeting week commencing 2.11.15

Literature Review

A full literature review underpin the development of the primary care strategy ensuring local needs assessments, health and wellbeing strategic priorities, North Central London and national NHS England ambitions and the wider commissioning intentions from the CCG will be fully referenced.

The key documents will include:-

Barnet Joint Strategic Needs Assessment (as presented to the H&WBB in September 2015)
Barnet Health and Wellbeing Strategy (as approved at the September H&WBB)
NHS England - North Central London – Transforming Primary Care in London Strategic Commissioning Framework
NCL Primary Care Strategy (currently in the process of being refreshed/updated for November 2015 deadline)
NHS England – Five Year Forward View
Barnet CCG – Operating Framework and Five Year Commissioning Plan
Barnet CCG – Commissioning Intentions

All will be fully referenced within the document – with document links embedded.

Next steps

The CCG will undertake a period of engagement and consultation during October/November and December – gathering information which will feed into the draft Primary Care strategic document. This document will then be presented in draft format to the:-

- October/November and December CCG Primary Care Working Group
- November/December/January CCG Clinical Cabinet
- November/December CCG Communications and Engagement Group
- November and December CCG Primary Care Procurement Committee
- October/November/December CCG Governing Body
- October/November and December Health Watch Primary Care Committee
- November and December Joint Primary Care Commissioning Board
- GP Practice Patient Participation Groups
- GP Practice Provider Networks
- November and January Barnet Health and Wellbeing Board
- Local Medical Committee (LMC)
- November and December Joint NHS England and Barnet CCG Estates Strategy Working Group

And be made available via the CCG primary care public section of the CCG website for additional patient and public feedback/comment

A draft of the primary care strategy will be presented at the January Health and Wellbeing Board when the Committee will be asked to note content and capture the information contained within it.

On final approval by the Barnet CCG Governing Body in February the final strategic report will be shared with key stakeholders and published on the public facing side of the CCG website.

The strategy will be regularly reviewed, version controlled and updated in line with changes to national primary care policy and local commissioning priorities.

	Health and Wellbeing Board 12 November 2015
Title	**Adult Social Care Commissioning Priorities**
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	October 2015
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Adult Social Care Barnet – Transforming the Adult Social Care 'Offer'
Officer Contact Details	Kirstie Haines – Adults Wellbeing Strategic Lead Kirstie.haines@barnet.gov.uk / 020 8359 2781

Summary

The Adults and Safeguarding Committee on the 12 November 2015 will be considering, in detail, the proposed business plan through to 2020 for adult social care. This report provides an overview of the Council's Adult Social Care commissioning priorities alongside the financial context for them. It highlights both the opportunities and challenges for adult social care as it seeks to further integrate services with the NHS.

The report identifies how the Council will be taking forward a programme of work to transform the way it commissions Adult Social Care services to create greater independence and help residents to stay well. It also highlights how a place-based approach to adult health and wellbeing will help future manage demand for services, for example in the ways that housing and employment services are being commissioned and how this is related to adult social care.

The report recognises that the CCG and the Council, as the largest commissioners of the Barnet health and social care economy, have opportunities to work together to start to

address the future sustainability of the health and social care economy. Suggestions for closer working are provided within the report.

Recommendations
1. That the Health and Wellbeing Board notes the Adult Social Care Commissioning Priorities set out in paragraphs 1.4 and 1.5.
2. That the Health and Wellbeing Board notes the financial context for the provision of Adult Social Services in Barnet and, in line with national guidance, the need for the Better Care Fund to provide funding for the protection of adult social care in 2016/17.
3. That the Health and Wellbeing Board notes the need for financial sustainability across the health and social care economy in Barnet and endorses the areas highlighted for future joint work as set out in Appendix A of the report.

1. WHY THIS REPORT IS NEEDED

1.1 Nationally, Adult Social Care is experiencing increasing levels of demand, combined with a rapid reduction in the total local government resource available to pay for adult social care services and a challenged health economy.

1.2 In recent years the Council has secured savings by implementing efficiencies in the direct operation and delivery of Adult Social Services and also through contracts with suppliers. However, because greater efficiency alone will not be at the scale required to close the gap between population demand and resources available, the Council is now at the point where it is necessary to find new ways to deliver services and to secure a balanced budget position.

1.3 These new ways of working will only be possible if the Council works in partnership with the CCG to establish a shared approach to creating a sustainable health and social care economy. This would include rethinking our approach to BCF and rebalancing of funding within it, working with our clients and staff to change behaviours and ensuring that we implement evidence based practice across all pathways. Joint working between local NHS partners and the council is essential to achieve the demand management changes required, in social care and in the NHS, as actions in one part of the system affect demand in other areas.

1.4 The Adults and Safeguarding Commissioning Plan agreed by the Adults and Safeguarding Committee in March 2015, sets the outcomes to be achieved from adult social services through to 2020 as set out below. The business planning report being considered by the Adults and Safeguarding Committee on the 12 November 2015 sets out the priority areas to achieve these outcomes whilst achieving savings totalling £18.5m. Reshaping services in line with these priorities form the basis of the adults commissioning intentions for the period through to 2020.

1.4.1 Outcomes

- By earlier diagnosis, and good information and advice, vulnerable adults are able to increase and maintain their well-being and independence and can obtain support easily when they need to
- Support is provided in ways which enable people to get back on their feet as quickly as possible whilst minimising risk
- Person centred support ensures people's needs are met in the most cost effective and safe way possible by drawing on wider community and natural support networks
- Carers are valued as expert partners in supporting working age adults and older people to live independent lives.

1.4.2 Priorities

- To the improve information, advice and support offer so that individuals and their families take greater responsibility for their own and their family member's care and support
- Develop alternative housing and support options to reduce the need for higher cost placements
- To utilise new technologies to enable people to continue to live safely in their own homes
- Increase the proportion of working age adults known to adult social care in employment
- To integrate health and social care services to improve the experience of receiving care and support and reduce duplication
- Increase the productivity of the adult social care workforce to be able to meet the needs of a growing population within available resources
- To implement the Sport and Physical Activity Outline Business Case to increase physical activity levels through a financially self-sustaining leisure offer.

1.5 The Adults Transformation Programme has developed a programme of work to change the way in which adult social care services are provided to meet the outcomes and priorities set out above within available resources covering:

1.4.3 Improving information and advice and support offer

- Strengthened carers offer, developing a carers enablement service together with new support offer for carers of people with dementia
- Reshaping of prevention services to support community based interventions which reduce demand for social care
- New meals offer, increasing choice, whilst ending council subsidy.

1.4.4 Housing and Support

- Development of an accommodation strategy for vulnerable adults
- Increasing range of housing options for older people
- Increasing access to home adaptations.
- Extensive roll-out of telecare.

1.4.5 Managing Demand through social inclusion

- Reshaping day care for working age adults to promote greater levels of employment and inclusion and choice
- New mental health enablement model
- Work with third sector providers and community to identify key ways in which to support vulnerable residents in Barnet.

1.4.6 Delivering Differently - Changing Behaviours: Community, Individuals and Staff

- Alternative Delivery Model for adult social care
- Workforce restructuring to reduce management layers and diversify the skill mix of the service
- Health and Social Care Integration – whole systems commissioning of health and social care and development of integrated locality teams to support those with greatest levels of frailty and risk of hospital admission.

1.6 Further details on key issues facing Adult Social Care in Barnet and opportunities for partnership working are set out in appendix A to this report.

2. REASONS FOR RECOMMENDATIONS

2.1 This report updates the Health and Wellbeing Board on the current position for adult social care services and provides the context for the development of the Better Care Fund for 2016/17 which will be overseen by the Barnet Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The adult services transformation plan will be taken forward as outlined in appendix 1. It is expected that Barnet CCG and Barnet Council will work together in the period November 2015 through to March 2016 to agree a sustainable Better Care Fund for 2016/17 which supports the achievement of both the CCG's Commissioning Intentions and Adult Social Care commissioning intentions. This work will be undertaken through the Health and Wellbeing Board Financial Planning Group and reported back to the Barnet Health and Wellbeing Board.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Relationship to the Joint Health and Wellbeing Strategy: this report identifies a small number of strategic actions where further joint working between the CCG and the Council could accelerate the delivery of the Joint Health and Wellbeing Strategy.

5.1.2 The Council's Corporate Plan for 2015-20 sets the vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity, to make sure Barnet is a place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer.

5.1.3 Appendix A provides details of how these priorities will be taken forward within Adult Social Care.

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

5.2.1 This report identifies areas where it is proposed to deliver savings to meet the financial challenges facing the Council and in line with the target savings set by the Policy and Resources Committee on 9th July 2015. The Policy and Resources Committee tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. The Adults and Safeguarding Committee will be considering proposals to achieve this savings target. If approved by the Committee these will then be subject to public consultation with the outcomes being reported to Policy and Resources Committee on 16 February 2016.

5.2.2 In addition to the proposed savings target of £18.5m, the Medium Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services.

5.2.3 Adult Social Care services in Barnet, like many other councils, are facing significant financial challenges. The Local Government Association, in their joint submission with the Association of Directors of Adult Social Services to the Comprehensive Spending Review, estimates that the funding gap facing adult social care is growing, on average, by just over £700 million a year. The estimate is based on the current service offer and not taking account of many other pressures that are either already being felt or are likely to be felt in the coming months. These pressures were identified as being provider pressures such as paying the national living wage; the costs associated with changes in case law applying to Deprivation of Liberty safeguards and reduced levels of winter pressures funding for Councils as winter pressures funding is now paid directly to the NHS. Councils must be funded adequately if they are to continue reducing pressures and costs for NHS during times of increased demand.

5.2.4 The Government has confirmed that the Better Care Fund (BCF) will continue into 2016/17 with local funds being at least their current size. The Barnet Better Care Fund is £23.4m and is used to fund health services, social care services, major adaptations through the Disabled Facilities Grant and to make investments into the development of integrated services.

5.2.5 Prior to the BCF, the Council received section 256 monies for the funding of social care services which benefited health with a value of £6.6m. The section 256 monies were consolidated into the BCF in 2015/16. Adult Social Care services currently receives £4.2m of funding through the BCF for the protection of social care with the balance of the £6.6m being spent on health and social care integration projects. The Barnet Health and Wellbeing Board Finance Sub-Group received and considered a report from the London Borough of Barnet on the 21 October 2015 setting out the case for a greater proportion of the BCF to be set aside for the protection of adult social care in 2016/17.

5.2.6 The two charts below (figures 1 and 2) illustrate the increasing in-balance within the local health and social care economy with a concentration of resources on higher cost reactive services. Rebalancing the system towards earlier preventative social care services will create a more sustainable health and social care economy.

Figure 1: Trends in referrals to adult social care from 2009/10 (JSNA data)

Referrals	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	% increase since 2009/10
Primary Health	1,635	1,460	1,800	1,585	1,660	1,702	**4%**
Secondary Health	2,565	2,650	2,780	2,985	3,425	3,814	**49%**
Other	5,575	5,535	5,170	4,090	4,055	4,548	**-18%**
Total	**9,775**	**9,645**	**9,750**	**8,660**	**9,140**	**10,064**	**3%**

Figure 2: Financial implications of referrals from the NHS

	2012/13	2013/14	2014/15
Integrated team work			111,000
7 day social worker			60,000
Costs on health enablement*	1,066,008	1,139,110	1,287,722
Residential**	2,991,838	3,740,149	4,465,955
Homecare***	2,384,122	2,236,431	2,523,446
Gross costs	**6,441,969**	**7,115,690**	**8,448,122**
Less Resilience Monies	(989,000)	(325,000)	(120,000)
S256 funding for health demand			(431,000)
Costs less CCG Funding	**5,452,969**	**6,790,690**	**8,328,122**
One off DOH monies			(450,000)
Total Costs	**5,452,969**	**6,790,690**	**7,878,122**

*** Based on 78% referrals as per current year to date data – use of enablement services on health referrals is preventing the council from using enablement with existing social care users and reducing the cost of their social care packages (opportunity cost to be modelled).**

**** Residential 5% referrals as per current year to date data - could be higher as no winter numbers**

***** Homecare costs calculated on 30% of enablement cases being referred for homecare**

5.2.7 The Council and NHS will be notified of the arrangements for the 2016/17 Better Care Fund through the autumn spending review statement and the Operating Guidance which is issued by the NHS in December of each year.

Work to develop the Barnet Better Care Fund for 2016/17 will therefore be undertaken during November 2015 to February 2016 with the outcomes being considered as part of the Adults and Safeguarding Committee's submission to the Policy and Resources Committee as well as the CCG's Governing Body and the Health and Wellbeing Board.

5.3 **Social Value**

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

5.3.2 In taking forward the proposals due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek 'added-value' from providers who can bring in wider social benefits, such as where apprenticeships are provided.

5.4 **Legal and Constitutional References**

5.4.1 All of the proposals are designed to ensure that the Council continues to fulfil all of its duties under the Care Act and associated legislation.

5.4.2 Terms of Reference of the Health and Wellbeing Committee are set out in the Council's Constitution, Part 15, and Responsibility for Functions, including. The responsibilities of the Health and Wellbeing Committee:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 **Risk Management**

5.5.1 The council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the council's internal officer Delivery Board and to the relevant Committees and

is reflected, as appropriate, throughout the annual business planning process.

5.5.2 Risks associated with each individual plan will be outlined within the individual Committee report as each proposal is bought forward to the relevant theme Committee.

5.6 **Equalities and Diversity**

5.6.1 As individual proposals are brought forward for consideration by the Health and Wellbeing Board, each will be accompanied by an assessment of the equalities considerations, setting out any potential impact of the proposal and mitigating action.

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 Appropriate public consultation will take place on any new service proposals that are developed as a result of the suggestions contained in this report.

5.8 **Insight**

5.2.1 The proposals have been developing using the Joint Strategic Needs Assessment (JSNA) which outlines the current and projected needs of the borough's population.

6 BACKGROUND PAPERS

6.1 Adults and Safeguarding Commissioning Plan 2015 – 2020, Adults and Safeguarding Committee, 19 March 2015, item 8: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7933&Ver=4

6.2 Draft Joint Strategic Needs Assessment (JSNA) and emerging priorities for the Health and Wellbeing Strategy, Health and Wellbeing Board, 30 July 2015, item 6: https://barnet.moderngov.co.uk/documents/s24989/Draft%20Joint%20Strategic%20Needs%20Assessment%20JSNA%20HWBB%20July%202015.pdf

6.3 Health and Wellbeing Priorities for 2015 – 2020, Health and Wellbeing Board, 13 November 2014, item 7: https://barnet.moderngov.co.uk/documents/s19164/Health%20and%20Well-Being%20Priorities%20for%202015-20.pdf

Appendix A

Adult Social Care Barnet – Transforming the Adult Social Care 'Offer'.

1. Introduction

1.1 Following the General Election in May 2015, the Council updated the assumptions in its Medium Term Financial Strategy (MTFS). This presented a revised budget gap for 2016-20 estimated at £29.4m more than the proposals previously set out. This is mainly a result of an anticipated reduction in funding that Barnet will receive from Government.

1.2 In response to the scale of the challenge facing Local Government from public spending reductions and increasing demand, Barnet's response to the financial challenge is predicated around:

(a) Maximising the revenues we generate locally through growth and investment

Growth is an essential part of the Council's strategy as we become less reliant on Government funding and generate more of our income locally. Residents will continue to share in the benefits of growth, with increasing housing development leading to an increase in the tax base and, subsequently, helping the Council maintain low Council Tax bills. In parallel, growth in the local business economy will enable and support business rates receipts which are now directly related to Council funding.

(b) Targeted help to those that need it – a focus on employment

Most residents will benefit from the opportunities that growth brings, but some will require additional support so they do not miss out. A clear priority for the Council is to continue to work effectively with other parts of the local public sector to help residents get a job.

(c) Investing in the future

Barnet will not be able to support the growth needed to ensure the Council's financial independence without investment for the future. The Council's regeneration programme will see £6bn of private sector investment over the next 25 years to ensure the borough remains an attractive place to live and do business. The Treasury has made significant financial commitments to support our regeneration plans at Grahame Park and Brent Cross Cricklewood, including £97 million to fund a new Thameslink station. The Council intends to hold a stake in these future regeneration plans and this will help the sustainability of the Council's finances not just through to 2020, but beyond.

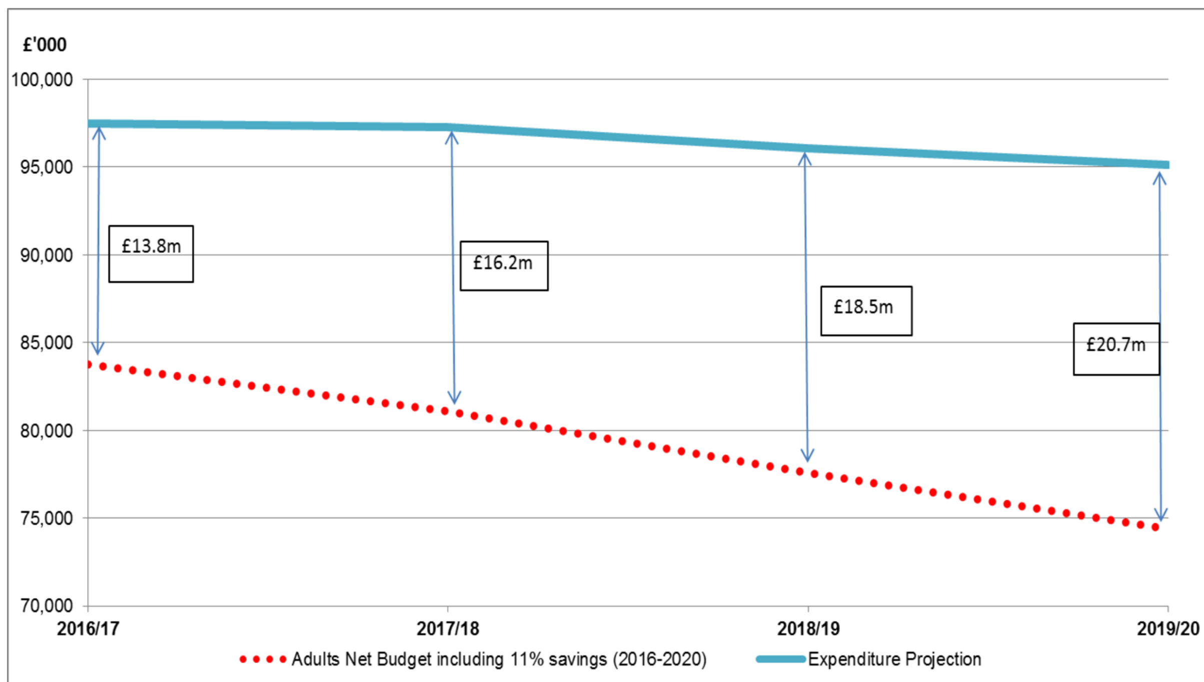
(d) Managing demand on services

At the same time as continuing supply-side reforms over the next 5 years - making changes to the way services are designed in order to drive savings - the Council will also need to oversee a step-change in its approach to managing the demand on services wherever possible, through early intervention and tackling the causes of problems rather than treating the symptoms.

2. <u>Context Adult Social Care in Barnet</u>

<u>Scale of the Local Challenge</u>

2.1 The chart below shows the scale of the challenge for the Adult Social Care budget up to 2020. The Council's Adults Services Budget is £83.7m in 2016 reducing to £74.4m by 2020.



2.2 Adult Social Care has experienced a combination of demand growth and cost increases of nearly 25% over the last five years. This has been absorbed by the service through significant spending reductions and increased efficiency.

2.3 In recent years, Barnet has successfully reduced costs in the residential care and day-care sectors but further savings require a reduction in the number of people receiving this type of high dependency service. For example the average spend per service user for an adult with learning disabilities in residential care is £56,766 but this reduces to £33,646 for Support Living and drops further still to £11,202 for extra care living.

2.4 Inflation has been c.2.4% each year, cumulatively 11.8% since 2010. Barnet's population has grown from 330,800 in 2011 to 367,265 in 2014 - an increase of 11% in all age groups - but with a threefold increase in the number of adults over 65 years. To illustrate what this means - if there was no change to Adults Social Care spending from 2010, current spending would be £122m (assuming spending increasing pro-rata for CPI and population growth), yet it now in fact stands at £83.6m for 2015-2016. This means that there has been c£39m of cost avoidance, redesign and deferred demand in the last 5 years.

2.5 The London Borough of Barnet has a population of 50,691 people over 65 years of age, this represents 13.9% of Barnet's population. This represents 0.4% of the total England population of people aged over 65 years. This large population of older people will put significant additional pressures on the adults social care system if we do not systematically change the expectations and needs of our residents.

2.6 In 2014-2015 there were 1,320 adults in residential care, 356 in supported living and 101 in extra care. By taking action to rebalance our provision of these, and similar, services to reduce the numbers in residential care and increase those in less intensive settings, we can constrain and reduce costs. However, such changes take time to plan and implement in a way that is both financially effective, accepted by service users, carers and residents, and does not lead to unnecessary legal challenge against the authority.

2.7 Increased numbers through accident and emergency have led to more people entering the wider healthcare system and progressing through to adult social care. A&E related referrals to Adult Social Care has increased from 2,650 in 2010/11 to 3,814 in 2014/15 (+44%), which has driven an overall increase in social care referrals from 9,645 in 2010/11 to 10,064 in 2014/15 (+4.5%). Although it should be recognised that admissions to residential care are now reducing as part of our wider work for the Better Care Fund.

2.8 Taken altogether, a growing adult population, continued price pressures affecting residential- and home-care, and reduced budgets means that the resources for the next five years are stretched very thinly indeed; We will need to adopt a radical new approaches to secure a sustainably balanced the budget.

3. <u>Transformation Activity</u>

3.1 Nationally Adult Social Care is experiencing increasing levels of demand, a rapid reduction in the total local government resource available to pay for adult social care services, and is working with challenged health economy.

3.2 In recent years the Council has secured savings by securing large scale efficiencies in the operational of Adult Social Services and our contracts with suppliers. However, it is now at the point where radical new ways of thinking about how to balance our budget position is needed because further efficiencies will not be at the scale required to close the budget gap.

3.3 The Council is taking forward an adult services transformation programme. This programme will accelerate new approaches to independence, demand management and behaviour change. This work has been designed to complement and support the work of local partners.

Independence: Accommodation Strategy for Vulnerable Adults

3.4 The Barnet Accommodation Strategy for Vulnerable People is being developed to ensure accommodation provision is centred on the individual to enable them to participate fully in their community and promote their independence and wellbeing. In same way as the rest of the population in Barnet, vulnerable people will have a greater choice and control over their lives and how they are supported, including the type of accommodation that they want to live in. An innovative and flexible accommodation offer will ensure that people will remain independent in their homes for longer with support where it is needed, whilst supporting people to help themselves as much as possible.

3.5 The Accommodation Strategy supports the social care strategic vision to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:

- Enable more people to stay independent and live for longer in their own homes;
- More young people with complex disabilities will stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence;
- People with mental health needs will receive support in the community to help them stay well.

Independence: employment support for carers and clients

3.6 Employment brings opportunities for social care clients to gain independence and can often lead to psychological and social benefits. However, it can be difficult for carers and clients to find and retain employment. This means that neither the individual nor the borough receive the economic benefits of employment.

3.7 The Council will commission effective employment services to provide direct support to people with health and social care needs, work with employers to secure routes into employment and continue to provide support so that individuals remain in employment.

Independence: New models of day-care

3.8 New models of day-care will be developed with clients, carers and providers to achieve the aims of independence and choice. These new models would include a range of day opportunities that would be designed to meet the needs and aspirations of clients and carers.

Demand Management: Effective Prevention

3.9 For early intervention and prevention activities to be really effective at reducing demand, they should be evidence based and regularly assessed for effectiveness. As part of the programme of work reviewing third party spend by the Council the following will happen:

- Identify the most effective activities to delay and prevent the need for high cost services
- Work with our voluntary and community sector partners to find the best way to provide these activities

Demand Management: Technology

3.10 Exploring a partnership with an assistive technology provider, the Council will extend the use of assistive technology (e.g. sensors, alarms, and monitoring systems) in individuals' homes and in residential and nursing care settings to increase independence for individuals whilst managing risk. This is expected to lead to a reduction in a number of care package costs (e.g. reduction in requirement for waking/sleeping nights).

Changing Behaviours: alternative delivery model

3.11 The alternative delivery model will introduce significant cultural change across adult social care. Practitioners will be asked to change their working practices and will be given greater autonomy to exercise their professional judgment to develop innovative care packages. The Council will work differently with community and voluntary organisations, involving them as equal partners in the process of designing and delivering the service. People using the service will also need to be willing to re-think their expectations and interact with the Council in a different way. A much greater emphasis will be placed upon preventative services and early, targeted interventions.

3.12 Groups of people at risk of developing social care needs in the future will be identified and supported to maintain their health and independence. A new approach will be taken when people approach the Council for ASC support: rather than offering many people a full needs assessment in their home, community hubs will be used to host initial conversations, that will focus upon helping people use their own strengths to improve their lives and look first to community and natural supports before considering paid support.

Mental Health

3.13 The customer journey, staffing structure and relationship with Barnet, Enfield and Haringey Mental Health Trust will be re-shaped to re-focus social care on recovery, social inclusion and enablement. This programme of work will reinforce the importance of employment outcomes and wider public health prevention as part of the Barnet Enablement Pathway.

4. A sustainable health & social care economy.

4.1 This report provides the Board with details of the commissioning priorities and financial pressures for Adult Social Care services in Barnet. However, the council recognises that these activities are part of a wider network of Health & Social Care Commissioning activity that is taking place.

4.2 The section below highlights areas of activity where the CCG and local authority could expand and deepen its current joint working.

A whole system approach to health and care

4.3 Managing out demand for urgent care can only be achieved by rebalancing reactive and unplanned spending on clients and patients identified as at risk of admission to hospital or residential care through joint targeted investment in services that divert or prevent individuals from these high cost services.

4.4 By adopting a whole system approach to health and social care it will be possible to look at the triggers for dependency across the whole life course and put in place activity to manage out future demand (often outside of the traditional health & social care domains – employment, housing, planning). To do this successfully partners need to jointly understand the key 'trigger' points and put in place evidence-based actions to stop, delay or divert dependency from high cost public services. It is important that we are clear the pressures faced by partners and jointly plan activities that will deliver an effective return on investment (in the long, short and medium term) because this will help us to plan savings delivery in our future resource planning.

Better Care Fund

4.5 The recent announcement of a renewed Better Care Fund (BCF) grant for next financial year (2016/17) is an important milestone for local whole-system working. Although the details of the grant terms and conditions, the distribution method for the funding and the precise value of the benefit to Barnet is yet to be confirmed (this is expected after the publication of the government's Spending Review in late November 2015), it would be timely begin early development of plans based on the learning from the 2015/16 BCF and given the wider context described above.

Behaviour change – residents and providers

4.6 Provider behaviour change: the transactions between key individuals (GPs, social workers, teachers, midwives) shape how individuals and families respond to their own social care needs and those of the people they care for. We need to understand the points where advice is given to individuals and ensure that this does not limit aspirations for employment, a family life or self-management. (For example, there is evidence that the advice given to

individuals immediately following a stroke will determine whether they return to work, or not, regardless of the severity of the stroke.)

4.7 Individual behaviour change: we need to significantly shift our expectations of what individuals can do for themselves and ensure that we enable individuals to manage their health and wellbeing. This is not about asking individuals themselves to replace services provided by the NHS or the Council rather, it seeks, through a creative behaviour change programme, to enable self-management and change patterns of service use.

Evidence Based Interventions

4.8 There has been a large growth in the resources and tools available to identify high impact interventions over the last five years. These tools can helpfully speed up the needs assessment, strategic planning, and service design elements of the commissioning cycle and allow partners to move more quickly toward the specification and procurement of local interventions. Examples include:

- NICE Guidance and Tools
- HM Treasury Green book and supplementary evidence on Cost Benefit Analysis
- Alliance for Useful Evidence
- PHOF and associated PHE resources
- CIPFA financial and cost benchmarking and DCLG local government finance data sets
- Early Intervention Foundation.

4.9 These resources should be routinely employed to identify the activities with the highest impact on outcomes in the short, medium and long-term and thereby greatest potential return on investment. Where there is already high quality evidence of positive impact from a range of previous trails and studies we should seek to implement at scale, rather than revisit the evidence base through further locally commissioned ‘pilot schemes’ and small scale local ‘trials’.

4.10 It has been further identified that some new models of care have failed to secure the anticipated benefits because the model was only partially adopted. Fully adopting best practice, with clear ‘fidelity to the model’, is absolutely key to ensuring that the intervention delivers expected benefits. Unfortunately the implementation of local small scale pilots can result in adaptions or changes that dilute the achievement of the expected benefits.

	Health and Wellbeing Board **12 November 2015**
Title	**Barnet CAMHS Transformation Plan**
Report of	Director of Integrated Commissioning Commissioning Director Children and Young People
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Barnet CAMHS Transformation plan 2015 to 2020
Officer Contact Details	Judy Mace, Head of Joint Childrens Commissioning Judy.Mace@barnetccg.nhs.uk / 0203 688 2299

Summary

In March 2015 NHS England (NHSE) and The Department of Health (DoH) published *Future in Mind, promoting, protecting and improving our children's emotional health and wellbeing*[1] The report sets out national transformation of child adolescent mental health services (CAMHS) over a five year period.

The Barnet CAMHS Transformation Plan has been developed in response to the letter from Sir Bruce Keogh and Richard Barker[2] in May 2015 which calls for "…*a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind*…."

To support this aspiration additional funds have been made available to the CCG. The allocation for Barnet is set out below:

Initial allocation of funding for eating disorders and planning in 2015/16 (CCG)	Additional funding available for 2015/16 when Transformation Plan is assured (CCG)	Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes eating disorders) (CCG)
£198,863	£497,773	£696,636

Every area is required to produce a *Transformation Plan*, which is a "live" document

[1] http://www.england.nhs.uk/2015/03/17/martin-mcshane-14/

[2] See *www.england.nhs.uk/wp-content/.../transformation-plans-guid-lett.pdf*

demonstrating the direction of travel in every area of CAMHS improvement.

Transformation plans need to include detailed information on current services, staffing, and funding arrangements. In addition to transforming CAMHS service overall there are specific areas prioritised for improvement by the Department of Health these are:

- Perinatal mental health,
- Eating disorders, or crisis care and self –harm,
- The roll out of Children's Improving access to Psychological Therapies (IaPT).
- Improving data.

Plans need to demonstrate that they have been developed and agreed with key stakeholders, including children, young people, their families/carers, providers, schools, third sector, NHS and local authorities.

The plan needs to be formally signed off is by the Health and Wellbeing Board.

The agreed transformation plans once signed off need to be published on local websites.

Submission of plans is subject to an assurance process, which, if satisfactory will release new funding. Barnet submitted the transformation plan on October 16th 2015 and will be assured by NHSE by the end of November using the following criteria.

Successful

- Plans meet the assurance criteria in full
- CCGs will receive all funds allocated

Successful with amendments

- Plans need minor clarification or amendment
- CCG will receive funds allocated but will be asked to re-submit showing that clarification and amendments have been made

Re-Submission

- Fundamental Concerns with Plan as a result of the assurance process
- CCG and their partners will be asked to resubmit their plans before further monies are approved.

Recommendations
1. That the Board notes and confirms the approval of the Transformation Plan.
2. That the Health and Wellbeing Board notes the ongoing development of the five year plan.
3. That the board approve the plan for publication on the LBB and CCG websites

1. WHY THIS REPORT IS NEEDED

1.1 This report is required to formalise the approval of the Transformation Plan provided by the Director of Childrens Services and the CCG Chief Operating Officer (Interim) and to ensure the Health and Wellbeing Board is aware of the CAMHS Transformation Plan and its submission to NHS England.

2. REASONS FOR RECOMMENDATIONS

2.1 Guidance supporting Transformation Plans from NHS England requires support from local senior strategic governance and accountability structures; submission of the Barnet CAMHS Transformation Plan to NHS England

Directors of Commissioning and Operations occurred on 16 October 2015. In recognition that boards may not meet in a timely way to sign off the plan NHSE agreed that senior officers from the CCG and Local authority can sign off the plan for submission.

2.2 NHSE will be aiming to deliver ratification or amendments and further support to local plans prior to resubmission where necessary in November 2015.The plan will need to be assured by NHSE to release funding to deliver the plan. Significant funding (circa £600k) will be made available recurrently for the next five years in addition to baseline funding. This additional resource is ring-fenced to support the transformation of CAMH services.

2.3 NHSE require the plan to publicise on local web sites.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No alternative options.

4. POST DECISION IMPLEMENTATION

4.1 NHS England will feedback to the CCG on the assurance process with any additional information required by early November 2015. Pending this a CAMHS Transformation implementation plan will be developed to support work over the next five years.

4.2 The Joint Commissioning Unit will continue to develop and deliver the plan.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.2 The service developments and updates outlined within this paper links to Barnet Strategic plans including:

- Early Intervention and Prevention Strategy 2014 - by tackling problems experienced by children and families as early as possible to improve outcomes, and to lower costs.
- Barnet CCG Vision & Values[3]
- 2015/16 Commissioning Intentions Barnet CCG
- Commissioning Plan London Borough of Barnet 2015 - 2020
- Children and Young People's Plan 2013-2016 - Early Intervention & Prevention: Continued support children and young people's mental health and emotional wellbeing.

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

[3] http://www.barnetccg.nhs.uk/about-us/our-vision-and-values.htm

5.4 Barnet Children' Adolescent Mental Health Service (CAMHS) is currently funded between the London Borough of Barnet (LBB) and Barnet Clinical Commissioning Group (CCG), with the CCG funding the majority of the service. The current expenditure of CAMHS is estimated to be **£5,867,321.00:**

CCG	£4,590,961.00	78% of the total
LBB	£1,276,360.00	22.0% of the total

5.5 The CAMHS Transformation Plan if assured by NHS England will deliver additional resource to enable local commissioners to transform local CAMH services. The table below summarises the planned spend of the transformation funding;

Indicative budget 2015/16	**New funding available (£)**	**Investment planned (£)**
NHSE funding for plan when assured Eating Disorders	497,773 198,863	 100,000
Crisis/Self Harm		158,636
Perinatal mental health allocation to be confirmed	tbc	tbc
Primary secondary school expansion & peer support		200,000
App/technology Communications		50,000
Data, connectivity infrastructure		40,000
CAMHS Drop in		118,000
CYP-IAPT roll out completion	tbc	tbc
Governance and change management		20,000
Child Sexual Assault		10,000
Totals	**696,636**	**696,636**

5.6 **Social Value**

5.6.1 The transformation plan aims to ensure developments are sustainable, evidenced based and are value for money. Prioritising preventative measures and services that promote self-reliance, resilience and self-efficacy where possible. There will be a continued focus on the most vulnerable.

5.7 **Legal and Constitutional References**

5.7.1 Local Authority CAMHs budgets are the responsibility of the CELS Committee.

5.7.2 The Health and Wellbeing Board has the following responsibilities under its terms of reference as set out in the Council's Constitution (Responsibility for Functions – Annex A):

- To work together to ensure the best fit between available resources to meet

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

- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

5.8 **Risk Management**

5.8.1 The key risk is that the overall CAMHS Transformation plan does not receive assurance from NHS England. We do, however, understand from NHS England that areas that are not initially successful will be supported (with possible peer support) to complete revised submissions.

5.8.2 Additional risks are that local providers will be unable to deliver within the 2015-16 financial year and onwards as there is a shortage of child mental health practitioners nationally and providers may be unable to recruit to meet transformation requirements.

5.8.3 Local financial pressures may require a reduction in the existing financial envelope to transform provision.

5.9 **Equalities and Diversity**

5.9.1 The development of the CAMHS transformation plan has considered a range of factors relating to equalities and diversity and following the NHSE assurance of the plan and as the high level work plan is developed a full Equality Impact Assessment will be finalised. The Equality Act 2010 outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.10 **Consultation and Engagement**

5.10.1 The CAMHS Transformation Plan has been developed in line with a rapid but extensive engagement strategy which will continue to develop over the next five years. Highlights of engagement and consultation to date can be found in the plan.

5.11 **Insight**

5.8.1 Insight and JSNA data has been central in informing the overall Transformation Plan (See section 8.00)

5.12 **BACKGROUND PAPERs**

None

Simon Stevens: https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people: page 6

BARNET CHILD ADOLESCENT MENTAL HEALTH SERVICE TRANSFORMATION PLAN 2015 - 2020

Friday, 16 October 2015

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1. Foreword to the Child, Adolescent and Mental Health Services (CAMHS) Transformation Plan

We are really pleased to present the Barnet CAMHS Transformation Plan.

This captures Barnet's response to the government's policy "Future in Mind" (March 2015) and outlines how we aim to meet the challenges and opportunities to enhance the delivery of an excellent CAMH service as set out in the Transformation Guidance (August 2015).

Throughout we have involved professionals involved in delivering services and importantly, the children and young people, families' carers and communities receiving those services in the design of this Plan.

We will continue to use their insights to shape develop and co - produce the Plan as it is presented here today. This Plan is a "living document", a starting point on a five year journey from 2015 to 2020 and will evolve over time as more detailed intelligence and insights emerge.

CAMHS are, by their very nature complex and multifaceted in terms of the needs they have to meet and the different services, systems and structures that have evolved to meet them. To tackle this complexity we are seeking to build on existing partnerships and services and develop innovative and radical solutions to the challenges ahead.

We are committed to the priorities set out in this plan and will be working hard to provide excellent services for all children and young people including the most vulnerable children and young people, their families and carers who are affected by mental health difficulties.

Director of Children's Services

Chris Munday

Chief Operating Office (Interim)

Regina Shakespeare

2. Executive Summary

High quality and accessible mental health support for children and young people is vital to improve outcomes for children, and by intervening early and building young people's resilience we can improve both life chances for individuals and reduce the reliance (and cost) on public services later in life. The Transformation Plan outlines practical steps for how Barnet will improve mental health support to young people by 2010.

As reported by UCL Partners the current CAMH service in Barnet provides high quality care to over 2,000 young people per year, but there is more we can and must do to improve the lives of young people in the Borough. The Council and CCG have worked closely together to review services and develop clear priority areas, aligned to national policy drivers outlined in Future In Mind, for transformation to improve our local CAMH services.

The executive summary outlines the headlines from the local Transformation Plan including the vision, local need and local priority areas as well as key information about the current service such as activity levels, expenditure and workforce statistics.

The plan builds on these priority areas outlined in Future in Mind and aligns them to local need;

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Delivery of the plan will be led by Barnet Clinical Commissioning Group ("Barnet CCG") and London Borough of Barnet ("LBB") working closely with a range of partners, and with children and young people at the centre of services, co-producing the transformation of Children and Adolescent Mental Health services in Barnet.

The document is iterative and will continue to be developed over the timeframe of the five year plan. The plan has been based on national priorities, service reviews, and key stakeholders' and children's and young people's views and needs assessment.

A. Vision

Our vision is to transform mental health services in Barnet by 2020, building the resilience of children and young people and their families and improving their mental well-being therefore enhancing the life chances of children and young people in Barnet.

The 5 key elements of the vision are;

- **A focus on prevention** – working with families from the earliest opportunity to support parenting and de-stigmatising mental health.
- **Services focused on children and young people and their families/carers** – a service which is centred "on" children and young people and involves them in everything about the service they receive, allowing them to reach their full potential.

- **A focus on outcomes and evidence based support** – using interventions that have been proved to work and deliver the outcomes children, young people and their families/ carers want to achieve. Implementing NICE and best practice guidance by revising pathways of care. Alongside this we will put improve the systems we have in place for measuring the effectiveness of these interventions.
- **A focus on developing seamless services from pregnancy to adulthood** – making sure agencies work together to offer a joined up service for young people that always aims to achieve independence.
- **A service fit for the 21st Century** – a flexible service which allows children, young people and their families/carers to access it how and when they want to and using technology to support young people; we will ensure they remain contemporaneous

To deliver this vision, commissioners will focus on priority areas to improve outcomes for children and young people.

B. Local Need and Demographics

Barnet is now the largest London borough and continues to grow. There are currently 94,940 children and young people in Barnet, increasing by 8.5% to 102,978 by 2018. The increase in children and young people is largest in the south and west of the borough, where there is also a high level of deprivation, child poverty and unemployment as identified in the updated 2015 JSNA.

It is estimated that in Barnet 12,800 young people require tier 1 CAMH services, 5,975 require tier 2 services, 1,580 tier 3 services and 65 tier 4 services. According to National prevalence data (extrapolated to Barnet Population) conduct disorder is present in 5.8% of young people, followed by emotional disorder 3.8% of young people; and the data also suggest a significantly higher prevalence in boys between the age of 5-10 years than girls.

C. Current Commissioning and Services

CAMH services are currently commissioned primarily by the Joint Commissioning Unit (JCU), a team of commissioners from the London Borough of Barnet and Barnet CCG. The largest spend is through a block contract with the main provider Barnet Enfield and Haringey Mental Health Trust (BEHMHT). In total there are currently 3 key providers of CAMH services in Barnet: Barnet Enfield Haringey Mental Health Trust, Tavistock & Portman NHS Trust and Royal Free Foundation Trust.

- Barnet, Enfield and Haringey Mental Health Trust provides generic tier 3 services, primary/secondary projects in schools, looked after children, Service for Children and Adolescent with Neuro Developmental Difficulties ("SCAN") Barnet Adolescent Service ("BAS") and paediatric liaison.
- Royal Free Hospital provide out of hours, paediatric liaison and eating disorder service and general CAMHS.
- Tavistock and Portman provide brief therapy, family service, refugee service, autism team and fostering, adoption, kinship care and trauma service.

D. Finance and Performance

In 2014/15 approximately £5.6m was spent on commissioning CAMHS, including spot purchasing, with an estimated 88.61 FTE deployed across the services. The largest spend is with BEHMHT (£3.4m) with Royal Free Foundation Trust (£614k) and Tavistock and Portman (£306k).

Compared to other London boroughs, expenditure rates per 100,000 in Barnet are:

- high on primary prescribing
- mid-range on secondary care
- low on community care and social care, non-health/social care, care provided in other settings and prevention/health promotion for people with mental disorder[1]

Across CAMH services there were 3,132 referrals in 2014/15 with 2,212 receiving treatment. This equates to 71% of those referred receiving treatment, with over a quarter not requiring a CAMHS treatment. This information is based on the data available, although there is national recognition that the data is not as complete or accurate as is desired. Which is why the Barnet Transformation Plan includes a work stream on data improvement.

E. Local Priorities

Based on guidance outlined in “Future in Mind”, along with a number of service reviews that have been carried out, Barnet has developed a range of local priorities for services, as well as a number of enablers to achieve change within these services.

The overarching priorities for CAMH services is to improve access for young people with mental health issues, supporting them at the right time and in the right place with the long term aim to reduce the number of children and young people requiring CAMH services by 2020.

Key service priorities are;

Improving access to perinatal mental health service

By 2020 Barnet aims to have a local specialist team, with integrated health coaches and have a knowledgeable and skilled workforce to support the prevention of perinatal mental health.

Perinatal mental health problems range from mild to severe disorders, with 10-20% of women suffering from depression and anxiety during pregnancy and post-natal period and 10% of fathers suffering post-natal depression. To ensure specialist services to support parents is available from inpatient units to community services commissioners will;

- Implement the local community specialist based team
- Work with Barnet paediatric liaison team to integrate care
- Support children centres to provide peer led support groups
- Working with Adult IAPT providers in Barnet to identify what training is required and support and improve access to services.
- To build work through the team on developing effective attachments between the child and primary care giver

[1] Barnet Mental Health Need Assessment: Dr Jonathan Campion: UCL Partners: 2014

Improving crisis care

By 2020 Barnet aims to have the right care, at the right time in the right place for young people, providing a 24/7 service and having follow up support for young people who miss appointments.

There is a significant challenge to get crisis care right. Working with London partners to scope potential new models of care, Barnet is currently developing a new service that can deliver care in the community, with a multi-disciplinary team response to allow for rapid stabilisation for a young person in crisis.

Improving self-harm support

Barnet aims to develop a more integrated support service for young people who self-harm, preventing self-harming and improving access to emotional support, self-help, family help and professional referral. Issues of self-harm are linked directly to wider emotional support, especially in regard to the early intervention and prevention agenda. Supporting young people to build resilience and improve their mental health and wellbeing is a key component of service delivery.

Early intervention and prevention

Priority areas for improving early intervention and prevention focus on improving access to services, including improved CAMH services in children centres and schools, developing drop in sessions and developing a peer support service.

Throughout our early intervention and prevention work it is important to work closely with universal services, schools and social care so they can identify and support children, young people and families effectively by ensuring there is access to appropriate education and training. Support will focus on how to build young people and their family's protective factors (stable relationships, good school attendance, skills and employability etc.), supporting young people to build resilience in adulthood.

CAMHS in schools

By 2020 Barnet aims to develop a CAMHS schools network, increasing schools ability to retain pupils with emotional and behaviour needs and reducing the number of exclusions. Working with providers and the third sector Barnet aims to develop a quality offer which schools can buy into, providing advice, guidance and support to schools. The offer will include short term therapy, training for staff, families and peer supporters.

The plan is to also develop a team of CAMHS clinicians to extend our work with the most vulnerable children and young people, working with pupils on the edge of exclusion and providing targeted support to students with mental health difficulties and/or challenging behaviour. Support will be targeted around crisis times and priorities areas such as exam result stress, self-harm, alcohol, substance misuse and child sexual exploitation.

This work will build on the primary and secondary projects, creating a wider team based on Barnet school pupils building capacity across the education system.

Drop-in

Barnet is currently working with young commissioners to develop a drop-in service that meets the needs of children and young people in the Borough. Our ambition is

to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and or traded services for sustainability. Children, young people and families will develop these as a co-production work stream.

Peer support

By 2020 Barnet aims to have developed a range of peer support programmes which are academically accredited. Barnet will work closely with CommUNITY Barnet voluntary sector and partners to ensure the right training is provided to those who offer peer support and the service is developed and commissioned for children young people their families and cares.

Eating Disorders

Barnet currently has a high quality eating disorder service but through transformation plans proposes to continue to improve the service by reducing waiting times to meet new guidance requirements, with treatment starting within a maximum of 4 weeks from first contact, or 1 week for urgent cases. By 2020 Barnet will have improved the number of children able to access services, preventing hospital admissions by increasing community provision.

As part of the Transformation Plan Barnet will roll out training for all eating disorder staff as part of the "Improving access to Psychological Therapies for children" (CYP-IAPT), provide outreach education training for eating disorders and provide telephone support for General Practitioners.

Care for the most vulnerable

The Transformation Plan will make sure the most vulnerable children and young people are included every step of the way; and that prevention and services meet their needs and if they need to move into adult services their transition is clear, easy and makes sense to them. This runs across all service areas, to ensure their mental health is appropriately supported, by timely assessment and treatment by the right level professionals. These young people will not be made to feel different from their peers, Barnet aims to ensure they have equal opportunities to their peers and are not disadvantaged due their emotional health and wellbeing.

Caring for the most vulnerable will focus on key vulnerable groups of children and young people, including children with learning disabilities, looked after children, young carers, children in need, children on child protection plans as well as first time entrants to the justice system and pupils at risk of exclusion. Early intervention in Psychosis will be developed working with sector colleagues as we address the out of hours emergency work stream, linking with adult services to ensure that transition is fully addressed.

F. Enablers for Change

To achieve the improvement in services across the priority areas outlined above there are some key changes required to enable real change, including building capacity, improved use of technology, improve ICT and an improved use of data.

Building Capacity

Over the next 5 years Barnet will develop a skilled workforce to improve identification of need and support to families across the borough. Barnet will also

work with families to build their resilience and capacity to prevent mental ill health and develop peer support networks.

To achieve this Barnet will build CAMHS capacity by providing education and training for professionals, especially across universal and universal plus services (tiers 1 and 2) from children's centres and early year's settings through to secondary schools and colleges.

Data quality, intelligence, outcomes and IT

A key enabler for change in mental health services for children and young people is a high quality information system that collects accurate data to inform service delivery and service user outcomes. The local health system is reliant on access to data from providers that demonstrate their effectiveness in meeting local needs and national standards of care high quality data and agreed outcomes are essential to improve services and to inform commissioning decisions. However the current data provided is not as robust as it could be, which reflects the national position and is why this is a "Future in Mind" and a local priority for Barnet.

Barnet will work with providers to implement the national minimum data sets and develop and agree local performance indicators and outcome measures. Barnet will also work with providers to develop the IT infrastructure and improve connectivity between partners. This will require specialist expertise in order to ensure effective delivery of change.

Technology

Children, young people and their families increasingly use technology and social media as their main form of communication, we recognise that they expect the services they are involved with to do the same. To engage our service users effectively Barnet will improve client facing technologies to provide services fit for the 21st century. Technology should be used to provide services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.

Evidenced Based Practice

Working with practitioners, families/carers, children and young people and using NICE and best practice guidance and recommendations Barnet are revising care pathways from access to outcome. This work will need to be expanded to include families/carers, children and young people.

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including "Delivering with and Delivering Well.[2]" Once a benchmark is established, a work plan will be included into the Transformation Plan.

G. Approach

To deliver the Transformation Plan over the next five years the commissioning of CAMH services will include;

- **Co-production of CAMH services** with children and young people and their families and carers. Barnet has trained a number of young commissioners who will work directly with the council and CCG to develop services, as well as

[2] Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

having a range of participation forums including the Barnet Youth Board, Role Modal Army, Youth Shield and UK Youth Parliament.
- Continue with **joint working** when developing services, working closely with providers and other public sector organisations to deliver change across services for young people.
- Work closely with other local authorities and sector level management through the North Central London sector forum and across the local tri-borough (Barnet, Enfield and Haringey) to share best practice and develop joint commissioning arrangements.
- Develop a **system based approach grounded on children and young peoples' needs** and not service boundaries, removing boundaries and delivery services based on the life course, from early years through to adulthood.
- Ensure assurance of the Barnet CAMHS Transformation Plan through sign off from the Health and Wellbeing Board and effective governance.
- Commit to **transparency**, publishing financial information, performance metrics and other relevant information.

There will be two key groups who will deliver the action plan outlined in the transformation plan. These are;

- A senior strategic CAMHS group (CCG and LBB) - to achieve an agreement on the way forward with the provider in regard to LBB contract and service re-modelling.
- The CAMHS core group, to deliver the service improvement plans

H. Transformation Funding

Some of the proposed changes outlined above are achievable without additional funding, whilst others require transformation funding to enable service change. The table below outlines the proposed planned spend of transformation funding.

