MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 10TH MARCH, 2016

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	Councillor Sachin Rajput	Dawn Wakeling
Dr Andrew Howe	Elizabeth James	Michael Rich
Chris Munday	Dr Clare Stephens	Chris Miller
	Councillor Reuben Thompstone	John Atherton

Substitute Members

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

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

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	1 - 8
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Public Health & Wellbeing Commissioning Plan 2015 - 2020: 2016-17 addendum & targets	9 - 26
7.	The Growing Issue of Shisha Smoking in Barnet	27 - 56
8.	Health Report - Children in Care	57 - 76
9.	Joint Health and Wellbeing Strategy Implementation plan (2015 - 2020) progress update	77 - 92
10.	Minutes of the Joint Commissioning Executive Group	To Follow
11.	Forward Work Programme	93 - 112
12.	Services for people with learning disabilities including Winterbourne View	113 - 124
13.	Any Items the Chairman decides are urgent	
14.	Motion to exclude the Press and Public	
15.	Winterbourne View Cohort – Update on patient discharges and Court of Protection (Exempt)	125 - 136

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Decisions of the Health & Wellbeing Board

21 January 2016

Board Members:-

AGENDA ITEM 1

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

Dr Charlotte Benjamin	* Dr Clare Stephens	* Dawn Wakeling
* Chris Munday	* Cllr Reuben Thompstone	* Michael Rich
* Cllr Sachin Rajput	Dr Andrew Howe	* Elizabeth James
	John Atherton	Chris Miller

Substitute(s):-
* Bernadette Conroy

* denotes Member Present

Rachel Wells (to present Annual Public Health Report)

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

The Chairman of the Health and Wellbeing Board, Councillor Helena Hart welcomed all attendees to the meeting. The Board received an update on the Actions from the previous Minutes and noted that the Actions have been taken forward.

The Chairman noted that Ms Regina Shakespeare had left Barnet CCG and welcomed Elizabeth James and Matthew Powls who have taken on her role as Joint Chief Operating Officers (interim).

The Board also heard that NHS England have recruited the substantive Director of Commissioning Operations who will be joining NHSE from the beginning of April; an element of this role will be to support the Health and Wellbeing Board.

RESOLVED that the Minutes of the previous Meeting of the Health and Wellbeing Board held on 12th November 2016 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Dr Charlotte Benjamin who was substituted by Bernadette Conroy (Barnet CCG)
- Chris Miller (Barnet SAB and SCB)
- Dr Andrew Howe who was substituted by Rachel Wells to present papers (HB Public Health)
- John Atherton (NHS England)

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

None.

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

None.

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

None were received.

6. MOTION FROM FULL COUNCIL - TACKLING THE GROWING PROBLEM OF SHISHA (Agenda Item 6):

The Chairman introduced the Motion which she had originally submitted to Full Council on 8 December 2015. She informed the Board that it had been referred to the Health and Wellbeing Board as the Committee best placed to progress it, due both to the diversity of membership of the HWB Board and its ability to involve not only all the various Council departments but also the many different facets of public life in Barnet. The Board was informed of the exact wording of the Motion as set out in the body of the report (p10).

The Chairman requested that, if the Board agreed, an update item would be reported to the next meeting of the Health and Wellbeing Board, co-ordinated by Public Health and with input from Licensing and Planning and for the Board to agree a local plan of action going forward. (**Action**)

The Board expressed support and interest in receiving the follow up report at its next meeting with particular input and advice from Licensing and Planning on any possible restrictions as well as any potential limitations as to advertising that could be imposed. (**Action**)

Rachel Wells stated that Public Health are already involved in discussions across London looking at by-laws and other activities. Public Health will look at what is effective and what can work in Barnet.

Dr Clare Stephens and Councillor Sachin Rajput also requested that the follow up report contain further information about the enforceability of any licensing or planning restrictions. (**Action**)

The Commissioning Director for Adults and Health, Dawn Wakeling noted that the follow up report should contain reference to the Joint Health and Wellbeing Strategy 2015-2020 and that an invitation will be sent to the planning team to attend the meeting to answer any queries that the Board may have. (**Action**)

Michael Rich, Head of Healthwatch Barnet stressed the importance of engaging with communities through various communication channels. The Chairman also emphasised the primary need to communicate the message about the health effects of shisha smoking to people. (**Action**)

The Board therefore RESOLVED that in relation to this item the instructions set out above are required.

7. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (2015 - 2020) (Agenda Item 7):

The Chairman introduced the item and noted that the final Joint Health and Wellbeing Strategy 2015-2020 had been approved by the Board at the previous HWBB meeting in November 2015. She re-iterated the importance of this document which provides the framework and direction for local commissioning and service planning across the Council and the NHS. The Chairman further stressed the importance of the commitment of all members of the HWB Board towards implementation of the Strategy, demonstrated through clear accountable actions.

The Commissioning Director for Adults and Health, Dawn Wakeling noted that an update report on the JHWBS Implementation Plan will be presented at each meeting with a focus on particular elements and that a full annual update item will be reported to the Board in November.

Dr Debbie Frost, Chairman of Barnet Clinical Commissioning Group, welcomed the report and noted the importance of the relevance of the tasks and actions set out in the implementation plan going forward.

Following a query from the Board, it was noted that the HWBB's Joint Commissioning Executive Group (previously HWBB Finance Planning Group) will be leading on monitoring the detailed actions and targets set out in the implementation plan.

Following discussion, Andrew Travers (Chief Executive) stated that the challenge for the Board was to ensure that the Strategy was communicated across the wider partnership and in line with other plans such as those developing at a North Central London level.

RESOLVED that:

1. **The Health and Wellbeing Board approved the Joint Health and Wellbeing Strategy implementation plan (2015-2020, appendix 1).**

2. **The Health and Wellbeing Board agreed to receive progress reports, covering the implementation of the JHWB Strategy, at each meeting.**

8. THE FIVE WAYS TO MENTAL WELLBEING IN BARNET: THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH (2015) (Agenda Item 8):

The Chairman welcomed the Annual Report of the Director of Public Health 2015 'Five Ways to Mental Wellbeing in Barnet' which is themed around mental health and provides a recommended method to addressing and improving mental health concerns in the borough.

The Chairman welcomed local service users and representatives from Future Path and Twining who shared their experiences in accessing mental health and other support services locally.

The Board heard how guest speakers have used local health support services and had received training and support towards gaining employment, internships and finding accommodation. Ms Wakeling welcomed representations from the speakers and the representatives from Future Path, Twining and praised the work and positive progress made by the speakers.

3

Rachel Wells (Public Health) presented the Annual Report of the Director of Public Health which focuses around mental health as an issue. In response to queries from Councillor Sachin Rajput and Ms Bernadette Conroy about engagement with universities and employers, Ms Wells noted the importance of promoting mental wellbeing in the workplace. In addition, the Board noted the need in relation to the commissioning of employment support services (2.1 of the report), to communicate with employers and provide support so that employers and support services are encouraged to employ people with mental health conditions.

The Chairman on behalf of the Board thanked all of the speakers for attending the meeting and sharing their experiences with the Board. She said that all members present had been both moved and inspired by all that the speakers had achieved. She also emphasised the importance of hearing the accounts provided by local service users and the way these can be used to improve the response to mental health concerns, particularly in relation to the Five Ways to Mental Wellbeing namely Connect, Get Active, Take Notice, Learn and Give.

Following a query from the Board, it was noted that Twining Enterprise will be looking to work with more employers and offer employment support services for employers and clients, thereby helping clients to overcome barriers and enjoy a healthy balanced working life.

RESOLVED:

1. **That the Health and Wellbeing Board considered the Annual Report of the Director of Public Health 2015 – The Five Ways to Mental Wellbeing in Barnet (Appendix 1) - and the proposed actions outlined in the report, and supports the responses to the mental health challenge.**

2. **That the Health and Wellbeing Board considered and commented as above on the recommendations of the activities / actions outlined under sections 2.1 of the report and in Appendix 1 (on page 47).**

3. **That the Health and Wellbeing Board noted the verbal accounts with thanks and appreciation, presented in the meeting, from residents who have been supported by the borough's employment support services.**

9. CHILDREN AND YOUNG PEOPLE COMMISSIONING PRIORITIES TO 2019/20 (Agenda Item 9):

The Chairman invited the Commissioning Director for Children and Young People to present the Report and also to elaborate on the extremely challenging financial circumstances which have had to shape some of the proposals in it. Mr Munday introduced the Report which sets out a revised savings programme and highlighted the savings proposals for 2016/17 as set out under section 1.5.5 of the report.

Following a question from the Board, Mr Munday described the progress being made to improve the Child and Adolescent Mental Health Service (CAMHS) in the borough including the offer to schools.

Following discussion, it was **RESOLVED**:

4

1. **That the Health and Wellbeing Board noted the commissioning priorities for children and young people within the budget context being faced by local government.**

2. **That the Health and Wellbeing Board will consider the children and young people commissioning priorities when making commissioning and policy decisions.**

10. REVIEW OF ADULTS HEALTH AND COMMUNITIES ENGAGEMENT STRUCTURES (Agenda Item 10):

The Chairman welcomed James Mass, Community and Wellbeing Assistant Director and Emily Bowler Customer Care and Change Manager to join the table. Ms Wakeling introduced the report which sets out a series of proposals and principles to improve the approach towards engagement.

Mr Mass stated the importance and value of the time that residents give to engage with the Council and CCG and the need to improve the mechanism of reporting activity and recommendations to the Board.

The Board noted the importance of addressing the feedback from residents and organisations involved in the Partnership Boards that was received following the review of the engagement approach. In response to a query from the Chairman about the feedback received and set out in section 1.3.1 of the report, Mr Mass noted that a review will take place which will involve the people who are currently engaged with the existing structure.

Following a query from the Board, Mr Mass emphasised the importance of acknowledging the work and efforts to engage with carers and work towards a better outcome for all stakeholders involved.

RESOLVED:

1. **That the Health and Wellbeing Board agreed in principle the proposed changes to the engagement approach for adult social care and health and noted that the details of how they will be implemented will be co-produced between January and March 2016.**

2. **That the Health and Wellbeing Board agreed to the development of a reporting line between the updated engagement structure and the Health and Wellbeing Board.**

11. BARNET CLINICAL COMMISSIONING GROUP PRIMARY CARE STRATEGY PROPOSAL (Agenda Item 11):

The Chairman welcomed William Redlin, Director of Operations and Delivery, Barnet CCG to the table and the opportunity the Board had to contribute to the development of the Strategy ahead of the final document being presented to the Board in May. Mr Redlin introduced the report and noted that at its meeting in November 2015, the HWBB received a report on the CCG and NHS England Joint Commissioning process of primary

5

care services. Mr Redlin explained that the extensive engagement is planned ahead of the finalisation of the strategy in May.

In relation to a query from the Board, Bernadette Conroy (Barnet CCG) explained that CCG Board Members had received training on potential conflicts of interest to ensure there is good understanding of conflicts of interests and that this issue was part of the internal audit committee agenda.

Elizabeth James, Interim Joint Chief Operating Officer, gave a positive example of working with the Practice Network, describing the service model for weekend working which allows all patients, regardless of where they are registered, to access a practice.

The Chairman moved a motion which was duly seconded and agreed by the Board to add the wording 'and Partners' to recommendation 2, it was therefore **RESOLVED**:

1. **That the Health and Wellbeing Board noted and provided comments on the updated route map and evolving content for developing and delivering the Barnet Primary Care Strategy.**

2. **That the Health and Wellbeing Board noted that the final Barnet CCG Primary Care Strategy will be brought to the Board in May 2016 for information, following full engagement with the Constituent GP Membership *and Partners*.**

12. LONDON SEXUAL HEALTH TRANSFORMATION PROJECT (Agenda Item 12):

The Chairman welcomed the update from Barnet & Harrow's Joint Public Health team which is leading the pan-London sexual health transformation project for 29 Councils. She invited Audrey Salmon, Head of Public Health Commissioning to join the meeting and present the report.