Indicative budget 2015/16	New funding available	Investment planned
NHSE funding for plan when assured	497,773	
Eating Disorders	198,863	100,000
Crisis/Self Harm		158,636
Perinatal mental health allocation to be confirmed		TBC Additional funding is expected from NHSE
Child Sexual Assault		10,000
Early Intervention and Prevention		
Improving CAMHS support in schools (including peer support)		200,000
App/technology Communications		50,000
Developing a CAMHS Drop in		118,000
CYP-IAPT roll out completion		TBC additional funding will be available for training

Governance and "change management": such as buying in national expertise.		20,000
Data, connectivity infrastructure		40,000
Totals	**696,636**	**696,636**

I Next Steps

The next steps to continue to deliver the Transformation Plan are to;

- Develop a detailed local implementation plan
- Engage with and incorporate service user, carer and community to facilitate Co Production of the Transformed local system
- Manage provider and service alignment to Transformation Plan locally and at sector level
- Recommission an out of hours offer for CAMHS
- Streamline CAPA and CYP-IAPT for better reporting of health outcomes measurements.
- Strengthen overall data collection and information systems and connectivity.

3. Introduction

The Barnet CAMHS Transformation Plan has been developed in response to the letter from Sir Bruce Keogh and Richard Barker[3] in May 2015 which calls for "*a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind*"

'Future in Mind' clearly articulates the local Transformation Plan should cover all mental health for children and young people. *"Delivering the national ambition will require local leadership and ownership. We therefore propose the development and agreement of Transformation Plans for Children and Young People's Mental Health and Wellbeing which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services".*[4]

Barnet's Transformation Plan aims to set a future vision for mental health services for Children and Young People and clearly articulate our offer and what we are going to do to improve services.

A review of Barnet CAMH services by UCL Partners in 2013/14 recognised that Barnet has a broad range of CAMH services, which are rated as good by service users but that there were opportunities for improvements across the service. A work plan was developed based on key recommendations from the review and is articulated in the Transformation Plan. Key areas for development were;

Early Intervention and Prevention: increasing evidence demonstrating investment in mental health services prevents short and long term costs. The average potential savings from early intervention in conduct disorders is estimated at £150,000 per child/adolescent who has conduct problems and are likely to be diagnosed to have a conduct disorder[5].

Improving Barnet's Resilience and Health and Wellbeing: Providing Parenting interventions, social and emotional learning programmes, school-based interventions to reduce bullying and other mental health interventions are known to produce substantial returns on investment[6].These are key themes throughout the Transformation Plan. This plan will be reviewed on an ongoing basis for the five years from 2015 to 2020.

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[3] See www.england.nhs.uk/wp-content/.../transformation-plans-guid-lett.pdf

[4] Future in Mind 2015: Section 1.14
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

[5] Knapp M, Mcdaid D, Parsonage M. [homepage on the Internet]. 2011 [cited 2014 May 19]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf

[6] Knapp M, Mcdaid D, Parsonage M. [homepage on the Internet]. 2011 [cited 2014 May 19]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf

4. The Vision for CAMHS in Barnet:

In consultation with children and young people Barnet has outlined a high level vision for the future of CAMH services which underpins every aspect of the Transformation Plan. The 5 key elements of the vision are;

- **A focus on prevention** – working with families from the earliest opportunity to support parenting and de-stigmatising mental health.
- **Services focused on children and young people and their families/carers** – A service which is centred "on" children and young people and involves them in everything about the service they receive, allowing them to reach their full potential.
- **Outcomes and evidence based support** – Using interventions that have been proved to work and deliver the outcomes children, young people, their families/ carers want to achieve
- **Seamless service from pregnancy to adulthood** – making sure agencies work together to offer a joined up service for young people that always aims to achieve independence.
- **A service fit for the 21st Century** – a flexible service which allows children, young people and their families/carers to access how and when they want to and using technology to support young people.

Inspired by the vision, the following key principles have guided the development of this document:

- **Children and Young Peoples Participation is central to the plan** – Trained Young Commissioners and the wider children and young people population, including the most vulnerable will continue to be the central voice guiding the Transformation Plan
- **Communications, Partnership and Accessibility**: a communication plan will be published on LBB and CCG web sites and will include a range of methods of contributing and feeding into the transformation of CAMHS.

Other key features of the transformation plan Transformation Plan are;

- ***A system based on CYP need and not service boundaries:*** removing barriers to service access and changing the nature of assessment, practice and delivery to develop service's based on CYP "Life course[7]" needs and not just tiers of service provision.
- To have a skilled workforce and population who are able to ***prevent mental ill health in children & young people,*** by ***building resilience*** and by

[7] The Life Course approach is a framework covering from pre conception and pregnancy to a child's 19th birthday, or to 25 years old for young people in special circumstances, such as those with a disability who remain in education. The life course framework approach includes:

- Pre pregnancy
- Antenatal
- Early years and school readiness
- School years
- Emerging adulthood, adolescence to adulthood and independence

recognising early when help is needed and by making ***access*** to early help as easy as one click, phone call or walk-in or e-mail away.

- The most ***vulnerable children young people***[8] are included every step of the way; and that prevention and services meet their very special needs and if they need to move into adult services their ***transition*** is clear, easy and makes sense to them.
- Building CAMHS capacity by ***education and training for professionals, developing a workforce which is skilled and knowledgeable.***
- Focus on promoting resilience, supporting parents to "do it yourself" and enabling children and young people to learn how to take care of themselves and where to find help and advice.
- To ensure the right services are in the right place and respond at the right time, including ***crisis services 24/7*** – following up when appointments are missed
- Barnet's commissioners will work to ***pool budgets, develop social enterprise, traded services, mutual and trusts*** where possible to ensure sustainability. Strong commissioning and monitoring arrangements and reporting to the appropriate local governance structures representing both the NHS and Local authority.
    - No child attending a service unnecessarily
    - Keeping children and young people safe from harm

5. National Guidance and Local Service Reviews

This plan has been informed by national guidance and a series of local service reviews which are detailed below;

The following national guidance has informed the Transformation plan;

Guidance	Year
Future in Mind: promoting, protecting and improving our children and young people's mental health.	**2015**
The Parliamentary Health Select Committee Report CAMHS Report	**2014**
Crisis Care Concordat	**2014**
September Government Task Force	**2014**
The Health Select Committee, following the report from the Chief Medical Officer	**2013**
NHS England Review of Inpatient bed	**2013**
Report on the Children and Young People's Mental Outcomes Forum – Mental Health sub Group	**2013**
Children and Young People's Health Outcomes Strategy	**2012**
No Health Without Mental Health: Implementation Framework	**2012**

[8] Definition of vulnerable –Young carers, LAC, CIN, YOS, Physical and Learning dis, Sex Exploitation, Gang members, children of prisoners, children exposed to the toxic trio ………..

The following local service reviews and assessments have informed the plan;

Health and Well-Being Strategy 2016 – 2020	June 2015
Barnet Joint Strategic Needs Assessment Refresh	June 2015
Children and Adolescent Mental Health Services (CAMHS) – Barnet: (26.01.2015) Dr Neel Bhaduri, DRAFT v2	Jan 2015
London borough of Barnet Early Intervention and Prevention Strategy	Aug 2014
Barnet: Child and Adolescent Mental Health Service – Action Plan	2014
Barnet Mental Health Need Assessment: Dr Jonathan Campion: UCL Partners	2014
Barnet CAMHS Needs Assessment and Scoping of Care Pathways	Dec 2013
Barnet Child and Adolescent Mental Health Services Strategic Direction and Action Plan	2013/16
Barnet's Children and Young People's Plan	2013/16
CAMHS Needs Assessment	2013
Barnet's Health and Wellbeing Strategy, 'Keeping Well, Keeping Independent'	2012/15

The plan has also been informed by:

- Review of current contracted services with activity
- Review of spot purchased services for specialist provision that is not available in current contracts
- Outcomes where available [limited due to poor quality of outcomes based data]
- The views of service users and the general population
- The views of professionals and those with expertise in the field.
- Self-assessment using the "Future in Mind" assessment tool kit that accompanied "Future in Mind". This allows local areas to assess current status against 49 different key recommendations. The initial priority findings can be found in section 15. The self-assessment will be refreshed on an annual basis over the next five years to ensure we are making progress against this baseline.
- The Plan has been developed as a response to both national and local policy drivers and needs assessments as outlined below.

6. Communications and Partnership

Working in partnership to deliver services that are flexible and relevant to the needs of children, young people and their families is essential. This plan takes a partnership approach, which includes working across health, education, social care and the voluntary sector and with children, young people and their families/carers.

CCG and LBB officers have been working on this, and will continue to broaden the communication and engagement plan required to underpin the overall Transformation Plan.

6.1. Voice of Children and Young People

Barnet delivers a diverse range of participation forums which enable children and young people to have their voices heard.

- **Barnet Youth** Board - A representative panel of young people aged 13- 24 years acting as a voice for the wider youth community of Barnet. **Role Model Army (RMA) -** The RMA is Barnet's Children in Care Council.
- **Youth Shield -** Youth Shield is Barnet's Youth Safeguarding Panel for young people aged 14-25 years run by CommUNITY Barnet on behalf of Barnet Safeguarding Children Board (BSCB).
- **Barnet Young Commissioners** – A group of children and young people embedded within the commissioning cycle providing their unique voice and insight in to service specification and design
- **UK Youth Parliament (UKYP**)

Barnet residents, children and young people when consulted as part of the council's recent consultation on the 'Strategic Plan to 2020' where asked when faced with funding cuts, what the priorities for Barnet should be: residents felt there should be more investment in mental health services for children and young people. For full report of budget planning 2015/16 – 2019: Full council 14th March 2015. See link: http://barnet.moderngov.co.uk/documents/s21538/Appendix%20B%20Consultation%20Headline%20Findings%20UPDATED.pdf

Children and young people also chose mental health as a top priority at a recent Children's Trust Board event (March 2015).

6.2. Barnet Young Commissioners

Since April 2015 Barnet has a group of young people who have been "trained" in commissioning and are central to supporting the commissioning cycle. A recent brief includes young commissioners scoping what a "drop-in" provision, as suggested by Future in Mind - could look like. They will continue to play a central role in the five year plan.

Engagement with these groups is developing but already we have begun to understand some of the key issues and challenges young people have including:

- Young people voted mental health as one of their top service/needs priorities at a Children's Trust Board event.
- Young people support the ideas behind the implementation of the CAPA and improving Access to Psychological Therapies
- Young people are supportive of the re-modelling of CAMHS that invests in prevention and early intervention
- Transition to adult services is a challenge

6.3. Partnership Working

A communication work stream is in place to support the delivery of the Transformation Plan. This will includes partnership engagement, consultation and inclusion. Methods under consideration include technology approaches such as innovative use of SMS or other web technologies such as social media and online resources and or "apps".

Alongside co-producing the plan with children and young people, key will be that the Plan is both produced and owned by a multi-agency collaborative operating within Barnet which includes:

- NHS Barnet Clinical Commissioning Group
- The London Borough of Barnet
- Barnet Public Health
- Healthwatch Barnet
- NHS England (London)
- The Royal Free Hospital
- Barnet Enfield and Haringey Mental Health Trust
- Tavistock & Portman NHS Trust
- Central London Community Health NHS Trust
- Community Barnet

This will be widened as part of the five year plan.

7. Governance and Transformation Plan Development

7.1. Governance

The assurance process will require the Barnet CAMHS Transformation Plan to be signed off by the Health and Wellbeing Board.

NHSE in recognition that local Health and Wellbeing Boards (HWBB) may not "fit" within the timeframe required by the guidance for submission have agreed that the plan can be signed by any of the following the Chair of the HWBB, the Director of Children's Services, the Director of Public Health, lead member for children's services or the portfolio holder for health.

Operationally two key groups are in place to take forward this work;

- A senior strategic CAMHS group (CCG and LBB) - to achieve an agreement on the way forward with the provider in regard to LBB contract and service re-modelling.
- The CAMHS core group, to deliver the service improvement plan

The CAMHS Transformation Plan will be presented to:

- The CCG Clinical Cabinet for approval in October 2015.
- The Strategic Commissioning Board / Commissioning Board for approval in October 2015
- Health and Wellbeing Board for approval in November 2015

Submission of the Barnet CAMHS Transformation Plan to NHS England Directors of Commissioning and Operations is scheduled for October 16.

NHSE will be aiming to deliver ratification or amendments and further support to local Plans prior to resubmission in November 2015.The plan will need to be assured by NHSE to release funding to deliver the plan.

7.2. Development of the Transformation Plan

The table below outlines some of the key activity undertaken to development the Transformation Plan in its current form;

Date	Activity	Outline	Key Outcomes/ Messages
April 2015 onwards	Engagement with LBB Young Commissioners	Six sessions held with Young Commissioners to develop an awareness of priority issues in CAMHS and to hear their views on next steps and current issues for CYP	Want to see investment and no cuts for children with mental health issues. Supporting vulnerable seen as a good use of resources, especially prevention. Young Commissioners scoping what a "one stop shop" or "drop in" offer needs to look like in order to be effective
July 2015	Alignment with the Reimagining Mental Health work stream	This aligns to the "reimagining mental health" work stream and ensures transition planning is incorporated into the Transformation Plans (See Appendix 1 for "reimagining mental health")	Focus on schools and access.
August 2015 onwards	North Central London CAMHS Network Teleconferences	Fortnightly teleconferences chaired by Barnet CCG in support of NCL based CAMHS commissioners engaged in creating local Transformation Plans	Need to align commissioning plans across areas of current collaboration is identified – i.e. Tri-Borough[9] commissioning (i.e. Eating Disorders) and across areas impacting on all North Central London (i.e. Crisis services or Child Sexual Abuse)
25 August 2015	Barnet CAMHS Core Group Consultation meeting	Barnet Clinicians and Third sector representatives involved in the delivery of CAMHS were consulted on areas of development, issues to address barriers to change and priorities.	Widespread agreement on priority areas of IT and infrastructures to address Minimum data set and information issues, CYP-IAPT model. Assessment of local and national level performance to inform priorities. Next steps for the engagement plan.
August 2015	BCCG Commissioning intentions engagement event	Public engagement event where Barnet residents were consulted on commissioning intentions for 2016/17	Maternal, Child Health and CAMHS commissioning intentions included. Publically agreed.
September	Out of Hours	This group is meeting over	Draft model, accident and

[9] Tri-Borough refers to Barnet, Enfield and Haringey

2015	Service task and finish group	the next 6 to 12 months to assess the most appropriate model for local Out of Hours services, which may be rolled across the tri-borough.	emergency based. Future developments of an outward facing response.
August 2015	Crisis Care Concordat	Work on a sector and local crisis care concordat has commenced – with an initial focus on adult mental health. Work with NHSE London region covering crisis care and a potential sector level model are under development including CAMHS.	To include CAMHS and transition
30 September 2015	Barnet CAMHS Transformation Plan Engagement event	Launch of Barnet Transformation Plan - and consultation prior to its submission to NHS England. Attendees include local commissioners, statutory and third sector service providers, consultative groups, children young people representatives to contribute to the draft plan.	First of a series of public facing opportunities to encourage engagement and involvement with the development of the Transformation Plan
16 October 2015	The Barnet Transformation Plan submission to NHSE is scheduled by the 16th October		Submission of the finalised Transformation Plan to NHSE
October/ November 2015	Publication of the Transformation Plan		

8. Local Needs

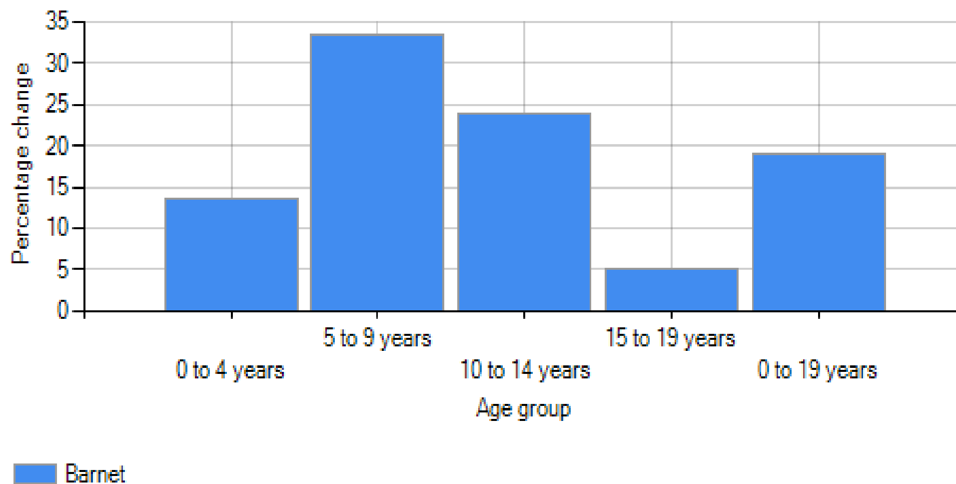
The Transformation Plan has been developed based on the local need within Barnet. There is a wide range of data available that has been used alongside professional advice and service user input to develop the transformation plan.

8.1. The Barnet Joint Strategic Needs Assessment (JSNA) 2015 and UCL Partners 2014/15

Barnet is now the largest London borough and still growing.

- There are around 94,940 children and young people in Barnet.
- The population of children under the age of 19 is projected to increase from 94,940 in 2013 to 102,978 by 2018, - 8.5%; which has implications for service provision, as shown in the graph below.

- The greatest population growth is in the 5-9 year olds followed by 10-14 year olds.
- There are more boys than girls in all age groups.



UCL Partners

UCL Partners Mental Health Informatics Platform was commissioned to assess the mental health needs of Barnet in primary care, secondary care, social care and public health. Highlight findings are outlined below.

Child and adolescent mental disorder

- Estimated annual costs of crime by adults in Barnet who had childhood conduct disorder or sub-threshold conduct disorder: £381.8m
- Expenditure rate per 100/000 in Barnet (£1.1m) was mid-range for London boroughs
- Estimated net savings from parenting interventions to every parent of a child with conduct disorder in Barnet would be £28.1m with £22.6m of savings accruing to criminal justice

Social care

- Social care mental health clients receiving services per 100,000 population in Barnet was mid-range for London

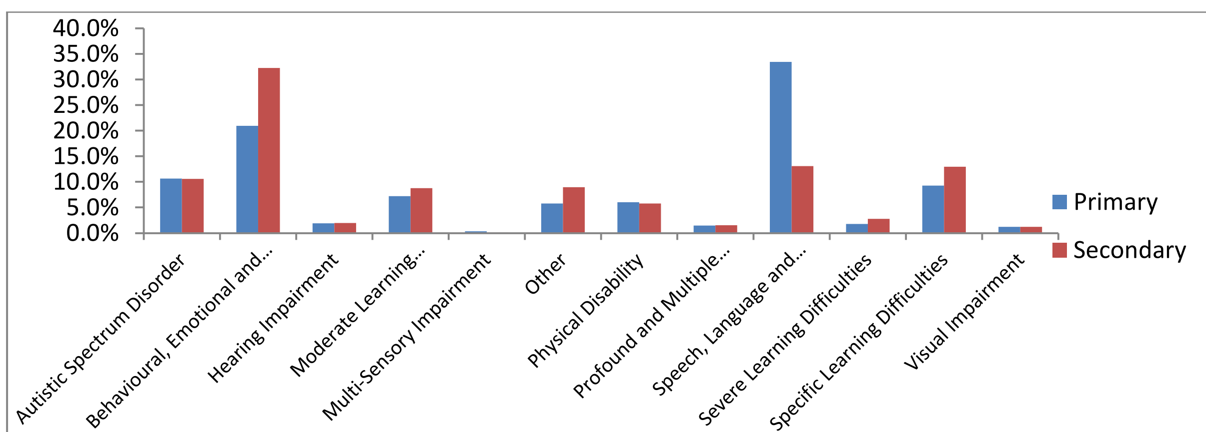
Local level of risk factors/groups

Certain factors are associated with increased risk of mental disorder and poor wellbeing. Addressing such factors can reduce associated risk such as parental mental disorder which affects more than 36,000 parents in Barnet. Child abuse, another risk factor in Barnet amounts to:

- More than 12,000 11-17 year olds estimated to have experienced abuse
- More than 6,000 under 18's estimated to have experienced non-consensual sexual intercourse or touching before age 16
- Proportion of children and adolescents in Barnet who have experienced different types of abuse who were subject of a Child Protection Plan: 1.6%

- Higher risk child and adolescent groups
    - Looked after children: Average mental health score of looked-after children worse in Barnet (13.9) is similar to national average (13.8)
    - Children with Special Education Need: Higher proportion in Barnet (20.7%) than London (19.1%) or national (18.7%)

- Special education needs: Barnet has four State-funded special schools and three Pupil Referral Units. Across all pupils with Special Educational Needs (SEN) in Barnet, the highest proportion of needs in primary schools are Speech, Language and Communication; in secondary the highest proportion of needs are in Behavioural, Emotional and Social Difficulties.
- Of the 1,751 school aged pupils with special education needs, 57% (997) are in mainstream schools. The graph below shows the percentage of children in mainstream primary and secondary schools with a special education need in 2014.



Joint Strategic Needs Assessment 2015

The JSNA 2015, also outlined the following headline findings about children and young people in Barnet;

- **The high rates of population growth for children and young people (CYP)** will occur in wards with planned development works and **are predominantly in the west** of the Borough. The growth of CYP combined with **benefit cuts will place significant pressure on the demand for services** from children's social care and specialist resources from other agencies (notably health).
- Domestic violence, parental mental ill health and parental substance abuse (toxic trio) are the most common and consistent contributory factors in referrals into health and social care**. Effective prevention and early intervention could help to reduce impact on CYP and their families** and minimise referrals to children's social care and other specialist services within health and criminal justice system.
- **Child poverty is entrenched in specific areas of Barnet (notably west);** targeted multi-agency, locality based interventions could better support families.

- **The Young Carers Act and Children and Families Act 2014** represent significant reform of care and support to children and young people with special educational needs and disabilities, and those caring for others. It is expected to raise the expectations of parents and carers. This **will represent a challenge to the Local Authority and partner agencies.**
- The number of post-16 pupils remaining in special schools is placing **pressure on the availability of places for admission of younger pupils.**
- **Neglect** is the primary reason for children and young people to have a child protection plan.
- Key characteristics have been youth violence or gang related activity, male adults 'talking' to young females and boys through the internet.
- There is a strong correlation between children who go missing and those known to be victims and or at risk of CSE

8.2. Estimated Need for Services in Barnet

The table below shows, an estimate of the number of Barnet, children and young people potentially requiring a CAMH service by tiers based on national data. Although the proposal aims to move on from the tiered model, the current need information is presented in tiers as this is how it has been collected historically.

Barnet estimated need for services across the CAMHS tiers for Barnet children under 17 years[1].

	Tier 1	Tier 2	Tier3	Tier 4
Barnet	12,800	5,975	1,580	65

Prevalence of Mental Health Disorders in Barnet Children and Young People calculated from national prevalence data where available, estimates are rounded up the nearest five.

PRE-SCHOOL CHILDREN

Children aged 2-5 years living in Barnet with a mental health disorder estimated to be 4,120 children [2]

SCHOOL-AGE CHILDREN

"Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria, the disorder causing distress to the child or having a considerable impact on the child's day to day life.

Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Barnet. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group".

[1] Children and Adolescent Mental Health Services (CAMHS) – Barnet: (26.01.2015) Dr Neel Bhaduri, DRAFT v2

Estimated number of children with mental health disorders by age group and sex

	Aged 5-10 years	Aged 11-16 years	Aged 5-16 years
All	2,155	2,965	**5,160**
Boys	1,470	1,695	**3,175**
Girls	**695**	**1,275**	**2,020**

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004).

Prevalence Rates of Mental Health Disorders [10]

It is important to note that the prevalence dates are out of date, but will be reviewed and plans will be altered in line with the findings from the new perseverance data due out in 2017.

As an indication of future service requirements the estimated proportion of children and young people to have conduct, emotional and hyperkinetic and less common disorders in Barnet are as follows:

- conduct disorder: 5.8% (3022, 5 – 16 year olds[11])
- emotional disorder: 3.8% (2,014 5- 16 year olds)
- hyperkinetic disorder: 2.2% (1,149, 5 – 16 year olds)
- other less common disorders[12] (730)
- overall admission rate (per 100,000) for mental disorders for under 18 years in Barnet is 167.6, which is 2nd highest in London compared with London at 87.1 and England at 87.6 (see below).
- expenditure rate on child and adolescent mental disorder was £1.1m which was mid-range compared to most other London Boroughs
- the most prevalent conditions are Conduct Disorder at an estimated 3,095 5-16 year olds and Mixed Anxiety and Depressive disorder at an estimated 1,405 16 – 19 year olds.
- Nationally known higher rates of mental ill health are found in young people with Learning Disabilities; with Special Educational Needs; who are looked after; homeless or sleeping rough; who attempt suicide or self-harm or; who are in the youth justice system.
- For Children in Need with a disability, the highest percentage had a learning disability (25%) or autism (25%)[13].

Estimated number of 16 to 19 year olds with internalising disorders in Barnet[14]

	Males	Females
Mixed anxiety and depressive disorder	435	970
Generalised anxiety disorder	135	90

[10] Extracted from Children and Adolescent Mental Health Service (CAMHS) – Barnet (26.01.2015) Dr Neel Bhaduri, Draft V2
[11] Children and Adolescent Mental Health Services (CAMHS) – Barnet DRAFT (14.01.2015) Dr Neel Bhaduri, Draft V1
[12] Barnet CAMHS Needs Assessment V2
[13] Barnet public health 2015 - tbc
[14] Source: Office for National Statistics mid-year population estimates for 2013.

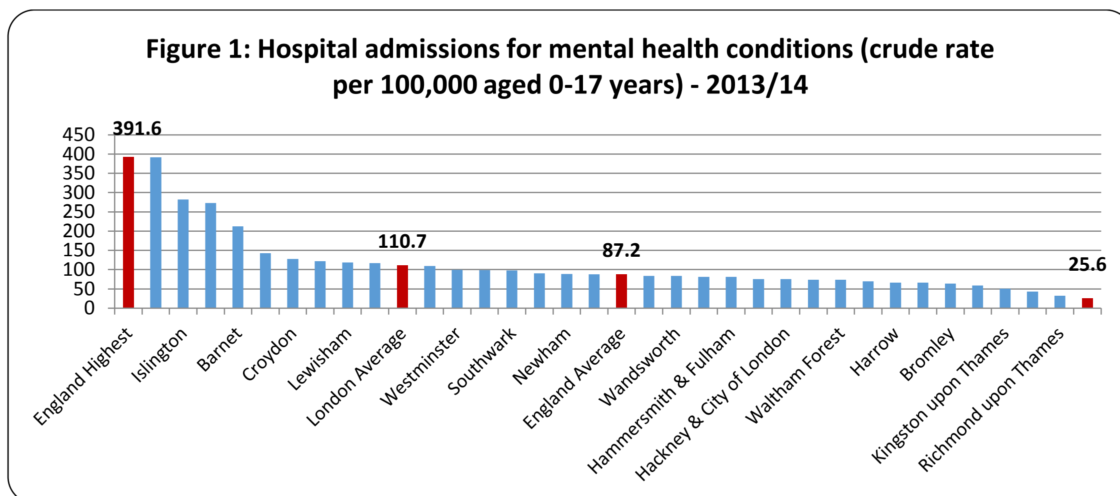
Depressive episode	80	215
All phobias	55	165
Obsessive compulsive disorder	80	75
Panic disorder	45	50
Any internalising disorder	730	1,500

8.3. Current Activity

Although the level of activity does not directly demonstrate the prevalence of mental health issues or local need, it gives a good indication of local demand for services.

Hospital admissions for mental health conditions
The table below shows the number of hospital admissions for under 18 year olds recorded as having a mental health condition, compared by London boroughs. Barnet is 4th highest. This highlights the importance of working with the wider commissioning network.

Admissions for under 18 year olds in Barnet with mental disorder (2013/14)



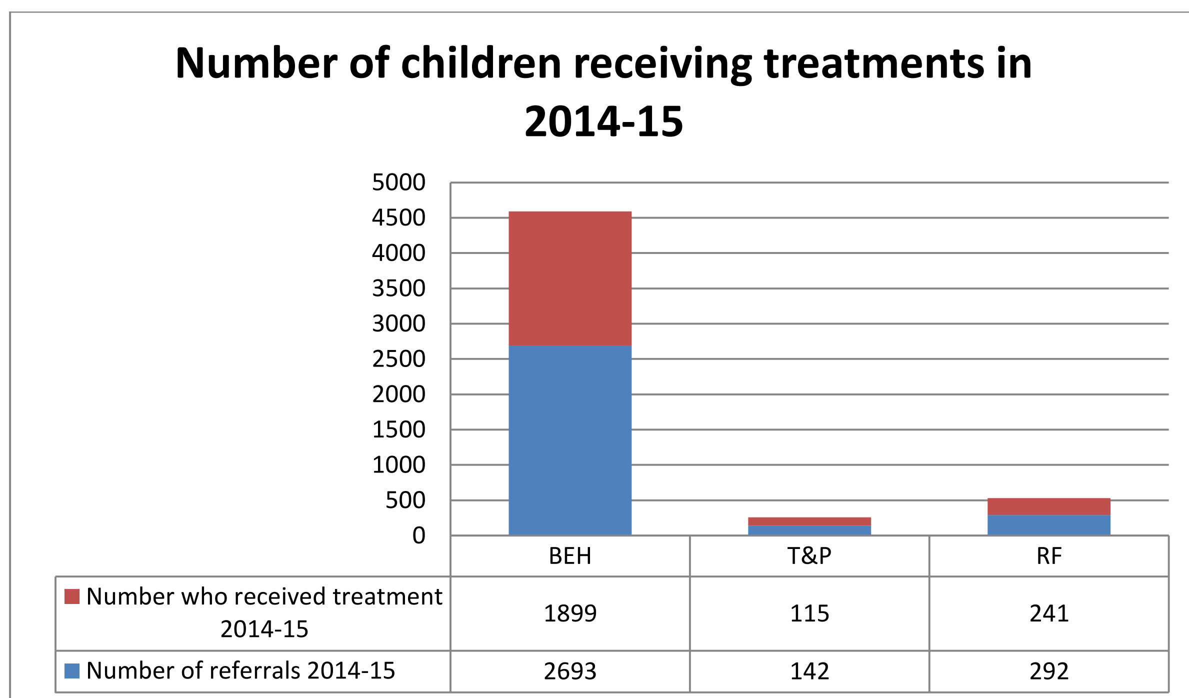
8.4. CAMHS Referrals

The table and graph below shows the number of referrals made to Barnet CAMH services with the number and percentage of accepted referrals for 2013-14 and 2014-15.

The table demonstrates that the number of referrals increased from 2709 in 2013/14 to 3127 in 2014/15 (an increase of 15%), whilst the number receiving treatment increased from 2078 in 2013/14 to 2255 in 2014/15 (an increase of 8%). Hence there is a decrease in the number who were referred who received treatment in 2014/15.

The table also illustrates that in 2014/15, the percentage who received treatment who were referred was highest for service provide by the Royal Free (83%) and lowest in services provide by the Tavistock and Portman (49%).

Provider	Number of referrals 2013-14	Number who received treatment 2013-14	% received treatment 2013-14	Number of referrals 2014-15	Number who received treatment 2014-15	% received treatment 2014-15
BEH	2288	1720	75%	2693	1899	71%
T&P	152	115	76%	142	115	80%
RF	269	243	90%	292	241	83%
Total	**2709**	**2078**	**77%**	**3127**	**2255**	**72%**



9. Current Commissioning Arrangements

Barnet has a joint approach across NHS, Barnet CCG and the London Borough of Barnet to commission CAMH services. Commissioning of CAMHS is led by the Head of the Children's commissioning who works across both organisations.

CAMHS provision is funded by both LBB and Barnet CCG and provided through a range of contracts with three main provides (Barnet Enfield, Haringey Mental Health Trust (BEHMHT), Tavistock and Portman NHS Trust and Royal Free London NHS Trust) as well as "spot purchasing" for specialist assessments and services that are not provided within current contracts.

Barnet services currently commission: tier 1 as part of the Healthy Child Programme 0-19 delivered by Health Visitors, Children Centre staff and School Health Services, and Tier's 2 and 3 services. Tier 4 services are commissioned directly by NHS England with liaison via a Case Manager from the Specialised Commissioning section of NHS England's Area Team.

This section of the Transformation Plan includes an overview of the current services we offer, the current investment in service and the number of children and young people who currently access services, as well as local population need.

The pace of change in terms of CAMHS strategic and policy development is rapid, and Barnet have commissioned a number of CAMHS reviews and strategies over the last three years. From these a CAMHS Action Plan was developed in January 2015. This has been substantially updated based on recent publications and evidence base to develop this Transformation Plan 2015-2020.

It is worth noting the considerable synergy between the original action plan and both Future in Mind and the Transformation Plan guidance.

10. Sector Wide Work, TRI Borough (Barnet, Enfield and Haringey) and Local Management

There is a record of good working across local boroughs to commissioning CAMHS, with a range of sector level and cross borough arrangements.

Sector Level Management: A quarterly Commissioners meeting for North Central London sector is a forum that provides an opportunity for aligning actions that are common across the area. Performance data is provided on a monthly basis.

Tri Borough Management: Tri borough meetings (Barnet, Enfield and Haringey) take place quarterly – these meetings are currently held to review the Key Performance Indicators and data reporting mechanisms for areas of tri borough operation

Priorities for joint commissioning across the tri-borough are:

- Crisis services
- Paediatric liaison
- Autistic Spectrum
- Council commissioned services
- Eating Disorders across the five boroughs

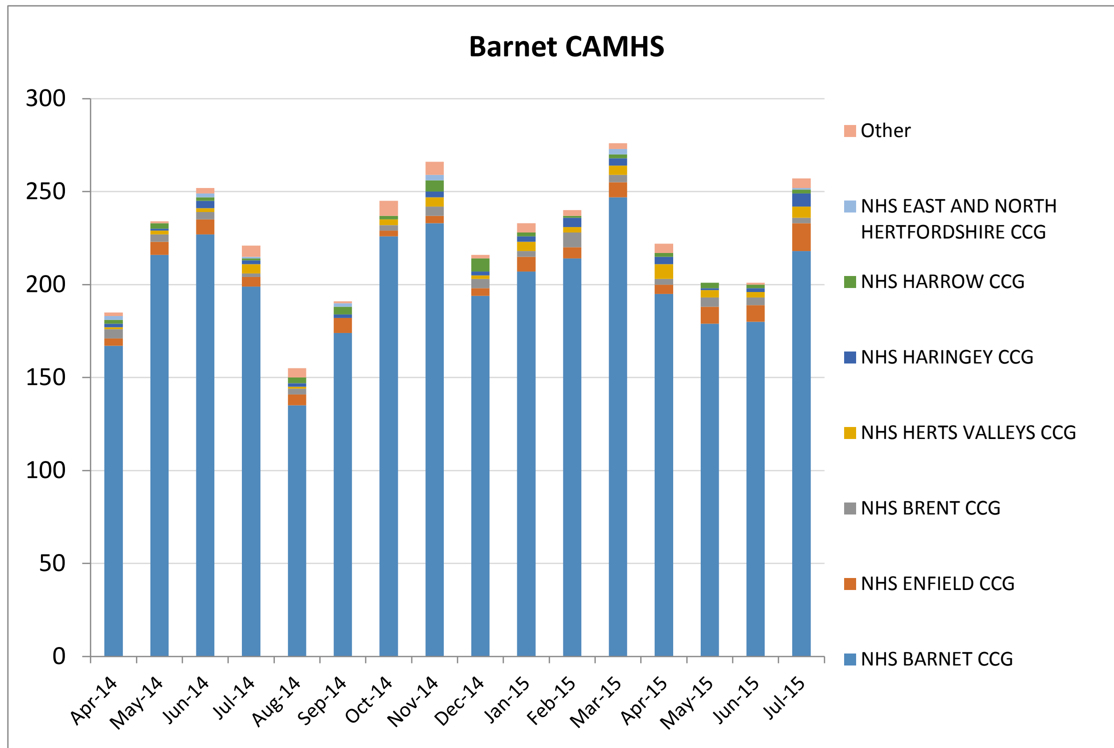
Local management: The CAMHS Core Group meets bi monthly; this is an operational group taking responsibility for implementing and monitoring the Transformation Plan. The Health and Wellbeing Board will receive regular progress against prioritised areas.

The table below highlights sector wide contract arrangements and lead responsibilities.

Contract	Lead
Tri-borough contract, Barnet Enfield and Haringey (large block contract including adult services)	Locally Enfield commissioners
Royal Free London Eating Disorders Service a five borough arrangement (as part of the acute block contract)	Locally Barnet commissioners

In Barnet CAMHS approximately 10.7% of referrals are from other CCGs. On average Brent and Herts Valley are the main referrers. Therefore working across a wider range of CCGs is essential, this is particularly important when developing emergency and crisis care services. Accident and emergency departments accept all attendees, which includes CAMHS emergencies.

The table below shows the referral pattern across local CCGs.



10.1. Voluntary and Community Sector Involvement in CAMHS

There is a large and active voluntary and community sector in Barnet, with a wide range of services working with children and young people. The sector has regular “CYPNet” forum supported by CommUNITY Barnet, which facilitates information sharing and joint working. Three voluntary sector representatives are represented on the CAMHS Core Group, and an update on the Core Group’s work programme is provided at each “CYPNet” meeting.

The Voluntary and Community Sector have an important role in supporting mental health and wellbeing across universal and universal plus services. In order to improve early intervention and prevention services Barnet must work closer with the community and voluntary sector, building their capacity to support children and young people in Barnet.

10.2. Finance - Current Position

Barnet Children’ Adolescent Mental Health Service (CAMHS) is currently funded between the London Borough of Barnet (LBB) local authority and Clinical Commissioning Group (CCG), with the CCG funding the majority of the service.

The current expenditure of CAMHS is estimated to be **£5,625,105.00**

Of that the contributions are:

LBB	£1,141,823.00	20.3% of the total
CCG	£4,483,282.00	79.7% of the total

To date the estimated contract breakdown is as follows;

- Barnet Enfield Haringey Mental Health Trust, Tier 3, CCG expenditure value is 90% **£3,394,510** which crudely equates to **£214 per contact**
- Barnet Enfield Haringey Mental Health Trust, tier 2, LBB expenditure value **£970,000**
- The contract for Tavistock & Portman NHS Trust, Tier 3, expenditure value 6% has been renegotiated from a cost and volume to a block contract. The new contract value is **£582,806** (Adult and Children block contract).
- Royal Free Hospital, Tier 3, 3.5 and 4: 4% **£613,645**
- Tavistock and Portman tier 3, 3.5 or 4 for education behaviour management at Gloucester House :**£306,360**
- Both the CCG and LBB undertake a small number of spot purchases – that is individual case by case funding where requirements are not with in current contractual provision - full cost is to be established.

10.3. Specialised Commissioning (Tier 4) Expenditure and Activity

- Tier 4 services provide care for the most complex children and young people. The provision includes low to medium secure services, eating disorders, intensive care and highly specialised services for deaf children and young people. In 2014/15 NHSE reports that over £900k was spent for children and young people placed in a Tier 4 setting.
- Data from NHS England Specialised Commissioning shows that the total spend for 2015/16 (Q1) for Barnet CCG CAMHS Tier 4 is £314,092 which is the highest in London.
- Barnet CCG CAMHS bed days for 2015/16 is ranked as the highest in London with 591 bed days in Q1. 18% of the national number of beds is in London.
- Barnet CCG will work with NHSE to commission relevant admission to tier 4 beds, identify local service developments to support young people in borough.

The table below shows the London tier 4 providers with the number of in-patient and type of provision beds for 2015-2016.

London/Regional T4 CAMHS Inpatient Services 2015-16

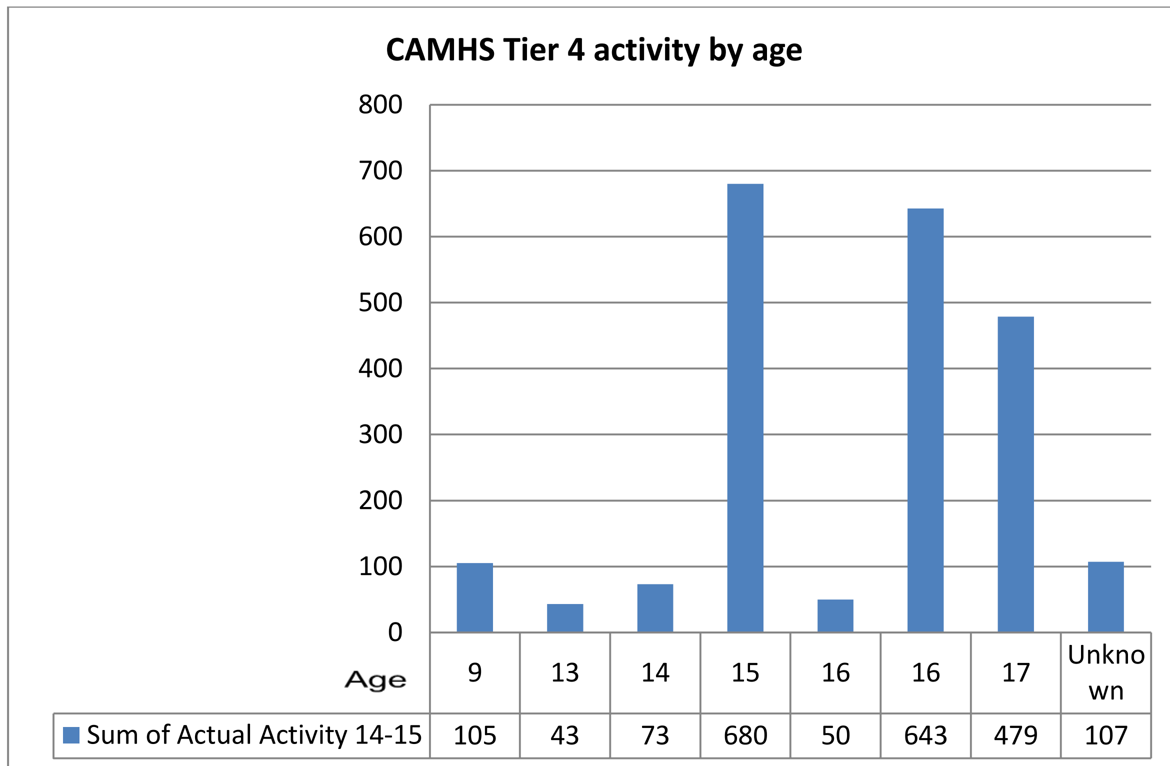
Reported by NHS England October 2015

Provider	Unit	Beds	Contract
Barnet Enfield & Haringey MHT	Beacon Centre	13 acute adolescent 3 high dependency (HDU)	London
Central & north West London FT	Collingham Gardens Children & Family Unit	10 for under 12's only	
East London FT	Coborn Centre	12 Acute adolescent 3 psychiatric intensive Care (PICU)	
Great Ormond Street FT	Mildred Crook Unit	10 acute care	
North East London FT	Brookside Adolescent Unit	14 acute adolescent 3 HDU	
Oak tree Common Ltd	Ellern Mede	22 eating disorders	
South London & Maudsley FT	Acorn Lodge Children's Unit, Bethlem Adolescent Unit, Snowsfield Adolescent Unit	10 for under 12's only 12 acute adolescent 12 acute adolescent	
SW London & St George's MHT	Aquarius Unit Wittena Unit	10 acute adolescent 12 eating disorders	
Whittington Health NHS Trust	Simmons House	12 acute adolescent	
West London MHT	Wells Unit	10 medium secure	
Partnerships In Care	Oakview Hospital London, Rhodes Farm	15 low secure 22 eating disorders	**East Anglia**
Cygnet Healthcare	Cygnet Ealing	28 eating disorders (16-18)	**BNSSSG**
Priory Hospital Group	Priory North London Priory Roehampton	20 acute adolescent 12 acute adolescent 10 eating disorders	**Wessex**

In 2014-15, for Barnet there were:

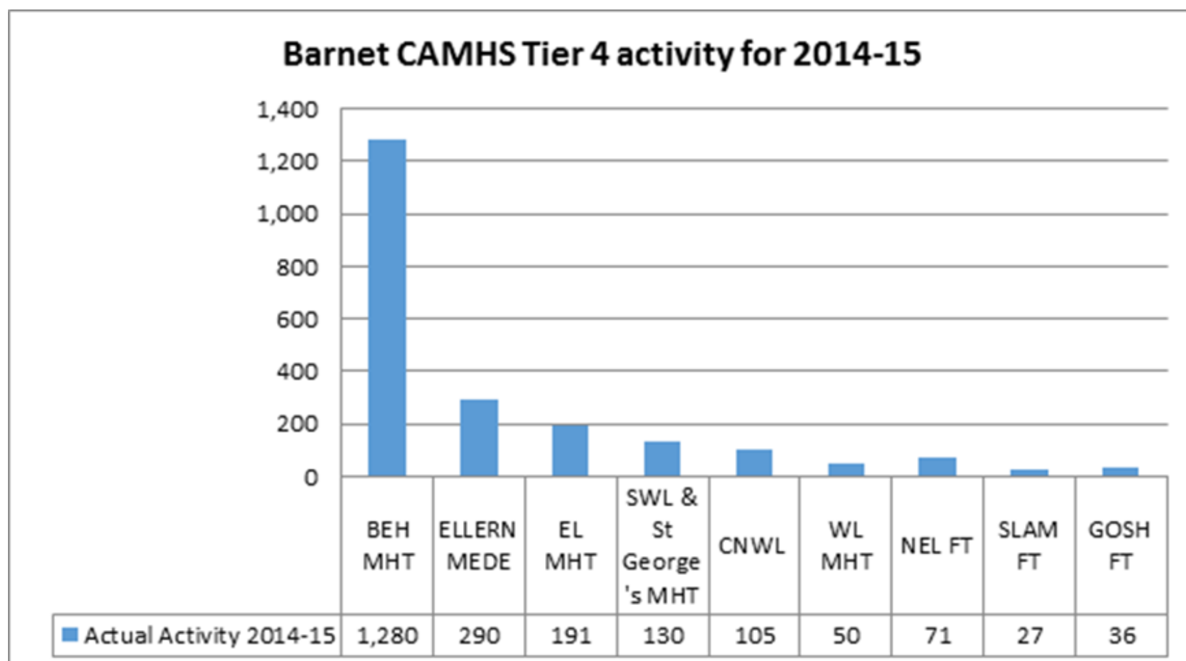
- 2,180 – number of young people in an inpatient facility, 50 were in a secure setting

The graph below shows that of the 2,180 children, the majority were in the 15-17 year old age group.

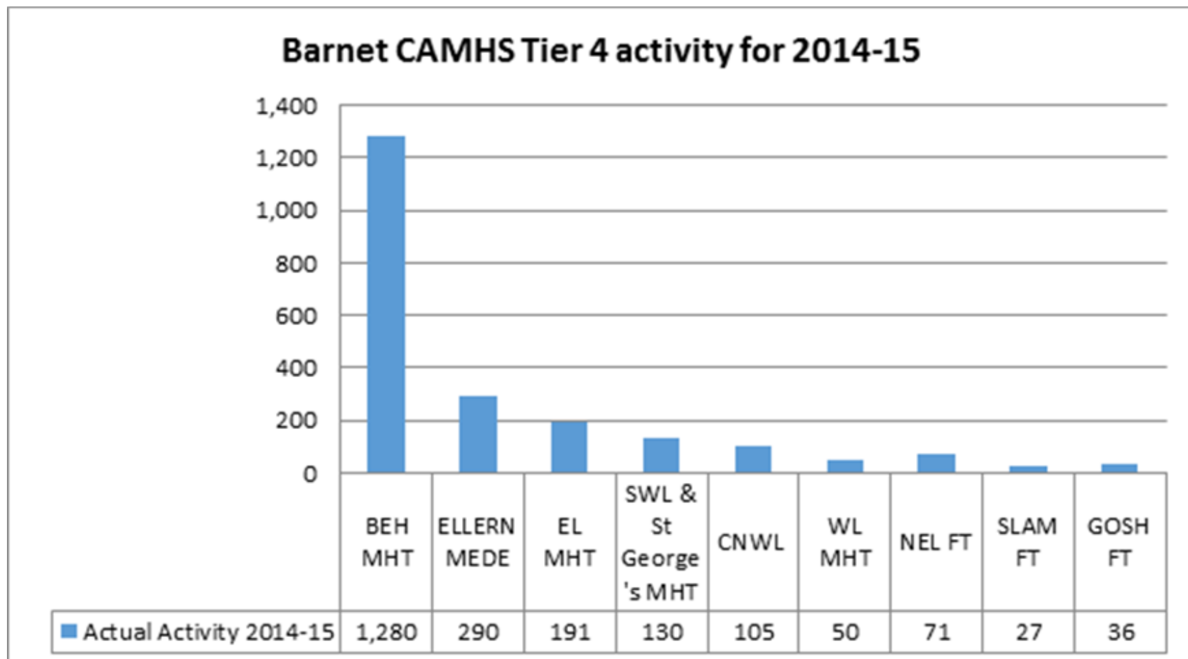


Age	9	13	14	15	16	16	17	Unknown
Sum of Actual Activity 14-15	105	43	73	680	50	643	479	107

For 2014-15 the total activity by provider is shown in the table below.



	BEH MHT	ELLERN MEDE	EL MHT	SWL & St George's MHT	CNWL	WL MHT	NEL FT	SLAM FT	GOSH FT
Actual Activity 2014-15	1,280	290	191	130	105	50	71	27	36



Barnet will:

- Work with NHSE to understand what can be done locally to prevent children and young needing inpatient beds.
- Work with NHSE to do a deep dive of cases, across the child's life course to identify preventative measures that could be provided locally
- Working with tier 3 providers and NHSE, using the learning from the above understand what local services could be developed to meet identified issues.
- Using the learning from above, working with health, education and social care partners, identify prevention and early interventions that may have prevented the inpatient admissions

11. Current Service Model

The Social Care Institute for Excellence in 2011 described CAMHS as;

"... is made up of targeted, specialist services for children and adolescents, in addition to primary care (e.g. GPs, school nurses and child health), along with other services based in non-health sectors. These include youth offending teams, behaviour and education support teams, pupil referral units, looked-after children services, along with secure and other residential settings, including youth justice."