Following a query from the Board about young people who live in Barnet but access services outside the borough, Ms Salmon noted the need for further engagement and awareness to be carried out particularly relating to the under 25s age group.

The Board discussed the plans for online services and the opportunities that technological solutions play in this service.

The Chairman thanked the Board for their contributions and following agreement of the Board for the motion to amend the wording of recommendation 1 and inclusion of paragraph c, it was **RESOLVED:**

1. **That the Health and Wellbeing Board *~~endorsed~~ noted the progress made in relation to* the program made to procure sexual health services in Barnet through:**

   a. a pan-London procurement for a web-based system to include a 'front-end' portal, joined up partner notification and home/self-sampling

   b. North Central London (NCL) sub-regional arrangements, with the London Boroughs of Camden, Islington, Haringey, Enfield, Hackney and City of London for the procurement of Genitourinary Medicine (GUM) and

6

Contraception and Sexual Health Service (CaSH) Services (including primary care sexual health services, outreach and prevention).

c. ***That the Health and Wellbeing Board requested to receive an update report to include details of the contraception and sexual health service (CaSH) Services (including primary care sexual health services, outreach and prevention).***

13. MINUTES OF THE JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 13):

The Board noted the minutes of the Joint Commissioning Executive Group (formerly the Financial Planning Group) which is a standing item on the agenda.

RESOLVED:

1. **That the Health and Wellbeing Board noted the minutes of the Financial Planning Sub-Group meeting of 21 October 2015 and 15 December 2015.**

2. **That the Health and Wellbeing Board noted the revised Terms of Reference (Appendix 1) for the Joint Commissioning Executive Group.**

14. FORWARD WORK PROGRAMME (Agenda Item 14):

The Board noted the items on the forward work programmes.

RESOLVED:

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

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

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

15. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

None.

The meeting finished at 12.10 pm

7

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AGENDA ITEM 6

	Health and Wellbeing Board **10 March 2016**
Title	Public Health & Wellbeing Commissioning Plan 2015 – 2020: 2016-17 addendum & targets
Report of	Dr Andrew Howe, Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: 2016-17 addendum & targets
Officer Contact Details	Jeffrey Lake Consultant in Public Health: Jeffrey.lake@harrow.gov.uk David Fabbro Public Health Business Support: david.fabbro@harrow.gov.uk

Summary

In March 2015, the Health and Wellbeing Board approved a five year Commissioning Plan for the period 2015-20, which sets out the Board's priorities and outcome performance measures across its core areas of responsibility. All Theme Committees agreed five year Commissioning Plans.

This report presents updated targets for 2016/17 in an addendum to the Commissioning Plan (Appendix 1).

Recommendations

1. **That the Health and Wellbeing Board reviews and approves the addendum to the Public Health & Wellbeing Commissioning Plan for 2016/17 (Appendix A).**

1. WHY THIS REPORT IS NEEDED

1.1 The council's **Corporate Plan** 2015-20 was agreed by full Council in April 2015. It sets the strategic priorities and direction for the council to 2020 and targets against which progress is measured. These targets will be refreshed for 2016/17 and will be presented to Full Council in April for agreement. The Corporate Plan is structured around the council's priorities of:

- **Responsible growth and regeneration** – which is essential for the borough, to revitalise communities and provide new homes and jobs – and for the council to generate revenue to spend on local services. The council will approach regeneration in a responsible way – replacing what needs to be replaced and protecting the things that residents love about the borough, such as its green spaces.
- **Managing demand for services** – with a growing population, demand for services is increasing which puts pressure on resources. Since 2010, we've successfully met a 25% budget gap largely through efficiency savings and delivering services differently; in order to meet a further 25% budget gap to 2020, we'll focus on doing more to manage demand for local services.
- **Transforming services and doing things differently** – we will continue to look at how local services can be redesigned to make them more integrated and intuitive for the user, and more efficient to deliver.
- **Community resilience** – as the council does less in some areas, residents will need to do more. We're working with residents to increase self-sufficiency, reduce reliance on statutory services, and tailor services to the needs of communities.

1.2 Last year, each Theme Committee agreed a five year Commissioning Plan covering the period 2015-20. Commissioning plans set out the strategic priorities and outcome performance measures for each Committee, with targets to be refreshed annually. On 12th March 2015, the Health and Wellbeing Board agreed its five year Commissioning Plan, which set out the following priorities:

- Giving children the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all, which helps ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

1.3 As we move into the second year of delivery of these Plans, each Theme Committee will be asked to agree a 2016/17 addendum to their plans, which sets out the Q3 position against 2015/16 targets and updated targets for 2016/17. This will give Committees the opportunity to review and consider their priorities for the year ahead and the associated targets against which progress will be measured. The addendum to the Health and Wellbeing Commissioning Plan for 2016/17 is provided at Appendix A.

1.4 Following the Chancellor's Autumn Budget Statement in November 2015 and the provisional Local Government Funding Settlement in December 2015, the council's overall budget forecast to 2020 worsened slightly. The updated 2016/17 targets, therefore, reflect the need for the Board to make a more significant contribution to the council's overall savings in the next four years than previously anticipated.

Summary of the 2016/17 priorities and targets

1.5 The addendum to the Health and Wellbeing Commissioning Plan, focuses on the following priorities:

- Investing in demand management to put all statutory services – Health Checks, National Child Measurement Programme, Health Visiting, School Nursing, sexual health (GUM) – on a secure footing for the future
- Ensuring that additional investment in non-statutory but priority services – e.g. drug and alcohol, smoking cessation, winter-well, mental health, self-care, sport and physical activity – are targeted to achieve the best possible health outcome
- Influencing the priorities of internal and external delivery partners so that they help to improve the health of Barnet residents
- Helping residents to engage with their own health and wellbeing by investing in community assets to promote health

Next steps

1.6 The proposed addendum to the Health and Wellbeing Commissioning Plan, including updated targets for 2016/17, is set out in Appendix A. Members are invited to review and agree the document.

1.7 Following agreement, the Board will receive a progress report during the year against this Plan and associated in-year targets. The Board will be asked to agree updated targets for 2017/18 in March 2017 and this process will continue through to 2020.

1.8 Performance and Contract Management Committee will continue to review progress against the Council's Corporate Plan, and overview of the performance of both internal and external Delivery Units. This Commissioning Plan will enable Performance and Contract Management Committee to focus on the key areas of performance for different service areas.

2 REASONS FOR RECOMMENDATIONS

2.1 A key element of effective strategic and financial management is for the council to have comprehensive business plans in place that ensure there is a clear strategy for addressing future challenges, particularly in the context of continuing budget and demand pressures (resulting from demographic and legislative changes), delivering local priorities and allocating resources effectively.

2.2 The Public Health commissioning intentions have been directed by the priorities identified in the Joint Health and Wellbeing Strategy 2015-2020. Funding for tiers 1 and 2 of the Better Care Fund work/Health and Social Integration strategy (self-care and health and wellbeing) have been protected.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 There is no statutory duty to publish Committee Commissioning Plans but it is considered to be good practice to have comprehensive business plans in place for each Committee – which set out priorities and how progress will be measured – to ensure that the council's vision for the future is clearly set out and transparent.

4 POST DECISION IMPLEMENTATION

4.1 Revisions to the Commissioning Plan will be communicated internally and with key stakeholders.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 This report invites Members to review and approve the addendum to the Commissioning Plan for 2016/17.

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

5.2.1 In addition to continuing budget reductions, demographic change and the resulting pressure on services pose a significant challenge to the council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population groups.

5.2.2 The Public Health grant allocation to Barnet Council has been reduced by a 6.2% in-year cut in 2015-16. The ring-fenced public health grant allocation for Barnet for 2016/17 totals £18.054m and an indicative ring-fenced figure of £17.609m for 17/18. Further reductions are expected in the years to April 2020, and could be in the region of 2.65% per annum. The Spending Review made a number of further commitments including a commitment to retain the public health grant for 16/17 and 17/18 in order to complete the transition of 0-5s and an indication that the public health grant will be replaced potentially to a model based on retained business rates, and will be subject to full consultation.

5.2.3 The commissioning plan will need to be managed within the financial envelope available to meet public health outcomes and has been informed by the Budget and Medium Term Financial Strategy, agreed by Council on 3 March 2015. This included a savings target of £90.8m required by 2019-20 and a capital investment programme through to 2019-20.

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.

5.4 Legal and Constitutional References

5.4.1 All proposals emerging from the business planning process must be considered in terms of the council's legal powers and obligations, including its overarching statutory duties such as the Public Sector Equality Duty.

5.4.2 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following:

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
  Overseeing public health
  Developing further health and social care integration.

5.4.3 The Council's Constitution, in Part 15 Annex A, Responsibility for Functions, states the functions of the Performance and Contract Management Committee include (amongst other responsibilities):

a) Overall responsibility for quarterly budget monitoring, including monitoring trading position and financial strategy of Council Delivery Units.
b) Monitoring of Performance against targets by Delivery Units and Support Groups including Customer Support Group; Re; the Barnet Group (Including Barnet Homes and Your Choice Barnet); HB Public Law; NSL (Parking Contractor); Adults and Communities; Family Services; Education and Skills; Streetscene; Public Health; Commissioning Group; and Assurance.
c) Receive and Scrutinise contract variations and change requests in respect of external delivery units.
d) To make recommendations to Policy and Resources and Theme Committees on relevant policy and commissioning implications arising from the scrutiny of performance of Delivery Units and External Providers.
e) Specific responsibility for the following function within the Council:
   a. Risk Management
   b. Treasury Management Performance

Note the Annual Report of the Barnet Group Ltd

5.5 Risk Management

5.5.1 Statutory service provision and key strategic areas of discretionary spend

have been protected. There is a risk that discretionary investments may not deliver enduring system change. The potential for sustainability of services and/or mainstreaming of innovation has been prioritised in funding decisions.

5.6 **Equalities and Diversity**

5.6.1 The general duty on public bodies is set out in section 149 of the Equality Act 2010.

5.6.2 A public authority must, in the exercise of its functions, 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; and
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.6.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.6.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to tackle prejudice; and promote understanding.

5.6.6 Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

5.6.7 The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

5.6.8 It also covers marriage and civil partnership with regard to eliminating discrimination.

5.6.9 In agreeing the Corporate Plan, the council is setting an updated strategic equalities objective and reiterating our commitment to delivering this. The strategic equalities objective is as follows:

- Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the tax payer.

5.7 **Consultation and Engagement**

5.7.1 The original Corporate Plan and Commissioning Plans were informed by extensive consultation through the Budget and Business Planning report to Council (3 March 2015).

5.7.2 The consultation aimed to set a new approach to business planning and engagement by consulting on the combined package of the Corporate Plan, Commissioning Plans, and budget. In particular it aimed to:

- Create a stronger link between strategy, priorities and resources
- Place a stronger emphasis on commissioning as a driver of the business planning process.
- Focus on how the Council will use its resources to achieve its Commissioning Plans.

5.7.3 To allow for an eight week budget consultation, consultation began after Full Council on 17 December 2014 and concluded on 11 February 2015. Further consultation on the budget for 2016/17 has been undertaken following Policy and Resources Committee on 16 December 2015.