CAMHS is usually described in four tiers:

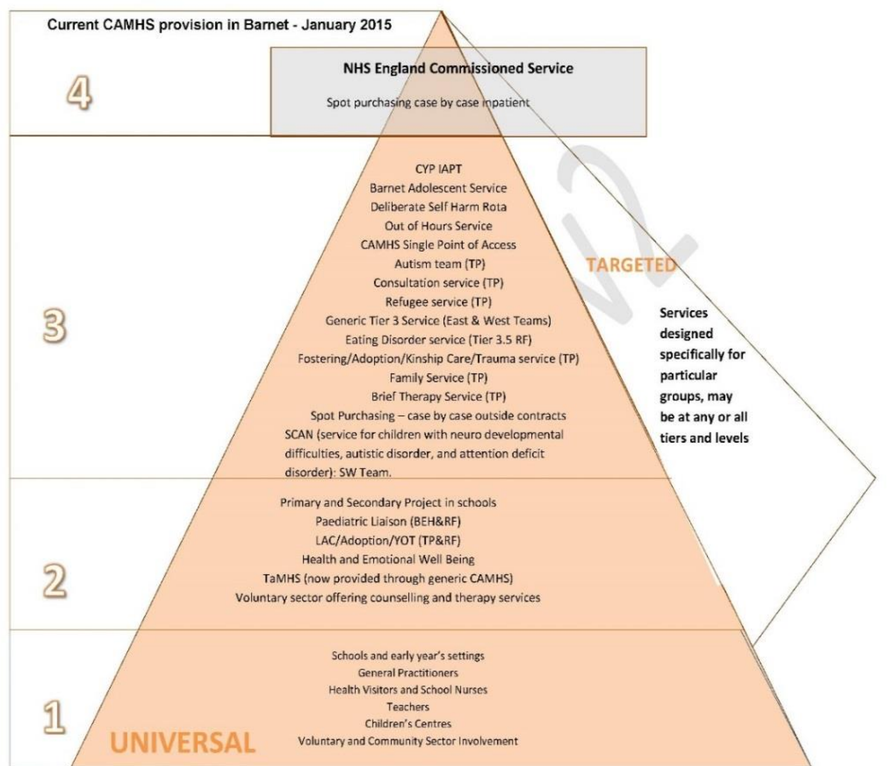
- **Tier 1**: General advice and treatment for less severe problems, provided by universal services (e.g. GPs, health visitors, teachers, social workers).

- **Tier 2**: Practitioners offer consultation to families, outreach to identify severe or complex needs which require more specialist interventions. Practitioners tend to be CAMHS specialists working in the community and primary care

- **Tier 3:** Provide specialist services for children and young people with more severe, complex and persistent disorders. This is usually provided by multi-disciplinary team.

- **Tier 4:** Tertiary level services for children and young people with the most serious problems, such as day units, specialised outpatient and in-patient teams.

The diagram below demonstrates the current Barnet CAMH services across the tiers



As recommend in "Future in Mind" Barnet are moving to a needs based approach which may be the THRIVE model. However the Early Years, Health and Wellbeing sub–group are remodelling the Children's Centre local offer using the "Healthy Child Programme[15]" framework. This will form a work stream in the Transformation Plan. The model will be designed and agreed, with children and their families/cares through the Barnet CAMHs Core Group, and then presented across health, education and social care to Barnet wide agreement.

Following on from the above model, Barnet CAMHS provides a wide range of services which are generally recognised in all reviews as providing:

…a "broad range of CAMH services", which are rated as good by service users.

Services commissioned are shown in the table below with the name of the service and provider with their function (as of September 2015)

Barnet Commissioned services

[15] https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
http://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf

Service	Provider	Function
Single Point of Access	**ALL**	All providers meeting weekly to review, triage and process all referrals.
Primary/Secondary Projects in schools	Barnet, Enfield & Haringey Mental Health Trust (BEH)	A multi-disciplinary team of mental health professionals working closely with children's services (schools, Social Care, youth services, Youth Offending, Safeguarding teams and community groups)
Looked after children	BEH	A multi-disciplinary team including clinical psychology team to provide assessment and short term therapeutic interventions and monthly consultation sessions for social workers, and staff in residential children's homes.
Paediatric Liaison	BEH	The team offers an emergency and routine in-patient and out-patient service to Galaxy ward and Starlight Neonatal Unit. The remit is to work with young people and families where there are psychological difficulties in relation to physical health problems, where the young person is under the care of Paediatrics.
Service for children and adolescent with neuro developmental difficulties, autistic, and attention deficit disorder (SCAN)	BEH	Provides a service for children/young people with severe learning disabilities and neuro-developmental and autistic conditions where the degree of impairment is significant and coupled with mental health problems.
Generic Tier 3 Service	BEH	Provide assessment, treatment and support of the mental health, behavioural and emotional well-being needs of children and young people aged from 0-18 years.
Barnet Adolescent Service (BAS)	BEH	The service is for children and young people aged from 13-18 years and their families. For young people with a wide range of mental health problems, disorders and illnesses, who require the help of a multi-disciplinary mental health service
Out of Hours	Royal Free Hospital (RF)	To provide an out of hours service for children and young people experiencing mental health difficulties from 5 pm to 9 am weekends and Bank Holidays, presenting in accident and emergency in RF
Paediatric Liaison	RF	The CAMHS paediatric liaison service focuses on the mind/body interface. This service offers consultation to a range of referrers at the Royal Free London NHS Foundation Trust and GPs who are working with children and adolescents with acute, chronic or life-limiting physical conditions. The team commonly receive referrals from colleagues in paediatric gastroenterology, diabetes, haemophilia and the neonatal unit. Assessments and therapeutic interventions are offered.
Eating Disorder	RF	The service provides young people with anorexia nervosa, bulimia nervosa or atypical variations of these disorders, to recover fully in the community. The service consistently achieves excellent clinical outcomes and satisfaction ratings from our patients and their parents.

Generic CAMHS	RF	Provide assessment, treatment and support of the mental health, behavioural and emotional well-being needs of children and young people aged from 0-18 years.
Brief Therapy	Tavistock & Portman NHS Trust (TP)	Offers a psychotherapy service.
Family Service	TP	This is a service to assess parenting and family interactions, and support for families through therapy and supervised contact to help children and young people achieve their potential.
Fostering/adoption/ kinship care/trauma service	TP	Service for looked-after children and young people and their carer's, adoptive families and children in the care of their extended families or friends (kinship carers) who are experiencing emotional or behavioural problems.
Refugee service	TP	The Refugee Service provides a culturally sensitive service to refugees and asylum-seeking people in Barnet and other London boroughs. They work closely with cultural advocates and interpreters.
Autism Team	TP	A range of different therapists who provide therapy for children and young people with developmental difficulties

11.1. Workforce

The table below shows the staffing breakdown by provider delivering the model above (as of September 2015)

Discipline	**BEH**	**RF (Eating Disorder)**	**RF (General CAMHS)**	**RF (Funded)**	**T&P***	**TOTAL WTE**
Medical	10.7	2.4	3	5.12		
Dietetics		0.43		0.43		
Nursing	5.45	14	0.8	14.8		
Clinical Psychologists	26.6	1.4	2.3	3.7		
Art Therapists	1					
Counsellors	2.5					
Child & Adolescent Psychotherapists		1.2	1.6	2.8		
Associate Practitioner		4		4		
Parent Infant psychotherapists						
Psychologists						
Family Therapists				1.9		
CBT therapists						
MST therapists						
Educational Psychologists						

Social Work						
Assistant Psychologists						
Administrators	7.13			3.5		
Secretary	4.1					
TOTAL	**57.48**	**23.43**	**7.7**	**36.25**		**88.61**

**For the Tavistock and Portman Services cases are allocated case by case, therefore staff are not identified as a service specific professional.*

New Approaches to CAMH Service Provision;

Barnet will, with, sector wide commissioners move away from a tired approach. We are at the early stage of considering how this will be developed and then implemented. Children, young people and their families/carers are essential to co-produce the new approach. We anticipate that building on our single point of access and the plans for a drop-in service will facilitate a needs based approach that is responsive and appropriate.

"Future in Mind" recommends building the transformation of CAMHS using quality standards and service improvement methodologies, which include Children's IAPT[16]**,** THRIVE Model[17] and CAPA[18] http://www.capa.co.uk/ and 'You're Welcome' standards, https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services.

This sets the ambition for a new model as the Barnet vision is to move away from tiers to providing a quality needs based service.

Barnet will continue to roll out children's CYP-IAPT and CAPA, revitalise the use of Your Welcome Standards and work with the sector to move away from tiers.

Barnet will also explore adopting the THRIVE Model and National CAMHS Dynamic modelling system to improve services.

THRIVE Model[19]

Developed by the Anna Freud Centre and the Tavistock and Portman NHS Trust. Thrive aims to replace the Child and Adolescent Mental Health Services (CAMHS) tiered model with a conceptualization that is aligned to emerging thinking on payment systems, quality improvement and performance management.

The term THRIVE reflects a service model that is committed to provision that is **Timely, Helpful, Respectful, Innovative, Values-based** and **Efficient.** The THRIVE MODEL is shown below:

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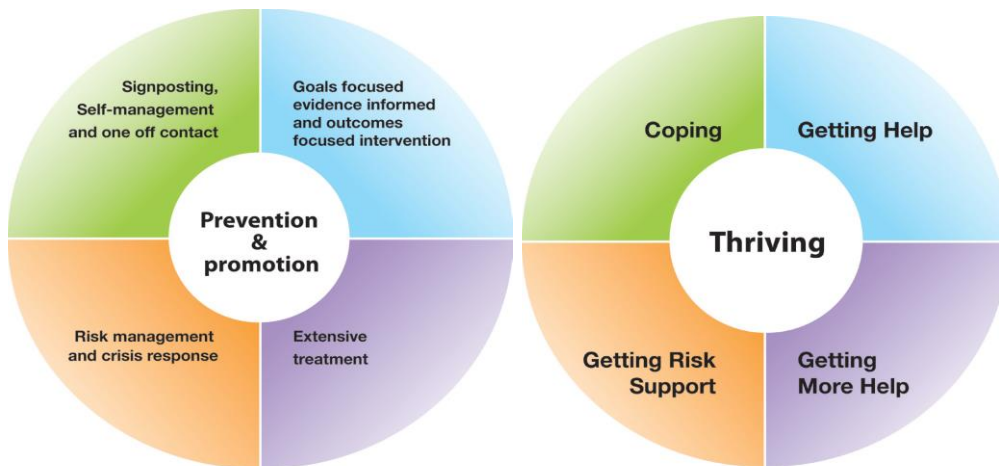
[16] See http://www.cypiapt.org/children-and-young-peoples-project.php

[17] See http://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE

[18] http://www.capa.co.uk/

[19] See http://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE



The model outlines groups of children and young people based on the type of support they may need and attempts to draw a clearer distinction between treatment and support. Rather than an escalator model, as in tiers of increasing severity or complexity, the "Thrive model" seeks to identify resources to meet the current needs and choices of children and families.

The CAMHS Dynamic Modelling Tool:

The CAMHS Modelling Tool helps NHS commissioners and local authority partners to plan and improve child and adolescent mental health services (CAMHS) in their area. The modelling tool enables commissioners to devise and test plans to improve services to meet the needs of under-18s with mental health problems. It is designed to work across all service areas including health, education, local authority and the third sector.

Barnet has signalled an expression of interest in accessing and utilising the National CAMHS Dynamic modelling system. Further details on the availability of support to use the tool are anticipated in early October 2015.

12. The Transformation Plan: Priorities, Headlines and Actions

This section outlines Barnet's priority areas and how the CCG and council plan to invest the transformation funding to deliver its vision for improved CAMH services by 2020.

Barnet has developed its key priorities aligned to those outlined in the 'Future in Mind' report. The priority areas for focus in the Future in Mind report, detailed in the self- assessment tool, are;

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Within these priority areas, the following key themes are emphasised;

- Improve technologies and data collection
- Accountability and governance
- Prevention early identification and evidenced based interventions
- Promoting resilience

- Care of the most vulnerable
- Eating disorders or crisis, self-harm emergency care
- Perinatal Mental Health
- The roll, out of children's CYP-IAPT

Barnet's Transformation Plan priorities have been guided by the above recommendations from Future in Mind, alongside a detailed understanding of local need. Barnet's local service priorities are to improve;

- Access to Perinatal Mental health service
- Crisis care
- Self-harm support
- Early intervention and prevention services (including CAMHS in schools, drop-ins and peer support)
- Eating disorders
- Care for the most vulnerable

The following enablers are priority areas for Barnet improvement in order to transformation the services outlined above;

- Data, intelligence and IT
- Building Capacity
- Technology
- Governance and change management

12.1. Transformation Priorities

Access to Perinatal Mental Health Service

Perinatal mental health services are to prevent, detect and manage mental health problems that complicate pregnancy and the year following the birth of the baby.

Perinatal mental health problems range from mild to severe disorders which are met within general services, however because of the uniqueness of pregnancy there is a requirement for special services. The current pathway is that specialist services for the most severe range from inpatient mother and baby units to community services for the less severe non psychiatric conditions such as depressive illness and anxiety.

Future in Mind (2015) set out proposals to support the improvement in children's and young people's mental health, maintaining that by 2017, every birthing unit should have access to a specialist perinatal mental health clinician.

The level of Barnet need is calculated on the number of births in 2015. This has been used, to estimate the yearly number of women experiencing perinatal mental health needs, shown below:

North London: Barnet, Haringey and Enfield Camden and Islington by condition	**North London** Estimated number of cases	**Barnet** Estimated number of cases by condition
Postpartum psychosis	39	10
Chronic serious mental illness	39	10
Severe depressive illness	589	157
Post traumatic disorder	589	157
Mild-moderate depressive illness	1963-5058	524-786

As part of the North London sector (Barnet, Enfield, Haringey, and Camden & Islington) work, Barnet will contribute towards every birthing unit having access to a specialist perinatal mental health clinician by 2017.

To support the sector wide business case with the transformation funding Barnet will commission a local specialist service, consisting of a specialist health visitor, CMAHs psychiatrist, clinical psychologist and administrator. A financial contribution will be made to the sector model.

To support the specialist community team locally, Barnet are researching and are initiating discussions with Parent Infant Partnership (PIP) UK (http://www.pipuk.org.uk/) which provides a training monitoring and best practice framework. PIPS UK bring "match funding" if a voluntary sector provider applies as lead agent.

See below for more detail section 4 in item 15.3.

Funding: National Future in Mind tbc

Care for the vulnerable

All work streams focus on the most vulnerable, ensuring their mental health is appropriately supported, by timely assessment and treatment by the right level professionals. These young people will not be made to feel different from their peers, Barnet aims to ensure they have equal opportunities to their peers and are not disadvantaged due their emotional health and wellbeing.

Caring for the most vulnerable will focus on key vulnerable groups of young people, including children with learning disabilities, looked after children, young carers, children in need, children on child protection plans as well as first time entrants to the justice system and pupils at risk of exclusion.

Funding: existing system

Improving Crisis Care

The proposal is for a new out of hours Crisis model, that will include over the life of the Transformation Plan an outward, preventative component**.** This will include early intervention in psychosis linking with the adult crisis team, to shape a seamless path.

Improving self-harm support

There is a significant challenge to get crisis care right for children and young people. Self-harm does not happen in Accident and Emergency departments. Barnet is currently developing a new service that can become outward facing; in other words has the ability to deliver care in the community. There is also a role for the voluntary sector in reaching marginalised groups. There is more work to do to identify an integrated model that includes social care, police and ambulance services, children young people and their families/cares. Services are designed to support young people to build resilience and improve their mental health and wellbeing.

Funding (both self-harm and crisis): Future in Mind £158,636

Eating *disorders*

There is, "a critical window for intervention – for patients with a relatively recent onset of ED, the first 3-5 years represent a critical window for intervention – after this period, the likelihood of recovery is reduced"[20]. New standards for access and waiting times are being introduced, which is treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases"[21]Barnet will increase funding for eating disorders, to improve and meet the waiting times and to enhance the community delivery of this service.

Barnet has a contract with the Royal Free London NHS Foundation Trust to provide an eating disorder service. This service is commissioned by five CCGs, Barnet, Enfield, Haringey, Camden and Islington.

Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions (Tulloch et al., 2008) and have the longest length of stay of any psychiatric disorder, averaging 18 weeks (Royal College of Psychiatrists, 2012). Admissions of 13 to 19 year-olds have almost doubled since 2011, increasing from 959 to 1,815 in 2014"

Based on the Barnet needs assessment the estimated number of cases is difficult to calculate as there are a number of research papers that use a wide variance for data calculation, which suggests there could be between 14, to 697 - 1,395 excluding males.

In 2014-15 there were **49 Barnet** referrals to the service, all referrals were accepted.

Of those the wait in weeks was:

Wait in weeks	Percent
0-3	48.2
4-6	43.1
7-9	5.2
10-12	3.4

[20] http://www.jcpmh.info/resource/guidance-commissioners-eating-disorder-services/
[21] Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide: Version 1.0: July 2015: National Collaborating Centre for Mental Health, 2015. Funding NHS England

Part of the transformation funding will be used to meet waiting times and to continue to offer the community service and telephone support for GP's. See below for more detail section 6 in item 14.4.

Funding: Future in Mind £100k

Early Intervention and Prevention

Priority areas for improving early intervention and prevention includes a focus on improving access to emotional support services, and where necessary improving access to CAMH services for schools, developing drop in sessions and a peer support service.

Throughout our early intervention and prevention work it is important to work closely with universal services so they can identify and support young people and families effectively. Support will focus on how to build young people and families' protective factors (stable relationships, good school attendance, skills and employability etc.), supporting young people to build resilience in adulthood.

CAMHS in schools

By 2020 Barnet aims to develop a CAMHS schools network, increasing schools ability to retain pupils with emotional and behaviour needs and reducing the number of exclusions. Working with providers and the third sector Barnet aims to develop a quality offer which schools can "buy into", providing advice, guidance and support to schools. The offer will include short term therapy, training for staff, families and peer supporters.

The plan is to develop a team of emotional health and wellbeing experts to extend our work with the most vulnerable children and young people, working with pupils on the edge of exclusion and providing targeted support to students with mental health difficulties and/or challenging behaviour. Support will be targeted around crisis times and priorities areas such as exam result stress, self-harm, alcohol, substance misuse and child sexual exploitation.

This work will build on the primary and secondary projects model, creating a wider team based on Barnet school pupils building capacity across the education system we will ensure that every school has access to a named emotional health and wellbeing adviser

Funding: £200K per year (reviewed yearly)

Drop-in

Barnet is currently working with young commissioners to develop a drop-in service that meets the needs of children and young people in the Borough. Our ambition is to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and or traded services for sustainability. Children, young people and families will develop these as a co-production work stream.

Funding: £118k per year

Peer support

By 2020 Barnet aims to have developed a range of peer support programmes which are academically accredited. Barnet will work closely with the voluntary sector and partners to ensure the right training is provided to those who offer peer

support and the service is developed and commissioned for children young people their families and cares.

Funding: Included in CAMHS Schools allocation

12.2. Enablers

Data quality, intelligence, outcomes and IT

Data collection is essential to inform service delivery and client outcomes, this is an area of weakness for Barnet. In order to measure the effectiveness of the transformation we are implementing an early priority will be to improve our data collection.

We will work with other relevant commissioners and providers to implement the national minimum data sets.

Building on our current key performance indicators we will improve clinical, client satisfaction and outcome measures.

As well as rolling out CYP-IAPT, we will agree outcome measures based on a "Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document"[22], using a number of recommended tools. For details see section 13.4 item 36 of the self-assessment below. Barnet will also work with all providers on IT infrastructures, to ensure that the current baseline data is improved and that accurate data collection is achieved.

Current data collection includes local Key Performance Indicators, CORC and CYP-IAPT, which is currently limited. We will work with experts to stimulate the market to develop a system that has connectivity with all partners; the council, health, GP's voluntary sector and users. This will require significant **specialist expertise** and therefore will require a proportion of the *Future in Mind* funding over the course of the five years.

Client facing technologies, to providing services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.

Other expertise that may be required is a skill set that can "turn around" challenged services.

Funding: Future in Mind Year 1 - £40K (decreasing over the years to maintenance by year 5)

Building capacity

[22] Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document: Dr Duncan Law & Dr Miranda Wolpert. V2 December 2014: Press CAMHS. ISBN 978-0-9572096-6-4

Working with early years and schools by providing training education and developing networks. This will include parenting programmes and improving access to the programmes.

Barnet is reviewing its early year's provision and children's centres to develop a new integrated local offer of services, this will include perinatal mental health services, low to medium depression support for mums and dads.

As part of the implementation of the healthy child programme we are integrating developmental checks and other services, which provides an opportunity for training the wider workforce, creating a common language and Barnet aspiration for an early identification and prevention service.

Our ambition is to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and/or traded services for sustainability. Children, young people and families will develop these as a co-production work stream. Peer support programmes, academically credited will be developed and commissioned for children young people their families and cares.

Funding: Allocation through early intervention and prevention

Governance and change management

Barnet will identify key champions, across the system, these champions will be passionate about improving the health and wellbeing of children and young people, be as senior as possible and have the ability to think "outside of the box" we will have children and young people champions who will be supported to ensure the widest voice of the child is heard. We will use technologies and any relevant mechanisms to make this happen.

Funding: 20Kper year

Evidenced Based Practice

Working with practitioners, families/carers, children and young people and using NICE and best practice guidance and recommendations Barnet are revising care pathways from access to outcome. This work will need to be expanded to include families/carers, children and young people.

Benchmarking best practice

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including "Delivering with and Delivering Well.[23]" Once a benchmark is established, a work plan will be included into the Transformation Plan. For more detail see section, 15 item 36 below.

12.3. Planned Transformation Funding Spend

The table below summarises the planned spend of the transformation funding;

Indicative budget 2015/16	New funding available (£)	Investment planned (£)

[23] Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

NHSE funding for plan when assured Eating Disorders	497,773 198,863	100,000
Crisis/Self Harm		158,636
Perinatal mental health allocation to be confirmed	tbc	tbc
Primary secondary school expansion & peer support		200,000
App/technology Communications		50,000
Data, connectivity infrastructure		40,000
CAMHS Drop in		118,000
CYP-IAPT roll out completion	tbc	tbc
Governance and change management		20,000
Child Sexual Assault		10,000
Totals	**696,636**	**696,636**

12.4. Detailed Information on Priority Areas

This section includes detailed information on priority areas, with the CCG and council's response to key questions set out in the Future in Mind self-assessment tool.

The plan will be reviewed on an ongoing basis for the five years from 2015 to transformation by 2020 and will evolve in line with any new or emerging national policy and local population needs as and when they occur.

Barnet aim to be fully compliant with all 49 recommendations from Future in Mind by 2020.

The Future in Mind tracker, high level summary, and action plan check list along with this plan will be submitted to NHS England by 16th October 2015.

See APPENDIX 2 for the Barnet the high level summary and action plan check.

Below highlights the identified priorities. The numbering is linked to the self-assessment number. The rag rating is automatically calculated once data is completed.

Theme: Resilience, prevention and early intervention for the mental wellbeing of children and young people	**RAG Rating** Self-assessment baseline number/s
2. Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Partially Implemented
Barnet position • Population to Increase significantly in the 5-14 year age group - circa 6,600 children, including a 23% increase in 5-9 year olds by 2016.	

- 82 Primary, 7 Junior and 24 Secondary schools.
- Barnet also has the second highest number of CYP hospital admissions for mental health in London[24].

Barnet Primary and Secondary Projects: working in schools.

Barnet's Health and Care services have a historically strong working relationship with schools. This has proven to be valuable to school professionals and the expertise in working alongside school is invaluable in extending the reach.

Barnet's universal plus formally Tier 2 CAMHS provision is the Primary and Secondary Projects, which are provided by the Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT). The service offers assessment and short to medium term intervention to children and families within schools, alongside consultation, advice, liaison and referral to other agencies, including tier 3 CAMHS. The offer is currently a mix of evidence based interventions, however there is limited outcome measure applied.

Each Barnet school has an allocated project worker. The Primary Project has been running since 2004, and the Secondary Project became operational in 2008.

Core aspects of current work in schools:

- Enhanced outcomes for CYP through early identification, maximised support to minimise impact of poor mental health arising due to longer term issues
- Enhanced relationships with education and voluntary sector partners to help identify the needs of Barnet's CYP earlier and faster – indicated by impacts, severity of referrals, organisational engagement and the appropriate use of the support services planned.
- Increased engagement — treatment sessions are held in a local children's centre or in the Home Tuition Education Base for CYP who are too anxious to attend CAMHS clinics, increasing access and reducing stigma.
- Increased level of skill in non-mental health professionals to support CYP in a wider range of settings—such as groups run jointly with a teacher from the Home Tuition service joining the CAMHS clinician for the young people's group and a worker from the local authority joining the parallel groups for parents
- Increased/earlier uptake of support services and impact on service referrals level and severity of condition

Increased efficacy in the use of resources so they are targeted at the right level of provision for all CYP.[25]

Barnet has recently also submitted an expression of interest for the Department of Education and NHS schools link project, which aims to build on the existing Barnet schools primary and secondary project.

Activity

During 2014-15 there were **427** referrals to the primary and secondary schools project
Since 2012 circa 40 CYP per year have been referred with a diagnosis of Mental Health difficulties including:

[24] Barnet: Mental Disorder Treatment Needs Assessment: Dr Jonathan Campion Director of Population Mental Health, UCL Partners Visiting Professor of Population Mental Health UCL. September 2014.
[25] Historically if they were referred with mental health issues individual treatment sessions would have been offered 1-2-1 sessions with a psychiatrist which would not always have been appropriate.

- Anxiety; Depression
- Anxious school refusal
- Additional medical conditions /past traumas (domestic violence or childhood abuse) -*frequently encountered.*

An overview of 130 students illustrates the complexity of the caseload:

- 75 PRU students - permanently excluded from school for challenging behaviour and with emotional and behavioural difficulties mental health worker for 3.75 hours each fortnight, a youth worker from the young people's drug and alcohol service also supports the unit.
- 27 of these known to the YOT
- 19 referred to CAMHS but disengaged or failed to attend
- 8 "Looked After Children"
- 2 are adopted
- 2 are in custody
- 55 students referred with medical and /or emotional problems

The PRU is supported by a Primary/Secondary CAMHS

What will we do?

As part of the Transformation Plan, working with providers and the third sector Barnet aims to scope the potential of developing a quality based offer that schools can "buy into." This will be built on recognised quality standards, such as ACE-Value,[26] Youth Wellbeing Directory, The You're Welcome Standards[27]

Barnet will develop traded services or a social enterprise approach, stimulating the private and voluntary sector to provide;

- Advice and guidance and support, establishing a local network across all schools and pupil referral units
- Training for staff, families/carers and children and young people, peer led programmes
- Provide evidence based assessment and short term interventions
- Work with the most vulnerable to provide assessments and short term interventions

Outputs include:

- Mental health expertise for the school age population including the most vulnerable
- Raising awareness /improve knowledge of mental health issues amongst school staff, reducing stigma and enabling schools to support pupils
- Provision of early and brief interventions.
- Engaging CYP not traditionally engaged with CAMHS using appropriate evidenced based interventions and innovative approaches
- CaF initiations and referrals
- Key Performance Indicators will be agreed in year one of the transformation plan.

The model and staff requirements are unknown, however the aspiration is to increase capacity within universal plus, (formally known as Tier 2), which prevents referral into targeted services (formally Tier 3)

[26] http://www.youthwellbeingdirectory.co.uk/author/ywd/
[27] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

School nurses will form an integral part of supporting mental health in school. As the newly awarded contract is mobilised, the role and function will become “live”.

By 2020 Barnet will:

- Prevent school exclusions, increasing schools ability to retain pupils with emotional and behaviour needs
- A developed CAMHS Schools Network will be in place

Key Performance indicators will include:
Barnet aims to increase the number of children and young people supported in schools by 75% by 2017, from baseline data 2014-15

- Number of families per school advice given
- Number of professionals provided with advice
- Training sessions provided:
  - Professionals
  - Families
  - Children and young people
- Number of:
  - Evidenced based assessments carried out
  - Short interventions completed, outcomes to be measured and reported
  - Referrals to other agencies

4. Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.	Partially Implemented

Perinatal mental health

Barnet position

Health visitors, midwives and a range of professionals are taking part in training provided by the perinatal mental health network, as part of the sector wide training.

Working with the Early Years Health and Well-being sub group Barnet is developing a revised local offer through children centres: bringing services together in a coordinated way local to families, to enable easy wrap around access to a range of services. Parent infant mental health support is included.

The commissioning of health visitor services is currently being transferred from Public Health to the Joint Commissioning Unit, which will assist the delivery of change in this area. The JCU is also working closely with Public Health who is commissioning Perinatal mental health coaches, for 2 years.

What will we do?

The following actions are planned to support the improvement of per-natal services;

- Working with the Adult IAPT providers Barnet will work to identify what perinatal mental health training is required and support and plan access.

- Barnet will negotiate co-locating substance misuse sessions in maternity services, as in other parts of the sector.

- To support the sector wide business case and with the transformation funding Barnet will commission services to be delivered through children centres and other appropriate venues:

Sector wide contribution to be determined			
Community Specialist based team		tbc	
Psychiatrist		0.5	50K
Psychologist	7	1.0	55K
Health Visitor	7	1.0	55K
Administration	4	0.5	20K
TOTAL funding estimate			150K

To support the specialist community team, an under-fives curriculum is being developed as part of the CYP-IAPT programme, which Barnet will participate in. Barnet are researching and are initiating discussions with Parent Infant Partnership (PIP) UK (http://www.pipuk.org.uk/) which provides a training monitoring and best practice framework. PIPS UK bring "match funding" if a voluntary sector provider applies as lead agent. Barnet will;

- Apply for HENSEL funding to enhance the perinatal mental health education and training programme across the local workforce
- Implement the local community specialist based team
- Work with Barnet paediatric liaison team to integrate care
- Re-introduce the use of a depression assessment and listening service through health visiting and children centres
- Support children centres to provide peer led support groups

By 2020 Barnet will:

- Be part of the sector wide perinatal mental health service
- Have a local specialist team, with integrated health coaches as part of the UK PIP service

Have a knowledgeable skilled workforce to support the prevention of perinatal mental ill health and to support improved child/infant outcomes.

Key Performance indicators will include:

100% of birth units to have access to perinatal mental health clinician and a community based specialist team.

Locally KPI to be agreed using Achieving Better Access to Mental Health Services by 2020: DoH: 2014 and other relevant standards specifically for perinatal mental health

5. Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different	Not Ready/ Anticipate Some Barriers to Change

offers.	
Barnet position Barnet is conducting a rapid review of available apps and digital tools to support self-care and early access to support. This is due to deliver an options appraisal by December 2015.	
The scope of the work will include: • Your person support and counselling services online • Information and support for parents/ carers • Information support and training programmes for schools and other professionals **What will we do?** Barnet will commission both Big White Wall and Silent Secret and will scope other relevant provisions to offer accessible, evidenced based counselling and mental health support at universal plus level. See question 18 below for more information on technological support options. Quality Standards and Improvement methodologies are either already in place in Barnet where they are not these will from part of a quality and key performance plan. The Barnet ambition is to ensure all services provided are kite marked as a local standard.	
Theme: Improving access to effective support	
6. Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice	Partially Implemented
Barnet position **Moving away from tiers** Barnet are currently remodelling the local children centre offer. As part of the remodelling the council and CCG are working towards using a common language, derived from the Healthy Child Programme and are considering THRIVE. The new model of needs based delivery can be understood as interrelated levels of delivery for Universal, Targeted and Specialist services. A child and family, who have increasing levels of need, receive support across the whole framework. The future service model in Barnet will be based on the principles of early intervention and prevention as a continuous theme and area of focus. The single point of access will be the cornerstone of multidisciplinary access for young people who are identified as having an emotional wellbeing concern ensuring they are sign posted to the appropriate care pathway. The teams will deliver support at the different stages of development and transition with the aim of building emotional resilience in children young people and their families. We will be adopting an approach to service development that is based on the THRIVE model and utilises existing CAPA and CYP-IAPT service models. To ensure a sector wide approach we will develop this model with North London commissioning colleagues. **Best practice service delivery** ***Eating disorders*** Barnet has a contract with the Royal Free NHS Trust to provide an eating disorder	

service. This service is commissioned by five CCGs, Barnet, Enfield, Haringey, Camden and Islington.

"The number of people directly affected by eating disorders in the UK increased significantly between 2000 and 2009 (Micali et al., 2013). The King's Fund report, Paying the Price: The cost of mental health care in England to 2026 stated that 'service costs for eating disorders in 2007 were estimated to be £15.7 million, with 95 per cent of this related to anorexia nervosa. Costs are projected to increase to £23.8 million by 2026. Including lost employment costs brings the total to £50.6 million in 2007 and £76.4 million in 2026. Lost employment is estimated to account for 69 per cent of total costs' (McCrone et al., 2008a).

Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions (Tulloch et al., 2008) and have the longest length of stay of any psychiatric disorder, averaging 18 weeks (Royal College of Psychiatrists, 2012). Admissions of 13 to 19 year-olds have almost doubled since 2011, increasing from 959 to 1,815 in 2014"

We intend to work with Public Health to establish a better understanding of the need based on Barnet's population in relation to eating disorders.
Referrals to the service for all five boroughs was:
119 for 2012-13
157 for 2013-14
146 for 2014-15

In 2014-15 there were **49 Barnet** referrals to the service, all referrals were accepted.

Year	**Number of referrals received**	**Number of referrals accepted**	**Percentage**
2013/14	64	62	97%
2014/15	49	49	100%

Of these referrals the waiting times to first appointment were as follows[28]:

Wait in weeks	Percent
0-3	48.2
4-6	43.1
7-9	5.2
10-12	3.4

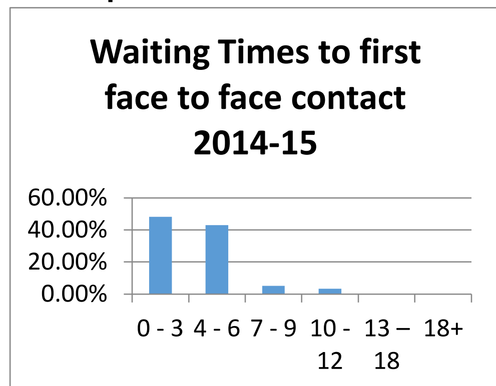
The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases"[29]

There is, however "a critical window for intervention – for patients with a relatively recent

[28] Extract from Royal Free hospital CAMHS Service summary Report for: 2013/14 and 2014/15
[29] Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide: Version 1.0: July 2015: National Collaborating Centre for Mental Health, 2015. Funding NHS England

onset of ED, the first 3-5 years represent a critical window for intervention – after this period, the likelihood of recovery is reduced"[30]. As can be seen waiting times for the service have worsened.

Waiting times for first appointment for ED patients seen in 2014/2015:



Waiting Times to first face to face contact (weeks)	Number of patients	Percentage of patients
0 - 3	28	48.2
4 - 6	25	43.1
7 - 9	3	5.2
10 - 12	2	3.4
13 – 18	0	0
18+	0	0

In addition there were 3 Referrals to tier 4 were for both 2013/14 and 2014/15.

What will we do?

Based on this Barnet propose to increase the Eating disorder funding by £100,000 to reduce waiting times to meet new guidance requirements and to enhance the day service.

As part of the increased funding Barnet expect:

- Increase ED service time by employing additional staff
- Training to be rolled out for all eating disorder and generic CAMHS staff as part of "Improving access to Psychological Therapies for children"
- Outreach education training for eating disorders to be co-delivered with Barnet local CAMHS and
- Finally telephone support for General Practitioners to be co-delivered with Barnet local CAMHS

The remaining transformation funding will be for crisis, self-harm and liaison services.

By 2020 Barnet will:

Retain and continue to develop the local eating disorder service so that it is fully compliant with NICE guidance.

Key Performance indicators will include:

The sector wide KPI is 95% of routine cases will be seen within 4 weeks from referral to treatment from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

7. Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.	Changes Agreed but Not Started

Barnet position

[30] http://www.jcpmh.info/resource/guidance-commissioners-eating-disorder-services/

Historically Barnet has had a well-developed drop in service and has experience in developing drop in systems. Sustainable development scoping for the Barnet Drop in is underway.

What will we do?

Barnet are working with the young commissioners, who are currently scoping what a "drop-in" facility could "look like". Building on and working with the voluntary sector and Health Watch we plan to develop an accessible service that will enable self and family referral, with support from CAMHs practitioners. The service will offer a wide range of young people's services and not be problem related. The drop-in will include:

- Peer education, training and support
- The use of technologies, such as an App "welcome to secondary school – take care of yourself" and related Web assets like http://www.silentsecret.uk/ and https://www.bigwhitewall.com/landing-pages/landingV3.aspx
- Targeted work around crisis times and agenda – i.e. exams result stress, self-harm, alcohol and substance misuse, Child Sexual Exploitation, et al
- Supportive Aps to enable access to support and services – potentially on a sector or London Level

As this is at the scoping stage the model and cost is yet to be determined. This will be year two and three of the transformation plan. However discussions are taking place with local voluntary providers with a view to developing this service as a social enterprise and or a part traded service to ensure sustainability.

10. Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).	Not Ready/ Anticipate Some Barriers to Change

Barnet position

Services for children with learning disabilities are provided by BEHMHT, through its Social Communication and neuro difficulties service, and for children with autistic spectrum conditions by both BEHMHT and the Tavistock Clinic.

SCAN has a clinical establishment of 4.6 WTE posts, and accepted an average of 12 referrals per quarter, or slightly less than 1 per week, in 2012/13. In Quarter 3 2012/13, 38 Barnet children and young people received a service from the Tavistock Clinic's Autism Team.

BEHMHT have proposed a new model for SCAN, which would focus on children placed in special schools, however the joint commissioning team want to see a wider integrated provision based on the needs assessment. There is significant capacity within the system, and given an increase in the number of children in Barnet with autistic spectrum conditions, this pathway will be a priority area for the Transformation Plan. Barnet plan to work with Enfield as they develop a local service.

By 2010 Barnet will have an established integrated provision, in commissioning partnership with other relevant boroughs.

Key Performance indicators will be determined locally once model has been decided.

12. Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.	Changes Agreed but Not Started

Barnet position

Work on a sector and local crisis care concordat has commenced with an initial focus on adult mental health.
Work with NHSE London region covering crisis care and a potential sector level model are under development and new models for delivery are under consideration.

Deliberate Self Harm Rota
Senior clinicians and social workers from BEHMHT operate a rota system to provide assessments of children and young people who present at the Accident and Emergency Unit of Barnet General Hospital. This means that a joint assessment can take place of mental health and social care needs, with referrals made to Children's Social Care if indicated. Based on 2012/13 activity levels, there are approximately 180 cases per year, or 3.5 a week

What will we do?

- We will continue to develop the Crisis Care model for Barnet in 2015/16 and beyond, and are working with the sector and London partners to scope potential new models of care including the development of a revised pathway and establishment of a "safe place " multidisciplinary team response to allow for rapid stabilisation of CYP in crisis. Enhanced working practices with the London Ambulance Service and police in line with work by the London Strategic Clinical network.

- Enhanced paediatric liaison services (currently being modelled as the Barnet approach – cost dependent) to be in place by Dec/January 2015-16. Early plans are to develop an emergency CAMH service with a transition component (by 2017-19) of the service with CAMHS working alongside adult emergency provision.

From 2016-17 an outreach component will be developed.

Key Performance indicators will be determined locally once model has been decided.

16. Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Partially Implemented

Barnet position

One in four people on average experience a mental health problem, with the majority of these beginning in childhood. The Clinical Medical Officer Report[31] in 2011 found that 50% of all adult mental health problems started before the age of 15 years and 75% before the age of 18 years.
The school age population will increase significantly in the 5-14 year age group - circa 6,600 children, including a 23% increase in 5-9 year olds by 2016.
Barnet has 82 Primary, 7 Junior and 24 Secondary schools.

[31] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141769/CMO_Annual_Report_2011_Introduction_and_contents.pdf

We have a strong schools based offer and in partnership with LBB a strong CAMHS presence in schools – in particular through the Primary and Secondary Schools Link works that is described above.

Barnet has a single point of referral for CAMHS as described earlier.

What will we do?

We are seeking to use MindEd https://www.minded.org.uk/ for the new Barnet 0 to 25 workforce on early identification of CAMHS issues and broaden the offer available to schools.

Building on the "Child and Adolescent Mental Health Service and Schools Link Pilot Scheme (unsuccessful) bid and existing work. We see an opportunity to organise a team of CAMHS clinicians to extend our work with the most vulnerable children and young people. The aim is to work with vulnerable pupils on the edge of exclusion, and the Pupil Referral Unit, directly with individuals, student groups, parents, teachers, education psychologists and youth workers to provide targeted support to students with mental health difficulties and/or challenging behaviour. This team will build the primary and secondary projects, creating a wider team based on Barnet school pupils building capacity across the education system.

This team will lead on the development of networks and training and provide rapid access to appropriate advice about mental health difficulties from a senior mental health clinician for schools. Providing assessment, short term interventions, preventing referral to targeted services (formally Tier 3), to support the Schools Link and will act as an early implementer of the wider programme of service refocussing and capacity building flowing from the Transformational Action Plan:

Outputs include:

- Provide mental health expertise for the vulnerable school age population
- Raising awareness /improve knowledge of mental health issues amongst school staff, reducing stigma and enabling schools to support pupils
- Eliciting and listening to the views of CYP and their families who have not/are unable to engage with traditional CAMHS.
- Provide short term interventions.
- Engaging CYP not traditionally engaged with CAMHS using appropriate evidenced based interventions and innovative approaches, such as MACuk, https://www.mac-uk.org
- Visiting CYP and families at home to help with engagement with mental health and emotional wellbeing services
- Linking with a range of relevant professionals referring to other services where appropriate
- Preventing school exclusion
- CaF imitations and referrals Key performance indicators will be agreed in year one of the transformation plan.

By 2020 Barnet will:

- Reduce the number of referrals to the pupil referral unit
- Prevent school exclusions, increasing schools ability to retain pupils emotional and behaviour needs
- Put in place a Network
- Established education and training programmes for school staff and families

Key Performance indicators will be determined locally once model has been decided.

17. Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.	Partially Implemented
Barnet position As part of a sector approach we will continue to implement NICE and other relevant guidance to meet waiting times, specific work for Eating Disorders is described above. Monitoring continues on a three Borough and local approach as part of contract monitoring.	
What will we do? Develop new agreed outcome monitoring assessments to inform success of interventions. Continue to challenge provision as part of contract monitoring. Use the Transformation Plan to reshape services based on outcomes. **By 2020 Barnet will:** Continue to monitor and challenge outcomes. Have developed and reshaped service provision based on successful outcomes, discontinuing things that do not work.	
18 Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.	Not Ready/ Anticipate Some Barriers to Change
Barnet position: Communication plan, using technologies to access as wide a range of children young people and their families/carers as possible. Methods under consideration include technology approaches such as innovative use of SMS or other web 2.0 technologies such as social media and online resources and or “aps”. Produce regular communications Bench mark for quality all service delivery for all, creating an online directory.	
What will we do? Barnet will develop local branded web-based portal, in year 2 of the plan. Commission evidence based web based treatments Kite mark quality checked online services, linking to London wide programmes and national services. **By 2020 Barnet will** Have high quality information that is up to date and kite marked. The population of Barnet will be able to find services easily and be able to trust the quality of that provision. Funding unknown.	
Theme: Caring for the most vulnerable	
20. Making sure children & young people who do not attend their appointments are not discharged from services. Instead their reasons for non-attendance should be followed up and they should be offered further support to help them engage. This can apply to all children & young people.	Partially Implemented
21. Commissioners and providers across education, health social care and youth justice sectors working together to develop appropriate and bespoke care pathways that	Partially Implemented

incorporate models of effective, evidence based intervention for vulnerable children and young people, ensuring that those with protected characteristics such as learning difficulties are not turned away	
Barnet position Barnet has a specialist CAMHs clinical psychology service for Looked After Children and adopted children and children in the Youth Offending service The primary and secondary school link project work with the most vulnerable in schools, Social Care, youth services, Youth Offending, Safeguarding teams and those in community groups. Evidenced Based Practice: Barnet has a gap in baseline data in relation to evidence based practice, this has led to a review of care pathways with clinical professionals. This review is for all CMAHS as well as to focus on the vulnerable population.	
What Barnet will we do? Research, review evidence based interventions and the Barnet offer. Develop a separate service specification with evidence based interventions, key performance indicators to measure non- attendance and what has been done to enable CAMHS attendance Continue to review care pathways with all contracted clinical professionals, education and social care and services users across including all children and young people with a focus on working with the vulnerable population. **Benchmarking best practice for 2016** Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including "Delivering with and Delivering Well.[32]" Once a benchmark is established, a work plan will be included into the Transformation Plan. For more detail see section. Review of care pathways and the benchmarking against best practice will be carried out with sector commissioning colleagues and locally. **By 2020 we will:** Have an agreed approach for all vulnerable children and young people, that includes evidence based interventions, and using key measures and outcome monitoring a provision that is continually changing to meet the emerging needs of this client group. There will be a baseline that will continue to be used to ensure progress against the Transformation Plan priorities.	
24 Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.	Partially Implemented
Barnet position: Services are currently provided locally or from University College London.	

[32] Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

We are currently working with NHSE Commissioned Haven forensic services, and offer follow up therapy on a needs led basis to survivors of CSE. We are participating in a London wide review of Sexual Assault and surrounding services in partnership with NHSE (London) and Health in the Justice System leads.

Locally Barnet need to develop this pathway working with the safeguarding teams, social care and education. We need to work from prevention to post treatment. Working sensitively with children and young people who have experienced the system.

See also Needs assessment above

What will we do?

Barnet will continue to work with the London wide network to improve sexual assault services.
Carry out a local review in 2016-of evidence based practice. Local pathways will be developed based on evidence, including mental health support.

Child Sexual Abuse
The *"Review of Child Sexual Assault Pathway for London"* mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation in services available across all London boroughs and gaps in medical aftercare, long-term emotional support and the prosecution process.

The recommendations included the establishment of five "Child Houses" in London and an enhanced paediatric service at the Havens (sexual assault referral centres). The Child Houses are described as a child friendly building where children and young people will be able to access medical examination, sexual health aftercare, counselling, therapy and advocacy. These houses also aim to provide early joint investigative interviews with police and crown prosecution services. Children or young people only having to tell their story once and complete their court cross-examination within weeks of disclosure, instead of waiting for court appearances up to a year later.

Barnet CCG is committing an initial £10k to support scoping of the works on CSA that are being led by NHSE and the Metropolitan Police. We will be working closely with sector partners in NCL to ensure that this vital work stream develops at a pace and a scale that supports the local delivery of the SARC Pathway for London.

Key Performance indicators will be, as part of the sector work, a project lead will be appointed and a project plan put in place.

Theme: To be accountable and transparent

35 Department of Health fulfilling its commitment to complete a prevalence survey for children and young people's mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.	Changes Agreed but Not Started

Barnet position

This is a National level requirement that we are preparing for locally.

Data sets: Barnet is working with its commissioning colleagues in Enfield and Haringey to ensure that commissioned providers are prepared to implement minimum data sets in January 2016. Barnet have not yet implemented a minimum data set, although work is

intensifying.

What will we do

This agenda is addressed both through our ongoing operational and contract monitoring work both in Borough at Tri Borough (Barnet, Enfield and Haringey) and at North Central London sector level which specifically features the following:

Strengthening data and Intelligence

Good data is essential to improve services and ensure that they are working for people in the way they need to. Robust service planning needs good quality information to succeed. The local health system is reliant on access to data from providers that demonstrates how effective they are being in meeting local needs and meeting national standards of care. This data needs to be of high quality and needs to show both outputs, the things providers actually do for people and how this affects those people, their health outcomes.

NHS England is developing a combined data set covering both the Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS), across the whole of CAMHS. This new data set will include the specifications for specialist providers to use to measure referral to treatment pathway activity and outcomes for the assessment and treatment of children and young people. The Information Standards Notice which mandates the NHS and system suppliers to make the relevant changes was published on 16 July 2015. Providers are mandated to begin collecting the relevant data no later than 1 January 2016 and we will be ensuring these data set and system changes are in place by then.

Data will include:
Goal based outcome to rate progress towards personalised care goals of Children and Young people and their families/carers clinical outcomes using a standardised PROM to measure clinical change and service satisfaction, to measure and monitor the experience of service.

Outcome: an agreed data set in place

36 Developing and Implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at a national level, in line with the vision set out in Achieving Better Access to CAMHS by 2010 and **36.1 the introduction of new waiting times for standards for early intervention in psychosis**	Not Ready/ Anticipate Some Barriers to Change

Barnet position

Data quality, intelligence, outcomes and IT:

Data collection is essential to inform service delivery and client outcomes, this is an area of weakness for Barnet. For example: waiting times are currently recorded across a number of measures for CAMHS, psychosis is recorded along with other conditions, and therefore this area requires considerable work.

Current data collection includes local Key Performance Indicators, CORC and CYP-IAPT, which is currently limited. This is limited because CYP-IAPT is in its second year and it has been very difficult to extract data from the “Commit” system. There are plans in place to, use the current electronic patient system (Open RIO) to communicate with the new data base which, will reduce data entry duplication.

Evidenced based practice: this is a weakness for Barnet and a baseline needs to be established.

What we will do

We will continue to develop local challenges and measures where needed, in partnership with other commissioners across London. Barnet will seek examples of good practice for early implementation.

Working with other relevant commissioners in the sector and with all our commissioned providers we will implement the national minimum data sets.

Building on our current Key Performance Indicators we will include clinical and client goals, satisfaction and clinical outcome measures.

As well as rolling out CYP-IAPT, we will agree outcome measures based on a "Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document"[33], such as:

- Revised Children' s Anxiety and Depression Scale (RCADS)
- Strengths and Difficulties Questionnaire (SDQ)
- Health of the Nation Outcome Scale (HoNOSCA)
- Children Global Assessment Scale (CGAS)
- Outcome Rating Scale (ORS) for children and young people
- Goal setting and Goal Based Measures

An integral part of outcomes, for Barnet, will include feedback measures, such as family and friends test, and a Session Feedback Questionnaires (SFQ). We will use this feedback to improve the CAMH service provision.
Barnet will also work with all providers on IT infrastructures, to ensure that the data collection is achieved. We will work with experts to stimulate the market to develop a system that has connectivity with all partners; the council, health, GP's voluntary sector and users. This will require significant **specialist expertise** and therefore will require a proportion of the *Future in Mind* funding over the course of the five years.
Client facing technologies, to providing services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.
Other expertise that may be required is a skill set that can "turn around" challenged services.

Evidenced Based Practice

We are revising and updating all pathways using NICE and best practice guidance, with clinical practitioners. This work needs to include families/carers, children and young people, social care, education and the voluntary sector.

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including "Delivering with and Delivering Well.[34]" in 2016. Once a benchmark is established, a work plan will be included into the Transformation Plan.

By 2020 Barnet will;

Have detailed waiting time measures in place, which are challenged and monitored and

[33] Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document: Dr Duncan Law & Dr Miranda Wolpert. V2 December 2014: Press CAMHS. ISBN 978-0-9572096-6-4
[34] Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

can be provided for national benchmarking.	
38 Making the investment of those who commission children and young people's mental health services fully transparent.	Changes Agreed but Not Started
Barnet position We are developing a nuanced communication and engagement action plan to support the next five years work. We are scoping the avenues for publicising and promoting the Transformation Plan via NHS, Local authority and wider community resources and a schedule for publishing relevant performance and development data is under development. Disaggregation of funding is to continue and to be agreed for local publication. The commissioning team will continue to be developed, through courses, mentorship and experience.	
What will we do? Barnet is committed to a transparent and widely publish transformation process including key metrics and financial information. Upon ratification of the Transformation Plan, subsequent publications will be publicised via the Local NHS and Local authority web. All providers commissioned by the CCG and council will be required to publish relevant key information. A central web resource to support the Barnet CAMHS Transformation Plan is under development providing public facing updates and materials and opportunities to get involved in the five year plan **By 2020 Barnet will**; Have a fully transparent CAMHS commissioning arrangements in place, with an agreed communication plan. There will be agreed budgets. A trained and further skilled commissioning team will be in place.	
38.2 Further work is undertaken to improve understanding of the CAMHS funding flows across health, education, social care and youth justice to support a transparent, cohesive, whole system approach to future funding decision and investment	Not Ready/ Anticipate Some Barriers to Change
Barnet positon Commissioners have begun to identify all funding across the system.	
What we will do This work will continue, by bringing together all finance leads to ensure no funding streams are lost, including "spot purchasing" for individual care. **By 2020 Barnet** aims to have an agreed financial position in place.	
Theme: Developing the workforce	
42 By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.	Partially Implemented
Barnet positon Barnet has recently recruited extra capacity into commissioning. There is a wide experience base within the unit encompassing national and local and national strategic and experience, with CYP focussed commissioning and programme management available.	
What will we do?	

Through 2015 and 2016 Barnet CCG is supporting local commissioning expertise through the support of officers through the Institute of Public Care Children's Commissioners Certificate in Commissioning and Purchasing for Public Care[35] and PRINCE 2 Foundation and Practitioner /Revalidation Courses. Funding is available for this through core CCG Continuing Professional Development resources.

43.5 Extending the CYP-IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes and **44 Building on the success of the CYP-IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.**	Changes Agreed but Not Started

Barnet position

CYP-IAPT

Barnet became part of the CYP-IAPT programme in 2013-14

Funding for the programme was provided directly to BEHMHT to support engagement and developing the capacity to deliver evidence based practice and the use of feedback and outcomes monitoring. The total is £440,000 over two years.

Spend to date and staff trained includes

Funding for CYP-IAPT 2013 to 2015	Amount
Service Development (assistant psychologist) IT, Participation (2013-2014)	£85,000
Service development (assistant psychologist) (2014-2015)	£30,000
Therapist Backfill (2013-2014) 3 CAMHS clinicians (nurse, mental health worker) 2 clinic social workers 3 LA workers	£240,000
Supervisor Backfill (2013-2014) 1 CAMHS worker (clinical psychologist) 1 LA worker	£60,000
Therapist Backfill (2014-2015) 1 clinic social worker 2 CAMHS clinicians (psychotherapist, clinical psychologist)	£82,000
Supervisor Backfill (2014-2015) 1 CAMHS clinician	£20,000
Enhanced Evidence Based Practice (2015) 3 Voluntary sector workers	£15,000

[35] see http://ipc.brookes.ac.uk/courses/documents/current/short/Commissioning_Course_flyer.pdf

Funds to support EEBP (2015) 1 CAMHS worker (clinical psychologist)	£10,000

What will we do?

We are committed to encouraging the sign up of providers to the centrally issued Memorandum of Understanding due mid-October
An agreed staff prioritised project plan is being developed by the main CAMHS provider BEHMHT.
We will identify the next tranche of trainees, this may include more staff and voluntary sector from 2015-16 onwards.
Discussions have started with RFL Eating disorders team to include staff in the CYP-IAPT roll out.
Schools: We will review the Training Needs for local services to ensure that the next wave of trainees is prioritised.

Take advantage of ongoing support from the CYP-IAPT programme, including take up of training for the new curricula being developed.

By 2020 Barnet will have a compliant CYP-IAPT work force

45 Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.	Not Ready/ Anticipate Some Barriers to Change

Barnet position

We have begun in August 2015 to audit the skills mix and deployment of the provider workforce and will be requesting information to inform a bespoke approach to deployment, succession planning and service transformation, alongside the profiling of staff in terms of age, ethnicity and gender.

What will we do?

Develop a workforce strategy with sector colleagues and all providers to ensure we are commissioning an appropriate sustainable workforce to meet the needs of CYP in Barnet.
Barnet needs to carry out a workforce analysis, working with staff training departments. A prioritised approach to roll training out will be taken.
We will use available audit tools such as:
We will use a skill set audit tool: Self Assessed Skills Audit Tool (SASAT) (CHIMAT)
CHIMAT provides a range of tools and evidence based programmes that we will use.
http://www.chimat.org.uk/camhs/workforce/development

This will be a new work stream for Barnet and is in its infancy.

Theme Making Change Happen

46 Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.	Partially Implemented

Barnet position

There is a draft plan, which includes but requires further development and agreement of costs to deliver the programme. The plan has been developed on earlier needs

assessments and service reviews from the last three years. This work has been updated following assessment against the 49 Future in Mind recommendations. The plan includes local sector and pan London priority areas.
What will we do? We have established the Plan, governance and engagement mechanisms, costed initial priority areas for 2015/16 and will continue to develop this action Plan in line with progress made and reviews against the 49 recommendations. **By 2020 Barnet will** meet all 49 Future in Mind recommendations.

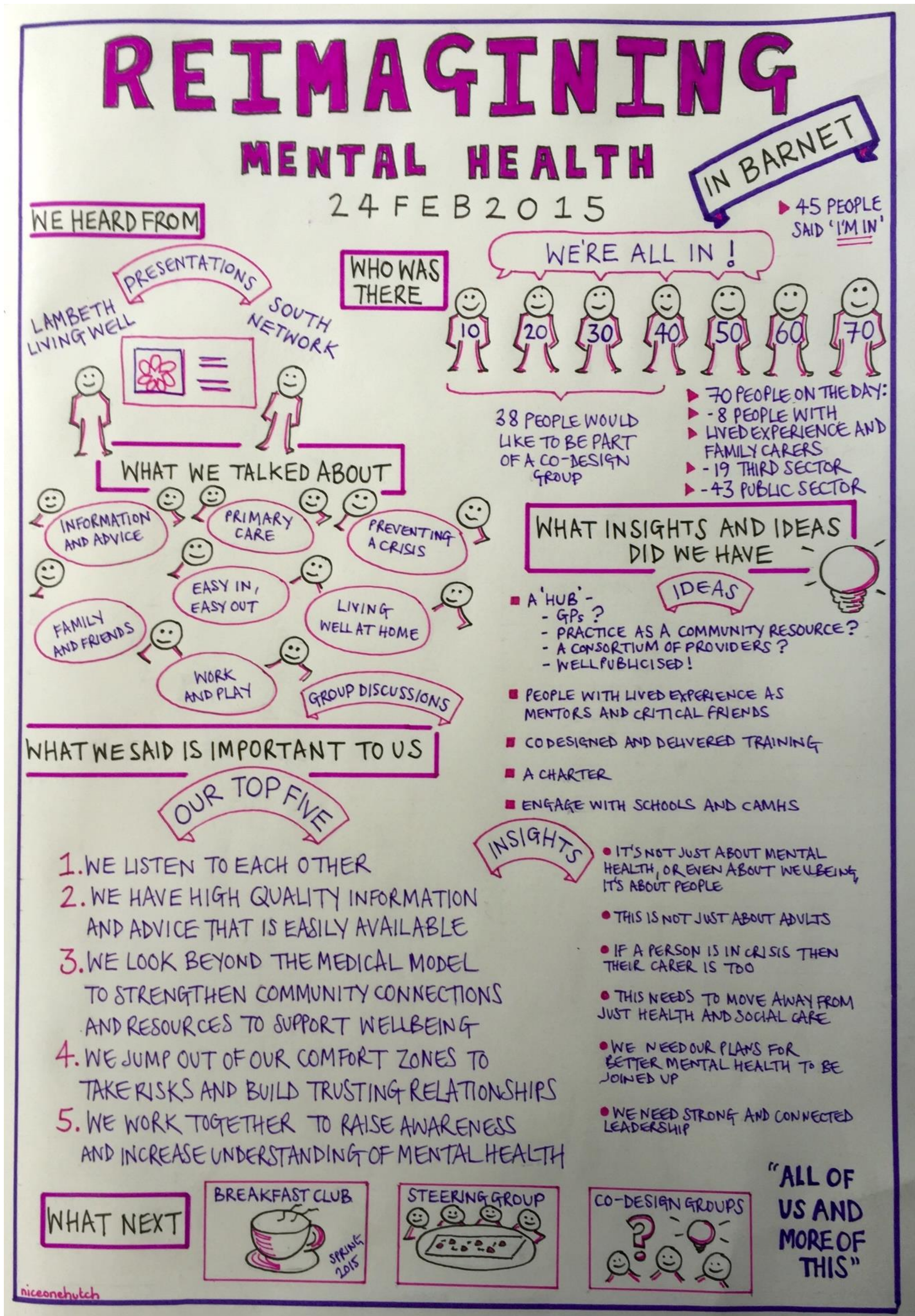
13. Next Steps Summary

Action	Due date
Gain local in principle and final approval for the CAMHS Transformation plan	September to November 2015
Submit Plan to NHSE	16 October 2015
Received feedback and approval or development feedback from NHSE	November 2015
Develop detailed local programme plan	November 2015
Engage with and incorporate service user carer and community to facilitate Co Production of the Transformed local system	September 2015 and ongoing
Manage provider and service alignment to Transformation Plan locally and at sector level	September 2015 and ongoing
Urgently strengthen an out of hours offer for CAMHS	September 2015 and ongoing

Appendices

Appendix 1

Reimagining Mental Health Summary



Appendix 2

Barnet the high level summary and action plan check.

ANNEX 1: LOCAL TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
Barnet CCG is working in partnership with the London Borough of Barnet to deliver the CAMHS Transformation Programme outlined in the Plan. **Partnership arrangements that support this are as follows**: Lead body: Barnet CCG with London Borough of Barnet Local Authority Lead contact: Judy Mace Head of Joint Childrens Commissioning Contact Details: Judy.Mace@barnetccg.nhs.uk Barnet Clinical Commissioning Group and Barnet Council North London Business Park Oakleigh Road South New Southgate London N11 1NP CCG Central Telephone 0203 688 2299 Direct Line 0203 688 1866 Mobile 0793 9977 289

CAMHS Core Group:

- Head of Joint Commissioning NHS Barnet CCG and LBB
- Joint Commissioning Manager NHS Barnet CCG and LBB
- Commissioning Manager NHS Barnet CCG
- Consultant Family and Systemic Therapist NHS Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) - CAMHS West Team
- Consultant Child and Adolescent Psychiatrist NHS Barnet Enfield and Haringey Mental Health Trust - CAMHS East Team
- Service Manager Childrens Services NHS BEHMHT
- Clinical Psychologist (project lead for CYP-IAPT) and acting head of the Clinical Psychology Service for BEH MHT
- Parenting Consortium Coordinator Community Barnet London Borough of Barnet (LBB)
- Clinical consultants from BEHMHT, Tavistock and Portman NHS Trust and The Royal Free London.
- Head of Children with Disabilities LBB
- Commissioning Lead children LBB
- CommUNITY Barnet and Voluntary Sector
- Common Assessment Framework lead LBB
- Family Intervention Lead LBB

Other members, invited as and when

- Barnet Young Commissioners
- Wider representation of Children and Families/cares under development
- Head of Education
- Head of Social Care
- Public Health

The wider multi-agency collaborative operating within Barnet that are integral to the design and delivery of the Plan includes:

- Barnet Young Commissioners
- NHS Barnet Clinical Commissioning Group
- The London Borough of Barnet
- Healthwatch Barnet
- NHS England (London)
- Central London Community Health NHS Trust
- Community Barnet
- Barnet Mind
- Barnet Youth Parliament
- London Ambulance Service
- Barnet Safeguarding, including MASH
- Metropolitan Police

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The initial key features of our Transformation Plan are;

- ***Children young people (CYP) and their families and carers will be at the centre of the Transformation Plan and CAMHS developments: Communication, co-production and engagement***

will be integral to all work streams ensuring as wide a range of views and experience is included in the design of the programme as possible.

- ***A system based on CYP need and not service boundaries:*** removing barriers to service access and changing the nature of assessment, practice and delivery to develop a service based on CYP "Life course" needs and not just tiers of service provision
- To have a skilled workforce and population who are able to ***prevent mental ill health in children & young people,*** by ***building resilience*** and by ***recognising early when help is needed*** and by making ***access*** to early help as easy as one click, phone call or walk-in or e-mail away
- The most ***vulnerable children young people***[36] are included every step of the way; and that prevention and services meet their very special needs. If they need to move into adult services their ***transition*** is clear, easy and makes sense to them.
- Building CAMHS capacity by ***education and training for professional's children young people and their families/cares.***
- To ensure the right services are in the right place and respond at the right time, including ***crisis services 24/7*** – following up when appointments are missed.
- Barnet's Joint Commissioning Unit will work to ***pool budgets,*** monitor commissioning arrangements and report to the appropriate local governance structures representing both the NHS and Local authority.

Principle CAMHS developments include:

- A shift in service model over the next five years from a tiered CAMHS system towards a needs based system ranging from Universal, Universal Plus, and Targeted to Specialist provision utilising, THRIVE, CAPA and CYP-IAPT principles.
- Development of the Eating Disorder service at the Royal Free Hospital to ensure full compliance with NICE and associated standards by 2016/17, reducing waiting times and focussing on the community model. Communication and expert advice for General Practitioners, schools, children and young people and their families/cares.
- Acceleration of the development of local Crisis Care, Out of Hours and Self Harm related services
- Participation in the North Central London Perinatal strategy and development of local system/pathways to assist in early identification diagnosis treatment and support
- Acceleration of CYP-IAPT, to ensure the progress to date is built on. The future cascade of the programme, targets priority service delivery areas to maintain and embed CYP-IAPT in CAMHS by 2018-20
- Improving access; we will continue to work with children and young people in Barnet to develop a drop-in type facility (currently being scoped by Barnet Young Commissioners). Young people have told us

[36] Definition of vulnerable –Young carers, LAC, CIN, YOS, Physical and Learning dis, Sex Exploitation, Gang members, children of prisoners, children exposed to the toxic trio ………..

this needs to be a neutral facing provision and not specific issue related. The facility will act as a self-referral point.

- **Development of technological systems to support**:
    - service access, development and co-production
    - online support, delivery and access
    - CYP resilience and self-efficacy,
    - CYP experience measures (PROMS)
    - outcomes and agreed quality measures
    - data and information systems that has connectivity across providers and service users

- **Work plans focussed on getting it right for vulnerable groups in addition to the above including**:
    - Children with Learning Disabilities
    - First Time Entrant to the Justice System/Youth Offenders
    - Pupils at risk of exclusion/within the PRU
    - Looked After Children
    - Children in Need
    - CYP in Transition between CAMHS and AMHS
    - Children at Risk of and or exposed to and or surviving Child Sexual Exploitation/Abuse
    - CYP at risk of Health Inequity and worse mental ill health/outcomes through gender, sexuality, ethnic, cultural or disability or access issues.
    - Young carers

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

We are mapping services, pathways and systems and are improving engagement across the system 2015 Highlights include:

Date	Activity	Outline
January	Head of Joint Commissioning appointed	Remit joint working NHS and Local Authority Creation of CAMHS Action Plan and pathways review based on 21013/14 UCLP CAMHS Needs Assessment
March	Re-establishment of CAMHS Core Group	Multi Agency partnership re-established to deliver Action Plan members NHS/education, social care/voluntary partners
March to July	Crisis Care	Interim arrangements agreed (£131,000)
April	LA/CCG CAMHS	LBB CAMHS funding secured, signed contract

	Funding	
April onwards	Training Young Commissioners	Six sessions with Young Commissioners to develop priority CAMHS issues
May onwards	Reimagining Mental Health[37]	Access is a key work stream for co-production
July	Joint Commissioning Manager appointed	Remit includes CAMHS Baseline Future in Mind Self- Assessment commenced Pan London Commissioner engagement
July	Reimagining Mental Health	Aligning work stream to include transition
August onwards	North Central London CAMHS Network	Fortnightly NCL Transformation Plan teleconferences chaired by Barnet CCG Scoping CAMHS training for LBB 0 to 25 Service[38]
August	Core Group Consultation	Core group consulted on priorities
August	BCCG Commissioning Intentions consultation	Public consultation, chapter on children and young people
September	Crisis Care, CSA Health in the Justice system	Participation in sector and Pan- London work to inform local plans
September	Out of Hours Service task and finish group	Task and finish group to help design local and NCL Out of Hours services.
August	Crisis Care Concordat	Sector and local Crisis Care concordat initial focus on adult mental health. Work with NHSE London on crisis care towards a potential sector model.
30 September	Transformation Plan	Public consultation

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016:

Improve and secure local Governance, champions and co-production arrangements.

The plan will be monitored by the CAMHS core group. External “turn around” expertise will be used to inform years 2-5 of the plan.

Priority areas:

Eating disorders: increase capacity to meet waiting times Provide ready to deliver.

Self-harm/Crisis care: a new crisis emergency care contract will be established, clarifying the extent of need. This will inform wider developments with other commissioners. Service

[37] A local co-production approach to turning around mental health services in Barnet.
[38] This is a new service development for the most complex children and young people in Barnet aged 0-25 years

variation in place.

Schools Work: agreement on scope and staffing required. Drop-in model and approach identified with funding and specification in place.

Perinatal mental health: transformation funding dependent, contribute to the sector wide developments, enhance local existing provision using the new funding to establish specialist local provision.

CYP-IAPT, a prioritised sustainable project plan for 2016/17 with staff identified for training 2015-16 to18, in place.

Financial modelling based on local economic modelling, agreed evidence based approaches and outcome measures; commence roll out.

Communications and Engagement: A five year communication and engagement plan in place by December 2015.

Technology and Data intelligence Plan: commissioned service's to deliver therapies such as Big White Wall.

Education / training tools / programmes in place for, families, children and young people and professionals.

Data collection, intelligence and connectivity: identified expertise established with funding.

Workforce Development Plan: A five year development plan agreed identifying NHS, LA, Education and third sector partners and needs.

Transition modelling identified through co-production as part of the 0-25 service work and pathway revision.

Tier 4 Strengthened relationship will be established.

Vulnerable Cohorts (See section 2 above)**:** launched revised pathways, including CSA and transitions for the most vulnerable children and young people.

Funding:

Eating disorders and out of hours provider ready to recruit and deliver

Technology services and training programmes – to commission on assurance of plan

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

We will need support to achieve some of the intractable issues in play. Where possible support should be Pan London in nature and where needed locally customised/accessed:

Programme support in the following areas could include:

- Strategic Clinical Network oversight and engagement for priority areas such as vulnerable cohorts, eating disorders i.e. creation of models of care/best practice reviews. Streamlining approaches and information, prevention of duplication by existing networks e.g. perinatal network co-ordination
- Responsive network engagement to support skills and practitioner development across London
- Organisational "turn around" expertise
- Financial support and clarity on mechanisms for payment
- Procurement advice to support five year plan such as rapid procurement processes/waivers
- Support in IT and systems integration to allow interoperability of systems to enhance data flow within CAHMS

- Identification of best IT and communications assets that can support local systems – already approved for NHS procurement – or fast track access to ensure they are on central supplier lists for procurement
- A pan London Information Agreement to support system wide data and information governance issues
- Pan London Task and Finish working groups on system and sector wide areas for collaboration – i.e. CSA/Crisis Out of Hours services
- Pan London Communications resources, exemplars and case studies media releases, branding, templates, anti-stigma campaigns
- London/national focus groups/service user engagement/concept testing
- Exploration of links with aligned organisations (PHE/MOPAC/LGA/LAS/ MPS etc.) where Pan London response will be beneficial
- Workshops/seminars on specific transformation campaign areas - i.e. reducing stigma in children mental health, widespread SMS CYP PROMS/experience measures reporting implementation
- Local support for plan assessment/development/detailed action planning year to year
- Exemplar Outcomes and metrics/commissioning intentions

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

ANNEX 2: SELF-ASSESSMENT CHECKLIST FOR THE ASSURANCE PROCESS

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	**Y**	Page 9/Para 9: Co-production of CAMH services Page 13/Para 8: Children and Young Peoples Participation is central to the plan Page 16/Para 7: Barnet Young Commissioners Page 18/Para 1: Development of the Transformation Plan Page 19/Para 2: The Barnet Joint Strategic Needs Assessment (JSNA) 2015 and UCL Partners 2014/15 Page 21/Para 5: Joint Strategic Needs Assessment 2015 Page 22/Para 6: Estimated Need for Services in Barnet
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Page 7/Para 6: CAMHS in Schools Page 16/Para 13: Partnership Working Page 27/Para 2: Voluntary and Community Sector Involvement in CAMHS Page 47/Para 8: Public Health
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	**Y**	Page 28/Para 7: Specialised Commissioning (Tier 4) Expenditure and Activity
4. promote collaborative commissioning approaches within and between sectors	**Y**	Page 26/Para 4: Sector Wide Work, TRI Borough (Barnet, Enfield and Haringey) and Local Management

		Page 56/Para 1: Barnet Position Page 67/Para 3: CAMHS Core Group
Are you part of an existing CYP IAPT collaborative?	Y	Page 61/Para 2: CYP IAPT Barnet became part of the CYP IAPT programme in 2013-14
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	Page/ Para 6: Estimated Need for Services in Barnet
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Page 10/Para 9: Transformation Funding Page 27/Para 4: Finance - Current Position
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	Page 15/Para 3: Communications and Partnership
Level of ambition		
Please confirm that your plans are:		
4. based on delivering evidence based practice	Y	Page 12/Para 1: The Vision for CAMHS in Barnet Page 43/Para 6: Evidenced Based Practice Page 49/Para 5: Item 6 (Moving away from tiers) Page 56/Para3: What will Barnet do
5. focused on demonstrating improved outcomes	Y	Page 4/Para 1: Executive Summary Page 13/Para 1: The Vision for CAMHS in Barnet Page 49/Para 5: Item 6, Moving away from tiers Page 58/Para 5: item 36
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	Page 8/Para 5: Care for the most vulnerable Page 13/Para 8: Children and Young Peoples Participation is central to the plan Page 37/Para 4: The Transformation Plan: Priorities, Headlines and Actions Page 38/Para 1: Care for the vulnerable

		Page 55/Para10: Item 20 and 21
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	**Y**	Page 17/Para 3: Governance and Transformation Plan Development
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	**Y**	Page 17/Para 3: Governance and Transformation Plan Development Page 63/Para 6: Item 46
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	**Y**	Please see attached document entitled ' Barnet transformation Plan Tracker'
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	**Y**	Page 47/Para 3: Key Performance Indicators will include: Page 48/Para 6: Key Performance Indicators will include: Page 51/Para 5: Key Performance Indicators will include:
Finance		
Please confirm that:		
6. Your plans have been costed	**Y**	Page 43/Table 12.3: Planned Transformation Funding Spend
7. that they are aligned to the funding allocation that you will receive	**Y**	Please see attached document entitled 'Barnet transformation Plan Tracker'
8. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	**N**	Page 53/Para 1: Item 12 (Crisis care concordat)

Director of Children's Services

Chris Munday

Chief Operating Officer (Interim)

Regina Shakespeare

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

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	Health and Wellbeing Board 12 November 2015
Title	**Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (SAB) Annual Reports**
Report of	Independent Chair of BSCB and SAB
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Barnet Safeguarding Children Board Annual Report 2014/15 Appendix 2 – Safeguarding Adults Board Annual Report 2014/15
Officer Contact Details	Simon Corkill, BSCB Business Manager simon.corkill@barnet.gov.uk / 0208 359 4540 Sue Smith, Head of Safeguarding Adults sue.smith@barnet.gov.uk / 0208 359 6105

Summary

This Health and Wellbeing Board is asked to note and comment on the annual reports of the Barnet Safeguarding Children Board and of the Safeguarding Adults Board.

The Barnet Safeguarding Children Board (BSCB) Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Barnet. National guidance states that the annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.

The report provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action (HMG Working Together to Safeguard Children 2015). The BSCB annual report was formally accepted by the BSCB at the meeting on 10 September 2015.

The Safeguarding Adults Board (SAB) is a multi-agency group that meets four times a year

and reports annually on its work to the Health and Wellbeing Board. The SAB annual report documents the work of the SAB in 2014-15. It outlines membership of the Board, work of the Safeguarding Adults User Forum, work plan progress and analysis of safeguarding alerts received during 2014-15 and priorities for 2014-16.

From April 2015 and the implementation of the Care Act in 2014, the Safeguarding Adults Board became a statutory body with a number of legally enforceable duties including the publishing of an annual report. The report submitted here concerns the period prior to the implementation of the 2014 Act.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the Annual Reports of the Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (SAB) attached at Appendix 1 and 2.**

1. WHY THIS REPORT IS NEEDED

1.1 Barnet Safeguarding Children Board (BSCB) Annual Report

1.1.1 The annual report of the BSCB and bringing it to this committee fulfils the statutory requirement under the Children Act 2004:

- To report on safeguarding and promoting the welfare of children;
- Provide a rigorous and transparent assessment of the performance and effectiveness of local services;
- Identify areas of weakness, causes of those weaknesses and action plans for improvement.

1.1.2 Safeguarding activity is a core element of the Council and it is in keeping with the Section 19 of the Children Act 2014 that the Lead Member of Children's Services (LMCS) has political responsibility for the leadership, strategy and effectiveness of local authority children's services. They are responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. Safeguarding plays a key role here.

1.1.3 There are three statutory roles: the Lead Member of Children's Services (LMCS), the Director for Children's Services (DCS) and the Chair of the Local Safeguarding Children Board (LSCB). The Chair of the LSCB is an independent appointment charged with holding all agencies to account. The LMCS has political responsibility for the leadership, strategy and effectiveness of local authority children's services. The Director for Children's Services (DCS) post has the professional responsibility for children's services. Together they are responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed, and ensuring that there are clear and effective arrangements to protect children and young people from harm.

1.1.4 The Safeguarding Children Board's Annual report was noted by the Communities, Education, Libraries and Safeguarding Committee on the 21st

September and must also be submitted to the Children's Trust Board and Police and Crime Commissioner.

1.2 **Safeguarding Adults Board (SAB) Annual Report**

1.2.1 The Safeguarding Adults Board Annual Report provides details about safeguarding work carried out within Adults and Communities from 1st April 2014 to 31st March 2015. This period predates the implementation of the Care Act 2014. The report outlines membership of the Board, work of the Safeguarding Adults User Forum, work plan progress and analysis of safeguarding alerts received during 2014-15. The Board is chaired by an Independent person, Chris Miller.

1.2.2 Since 2000 and the publication of "No Secrets", the local authority has been required to take a leading co-ordinating role with all relevant organisations on safeguarding adults in its area, and with the implementation of the Care Act 2014 this has now been placed on a statutory footing for the first time. The Care Act 2014 came into effect from April 2015 and therefore does not cover this reporting period, however preparations have been put in place to ensure the Board are compliant with the statutory legislations for future reports.

1.2.3 The Safeguarding Adults Board Annual Report was noted by the Adults and Safeguarding Committee on the 16th September 2015. Additionally, each agency represented on the Board will present the report to their agency executive Board.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Board with the opportunity of considering the safeguarding of children and adults at risk in Barnet and the work of the Children's Board and Adults Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The annual reports provide details of each Boards priorities and challenges which will be progressed through the business arrangements during 2015/16. The report will be circulated to the Leader of the Council, the local police and crime commissioner and the LBB Chief Executive.

5. IMPLICATIONS OF DECISION

1.1 Corporate Priorities and Performance

1.1.1 The council, working with local, regional and national partners, will strive to ensure that Barnet is a place of opportunity, that people are helped to help themselves and where services are delivered effectively. The table below demonstrates how activity taking place within safeguarding children contributes to these corporate priorities.

Corporate priority	
Barnet is a place of opportunity, where people can further their quality of life	Safeguarding plays a key role in ensuring that children and young people in Barnet are able to enjoy a safe childhood and reach their potential
Where people are helped to help themselves, recognising that prevention is better than cure	This report details preventative activity taking place across Family Service, which helps to ensure that children are safeguarded from harm.
Where services are delivered efficiently to get value for money for the taxpayer	Effectively safeguarding children and young people and intervening at as early a stage as possible helps to reduce the need for higher tier, more expensive services.

1.1.2 The Corporate Plan 2015-20 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse.

1.1.3 The Corporate Plan strategic objectives 2015-20 states that; the Council, working with local. Regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves recognising that prevention is better than cure
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the tax payer.

1.1.4 The Councils aim is to work with partners such as the Police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe.

1.1.5 Legislation from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) serve to support the corporate objectives specifically, that Barnet is a place of opportunity, where people can further their quality of life and one of the Barnet Safeguarding Adults Board objectives, as outlined in the Safeguarding Adults Board Business Plan 2014-15 is to "improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards".

1.1.6 The Health and Wellbeing Strategy has two overarching aims "keeping well" and "keeping independent" and the council's commitment to ensuring that we safeguard and protect the most vulnerable people within the Borough from avoidable harm or abuse supports the strategy and its success within the London Borough of Barnet.

1.1.7 The Barnet Safeguarding Adults Board Annual Report 2014-15 provides the

public with an overview of the work that has been carried out by the Board through throughout 2014-15. This information helps to inform Barnet's Joint Strategic Needs Assessment which provides an opportunity to explore and understand the needs of service users of the health and social care system and to understand and map key health trends locally.

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

1.2.1 The Annual Report of the Barnet Safeguarding Children Board (BSCB) has been produced as part of the work of the board and outlines the resources available to the Board to co-ordinate and manage the Board's business. The board is funded by the London Borough of Barnet and from contributions from partner organisations. The current annual budget of the BSCB is £163,100, which includes the contributions made by partner agencies, of which the local authority contribution is £98,000. Most of the budget covers staffing requirements including the Independent Chair of BSCB.

1.2.2 The current annual budget for the Safeguarding Adults Board is £91,285 most of which covers specialist safeguarding posts and the post of independent Chair, training for the health and social care workforce, plus any costs associated with statutory safeguarding adult reviews. Each partner has been asked to provide a contribution towards Board costs, so far contributions have been agreed with the CCG and BEH Mental Health Trust.

1.3 Legal and Constitutional References

1.3.1 The new Commissioning Director, as the statutory Director of Children's Services, is now a member of board. The Lead Member for Children's Services also attends the Board as a participating observer, in accordance with the statutory guidance for this role. This is in order to ensure that the BSCB can properly hold the Council to account and that the Lead Member can hold the independent chair to account for the effective working of the Board.

1.3.2 The Children's Act 2004 s13 requires a local authority to establish a local safeguarding children board, including the involvement of prescribed statutory partner agencies. S.14A requires that at least once every 12 months, a report is prepared and published about safeguarding and promoting the welfare of children in the local area. The Working Together 2015 guidance provides further detail on the recommended content of this report.

1.3.3 Adult Safeguarding is led by the local authority, based on the 'No Secrets' Guidance 200 issued by the Department of Health under section 7 of the Local Authorities Social Services Act 1970. This is the relevant guidance in place during the timeframe of this report.

1.3.4 The Care Act 2014 came into effect in April 2015. One of the elements of the Act is the Barnet Safeguarding Adults Board has now become a statutory body with a number of legally enforceable duties.

1.3.5 As in Annex A of the Responsibility for Functions, in the Council's Constitution, the HWBB has responsibility:

- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- Specific responsibilities for overseeing public health and developing further health and social care integration.

4.3.6 Work with partners on the Health and Wellbeing Board to ensure that social care interventions are effectively joined up with public health and healthcare and promote the Health and Well Being Strategy and its associated sub strategies.

1.4 Risk Management

1.4.1 Not receiving this report would present a risk to the Committee in that they would not be providing a mechanism for the Independent Chair to present the annual report to the Council.

1.5 Equalities and Diversity

1.5.1 Equalities and Diversity considerations are a key element of safeguarding work pursuant to s149 of the Equality Act 2010. The Equality Act 2010 outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

1.5.2 Barnet's diverse population of children and young people is taken into account in the design and delivery of services to safeguard children. There are more children from all Black and Minority Ethnic groups in the 0– 9 age group, than there are White children in Barnet. Children and young people in the 10 – 19 age groups are predominantly White. The highest proportion of people from BAME groups are found in the 0-4 age group (55.4%). In terms of religious diversity, Jewish and Muslim population make up over a quarter of the total population of Barnet.

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

design of policies and the delivery of services and for these to be kept under review.

1.5.4 54% of adults referred for safeguarding services were over the age of 65. 60% of these older adults were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package. 38% of older people referred have dementia.

Table 1: Primary Client Group Referred

Primary Client Group	2012/13	2013/14	2014/15
Older People	63%	56%	54%
Learning Disability	12%	20%	20%
Mental Health	16%	15%	17%
Physical Disability & Sensory	8%	9%	9%

1.5.5 The proportion of alerts involving white residents (74.1%) is very similar to last year and remains representative of the adult social care client base. The number of alerts involving Asian/Asian British adults (64 alerts) has increased by 2% from 2013/14; however, alerts involving this group remain below that which would be expected, based on service user demographics. The number of alerts involving Black/Black British residents has fallen from levels reported in 2013/14 and has returned to those seen in 2012/13. Based on general Adult Social Care figures, the proportion of alerts involving Black/Black British adults is slightly lower than might be expected.

Table 2: Ethnicity of Adults at risk referred

Primary Client Group	2012/13	2013/14	2014/15
White	481	423	565
Asian/Asian British	38	36	64
Black/Black British	28	51	38
Mixed ethnic origin	9	6	8
Any other origin	25	13	16
Not Known	25	33	71

1.5.6 4.5.6 As seen in previous years, there were more referrals concerning women. 456 alerts related to female adults at risk, compared with 296 males. The proportion of alerts concerning female adults at risk, remained at 61%.

1.5.7 The Adults Safeguarding Board Business Plan 2014-16 aims to address the disproportionate impact of the different groups with protected characteristics in regards to safeguarding and one of the ways the plan aims to achieve this is through training.

1.6 Consultation and Engagement

1.6.1 The report will assist us in identifying any improvements that need to be made to our Service or, to policy and procedure. This will be done in full consultation with relevant groups before any changes are recommended and implemented.

1.7 Social Value

1.7.1 Not applicable

1.8 Insight

1.8.1 The report has been informed by the Barnet Safeguarding Adults Board Annual Report 2014-15 and Barnet Safeguarding Children's Board Annual Report 2014-15.

6. BACKGROUND PAPERS

6.1 Working Together to Safeguard Children March 2015: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

6.2 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014-15, Adults and Safeguarding Committee, 16 September 2015, item 7: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8360&Ver=4

6.3 Annual Report of Barnet Safeguarding Board, Children, Education, Libraries and Safeguarding Committee, 21 September 2015, item 12: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=8258&Ver=4

Barnet Safeguarding Children Board
Annual Report
2014/15

'Making Safeguarding Everybody's Business'

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1. Foreword and Executive Summary

Independent Chair – Chris Miller

This is my second annual report as chair of the Barnet Local Children's Safeguarding Board. The Safeguarding Board is an alliance of all the statutory partners and the voluntary sector in Barnet who come into contact with children and whose lives we can influence. Our role is to cooperate with each other and to offer challenge to each other as well. This ensures that our work with children and young people is effective, safe and leads to improvements to their lives. The different agencies' cultures, performance objectives and information systems sometimes make meaningful cooperation difficult but also make it essential.

At a national level 2014-2015 has been a momentous year. The safeguarding headlines in the past twelve months have included a number of shocking stories. Mass child sexual exploitation in Rotherham, Rochdale and elsewhere has damaged the lives of large numbers of very vulnerable children. We have also learned that a number of famous and powerful men were able seemingly because of their celebrity or political power to abuse children and get away with it despite often being denounced to the authorities. These are very significant cases and they have probably changed safeguarding attitudes and practice for good and for the better. It is important however to ensure that these hard cases do not cause us to take our focus away from less publicity heavy areas such as child neglect, inter familial domestic violence and parental substance and alcohol misuse. These too damage children. And in far greater numbers than the headline grabbing cases!

So while, in line with most other Safeguarding Boards, we in Barnet have undertaken a root and branch review of our procedures to deal with child sexual exploitation we have also continued to remain focused on child neglect and parental domestic violence. These two childhood experiences cause very significant harm to children. In too many cases these damaging experiences define their lives irreparably. For example research by the Prison Reform Trust and by the Ministry of Justice shows that more than four in ten serving prisoners experience neglect as a child or have been brought up in households where interfamilial violence is common. Through focusing on these issues we aspire to alter for the good the lives of children who otherwise may come to long term harm.

In this past year we have also developed our understanding of and capacity to deal with e-safety. Children live large parts of their life on line. While the wonders of the internet bring learning, connections and entertainment we know that it has a dark side as well, often poorly understood by adults, whether parents or the authorities, which can expose children to considerable risk.

There are many factors that affect the health, development and wellbeing of children but the evidence shows that those Safeguarding Boards that choose to concentrate on a small number of key issues can make progress as a partnership. The alternative is to spread resources too thinly. So in our two year plan (2014-2016) we have focused on four priorities; child sexual exploitation (CSE), domestic abuse, e safety and neglect. We have made good progress in our work to prevent children being sexually exploited. Our multi agency operational group dealing with this issue

have been active in improving their speed of response and have developed agility in considering innovative ways of working. We have also made some reasonable progress in our approach to domestic abuse. We have developed an understanding of the role that GPs can play in identifying domestic abuse and are about to roll out some partnership funded training to help them in this difficult task. The police have demonstrated determination in using new powers to prevent early re abuse by offenders and we have been successful in a bid to The Mayor of London for funds to provide more specialist support workers for victims of abuse. These will be good foundations upon which to build an ever improving service.

Our partnership work on neglect and e-safety has been boosted by the formation of two multi agency groups headed up by enthusiastic and knowledgeable leaders.

The "neglect group" will be able to build on the audit and review work that we have carried out in relation to a number of hard cases which have thrown up some significant areas of learning. We need to understand for example whether and to what extent criminal proceedings against very neglectful parents make a difference and why some social care cases seem to take so long to resolve.

The esafety group has the benefit of some splendid work done by our young partners ***Youth Shield*** who have worked with ingenuity and determination in the past 12 months to deliver training sessions in schools on peer to peer relationships. They have also conducted some thorough survey work which has highlighted many of the issues that the esafety group is now working on.

Barnet, though, is a place where most children thrive. The numbers of children (per 10,000 population) referred to the council because of concerns and subsequently formally assessed because of those concerns has been declining for the past two years while the numbers of children removed from their parents by the Council has declined by 20% in the past decade. We have significantly altered our approach to offering early help to struggling parents over the past 12 months. We have also embedded our approach to information sharing across agencies though our Multi-Agency Safeguarding Hub. The encouraging data covering concerns about children and removals from their families may well be early signs that this change of approach is proving successful.

The Safeguarding Board has an oversight role in how early help is offered in the borough. We are encouraged that the early help service leaders have set the partnership a challenge to increase the number of children notified through a document called a CAF as needing some extra help (so they and their families can get it). We on the board have increased the level of that challenge though for those involved in early help because we believe that those notifications need to come earlier in many children's lives. Most CAFs are raised at school. We on the Board believe that many more should be raised in Children's' Centres and by midwives and health visitors.

The safeguarding of children has never had a higher profile. What once was a term only known to professionals in the trade is now in the news very regularly. It is vital that local safeguarding boards, which are charged with the function of ensuring local effectiveness, are equipped for the task. In Barnet I am privileged to work alongside some very dedicated and knowledgeable professionals whose values and attitudes are just what children need in those who care for them. So the human capital is

good. The lifeblood of partnership work though is information. Knowing how we are doing and whether we can do better is vital to our effectiveness. We still have some way to go in this regard in that we are good at knowing about individual cases but not yet good enough at drawing conclusions and gaining understanding from lots of cases. This is not a problem peculiar to Barnet. Abstracting and analysing data from multiple systems is difficult. I reported on this last year. I am pleased to say that considerable progress has been made in this area but there is much further to go. We have in the past year agreed a blue print for a data set that will give us information susceptible to insightful analysis, which in turn will help us get better at our job. It will be with us later this year and when it is I believe it will make a big difference.

I would like to thank all those who put so much energy into making children's lives better which includes not only professionals whose job it is to make a difference but also those who give their time for nothing to help with the board, namely the young members of Youth Shield and our two independent lay members. This is work that is never done but I can report that progress over the past year has been encouraging. Cooperation across agencies is very good and focusing on four priorities has had the desired effect of ensuring that real improvements have been made or are underway.

2. Local Demographic Context

Barnet's population has been growing, and this growth is expected to continue. The highest levels of growth have been recorded in the West of the borough. The projected growth in child population is focused in wards where there are higher levels of deprivation.

Population

Barnet is the second largest borough by population in London. With a total of 375,197 people, it is home to a growing and diverse population. The borough's population of 94,940 children and young people remains the second largest in London and this group accounts for one quarter of the borough's overall population. Live births in Barnet have been increasing over the last ten years; in 2012 there was a total of 5,585.

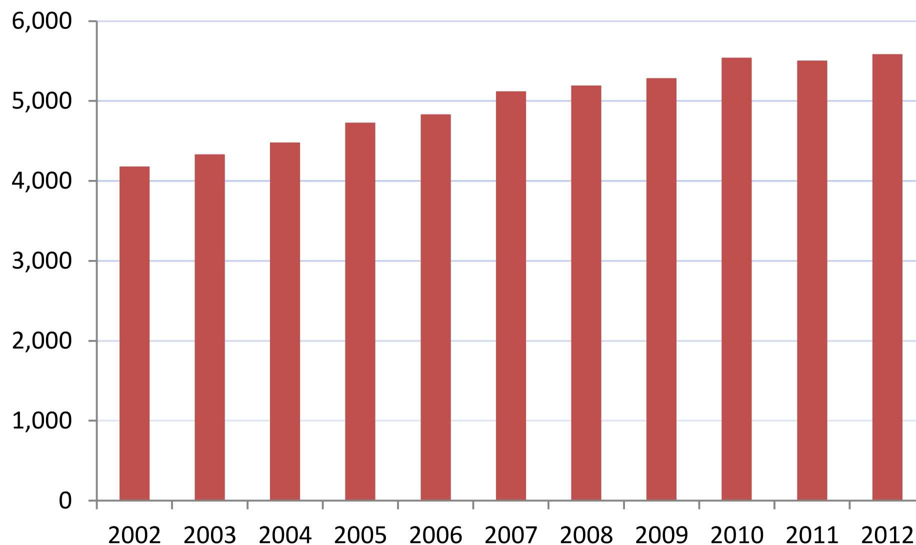


Figure: Barnet live births, *GLA Datastore*

The graph below indicates that since 2002, Barnet's birth rate has increased faster than that of London and England.

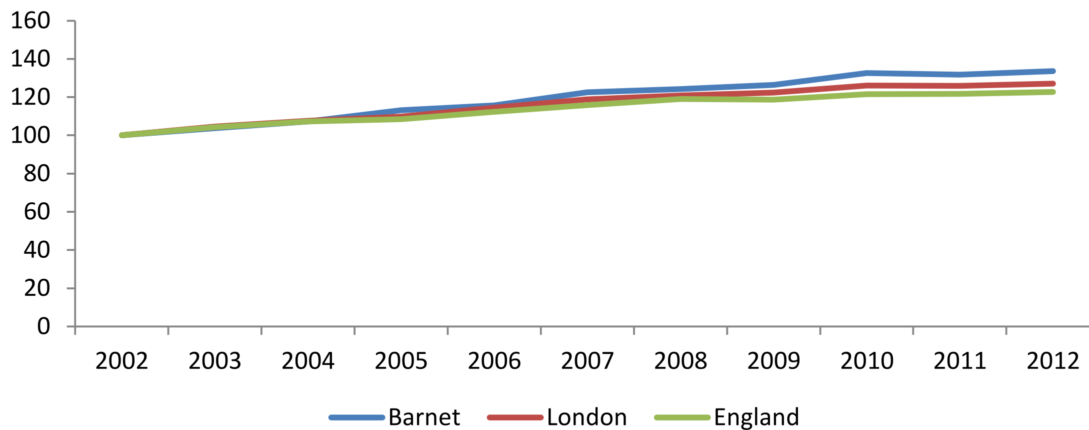


Figure: Births indexed to 100, for Barnet, London and England, *GLA Datastore*

Population Projections

Barnet's population of children and young people is estimated to grow by 8.5% between 2013 and 2018, when it will reach 102,978, with Barnet continuing to have the second highest population of children and young people out of all of the London boroughs.

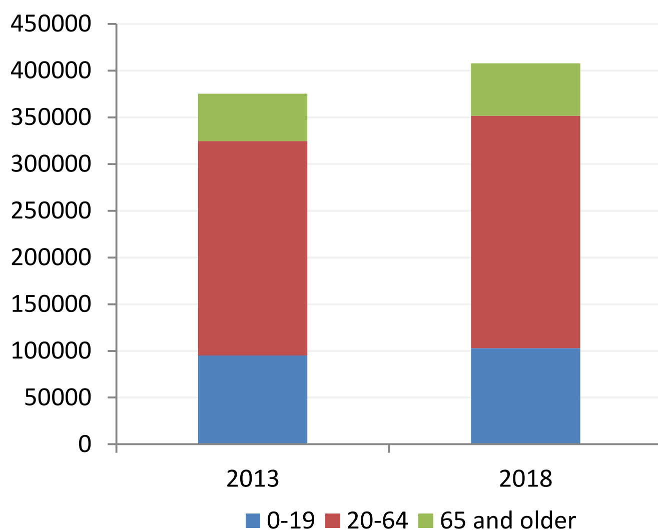


Figure: Population change between 2013 and 2018, *GLA Population Projection*

Deprivation and Child Poverty

Poverty is the most significant general indicator of risk and nationally it is recognised that children living in poverty and deprivation are more vulnerable to educational under-achievement, ill health, involvement in crime and social exclusion. There remain significant numbers of children in Barnet that are at risk through poverty.

The Index of Multiple Deprivation (IMD 2010) is the primary source for measuring deprivation in England and Wales, and is made up of seven categories known as 'indices', each for a distinct type or 'domain' of deprivation. These domains relate to income, employment, health and disability, education, skills and training, barriers to housing and services, living environment, and crime, reflecting the broad range of deprivation that people can experience.

Overall Barnet is a relatively affluent borough with pockets of deprivation. Barnet has 210 super output areas. Of these, 30 lower super output areas (LSOA) fall within the 30% most deprived areas nationally. The west of the borough has the highest concentration of more deprived LSOAs, with the highest levels of deprivation in Colindale, West Hendon and Burnt Oak. However, the most deprived LSOA in Barnet is located in East Finchley, specifically the Strawberry Vale estate, and falls within the 11% most deprived LSOAs in the country.

13 of Barnet's LSOAs rank within the 10% most income deprived nationally and eight fall within London's 10% most deprived. These areas are found within Colindale, Edgware, Burnt Oak and East Finchley.

Health

As of April 2013, responsibility for Public Health shifted from central to local government, and Public Health Teams have been created in each local authority. Barnet's Public Health Team publishes Child Health, and Maternal and Infant Health profiles as part of Barnet's Joint Strategic Needs Assessment (JSNA). These are published in the JSNA Refresh 2013/2014 which will give a fuller range of indicators, and data is given at ward level where available.

Infant Mortality

Barnet's infant mortality rate at 2 per 1,000 live births is slightly lower than in London or England. In Barnet, 7% of live births are under 2.5kg and 1% of children in reception year are underweight, which is largely in line with the London and England averages.

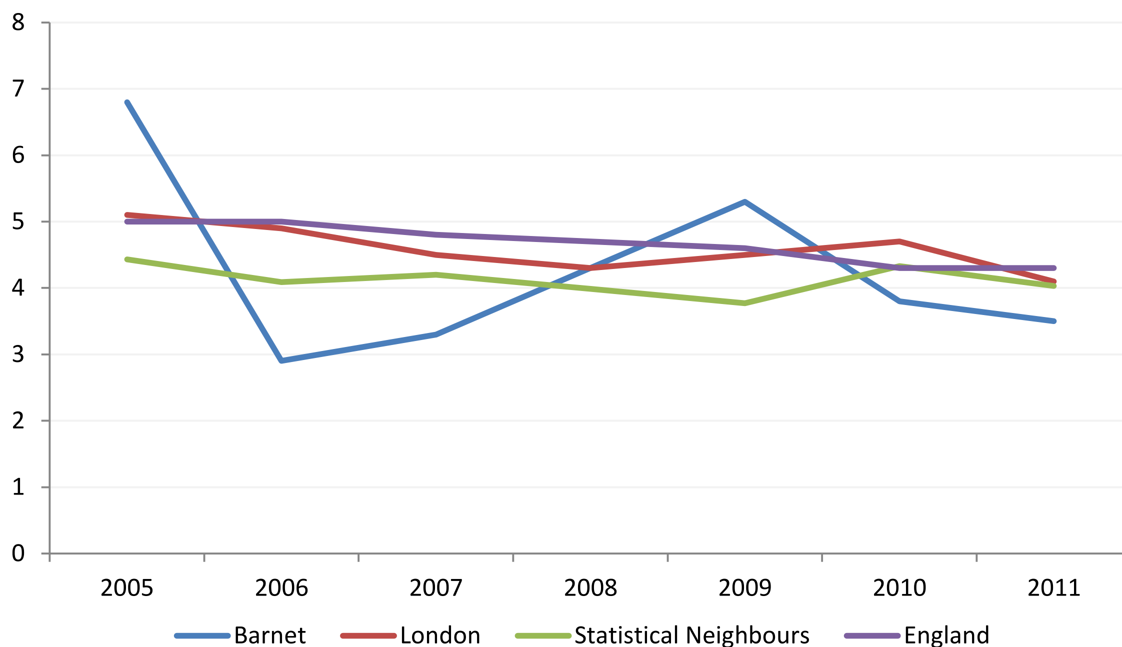


Figure: Infant mortality rate per 1000 live births in Barnet, London, statistical neighbours and England, *ONS 2011*

Conclusion

The Board recognises the importance of universal services, but given the difference in needs across the wards, we will seek to target limited resources in the areas of highest need first. As an example, for the Domestic Violence priority and the provision of identification (IRIS) training for NHS General Practices, the Board will target GP practices in areas where Police data shows that domestic abuse is highest.