6 BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 12 March, Public Health Commissioning Plan 2015-2020, item 6: http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7785&Ver=4

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Public Health & Wellbeing Commissioning Plan 2015 – 2020

2016/17 addendum & targets

This document is an addendum to the **Public Health & Wellbeing Commissioning Plan 2015 – 2020**, which sets out a revised narrative and updated indicators/targets for 2016/17. The full Commissioning Plan can be found here:
http://barnet.moderngov.co.uk/documents/s21912/Appendix%201%20Public%20Health%20Commissioning%20Planv8.pdf

1. CONTEXT FOR COMMISSIONING PLAN

Unlocking the opportunities of growth

Barnet is a growing borough, driven by a combination of a strengthening national and local economy and locally lead investment in regeneration, skills and economic development. Over the next five years, this growth will bring opportunities for residents, businesses and the council. The council will work to ensure that all residents can benefit from the opportunities that growth will bring – by helping people to help themselves – whilst protecting what people enjoy about Barnet: Its parks and open spaces; its excellent schools; and its diversity.

All parts of the public sector face the same challenges of reduced budgets and increasing demand for services. As the money received from Government reduces almost to zero over the next few years, all councils will need to become financially independent and generate revenue locally – through Council Tax, Business Rates and, where appropriate, by becoming more commercially minded. This means that growth – as well providing new homes, jobs, schools, transport infrastructure, parks, leisure centres and community facilities – is necessary to grow the local tax base and generate money to spend on local services.

Living within our means, with a renewed focus on managing demand for services

Most residents and businesses will benefit from a growing economy without too much interaction with the council. For those people, it is our responsibility to get the basics right: To provide an attractive environment; empty the bins; keep the streets clean; and make it as easier to make transactions such as requesting a parking permit online, at a time that suits them.

However, some residents will a need a little extra help to take advantage of the opportunities of a growing economy and we're working more closely with our local partners, such as the NHS, Barnet Homes, Jobcentre Plus, and our local colleges and university, to provide that. By working more closely with other parts of the public sector, providing more homes and helping people into work, we can also help to manage demand for local services and relieve some of the pressure.

We tackled the £75 million budget gap we faced between 2010 and 2015 head on and managed the challenge without a big impact on frontline services. We embraced the need to do things differently and have made some bold decisions to live within our means. In order to close a further budget gap of £81 million by 2020 we will continue to look at how we can reduce bureaucracy but, increasingly, our focus will turn to how we can help manage demand for services.

Transforming local services

Our 'Commissioning Council' approach means that we're not bound by the status quo. Our focus is less on who provides a service – the council, a private company, a national charity or group of local volunteers – and how it is provided, and more on ensuring that each service is necessary, meets the needs of residents and represents value for money. For every service, we will consider the case delivering them differently, focusing on the best outcomes for our residents.

For some services, this approach to service transformation has resulted in partnerships with the private sector, such as our contracts with Capita to provide our 'back office' and customer services, and create a Joint Venture to provide our developmental and regulatory services – a model which sees a proportion of income generated by trading those services returned to the Barnet Taxpayer.

For other services, transformation means doing things differently with our in-house services, such as increasing the size and effectiveness of our foster care service to reduce the need for costlier residential care, or working in partnership with other parts of the public sector to deliver more intuitive services for residents which save us money, such as our joint employment programmes.

Investing for the future

Despite needing to reduce our day to day spending, we will continue to invest in the essential infrastructure of the borough. Our financial strategy will see £550 million of capital investment between 2016 and 2020, funded from capital receipts, borrowing, revenue and external grants.

Resources will be invested in transport (including roads, pavements and a new Thames Link station at Brent Cross); housing – with 20,000 to be built over the next decade, the most in outer London; schools – to ensure we continue to provide places for those that need them, building on the 7,500 new places created over in the last six years; leisure facilities – with new leisure centres built at Church Farm and Copthall – and the creation of 3 new 'community hubs' across the borough.

More resilient communities

Doing things differently will require the council to change its relationship with residents over the next few years. Where it will not be possible for the council to do as much as it has done in the past, we will support residents and community groups to be more resilient and do more for themselves and their neighbours. Across all of our services, we will look at opportunities for residents to get more involved – whether it's helping to maintain the borough's parks and green spaces, or volunteering in one of the borough's libraries.

2. OUR APPROACH TO MEETING THE 2020 CHALLENGE

The council's Corporate Plan sets the framework for each of the Theme Committees' five year commissioning plans. Whether the plans are covering services for vulnerable residents or about universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes.

The first is a focus on fairness: Fairness for the council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities – young, old, disabled, and unemployed benefit from the opportunities of growth.

The second is a focus on responsibility: Continuing to drive out efficiencies to deliver more with less. The council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

The third is a focus on opportunity: The council will prioritise regeneration, growth and maximising income. Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the council less reliant on Government funding; helps offsets the impact of budget reductions and allows the council to invest in the future infrastructure of the Borough.

Planning ahead is crucial: The council dealt with the first wave of austerity by planning ahead and focusing in the longer-term, thus avoiding short-term cuts and is continuing this approach by extending its plans to 2020.

3. CORPORATE PLAN PRIORITIES

We apply these principles to our Corporate Plan priorities of: **growth and responsible regeneration**; **managing demand for services; transforming services; and more resilient communities.**

Fairness	• Fairness for the council is about striking the right balance between fairness towards more frequent users of services and to the wider taxpayer • **Managing demand for services** – since 2010, we've successfully met a 25% budget gap largely through efficiency savings and delivering services differently; in order to meet a further 25% budget gap to 2020, we'll focus on doing more to manage demand for local services. • This will require a step change in the council's approach to early intervention and prevention, working across the public sector and with residents to prevent problems rather than just treating the symptoms	Public Health has a particular focus on addressing health inequalities both in terms of health outcomes and access to services recognising that some groups within the community need more intensive support or guidance than others.
Responsibility	• **More resilient communities** – as the Council does less in some areas, residents will need to do more. We're working with residents to increase self-sufficiency, reduce reliance on statutory services, and tailor services to the needs of communities. • In doing so, the council will change its relationships with residents, with residents becoming more resilient and doing more to keep Barnet a great place. All parts of the public service system must play their part in helping to achieve priority outcomes with reduced resources.	For Public Health this means recognising that while there are genetic and environmental factors which impact on health outcomes there is increased understanding that lifestyle also has a major impact on health outcomes. Public health supports individuals to understand, and to take responsibility for, their health behaviours and supports community level efforts to identify and respond to local needs.

Opportunity	• The council will capitalise on the opportunities of a growing economy by prioritising regeneration, growth and maximising income. • **Growth, housing and responsible regeneration** is essential for the borough – revitalising communities, providing new homes and jobs, while protecting the things residents love – and for the Council, generating more money to spend on local services • As we continue to deal with budget reductions to 2020, we will explore the opportunity this presents to **transform local services** and redesign them, delivering differently and better. We will focus on making services more integrated and intuitive for the user, and more efficient to deliver for the Council.	Regeneration, growth and models of service provision are all important contributors to Public Health. Public health supports regeneration and planning through assessment of the health impact of proposals and the identification of opportunities to deliver health gains. Economic opportunities and employment are amongst the most significant determinants of health and social outcomes. Investments have been made to stimulate innovation in local employment support services and to promote workplace health promotion in support of productivity. Public health works with commissioners and partners to encourage services to be better coordinated in identifying and addressing clients needs.

4. VISION FOR PUBLIC HEALTH & WELLBEING

- The people of Barnet are generally healthy but the borough is not without health challenges
- We have a large and growing elderly population, which makes promoting physical activity and tackling issues such as social isolation more important
- We will commission services to tackle these challenges, while continuing to deliver our statutory functions and ensuring that Barnet's population is as healthy as it can be by integrating public health as a priority theme across all services

5. COMMISSIONING PRIORITIES

Summary

- We're investing in demand management to put all of our **statutory services –** Health Checks, National Child Measurement Programme, Health Visiting, School Nursing, sexual health (GUM) **– on a secure footing for the future**
- We're ensuring that **additional investment** in non-statutory but priority services – e.g. drug and alcohol, smoking cessation, winter-well, mental health, self-care, sport and physical activity – are **targeted to achieve the best possible health outcome**

- We are **influencing the priorities of our internal and external delivery partners** so that they help to improve the health of Barnet residents
- We're helping residents to engage with their own health and wellbeing by **investing in community assets to promote health**

Background

- Public Health in Barnet has two main roles:
    - Spending the approximately **£17 million public health grant to provide statutory and discretionary services for maximum health gain**
    - Co-ordination of council delivery units and partners to ensure that **the health of the people of Barnet is prioritised in commissioning / delivery**

- The Public Health grant has been reduced. There was an in-year reduction of 6.2% in 2015-16 and this was made recurrent in all following years to 2019-20 (a total of 8.4%). In addition there has been a reduction in grant of 2.2% in 2016-17, and 2.6% in 2018-19 and 2019-20.
- This reduction in funding will constrain delivery of all but statutory services by 2018/19. Therefore, **we're investing money now to affect systemic change which will manage future demand for statutory services**, for example by transforming delivery of services such as employment and mental health from acute to community settings.

Giving children the best start in life

Children, young people and their families are supported to be physically, mentally and emotionally healthy.

- Responsibility for **commissioning Health Visiting** has been transferred from the NHS to local authorities. This includes: antenatal health, new baby reviews, six to eight week assessments, one year assessments and two to two-and-a-half year reviews. Public Health in Barnet receives an additional circa £4.5m to fund this
- We are integrating Health Visiting within Early Years provision in Children's Centres, enhancing promotion of healthy behaviours and school readiness
- Health coaches: Commission health coaches to work with troubled families and those suffering peri/post natal depression through to March 2018 as a system innovation to contain demand and improve outcomes.
- Childhood obesity: Maintain childhood obesity and nutrition investment via a tier 2 weight management programme to the Healthy Schools Programme.

Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Physical activity and healthy diet: Develop adults weight management offer during 2016-17
- Mental health: Develop a community centred practices programme to build capacity in practices in identifying and referring to community resources to support patients in 2016/17. Also, Expand digital based resources available for residents with common mental illness.
- Consider the most effective and cost efficient way to reduce smoking in the population through redesign of the current smoking cessation service offer and working with partners on wider tobacco control issues including use of shisha.

Create fair employment and good work for all, which helps ensure a healthy standard of living for all

- Employment support: investment, in an employment support programme improving local pathways and support for clients with motivational, mental health and alcohol/substance misuse issues.
- Workplace health promotion: Achieving London Healthy Workplace Charter accreditation and sharing models of good practice with businesses across the Borough

Healthy and sustainable places and communities

The built environment is conducive to healthy living choices such as walking and the accessibility of safe open spaces.

- The Council is **investing £30 million in redeveloping two leisure centres** at New Barnet and Copthall, and implementing our Sport and Physical Activity strategy, to ensure that **all Barnet residents have access to high quality health and fitness facilities**, particularly in areas where the local population is projected to grow
- We're carrying out a thorough **assessment of our parks and open spaces as community assets**, looking at how residents use them now, and how they're likely to want to use them in the future, particularly as the density of housing in the borough increases
- In response to this engagement, we're **investing in more facilities for communities to look after their own health and wellbeing**, such as outdoor gyms and sporting equipment, in our parks and open spaces

Ill health prevention

Health and lifestyle checks help reduce the risk factors associated with long-term conditions, and people with a long-term condition are supported to self-manage their condition.

- We're working towards an **integrated and sustainable sexual health services model** by **commissioning collaboratively** with approximately 30 London boroughs and through the West London Alliance. This will help to ensure a consistent pan-London service while maximising return on investment through economies of scale
- We have invested in our discretionary provision; tackling the fragmentation in the drug and alcohol service we inherited by re-commissioning with a single lead organisation. Now we're **improving treatment outcomes**, and **managing demand** drug and alcohol misuse creates elsewhere in the system (domestic violence, anti-social behaviour) through **integration with community safety**
- Self care: **Promotion of self-management** and living well through innovative service development such as structured education and health champions, social prescribing, MECC
- Health checks: Develop a more targeted Health checks programme to align to a reducing budget.
- **Maintain** Winter Well investment

6. INDICATORS FOR 2016/17

The tables below outline how the Committee contributes to achieving the priorities of the Corporate Plan: Fairness - managing demand for services; Responsibility – more resilient communities; and Opportunity - transforming services and maximising the benefit of growth and responsible regeneration, along with the basket of indicators that will be used to monitor progress against these within the Corporate Plan (CPIs) and key indicators within Contracts and Management Agreements (SPIs).

Key:
CPI = Corporate Plan Indicator
SPI = Service Indicator

Opportunity - Transforming services

GIVING CHILDREN THE BEST START IN LIFE- Children, young people and their families are supported to be physically, mentally and emotionally healthy.

- Integrate Health Visiting within Early Years provision in Children's Centres, enhancing promotion of healthy behaviours and school readiness

Ref		Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S2	Excess weight in 4-5 year olds (overweight or obese)	21%	21%	21%	21%	Public Health
CPI	PH/S3	Excess weight in 10-11 year olds (overweight or obese)	32.6%	36.7%	32%	30%	Public Health
CPI	PH/S5	Smoking Prevalence	13.2%	15%	13%	12%	Public Health

Opportunity: Making the most of growth and responsible regeneration

HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES - The built environment is conducive to healthy living choices such as walking and the accessibility of safe open spaces.

- Carry out an assessment of parks and open spaces as community assets
- Invest in more facilities for communities to look after their own health and wellbeing in parks and open spaces

Ref	Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service

Ref		Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S7	Physical activity participation ** Tbc target changing when new data source from Active Lives available	58.5% **	54%	59%	60%[1]	Public Health
SPI	TBC	Excess weight in adults	57.8 (2012-2014)	57.8	56.8	55.8	Public Health

Fairness: Managing demand for services

ILL HEALTH PREVENTION - Health and lifestyle checks help reduce the risk factors associated with long-term conditions, and people with a long-term condition are supported to self-manage their condition.

- Work towards an integrated and sustainable sexual health services model by commissioning collaboratively with approximately 30 London boroughs and through the West London Alliance
- Improve treatment outcomes, and manage demand drug and alcohol misuse creates in the system through integration with community safety

Ref		Indicator	2015/16 Q2	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S4	Rate of hospital admissions related to alcohol	404.78 per 100,000	458.76 per 100,000	400 per 100,000	380 per 100,000[2]	Public Health
SPI	PH/C7	% of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive).	97.3% (Q2)	97%	97	97%	Public Health
SPI	PH/C8	% of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive).	78.2% (Q2)	80%	80	82%	Public Health
SPI	PH/C6	% of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service.	99.5%	98%	98%	98%	Public Health

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Ref		Indicator	2015/16 Q2	2015/16 Target	2016/17 Target	2019/20 Target	Service
SPI	NEW	% of women accessing Emergency Hormonal Contraception (EHC) within 48 hours	80%	80%	80%	80%	Public Health
SPI	NEW	% of new attendances of all under 25 year olds tested for chlamydia	70%	70%	70%	70%	Public Health
SPI	PH/C10	Successful treatment - opiate users	7.8%	7.8%	8%	10%	Public Health
SPI	PH/C11	Successful treatment - non-opiate users	31.3%	36%	33%	40%	Public Health
SPI	PH/C12	Successful treatment - alcohol users	41.1%	35.8%	42%	44%	Public Health
SPI	PH/C13	Successful treatment - non-opiate and alcohol users	30.7%	35.5%	32%	38%	Public Health
SPI	PH/C14	Re-presentations - opiate users	12.5%	14%	12%	10%	Public Health
SPI	PH/C15	Re-presentations - non-opiate users	9.1%	0%	8%	5%	Public Health
SPI	PH/C16	Re-presentations - alcohol users	11.5%	13.6%	11%	10%	Public Health
SPI	NEW	Number of people engaged or supported by Winter well NOT CURRENTLY MEASURED	No baseline measure available	1036	1200	1200	Public Health

AGENDA ITEM 7

	Health and Wellbeing Board **10 March 2016**
Title	**The Growing Issue Of Shisha Smoking In Barnet**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Report on The Growing Issue Of Shisha Smoking In Barnet
Officer Contact Details	Dr Laura Fabunmi, Consultant in Public Health Medicine Email: laura.fabunmi@harrow.gov.uk, Tel: 020 8420 9538

Summary

The purpose of the report is to inform the Health and Wellbeing Board of the growing issue of shisha smoking in Barnet, highlighting the health, social and business impact of shisha activity in the borough. The report draws on established research, local intelligence and best practice elsewhere to suggest an approach to tackling the issue.

It is proposed that council officers from Environmental Health, Trading Standards, Planning, Community Safety team and Public Health work together to implement a multi-pronged programme of activity to reduce use of shisha in Barnet. This will include a combination of coordinated enforcement and a health education and promotion campaign with the aim of protecting and improving the health and wellbeing of residents.

Recommendations

1. **The Health and Wellbeing Board confirms it commitment to reducing the use of shisha in the borough, on health grounds.**
2. **The Health and Wellbeing Board approves the multi-pronged approach outlined in the report, of health education and promotion, regulation, and exploration of local Planning Policy, with the following actions:**
   - **Educate and Engage. A health education and promotion campaign in partnership with the Council's communications department that is aimed at users of shisha, with a particular focus on young people but also including**

shisha premises.

- **Regulate Activity. A partnership approach to be taken to non-compliant premises, focusing on agreed hotspots identified through local intelligence, including the Community Safety Team and Partnership, HMRC, the Police and London Fire Brigade.**
- **Explore current Planning and Enforcement Policy. To include health and wellbeing considerations, so that local businesses such as shisha establishments, do not adversely impact on neighbouring residential amenity.**

3. **The Health and Wellbeing Board supports a partnership problem solving approach to non-compliance in shisha premises which actively and fairly applies all relevant legislative powers available to the Council.**
4. **The Health and Wellbeing Board notes and approves a Task and Finish group to develop and implement an action plan for reduction in the use of shisha in Barnet. The remit of this group will include:**
   - **Cross council representation from Public Health, Environmental Health, Trading Standards/licensing, Planning, Community Safety and regeneration**
   - **Working with key partners such as the police, fire and the CCG**
   - **Being jointly chaired by Public Health and Client Commissioning lead for Enforcement services to ensure actions from both the public health and enforcement perspective are driven forward**
   - **Reporting back to the Health and Wellbeing Board on how the powers and functions available across the Council, which may lie within the scope of other Council Committees, can be harnessed to reduce shisha use, such as the Safer Communities Partnership, Area Committees, Licensing Committees and Planning Committees.**

1. WHY THIS REPORT IS NEEDED

1.1 The Health and Wellbeing Board agreed to receive a detailed report on the growing problem of Shisha in Barnet following a motion to full Council in December 2015 submitted by Councillor Hart which was referred to the Health and Wellbeing Board on 21st January 2016.

1.2 This report fulfils the Boards request and highlights how Public Health in collaboration with other council departments and key partners will address shisha in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 Local intelligence demonstrates that there are an increasing number of shisha businesses opening up in Barnet. Currently, Barnet has 23 active premises operating shisha. Such establishments are often accompanied by non-compliant practices such as health and safety breaches, non tax duty paid tobacco products, and poor compliance with Smokefree legislation.

2.2 Since 2013, Barnet has seen an increase in the number of shisha premises but the number compliant with the Smokefree legislation has decreased.

2.3 There is well-established evidence showing that shisha smoking is at least as harmful as smoking cigarettes. It contains a significant number of carcinogenic toxins and contains far more tar, carbon monoxide and nicotine than cigarettes.

2.4 Shisha has been found to be associated with several cancers, coronary artery disease, and deterioration of lung function. An association between second hand smoke and smoking in family settings or amongst young children has been linked to the development of childhood respiratory conditions. Women who smoke shisha during pregnancy have been found to have babies with low birth weights

2.5 The growing epidemic of shisha is thought to be due to several factors[1].

- The introduction of flavoured shisha tobacco with its reduced harshness and perceived pleasant flavour and aroma;
- The misperception that it is less damaging than cigarette smoke;
- Social acceptance and being an essential part of family, peer and public gatherings and cafes and restaurant culture;
- Internet mass and social media;
- Low cost;
- Lack of shisha specific policy and regulation towards its use.

2.6 It has also been shown that shisha smoking is popular amongst university students. A study undertaken by Imperial College London tested young people's attitudes and beliefs to shisha smoking. It was found that:

- Shisha was mostly initiated by peers, but also by family members;
- Smoking sessions lasted on average an hour, but could be many hours due to accompanying;
- Smoking usually started intermittently and then evolved into a regular practice;
- Used as a social lubricant, similar to alcohol;
- Smokers found inconsistent messages on the internet made them unable to trust the information they read.

2.7 A study amongst young people in Brent showed that the proximity between shisha premises and schools may influence shisha prevalence. With students attending schools with a shisha premise within a half mile radius being 2.5 times more likely to smoke shisha than those who did not. An exploration of proximity of shisha premises in Barnet to secondary schools, has shown that out of 48 secondary schools, there are ten within walking distance to a shisha business.

[1] WHO (2015) Advisory note: waterpipe tobacco smoking: health effects, research needs and recommendedactions by regulators – 2nd ed. Accessed at: http://apps.who.int/iris/bitstream/10665/161991/1/9789241508469_eng.pdf

2.8 Analysis of local data has shown that there is a cluster or hotspot of shisha premises in the southern central part of the Borough, mostly Finchley Church End ward and West Finchley ward, which can allow a more focused approach to be taken.

2.9 The research and work to date in Barnet, led by the Public Health Team, has shown that the powers of enforcement which directly apply to shisha are limited and that, therefore a more effective route to address the issues, is to address the overall compliance of businesses, utilising a wide partnership approach that can enforce all available legislative powers. Other London boroughs have used similar approaches successfully.

2.10 In addition, a sustainable health promotion and education campaign is required to highlight the health risks associated with smoking shisha to current and potential smokers (of which a high proportion are young people) and also to highlight to premises the negative health impacts of smoking shisha to staff and neighbouring residents.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative to the multi-pronged approach is to maintain the status quo. Currently, Environmental Health has a commitment to undertake public health campaign work that addresses shisha as part of the Tobacco Control project. However, this does not fully explore opportunities of closer collaborative working with the Councils communications team, Planning, Trading Standards, the Community Safety Partnership and wider stakeholders.

3.2 Furthermore, by drawing on all resources from partners, the Council can demonstrate to businesses that non-compliant premises are not tolerated and that the health and wellbeing of users is a priority.

4. POST DECISION IMPLEMENTATION

4.1 A Task and Finish group will be set up, with representation from Environmental Health, Trading Standards, Planning, Community Safety and Public Health to coordinate and focus all activities on tackling the growing use of shisha in Barnet.

4.2 Public Health will lead on the development and implementation of a sustainable health promotion and education campaign, with the following aims :

- Raising awareness of the negative health impacts of shisha usage amongst communities who use shisha with a particular emphasis on young people; and
- Undertaking an educational campaign, in partnership with regulatory officers aimed at local shisha businesses to improve compliance within existing legislation and to consider the health impacts of these businesses
- The approach will include:
    - Poster campaign utilising bus shelters, community centres, libraries and health premises;

- Digital campaign utilising social media to dispel myths and provide accurate information.
- Sign posting to existing resources including Barnet Stop Smoking Services;
- Training stop smoking advisors to include information on shisha smoking
- Targeted engagement with the voluntary sector to raise awareness within community groups where shisha use is prevalent
- Engagement and health promotion advice to shisha establishments.