3. Safeguarding Context - Key Data Trends

Referral and Assessment to Children's Social Care

The process through which a child becomes known to Children's Social Care (CSC) begins when the service receives a 'contact'. This is when any agency or individual contacts Children's Services with information, concerns or a query about a child or family. The process was amended in 2013 so that all contacts are received through the Multi-Agency Safeguarding Hub (MASH). Information gathering now takes place over 48 hours, or within shorter timescales, dependent on the level of risk identified by the MASH.

Contacts and Referrals

Following the information gathering, some 'contacts' will meet the threshold for a social care referral. A referral is a request for action from CSC to react to the perceived need of a child or young person or their family. The outcome of a referral is decided within 24 hours of starting the referral process.

The figure below uses finalised data from the Department for Education, and shows the proportion of referrals progressing to Initial Assessment over the past ten years. Barnet's rates have been higher than England, London and Barnet's statistical neighbour's rates. Although the rate in these areas and across England has been increasing over time, Barnet still has a comparatively high rate.

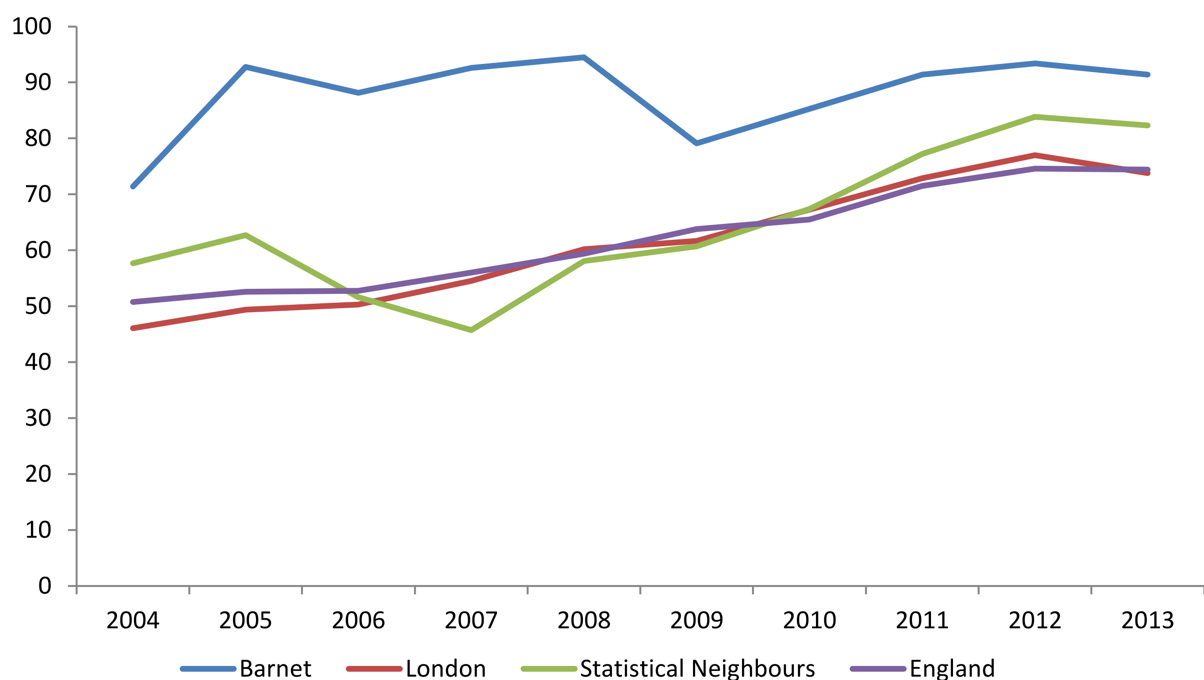


Figure: Percentage of referrals progressing to initial assessment, *DfE*

Assessments

Historically, Initial assessments can only be initiated through the referral process. Initial assessments, as a rate per 10,000 children over the past ten years, are shown in the figure below. This indicates that in Barnet, as well as in other areas, the rate of initial assessments has been increasing, particularly since 2007-08. Recent indications for Barnet, Barnet's statistical neighbours, and for London, suggest that the rate may be starting to decrease.

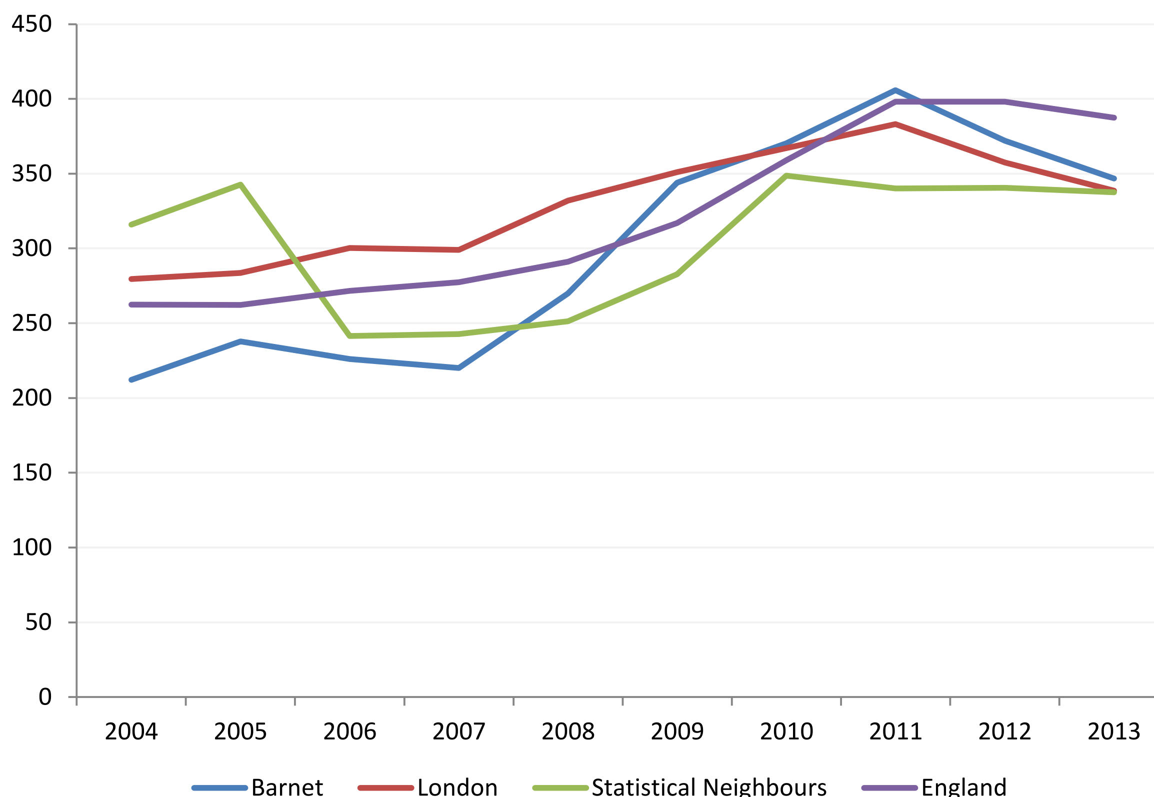


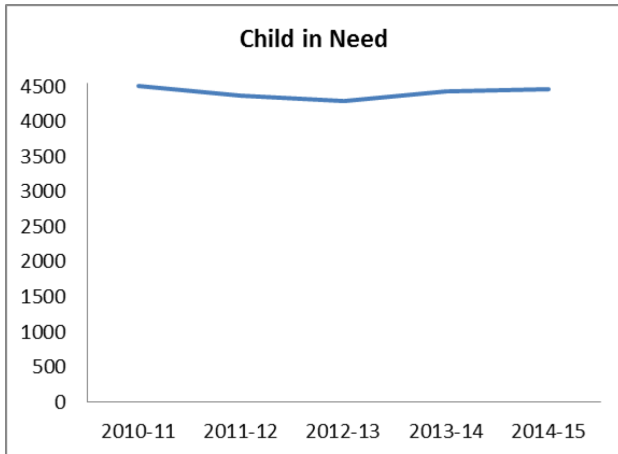
Figure: Rate of initial assessment per 10,000 child population

Children in Need

Children in Need are assessed as in need of support under Section 17 of the Children Act, and are entitled to a range and level of services appropriate to their needs.

An analysis[1] of children in Barnet assessed as Children in Need at any point between 1st April 2013 and 30th September 2013 shows that there were 3071 children in Barnet receiving support as a Child in Need in this period. The graph shows that the numbers are relatively stable.

[1] LBB Children and Yound Persons Profile 2014

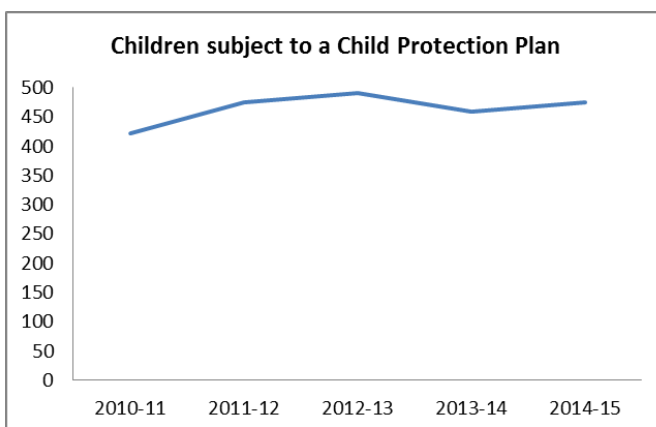


Graph showing numbers of children assessed as is need

Child Protection Plan

A child at risk of significant harm may be subject to a child protection plan. This plan would be drawn up at a child protection conference as a written record for parents, carers and professionals. It would direct actions towards reducing concern, with a timeframe detailing those responsible for any aspects of the plan. If a child is subject to a child protection plan this does not mean they will be removed from parental care; this would only be possible if there was an order from the courts. A Child Protection Plan is intended to keep the child safe, promote their welfare and support their wider family to care for them.

Children with a Child Protection Plan can be defined based on having suffered, or being likely to suffer, from a form of significant harm. The graph below shows a rising trend.



Graph showing numbers of children subject of a plan

Children and Families Assessment

There have been some changes to assessment arrangements in children's social care since quarter 4 2013-14. The Children and Families Assessment is an ongoing and live working document that replaced the initial and core assessment and the child protection case conference report. The 'single assessment period' is not longer than 45 working days. There is a preliminary analysis and management overview and recommendation no longer than 10 days after the commencement of the assessment. If at the point of the preliminary analysis it is agreed there is no further role for social care then the assessment will be concluded and the case will be closed in consultation with the Team Manager and with a closure summary. If there is an ongoing role for social care there will be a more detailed period of assessment and analysis that will incorporate a management overview and decision at any point but no later than 45 days from the beginning of the assessment (35 days from the preliminary analysis). The Child's Plan will be identified and informed by the assessment.

Children in Care

Children in Care or Looked after Children are those that the local authority provides care and accommodation for, for example those in foster placements or residential homes. The figure shows the rate of Children in Care per 10,000 young people aged under 18, and how Barnet's rate compares to London, England, and Barnet's statistical neighbours. The trend over ten years shows Barnet's rate gradually reducing, from a rate similar to England to a rate significantly lower. Since 2009, Barnet's rate of Looked after Children has been lower than the rate for London, England and Barnet's statistical neighbours.

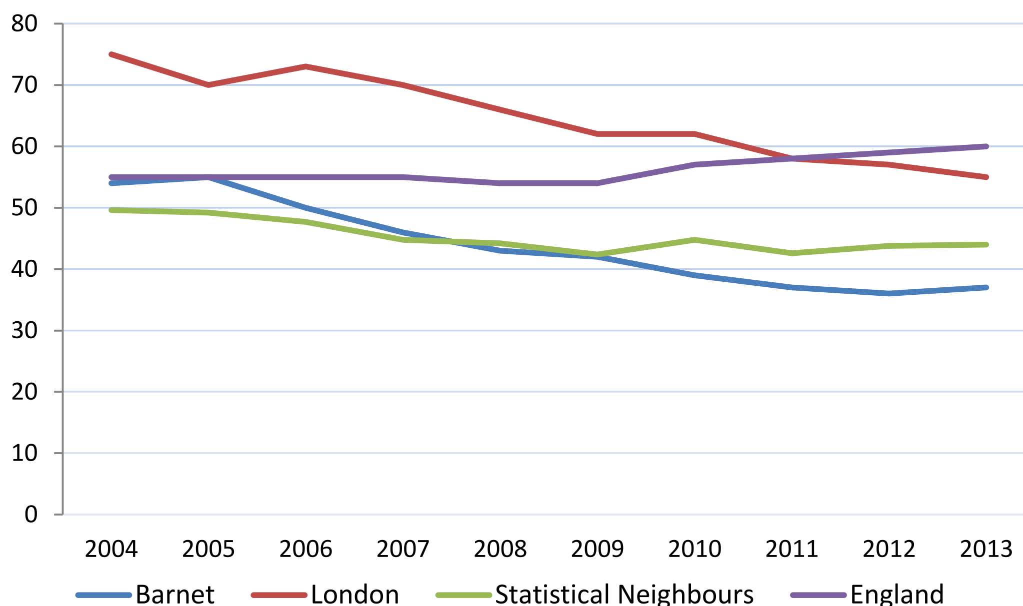


Figure: Looked after Children (rate per 10,000 population under 18)

Conclusion

Whilst in recent years there has been an increase in assessments (per 10,000), that reached a peak in 2011, the number of Children in Care has declined. Given the population increase in Barnet and the increasing trend in referrals and assessment, the Board recognises the importance of early intervention and provides further details in this annual report.

4. Board Structure, Sub-Groups and Key Meetings

BSCB is now linked with the Barnet Safeguarding Adults Board (BSAB). They operate as separate boards but have a series of shared sub-groups (Business Management and Learning & Development), tasked with delivering the core business of the boards. The broad structure is set out in Figure 1, although it is important to note that there is significant activity and co-ordinated effort in the form of evolving task-groups, workshops and other partnership meetings that are not captured in this chart, (for example CSE/Missing/Gangs Strategic Board the Multi-agency Sexual Exploitation - MASE meeting).

We have endeavored to secure membership of partners at the right level at the main board as well as all of the sub-groups, task-groups and workshops. We have woven core principles into the activity of all groups, namely securing the voice of the child, sharing information intelligently and effectively and continuously learning and improving.

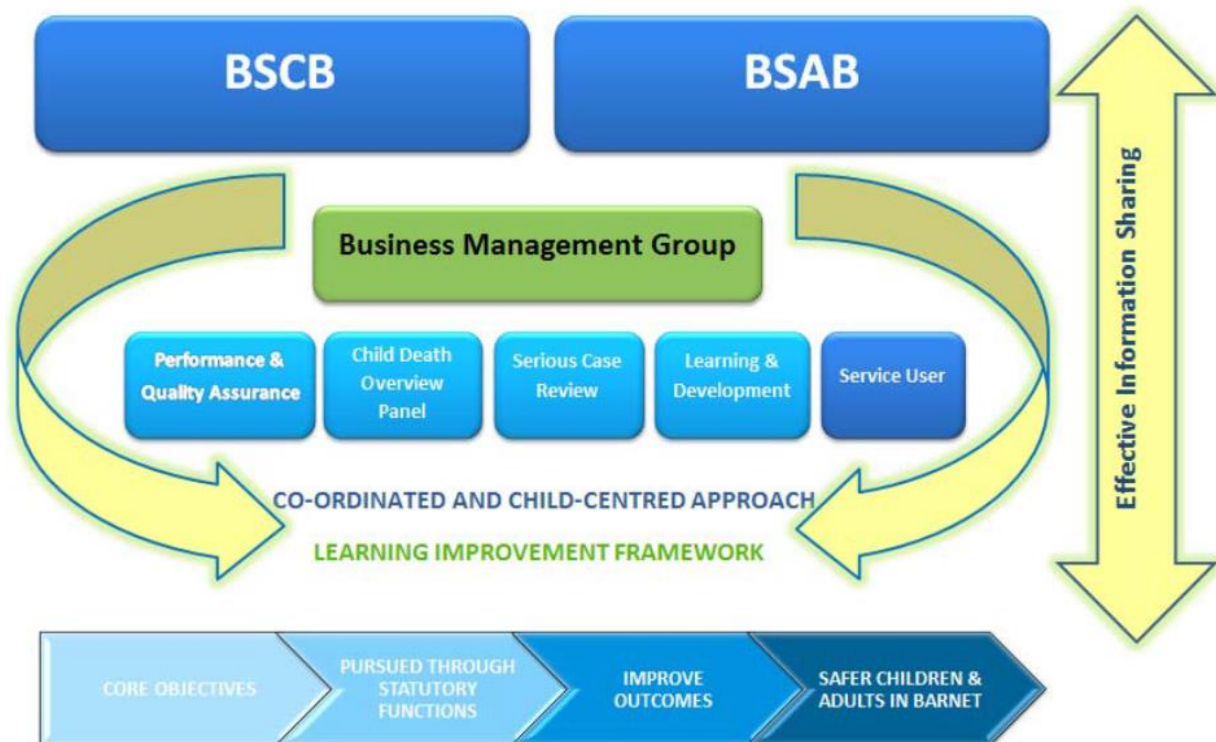


Figure: Board structure

Full details of the functions of the Board and its sub-groups, as well as the links with other boards and accountability, are set out in the BSCB Terms of Reference. A very brief summary of the sub-groups is set out below.

The Business Management Group (BMG) is made up of a small number of senior officers from the main Board and its job is to ensure that the strategy laid down by both boards is being delivered by partners. It also agrees and monitors budget spend.

The Performance and Quality Assurance sub-group (PQA) scrutinises partner data and ensures that the BMG and the main Board is sighted on any performance issues and emerging trends. It also receives reports from the sub-groups and oversees audit and review.

The Child Death Overview Panel scrutinises all deaths of children normally resident in Barnet, with a view to establishing whether a death was preventable. The aggregated findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment. The overall principle of the child death review process is to learn lessons and reduce the incidences of preventable child deaths in the future.

The Serious Case Review sub-group assesses cases to determine whether the criteria for a serious case review (SCR) are met and makes a recommendation to the BSCB Chair on whether or not a SCR should be undertaken. It oversees reviews of complex cases which could provide learning for Board partners, and monitors and drives progress of action plans from reviews or learning events. It also liaises with the Learning and Development sub-group to ensure learning is disseminated and embedded, and the impact of learning is evaluated. It highlights learning from national or other reviews or thematic audits.

The Learning and Development sub-group oversees and ensures the effectiveness of single and multi-agency safeguarding learning and development for both boards. This seeks to ensure that our workforce is properly equipped, that we learn from experience and we improve our services. All groups are driven by the learning and improvement framework to ensure we continuously learn from experience and improve services and performance as a result.

Recognising the Board's priority of CSE, the Council took the lead in setting up a multi-agency board for **CSE, Missing and Gangs,** which is identifying the strategic themes in these three areas, developing synergies and preventing silo working.

The **child's voice** (service user) is secured in all activities of the Board and sub-groups through representatives from a number of forums, including Youth Shield, Barnet Youth Board and the Child in Care Council (Role Model Army). This ensures that that we have a child-centred approach to everything the Board does. Youth Shield representatives attend the main board meetings, and have informed and influenced the priorities and action plans for the year ahead. The Council has recently developed a new Voice of the Child strategy, which features Safeguarding strongly and is included in this annual report.

The Early Intervention and Prevention Strategic Board was set up in 2014-15 at the request of the Safeguarding Children Board. This multi-agency group provides a forum to develop and monitor the implementation of a multi-agency 5 year Early Intervention Strategy across the Borough, improving outcomes and lowering financial costs in a measurable way for the partnership. Stakeholders represented are Council, Health, Police, Voluntary Sector, Jobcentre Plus, Schools and Housing. The group seeks to integrate early intervention strategies of partners across the Borough.

5. Business as Usual

Governance and Attendance

Co-operation and co-ordination of effort are fundamental to a good Safeguarding Children Board. In Barnet, all partners realise the importance of participating and engaging in the business of the Board. To that end, we continue to work on ensuring we achieve a high level of attendance in the wide variety of meetings, through which we transact our business. Partner attendance at the main Board and Business Management Group meetings is shown in the figure below. We have secured consistent representation at the right level, attendance and engagement is good.

Member	Organisation	April	July	Oct	Feb
Chris Miller	BSCB Chair				
Cllr Thompstone	LBB Lead Member				
Dawn Wakelin	LBB Adults Director				
Kate Kennally	LBB DCS & Strategic Director				
Nicola Francis	LBB Family Services Director				
Jo Pymont	LBB Children Services AD				
Delphine Garr	LBB L&D				
Duncan Tessier	LBB Early Intervention AD				
Ian Harrison	LBB Education and Skills Director				
Flo Armstrong,	LBB Head of Youth and Community				
Tony Lewis	LBB Voice of the Child				
Jo Moses	LBB Head of Safeguarding				
Alex kemp	CAFCAS, senior service manager				
Janet Matthewson	Voluntary Sector CommUnity Barnet				
Sarah Le May	Voluntary Sector: Norwood				
Cecile Kluvitse	Voluntary: Solace Womens Aid				
Toni Beck	Barnet&S College Director				
Sara Keen	School: Beit Shvidler Head				
Marc Shoffren	School: Ama				
Paula Light	MPS Barnet Police, MPS				
John Foulkes	MPS CAIT Detective Chief Inspector				
Steve leader	LFB Borough Commander				
Ruth Williams	LAS Community Involvement Officer				
Sam Denman	Probation, ACO				
Marcia Whyte	CRC,ACO				
Siobhan McGovern	Barnet CCG Designated Nurse				
Laura Fabunmi	Public Health, AD				
Louise Ashley	NHS (Community): CLCH				
Deborah Saunders	RFHT Dir of Nursing				
Mary Sexton	BEH Mental Health Trust, ExD				
Julie Riley	Housing: Barnet Group Director				
Naomi Burgess	Lay Member				
Nigel Norie	Lay Member				

Figure: Table showing Board attendance by member or substitute

6. Improved Practice

Multi-Agency Safeguarding Hub (MASH)

Development

The most significant recent change to the MASH is the development of their operational model, for use by the Common Assessment Framework (CAF) team, who now have responsibility for triaging all cases with a final risk rating in the MASH of low, so that the CAF team can decide which early help service to offer.

During 2014/15 two routes have been developed into the CAF team via the MASH:

1. Where there has been a request to start an e-CAF form on the Internet. The MASH support team will process the forms and take into consideration any previous social care history. Where this does not meet social care thresholds they will be referred directly to the CAF team. If there are concerns, they will go into the MASH team for social work oversight.
2. All other referrals, rated low risk by the MASH process, will be forwarded to the CAF team for them to undergo triage. As CAF will now be recorded on the new e-CAF Early Help System, this will enable better monitoring and quality assurance.

Referral Trends

All referrals regarding children in the borough are now being received through the MASH. They include referrals not previously processed by the MASH, such as those for the Local Authority Designated Officer or a risk of a breakdown of an adoption. The volume of referrals through the MASH, with them acting as the 'front door', remains high with a challenge on staff to assess within the required timescales. A 'Lean Review' proposal has been agreed to identify any key opportunities to improve efficiency and resource allocation.

There is an increase in families being made homeless due to 'no recourse to public funds' (NRPF) and benefit changes. Families do not want to accept accommodation which is often a significant distance away from Barnet, when their schools and support networks are in the borough. Issues with domestic violence, drugs, alcohol and mental health remain a factor in many cases and the level of child protection referrals remains steady.

MASH now have access to the Police's notifications to the Youth Offending Service, and this may account for the rise in referrals regarding youth crime and anti-social behaviour. Other areas of response being developed, where referrals have increased, are child sexual exploitation (CSE), gangs and "missing" children. This enables a multi-agency pooling of 'intelligence' and helps support the disruption, and in some cases the arrest of alleged perpetrators of CSE or violence.

The Police Sergeant within the MASH has developed enhanced links with the adult services, and this has enabled joint discussion of the higher risk cases, (Barnet has one of the highest rates of adult referrals in London).

With regard to carer's assessments, MASH are receiving requests for them and this will need to be an area for further monitoring.

Threshold Application

The MASH has a stable staff team and the application of threshold remains consistent, both within social care and the Police. In a case where the threshold remains unclear, a meeting is held with the relevant agencies to agree the final assessment rating. Ratings have been audited and changes were made to represent the way that the final ratings are decided, to ensure they reflect the level of risk to the child.

Feedback from the Social Work Duty and Assessment teams is that referrals are appropriate, and they are being sent the more complex cases where there are multiple issues.

When the MASH team went live it was supported by the Early Help Service and over the past year MASH staff have developed a good understanding of the CAF threshold. With the new system, the CAF team will feedback any issues which arise regarding thresholds, so that these can be looked at by the Head of Service, who is responsible for both MASH and CAF teams. Feedback is that thresholds are consistent with the early help offer.

The MASH team has developed links with community services such as Home Start, and the Young Persons Drug and Alcohol Service. MASH sign-post families who do not reach the threshold for CAF to these services. Both the CAF manager and the MASH manager are committed to training all staff (multi-agency) about thresholds for universal services, Early Help and Children's Social Care.

The data team is collecting data which is reported on a monthly basis regarding referral source, types of referral, outcomes of referral, changes in ratings, numbers being sent to Children's Social Care and Early Help. The data is sign-posted to assess the impact of the MASH as a 'front door' for all referrals and to identify areas of need. Barnet MASH is collecting data quarterly which is being collated by the London Councils and will be published annually and reviewed by the BSCB.

Early Intervention and Prevention

Early Intervention and Prevention is focused on tackling problems experienced by children and families as early as possible, to improve outcomes and to lower costs. The purpose of Barnet's Early Intervention and Prevention Strategy is to provide a framework to organise our Early Help services, to monitor their success, and to drive improvement.

Barnet's Early Intervention and Prevention Strategy was commissioned by the Children's Trust Board. It was signed off by the Health and Wellbeing Board on 18th September 2014 and by the Barnet Safeguarding Children Board on 30th October 2014. Since the publication of Barnet's Early Intervention and Prevention Strategy2, significant progress has been made in implementing the strategy. The Family Services restructure has been fulfilled and there are also new sources of evidence emerging in relation to Early Intervention.

The Barnet Early Intervention and Prevention Strategy takes an approach of organising early help services according to three guiding principles:

i) Intervene as early as possible.

ii) Take a whole family approach.

iii) Use evidence based monitoring systems.

Since Barnet's early intervention strategy was signed off, Family Services has implemented a service transformation across the whole continuum of care, from early intervention and youth and family support to social care. This ensures that Family Services is best configured to support children and young people achieve positive outcomes, in line with quality assurance frameworks, including Ofsted. In order to inform the Barnet Family Services transformation and to organise Early Help services concerned with the specific issues facing Barnet families, a needs analysis using local data has been completed. The needs analysis identified eight 'themes' or problems which are most likely to drive poor outcomes for Barnet families:

- Domestic violence.
- Alcohol and/or drug misuse.
- Mental health.
- Parenting and neglect.
- Unemployment.
- Involvement with Police.
- Missing from school.
- Child sexual exploitation.

The changes made within Barnet Family Services reflect the child's journey and seek to minimise unnecessary case transfers. They also seek to improve the quality and consistency of assessments and plans, and work with the principle that all support is commissioned from the child's plan, with key outcomes to be achieved for the child and/or their family. The new service also supports the model of the Barnet Early Help Offer, i.e. the set of services which delivers the Early Intervention Strategy, formed of the following key parts:

[2] Barnet Early Intervention and Prevention Strategy; available at https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/key-strategic-documents-and-plans.html

- A ‘front door’/triaging service - which assesses and signposts cases to Early Help services.
- A core set of council early help services: including Children’s Centres; the Intensive Family Focus Team and Youth Services. The new service will work with Children’s Centres, so that there is a reduction in duplication, and to develop integrated working where families have children across the age ranges.
- A set of commissioned services, where the council procures Early Help services from third parties – for example Child and Adolescent Mental Health Services.
- Services provided by partners - such as services provided by the voluntary sector which are not commissioned by the council.

The key changes planned during 2014/15 for Early Help services are:

- The CAF team to be moved into the MASH to create one integrated ‘front door’, which should increase referrals to Early Help and the number of CAFs over time.
- The audit process for CAF has been refreshed to focus on driving up quality.
- The e-CAF(web-based) system will go live increasing our ability to monitor and improve performance across Early Help.
- A new Youth and Family Support service will be launched - which brings together Youth Workers and Family Support workers, as well as non-social work qualified workers from Social Care, to create an integrated offer under a single Head of Service to deliver a clear menu of interventions. The Youth and Family Support Service will only work with families referred via a CAF or another plan for the child.
- The transformation of the Children’s Centres Network is underway. It was designed to group 13 centres into three ‘localities’, with the aim of allowing staff and resources to be used more flexibly and focusing on identifying and supporting the most vulnerable.

The strategic principles of Barnet’s Early Intervention and Prevention Strategy, outlined in the figure below, reduce down to two key outputs:

- Increase the number of CAFs.
- Increase % closed as Needs Met.

There is evidence of strong multi-agency engagement in the Early Help (CAF) system across the partnership:

CAFs completed / closed by setting up to 31 March 2014

Setting	CAFs Completed	CAFs Closed	% Closed
Children's Centres	232	184	79%
VCS	103	85	83%
Health	152	135	89%
Local Authority teams	534	425	80%
Schools	869	630	72%
Total	**1890**	**1459**	**77%**

Figure: CAFs by setting

However, there is a priority to continue to grow the use of CAF across the partnership in Barnet, and the implementation of e-CAF will support this. Following the implementation of e-CAF, we now need to analyse CAF figures for the 2014/15 year to understand the latest data.

The Barnet Youth Offending Team (YOT) has been commended for its work by the Youth Justice Board which and is considered fully effective in its practice. Building on these strengths, the Barnet Youth Crime Prevention Strategy is led by the Head of Youth, from Family Support, working with partners including Community Safety, and focusing on serious youth violence and gangs (April 2014-16).

In addition to all of the service delivery changes, Barnet has begun to evaluate the impact of these services. The key findings of this analysis are:

- The CAF is embedded in Barnet, and numbers are growing, indicating increasing positive impacts for children and families.
- CAF audits indicate that CAF standards are improving over time. They also indicate that effective arrangements are in place to resolve any cases that get ‘stuck’.
- The number of LAC in Barnet remains low, and the consistent investment and prioritisation of early intervention – particularly the CAF and family support work- may be an important factor in this, though this cannot be proved conclusively.
- Our analysis of family support work in Barnet shows strong financial benefits to the Council and positive outcomes for families.
- Evidence of the impact of our youth offending work shows that it is of very high quality, and this is corroborated by inspection.

Ofsted recently published ‘Early Help: whose responsibility? (March 2015)[3], which evaluated the effectiveness of Early Help services for children and families, provided by local authorities and partners. This thematic Ofsted inspection report draws on

[3] Early Help: Whose Responsibility?; March 2015; Ofsted; available at https://www.gov.uk/government/publications/early-help-whose-responsibility

evidence from inspections, and the examination of cases in 12 local authorities. In response, a paper was reviewed by BSCB on 14th May 2015 detailing the progress of early intervention in Barnet to date, and setting out Barnet's work programme to implement the strategy focuses on some key workstreams:

- Troubled families.
- Pathways and professional practice.
- Commissioning and local offer.
- Performance, analytics, and systems.
- Workforce development.
- Communication.

In conclusion, overall Early Help appears to be having a positive impact, but there is much more to do to fully embed the Early Help offer and drive up outcomes. A draft set of Early Help Key Performance Indicators are in place. They are being finalised and embedded to monitor the impact of Early Intervention and Prevention in Barnet, and are focused on the following priorities:

- Safeguarding.
- Health & emotional wellbeing.
- Preparation for adulthood.
- Parenting.

7. Deliver and Improve the Quality Assurance and Challenge Role

Quality Assurance

S11 audits

The Board has a duty to **monitor and evaluate** the effectiveness of what is done by the Local Authority and their Board partners, individually and collectively, to safeguard and promote the welfare of children, and advise them on ways to improve. One way that this is done is through the S11 Children's Act 2004 audits, where the PQA sub-group sets the benchmark and conduct for agencies, to ensure their compliance. The Board achieved this by getting agencies to complete a self-assessment in 2012/13. Safeguarding leads from the partnership were then invited to a Challenge Panel, chaired by the Board's Independent Chair, where their assessment was challenged by partners. Any improvement actions from these panels have been included in the Board's action tracker.

Agencies completing an S11 audit, who attended a Challenge Panel
Barnet Homes
Barnet, Enfield and Haringey Mental Health Trust
Probation Service
MPS Borough Police
MPS Child Abuse Investigation Team
LBB Educational Psychologists and Specialist Teams
Central London Community Healthcare
LBB Service Commissioning and Business Improvement
Barnet Clinical Commissioning Group
LBB Special Educational Needs
LBB Family Support/Early Intervention
Barnet and Chase Farm/Royal Free Hospital
LBB Community Safety
LBB Children's Social Care
LBB Adult's Social Care
LBB Libraries

CSE Audit

CSE is one of four priorities of the Barnet Safeguarding Children Board (BSCB) laid out in its Business Plan 2014-16. The Performance and Quality Assurance (PQA) sub-group of the BSCB oversees audits, and reviews and scrutinises single-agency audits and data to ensure the BSCB is sighted on, and can take proactive steps to respond to emerging issues by shaping the planning, commissioning and delivery of services. In January 2014 four cases which had been audited were reviewed by a multi-agency panel. The Panel agreed a number of actions which have been implemented:

1. All of the cases within this audit were referred to MASE for consideration and challenge against the risk assessments.

2. The MASE Terms of Reference were updated and a one minute guide was written to support the referral process to MASE.
3. A Joint CSE Surgery provided by the Police and the LBB co-ordinator was set up for professionals to discuss cases and the results were recorded on the casework system.
4. A CSE guide has been developed and will be published in 2015/16.
5. A CSE data set has been agreed and will be developed in 2015/16.

The audit has informed the on-going development of the CSE Strategy and Action Plan, and has secured improvement to frontline multi-agency safeguarding practice and provision of services.

Challenge

Reports to the Board

During 2013/14 the Board has received annual reports from partners (see below) and taken the opportunity to challenge safeguarding practice. Any actions are captured and included in the Board's 'action tracker' to ensure that there is a systematic audit trail.

Agencies Providing a Report to the Board	Meeting 2014/15
Childrens Trust	April
MASE LBB Youth & Community	July
Safeguarding Adults Board LBB Early Intervention MASE Private Fostering LADO MASH	October
Health and Wellbeing Board Substance Misuse Barnet, Enfield & Haringey Mental Health Trust	February

Areas of Challenge

A key function of the Board is to provide a range of mechanisms for partners to challenge safeguarding practice. In addition to the annual reports, the following provides an example of the range of challenges made by the Board and sub-groups.

Forum	Challenge
Chair	Funding of LSCB across London by MOPAC.
	CCG/NHS to fund IRIS training for GPs.
	Understanding performance and the difference the Board is making (new data set – see below).

BSCB	Effectiveness of CDOP.
	Police disruption effectiveness in relation to CSE perpetrators.
Business Management Group	Attendance at meetings.
	Council application of thresholds.
	MASH domestic violence information sharing.
SCR	How the voice of the child could be heard.
	The understanding of staff at the Beacon Centre in relation to the LADO function.
PQA	Questioning the police use of Abduction Notices.
	The flagging of CSE on the Council's case system (ICS).

Development of a performance framework for BSC Board

A further opportunity has been developed to support the Safeguarding Children Board to progress against its four priority areas. In order to ensure that all partners deliver services and intervention against agreed outcomes in the four priority areas, a performance framework and dashboard will be developed which will set out the prevalence, key issues and progress in these areas. The dashboard will be fully developed and implemented during 2015-16.

The Board has continued to consider existing performance data covering neglect, domestic violence and CSE.

8. Improve how we Capture the Engagement of Children and Practitioners

Voice of the Child

This is an important period for the Voice of the Child Team and its participation work. The recently published LBB Voice of the Child Strategy Action Plan 2015–2017 attempts for the first time to place a robust performance management framework over the delivery of the team's work. This work is linked to clear aims and objectives, in order to improve the participation of children and young people within key decision making processes. In essence, our vision is that in Barnet all children and young people will have the opportunity to participate in decisions which affect their lives.

BSCB has undertaken and supported a number of projects with children and young people, to gain an understanding of their experiences of Barnet's services and of their concerns regarding the safeguarding issues that affect them. We have a number of ways in which children and young people in Barnet make their views known, and all have worked collaboratively with BSCB over the past year.

Barnet Youth Board

The Barnet Youth Board is made up of representatives aged 11-19 from Barnet's schools, as well as from community and faith groups. Its purpose is to be the voice of young people in Barnet, to have a say in and influence decisions and local policies that affect young people, to promote and celebrate the achievements of the Barnet Youth Board and young people, and to support the work of Barnet's members of UK Youth Parliament and influence national policy. This year, the Barnet Youth Board has pro-actively contributed to the production of the BSCB plan, by working with the Board to identify and improve the four key priorities of CSE, e-Safety, Domestic Violence and Neglect. Barnet Youth board has also contributed to:

- Shaping the strategic response to gang activity within the borough and identifying ways to tackle serious youth violence.
- Improving the CAMHS provision and helping commissioners understand what the priorities are.
- The Children's Trust Board by way of informing senior officials across the partnership what, in their view, the key priorities should be.

The Role Model Army

Role Model Army (RMA) is the name given to the Children in Care Council. It is a team of children and young people from different backgrounds advocating for, providing support to and representing the views of young people in and leaving care.

The RMA:

- Provides young people aged under 21 in and leaving care the opportunity to have a say on decisions that affect them.
- Seeks to ensure the care Barnet young people receive is the best possible.
- Represents the views of children and young people in the care system.
- Provides on-going support to children and young people involved with the group to contribute to the community through volunteering.
- Empowers children and young people in care to reach their full potential.

Youth Shield

Youth Shield is Barnet's very well-regarded Youth Safeguarding Panel that has won an award at the London Safeguarding Children board and was commended for its work at the full council meeting. It plays an active role in the BSCB, enhances the effectiveness of the main Board, sub-groups and task groups and provides challenge to the main Board to ‘up its game’ across a wide variety of issues. Its members attend BSCB meetings and introduce the child’s voice right into the heart of the Board’s business. They also run a number of peer-to-peer surveys to inform decision-making on wider strategies, peer-to-peer training and peer led workshops that offer help and advice where non-peers can have little impact. E-safety, healthy relationships, domestic violence and relations with the Police are areas where Youth Shield has shown leadership. Their active involvement in safeguarding has strengthened the platform for children and young people in Barnet.

9. Interagency Focus on Key Vulnerable Safeguarding Risk Groups

Children who go Missing

Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, nationally it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risk of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation such as violent crime, gang exploitation, or drug and alcohol misuse.

Every 'missing' episode should attract proper attention from the professionals involved with the child. Those professionals must collaborate to ensure a consistent and coherent response is given to the child on their return, and that parents and carers are supported appropriately. The Police will be frequent partners of Barnet Family Services in managing 'missing' episodes, and the importance of staff in both agencies working together cannot be over-emphasised. The table below shows the number of missing children in 2014/15.

Date: 2014 to 2015	**Number of Children Missing From:**			
	Family home	Children looked after by Barnet and placed in Barnet	Children looked after by Barnet and placed outside the area	Children looked after by other local authorities but placed in Barnet
Missing	15	13	30	71
Absent	4	7	13	6

Childrens Social Care is currently revising the missing strategy and procedure and have introduced a weekly report, which is explained below.

Preventing and Responding to Missing Children

Data on missing children from home and care is collated using information from the Police and Social Care reports to ensure that every episode is identified and where necessary, preventive action is taken. A weekly missing report highlights all reported cases in Barnet where children have been categorised as missing or absent, together with the circumstances. The report also provides a risk assessment of each case, an update, and current status on the case, as well as recommendations and actions.

The aim is for the report to provide a snapshot and risk assessment of the cases at any given week and to allow Children's Social Care to monitor and analyse the missing and absent cases.

All children missing or frequently absent from home or care are offered an independent return home interview, which seeks to provide a better understanding of why the child is going missing. Key areas for improvement during 2015/16 are the delivery of these interviews, improving the recording of missing episodes, and effective prevention.

Private Fostering

The BSCB has developed policies and procedures for safeguarding and promoting the welfare of children in Barnet, including the safety and welfare of children who are privately fostered. A private fostering arrangement is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more in any given period. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

In Barnet, we are aware of this issue. The numbers of privately fostered children registered with Children's Social Care is monitored at the PQA meeting, and comparative figures have been obtained for London councils. Some investigative work commenced with regard to best practice, which continued in 2014-15.

We raised awareness with promotional flyers during the annual safeguarding month, ensuring that all new Head Teachers were briefed and given information leaflets on private fostering. With some schools, progress has been made and notifications have been received, including one independent school, where good links have been established with the bursar and Children's Social Care. The fostering team has met with some schools and raised awareness, particularly with regard to the arrangements for new international students.

The local authority's Children's Social Care teams have posted scenarios in offices to raise awareness and understanding of private fostering arrangements.

In 2014-15, we received 28 notifications of new private fostering arrangements. In 93% of these cases, the local authority undertook statutory visits in the required timescales, and ascertained that 27 were continuing arrangements in place before 1st April 2014, 5 new arrangements were put in place during the year, and 32 arrangements were ended during the year. As of 31st March 2015, there were 20 children under private fostering arrangements.

Managing Allegations against Professionals

BSCB retains an oversight of the processes and systems that employers use to deal with allegations, and is keen to ensure that the (Local Authority Designated Officer) system in Barnet is effective in protecting children and being fair to staff. All allegations involving staff, who work with children in Barnet, whether paid or volunteers, are referred to the LADO. The LADO's role is not to deal directly with those who have made the allegation or those who are the subject of the allegations, but to help employers record, investigate and deal with complaints concerning their staff's behaviour or actions with or towards children and young people.

The standards which employers should apply and on which the LADO provides advice are contained in Working Together to Safeguard Children (2013). It also provides a process to remove unsuitable people from working with children.

The LADO makes a full report to BSCB each year where discussion and in-depth analysis of the data takes place. This year has seen a small increase in the number of referrals compared to last year. The majority of the referrals have been regarding staff working in schools and early year settings. It is important that all agencies across the Borough ensure the procedures are implemented in regards to the management of allegations. This should contribute to a greater representation in the referrals across all of the settings and employers in the Borough who work with children.

A large proportion of the LADO work has been providing advice and support to settings, when allegations have arisen and then aren't substantiated. This year has seen an increase in the number of allegations substantiated. There have been five cases of individuals being dismissed, and 12 individuals referred to the Disclosure and Barring Service because of the level of risk presented to children, and two cases which resulted in a criminal conviction.

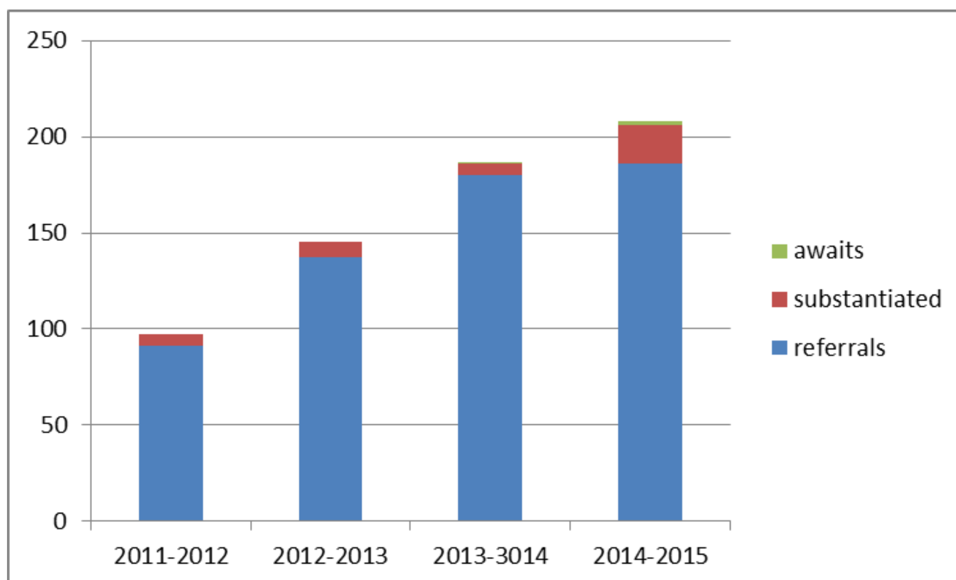


Figure 6: LADO referrals and most serious outcomes from April 2014 to March 2015

10. Progress Against Priorities and Key Achievements

Child Sexual Exploitation

The findings of Professor Alexis Jay's 2014 Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham have been widely publicised. The report documented sexual exploitation of children on a massive scale. In November 2014, Ofsted published the results of a thematic inspection to evaluate the effectiveness of eight local authorities' current response to CSE, and to set out the challenge facing agencies who have a responsibility to keep children and young people safe:

"Child sexual exploitation takes on many forms. It is not just confined to particular ethnic groups or parts of the country. It is inherently dangerous for any child protection agency to assume that they need not worry about this type of child abuse because the stereotypical offender or victim profile does not match their own local demographics. As others have pointed out, the sexual exploitation of children can take place anywhere."

Key learning of relevance to Barnet from these reports:

- Need for clear internal and interagency communications about the risks and indicators of CSE.
- Need for more frequent engagement with women and men from minority ethnic communities on the issue of CSE.
- Need for engagement with the business community on CSE.
- Need for recognition of the extent of CSE in local areas and the responsibility of Councils to tackle it.
- Local arrangements to tackle CSE are often poorly informed by local issues and self-assessment, and do not link up with other local strategic plans.
- The full range of powers to disrupt and prosecute perpetrators of CSE are not being utilised. Where powers are used strategically by the Police and local authorities, they are effective. However, low numbers of prosecutions are achieved compared to the number of allegations.
- Local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of CSE in their area.

On 3rd March 2015, the Government published its response to failures to protect children from sexual exploitation (CSE) in Rotherham. The Board is currently reviewing the Government's response to ensure that the priorities identified are embedded into our local strategy and action plan.

CSE in Barnet

The Council's Family Services have been collecting specific management data on CSE since 1st August 2013. The table below shows the number of referrals received by Barnet's Multi-Agency Safeguarding Hub (MASH) reporting concerns about CSE:

Period	Referrals
01/08/2013- 31/03/2014	14
01/04/2014- 31/01/2015	129

Figure: Shows the number of referrals to MASH.

The increase in referrals between 2013/14 and 2014/15 is likely to have been driven by increased awareness of the issue, arising from the impact of the Jay Report, which received wide media coverage as well as from the Board's programme to raise awareness of the risk of CSE across the local partnership. All children and young people identified as being at risk of, or subject to, CSE in Barnet are flagged by the MASH and referred to Social Care, where they receive a robust assessment by an allocated social worker, to determine risk levels and intervention needs. The Board has developed screening, assessment and risk management tools, which have been developed for this purpose.

The Board's Response to CSE

The Council has committed an additional £250,000 in 2015/16 for services to address the issues of CSE and serious youth violence, with a joined up governance structure, to ensure effective strategic oversight of the various operational initiatives. The Police have introduced a specialist central team which contributes to the work of the MASE.

The Board has:

- Jointly funded, with the Council, a CSE Co-ordinator to help develop structures and to support and improve practice across all agencies.
- Established a Multi-Agency Sexual Exploitation (MASE) panel to track, monitor and case review victims and perpetrators. There have been clear successes of children being protected, identified from MASE activity, including one perpetrator currently in custody pending trial.
- Supported the Council in establishing a strategic group to co-ordinate the response to CSE, Missing Children and Serious Youth Violence. The group provides updates to the Board, based on the support it provides in implementing the action plan.
- Supported Keeping Young People Safe (KYPS) in Burnt Oak and surrounding areas, in response to the data showing serious youth violence and CSE in the Burnt Oak and Grahame Park areas.
- Supported the Police in operation Makesafe which targets hotels, transport hubs, licensed premises and minicabs, to raise community and business awareness about the indicators being utilised by the perpetrators of CSE.
- Supported the MsUnderstood project with the University of Bedfordshire, to deliver a three year programme of work on peer-on-peer abuse.
- Tested our response by undertaking audits of CSE cases. The learning from these was used to inform the action plan and the work of the Co-ordinator.

- The CSE Co-ordinator is currently reviewing and risk assessing those children known to the local authority as being at risk of CSE, reporting in February 2015 that practice had improved on the cases being tracked.

CSE as a Board Priority

The BSCB has made CSE its top priority. The Board has been updating the CSE strategy and action plan for delivery in May 2015. They will be based on the following principles:

- Prevention: Reducing the risks of CSE for children and young people in Barnet through effective education and awareness raising, briefing councillors and within schools; identifying those children who are particularly vulnerable, undertaking preventative work to build resilience, and applying knowledge and intelligence to develop prevention strategies.
- Identification: Raising awareness amongst children, young people, parents and teachers to secure early identification, effective reporting and signposting to the correct support.
- Intervention & Support: Ensuring professionals have access to expert advice, relevant training, and they can evaluate risks. Furthermore, victims have the right support to build safe trusting relationships and regain control of their lives, ensuring that therapeutic and support services are available for all victims for as long as they need them.
- Disruption & Prosecution: Using intelligence to disrupt patterns of sexual exploitation and taking action to prosecute perpetrators.
- In June 2015, four young people who were subject to CSE will be consulted regarding 'how agencies can improve their response to CSE' – 'what helped' and 'what could improve our response'. A group of up to five young people will also be consulted with by targeted youth services.
- A mapping exercise has taken place and a tool kit is in the process of being finalised. This toolkit takes into consideration up to 82 indicators, which are contributing factors to CSE and youth violence. It provides a visual map of where future resources can be targeted to reduce incidences. This will be available from July 2015.