4.3 The Group will facilitate and oversee the delivery of a partnership approach to non-compliant premises and will actively and fairly apply all relevant legislative powers available to the Council. This will include proactively dealing with illegal structures related to shisha, coordinating joint visits with partners including HMRC where necessary and continuing to share intelligence with other regulatory services such as Planning.

4.4 Where there are complaints about odours and fumes, for example, the Community Safety Team could facilitate the use of the Community Protection Notice (CPN) by controlling the nuisance and requiring the business to take remedial action to prevent the nuisance from happening again.

4.5 Furthermore, as part of the wider programme to include health outcomes into regeneration, Public Health will focus on promoting healthy places and tackling wider health issues, including shisha to ensure there is a coordinated approach.

4.6 The Group will ensure that the Health and Wellbeing Board will be kept up to date with progress.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Councils Corporate Strategy (2015-2020) highlights that Barnet's vision is that public sector services (including London Borough of Barnet) will be more integrated, intuitive and efficient.

5.1.2 The proposal to tackle shisha draws upon the fact that the corporate priority recognises Public Health as a priority theme across all services in the Council. The partnership proposal to tackle shisha in Barnet fits into the Council vision of being integrated, intuitive and efficient service.

5.1.3 The Joint Health and Wellbeing Strategy (2015-2020) makes a commitment to reducing premature mortality due to cardiovascular disease and cancers. Smoking tobacco is a known contributory factor to these conditions. Also, tackling the growing use of shisha through health educational campaigns supports residents to adopt a healthy lifestyle which is one of the overarching aims of the strategy.

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

5.2.1 The health promotion and educational campaign will be funded from the Public Health grant. As the project is still in its planning stage, the final costs are not known but anticipated to be up to £30k.

5.2.2 The partnership will provide a coordinated approach to non-compliant shisha premises and will be required to focus and prioritise activities in this area.

5.3 **Social Value**

5.3.1 Not applicable, as this is not a procurement activity.

5.4 **Legal and Constitutional References**

5.4.1 The possibility of developing local legislation (a byelaw) on shisha control has been considered and is assessed as unlikely. In order to develop a byelaw, consideration must be given to whether the issues (i.e. the nuisance) are already covered by other legislation. To create a byelaw, reliance on an enabling power under statute is required but if there is general legislation on subject then a byelaw would not be appropriate. Byelaws also usually have to be approved by the Secretary of State. Whilst there is not specific legislation on shisha smoking, there is legislation that covers the issue i.e. that which controls (cigarette) smoking generally, as well as other legislation referred to in the report that can be used to control its environment.

5.4.2 The legislation Acts listed below can be used to control shisha.

5.4.3 Health Act 2006 - The primary legislation is the Health Act 2006, which states "that 'smoking' refers to smoking tobacco and anything which contains tobacco, or smoking any other substance. Smoke free legislation (the "smoking ban") prohibits smoking in enclosed public places and workplaces relates to any smoking product, whether it contains tobacco or not.

5.4.4 Consumer Protection Act 1987 (CPA) - Primary legislation that states Tobacco containing shisha must comply with all the requirements of the tobacco products regulations.

5.4.5 Children & Young Persons (Protection from Tobacco) Act 1991 – It is illegal to supply tobacco to anyone under 18 years.

5.4.6 Anti-Social Behaviour, Crime and Policing Act 2014 - Puts victims at the heart of the response to Antisocial Behaviour (ASB).

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

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care.

- To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
  - Overseeing public health
  - Developing further health and social care integration

5.5 **Risk Management**

5.5.1 There is a risk that if the proposed approach is not implemented, that the number of non-compliant smokefree premises will continue to increase, as seen since 2013.

5.5.2 In addition to this, the health risks associated with smoking shisha will remain a public health concern that will not have been addressed.

5.6 **Equalities and Diversity**

5.6.1 The project does not exclude, prevent or discriminate against any of the protected equality groups. Shisha smoking is traditionally more prevalent in certain (Middle Eastern) ethnic groups. However in London, it is becoming more popular amongst all ethnic groups, particularly young people. The campaign will be targeted at all shisha users and will not be culturally specific.

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 To further support the evidence base, it is proposed that a brief survey will be conducted with young people through the Youth Parliament to understand prevalence. In addition, campaign messages will be tested amongst the target groups.

5.8 **Insight**

5.8.1 Local intelligence has been principally been drawn from the Councils data base UNIFORM used by regulatory partners.

5.8.2 Data on antisocial behaviour was taken from latest police reports and amalgamated into feedback from Trading Standards.

5.8.3 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking

prevalence estimates in regular smokers amongst 11-15year olds and 16-17 year olds is similar to the England average. However, data from The What About Youth (WAY) survey (2015) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked 'other tobacco products' Barnet appears towards the middle of the rankings (15 out of 35 Local Authorities).

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 21 January 2016. Motion from full Council, Tackling the Growing Problem of Shisha: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8389&Ver=4

The Growing Issue of Shisha Smoking In Barnet

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1. Introduction

The purpose of the report is to respond to the growing concern within local communities and Barnet Council on the potential public health risks associated with Shisha. This report will highlight the social, health and business impact related to Shisha activity and suggests a coordinated and proportionate response to these concerns.

1.2 What is shisha?

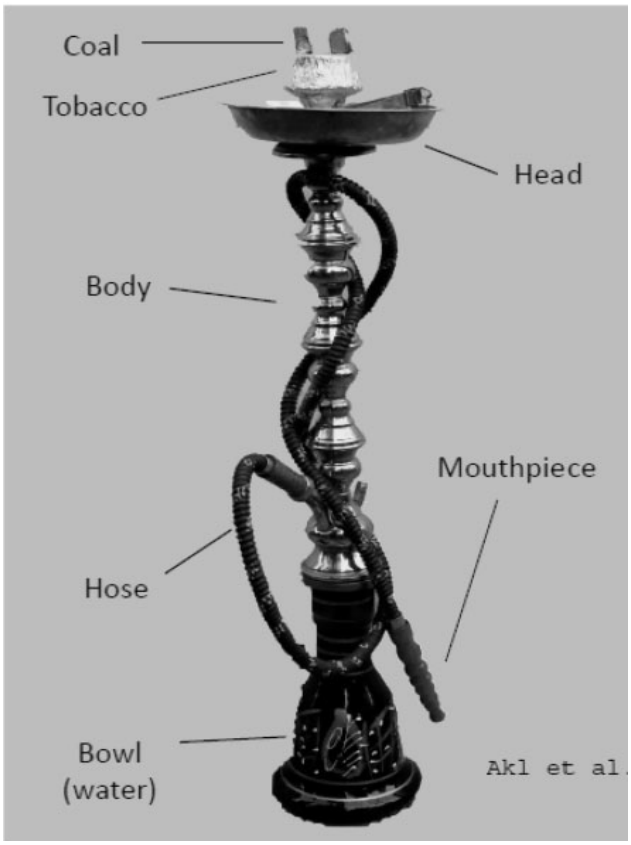
Shisha is smoking tobacco mixed with dried fruit, fruit flavourings or molasses sugar through a bowl, a hole or tube[1], the substance is burnt over lit charcoal and the smoke is passed through a liquid to cool it down. The tube ends with a mouthpiece, which then allows the consumer to inhale the sweet smoke. It can also be called hookah, (n)arghille, waterpipe or hubble bubble.

Commonly, the type of shisha smoked in the UK is either tobacco (maassel) or non- tobacco "herbal".

Whilst maassel is the most common form of shisha smoking tobacco, a tobacco-free herbal type has become widely available. These types of shisha are often described as "healthy". However, studies have shown that, although they do not contain tobacco or nicotine, they do contain toxic trace metals found in cigarettes.

Furthermore, herbal mainstream and side stream smoke were found to contain cancer causing agents equivalent to, or in excess of those of tobacco products.

Figure 1. Annotated figure of shisha pipe



It should be noted that there are key differences between cigarette smoking and shisha smoking and could lead to differences in the health effects of people smoking shisha. For example, the smoke produced by shisha is at a lower temperature than cigarette smoke, which is likely to produce a different type and quality of toxicants.

1.3 Use of shisha

Shisha is originally used by Middle Eastern, North African and Asian community groups. However, recent research has shown that since the introduction of the Smokefree Law in England in 2007, there has been a rise in shisha consumption. This may be due to the increasing availability of shisha, as a result of cheaper prices and a growing number of shisha-serving venues[2]. It is becoming

increasingly popular amongst all ethnic groups in the UK and not just people of Middle Eastern descent.

According to the World Health Organisation (WHO)[3], the growing epidemic of shisha is due to several factors. These are;

a) The introduction of flavoured shisha tobacco with its reduced harshness and perceived pleasant flavour and aroma;

b) The misperception that it is "healthier" than cigarette smoke;

c) Social acceptance and being an essential part of family, peer and public gatherings and cafes and restaurant culture;

d) Internet mass and social media;

e) Low cost;

f) Lack of shisha specific policy and regulation towards its use and

g) Immigration of people from Middle Eastern countries to the European region, the Region of the Americas and the Western Pacific region.

Surveys and research projects have been undertaken within boroughs of London focusing on different population groups. It has been observed that in South East London, although rates were highest among those of Arabic or Asian ethnic origin, the majority of respondents to the survey were from White British. Furthermore, smoking shisha was highest amongst 18-24 years old[4].

UK studies amongst the Asian community, have shown that most smokers were mainly male and of Middle Eastern/Asian ethnic origin although increasingly more consumers were from various backgrounds[5]. Further research[6] from different Local Authorities between 2011 - 2013 has shown that there is high prevalence of smoking amongst university students, ethnic minorities and males and is used as a way of bringing people together socially – "social lubricant". There is local anecdotal evidence that teenagers frequent some of the shisha bars in peer groups after school.

The London Borough Lambeth undertook a specific study focusing on the Muslim Asian community. It was found the community showed a higher prevalence and more frequent use of shisha.[7] It was found that half of current smokers usually smoked at home, whilst the other half usually smoked in shisha cafes. Whilst mainly males were smoking shisha research showed it was also acceptable for females to smoke.

Key points to note from a large study undertaken in Brent by Jawal et al (2011) on a British Asian community in London include[8]:

- *shisha smoking was more prevalent than cigarette smoking; people often started smoking shisha whilst in secondary school;*

- *students are more likely to smoke shisha if there is shisha premise close to their school;*
- *shisha smoking is often more socially acceptable than cigarette smoking, and the difference is particularly important for females;*
- *families often introduce shisha smoking to younger members;*
- *many people start to smoke shisha intermittently when they are younger and as they grow up they smoke it more frequently;*
- *although shisha smoking is most prevalent among Arabic or Asian ethnic groups, there are now high proportions of shisha smokers cross-culturally;*
- *most smokers use either a shisha café or smoke at home;*
- *shisha smoking in London appears to be most common north of the river and in particular in North West London.*

2. The health effects of shisha

Generally, it is commonly agreed that smoking tobacco through a water pipe is likely to have similar health effects to smoking cigarettes[9]. A summary review of studies undertaken to observe the health effects of shisha by Jawad et al (2011) suggests that one shisha session smoked for approximately 45 minutes may produce 22 – 50 times more tar, 6 – 13 times more carbon monoxide and 1 -10 times more nicotine than a single cigarette.

Shisha smoking is associated with the following types of cancer; oral, oesophageal, lung and possibly gastric carcinoma[10] and is known to produce a significant number of carcinogenic toxins. In particularly, there is significant exposure to polycyclic aromatic hydrocarbons (PAH) which is associated with the development of various cancers[11]. In addition to this, the burning of coal used to heat the tobacco is a major source of carbon monoxide (CO) emissions which is also carcinogenic.