Neglect

We have recently started work on this priority by reviewing the picture of neglect in Barnet. National studies suggest that up to 10% of children in the UK suffer from neglect, for Barnet:

- 26% of Barnet's Children in Need have neglect as a primary need (47% nationally).
- 51% of Barnet's Child Protection cases have neglect as a primary factor (44% in England).
- 36% of Children in Care have neglect as a primary factor (over 50% nationally).

We have already incorporated incidences where we dealt with aspects of neglect through the Children and Young People's Plan, Health and Well Being Strategy and the Early Intervention Strategy. The task and finish group plans to:

- Revisit thresholds and audit cases that did not meet MASH thresholds and review what happened.
- Review good practice and in particular the Graded Care Profile.
- Review completed neglect cases to see if they re-entered the Police system.

Domestic Violence

The Domestic Violence and the Violence against Woman and Girls Board is a multi-agency group that the Board is linked with to ensure that their action plan reflects the impact of domestic violence on children. The BSCB Board's Chair is a member of this Board.During the year the Boards have:

- Using police data identified a rise in domestic violence and questioned whether there had been a matching response from Children's Social Care (CSC). The follow-up revealed that there had been an increase in referrals to CSC.
- Secured funding to support the roll-out of training to GP practices.
- Funded Youth Shield to provide relationship workshops for young people.
- Raised the profile within the MASH and MARAC of risks for children.
- Ensured that commissioned refuges can cater for families.
- Negotiated with Solace to provide services for 16-18 year old victims.

For 2015/16 the Board will prioritise:

- Roll-out of IRIS training.
- Further work to ensure the MARAC identifies children at risk.

eSafety

Speed of progress against this priority has been difficult due to the focus on CSE. A school survey was developed by the BSCB eSafety sub-group and completed in February 2015. The aim of this survey was to raise awareness, collate data and establish a baseline to gain a better understanding of the prevalence of e-safety issues in Barnet. The results of the survey will inform the next steps in the BSCB action plan, to improve performance in safeguarding and promote the welfare of children. The survey told us:

- Staff were aware of safeguarding systems and leads had been trained.
- MASH was becoming in-bedded as 77% had made referrals.
- Further work was needed for staff to recognise eSafety.

A sub-group has been set up to consider the survey, and develop a short-term action plan focused on supporting junior schools.

11. Partner Contribution to Safeguarding Children

London Borough of Barnet

Family Services has recently implemented a service transformation across the whole continuum of care from early intervention and youth and family support to social care, to ensure that Family Services is best configured to support children and young people to achieve positive outcomes, in line with quality assurance frameworks, including Ofsted, with a focus on reducing the changes of team/worker that families have.

The changes made to the organisational structure were to raise the quality of outcomes for children and families placing the Family Services Delivery Unit on a sustainable footing through:

- Close senior management oversight of frontline service delivery
- Strengthening the management arrangements for front line delivery teams
- Ensuring sufficient frontline social work capacity
- Further development of workforce skills
- Investment in quality assurance
- Streamlining processes and improving delivery

The transformation also contributes towards the overall financial savings approved by Council for the Medium Term Financial Strategy. The new structure was implemented on 1 April 2015 and early indications are that it is working well.

The Local Authority has put a great deal of effort and resources into ensuring that they are delivering a high quality service to victims of child sexual exploitation. This has been a key priority for the council as well as for the BSCB. The Local Authority has continued to fund a full time experienced CSE coordinator to drive forward our action plan and improve practice across the multi agency partnership. The Local Authority has also succeeded in a bid to Public Health to provide £40k to support CSE training within the borough. A large proportion of this funding will be spent on providing the highly regarded drama production, Chelsea's Choice, to key secondary schools in the borough and to train CSE Champions in all schools and other key agencies. In addition to this, a detailed training strategy covering CSE and Gangs has been produced and offers free training to all agencies. Each agency has been asked to identify a CSE lead who will take responsibility for ensuring all staff are trained in these key safeguarding areas.

Missing children has been another priority for the Local Authority who have drawn up a revised Missing Children Strategy and procedure for staff. An independent return home interview service has also been commissioned and will be provided from June

2015 by the Children's Society, an organisation with an excellent long track record of working with missing children. The local authority has achieved a good level of success with return interviews being completed in a large percentage of cases, greater than the national average of 25% completion rate. The Local Authority appointed a dedicated Missing Support Officer to embed the new procedures and train all family services staff. Missing children data and analysis is rigorously reported on weekly to the assistant director and there is excellent liaison between the police and social care around missing children.

The conference and review service remains a stable and high performing area of the council, with nearly 100% of child protection conferences and LAC reviews being completed within timescales. An initiative to increase the attendance and meaningful participation of children at their meetings has been successful and will continue into 2015/16.

The Local Authority has made significant developments in the areas of data and performance management over the last year. Staff and managers now have access to an excellent suite of management information including the interactive 'omniscope' tool which allows detailed analysis from service areas down to individual workers. A set of critical success factors has been developed which are reported monthly up to the Chief Executive and Director of Children's Services and all of these factors have been graded green in recent months as a result of the success in using data to drive up performance.

Barnet Family Services is currently experiencing a challenge in recruiting and retaining experienced, qualified social workers within Children's Social Care, part of the Family Services Delivery Unit. Barnet Family Services vacancy rate is at the outer London average. However, there is a risk is that the vacancy rate in social care leads to inconsistency of practice which in turn constrains the outcomes that can be achieved for children and families.

Currently vacant posts are being filled with agency staff. However, ensuring there is continuity of social work support for children and young people is important to secure good outcomes for children. Experienced social workers are more able to deliver effective interventions and take appropriate action to protect vulnerable young people, as well as controlling costs and effectively using resources.
A review has been undertaken to understand vacancy rates in Barnet. A Recruitment and Workforce Board project is in place to address the vacancy rate. It is clear that remuneration is a key factor affecting recruitment and retention. Benchmarking against other outer London authorities indicates that Barnet was offering the third-lowest total remuneration package and is in the lower-quartile for London. To address this, proposals were presented to and accepted by Council Members to increase the market factor supplement offer for social work roles, focussed on hard-to-recruit teams. A new recruitment campaign is planned from September 2015. A set of recruitment KPIs are in place which will enable close monitoring of vacancy rates.

As part of the service transformation a comprehensive learning and development needs analysis has been undertaken in order to identify the broad spectrum of development needs across the service for all practitioners and support staff. A

revised learning and development plan is being put in place to help deliver the skills gaps identified and to support retention of staff.

The recruitment and retention work outlined above is supplemented by a Quality Assurance framework which supports the effective delivery of improvements to practice. The findings from this activity and the feedback from the Principal Social Worker drives service improvement to enable better outcomes for our children and young people.

The Quality Assurance framework is made up of three key elements:

- Case file audit
- Thematic audit
- Case reviews

The framework spans all elements of the child's journey, with a clear governance structure around the tracking of audit improvement actions and longer term service improvement activities. This framework is a key enabler to improve the consistency and quality of practice.

Extensive audit and quality assurance activity continues throughout the whole of family services and includes direct observation, individual and themed audits and consultation with families and other agencies. Feedback is used to drive service development and improvement. The voice of the child is central to all of our quality assurance activity.

Youth Offending Service (YOS)

The YOS is part of the LBB Family Services Division. In July 2014 Her Majesty's Inspectorate of Probation (HMIP) carried out a Short Quality Screening (SQS) of youth offending work in Barnet. They found that there had been a significant improvement in performance in all aspects of the work of the Youth Offending Team (YOT) since their last inspection in September 2011 and stated that they were now "confident that Barnet has a well-performing YOT". In particular HMIP examine performance in relation to "protecting the child or young person". They found that in the majority of cases, the assessment of vulnerability and safeguarding was well done and that suitable plans were put in place to safeguard young people at the start of their orders. Inspectors also found consistent evidence of good multi-agency working with Children's Social Care including joint planning meetings undertaken as required. All case managers were aware of local policies and procedures as well as the rights of Looked After Children. Case managers ensured that these children and young people received the support to which they were entitled. HMIP also commented that management oversight was sufficient to ensure that the case managers were supported in ensuring children and young people were kept safe, even in very challenging circumstances.

Barnet is also regarded by the Youth Justice Board as being an effective YOS in terms of reducing reoffending and reducing the numbers of first time entrants to the youth justice system. The absence of further serious incidents, despite having to

manage a much more complex and challenging cohort of young people, is further evidence of the way in which YOS practitioners safeguard those under their supervision.

Feedback from service users, provided via HMIP, states that 70% of young people felt they were less likely to offend in the future as a result of their contact with the YOS.

Barnet's Youth Justice Plan 2014-16 has been described by the Youth Justice Board as a "good" report. This sets out the strategic priorities for the YOS which mirror the HMIP key areas, one of which is protecting the child or young person.

In terms of the wider service, the integration of the YOS, Youth Service and previous Intensive Family Focus teams is delivering more joined up and targeted work with Barnet's complex families. A relentless focus on improved parenting is supporting families to safeguard their children and teenagers even in the face of increased concerns around CSE, gangs, and radicalisation.

The Youth Service, in partnership with police, YOS and family support teams is identifying a cohort of young people who are at risk of being affected by gang activity. These young people will be targeted for preventative work including positive activities and support to remain engaged, or to re-engage, with education.

Learning from an SCR, and Critical Learning Reviews arising from a spate of incidents in 2013 continues to inform service planning and highlights the importance of tackling neglect at the earliest stage, the vulnerability of some children at the secondary transition stage and especially for BME young men.

The development of a Gangs Risk Matrix screening tool will enable professionals working with children and young people to identify those who may be at risk of gang activity and to aid decision-making about referring to MASH for social care intervention or to trigger a CAF which in turn will allow youth and family support services to be provided to those in need.

The multi-agency gangs and serious youth violence panel continues to be an effective forum for information sharing and action planning around gang activity. This group regularly reports to the statutory YOT Management Board known as Youth Justice Matters, with exception reporting to the strategic CSE, Missing and Gangs group.

Finally, the YOS is a key agency in terms of safeguarding young people at risk from radicalisation. The Head of Service is currently delivering the Home Office Prevent training to groups of staff and external agencies. The YOS is effective in recognising those young people who may be vulnerable to radicalisation and refer to Channel when necessary.

Barnet Police

Police on the borough provide a consistent strategic lead to support the work of the Board. In relation to the Boards priorities we have:

- CSE

The MPS has worked with key partners in the MASE meetings to identify vulnerable persons at an early stage and for work to be undertaken with individuals to ensure their safety. Partners at the meeting are challenged to prevent and manage the risks and concerns identified. There are clearer lines of communication with all partners even outside of the MASE meetings and supportive working relationships ensuring intelligence is shared effectively.

The strategic lead has worked with the CSE, Missing and Gangs Strategic Group to ensure that missing persons investigations relating to children are progressed effectively and working with partnership agencies to assist where possible. This has resulted in the development of the return from missing interviews being commissioned by the LBB to an outside charity, which has improved the quality of the engagement from the young person and the information received as a consequence. This has developed understanding of the issues and provided new avenues of engagement with the young person.

The MPS has used their enforcement powers against individuals eg Child Abduction Notices and arrested individuals who have kept children away from care; in order to find missing persons and individuals at risk from CSE. There has been a successful use of Interim Sexual Harm Prevention Orders in addition to the use of notification requirements from the 2003 Sexual Offences Act. We will continue to develop the use of these powers.

The MPS have completed plans for individuals who may be vulnerable from CSE activity. The existence of the plan is flagged on the Police National Computer and highlights to any immediate safeguarding action they should take if they have contact with the individual.

In addition the above work, the MPS has engaged with partners for several strategic reviews on young people who go missing on a regular basis in order to find better pathways in supporting and dealing with them.

- Domestic abuse

The MPS continues to work with a wide range of partners in relation to DA issues and to tackle the impact on individuals who are directly affected by DA and the children of the family. This has seen improved referral pathways thorough the MASH and clarity around the referral thresholds with agreed actions from partner agencies.

- E safety

The MPS has worked with partners in both the prevention and detection of offences. Schools officers have worked with the school's safeguarding leads to ensure that key safety messages are delivered within the schools. Also offences that have been reported have been sensitively investigated, appropriate actions taken in consultation with all parties and partners.

- Neglect

All officers on the Borough have undertaken training in the topics of FGM, vulnerability assessments and protecting children against faith abuse. As a

consequence officers have identified cases where children have been subject to neglect/abuse due to faith and investigations against the perpetrators are being progressed.

London Fire Brigade

Both adult and children Safeguarding polices are currently under review by the central Community Safety Development Team to reflect the changes in the Care Act. Work is underway to update data transfer methods, which include a new web-based referral form which will encourage accuracy and provide a better system of record keeping. Using the new system will help to identify safeguarding trends pan London, as well as those who have been previously referred.

All operational and frontline CS staff currently receive Safeguarding training and by the end of 2015 all staff will receive training, with the completion of a new training package.

The LFB played an active involvement by:

- All staff in the borough to engage with all partners at the Police-organised Operation Mercury, where we targeted all of our resources at vulnerable individuals.
- Our involvements in the Domestic Violence MARAC. We regularly provide bespoke fire safety advice to the victims of domestic violence and we will provide and fit arson-proof letterboxes where they are required.
- Any involvement we have with the children, whether that be through an operational commitment or through our community safety activity, where we consider their health and wellbeing is affected we will refer the individual through the MASH for assessment.

Community Rehabilitation Company

In January 2015, the London Community Rehabilitation Company (CRC) implemented a revised Safeguarding Children Performance Framework. The framework has been designed to measure and demonstrate how the CRC is completing all critical routine tasks in relation to safeguarding children practice.

The framework has a number of key measures. The table below shows four of the areas that they are reporting against:

	19/01/2015	23/04/2015	Target
Community & Licence Cases with an Initial Safeguarding Check Contact with SSD	15.4%	72.3%	60%
Community & Licence Cases with a Safeguarding Response to initial check from SSD	8.4%	33.9%	60%
Community & Licence Cases with a risk to children indicator that have had Management Oversight	20.0%	71.4%	60%
Community & Licence Cases with a risk to children indicator that have had a Home Visit Completed	0.0%	5.7%	60%

These measures are newly implemented, and the comparison between January and April's data evidences a significant improvement. Work is continuing locally to improve this data, and new processes are being implemented to ensure that every new case allocated within the CRC has a Social Services initial check completed. Discussions are ongoing with the Barnet Social Services department to agree a process to improve the return of information from the initial checks. Home visits are an integral part of the CRC risk assessment process, and there is a clear expectation that staff will complete them when there are safeguarding issues. The current changes within the London CRC, implemented to create a more agile workforce, will help to support this expectation and therefore see an improvement in performance.

London Probation

Safeguarding children continues to be a priority for the National Probation Service. Since the split into Community Rehabilitation Companies (CRC) and the National Probation Service (NPS), there has been a delay in getting adequate information from head office with regards to local team performances. As Barnet is part of a cluster with Brent and Enfield, it is difficult to get a local picture for direct details around safeguarding for the borough. However, as more staff are employed, it is unlikely that this will be an ongoing issue and more performance information (including information related to safeguarding) will be able to be broken down and provided in the near future.

Our case management system (Ndelius) is now collating different codes for safeguarding checks with social services. As staff get used to the new processes the numbers of checks are improving, and this is helped by good links with Barnet MASH. More work needs to be undertaken for staff to ensure that they understand the pressures and difficulties social workers face. Similarly social workers would benefit from a greater understanding of the work of probation officers. Probation are keen to implement a process of shadowing to enable this to happen, but this has been delayed due to the Transforming Rehabilitation changes probation went through in 2014/15.

Throughout safeguarding month in November 2014, all staff were required to check each one of their cases and report back to the Assistant Chief Officer that they were satisfied that there were no outstanding safeguarding issues which required

addressing. This exercise was a great success in reminding staff of the importance of safeguarding, and will be an exercise undertaken every November.

Barnet probation are very keen on emulating the successful pilot in Enfield, which allowed probation staff access to the social services 'Liquid Logic' case management system (read only, front page only). This enhanced the speed of safeguarding checks and the links between social services and probation officers. As Barnet has Hendon Magistrates Court in its locality, this kind of innovation and use of technology can greatly help speed up court assessments and help ensure that social workers have up to date information about any court appearances.

Barnet probation staff will now be reminded on a monthly basis about local training opportunities available to them through the Children’s Workforce Development Team - this reminder was previously once a year and so often training opportunities would be missed.

Further to a Section 11 audit in November 2014 a new action for all staff to consider is, when recalling an offender to custody, to consider the possible implications of this on their children and to ensure information about returning to custody is shared as required.

Royal Free London NHS Foundation Trust

Since the acquisition of Barnet and Chase Farm hospitals in 2014, we have continued to build on the strong foundations of safeguarding that were already in place. Our commitment to safeguarding children has been demonstrated through the development of a forward looking safeguarding strategy, which aims to achieve excellence in practice. Our strategy sets out how we plan to drive forward our safeguarding activities and our reputation over the next three years.

Our safeguarding strategy acknowledges the requirement of the Royal Free London NHS Foundation Trust to ensure there is Board level focus on the needs of patient safety and that safeguarding is an integral part of the governance framework. To this end, we have a newly formed Integrated Safeguarding Committee, which reports into the Trust board. We have further developed the role of the Lead Nurse for Safeguarding Children, which is supported by safeguarding midwives and safeguarding children advisors. Safeguarding children activity is monitored, and we can demonstrate that we respond effectively to early help and child protection issues.

We recognise that safeguarding is a shared responsibility with a need for effective joint working between partner agencies and professionals. In order to do this, we are committed to working closely with others, to ensure that all the services we provide connect with our duty to protect children and young people from harm or abuse. Our safeguarding strategy and associated work plan has been developed to ensure that the priority issues of Barnet Safeguarding Children Board (domestic abuse, child sexual exploitation, neglect and e-safety) are clearly defined in our work plan.

As a health care provider, we are required to demonstrate that we have strong safeguarding leadership and a commitment to safeguarding at all levels of the organisation. This includes safe recruitment practices, effective safeguarding

children training for all staff, effective supervision arrangements, and the identification of named safeguarding leads. We have ensured that we have a robust safeguarding children policy and that staff know how to raise a concern; and that a culture exists where safeguarding really is everybody's business. This means that safeguarding children is viewed as an individual responsibility for all of our staff, as well as an organisation priority.

Barnet Clinical Commissioning Group (CCG)

NHS Barnet CCG is represented on the Barnet Children's Safeguarding Board by the Designated Nurse and Doctor for Safeguarding Children. The Named General Practitioner for Safeguarding Children is also engaged with the work of the Board, and provides effective support to both local health practitioners and social care professionals in matters relating to Primary Care.

The CCG are the lead commissioners for the Royal Free Hospital Trust and the Central London Healthcare Trust in Barnet. They also commission services from the Barnet, Enfield and Haringey Mental Health Trust and the East London Foundation Trust. However the Designated Nurse / Doctor and Named General Practitioner continue to support services across the Barnet Health Providers.

The contribution of these provider services to children's safeguarding are reviewed by the CCG, within its contractual arrangements, and within clinical quality review meetings and the Children's Safeguarding group. Providers submit quarterly safeguarding statistics to the CCG, which include staff training and audit information.

The CCG Designated and Named Professionals also provide support to the multi-agency partnership, regarding follow-up and collation of required information across the health economy in Barnet.

Both the CCG Quality Team and the Safeguarding Team have worked with the Royal Free Hospital Trust, to ensure that the acquisition of Barnet and Chase Farm Hospitals was a safe process for local children and families. Quality reports provided to the CCG on a monthly basis highlight trends and any safeguarding issues which may arise within acute providers.

Since the inception of the CCG, the local General Practice Service has been commissioned by NHS England. However due to the CCG Board considering relinquishing responsibilities for GP safeguarding training (without other arrangements being in place), it is thought to be a considerable risk for Barnet residents. The CCG have therefore continued to provide Safeguarding training for GPs. This training has been widely taken up, and has improved both GP engagement in safeguarding and better understanding of information sharing

requirements in relation to safeguarding. The resources required for this process are significant and have been recognised by the CCG Board.

This resulted in the CCG, in partnership with Barnet Public Health, funding two multi-agency conferences, which addressed both BSCB priorities and other current issues in safeguarding, highlighted by both the government and the media, i.e. Child Sexual Exploitation, Female Genital Mutilation and the impact of domestic violence on families.

The conferences were very well attended by health professionals and other members of the multi-agency partnership, and it is anticipated that this sharing of learning will lead to a better understanding of the difficulties faced by members of differing professions when working with children and adults at risk of harm.

The Designated Nurse / Doctor and Named GP have also taken the lead in development of a task and finish group. They hope to ascertain how, on identification of a victim of Female Genital Mutilation, they ensure that the woman is aware of the illegalities of the procedure in the United Kingdom. A risk assessment and follow-up process is being developed with the Safeguarding Board's support.

Central London Community Care

The Central London Community Health Care (CLCH) NHS Trust is committed to ensuring that children and young people receive healthcare in safe and secure environments, and are cared for by staff who are trained to the appropriate level for their role and understand their responsibilities with regard to safeguarding.

CLCH's Safeguarding Children Service in Barnet is a nurse-led service, directed by a Named Nurse for Child Protection and supported by Child Protection Advisors. The team is managed by the Head of Safeguarding who reports directly to the Chief Nurse, who is the Executive Board Lead for Safeguarding. The CLCH Board receives an annual safeguarding report and a mid-year update. Safeguarding performance metrics include; attendance by CLCH Health Practitioners at child protection case conferences, level of compliance with regard to child protection supervision, safeguarding training compliance, and attendance at multi-agency panels – MARAC/MASE.

For attendance of CLCH health practitioners at child protection case conferences, performance remains high, exceeding 90%.

Training compliance for level 2 and level 3 safeguarding children is over 90%, however level 1 has not met our target of 90%.

Safeguarding supervision compliance at the end of the year was 100% across health visiting, school nursing and allied health professionals.

CLCH attendance at multi-agency panels MASE, MARAC and MAPPA was 100% throughout 2014/15. CLCH attends the BSCB and contributes to the work of the sub-groups.

Barnet, Enfield and Haringey Mental Health Trust

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), including Enfield Community Services (ECS), provide integrated mental health and community services for adults and children of all ages across Barnet, Enfield and Haringey. To assure governance and accountability for the Trust, there are robust structures in place, a safeguarding team and policies that support staff to fulfil their statutory responsibility. The Trust attends Barnet Safeguarding Children's Board and works in partnership to support the aims and priorities of the Board and the sub-groups.

The Executive Director of Nursing Quality is the Executive Lead for Safeguarding Children in the Trust. The Trust has a Safeguarding Team structure that incorporates the Head of Safeguarding People, the Safeguarding Children Lead and the Safeguarding Adults Lead. Within each borough there is also a borough-based Named Nurse and Named Doctor.

Over the past year, the safeguarding arrangements within all areas of the Trust have continued to be strengthened with excellent partnership working, with both internal and external agencies. In response to the revised Safeguarding Intercollegiate Document, (2014) there has been a greater focus on the training needs of all staff to ensure that they have the knowledge and skills to report any child protection concerns appropriately and timely to promote the welfare of all children.

The Safeguarding Annual Report and Work Plan continues to be developed on a yearly basis, for presentation at the Trust Quality and Safety Committee, and at the Trust Board. The Trust ensures a Safeguarding Children Committee is held quarterly, chaired by the Executive Lead and attended by assistant directors from each service line, or their representatives and safeguarding leads from within the Trust and local authority, and designated nurses (CCG).

The safeguarding champions meeting in Barnet CAMHS is well established and creates an opportunity to discuss safeguarding issues and promote best practice. Information is then cascaded to staff at a local level.

During 2014/15:

- Embedding the safeguarding leads and champions meetings due to changes to structures and members.
- Continued the LBB/BEHMHT (CAMHS and Adult services) interface meeting between clinicians and the local authority safeguarding to discuss progress against the Board`s agenda locally.
- Contributed to and run workshops within the LBB safeguarding month.
- Run a combined adult and children`s safeguarding surgery each month in the Trust which is well received and utilised by staff.
- Ensured referrals regarding concerns for a child or young person (unborn to 18 years), or where it is felt they would benefit from additional support, are processed at a single point of entry within the Multi-agency Safeguarding Hub (MASH).
- Ensure CAMHS practitioners create opportunities to identify vulnerability or those at risk when working directly with the young person. They routinely offer a service to every family if in agreement.

- Follow a Did Not Attend and Was Not Brought In (DNA/WNBI) policy if a young person does not attend appointments. The quality of the service is measured through qualitative feedback boxes in waiting areas.
- The Child and Adolescent Mental Health Service teams work collaboratively with schools to raise awareness of key issues. There is a primary and secondary project available to young people that provides therapeutic input.
- The Children and Young People - Improving Access to Psychological Therapies service operates a session by session outcome monitoring, focussed on child and parent experience of their intervention.
- An out of emergency CAMHS rota is in operation where a child psychiatrist will carry out mental health assessments. There is an adolescent service for the older age group that provides outreach service to the young person's home.
- A weekly parent support group is in Barnet for infants born prematurely and at risk of long-term neuro-developmental delay.

The Beacon Centre is a Tier 4 CAMHS inpatient unit for vulnerable young people where we have;

- A community group that meets weekly to address what has gone well and what could be improved. The main focus is on hearing the voice of the young person.
- Established protocols working closely with the Northgate Pupil Referral Unit.
- Run a bespoke training on Mental Capacity/DoLS and MHA for the Beacon Unit team (Tier 4 CAMHS).

CAFCAS

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families.

Cafcass' statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to "safeguard and promote the welfare of children". Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

The vast majority of our public law work involves local authority care applications. We continue to allocate all public law cases in a timely way in line with our key performance indicators.

Our private law work usually involves disputes following parental separation. Routinely we are tasked with making recommendations about where a child should live or how often they should spend time with their parents. Safeguarding issues are central to our recommendations. We continue to perform well against our key performance indicators in this area of our work.

Effectiveness of Safeguarding Arrangements

A key focus during 2014/15 was continued improvement following our "good" Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children's best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all of the following actions, amongst others, had been met:

To improve the minority of safeguarding letters which are not yet fit for purpose: this has been met;

Ensure that in all private law work casework begins as early as possible once a Family Court Adviser (FCA) has been allocated: this has been met;

Improve the percentage of "good" work in private law work after first hearing (WAFH) in London: this has been met;

Improve further the analysis in the report to the court and ensure that all relevant information is pulled through in to the report based on research: this has been met.

Responding to emerging issues

We continue to respond to, and facilitate, developments within the family justice system and in particular the move, in private law towards supporting parents, where possible, to make safe decisions outside of court proceedings. We are currently piloting a programme announced by the MoJ, to provide advice and to encourage out of court pathways for separating parents, where it is safe to do so. The supporting separating parents in dispute (SSPID) helpline was launched in November 2014. Callers are put through to a Cafcass practitioner who can talk through the difficulties of separation, offering support, guidance, and information. We also ran a six month pilot of a safeguarding advisory support service for mediators, aimed at providing support in cases featuring child protection concerns.

A significant emerging issue in recent years has been child sexual exploitation (CSE), We are implementing a CSE strategy which involves consolidating systems to capture data on CSE in cases known to us; providing mandatory training on CSE to our staff, running workshops to increase awareness; reviewing policy guidance to staff; creating dedicated management time to support the delivery of the strategy at a national level; and creating CSE ambassadors within each service area.

Youth Shield

Youth Shield is Barnet's very well-regarded Youth Safeguarding Panel that has won an award at the London Safeguarding Children Board. It plays an active role on the BSCB, enhances the effectiveness of the main board, sub-groups and task groups and provides challenge across a wide variety of issues. Its members attend BSCB meetings and introduce the child's voice right into the heart of the Board's business. It meets monthly.

Youth Shield have delivered peer led training, raising awareness about healthy and unhealthy relationships, covering domestic abuse and child sexual exploitation for participants aged 14-18 around the borough. 38 sessions were delivered to over 700 young people in schools and youth settings predominantly in the west of the borough.

Youth Shield produced a help card to be distributed to participants of the workshops containing local and national numbers to contact for support.

Key concerns for young people in Barnet based on feedback from the training came back as:

- Healthy relationships.
- Drugs and Alcohol.
- Gangs.
- Bullying.
- Online/Social media safety.

Youth Shield have run a number of peer-to-peer surveys to inform decision-making on wider strategies including focus groups around Self Harm and the Police and Youth Services Survey which focused on attitudes of young people towards the Police.

They have been involved in consultations to make the CAF process and paperwork more accessible for young people.

12. Activity of Sub-Groups

Child Death Overview Panel

BSCB has procedures in place to ensure there is a co-ordinated response by the local authority, partners and other relevant persons whenever a child normally resident in Barnet dies.
CDOP is required to collect and collate an agreed national minimum dataset on each child who has died which is returned to Department for Education (DfE). Findings from all child deaths are aggregated to inform local strategic planning, including the local Joint Strategic Needs Assessment, on how best to safeguard and promote the welfare of children.

Between April 2014 and March 2015, CDOP was notified of 26 deaths of children who were resident in Barnet. This report looks at the number of cases reviewed by the panel during this period which was 27; these include cases from previous years (mainly because it may take a number of months to gather sufficient information to fully review a child's death.)
In cases of sudden or unexpected deaths, there is a rapid response by a group of key professionals from across all the agencies whose job it is to deal with immediate issues, care for the family and undertake early investigation and review the circumstances of the death. In the vast majority of such cases there is a coroner's inquest. In 2014/15, 9 of the 27 cases (33%) reviewed were unexpected. This has increased from last year where there were 3 (19%). The figure shows the total number of cases reviewed per year since 2008/9 and the proportion that were unexpected deaths.

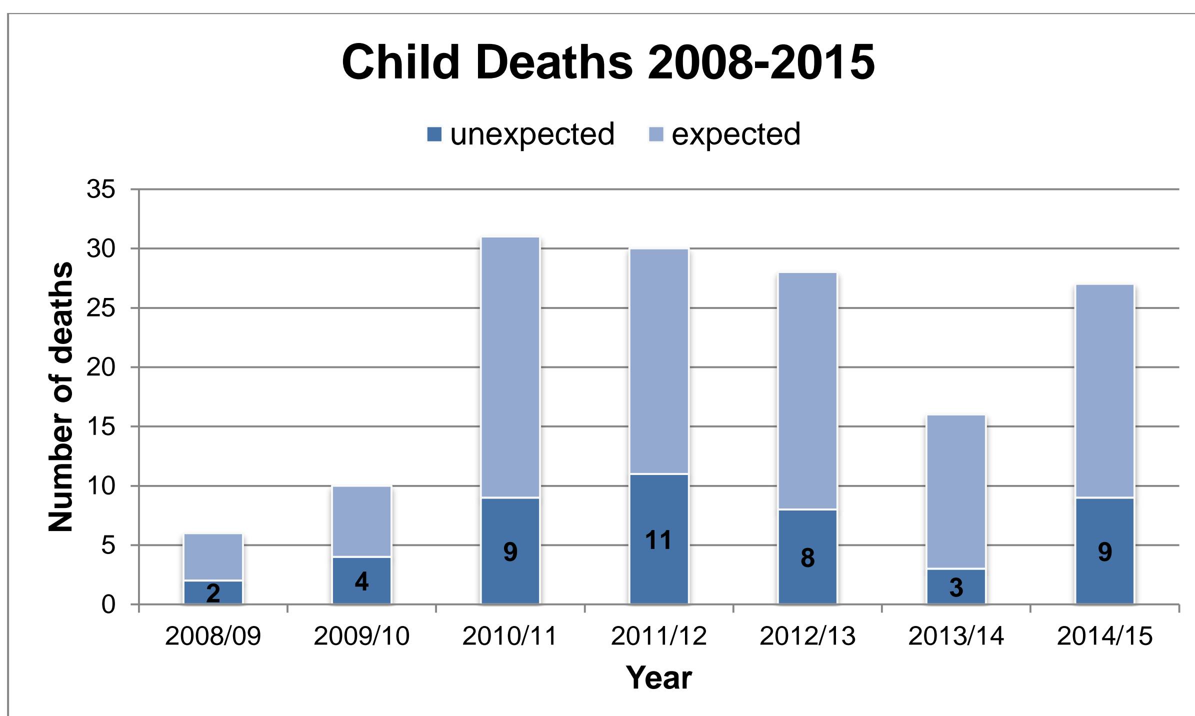


Figure: Number of cases reviewed

Analysis of cases reviewed between April 2014 and March 2015

It should be noted, that due to the small numbers of deaths, the interpretation of the analysis is limited in terms of identifying trends and patterns on an annual basis and the associated statistical inference. Informative comparison of Barnet child deaths with other areas, including England as a whole is hampered by the lack of a well-designed national data analysis system. The annual CDOP statistics published by the Department for Education (DfE) focus on the administrative or process reporting of CDOP work or adopt a different format of reporting, and are of limited value as comparators from a local epidemiological perspective. However, where there are feasible comparisons between national DfE findings and Barnet, these are referred to in this report.

Out of the 27 cases reviewed, 10 were male (37%) and 17 female, which is similar to last year. This is different to the national picture which shows more males (57%) than females.

Most deaths are in the first year of life and this has been the trend in Barnet, however in 2014/15, 30% of deaths reviewed in 14/15 were in in age group 1-4 years and 30% were in the first year of life.

Barnet CDOP panel uses the nationally agreed classification for categorising the cases it considers. There are ten categories which are ranked hierarchically. The main category of death was chromosomal, genetic and congenital abnormalities. This is different from previous year where it has been perinatal.

Since 2011, CDOPs have been required to look at whether there were any modifiable factors amongst the deaths rather than if they were preventable. A modifiable death is defined where there are factors which may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

Six cases had modifiable factors, of which 4 were unexpected deaths.

The figure shows the total number of cases reviewed per year since 2008/09 and the proportion that had modifiable factors.

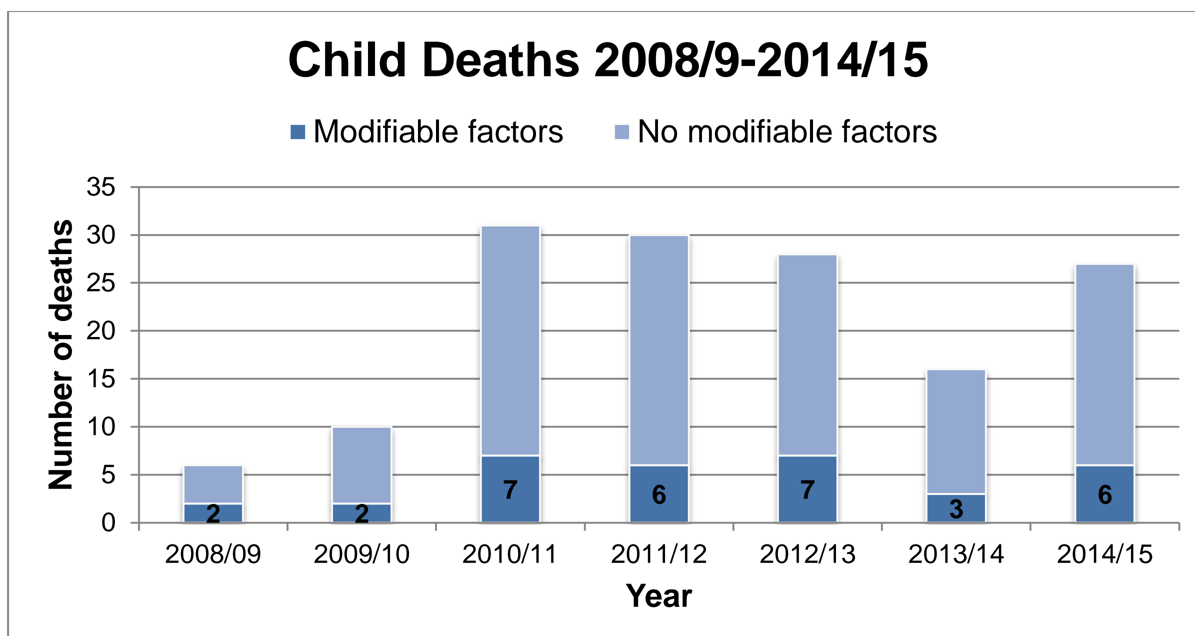


Figure: Total number of cases reviewed per year since 2009/10 and the number that had modifiable factors.

Due to the small numbers of modifiable deaths, there was no discernible pattern in the modifiable factors identified.

Response by CDOP included a recommendation for a multi-agency review; peer review of pre and post op surgical care, health promotion by health visitors around bath safety and results of internal inquiry into a healthcare provider are awaited.

Last year, there was a recommendation to the board to improve the quality of the database to make it easier to extract information. This is currently on-going and will feed into the Health Quality Improvement Partnership (HQIP) Child Death Review Database Development Project consultation.

Performance and Quality Assurance

The PQA scrutinises partner data and ensures that the Business Management Group and the main Board are sighted on any performance issues. It also oversees audit and review. This group is comprised of senior professionals who represent the main agencies of the full Board. It reviews progress against the business plan objectives, to ensure that issues of concern are highlighted to enable better decision making, to ensure that we make a real difference to children's lives and can evidence progress.

Progress of the Group

The group had a special meeting to consider Child Sexual Exploitation (CSE) data and performance, as a one-off issue on 15th January 2015. Representation at the meeting has improved over the year with recent meetings being well attended at an appropriate level.

Following the one-off PQA which looked at CSE, 15 actions have been raised that will help us to better understand the cohort of children and young people at risk. It will help to improve awareness among agencies, and to more effectively measure our inputs. It will also enable us to better understand what impact we are having.

The PQA has also:

- Commissioned the S11 audits, a CSE thematic audit and Children Subject of Child Protection Plans audit on behalf of the Board.
- Examined data linked to the neglect, domestic violence and CSE priorities.
- Lobbied for a data 'dashboard' for the Board. This has been agreed and is being developed by the Council.

Serious Case Review Sub-Group

Regulation 5(e) of the Local Safeguarding Children Boards Regulations 2006 requires Local Safeguarding Children Boards to undertake reviews of serious cases, and advise the authority and Board partners on lessons to be learned. Barnet Safeguarding Children Board delegates this function to the Serious Case Review sub-group.

The SCR sub-group assesses cases to determine whether the criteria for a serious case review (SCR) are met, and makes a recommendation to the BSCB Chair on whether or not a SCR should be initiated. It oversees reviews of complex cases, which could provide learning for Board partners. It monitors and drives progress of action plans from reviews or learning events, and liaises with the Learning and Development sub-group to ensure learning is disseminated, and embedded, and the impact of learning is evaluated. It also highlights learning from National or other reviews or thematic audits.

Progress of the Group

The sub-group has monitored three cases that were relevant, and recommended to the Board that a SCR should be commissioned; this will be undertaken during 2015. Attendance and engagement with the group continues to be excellent.

Four half-day learning events have been delivered by the multi-agency partnership and attended by a range of partners. The workshops have been well attended and they received excellent feedback. These events ensure that learning captured from reviews and audits is disseminated to the partnership, in line with the BSCB Learning and Improvement Framework.

Learning and Development

The Barnet Safeguarding Children's Board (BSCB) is committed to the learning and development of the children's workforce across the multi-agency partnership in order to ensure improved outcomes for children and young people in Barnet. Agencies represented on the Board continue to collaborate on learning and development initiatives in order to enhance practice across the partnership.

Approximately 1,940 participants accessed safeguarding learning and development initiatives in 2014/15 financial year – 1,349 via a suite of 18 different safeguarding training programmes, 479 via E-Learning courses including child protection, E-Safety and Child Sexual Exploitation (CSE) courses and 120 via CSE, DV and FGM conference. The majority (55%) of the total was accessed through core face-to-face safeguarding courses. Based on the number of courses offered per subject matter area the take up for all the safeguarding courses offered was very good. The highest number of participants accessing courses were from the private, statutory and voluntary sectors. Take up for the Multi-agency Risk Assessment Conference (MARAC) course was not as high as envisaged. However, this may have been due to the fact that a high number of practitioners have been consistently trained in the last three years. The figure below gives details on the learning and development offer and attendance for 2014/15.

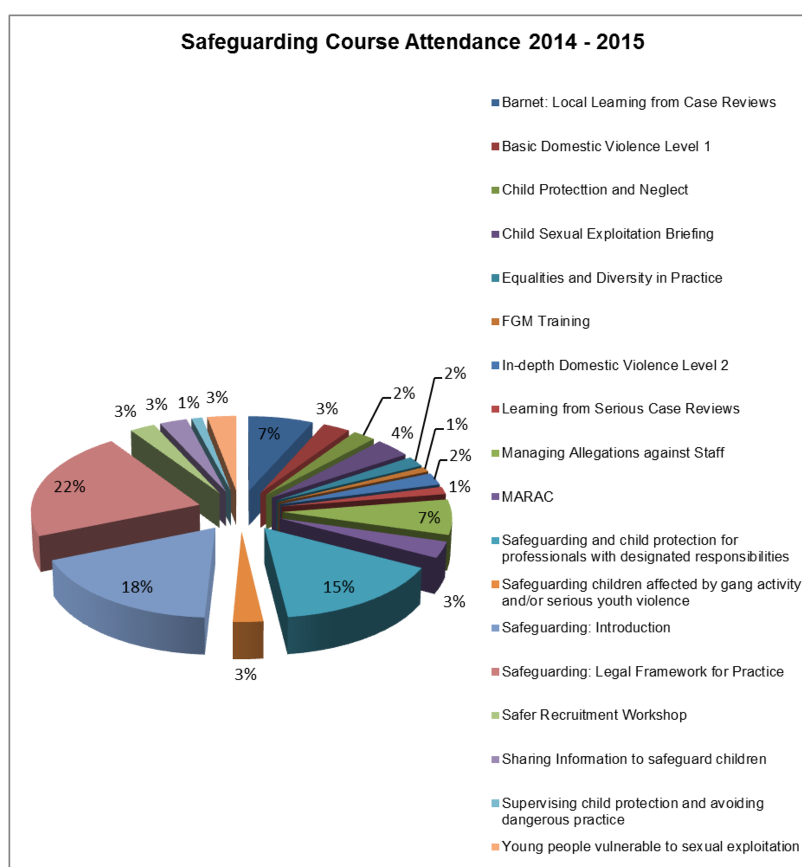


Figure: Courses and attendance

During the year we have introduced new training programs including; Local Learning from Serious Case Reviews, on-line CSE course and Female Genital Mutilation. In March 2015 the first in the series of two CSE, FGM and DV conferences was held; training an additional 120 participants on these issues.

Overall 98% of respondents rated these learning events as very good or excellent; with 95% suggesting that the course content was relevant to their needs. Impact assessment following attendance at courses is improving.

"I used the knowledge gained whilst working with young people in helping them gain awareness of safe relationships and what is hurting in relationships. Ensuring parents are aware of the impact of their hurting each other on their child. Reducing the hurting the children are witnessing and alerting the parent to the child's heightened sense of alertness and concerns they have for the parent when not at home i.e. the effects and impact of DV on their child"

Figure: Feedback received a couple of months following a DV course:

Members of the Learning and Development Sub-group continued to attend meetings and to undertake quality assurance of courses to ensure they are fit for purpose. Trainers' skills were highly rated with 98% of respondents confirming that the skills were either excellent or very good.

13. Effectiveness of the Board

Independent Chair – Chris Miller

One of the responsibilities of the LSCB chair is to comment on the effectiveness of the Board. In my independent role I need to be satisfied that the Board is able to make a contribution to improving practice, understanding risk and scrutinising operational activity that makes a difference. We also need to be at the forefront of learning from review and audit. The way in which effectiveness can be assessed was defined for LSCB Chairs in late 2012[4]. Some of these criteria seem to me to be a good template against which Barnet's LSCB can be assessed.

An effective LSCB is a:

Strong enquirer and challenger of effective frontline practice with children, young people and families and can describe the features.

We achieve this by receiving regular reports to the LSCB from those who deliver services where safeguarding of children is or ought to be paramount and we question their effectiveness. As a result and as an example drugs commissioners have been requested to retrieve and analyse information better concerning those in treatment who care for or have regular access to children.

Understands the intended and actual impact of practice.

We, through the performance and quality assurance group, audit and enquire into practice and procedure, visit and view what goes on, praise what is good and seek to change what is not . As a result of this we have made recommendations about domestic violence notifications to schools. We have also made observations about including fathers in Child Protection Conferences.

Understands performance information and uses to understand story behind data – a questioner.

We are on a continuous journey to improve. We are not there, we are getting better, we have some way to go. All LSCB members support my personal drive to deliver this prize. We have made great progress in mapping and understanding the Child Sexual Exploitation map in Barnet, we are on the same trajectory for domestic abuse prevalence and the impact on children. In 2015 we want to see similar progress in neglect and e safety matters.

Understands early help and child protection thresholds but accepts the importance of professional judgement in assessing risk for children and families – is adaptive in response.

We have received reports on the early intervention strategy and made recommendations to the policy lead concerning domestic abuse and CAF completion. We have convened a task and finish group which will, among other things, examine thresholds in cases of neglect

[4] Jackie Tiotto, presentation to National LSCB Chairs November 2012.

Is deeply searching for system feedback and learning from that knowledge.

We have conducted extensive challenge panels for all agencies about their compliance with their duties under the Children Act to safeguard children, we have conducted in depth audit of difficult cases and run training sessions and we have a standing serious case review panel that reviews local cases and national learning. We have as a result supported and promoted the training of primary care staff (to be delivered in 2015) in identifying domestic abuse and we have established a dynamic panel that will develop ***esafety*** protocols and activity that will help our children stay safe on line.

Understands and works strategically with the Health and Well Being board (HWB) in respect of the shared agenda for helping and protecting children, young people and families.

As LSCB chair I sit on the HWB and have been able to work with them to promote the primary care training mentioned above, to expand their sexual health strategy oversight to include psychosexual health interventions for children abused in or outside their families and I have raise the prospect of having a greater child safeguarding element brought into delivery of drug and alcohol services.

Understands the impact and quality of supervision for professional frontline staff.

This is area of development for us. We receive information through our audit processes and from occasional personal visits. The level and type of supervision that each agency has for their staff varies so much that it is not easy to make straightforward comparisons or recommendations. In general terms we are satisfied that staff in Barnet do a good job and that supervision levels are appropriate. However with continuous financial pressure on agencies this may change over time.

Leads a case-auditing system that provides learning about the quality of practice, the recording of decisions and practice intent, the quality of management oversight, professional judgement and minimisation of risk.

The LSCB has a programme of audits planned covering each of our four priorities. From our CSE audit we have learned a lot about the quality of our engagement with victims, the effectiveness of the police response to perpetrators and our ability to size the problem. We have made good progress against each of these issues. As a result of this CSE audit and activity children are safer than they were.

Evidences independence, accountability, transparency and robust challenge of the local system.

Because we see this as probably the most important aspect of our work we have included a section on this elsewhere in this report.

Is Properly Resourced and Financially Literate.

This is my own addition. Safeguarding is a complex business and an LSCB requires resources to function. The regulations that established LSCBs invite partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another. In Barnet the financial burden falls disproportionately on Barnet Council. This is a product of accident and history more than deliberate decision making but nonetheless it is not the best way to foster a true spirit of cooperation. Over the next twelve months I hope to see a better balance to the resourcing of the Board.

14. Budget

The table below shows the budget for 2015/16.

Barnet Children's Safeguarding Board Finance Report 2015-16				
	£	£	Variance	
Balance B/Fwd 2014/15	**0**			
Income / Contributions				
London Borough of Barnet	**(98,000)**			
London SCB (for MPS)	**(5,000)**			
Probation	**(1,000)**			
Community Rehabilitation Company	**(1,000)**			
CCG	**(12,500)**			
CLCH	**(12,500)**			
BEH MH Trust	**(12,500)**			
East London Foundation Trust	**(550)**			
*NHS England	**(7,000)**			
Royal Free Hospital Trust (incl Barnet & Chase Farm Hospital)	**(12,500)**			
CAFCASS	**(550)**			
	(163,100)			
Commitments 2015/16				
Staffing Costs				
Administrator		37,620		
Independent Chair		17,500		
Business Manager		56,000		
		111,120		
Other Expenses				
Catering		1,000		
Miscellaneous (printing, travel, mobiles, etc)		3,000		
LSCB Chairs Assoc		1,500		New cost
Recruitment/advertising expenses		2,000		
*Delivery of Domestic Violence (NHS England)		7,000		
Training		20,000		
SCIE/SC Reviews		17,000		(£6750 already committed)
		51,500		
Totals	**(163,100)**	**162,620**	**(480)**	

15. Board Members 2014/15

Member	Organisation
Chris Miller	BSCB Chair
Cllr Thompstone	LBB Lead Member
Dawn Wakeling	LBB Adults Director
Nicola Francis	LBB Family Services Director
Jo Pymont	LBB Assistant Director Social Car
Jon Dickenson	LBB Assistant Director Adults
Duncan Tessier	LBB Assistant Director Early Intervention
Ian Harrison	LBB Director Education and Skills
Kate Malleson	LBB Head of Youth and Family Support
Tony Lewis	LBB Voice of the Child Co-ordinator
Elaine Atkinson	LBB Head of Safeguarding Children
Sue Smith	LBB Head of Safeguarding Adults
Alex Kemp	CAFCAS, senior service manager
Janet Matthewson	Voluntary Sector CommUnity Barnet
Angela Duce	Voluntary Sector: Norwood
Cecile Kluvitse	Voluntary: Solace Womens Aid
Toni Beck	Barnet&S College Director
Sara Keen	School: Beit Shvidler Head
Marc Shoffren	School: Alma
Paula Light	MPS Barnet Police, MPS
John Foulkes	MPS CAIT Detective Chief Inspector
Steve Leader	LFB Borough Commander
Ruth Williams	LAS Community Involvement Officer
Sam Denman	Probation, ACO
Marcia Whyte	CRC,ACO
Siobhan McGovern	Barnet CCG Designated Nurse
Laura Fabunmi	Public Health, AD
Louise Ashley Liz Royle (S)	NHS (Community): CLCH Head of Safeguarding
Deborah Sanders Ruth Vines Helen Swarbrick Paul de Keyser	RFHT Director RFHT Head of Safeguarding RFHT Safeguarding Lead Nurse RFHT Designated Dr
Mary Sexton Chrisitine Dyson	BEH Mental Health Trust, ExD Head of Safeguarding
Julie Riley	Housing: Barnet Group Director
Naomi Burgess	Lay Member
Nigel Norie	Lay Member

Barnet Safeguarding Adults Board

Annual Report 2014-15

Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

This is my second report as Independent Chair of the Barnet Safeguarding Adults' Board (SAB) and I regard it as a privilege to work alongside so many people who care for those who are elderly or vulnerable. Whether a service user, a friend or relative of a service user or perhaps a service user in waiting we can all be glad that so many of our workforce work so hard to make a difference.