The burning of 'herbal' shisha is also cancer causing. Closer analysis on combustion shows that there are similar levels of CO and tar as seen in ordinary tobacco shisha, the only difference being the lack of nicotine.

The association between second hand smoke and smoking in family settings or amongst young children also appears to link to the development of childhood respiratory conditions[12]. As herbal shisha is commonly smoked in the UK (due to the perception that it is healthier) exposure to toxic cancerous second hand smoke poses a public health risk.

Other risks to health sited by global studies and the WHO have highlighted the long term effects of shisha on developing coronary artery disease, causing a rise in blood pressure and the deterioration of lung function[13, 14, 15].

Women who smoke shisha during pregnancy have also been found to have babies with low birth weights.

Furthermore, there is a potential risk of infection with shisha smoking from sharing mouthpieces, (infection of herpes simplex), inadequate cleaning of waterpipes, and from spending long periods in close proximity with others. In particular, there have been concerns regarding the risk of tuberculosis (TB) but so far only a few case studies, demonstrating this association have been published[16, 17].

One study has shown that amongst Asian males, a common health effect has been nausea, headache and feeling light headed, possibly due to carbon monoxide poisoning.

Although comparisons have been made between shisha and cigarettes, the differences in the way these are smoked, particularly the long smoking periods and intermittent use of shisha, means that estimates of shisha-to-cigarette comparisons are difficult to make accurately[18]. Based on this and further studies it has been suggested that that a more consistent message of '***at least as harmful as cigarettes***' may be more appropriate for health promotion and education purposes[19 20].

Unlike cigarette smoking, a key factor in addiction in smoking shisha is that there seems to be social and sensory cues, including the atmosphere of shisha cafes, the aromatic smell of the smoke and the flavour of the maassel, and the appearance of the shisha pipe itself.

In addition to this, smokers are able to inhale more deeply as it is less of an irritant on throat, trachea and bronchi. Unlike smoking a cigarette, which may last around 6 minutes, a shisha smoking session typically lasts considerably longer, at around 45 minutes for an average session[21].

3. Shisha and Young People

A study undertaken with university students at Imperial College London gathered information and attitudes and beliefs amongst the student population[22]. The main points were:

3.1 Initiation and Duration

- Shisha smoking was mostly initiated by peers, but also by family members.
- Many first experienced shisha in a foreign country and even brought back a pipe from their visit.
- Smoking sessions lasted on average an hour, but could be many hours due to accompanying social activities e.g. dominoes, TV, talking.
- Smoking usually started intermittently and then evolved into a regular practice.

3.2 Appeal

- The sensory cues.
- Fun of exhaling smoke rings.
- Use as a social lubricant, similar to alcohol.

3.3 Common Beliefs

- The smoke was filtered by the water

- That it is not addictive, contains little nicotine and it would be easy to quit
- Participants felt that when smoking cigarettes the harm was obvious from seeing the tobacco burning and feeling the heat, but this was not so with shisha smoking.
- There was a general consensus that shisha felt less harmful than cigarettes, and participants described shisha smoke as “cooler”, “milder” and “lighter” than cigarette smoke

3.4 Experience of addiction

- Many had failed quit attempts, and experiences of craving.

3.5 Knowledge

- Home smokers had the most knowledge about toxicants
- It was felt that there was minimal advertising about the health effects of shisha.
- Smokers found inconsistent messages on the internet made them unable to trust the information they read.

Data from The What About YOuth (WAY) survey in 2014/2015 (survey looking at the health profiles of young people aged 15 years by Local Authority) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked ‘other tobacco products’ Barnet appears towards the middle of the rankings (15 out of 35 LA’s).

The definition of ‘other tobacco products’ is: “*The percentage of 15 year olds who responded to Q20 in the What About YOUth Survey (“Have you ever used/tried other tobacco products i.e. shisha pipe, hookah, hubble bubble water pipe etc?”) with the combination of currently, used to use and tried other tobacco products.*”

4. What do we know about shisha premises in Barnet?

Consistent data on the number of shisha premises known to Environmental Health has been recorded since 2013. Records show that there has been an annual increase in the number of premises opening in Barnet. At the end of 2015, there were 23 trading shisha premises known to Environmental Health. At the same point last year there were just 14 of which 50% were compliant with the Health Act 2006. This is an increase in shisha outlets of 61% in a year.

Table 1 shows the increase in premises since 2013 and the number of non-compliant premises with the smoke free legislation. Currently, of the 23 current premises, only 9 (39%) are compliant.

Table 1. Number of compliant shisha premises by year since 2013

Year	No of compliant shisha premises/ Total No of shish premises	% of compliant premises
2013	9/13	69%
2014	7/14	50%
2015	9/23	39%

Out of the 23 shisha premises identified, eighteen were obtained from the Council database UNIFORM. From this information, we can deduce that at least 21 were cafés/restaurants and only two were exclusively selling shisha.

Figure 2. Location of shisha premises in Barnet

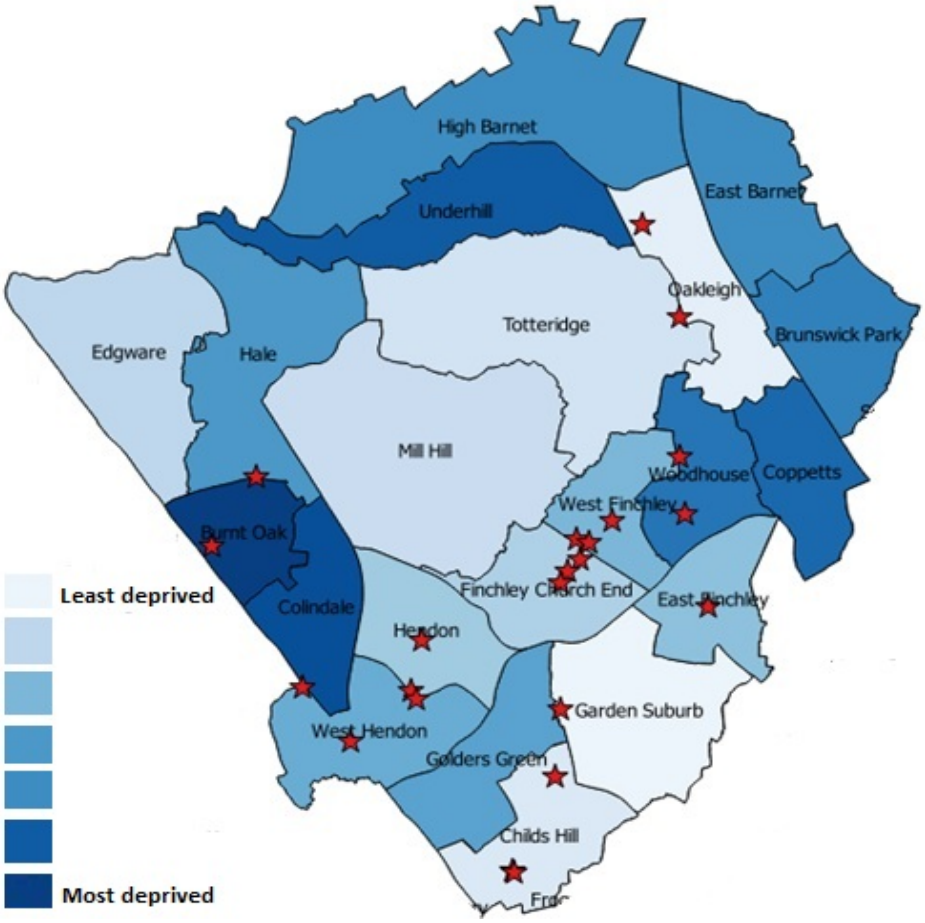


Figure 2 shows that most premises can be found in the southern central part of the Borough, mostly Finchley Church End ward and West Finchley ward. There is no correlation between deprivation and shisha premises.

5. Key issues arising from shisha premises in Barnet.

Whilst the main focus of concern about the increasing use of shisha is the health impacts, other social impacts can be associated with shisha premises, such as noise and anti-social behaviour. The most common complaints in Barnet are noise, non-smoke free compliance issues and antisocial behaviour.

Six out of the 23 premises have had noise specific related complaints. Poor management of health and safety and hygiene have also been noted, however not to any greater extent than with premises that do not serve shisha. From police records antisocial behaviour has been reported in streets on or near where shisha premises are located but there is no evidence specifically related to shisha premises. However, further exploration of crime data will be carried out as guided by the Crime and Strategic Needs Assessment 2014-2015, to find out if there are any associations or correlations with other crimes (such as robbery) and the shisha hotspots identified in the map above.

Labelling and tax issues and smoke free compliance have also been noted in relation to shisha tobacco and are discussed further in this report.

5.1 Proximity of shisha bars to schools

The appeal of shisha smoking is commonly seen amongst young people and studies and local observations by enforcing officers, have shown that school aged young people do smoke shisha. Figure 5 shows the proximity of shisha premises to schools.

In the London Borough of Brent an anonymous survey of secondary schools was carried out in 2011/12. Nearly a quarter of students had tried shisha, and 36.2% of these were introduced to it by family, highlighting the social acceptance of the practice.

The study also showed that the proximity between shisha premises and schools may influence shisha prevalence, with students attending schools with a shisha premise within a half mile radius being 2.5 times more likely to smoke shisha than those who did not. Furthermore, it was found that many shisha smokers took their first puff in a shisha café while underage.

Figure 3. Shisha Premises and Secondary Schools in Barnet

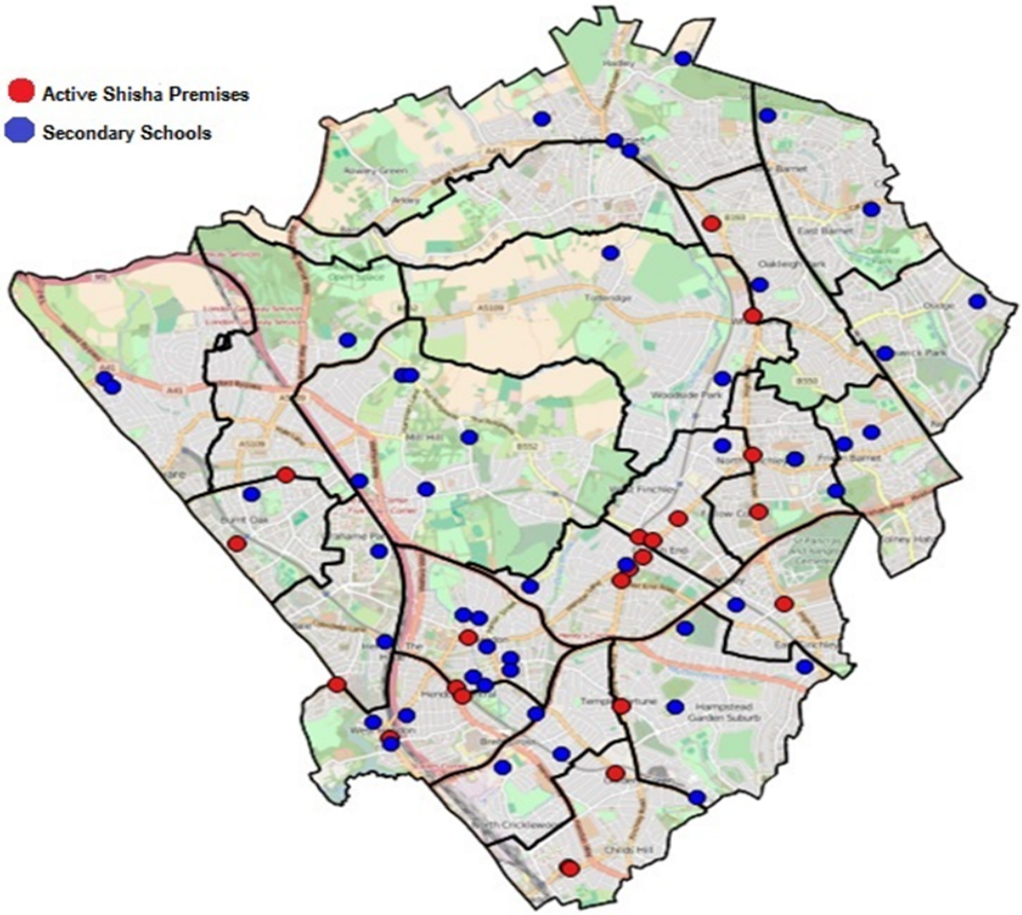


Figure 3 shows that out of 25 secondary schools in Barnet, ten are within walking distance (400m) of shisha premises. These are found in the following wards, West Hendon; Hendon; Finchley Church End; West Finchley and Oakleigh wards.