The SAB enters new territory this coming year as legislation in the form of the Care Act 2014 now gives our activities and responsibilities a formal legal context. Prior to the Care Act we were an informal alliance of public service partners and some voluntary sector contributors whose work impacts the lives of the vulnerable and elderly. Now we are a formal partnership. Although our status has changed, the way that we do business has not. We have always been determined to make the lives of those for whom we have a responsibility as safe as they can be within the context of allowing them to live their lives without undue interference. We strive to coordinate our efforts to those ends.

We meet as a Board of about 25 organisations four times a year and also on other occasions in smaller working groups to develop the fine detail and close understanding of how we are performing.

In 2014 we established a two year plan with four strategic priorities.

- Reducing the impact that pressure ulcers have on the health and wellbeing of those who are particularly frail
- Improving vulnerable people's access to justice
- Enhancing the public understanding of abuse of the vulnerable
- Improving the workforce's practical understanding of mental capacity.

In each of these priorities we have made some useful progress, but much remains to be done. We have developed or adopted protocols for the management of pressure ulcers. We have established a multi-agency working group on the subject. We have mapped and got a better understanding of certain types of crime to which the vulnerable are prone. We have cooperated in the use of technology to prevent and detect crimes such as distraction burglary (where criminals pose as officials and trick their way into vulnerable people's homes). We have run publicity campaigns to enhance the public understanding of abuse and have seen an increase in reports to us in the process. We have run training programmes and delivered conferences, invariably well attended, where staff are challenged on their understanding of what it means to have the capacity (or not) to make decisions. This particular issue has assumed considerable importance for us in the past year because of a law case (known to professionals as "Cheshire West"), which established a new and very different threshold for professionals in assessing the sometimes competing concepts of liberty (for clients to do what they want) and the need for public servants to safeguard them from harm.

NHS Barnet Clinical Commissioning Group
Royal Free London NHS Foundation Trust
Barnet, Enfield and Haringey NHS Mental Health NHS Trust
Central London Community Healthcare NHS Trust
CommUNITY Barnet
the barnet group
LFB London Fire Brigade
Metropolitan Police Working for a safer London
BARNET

Our work has been enhanced and challenged on a regular basis over the past year by our Safeguarding Adult's Service User's Forum. This is an enthusiastic and committed group of adults who offer ideas on service development. They receive reports from service suppliers and frequently test those service suppliers' in depth understanding of what really happens by offering their own experiences as an example of how sometimes it does not go as well as those in charge would like to think.

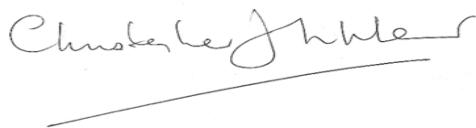
Our partnership approach to safeguarding adults has come a long way in a short time, but the journey is nowhere near completed. We have to deal with differing IT systems between organisations, disparate organisational cultures and competing performance targets. Those factors can make partnership work very hard, but it is because of this we are more determined.

We will continue with our business plan's priorities for the next twelve months. Like all localities we have a number of challenges over the next few years of which probably the most commonly cited is a growing population of elderly people with fewer resources to care for them.

The way that we intend to meet that challenge is to become more coordinated to embrace the opportunities that technology and big data offer and to promote more of what works well while being resolute in moving on from procedures that deliver a lot of process but not necessarily many results.

We also want to incorporate into more of our ways of working the programme called "Making Safeguarding Personal". At the heart of this programme is the assumption that people know how to live their lives better than any expert and that the professional's job is to listen to what a service user wants and feels and accommodate those thoughts and feelings into a safeguarding plan. What we as professionals do is sometimes have a set of rigid process driven plans into which a service user must be fitted. This too is a challenge for professionals but it goes to the heart of what it means for adults to be free and live a full life.

To achieve these bold aims we need to continue in the same cooperative mode that we have developed over some time in Barnet but crucially we need to ensure that our activities are underpinned by a sound understanding of what our performance data tells us. That is still some way off for us. I reported last year that I thought that our ability as a Safeguarding Board to understand what our data told us about what works, what doesn't and what needs to either change or be celebrated was limited. This has not moved much in the past year. However we have now developed some concrete plans to establish a way of getting insight into our collective performance and if we achieve in this respect what we aspire to do then the excellent work of our staff, and their commitment to do better will be all the better focused and more impactful than is currently the case. In relation to our four key objectives, while we have made progress in each of them we are restless for further improvement.



Chris Miller

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1. Who we are

Barnet's Safeguarding Adults Board was established in July 2001. It is made up of senior officers from the different public services who work with vulnerable adults in Barnet. The Board has four main aims:-

- To promote the welfare of vulnerable adults and to develop good practice in health and social care services.
- To raise awareness of abuse wherever it should occur and encourage people to report it if it happens.
- To ensure that agencies will work effectively together to ensure abuse is investigated and that people are helped to keep safe.
- To learn lessons where people have not been adequately protected.

This year the Safeguarding Adults Board became statutory under the Care Act. This means that the Board must include all statutory partners, produce a strategic plan, and publish an annual report.

Since 2000 and the publication of "No Secrets" each local authority has been required to take a leading coordinating role with all relevant organisations on safeguarding adults in its area, the Care Act now places this in primary legislation for the first time from April 2015.

The Board meets four times a year and is chaired by an independent person, Chris Miller. The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board.

This report will also be given to the Safer Communities Board and to each care group partnership board such as the Learning Disabilities Partnership Board for information, as well as each partner's executive group. It will also be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

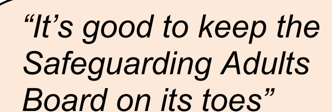
- London Borough of Barnet
  (Adults and Communities, Children's Safeguarding, and Community Safety, DASS)
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health NHS Trust
- The Royal Free London NHS Foundation Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- The London Ambulance Service
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

1.1 Our priorities for 2014-16

The Safeguarding Adults Board has set the following four strategic priorities for 2014/16:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers.
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Improve access to justice for vulnerable adults
- Increase the understanding among the public of what may constitute abuse.

Details of how we plan to deliver these priorities can be found in the SAB Business Plan for 2014/16.



1.2 Safeguarding Adults Service User Forum

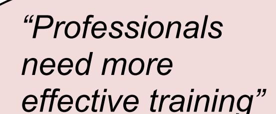
Our Safeguarding Adults Service User Forum ensures that the voice of service users remain central to our safeguarding work.

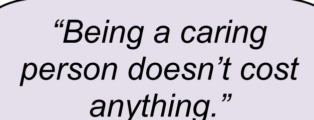
The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical disabilities and sensory impairments. Their mission statement is:

"Our mission is to play a significant part in the community by raising awareness amongst the public, and training those who live and work with vulnerable adults; to protect and help them, and establish good practice throughout our community."

Helping vulnerable adults is the central feature of Barnet's Safeguarding Adults Forum. Vulnerability takes many forms and can be experienced at any age, so the "safeguarding" policies and ideas have to develop in many ways. That's what our Barnet User's Forum aims to do.

- It means creating awareness about abuse of vulnerable adults
- It means creating methods of communication and information wider than among those directly affected
- It means helping to give confidence to vulnerable adults to deal, or be a crucial part in dealing with these problems
- It means helping them to become as much a part of mainstream life as possible
- It means helping to establish good practice amongst those who provide health and social care





- It means seeking to work collaboratively with the various agencies and networks of our local community
- In total, it means working to create a better thought culture about dignity, equality and human rights.

"We don't let people get away with much."

Playing a significant part in this community endeavour is our aim and mission.

2. What we have achieved in 2014/15

We have achieved a lot in the last year and have split our achievements into the themes below.

2.1 The work of the Safeguarding Adults User Forum 14-15:

- We have received regular progress reports on the work of the SAB
- We have learnt about the Care Act and how this changes things for safeguarding adults
- We have learnt about the deprivation of liberty safeguards and how they protect the human rights of people in care homes and hospitals
- We have helped develop a fact sheet on the Mental Capacity Act
- We have helped the communications team plan their information campaign

- We have received presentations from the following agencies:-
  - Barnet, Enfield and Haringey Mental Health Trust
  - Central London Community Health
  - The Royal Free Hospital
  - The Police
- We learnt about how they safeguarding adults. We told them the areas where we think they are doing well and where they need to improve
- We met with Barnet Healthwatch and told them what we thought of Barnet services.
- We met the Chair of the Safeguarding Adults Board and asked him lots of questions about his priorities.

2.2 Supporting Family Carers

We welcome the new rights for carers following the introduction of the Care Act, which put carers in the same footing as the people they care for. Carers play an essential role in helping people to continue to remain living safely in the community.

Over the last year we have:

- Increased the number of carers assessments carried out as part of safeguarding investigations. Carrying out carers assessments enables us to appropriately identify the needs and outcomes of carers, and focus on promoting their own health and wellbeing and provide support where needed, separate to the person they are looking after

- Established a task and finish Carers Care Act Working Group to consider the changes arising from the Care Act and how to improve support for carers

- Reviewed and updated the 'Carers Support Offer', a document which sets out local support available to carers from universal services, community and voluntary sector and statutory services. A copy can be found online at www.barnet.gov.uk/carers

- Carried out training with staff from Family Services and Adults and Communities about the Care Act with specific regard to carers and young carers

- Carried out a learning event for staff about how we can support carers including young carers, as a result of the changes in the law

- Ran a publicity campaign in the autumn 2014 to reach family carers across the borough and help them to have a better understanding of what is abuse, and where to report it. Our partner organisations including Barnet Carers Centre have included information about this on their websites and distributed the "Say No to Abuse" booklets.

2.3 Safeguarding in health services

In the past year, all our local Health partners have been working hard to improve the quality and safety of local services. All our health providers have robust reporting frameworks with responsible senior officers who lead on safeguarding adults work. The Safeguarding Adults Board requires them to report regularly on the work they are doing to ensure their patients are safeguarded.

Here is a selection of the achievements and progress made by those involved in the delivery of health services in Barnet in the past year.

- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. The safeguarding team from the CCG provide safeguarding training for GPs, and support GPs with safeguarding referrals and referrals for cases of high risk domestic violence. All CCG staff must have training in safeguarding adults
- The CCG organised three patient and carer events focusing on Lasting Power of Attorney and Advance Decisions. Speakers included the Office of the Public Guardian and Compassion in Dying, and patients and carers were consulted on leaflets being developed to be available in GP surgeries, hospitals and walk in centres across the three boroughs
- The CCG is also working on a quality initiative with the community healthcare provider to identify risks, prevent pressure ulcers and manage the care of patients who develop them
- The CCG is represented on the Barnet Domestic Homicide Review Panels, and has worked with NHS England to implement recommendations for Primary Care Services
- Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) carried out an internal audit to ensure the London Safeguarding Adults Procedures were followed
- The Mental Health Trust has introduced a Safeguarding Surgery which is attended by clinicians from across the organisation. The surgery was developed in 2014 and has been well received and utilised by staff. The forum promotes patient-centred approach; Making Safeguarding Personal (MSP), collaborative working with our partners and bringing new legislation to staff awareness
- MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives. The Trust has seen increase in referrals for MARAC compared to the previous year. This has been due to an increase in domestic violence training through the monthly Safeguarding Surgeries
- Central London Community Health (CLCH) have worked to protect patients vulnerable to pressure ulcers by ensuring staff are trained in prevention and skilled in the assessment of these if they develop
- CLCH staff have increased the reporting of safeguarding concerns, in particular where the development of pressure ulcers are an indicator of neglect. They are monitoring trends and emerging patterns in this area
- The Royal Free London NHS Foundation Trust (RFH) has worked with the Board to ensure practice in relation to the application of the Mental Capacity Act (MCA) and

DoLS is improved across the organisation. All staff now receive mandatory training in MCA and DoLS. The lead nurse safeguarding adults for the Barnet and Chase Farm Hospitals is part of the NHS England MCA forum

- The RFH has strengthened their safeguarding team by appointing a Head of Safeguarding and a lead nurse for safeguarding adults based at Barnet and Chase Farm Hospitals
- RFH has also appointed full time Acute Liaison Nurse to ensure that adults with learning disabilities requiring hospital treatment are giving the additional support they need prior to admission and during their stay
- All the health care organisations have delivered a range of training throughout the year for their staff. Training includes safeguarding awareness, Mental Capacity Act and DoLS, responsibilities under the Care Act and domestic abuse
- Safeguarding Champions have been recruited at both CLCH and BEH-MHT in different areas to support staff. Issues where processes are not understood or where there are performance issues these are brought to the attention of the champions and staff are supported to address issues/concerns.

2.4 Training for social workers and partners

The Safeguarding Adults Training Programme for 2014-15 was delivered to Barnet Council staff including Adult Social Care, CLCH, and Barnet, Enfield and Haringey Mental Health Trust and private, voluntary and independent sector organisations. The core training included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

A total of 515 staff members across health and social care services attended these sessions

Safeguarding Adults Raising awareness	29 LBB staff, 177 external staff
Safeguarding Adults Policy & Procedures	40 LBB staff, 41 external staff
Safeguarding Adults Investigations	25 LBB staff
Financial Abuse	18 LBB staff, 10 external staff
Safeguarding Adults Recording	21 LBB staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	73 LBB staff
Mental Capacity Act	81 LBB staff

In addition to delivering the sessions above, an e-learning Safeguarding Level 1 Programme was introduced to all care providers in Barnet to raise awareness and promote good practice.

In 2015-16 we plan to deliver 'Prevent' training to all staff in Adults and Communities. Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

These sessions will aim to help make staff aware about their contribution in preventing vulnerable people being exploited for terrorist purposes. The workshop will improve the understanding of the processes used by terrorists to radicalise individuals and ensures staff are aware of who to contact within their organisation to discuss any concerns.

2.5 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2014 included:

- Safeguarding Awareness Express Training
- Mental Capacity Act
- Domestic Violence
- Workshop for family carers

The month was a success with good attendance at training sessions by staff across the Council.

2.6 The Mental Capacity Act and the Deprivation of Liberty Safeguards

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005.

The Deprivation of Liberty Safeguards provide protection for vulnerable people who are accommodated in hospitals or care homes who cannot make their own decision about the care or treatment they need, and who are unable to leave because of concerns about their safety. This might be due to a dementia or learning disability for example.

The Deprivation of Liberty Safeguards (DoLS) aims to protect such people so that any decisions made about their care and treatment, are made in their best interests. The care home or hospital must notify the local authority when these circumstances exist. The local authority then must make sure that this is the correct way of caring for the person, by talking to the person and everyone involved including family members. If this is agreed then the local authority authorises the arrangements and this can be for a period of up to twelve months. This is known as an authorised deprivation of liberty.

When this was first introduced the local authority received a small number of applications. However in March 2014 there was a change in the law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who cannot make their own decision about care and who is under continuous supervision and control and not free to leave. This has led to a very large increase in applications, which can be seen in the table below.

	2012-13	2013-14	2014-15
Number of requests for authorisation	30	55	640
Number of authorisations granted	19	27	517
Number with conditions	12	18	206
Number of authorisations which did not qualify	10	19	65
Number of authorisation requests withdrawn	1	9	58

Number of requests for authorisation – the number of requests the local authority received from care homes and hospitals

Number of authorisations granted – the number of requests which were assessed and authorised as in the persons best interest

Number with conditions – the number we have granted under certain conditions i.e. the home must ensure that the person has regular leisure activities.

Number of authorisations which did not qualify – the application could not be authorised because following assessment one of the six qualifying requirements was not met. e.g. the person was found to have capacity to make their decisions, or the person was found not to be eligible because they are either are or could be subject to the Mental Health Act detention

Number of authorisation requests withdrawn - the care home or hospital withdrew their requests because there was a change in circumstances such as the person had left the accommodation or they had died. Or it has been found that the application should have been sent to another local authority.

In addition to the 640 applications there were 13 reviews completed. The increase shown in the table above is set to continue through 2015-16 as more care homes and hospitals understand their responsibilities.

Below is a case study of a referral to the DoLS Team:

Two years ago Mrs Cohen was diagnosed with dementia. Overtime her mental health deteriorated and her family struggled to support her at home. Due to her dementia she became frequently restless, repetitive in her communications and disorientated in time and place. Consequently, Mrs Cohen needed a spell in hospital, but was later discharged to a care home to provide the care and treatment she needed.

Once there, she was very resistive to care on a daily basis, becoming extremely distressed when approached, and requiring two members of staff to help her. Mrs Cohen also required close and on-going supervision due to her tendency to harm her-self. Doctors prescribed medication was twice a day to try and help manage the behaviours associated with her mental health.

During the day Mrs Cohen was predominantly nursed on her bed and appeared distressed on numerous occasions throughout the day and night. She frequently moved herself by rolling and fidgeting, resulting in her falling from the bed. As a result of this, her bed was surrounded by mattresses and crash mats to help protect her but she still sustained regular minor injuries. Staff monitored and observed her every hour. They reported that it was not possible to help her to leave her room when she was agitated and as a result she spent most of the time in her bedroom. Various professionals had been involved in her care and treatment but with no clear plan about how to improve the situation.

The home made a referral to the Deprivation of Liberty Safeguards (DoLS) team, who appointed a professional specially trained to assess these situations called a Best Interest Assessor (BIA). The BIA concluded that Mrs Cohen was deprived of her liberty, and that residing in a care home to receive care and treatment was however in her best interests. The application for DoLS was granted however the BIA made some conditions as part of the authorisation. He felt there needed to be more done to enhance Mrs Cohen's quality of life, with a particular focus on those elements of the care plan that could be reviewed with a view to lessening the restrictions and enhancing her quality of life, and these were included as recommendations for the care home to action.

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2014 - 15:

- We attended a number of events throughout the year and issued copies of the" Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly in October, Provider Event, Falls Awareness and Dementia Awareness Days.
- We created a simple double-sided 'Say No to Abuse' flyer and posters for dissemination in public places with the help of the Safeguarding Adults Forum.

- On 25 September 2014, we took part in a borough wide community engagement event and supported the Metropolitan Police and other key partners in promoting an anti-burglary campaign. The aim was to have 100,000 conversations with residents who might not otherwise come into contact with the police.

  Activities took place in 21 of the borough's wards with police officers, special constables, community support officers, cadets and other organisations visiting shopping centres, schools, transport hubs, hospitals and town centres.
- As part of the anti-burglary campaign, we distributed 10,000 flyers to residents in Barnet promoting the '5000' telephone number for reporting abuse in Barnet.

- We made sure that all publications include safeguarding information and promoted the work of the Safeguarding Adults Board, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2015.

- We promoted the free fire safety visits by the London Fire Brigade for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.

2.8 Improving fire safety

The London Fire Brigade (LFB) carried out **2490** free home fire safety visits to Barnet residents in 2014-15. 85% of these visits were high priority situations or people at risk due their vulnerability.

LFB were also able to reduce the number of dwelling fires to **216** in a year, this is a reduction on 232 last year.

The LFB played an active role in Project Mercury. A Police led initiative where all partners work together to raise awareness of the risks of burglary and how to prevent it.

2.10 Community Safety

The Barnet Safer Communities Partnership (BSCP) brings together the key agencies involved in crime prevention and community safety work. Barnet is one of London's safest boroughs in which to live and work. Since 2005 overall crime in the borough has fallen by over 20%; over the last year there have been further reductions in the number of burglaries and robberies.

The Partnership has been working to reduce the risk of residents becoming victims of burglary – including through providing crime prevention guidance together with Barnet Police and supporting the 'Clocks, Locks and Lights' anti-burglary campaign. The Safer Homes Safer Homes Project continues to reduce the risk of individuals becoming repeat victims of burglary through home visits which assess the safety of their home and by providing them with free locks and security measures. The last 12 months have seen a further 2.5% reduction in Burglary compared to a year ago – building on the over 20% reduction achieved since 2011.

We have introduced the Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) - an anti-social behaviour focused multi-agency risk assessment case conference which is focused on providing a victim centred approach to victims of anti-social behaviour. The group has already helped to stop anti-social behaviour in a number of persistent and complex cases.

Barnet Safer Communities Partnership will continue to work together to reduce crime, the fear of crime and help ensure Barnet remains one of London's safest boroughs.

Learning from a Domestic Homicide Review (DHR)

Tragically, people sometimes die as a result of domestic abuse. When this happens, the law says that professionals involved in the case must conduct a multi-agency review of what happened so that we can identify what needs to be changed to reduce the risk of it happening again in the future.

If a Domestic Homicide takes place in Barnet the police inform the Safer Communities Partnership of the incident. After this initial notification, a decision will be made about whether we need to have a Domestic Homicide Review using the Home Office guidance. The Safer Communities Partnership then has the overall responsibility for setting up a review.

Domestic homicide reviews are not inquiries into how the victim died or into who is responsible. The purpose of a domestic homicide review (DHR) is to understand where there are lessons learned and make recommendations to prevent future homicides.

The report from the review can be read on our website.

2.11 Safeguarding in the Police

The Police have introduced and are using Domestic Violence Protection Orders (DVPOs) to protect victims following a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

They have also identified two new trends for domestic abuse and officers have been briefed on the risks of abuse and encouraged officers to raise alerts and put these through the Multi-Agency Safeguarding Hub (MASH) for investigation.

The Police have recently introduced Adult Vulnerability Assessments where an adult is at risk from abuse. These assessments are carried out by police officers and then sent to the Multi-Agency Safeguarding Hub (MASH), where concerns around the quality of life of the adult at risk is reviewed and assessed to protect the adult.

A project with Edgware Community Hospital has also been set up to enable patients to report crimes of abuse to officers and improve access to justice.

The Police have also undertaken a series of training for all officers around improving their knowledge on the Mental Capacity Act and working with the public to increase awareness of abuse and reporting abuse.

2.12 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 101 registered care homes that provide care for older people and younger people with disabilities. Additionally, there are 31 registered supported living providers in the Borough.

The role of the IQICH Team is to support care home managers and supported Living scheme managers to improve the quality of care they provide. The Team's focus is on promoting the principles of integrated working, prevention and the sharing of best practice.

An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and the Reviewing Officers who regularly visit these services.

The Team also consists of Quality in Care Advisors who work with homes to support best practice. Work with individual homes may result from a referral, a poor inspection report or a request for support from the care home manager. Where there are safeguarding concerns about the quality of care being provided in a home, the IQICH team is part of Barnet's response to improving services.

Below is a case study of where the IQICH team worked with a care home following the new responsibilities under the Care Act.

The Care Act has given new responsibilities to Local Authorities in relation to the quality of care provided by all services registered within the area. An example of this is the recent work of the Advisors with a home that was closing. Barnet did not have a contract with this provider and so none of the residents were funded by the Borough. However, the Team worked closely with the staff, residents, relatives and other Local Authorities to ensure the welfare of all concerned and the safe transfer of the residents to other appropriate locations.

Best Practice continues to be shared through quarterly Practice Forums, workshops, network groups and training sessions. Areas covered to date include: working with relatives; the Mental Capacity Act, the CQC inspections process, working in partnership with the CCG, pressure ulcer prevention and care, End of Life Care and meaningful activities.

3. Who lives in Barnet?

Barnet has an estimated population of 280,905 adults, with 51,576 over the age of 65. By 2020, the number of adults over the aged of 65 is projected to be 55,918 (an 8% increase).

Barnet has a diverse population, from both a cultural and economic perspective. Black, Asian and minority ethnic groups' account for over a third of residents and the area encompasses a wide variety of faith communities including a high proportion of people from Christian, Jewish and Muslim faiths.

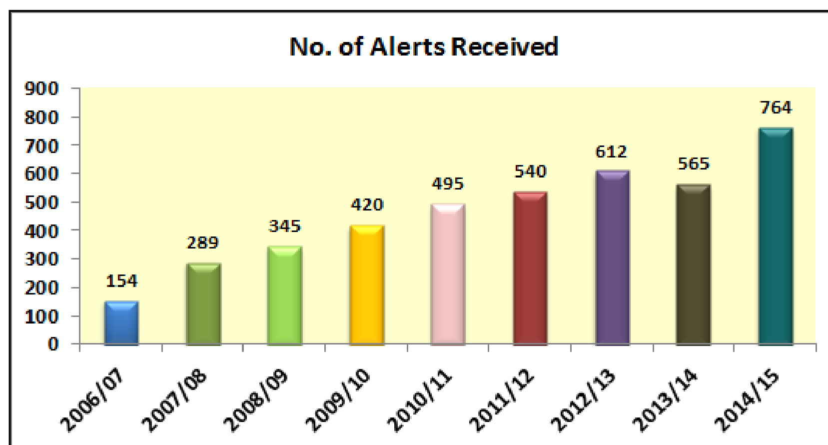
During 2014/15, approximately 13,000 Barnet residents were in receipt of Disability Living Allowance or the new Personal Independence Payment (PIP) and Adult Social Services provided support packages to 7,190 individuals.

Our safeguarding services are available for all vulnerable adults where abuse is suspected or reported.

4. What do the statistics tell us about safeguarding in Barnet?

4.1 How many safeguarding alerts did we receive?

This year we have seen a considerable increase in the number of safeguarding alerts. During 2014/15 we received a total of 764 alerts, representing a 35% increase on the previous year.



Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. During 2014/15, the safeguarding team attended a variety of events raising awareness of the local 'Say No to abuse' campaign; publications, such as the Local Account and Barnet First magazine were also used to promote the work of the Safeguarding Adults Board.

Since 2013/14, the number of alerts raised by the public has increased by 28% (from 85 to 109); and these continue to represent around 14% of all alerts received. In future years, as greater emphasis is placed on community based care, we would expect to see an increase in the proportion of alerts received from the public.

4.2 How many alerts required further investigation?

Not all alerts turn out to be abusive situations; they can indicate a need for services or other help. Where it is believed abuse has taken place, alerts are referred for further investigation under our safeguarding procedures.

Of the 764 alerts received, 487 were referred for further investigation. This is a 20% increase in numbers on the previous year; however, for every 10 alerts received in 2014/15, 6 were referred for investigation, compared with 7 the previous year.

The number of alerts has increased substantially as has the number investigated however the percentage of alerts investigated has gone down in comparison to last year. This is likely to mean that many more people are aware of abuse and where to report it.

4.3 Types of abuse and those involved

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people.

Primary Client Group	2012/13	2013/14	2014/15
Older People	63%	56%	54%
Learning Disability	12%	20%	20%
Mental Health	16%	15%	17%
Physical Disability & Sensory	8%	9%	9%

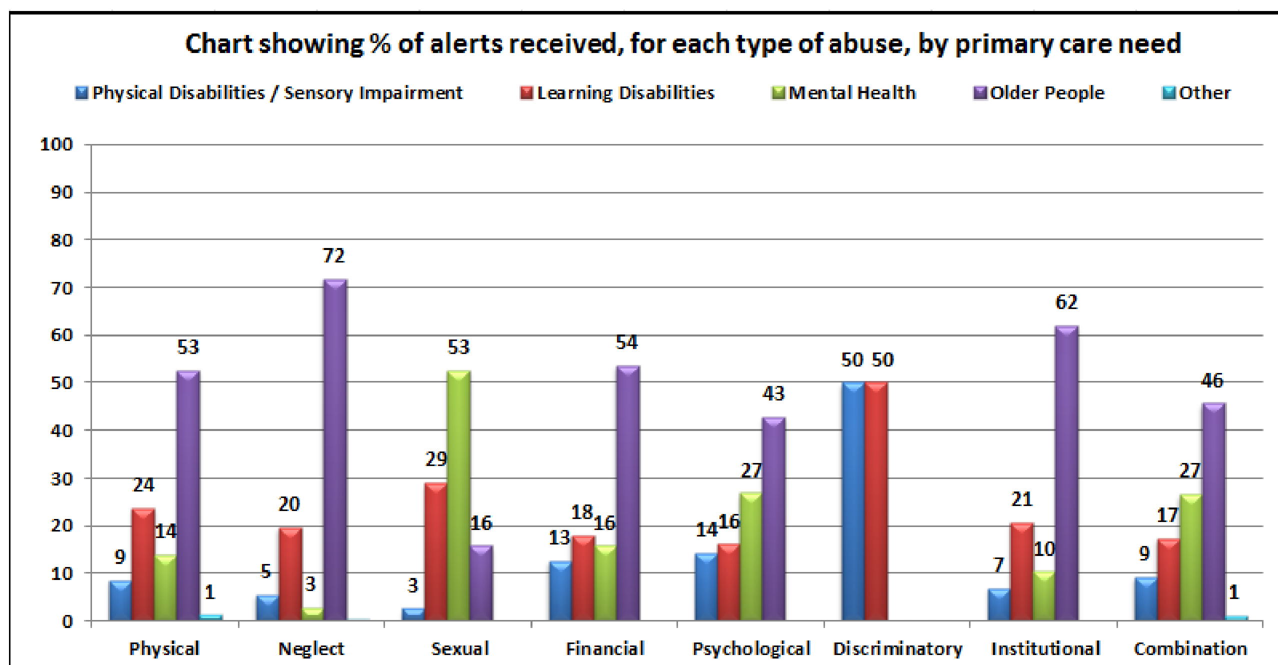
38 % of the older people referred have dementia. Whilst this remains in line with the previous year, the proportion of referrals substantiated or partially substantiated has increased by 7%.

The most common alerts concern the alleged neglect of older people, with 54% of alerts relating to older people and of these alerts, 38% involved alleged neglect.

Neglect, along with physical abuse, was also a common concern relating to those adults with learning disabilities. For those with physical disabilities or mental health needs; alerts most frequently involved a combination of abuse types.

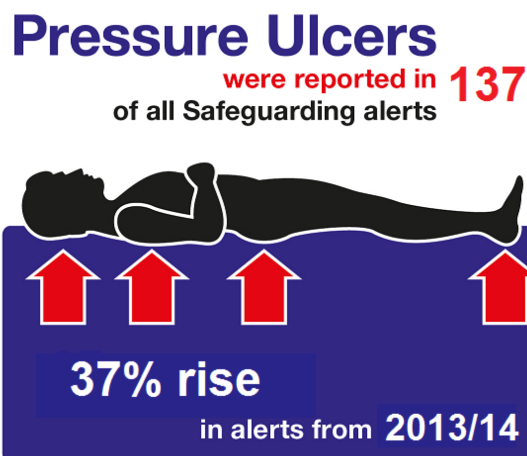
This year, there were 4 allegations of disability hate crime reported to the police, all of which were investigated.

The graph below shows the type of abuse reported for each client group. This includes situations where the adult has experienced more than one type of abuse.



4.4 Pressure Ulcers

Of the total number of alerts 137 described a situation where the adult had developed a pressure ulcer. This is a 37% increase in the number reported last year. 61 of these were investigated under safeguarding adult's procedures as a sign of neglect. This compares to 56 last year.

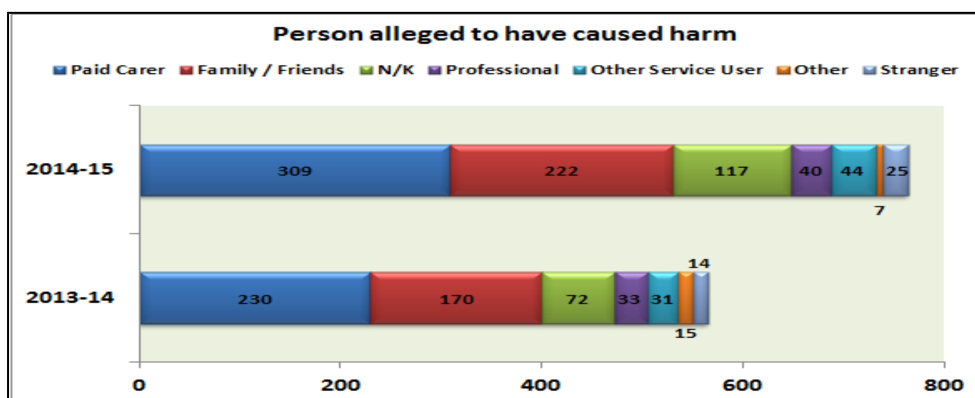


At the point of publication, investigations into 56 of the 61 referrals involving pressure ulcers had been completed the following table shows the outcomes.

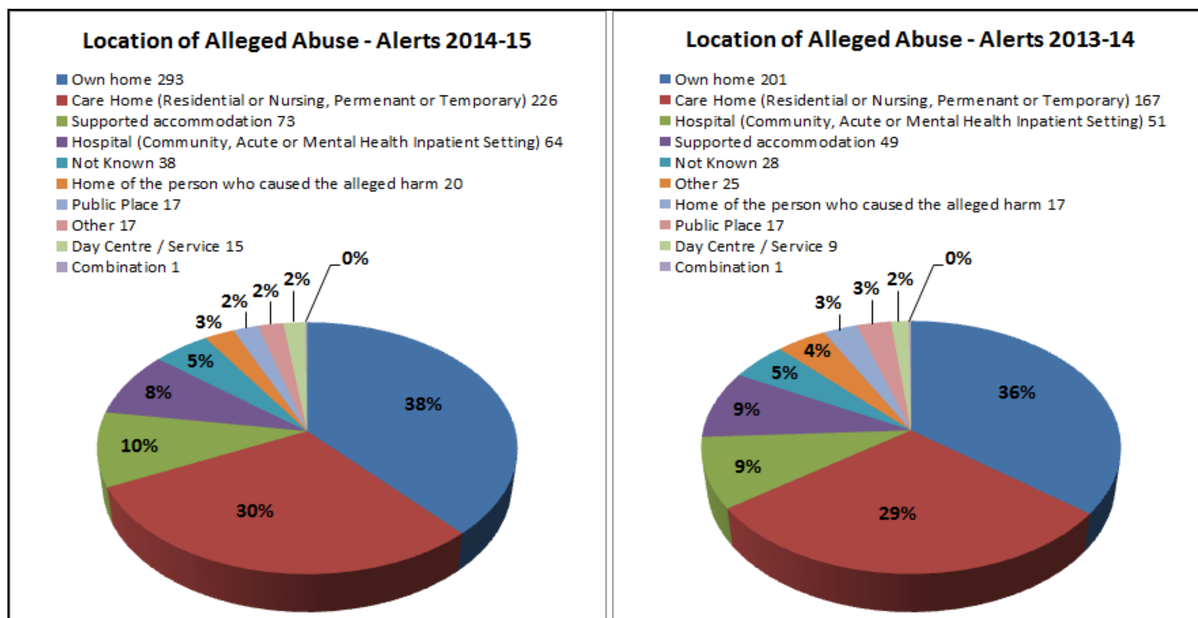
Safeguarding outcomes for referrals related to Pressure Ulcers		
Case Conclusion	**2013-14**	**2014-15**
Abuse substantiated	11	11
Abuse not substantiated	30	25
Abuse partly substantiated	4	6
Not determined / inconclusive	8	13
Investigation ceased on individuals request	0	1
In 2013-14 'investigation ceased on in the individuals request' wasn't recorded		

4.5 The person who caused the harm

2014/5 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (40%), followed by family /friends (29%). The chart below shows the total number of alerts and who the person was that caused the harm. A similar composition was seen across those alerts referred for investigation.



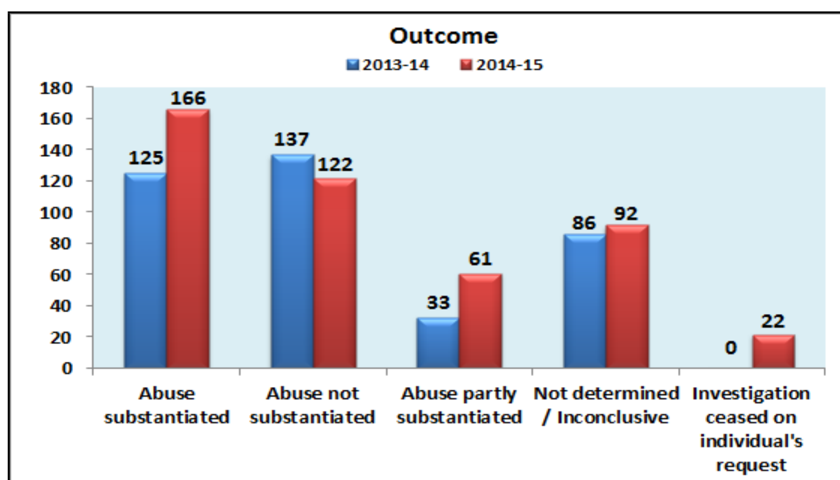
As a proportion of all alerts received, the most common location for alleged abuse/neglect was in people's own homes.



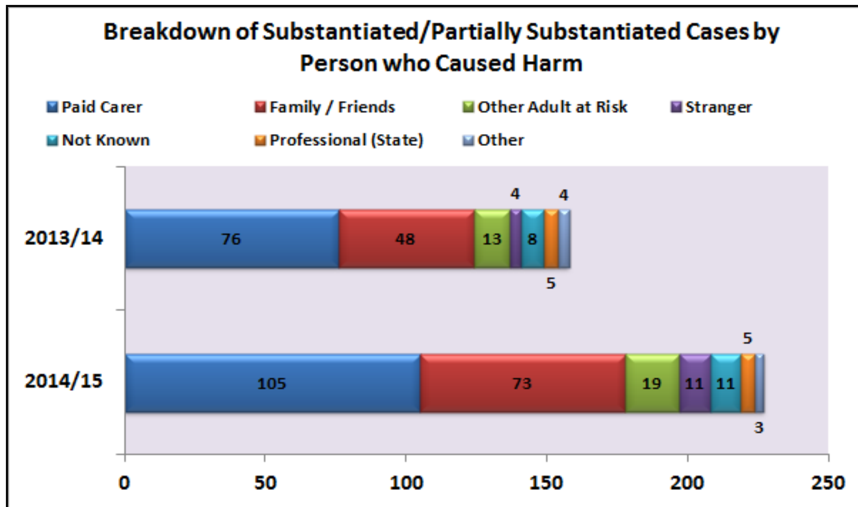
4.6 Outcomes of investigations

For every case investigated, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

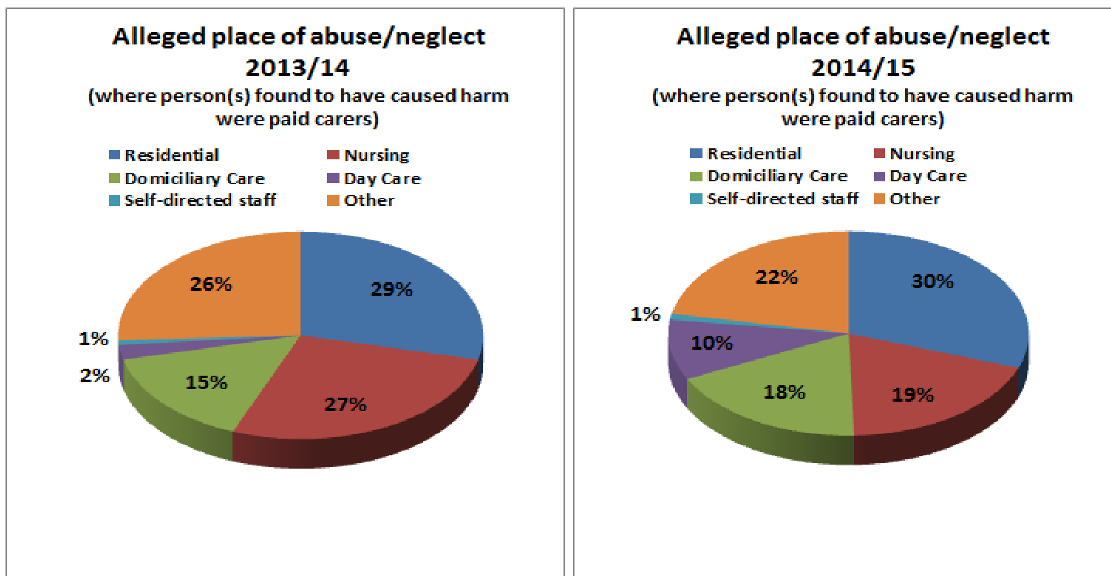
463 cases have now been completed and an outcome determined. Of these completed investigations, 49% were fully or partially substantiated (a 7% increase on 2013/14). Therefor whilst there is a slightly smaller proportion of alerts investigated, a greater percentage of these are substantiated or partly substantiated.



The following chart shows cases of substantiated/partially substantiated abuse/neglect, broken down by the person(s) who caused the harm.



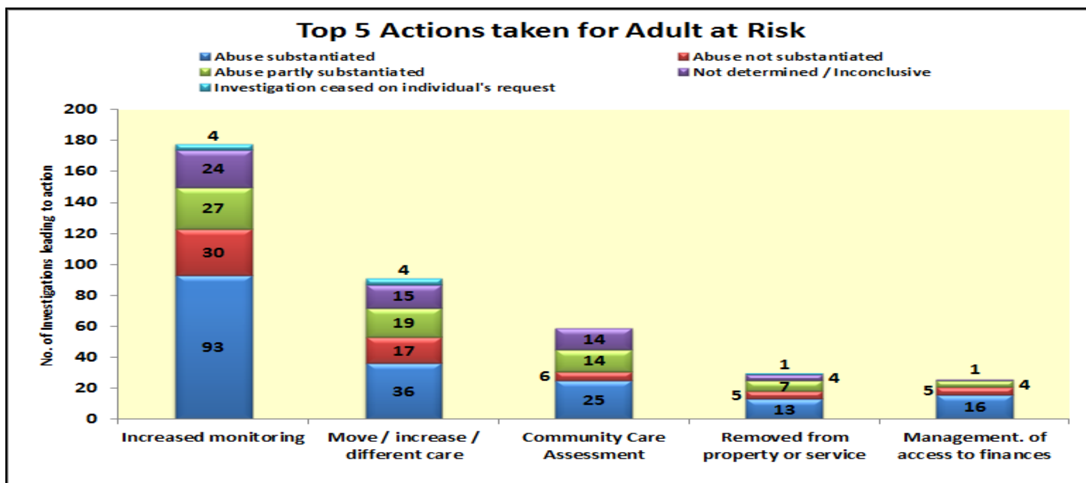
46% of fully or partially substantiated abuse involved paid care staff. Whilst the majority of these paid carers were employed in a residential or nursing care setting, this year has seen an increase in community based settings, including day care services.

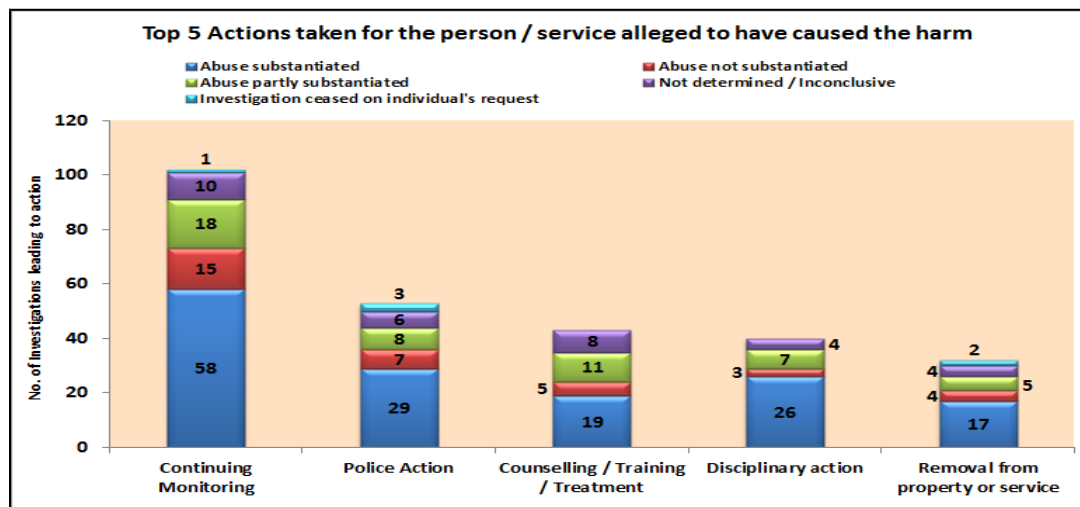


Action Taken

In all safeguarding investigations we try to help the adult at risk stay safe from harm. In most cases to ensure this happens, we increase monitoring of the adult at risk and change the frequency, type or location of their care. We also take action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

The following charts provide a breakdown of the 5 most common actions taken during 2014/15, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by investigation outcomes.





In 2014/15, action was taken by CQC in 17 cases and 14 Criminal Prosecutions / Formal Cautions were made (8 more than in 2013/14).

5. Safeguarding Stories

Below are three real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Story 1:

Mr Farrow is an 80 year old gentleman who was referred to social services by a housing officer as he was in rent arrears. The housing officer reported his suspicion that Mr Farrow was giving his daughter money to pay his rent but she was spending it on alcohol. Mr Farrow lived with his daughter and when the housing officer rang Mr Farrow she tried to prevent him from speaking to her father and was heard being verbally abusive to her father.

A social worker met with Mr Farrow, It became apparent that he was behind with his payments on most of his utilities due to his daughter's theft of his money. He declined police involvement but agreed to be referred to an outreach worker who helped him to manage his finances, ensuring the rent was paid by direct debit and that his debts to various agencies were managed. He was also supported to apply through the Office of the Public Guardian for Power of Attorney and his son managed his finances on his behalf. He also expressed his wish for his daughter to move out of his house and was supported to ask her to leave.

With his consent, the social worker arranged for him to attend a day centre twice a week which helped him make contact with other people of a similar age. At the review he reported feeling much happier knowing that his rent was being paid and that his tenancy was no longer at risk due to rent arrears. He also knew his finances were being managed on his behalf. Through the day centre he also knew that he could seek support from the staff if he needed help at home.

Story 2:

Ms Hanif is an older lady who lives in a care home. The manager of the home was informed by a senior member of staff that Ms Hanif had been given another resident's medication by mistake. The home sought medical attention for Ms Hanif immediately to ensure she was ok, and the incident was also reported to the Care Quality Commission. This matter was also reported to social services who requested that the manager of the home carry out an investigation of the incident. Two staff members were suspended from duty whilst the investigation took place. The investigation revealed that staff members who administered medication were often distracted by residents. As a result, the home's medication procedures were reviewed and a number of additional measures were put in place to improve the safety of residents in the home. This included the medication cabinet repositioned away from the immediate dining area, and medication being administered by two members of staff rather than one. The manager of the home also agreed to regularly review medication procedures to prevent mistakes being made in the future.

Story 3:

Mr Jones was a resident of a care home. He was diagnosis with dementia and was unable to understand his care needs or communicate them with staff. His family noticed bruising on his upper arms which were reported to social services. An investigation took place in the home which showed that night staff and day staff adopted different practices when assisting Mr J to stand up and the bruises seemed to be the result of inappropriate manual handling techniques by night staff. An occupational therapist assessed Mr Jones transfers and worked with the staff to teach them the correct and safe ways to assist him. This was recorded clearly in Mr Jones support plan which all staff referred to when working with him. The occupational therapist also identified that Mr Jones use of a recliner chair that his family had bought him was putting him at risk of falls and was at risk of tipping over and causing additional injuries. The chair was then replaced by a more suitable one.

6. Useful contacts

Questions about this report

If you have any questions about this report, please contact Sue Smith, Barnet Head of Safeguarding Adults.

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

If you would like to access safeguarding training for organisations in Barnet, please contact the Barnet Adults and Communities Workforce Development Team.

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk

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AGENDA ITEM 11

	Health and Wellbeing Board 12 November 2015
Title	**Health and Social Care Integration Progress Report incorporating Better Care Fund Performance**
Report of	Commissioning Director Adults and Health Director of Integrated Commissioning
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 –Health and Social Care Integration Board Minutes 9 September 2015
Officer Contact Details	Melanie Brooks Programme Director Health and Social Care Integration Melanie.brooks@barnet.gov.uk / 020 83592453

Summary

As part of its responsibility for overseeing and monitoring the programme of work, the Health and Wellbeing Board (HWBB) are responsible for delivery of the Better Care Fund. The Health and Wellbeing Board also have a key strategic priority to integrate Health and Social Care. The Better Care Fund is a key mechanism by which the Health and Social Care Integration work is financially progressed.

The HWBB Finance Planning Group monitor the performance of the Better Care Fund and are responsible for reporting this performance through a nationally prescribed template to NHS England. The BCF metrics are also nationally set and they are proxy indicators of how well service integration in the system is working. Barnet's performance is reported quarterly and this report sets out the BCF Metrics for Quarter 1 and Quarter 2 of 2015/16.

The Finance Group have compiled the BCF Submission for Quarter 1 of 2015/16 as delegated by the Health and Wellbeing Board and this was submitted in August 2015. The submission for Quarter 2 is drafted and a summary of the content is provided in this report. The HWBB Finance Planning Group will oversee the submission to be made in November 2015.

The Health and Social Care Integration (HSCI) Board govern the implementation of the HSCI Business Case agreed by Health and Wellbeing Board in October 2014. A brief summary of key programme activities delivered in the last six months is given with a summary of planned activities for the programme.

Recommendations
1. That the Health and Wellbeing Board notes and make comment as appropriate on the progress on current work to integrate health and social care.
2. That the Health and Wellbeing Board notes and make comments as appropriate on the performance for Quarter 1 2015/16 of the Better Care Fund.
3. That the Health and Wellbeing Board approves the proposed performance report of Quarter 2 2015/2016 Better Care Fund that will be reported to NHS England in the November submission.
4. That the Health and Wellbeing Board notes the minutes of the Health and Social Care Integration Board of 9 September 2015.

1. WHY THIS REPORT IS NEEDED

1.1 Background

1.1.1 Barnet Health and Wellbeing Board agreed the Health and Social Care Integration (HSCI) Business Case in October 2014 and this business case formed the basis of the Barnet Better Care Fund (BCF) Submission made in January 2015 made on behalf of the Health and Wellbeing Board.

1.1.2 Health and Social Care integration remains a key priority within the draft Health and Wellbeing Strategy 2016 to 2020. The Health and Social Care Integration work has been in progress since 2012 and the business case set out how the work would be taken forward in the next three years. The Health and Wellbeing Board delegate the work to implement and develop integration to the Health and Social Care Integration Board.

1.1.3 The HSCI Board have in place a programme of work which delivers the Commissioning Intentions of LBB and CCG to achieve better health and wellbeing outcomes and improve user experience for the frail, older population in Barnet in a financially sustainable way.