6. What have other Local Authorities done to tackle shisha?

6.1 City Of Westminster

City of Westminster undertook to tackle shisha premises as part of a wider approach to engaging with non-compliant premises. This proved to be a successful operational delivery model, in that street based staff were trained in the Health Act in order to supplement and support witnessing breaches of the Act. The approach highlighted a number of hidden smoking rooms and other non-compliance with legislation. City of Westminster were the first to use the closure powers from the

ASB Act in 2012 upon two non-compliant premises and it saw fines and legal costs recovery of £20,000 from the two premises.

Westminster are now consulting on the development of a strategy to address the impact on health and the nuisance and harm caused by unregulated shisha smoking.

6.2 Brent Council

Brent has a lead officer who deals with shisha enforcement. Since 2012 Brent have prosecuted approximately 30 premises for smoke free and related offences. They have worked with the Police to close cafes with an antisocial behaviour closure order (ASBCO). The order allowed Brent to prove that some premises are a 'crime generator' and therefore working with other colleagues have been able to successfully prove that there is a detrimental effect to a neighbourhood.

In 2011/12 Brent Council undertook an anonymous survey of secondary schools to explore attitudes, beliefs and use of shisha. As a result, Brent has produced online resources, dispelling the myths surrounding shisha smoke.

6.3 Enfield and Haringey Councils

Enfield and Haringey Public Health and Trading Standards teams have joined forces as the Tobacco Control Alliance to tackle illegal shisha premises. Some of the problems already identified with shisha bars include use of illegal smoking shelters where smoking is effectively taking place indoors, sales of untaxed tobacco, shisha tobacco being served without written and pictorial health warnings and a failure to display statutory warning signs on the premises about under the age sales.

6.4 Borough of Tower Hamlets

Tower Hamlets have taken the approach of giving advice to local businesses. Regular visits are undertaken with Trading Standard Officers and the Police and a web page highlighting key legislation and expectation of shisha business owners is addressed on line. Signposting to smoking cessation services part of the overall message to anyone who would like to give up smoking.

6.5 Camden and Islington Councils

Islington Council have also collaborated with Camden as part of the Smoke Free Alliance. This collaboration has resulted in a joint action plan for 2014 -2016. The Plan tasks Trading Standards to maintain current levels of monitoring of shisha premises. In addition to this, several public health campaigns (including focusing on Ramadan) have been undertaken and a draft policy has been written. This joint work with Public Health and regulatory services has been reported to the Health and Wellbeing Board as a success. Future work includes a cross-borough approach to tackle illegal tobacco.

6.6 Blackburn and Darwin Council

Between 2011 and 2015 there were a growing number of shisha premises located in the town centres of Blackburn and Darwin. It was recognised by the Council that this was contributing to a number of anti-social incidents and therefore a coordinated approach was undertaken to help reduce town centre disturbance. Key partners such as Community Safety, Trading Standards, Environmental Health, Police (PCSO's), Public Health and the Fire Service worked together to drive down the number of shisha premises . Currently, Blackburn and Darwin have a total of six shisha bars from previously having 14 in 2011 and are in the process of consulting on the proposal of a new Supplementary Planning Document that prohibits the opening of any shisha premises that will have a negative impact on health and wellbeing .

The Council undertook a low tolerance approach to non-compliant shisha premises and conducted joint visits with the Police and Regulatory officers (i.e. Trading Standards and Environmental Health). Using the Police and Criminal Evidence Act section 19, officers were able to seize equipment from nuisance premises.

An education campaign was developed lead by Public Health focusing on schools. This is currently being delivered through the voluntary sector.

7. Use of Legislative Controls[23]

Shisha lounges do not have to be licensed unless they also provide alcohol, entertainment or late night refreshment (after 11pm) but they may be subject to other regulatory requirements as described above. Local policy utilising good practice such as that from London Borough of Islington, has been demonstrated to provide some degree of control over shisha premises.

The World Health Organisation (WHO) has published a set of policy recommendations as part of its Framework Convention on Tobacco Control (FCTC)[24]. In relation to shisha Article 5, recommends that any legislation and regulation on tobacco should specify all tobacco, not just that in cigarettes is covered in countries with a high or increasing prevalence of shisha.

7.1 Health Act 2006

The primary legislation is the Health Act 2006, which states "that 'smoking' refers to smoking tobacco and anything which contains tobacco, or smoking any other substance. Smoke free legislation (the "smoking ban") prohibits smoking in enclosed public places and workplaces relates to any smoking product, whether it contains tobacco or not. There is no exemption for Shisha, although there are misconceptions about this. Both operators/managers and smokers can face prosecution, although to date prosecution has been limited to those in control of premises rather than customers.

7.2 Product marking and labelling

Tobacco containing shisha must comply with all the requirements of the tobacco products regulations. Primary legislation is the Consumer Protection Act 1987 (CPA) and secondary regulations include, The Tobacco Products (Manufacture, Presentation and Sale (Safety) Regulations 2002 and; The Tobacco Products (Manufacture, Presentation and Sale) (Safety) (Amendment) Regulations 2007.

7.3 Children & Young Persons (Protection from Tobacco) Act 1991

It is illegal to supply shisha tobacco to anyone under 18 and businesses are expected to take reasonable precautions and show appropriate diligence to avoid doing so. Notices regarding the illegality of selling to under-18s must also be displayed.

7.4 Health & Safety / Fire Safety / Food Safety

Shisha businesses must apply appropriate control measures generally and particularly in respect of the hazards of infection from shared pipes; maintain appropriate fire precautions including escape routes and prevention of ignition e.g. from burning charcoal and heating devices; and comply with food safety requirements where food is served.

7.5 Table and Chairs[25]

A licence is required for tables and chairs on the street, which can stipulate numbers and permitted hours on the street of use, under a street trading licence if on the public highway. The placing of tables and chairs placed on the street and outside premises is considered to require planning permission in most cases.

7.6 Planning consent

Any legal shisha businesses will have to have an outdoor area for their customers to smoke in. There may be planning issues for structures or areas used for this purpose.

7.7 Licencing

Licences required for late night refreshment apply only to hot food or hot drinks after 23:00 and the sale of alcohol. Premises which serve cold food, cold drinks and offer shisha smoking do not require a licence.

The majority of shisha premises within the London Borough of Barnet do not hold premises licence and therefore do not offer hot food or drink after 23:00 or serve alcohol.

Of those premises that do offer these services the Licensing team monitors the premises as they do all licensed premises; to ensure that the licensing objectives are being upheld. The Licensing objectives are:

- Prevention of Crime and Disorder

- Prevention of nuisance
- Public Safety
- Protecting children from harm

The Licensing team is working closely with the noise nuisance team in relation to monitoring noise nuisance emanating from licensed premises which provide shisha.

7.8 Noise Nuisance

There may be noise nuisance issues, as the most popular times for customers will be in the evening. This is particularly exacerbated in 'smoke free compliant' premises as the shelter is outside and leads to greater transmission of noise. The noise team provide an out of hours service at the following times which individuals can contact should they be disturbed by noise from a shisha premises:

- Wednesdays 20:00 – 01:00
- Fridays 20:00 – 04:00
- Saturdays 12:00 – 0400
- Sundays 10:00 – 03:00

The noise nuisance team work closely with Environmental Health and Licensing in relation to joint responses to issues from shisha premises.

7.9 Anti-Social Behaviour, Crime and Policing Act 2014

The purpose of the updated Antisocial Behaviour Act 2003 is to put victims at the heart of the response to Antisocial Behaviour (ASB). It focuses on the act on the victim rather than the behaviour itself. The ASBCP Act 2014 allows front line professionals to use their judgement rather than operating a "one size fits all" approach.

The Anti-Social Behaviour, Crime and Policing Act 2014 introduces new measures such as the ***Community Trigger*** and ***Community Protection Notices***. Community Trigger gives victims a right to request a review of their case and bring agencies together to take a joined up problem–solving approach. Community Protection Notices are designed to stop a person aged 16 or over, business or organisation committing unreasonable behaviour affecting the community's quality of life.

7.10 Penalty for Breach

It is an offence to fail to comply with the notice.

A Penalty for Breach can be issued of up to £100 if appropriate or they can be liable on summary conviction to a fine not exceeding £2,500. If a body or business is found guilty of an offence they will be liable on summary conviction to a fine exceeding £20,000.

An offence does not occur if all reasonable steps were taken to comply with the notice or if there are reasonable excuses for the failure to comply.

Where there is persistent nuisance and/or anti-social behaviour the act affords the use of closure powers and civil injunctive relief to those who may be affected by unregulated, rowdy or inconsiderate behaviour that cannot be managed swiftly or robustly by the usual primary legislations such as the Environmental Protection Act.

8. Tackling shisha in Barnet

8.1 Developing local legislation on shisha control

The possibility of developing local legislation (a byelaw) on shisha control is highly unlikely. In order to develop a byelaw, consideration must be given to whether the issues (i.e. the nuisance) are already covered by other legislation. To create a byelaw, reliance on an enabling power under statue is required but if there is general legislation on subject then a byelaw would not be appropriate. Byelaws also usually have to be approved by the Secretary of State. Whilst there is not specific legislation on shisha smoking, there is legislation that covers the issue i.e. that which controls (cigarette) smoking generally, as well as other legislation mentioned in this document, that can be used to control its environment.

8.2 Strategic Planning

Any applications for shisha uses are considered against the policy framework within Barnet's Local Plan adopted in 2012. The Local Plan contains a policy on Improving health and well-being in Barnet (Policy CS11). This supports the targeting of unhealthy lifestyles such as smoking and is therefore a material consideration in planning applications.

The relevant Local Plan policy is Policy DM01 Protecting Barnet's character and amenity. Any change of use in a commercial high street should maintain an active street frontage with the ground floor interior being visible from the street. Evening economy uses are recognised as contributing to town centres viability and vitality.

Local Plan (Policy CS6) Promoting Barnet's town centres states that we will ensure that food, drink, entertainment uses as part of a healthy evening economy in our town centres do not have a harmful effect on residents and the local area.

An establishment offering shisha would need to provide an outdoor area where customers can smoke. If a structure is provided to offer shelter then this would require planning permission.

8.3 Planning Enforcement

A change of use to a shisha use alone would require planning permission. However, shisha uses are more generally uses ancillary to either Class A3 (Restaurants and cafés) or Class A4 (Drinking Establishments).

If a shisha use starts and planning permission is required for the use, then the Council has the option to take planning enforcement action. A planning application for the retention of the use would be sought. In the event a planning application is not forthcoming and the use is considered unacceptable on its planning merits or a planning application is refused then a planning enforcement notice would be served. The notice would require the cessation of the unauthorised use.