1.1.4 The objectives of integration are:

a) Improving outcomes for frail elderly residents, patients, service users in Barnet and those living with long-term conditions (LTCs) and their carers

b) Manage the forecast gaps in funding available for the expenditure expected to meet the needs of people and demand for services, as the

population of frail elderly people and those with Long Term Conditions in Barnet, grows

c) Meeting ambitious but necessary external NHS Quality, Innovation, Productivity and Prevention and Better Care Fund or internal Local Authority Medium Term Financial Savings (MTFS) and Priority Spending Review (PSR) targets.

1.1.5 The Health and Wellbeing Board has the responsibility to report to NHS England on progress against the Better Care Fund metrics. The delivery of medium-term strategy to meet the HSCI Business Case and to manage performance against the BCF is delegated through the HSCI governance structure. This report sets out progress made in the implantation of the HSCI Business Case and the BCF including performance against the BCF metrics.

1.1.6 The Health and Wellbeing Board delegates the responsibility to the Health and Wellbeing Board Finance Group for the submission of the BCF performance report to NHS England. The HWBB Finance Planning Group have compiled the BCF Submission for May 2015 and August 2015, and have overseen the production of the Performance dashboard.

Better Care Fund Performance Report (quarter 1 and quarter 2)

1.2 **Dashboard (quarter 1 and quarter 2)**

1.2.1 The dashboard provides a status summary of the performance against each of the BCF metrics. The following section sets out further detail against each of those metrics. Shading denotes a RED level of performance.

	2014/2015			2015/2016		
	Quarter 4 Plan	Quarter 4 Performance	Quarter 1 Plan	Quarter 1 Performance	Quarter 2 Plan	Quarter 2 Performance

	2014/2015			2015/2016		
Non-Elective Admissions	7227 ⬇	7372 ⬆	7442 ⬇	7590 ⬆	7262 ⬇	7584 ⬆
Admissions to Residential and Nursing Care	438 ⬇	382 ⬇	100 ⬇	98.6 ⬇	200 ⬇	155 ⬇
Delayed Transfers of Care	492 ⬇	525 ⬆	647 ⬇	646 ⬇	647 ⬇	620 ⬇
Self-directed Support	**99%** ⬆	99% ⬆	**99%** ⬆	99% ⬆	99% ⬆	99% ⬆
Effectiveness of Enablement	85 ⬆	77. 06 ⬇	**Measured Annually**	N/A		N/A
Service User Satisfaction	**90%** ⬆	**88%** ➡	**Measured Annually**	N/A		N/A
Income and Expenditure		**Pooled Budget not in place**	**£6,105,750**	**£6,151,170**	£5,768,750	Available 10th November

1.3 **Non-Elective Admissions**

1.3.1 Non-Elective Admissions are the key indicator on which Barnet's success with the BCF is assessed. The admissions that are counted include all admissions for all HWBB area residents. This is a different population group than those set out in the CCG Operating Plan which is Barnet General Practice Registered patients.

1.3.2 There is an increase in Non-Elective Admissions when the CCG operating Plan has set out a planned reduction in Admissions to deliver the Better Care Fund targets.

Table 1 - Non Elective Admissions based on HWBB population performance January 2015 to December 2015

	Quarter 4	Quarter 1	Quarter 2	Quarter 3
Baseline (previous year)	7371	7590	7407	7367
Plan	7,227	7,442	7,262	7,488
Actual Performance	**7,372**	**7,836**	**7,584**	
Difference (%)	**+0.001%**	**+ 3.5%**	**+2%**	

1.3.3 The Health and Social Care Integration work targets the older age group aged over 65. There is an increase in admissions within the over 85 age group, but the biggest driver of demand is admissions in the 50-59 age group which to date has been out of scope of the HSCI programme.

1.3.4 Pressure and demand is being seen across the system and across London. Barnet remains a good performer for Admissions in the North London Cluster.

1.3.5 The CCG have undertaken a detailed analysis on admissions from April to August 2015 which was considered by the CCG in October. This work has shown that there are three key areas for deeper analysis work which will require in-depth clinical review:

- Admissions in the 50-59 age group with particular emphasis on chest pain.
- Admissions in the over 85 age group linked to falls and fractures from falls
- The 0-4 age group for viral infections which will inform the paediatric urgent care work currently being scoped.

1.3.6 The HSCI Steering Group will undertake urgent work to review the falls pathway, effectiveness of current provision and identify urgent action to improve performance in this area. The CCG will undertake work to look at the cardiac pathway and paediatric admissions.

1.4 **Pay for Performance**

1.4.1 Within Barnet, the partners submitted a Better Care Fund (BCF) plan that showed that in the first year, the investment in community services through the BCF would achieve a planned reduction of 1.95% of Non-Elective Admissions, equivalent to 586 admissions.

1.4.2 The CGG, through NHS national tariff arrangements, pays for each admission and therefore admissions over the amount set out in the local plan have a cash value. The expected reduction in admissions was costed at £1.2m.

1.4.3 The Pay for Performance element of the Better Care Fund is the cash value of the reduction in Acute Hospital Activity of Non-Elective Admissions (NEL Admissions). The Better Care Fund guidance sets out that CCGs can, in the event of the reduction not being achieved, withhold the performance element from the BCF pool to fund the additional costs payable to hospitals. The

submission to NHSE requires us to describe the management of NEL cost pressure in these terms. In reality, the CCG with partners needs to agree how to manage this pressure as funds within the Better Care Fund are committed as services.

1.4.4 The BCF budget identified £800k of contingency to manage this and that BCF expenditure would be reduced to manage this pressure. The worst case scenario is that BCF spend will be restricted to off-set this cost. The best case scenario is that urgent work will reduce admissions to reduce acute care expenditure and that further CCG work will identify alternate sources of funding for the acute care activity.

1.5 **Delayed Transfers of Care**

1.5.1 This metric is measured annually for the Better Care Fund and is both the target and performance is based on quarter 4 of each year.

1.5.2 The BCF measures a reduction in delayed transfers of care expressed as the number of delayed days in total from hospital and the data is expressed per 100,000 population.

Date	2013/2014	2014/2015	2016/2017	Q1 15/16	Q2 15/16
Target		492.30	379.30	647.3	647
Performance	635.30	525		646.7	620

1.5.3 Actual numbers of delayed discharge are available on a monthly basis and trends in delays are monitored through the Systems Resilience Group and recommendations for management action are taken forward through that forum.

1.5.4 The performance for Quarter 1 and Quarter 2 of 2015/16 is on target.

1.6 **Admissions to nursing and Residential Care**

1.6.1 This is a social care metric and is defined and measured using the national methodology to calculated permanent admissions to nursing and residential care. The target is to reduce admissions annually and lower numbers that target are better.

Date	2013/14	2014/15	2015/16	Q1 15/16	Q2 15/16
Target		438	399	100	200
Performance	475	382		98.6	155

1.6.2 Performance in Quarter 1 and Quarter 2 of 2015/2016 were good with admissions just below target showing a reduction ahead of the plan.

1.7 **Effectiveness of Enablement**

1.7.1 This metric is measured annually and combines health and social care data. It

is conducted on an annual snap shot basis.

1.7.2 Here higher than target is a good performance and for 2014/2015 performance was poor:

	Baseline 13/14	Target 14/15	Performance 14/15	Target 15/16
Proportion of older people still at home 91 days after discharge	71.9	85	77.06	81.5

1.8 **Service User Satisfaction**

1.8.1 This is a social care metric and is measured annually in the Adult Social Care survey and calculated using national guidance and scoring.

	Baseline 13/14	Target 14/15	Performance 14/15	Target 15/16
Patient / service user experience	0.883	0.9	0.882	0.9

1.8.2 Performance for 2014/15 was slightly below target and at a satisfaction level of last year. Therefore the satisfaction has been sustained, not improved.

1.9 **Self-Directed Support**

1.9.1 This is a social care metric expressed as a percentage setting out how many service users of the total number of service user direct their support.

1.9.2 The BCF target is 1 as the metric is expressed as a whole number. Locally our target is 99%.

1.9.3 Performance against this target is good.

Date	**2013/14**	**2014/15**	**2015/16**	**Q1 15/16**	**Q2 15/16**
Target	99%	99%	1	99%	99%
Performance	98.4%	99.3%		99.2%	99.8%

1.10 **National Conditions Position Statement**

1.10.1 The Better Care Fund has six national conditions which each Health and Wellbeing Board must meet as part of the requirements of the Better Care Fund Guidance. For each Quarterly Submission to NHS England a position statement is made setting out Barnet's compliance and/or progress in meeting each condition.

1.10.2 It is expected that Barnet will meet the requirements through 2016. The BILT Pilot has tested and developed the joint assessment pilot. When the Integrated Care Management Service is implemented fully across Barnet, this

will be in place for all residents. Implementation is expected from April 2016.

1.10.3 The Shared Care Record project was paused in the spring as further work was needed within partner organisations to both develop systems capability to utilise integrated digital records and to develop the appropriate information governance arrangements. The Shared Care Record Agreement has been signed off which provides the governance framework. The next stage is for the NHS number to be agreed as the primary identifier for all Health and Social Care records. Once this is in place, work can focus on system functionality.

Table 2 – National Condition Position Statement

National Condition and Definition	Reported Position	Narrative
1.Plans are Jointly Agreed The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences	Yes	
2) Social Care Services are protected. Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14	Yes	
3) Seven day working to support hospital discharge Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it.	Yes	
4) Better data sharing between health and social care, based on the NHS number The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS	**No – in progress**	The CCG IT strategy sets out the intent to share information across primary

National Condition and Definition	Reported Position	Narrative
number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (i.e. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.		and community services. The Capability to share data is being developed through Emiss Community and A pilot is testing this is underway. The upgrade to Mosaic for the Social Care record gives the capability to use the NHS number. Information governance arrangements are in place
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.	**No – in progress**	The BILT pilot has a joint approach to assessment and care planning. This is currently being rolled out to the West Locality and will be rolled out across the borough through 2016.
6) Agreement on the consequential impact of changes in the acute sector Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.	Yes	

1.11 **Income and Expenditure**

1.11.1 The Health and Wellbeing Board have agreed the Better Care Fund Budget and planned expenditure on services and projects. This income and expenditure statement excludes public health investment in Tier 1 and 2 services as these are out of scope of the BCF Pool.

1.11.2 Services and projects set out in the BCF plan have operated through the quarter and therefore Expenditure is to the plan and summarised below.

Pressure has arisen from the demand for Adult Social Care and for Equipment services. This demand is not fully represented below and further work is taking place to set this out fully. The Acute Care spend as a result of NEL Admissions is not reflected here as the contingency fund has off-set this.

Table 3 – Better Care Fund Income and Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan
Income	Plan	£5,853,000	£5,853,000	£5,853,000	£5,853,000	£23,412,000
	Actual	£5,853,000	Available November	-	-	
Expenditure	Plan	£6,105,750	£5,768,750	£5,768,750	£5,768,750	£23,412,000
	Actual	£6,151,170	Available November	-	-	

1.12 **Governance and Section 75 Agreement**

1.12.1 Better Care Fund guidance requires Health and Wellbeing Boards to pool funds via a Section 75 Agreement. This is a national condition against which Barnet is required to report progress.

1.12.2 The Better Care Fund in Barnet is currently an aligned arrangement with both partners identifying spend and jointly reporting on Income and Expenditure. The Health and Wellbeing Board received an update report on the Pooled Budget progress at its meeting on 4 June 2015.

1.12.3 The overarching Section 75 Agreement between the CCG and LBB requires a deed of variation to allow the pooled fund to become executed. The schedule is drafted and the final governance procedures are being undertaken to allow the execution of the deed of variation.

Health and Social Care Integration Programme Report

1.13 **Self- Management and Prevention (Tier 1 and 2)**

1.13.1 Through the last six-month period, considerable effort has been invested in building capacity in the community to support residents to manage their own care.

1.13.2 This has included the investment in the Groundworks led initiative to develop health and social care volunteers linking with work to support healthy and active lifestyles.

1.13.3 Twenty-eight Pharmacies have signed-up to develop a Barnet Health Living Pharmacy offer supporting the development of the “no-wrong Door” approach. The first step has been to train counter-staff as Health Champions to provide targeted health information, support and signposting for pharmacy customers.

1.13.4 Through co-production, Public Health have led and developed the

specification for Health Champions operating from General Practice who will focus on Mental Health. This model will be developed and broadened.

1.13.5 The small-scale Self-Management programme was developed with external funding. The next stage is to focus this on Diabetes Self-Management where there is a robust national evidence base on outcomes for people.

1.13.6 The Aging Well Programme delivered to four town centre localities. The strategy to roll-out the successful elements of the programme will be implemented through the rest of 2015 and into 2016.

1.13.7 The next planned project is to deliver Making Every Contact Count (MECC) training to those who work within services in Barnet who have contact with people who are frail elderly or with Long-Term Conditions. The aim of this training is to enable professionals to have an understanding of a range of issues such as carers, healthy lifestyle, available services and to provide brief interventions with the aim of enabling a resident to know how and where to access support if needed.

1.13.8 The Dementia Manifesto will be agreed in November 2015 and the supporting action plan will be delivered through the programme where appropriate.

1.14 **Care and Support (Tier 3, 4 and 5)**

1.14.1 The Care Home strategy group, which includes Care Home Managers as well as Health and Social Care professionals, held a co-production workshop to review progress to date and priority work to take forward. The group have a clear vision of building an integrated team around care homes with robust care planning and specialist advice when needed to support people to receive care in the care home and to avoid unnecessary admissions to hospital. This work will be taken forward as a priority action.

1.14.2 The Barnet Integrated Locality Team (BILT) has continued to develop models of integration based around a person and their locality. The pilot has been evaluated and key decision-makers took part in a workshop to set out the commissioning model and delivery plan for the full implementation of the service as set out in the Health and Social Care Business. BILT is widening the number of GP practices who can refer to the team from August 2016 and the BILT team will now support the whole of the West locality.

1.14.3 The Multi-Disciplinary Team (MDT) which has been in place for two-years and works to put in place case management and anticipatory care plans for Barnet’s most frail elderly residents has continued to operate. The Team had undergone some change and work has taken place to restate the objectives of MDT and to ensure the team is embedded in local processes and systems.

1.14.4 The CCG has reviewed at Clinical Summit the use of Risk Stratification in primary care to ensure it is being utilised effectively and that the services described above are targeting the right cohorts of patients.

1.14.5 The Rapid Response service which is delivered by CLCH is now well embedded. This service seeks to provide treatment and care in the

community to avoid the need for Acute care in Hospital.

1.15 **Health and Social Care Integration Board**

1.15.1 The HSCI Board is therefore plays a significant role in driving forward health and social care integration. It oversees and provides strategic direction for the development of integrated health and social care services, proportionate to the level of investment that is required and the complexity of the work programme delivered.

1.15.2 The Barnet HWBB on 13th November 2014 agreed to receive the minutes of the HSCI Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.

1.15.3 The last meeting of the HSCI Board was held on 9 September 2015, the minutes can be found at appendix 1. The meeting considered the performance of NEL Admissions and the progress of the Integration work in reducing the admissions. The Board agreed that where good national evidence existed for approaches or services, that we should consider commissioning these as opposed to pilot or evaluating locally. With this in mind, the Board now require officers to consider scale and pace with new developments and service changes.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board has the responsibility to report to NHS England on progress against the Better Care Fund metrics. The delivery of medium-term strategy to meet the HSCI Business Case and to manage performance against the BCF is delegated through the HSCI governance structure. This report sets out progress made in the implementation of the HSCI Business Case and the BCF including performance against the BCF metrics.

2.2 The HWBB Finance Planning Group submitted to NHS England the Quarter 1 template in August 2015 and have prepared the BCF Submission for November 2015. A brief narrative is given here on performance and the appendices provide a summary of the submission made to NHS England with Financial and Performance information available at the time of writing the report.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The HWBB Finance Group will oversee the submission to NHS England for the BCF Quarter 2 by the 26th November 2015.

4.2 The CCG will undertake work on the two priority areas that arose from the analysis of Non-Elective Admissions and take remedial action where this is identified.

4.3 The HSCI Steering Group will undertake an urgent review of the falls pathway

and falls strategy to reduce preventable falls and therefore reduce admissions to falls in older adults.

4.4 The HWBB Finance Group will continue work to develop actions to manage the expenditure relating to NEL Admissions.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integration of Health and Social Care remains a key priority in the Barnet Health and Wellbeing Strategy 2016 to 2020 and will continue to deliver LBB Commissioning Intentions and BCCG 5 year Strategic Plans.

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

5.2.1 From April 2015, the Department of Health (DH) required councils and Clinical Commissioning Groups (CCGs) to pool their budgets allocated for the delivery of the schemes of work in the Better Care Fund (BCF) Plan. This would enable the Council, the CCG and the Health and Wellbeing Board (HWBB) to determine investment and realise the target benefits and outcomes identified.

5.2.2 The HWBB Finance Group will act as the pooled fund executive, through the officers and group members with the requisite delegated authority, and will be responsible for monitoring progress in delivering the target benefits and outcomes in the BCF Plan and Business Case, including oversight of work and spend.

5.2.3 The Policy and Resources Committee, on 24th March 2015, gave authority for the Council to enter into a pooled budget with NHS Barnet CCG. They also delegated authority to the Commissioning Director for Adults and Health to finalise the operational arrangements for the Better Care Fund 2015-2016 pooled budget with NHS Barnet Clinical Commissioning Group, and to execute a new schedule to the section 75 agreement for Integrated Care and a Deed of Variation to initiate the pooled fund arrangement. The Deed of variation is agreed in principle by the CCG.

5.2.4 The cost of the increase of Non-Elective Admissions places considerable risk to CCG budgets and the BCF Pooled Fund. The potential exposure to the BCF pool is £1.2m.

5.2.5 The BCF 2015/16 Budget is outlined below:

	Source	**Type**	**£000**
1	LBB	Adult Social Care Capital Grant	806
2	LBB/NHS	Section 256 Funding	6,634
3	BCCG	Carers Breaks	806
4	BCCG	Enablement	1,860

5	LBB	Disabled Facilities Grant (DFG)	1,066
6	BCCG	NHS Funding *(Note - Includes £846K for Care Act Implementation)*	12,240

5.3 **Social Value**

5.3.1 There are currently no proposed procurements and therefore no Social Value considerations relevant to the decision.

5.4 **Legal and Constitutional References**

5.4.1 Section 75 Agreements for Integrated Care between BCCG and LBB, Section 75 of the NHS Act 2006 (pooled budgets arrangements).

5.4.2 Under the Council's Constitution (Responsibility for Functions Annex A) the Health and Well-Being Board has the following responsibility within its Terms of Reference:

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

(9); Specific responsibility for:

- *Overseeing public health*
- *Developing further health and social care integration*

5.5 **Risk Management**

5.5.1 The key risk is that performance is not at the expected level and the report has set out the steps that will be taken to address this.

5.6 **Equalities and Diversity**

5.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the Council to have due regard to the need to:

a) eliminate unlawful discrimination, harassment, victimisation;
b) advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non- disabled people; and
c) foster good relations between these groups.

5.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council will need to have regard to their general equality duty.

5.6.3 Considerations of equality are reflected in the programme plan and in day to

day business with particular attention to older adults and those with disabilities.

5.7 **Consultation and Engagement**

5.7.1 Consultation and Engagement takes place through the HSCI Board and HSCI Steering Group, and the structures that work below the Board with residents and stakeholders to enable services to develop in a responsive way with coproduction as a core principle. Feedback from Service users is regularly reflected in performance reports.

5.8 **Insight**

5.9 Not relevant to this decision

6. BACKGROUND PAPERS

6.1 Final Barnet BCF Plan approved as part of the Part 1 BCF Plan submission approved by NHSE on 6th February 2015, Health and Well-Being Board 29 January 2015, item 6:
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4

6.2 NHS England operationalisation guidance of Better Care Fund Plans:
http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance-1516.pdf

6.3 Health and Wellbeing Board approved the BCF budget and proposal for the BCF pooled Fund on the 4th June 2015:
http://barnet.moderngov.co.uk/documents/s23554/Barnet%20HWBB%20-%20HSCI%20Board%20Minutes%20Cover%20Sheet%20June%202015%20v0.3.pdf

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BARNET
LONDON BOROUGH

Adult and Communities

MINUTES
Health & Social Care Integration Board

Date: 9th September 2015
Time: 14:00-16:00
Venue: Committee Room 2, Barnet House, N20 0EJ

Attendees: Dawn Wakeling (DW), Melanie Brooks (MB), Regina Shakespeare (RS), Grace Natoli (GN), Katie Donleavy (KD), Chris Baxter (CB), Muyi Adekoya (MA), Jeff Lake (JL), Maria O'Dwyer (MOD), Zoe Garbett (ZG), Jon Dickinson (JD), Mike Rich (MRi), Kirstie Haines (KH), Karen Spooner (KS), Natalie Daley (ND), Mike Roberts (MRo).

Apologies: Debbie Frost, James Benson, Julie Pal
Chair: Dawn Wakeling (DW)
Minutes: Mike Roberts (MR)

No	Item	Lead
1	**Minutes of the previous meeting and matters arising**	
The minutes of the previous meeting were accepted as a correct record.		
2	**Actions arising from previous minutes**	
JD stated that Social Care evaluation for BILT will be complete next week.		JD
3	**Programme Highlight Report Update**	
3.1 BCF Metric Monitoring LBB and CCG systems now set up for regular reporting. The Enablement target remains a priority for the Board. Currently, this target is measured annually. MA is leading work between LBB and CCG to propose a process which would enable more frequent reporting **3.2 Section 75 Schedule** The governance to execute the Section 75 Deed of Variation to manage the BCF fund is not yet complete. The HWBB Finance Group are considering the redrafted version in two weeks' time. **3.3 Programme Plan** Development of the programme of activities beyond 2015 is a priority. Tiers 1 and 2 now have an 18 month programme. For tiers 3 to 5, it is was agreed for the Board to undertake a stock take at the next HSCI board to review progress and revisit objectives in light of current data findings **Action:** Programme tiers 3 to 5 stock take at next HSCI Board on 24 November in light of current data findings.		MA **MB/MA**

4	**Better Care Fund Submission**	
4.1 MB reported that for quarter 1, there was a requirement to report on local progress, use of the BCF income and expenditure pools, and performance against the BCF metrics. The performance report summarises the submission made to NHS England (this is attached with the minutes) For the national conditions, there is compliance in all but two areas: 4.2 NHS Number as a primary indicator. Not currently in place with plans in progress. The pilot to share information across EMIS and SystmOne is about to start. The new Social Care Mosaic system currently being implemented (go live in November) will give the required functionality to record NHS number. MoD reported that CCG IT strategy group currently working on System1 and EMIS and that she is awaiting progress reported go live date. She will bring report to Board meeting **Action:** JD to update at the next HSCI on position re Social Care recording, use of NHS number and the date on which this will take place. **Action:** MOD to update CCG IT strategy at next meeting Joint approach to assessment. Only operational through BILT at 7 GP practices. **4.3 Non-Elective Admissions** MB reported that there has been an increase of activity in non elective admissions for quarter 1 compared to the previous year.. The consequence is that the BCF has not achieved the performance target for quarter 1. DW queried whether this was a real performance issue or whether it was to do with how data is captured. MoD stated that some of the initial modelling was done using historical data however CCG are now in a position to report monthly and would bring some analysis to the next Board meeting. **Action**: MoD to bring analysis on Non Elective Admissions comparison to next Board meeting for discussion. **MoD** On a general note on how the performance report is presented, RS suggested including a RAG status to each of the performance measures to		**JD** **MoD** **MoD**

indicate progress and what area the Board may need to focus on. **Action: MB** to reconsider how future BCF performance reports are presented, and include a RAG status.		**MB**
5	**Tiers 1 and 2 Update**	
5.1 ZG presented a report setting out a position statement and progress to date.One of the key activities planned for September is to raise the profile of the initiatives taking place in Barnet in particular self management initiatives such as Healthy Living Pharmacies. There is also a piece of work needed to promote the branding so that people know what is available out there and how and where to access it. 5.2 GS expressed concern regarding the incremental approach to implementation at a time when there is a £400m funding gap. It was suggested that where there is already proven research for a number of the initiatives that have been piloted including self management, the initiatives need to be progressed rather than go into 'pilot phases'. Pilots ought to be focussed on areas that have not been well evidenced. It was agreed that JL would consider pace and scale through the prevention and wellbeing projects. **Decision:** The Board signed off the Tier 1 & 2 plan, with the caveat that where there is clear national evidence, the pace of implementation would be increased. **Action:** ZG to circulate PID's to Board. **Action:** ZG and JL to update at the next Board on what initiatives would be progressed based on current evidence, and initiatives would be 'piloted'. To support and promote buy in for the work of health champions, it was suggested the profile could be raised by having a GP 'champion' – and MoD could help with this. **Action: MoD** to approach GP colleagues.		JL **ZG** **ZG/JL** **MoD**
6	**Tiers 3, 4 and 5 Update**	
6.1 BILT: MA updated the meeting that in addition to the 7practices that have signed up to BILT in the west locality, 10 more have been approached to join. We now need to decide on the model to move forward with.		

	Care Homes Open Day workshop planned for October and new member of staff recruited to drive the strategy forward. OPIC we need to decide at the next meeting on the risk tool to take forward. **6.2 MDT**: Some issues had been experienced in the effective running of the MDT. MOD has agreed to facilitate a meeting to clarify expectations. KS stated that the MDT still produces good output for the patients but needs to be redefined in terms of way forward. The number of referrals and where they were coming from need to be reviewed. **Action: MA** to speak to individual Board members where appropriate regarding some of the issues experienced in MDT **6.3 Risk Stratification:** GS stated that the Board is keen to continue with utilising the risk stratification tool. This should be used to support clinical judgement. MA informed the Board that the contract with the provider of the tool expires end of September. The Board agreed to extend the use of the tool to the end of financial year 2015/16. **Decision:** Extend contract with provider of risk stratification tool. **6.4 End of Life Draft Strategy -** MoD reported that the first draft is in circulation and would be shared with Board members shortly. **Action:** Draft strategy to be presented to November Board for discussion.	**MA** **MoD**
6	AoB	
	None	
7	Date of next meeting	
	24th November 2015	

	Health and Wellbeing Board 12 November 2015
Title	**Minutes of the Financial Planning Sub-Group**
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Minutes of the Financial Planning Group – 16 September 2015
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 3593478

Summary

This report is a standing item which presents the minutes of the Financial Planning Sub-group and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan. The Sub-groups key areas of work include the Better Care Fund and Section 75 agreements.

Recommendations

1. **That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Group meeting of 16 September 2015.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health and Wellbeing Board on the 26th May 2011 agreed to establish a Financial Planning sub-group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning sub-group meets bi-monthly and is required to report back to the Health and Wellbeing Board (HWBB).

1.2 In 2015/16, the section 256 allocation for Barnet Council is £6,634,000 to deliver the main social care services which also have a health benefit. In 15/16, this funding is no longer received from NHS England but included within CCG allocations as part of the total Better Care Fund allocation of £23.4M for Barnet, which includes the NHS Barnet CCG minimum contribution to the Better Care Fund of £14,060,000. The Health and Wellbeing Board Financial Planning Sub-Group has in its terms of reference the approval of plans for S256/BCF funds on behalf of the HWBB.

1.3 The budgets will be used to continue to support the delivery of existing initiatives, as well as any such new initiatives identified to support the delivery of Better Care Fund (BCF) outcomes and the appropriate protection of social care services.

1.4 Minutes of the meeting of the Financial Planning sub-group held on the 12 June 2015 are presented in appendix 1 and minutes from the sub-group held on the 13 July 2015 are presented in appendix 2.

1.5 In March the Financial Planning sub-group reviewed the operating context for the CCG and LBB given the changes that both organisations have experienced over the past nine months and therefore the relevance of the Financial Planning Sub-group and it was agreed to –

- Focus on areas of strategic joint work between the CCG and LBB which includes the section 75 agreements, the operation of the Joint Commissioning Unit and the Better Care Fund
- Change the name of the group to the Joint Commissioning Executive Group
- Review the Terms of Reference including updating the membership given personnel changes in both organisations
- Shape the Health and Wellbeing Board work programme with the Health and Well-Being Board Chairman and Vice Chairman
- Support the development of the Health and Wellbeing Strategy

1.6 The Terms of Reference will be updated and finalised following a governance review of the Health and Wellbeing Board and sub-group structures. This is being taken forward, jointly, by the council and CCG.

1.7 In September the Group –

- Agreed to further explore reasons for Better Care Fund performance, to be looked at in October

- Agreed the plan for the transfer of Public Health Commissioning Responsibilities for 0- 19 Healthy Child Programme which novate from NHS England to the Council on the 1 October 2015
- The Group were able to contribute electronically to the transformation plan for CAMHS prior to submission to NHS England on the 16 October 2015.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

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

2.2 Through review of the minutes of the Health and Well-Being Financial Planning Sub-Group, the Health and Well-Being Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Financial Planning Sub-Group to take forward its programme of work, the sub-group will progress its work as scheduled in the areas of the Better Care Fund, Section 75 agreements and financial reporting.

4.2 The Health and Wellbeing Board is able to propose future agenda items of forthcoming sub-group meetings that it would like to see prioritised if it is not satisfied with the work that the sub-group is taking forward on its behalf.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, those with mental health issues, and children and young people with special needs and disabilities, is a key ambition of Barnet's Health and Wellbeing Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

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

5.2.1 The Health and Wellbeing Financial Planning Sub-Group acts as the senior joint commissioning group for integrated health and social care in Barnet. it has the following functions that relate to the management of local resources (subject to approval of the revised terms of reference in September):

a) *To oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems.*
b) *To govern the implementation and delivery of the Better Care Fund including the implementation of the 5 tier model for frail elderly, holding the Joint Commissioning Unit and partners to account for its delivery.*
c) *To approve the work programme of the Joint Commissioning Unit.*
d) *To agree any business cases arising from the Joint Commissioning Unit including in relation to the integrated care model*
e) *To recommend to the Health and Well-Being Board, Council Committees and the CCG Board how budgets should be spent to further integration between health and social care.*
f) *To ensure appropriate governance and management of additional budgets delegated to the Health and Well-Being Board.*

5.2.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning sub-group as well as the Section75 agreements between LBB Barnet and CCG to ensure that the projects have a clear programme of work and that approved business cases are adequately resourced to deliver the agreed outcomes.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a

more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities, and at 195 of the Health and Social Care Act there is a new duty-- Duty to encourage integrated working:

> *s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.*
>
> *s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.*

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. The Financial Planning sub-group has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 **Equalities and Diversity**

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as will the specific plans within the Priorities and Spending Review as these are developed. The QIPP plan has been subject to an equality impact assessment considered by NHS North Central London Board.

5.7 **Consultation and Engagement**

5.7.1 The Financial Planning sub-group will factor in engagement with users and stakeholders to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

5.7.2 The Financial Planning sub-group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as the integrated care model is implemented.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Item 2

NHS
Barnet Clinical Commissioning Group

DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group
Wednesday 16 September 2015
North London Business Park, Boardroom
3pm – 4pm

Present:
(AD) Anisa Darr, Deputy Finance Director, LBB
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(DW) Dawn Wakeling, Commissioning Director – Adults and Health, LBB (Chair)
(HMG) Hugh McGarel-Groves, Chief Finance Officer, Barnet CCG
(KH) Kirstie Haines, Adults Wellbeing Strategic Lead, LBB
(MB) Melanie Brooks, Programme Director Health and Social Care Integration, Barnet CCG/LBB
(MOD) Maria O'Dwyer, Director for Integrated Commissioning, Barnet CCG

(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:
(AH) Andrew Howe Director of Public Health, Barnet and Harrow Public Health Team

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair DW welcomed the attendees to the meeting. DW introduced Kirstie Haines to the Group who had recently joined the Council as Adults Wellbeing Strategic Lead. Apologies were received from Andrew Howe.	
2.	**Minutes of the last meeting** No changes were made to the minutes. The minutes were taken to the HWBB on 30th July 2015.	
3.	**Action log** The action log was reviewed and updated. S75 Finances – action completed and paper included with the papers for this meeting. **The Group were asked to feedback any comments before the next meeting** MOD updated that she had met with Mathew Kendal (Adults and Communities Director) to discuss the Integrated Community Equipment Service (S75). BCCG have now paid outstanding invoices from 2013/14. BCCG have paid outstanding invoices for 2014/15 (excluding where social care prescriptions are being reviewed) as well as invoices for April/May 2015/16. An Operational Group is now in place. BCCG were not receiving invoices; BCCG and LBB Finance are looking into this.	**ALL**

DRAFT

	Five Borough and CCG leads (from NCL) to meet on 29 September. DW will keep the group up to date. The Group's ToR is still being considered. DW received a letter and additions to the ToR from Gina Shakespeare (Chief Operating Officer, BCCG) to which DW has responded. It is anticipated that an updated ToR will be circulated shortly. The points below are being considered - • Public Health – BCCG had added that the Group would oversee Public Health finances. DW explained that the Group looks at shared work of the Council and CCG. Public health has its own governance, tied in with Harrow. Further discussion is required including the consideration of the Public Health funds in Children's services, under the Head of Commissioning. • Vote – voting rights of members versus attendees needs to be considered to ensure a balance between the two organisations (as LBB have more members in the Group due to the statutory roles in the Council)	
4.	**4.1S75** **ZG to send round updated spreadsheet and update on the merger of S75s** **4.2MoUS** CM presented the updated Children's MOU which includes comments from CM, MoD and the Audit Committee. **MoD to discuss with the Chair of the Audit Committee.** **4.3 BCF S75** MB presented the latest version of the BCF S75 which includes comments from DW, MoD and the Audit Committee as track changes. DW can agree from the Council's perspective. Schedule to be agreed asap**. MoD to consider outside of meeting and ask the Chair of the Audit Committee to agree.**	**ZG** **MOD** **MOD**
5.	**BCF Quarter 1 report** A report was presented which sets out the work of the HSCI Board and SG as well as the performance. Although performance against some indicators is good, the target for non-elected admissions in quarter 1 was not achieved and therefore the pay for performance for quarter 1 was not received. MB, with Finance Leads from BCCG and LBB, to explore impact of the pay for performance element on the finances of the BCF. Quarterly finance reports for the joint budget to be bought to the Group. **Report to be bought to the next Finance Group meeting covering BCF finances for quarter 1 and 2.** MoD explained that a draft BCF finance template has been discussed with LBB finance and is going back to CLCH for agreement. BCF finance report will also go to BCCG's Finance, Performance and Quality (FPQ) Committee. **ZG and MB to look at BCF reporting and timescales.**	**MB/AD/ HMG** **ZG/MB**

DRAFT

6.	**BCCG Commissioning Intentions** BCCG commissioning intentions were presented, no comments were made. The paper will be considered by the HWBB on 17 September 2015.	
7.	**Primary Care Joint Co-Commissioning** BCCG Primary Care Joint Co-Commissioning progress was presented, no comments were made. The paper will be considered by the HWBB on 17 September 2015.	
8.	**Transfer of Public Health Commissioning Responsibilities for 0- 19 Healthy Child Programme** CM presented the plans for the transfer of Public Health Commissioning responsibilities for the 0 – 19 Healthy Child Programme which will novate from NHS England to the Council on the 1 October 2015. The plans have been agreed by finance, legal and performance. MoD is aware of the paper through Judy Mace (Head of Joint Children's Commissioning) who is supporting the work through Public Health. The proposal is supported by BCCG. The Finance Group approved the proposal and agreed - 1. To enter into the novated contract with the existing provider, the Central London Community Healthcare NHS Trust' for the Health Visiting and Family Nurse Partnership Service and related contract for breast feeding and oral health which is scheduled to transfer from NHS England to Barnet Council on 1st October 2015. The value of the novated contract is £5,650,000 2. To extend the novated contract, this ends 31 March 2016, for a further year until 31 March 2017.	
9.	**JCU work programmes** The Group were reminded that the JCU work programmes were agreed at the meeting of the Group in June 2015. The work programmes will return annually to the Group as they are refreshed to ensure alignment with priorities.	
10.	**Health and Well-Being Board work programme and actions** The Group were asked to consider the paper and send comments to ZG.	
11.	**Work Programme** The group noted the work programme. The work programme will be further updated in line with the Group's priorities.	

DRAFT

	• HSCI Board and Group are reviewing successes and projects for 2015/16 – **report to come in December including implications for S75s** • Priorities to be reviewed and added – **ZG to discuss with members.** The Group is to have a standard agendas with the right reports – • S75 status reports • Finance report on S75 • BCF performance • BCF finance • NHS England BCF returns **ZG to review agendas, work programme, templates and meeting scheduling.** **A monthly timetable for production of the Finance reports would be prepared and agreed by LBB and BCCG Finance teams,** which would ensure Finance reports are available in time for circulation with other papers for HWB Finance Group meetings **Work programme circulated prior to the meeting.**	**MB** **ZG** **ZG** **HMG / AD** **ZG**
12.	**AOB** MoD stated that the Children's Mental Health Services (CAMHS) transformation plan will be approved by the CCG Governing Body on the 8 October 2015 and by SCB on 13 October. This is a lead by BCCG with partners. There is a meeting on the 30 September 2015 with Councillors to review the plan. CM has responsibility for sign off for the Council. CAMHS is on the agenda for HWBB in November. **CAMHS transformation plan to be circulated electronically to the Finance Group ahead of submission to NHS England on the 16 October 2015.**	**MOD**
Next meeting – Wednesday 21st October, 11am - 1pm (Boardroom, Building 2, NLBP)		

DRAFT

	Health and Wellbeing Board 12 November 2015
Title	**Forward Work Programme**
Report of	Commissioning Director Adults and Health
Wards	All
Date added to Forward Plan	January 2014
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1- Forward work programme of the Health and Well-Being Board Appendix 2- Forward work programme of Council Committees and Barnet CCG's Board
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 359 3478

Summary

This report introduces the forward work programme for the Health and Wellbeing Board and outlines a series of considerations that will support the Board to manage and update its forward work programme effectively. These considerations are:

- The statutory responsibilities and key priorities of the Health and Wellbeing Board
- The work programmes of other Strategic Boards in the Borough, thematic Committees and Health Overview and Scrutiny Committee
- The significant programmes of work being delivered in Barnet in 2015/16 that the Board should be aware of
- The nature of agenda items that are discussed at the Board.

Recommendations

1. That the Health and Wellbeing Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).
2. That Health and Wellbeing Board Members agree to propose updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.
3. That the Health and Wellbeing Board agrees to align its work programme with the work programmes of the Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board (see Appendix 2).

1. WHY THIS REPORT IS NEEDED

1.1 At the Health and Wellbeing Board meeting on 13th November 2014 the Board committed to monthly updates of the forward work programme in alignment with other council committees.

1.2 The current forward work programme has been designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects that have been identified as priorities by the Board at its various meetings and development sessions. The current work programme covers a seven month period until the end of July 2016.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 17 September 2015 and suggests a refreshed schedule of reports and items for the following nine months, reflecting the Board's statutory requirements, new responsibilities as the Commissioning Committee for public health, agreed priorities, and objectives set out in the Joint Health and Wellbeing Strategy. Key items to note include a report on the Proposed future structure of the Partnership Boards, Director of Public Health's Annual Report (January) and a health checks update in March.

1.4 The Health and Wellbeing Board must ensure that its forward work programme is compatible with the forward work programmes of the Adults and Safeguarding and Children's, Education, Libraries and Safeguarding Committees. The Board also needs to seek alignment with the work programmes of the Council's Health Overview and Scrutiny Committee, and Barnet CCG's Governing Body, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate. Updated forward work programmes (September 2015 – May 2016) for each of these Boards are attached at Appendix 2 to support the Board in planning its work programme effectively.

1.5 There are a number of work programmes being delivered in 2015/16 that will be of interest to the Health and Wellbeing Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to, Adult Social Care ADM project, early years alternative delivery model and Care Act implementation.

2. REASONS FOR RECOMMENDATIONS

2.1 To maintain a programme of agenda items that will aid the Board in fulfilling its remit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following approval of the recommendations in this report, Board Members will be asked to update the forward work programme.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Health and Wellbeing Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Joint Health and Wellbeing Strategy, including the annual priorities within the Strategy that were agreed at the November 2014 Board meeting and the revised strategy to be agreed at the November 2015 meeting.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board and transformational changes required to meet the savings targets for both the Council and the Barnet CCG.

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

5.2.1 Currently, all items on the forward work programme of the Health and Wellbeing Board will be managed within existing budgets.

5.3 Legal and Constitutional References

5.3.1 Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Well-Being Board meetings.

5.3.2 The work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference as set out in the Council's Constitution Responsibility for Functions- Annex A, which are set out below:

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

*(2) To **agree a Health and Well-Being Strategy** for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.*

*(3) To work together to **ensure the best fit between available resources to meet the health and social care needs of the population of Barnet***

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

*(4) To **consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures** to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.*

*(5) To **receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services** for users and patients.*

*(6) To **directly address health inequalities** through its strategies and have a **specific responsibility for regeneration and development as they relate to health and care**. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.*

*(7) To **promote partnership and, as appropriate, integration, across all necessary areas**, including the use of joined-up commissioning plans across the NHS, social care and public health.*

*(8) **Receive the Annual Report of the Director of Public Health** and commission and oversee further work that will improve public health outcomes.*

(9) Specific responsibilities for:
• ***Overseeing public health***
• ***Developing further health and social care integration.***

5.4 **Social Value**
5.4.1 N/A

5.5 **Risk Management**
5.5.1 A forward work programme reduces the risks that the Health and Wellbeing Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

5.6 **Equalities and Diversity**
5.6.1 All items of business listed in the forward programme and presented at the Health and Wellbeing Board will be expected to bear in mind the health

inequalities across different parts of the Borough and will aim to reduce these inequalities. Individual and integrated service work plans sitting within the remit of the Health and Wellbeing Board's work will need to demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the delivery options chosen, including differential outcomes between different communities.

5.6.2 The Public Sector Equality Duty at s149 of the Equality Act 2010 will apply to CCGs and local authorities who as public authorities must in the exercise of their functions have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.3 This is essential when addressing 5.3.2. (6) above regarding health inequalities.

5.7 **Consultation and Engagement**

5.7.1 The forward work programme will be set by the Members of the Health and Wellbeing Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.7.2 The bi-annual Partnership Board Summits, and the meetings of the Partnership Board co-chairs, will provide opportunity for the Board to engage with each of the Partnership Boards on the forward work programme.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

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Health and Well-Being Board Work Programme

November 2015 – July 2016

Contact: Zoë Garbett
Commissioning Lead – Health and Wellbeing (LBB)
zoe.garbett@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
12 November 2015				
Joint Health and Wellbeing Strategy (2015-20) including Public Health report on activity 2014/15 and the Dementia Manifesto	**The Board is asked to approve the Health and Well-Being Strategy**	Commissioning Director – Adults and Health Director of Public Health	**Consultant in Public Health Commissioning Lead – Health and Wellbeing, LBB**	Yes
Primary Care Strategy	**The Board is asked to note the CCG progress to develop Primary Care services and pathways**	CCG Chair	**Director of Clinical Commissioning, CCG**	No
Adult Social Care Commissioning Intentions	**The Board is asked to comment and note the report**	Commissioning Director – Adults and Health	**Strategic Lead Adults Wellbeing**	Yes
Child and Adolescent Mental Health Services (CAMHS) update and transformation plan	**The Board to review, comment on and sign off the proposal for Barnet's CAMHS**	Commissioning Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Barnet Safeguarding Children Board and Safeguarding Adults Board annual reports	**The Board to comment on the reports**	Barnet Safeguarding Children and Safeguarding Adult Board Chair	**Barnet Safeguarding Children Board Manager**	No
Better Care Fund and Health and Social Care Integration - Quarter 1 2015/2016 report and minutes of the Health and Social Care Integration Programme Board	**The Board is asked to note the report**	Commissioning Director – Adults and Health CCG Chair	**Programme Director Health and Social Care Integration**	No
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
28 January 2016				
Healthwatch update report	**The Board is asked to comment on the progress made by Healthwatch Barnet**	Healthwatch Barnet	**Head of Healthwatch**	No
Director of Public Health's Annual Report	**The Board is asked to note the report**	Director of Public Health	**Consultant in Public Health**	No
Opportunities to align the Public Health and Planning teams – progress report	**The Board is asked to note the progress that has been made locally to align the work of the public health and planning teams**	Director of Public Health	**Consultant in Public Health**	No
Procurement of sexual health services	**The Board is asked to note the specification and plans for the sexual health service procurement**	Director of Public Health	**Consultant in Public Health**	No
Joint Health and Wellbeing Strategy implementation plan	**The Board is asked to comment on and approve the implementation plan.**	Commissioning Director – Adults and Health Director of Public Health	**Consultant in Public Health** **Commissioning Lead – Health and Wellbeing, LBB**	No
Primary Care Strategy	**The Board notes the Primary Care Strategy.**	CCG Chair	**Director of Clinical Commissioning, CCG**	No

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Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Partnership Boards review	**The Board is asked to review and approve the recommendations to improve engagement following a review of the current partnership boards**	Commissioning Director – Adults and Health	**Customer Care Service Manager, LBB** **Commissioning Lead – Health and Wellbeing, LBB** **Partnership Boards Officer**	No
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chair	**Associate Consultant – Health & Social Care Integration Programme**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
10 March 2016				
Health checks update	**The Board is asked to review and comment on the progress made to deliver health checks in the borough**	Director of Public Health	**Consultant in Public Health**	No
London Health Plan	**The Board is asked to review and comment on the London Health Plan.**	TBC	**TBC**	No

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Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Health visiting and integration of health services	**The Board is asked to comment on the progress made in developing the Boroughs health visiting and integration of health services**	Commissioning Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Services for people with learning disabilities including Winterbourne View – Assuring Transformation	**The Board is asked to note the contents of the paper, the progress made with regards to the Winterbourne View Concordat and the current position**	Commissioning Director – Adults and Health	**Joint Commissioning Manager**	No
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chair	**Associate Consultant – Health & Social Care Integration Programme**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
May/June 2016 (TBC)				
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No

***A key decision is one which**: *Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chair	**Associate Consultant – Health & Social Care Integration Programme**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
July 2016 (TBC)				
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chair	**Associate Consultant – Health & Social Care Integration Programme**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing, LBB**	No
Unallocated				
Public Health report on activity 2015/16	**The Board is asked to comment on the progress Public Health made in 2015/16**	Director of Public Health	**Consultant in Public Health**	No

A key decision is one which: *Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Appendix 2 - Forward Work Programmes of Strategic Boards (November 2015 - May 2016)

Calendar month	Strategic Board	Agenda Item	Nature of item (if known)
November			
12 November 2015	Adults and Safeguarding Committee	Development of Your Choice Barnet Contract	Committee to receive a report on the Development of the Your Choice Barnet Contract.
		Home meals service	Committee to receive a report on the Home Meals Service.
		Report on Adult Social Care ADM project - consultation and early findings/SOC	Committee to receive a report on Adult Social Care ADM project, including consultation and early findings/SOC.
		Commissioning strategy for supported living	Committee to receive a commissioning strategy for supported living.
		Approach to Concerns Within the Regulated Care Market	At their meeting on 8 June 2015, the Committee received a report on the London Borough of Barnet's approach to concerns with providers in the regulated care market. The Committee requested to be provided with an update report in six months' time.
		Business planning for 2016/17	Committee to receive a report on Business Planning for 2016/17.
		Enablement home care services commissioning strategy	Committee to receive a commissioning strategy for enablement
18 November 2015	Children, Education, Libraries & Safeguarding Committee	Key Performance Indicators	Report regarding key performance indicators that relate to the work of the Committee.
		Child and Adolescent Mental Health Services transformation plan	This report relates to the Child and Adolescent Mental Health Services Transformation Plan.
		Business planning for 2016/17	Committee to receive a report on Business Planning for 2016/17.
		Education and Skills Alternative Delivery Model	Selection of partner for the creation of a joint venture to deliver education services in Barnet
		Promoting British Values and Citizenship amongst Children and Young People in Barnet	To consider options for the future delivery of early years services in Barnet.
26 November 2015	CCG Governing Body	TBC	
December			
7 December 2015	Health Overview and Scrutiny Committee	Annual Report of the Director of Public Health	Committee to receive the Annual Report of the Director of Public Health.
		Update report on the East Barnet Health Centre from NHS England and NHS Property Service at their meeting in December 2015	At their meeting on 6 July 2015, the Committee considered a report which was submitted by NHS Property Services and NHS England in relation to the East Barnet Health Centre. The Committee noted the report, and resolved to request that NHS England and NHS Property Services attend the meeting of the Committee in December 2015 to provide an additional update on the matter.
		Update Report: Cricklewood GP Health Centre	At their meeting on 6 July 2015, the Committee received a report from Barnet Clinical Commissioning Group which outlined options for the continuation of services at Cricklewood GP Health Centre.
		Adult Audiology, Wax Removal and Community Ear, Nose and Throat Service.	Committee to receive a report from Barnet Clinical Commissioning Group on Adult Audiology, Wax Removal and Community Ear, Nose and Throat Service.

		Quality Accounts - Mid Year Review	At their meeting on 11 May 2015, the Committee reviewed the Quality Accounts for 2014-15 for the Following NHS Trusts: · The Royal Free London NHS Foundation Trust · Central London Community Healthcare NHS Trust · The North London Hospice. As is usual practice, the Committee formally commented on the draft Quality Accounts, and submitted their comments for inclusion within the final reports. The Committee have requested to scrutinise the progress made over the last six months against the comments submitted to each NHS Trust.
January			
19 January 2016	Adults and Safeguarding Committee	Report on Adult Social Care Alternative Delivery Model (ADM) project Outline Business Case	Committee to receive a report on Adult Social Care ADM project OBC.
		Implementation of Better Care Fund: development of integrated locality teams	Implementation of Better Care Fund: development of integrated locality teams.
		Carers strategy	Committee to receive a report on the Carers' Strategy.
28 January 2016	CCG Governing Body	TBC	
March			
7 May 2016	Adults and Safeguarding Committee	Implementing the Care Act: Adult Social Care and Support Contributions Policy	Committee to receive a report on implementing the Care Act: Adult Social Care and Support Contributions Policy
May			
16 May 2016	Health Overview and Scrutiny Committee	NHS Trust Quality Accounts	Committee to consider and comment upon the Quailty Accounts of NHS Trusts for the year 2015/16.
Unallocated item			
Unallocated item	Health Overview and Scrutiny Committee	Dehydration in Patients Admitted to Hospitals from Care Homes	
Unallocated item	Children, Education, Libraries & Safeguarding Committee	Noam Conversion to Voluntary Aided Sector	
		Early years alternative delivery model	