There is a right of appeal (from the proprietor) against a planning enforcement notice to the Planning Inspectorate. If an appeal is made against a planning enforcement notice then the appeal process takes a minimum of six months and in the meantime the unauthorised use can continue. If an appeal is dismissed, then the requirements of the enforcement notice would need to be met (usually three months after the appeal decision date). In the event the requirements of an enforcement notice are not met before the notice expiry date then prosecution action can commence.

The Proceeds of Crime Act (POCA) permits monies and/or assets to be seized by the authority if a person or business is found guilty of breaching a planning notice and potentially a Community Protection Notice (CPN) as both are criminal offences. In order for this to be enforced, specific prerequisites and clarity on evidence would be required.

8.4 Future opportunities for planning and public health

As part of the wider programme to include health outcomes into regeneration, public health will focus on promoting healthy places and tackling some the health issues to ensure there is a coordinated approach; public health is exploring with Planning the possibility of integrating health considerations in the planning of applications and development of businesses in areas where public health is an important consideration for local populations. A paper on public health and planning is being developed to be presented at the next health and Well-being board for discussion.

This will include the input of public health considerations into the Healthy Urban Development Unit's (HUDU) checklist. The purpose of the HUDU checklist is to screen businesses to ensure that businesses do not adversely impact on local health and wellbeing in the area.

It is recognised that, the council considers protection of the economic development of Barnet as being key to a successful borough, and it is important to find ways to ensure that a balance can be struck between developing local businesses to reach their full potential and enabling the population to live in places that protect their health and support healthy choices.

8.5 Environmental Health

Shisha businesses need no specific licence, registration or other formal permissions from the Council before start up beyond those which apply to ancillary activities such as the sale of food. Most shisha businesses are already trading when they come to the attention of Environmental Health.

In 2010 a survey by LACORS and CIEH of all Council's was undertaken. The results showed that enforcement barriers experienced by regulatory officers were similar to those faced by Barnet Council's enforcement team. For example, shisha owners challenging the requirement for smoke free compliant shelters and the identification of business owners.

8.6 How Environmental Health are tackling shisha in Barnet

The regulatory powers available to Environmental Health are in two areas which have little or no impact on preventing shisha start up:

Smokefree Legislation. This requires that any structure used for smoking in a public or work place is not less than 50% open to the air (where it has a roof or ceiling). In essence this legislation legalises smoking in compliant structures, but, beneficially, reduces the health risk from smoke for non-smokers in the immediate vicinity. EH will continue to inspect and advise on compliance and the worst repeat offenders will be considered for prosecution in line with the Council's enforcement policy.

The health and safety team has completed two successful prosecutions in relation to the above. It took two years to complete, the fine was too low to be a deterrent and the business continues to trade under new management. Prosecution is a very resource intensive approach and may not be effective. It necessarily has to be focussed on one or two offenders at any one time on.

Powers within the Environmental Protection Act 1990 can be used by Environmental Health to control noise, smoke and odours from shisha premises affecting neighbouring residents. Statutory nuisances from these emissions can be abated, but little can be done when these elements fall short of the statutory nuisance test. In the area of smoke nuisance for example, the legislation is intended to deal with bonfires and similar smoke sources. Officers suspect that there will be very few instances where statutory nuisance controls could be applied to shisha outlets. However, any complaints of nuisance affecting residents will be investigated and abatement notices will be served where statutory nuisance can be proved.

The Environmental Health Scientific Services team also has a role in advising Planning Service colleagues on the environmental impact of development plans. They would normally be consulted by Planning on new shisha bar developments. They will advise on the likely impact on residents and recommend conditions, where appropriate, which might minimise that impact.

8.7 Trading Standards

Trading Standards tobacco control legislation will apply in broadly similar way to familiar tobacco products such as cigarettes. The 3 areas that apply to shisha premises are:

1. Underage purchase of tobacco: shisha products containing tobacco must be sold to persons under the age of 18

2. An A3-sized notice with characters of at least 36mm high displaying the following statement - ***'It is illegal to sell tobacco products to anyone under the age of 18'*** - must be displayed at every premises at which tobacco is sold by retail. Ideally this notice will be displayed in close proximity to the tobacco products themselves.

3. The tobacco provided should not be counterfeit or illicit tobacco. (Products imported through the black market for which there in guarantee or its contents and for which no duty has been paid).

8.8 How Trading Standards are tackling shisha in Barnet

Trading Standards have been working closely with Environmental health and HMRC in relation to joint visits to Shisha premises. The focus on these visits is to ensure that the warnings are being correctly displayed and also to ensure that the tobacco being provided is genuine. Historically there have been high levels of non-compliance in these areas in Barnet.

For example, in one premises officers found the smoking area to be compliant but the manager advised that no shisha smoking too place. However, tobacco and pipes were found and HMRC seized all duty unpaid shisha tobacco.

Trading Standards have also been using Barnet Council's social media such as Facebook and Twitter to raise awareness of the dangers of Shisha.

Trading Standards also undertake regular under age sales test purchasing in partnership with the Police. This work is intelligence based with premises risk assessed and prioritised depending on the intelligence. There currently is very little intelligence in relation to allegations of underage use of shisha in the shisha premises in Barnet.

8.9 Future opportunities for Environmental Health and Trading Standards

Periodically, Environmental Health has worked successfully with colleagues in HMRC and Trading Standards to check on smoke free compliance and the legality of shisha tobacco products. Most recently, between 5th and 15th January 2016, unannounced joint visits to five premises were undertaken to identify unpaid duty on shisha tobacco and to gain insight into current compliance with other relevant legislation.

Environmental Health, Trading Standards and HMRC will continue to work closely in relation to shisha premises as outlined above. In particularly, more planned joint visits, continuation of sharing

intelligence with planning, supporting Public health with an education campaign on raising awareness and educating local shisha businesses on shisha use, compliance and health messages.

8.10 Community Safety and Anti-social Behaviour

From a community safety and ASB perspective, where an establishment is causing persistent nuisance and anti-social behaviour and the legal owners are not taking steps to address the complaints the council and the police can consider the use of the new powers set out in the ASB Act 2014, this includes a closure order which could last up to 6 months.

The Safer Community Partnership have set up a multi-agency panel ' The Community Safety MARAC' where cases such as these can be referred into so that a multi-agency response can be put in place and appropriate prevention and enforcement action can be considered. The partnership enables a coordinated focus on 'problem premises' supporting proactive activities following a complaint by any individual.

The Community Trigger is also in place where members of the community can initiate the Community Trigger. However it is important to note that any action taken to respond to the ASB will be considered alongside the broader intervention including licensing, noise, planning.

Currently the Strategic Leads across the Environment Commissioning portfolio are reviewing the Council's approach to enforcement. An enforcement policy for the council and specific enforcement procedures are being drafted for Street Scene. Re already have in place an enforcement policy and procedure.

Officers will be presenting the revised policy and procedures to both the Community Leadership Committee and the Environment Committee.

The Community Safety Team has already delivered training to over 300 officers across the council on the use of the new ASB tools and powers. They are drafting a partnership protocol clearly setting out Barnet's local process on using the powers effectively – this will include how to respond to nuisance premises.

8.11 Future opportunities for the Community Safety Partnership

Local intelligence suggests that ASB issues linked to shisha premises are relatively low. However, there may be opportunities to use Community Protection Notices (CPN) to tackle shisha where circumstances are appropriate to do so. The CPN is flexible and can be applied to commercial premises such as shisha. Where there are possible complaints about odours and fumes, for example, the Community Safety Partnership could facilitate the use of the notice by controlling the nuisance and require the business to take remedial action to prevent the nuisance from happening again.

Further opportunities include undertaking a proactive communications plan, collating all enforcement action and/or activity using Council and Police licensing systems.

8.12 Public Health

Public Health is leading the Council in its responsibility for improving the health and wellbeing of its residents through local commissioning and service planning. The Joint Strategic Needs Assessment (JSNA) 2015-2020 highlights the need to protect children from tobacco use.

This report has gathered local intelligence on shisha and good practice from other areas to inform how the Council can tackle the growing numbers of shisha in Barnet. It is clear that enforcement has a place in limiting the number of shisha premises opening and ensuring that the health and safety of consumers and residents are protected. However, the health risks associated with smoking shisha is still yet to be addressed, and Public Health is ideally placed to take these health messages forward as part of a multi-pronged approach.

Public Health therefore proposes to lead a sustainable health promotion and education campaign with support of the corporate communications team with the following aims:

1. To raise awareness of the negative health impacts of shisha usage amongst the demographic who use shisha with a particular emphasis on young people;

2. To conduct in partnership with Environmental Health and Trading Standards an educational campaign aimed at local shisha businesses to improve compliance within existing legislation and consider the health impacts of their business on the local area and residents.

8.13 Approach

- Poster campaign utilising bus shelters, community centres, libraries and health premises;

- Digital campaign that utilises social media channels e.g. Facebook, Youtube and Twitter dispelling myths and providing accurate information. Evidence has shown that young people are attracted to shisha use through these mediums and also use them to obtain information about shisha;

- Sign posting to existing resources on the Council website including Barnet Stop Smoking Services;

- Training stop smoking advisors to include information on shisha smoking;

- Targeted engagement with the voluntary sector to raise awareness amongst particular ethnic groups where shisha use is prevalent;

- Engagement and health promotion advice to shisha establishments e.g. appropriate cleaning of pipes, dangers of CO poisoning in enclosed spaces as well as health risks to consumers;

To further support the evidence base for the campaign, a brief survey will be conducted with young people through the Youth Parliament to understand prevalence.

9. Proposal to tackling shisha in Barnet

It is proposed therefore that the Council takes a multi-pronged approach with the following actions:

- **Educate and Engage.** A health educational and promotion campaign in partnership with the Council's communications department that is aimed at users of shisha, with a particular focus on young people but also including shisha premises.

- **Regulate Activity.** A partnership approach to be taken to non-compliant premises, focusing on agreed hotspots identified through local intelligence, including the Community Safety Partnership, HMRC, the Police and London Fire Brigade.

- **Explore current Planning Policy.** To include health and wellbeing considerations, so that local businesses such as shisha establishments, do not adversely impact on neighbouring residential amenity.

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AGENDA ITEM 8

	Health and Wellbeing Board **10 March 2016**
Title	**Health Report – Children in Care**
Report of	Lead Member for Children Commissioning Director for Children and Young People
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Corporate Parenting Advisory Panel Report – 9 February 2016 Appendix 2: Interim Health Report for Children in Care
Officer Contact Details	Chris Munday, Commissioning Director Children and Young People Chris.Munday@Barnet.gov.uk / 0208 359 7099

Summary

The Barnet Children in Care's Health team (CIC) supports children in care to access mainstream health services, whilst providing a specialist targeted service. During the period of August 2014- August 2015 all children in care who were eligible for a review health assessment had a health assessment carried out.

This report informs the Board with the work that the Children in Care health team have achieved in the period April – October 2015 as set out in Appendix 2 of the report, which was reported to the Corporate Parenting Advisory Panel on 9th February 2016.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the Health of Children in Care Annual Report (Appendix 2).**
2. **The Board notes the poor compliance with statutory timescales for initial health assessments for looked after children and recommends that further information is urgently sought from the CCG in terms of the capacity to undertake assessments and that a report on timescales for initial health assessments is brought back to the May meeting of the Corporate Parenting Advisory Board.**

1. WHY THIS REPORT IS NEEDED

1.1 The report provides an update to the Board on the work undertaken during the period April – October 2015 by the Children in Care health team.

1.2 The Corporate Parenting Advisory Board considered the report on the 9 February 2016. The Lead Member for Children recommended that the report be considered by the HWBB in order to seek further information from the CCG in terms of the capacity to undertake assessments and inform a report on timescales for initial health assessments which will be brought back to the Corporate Parenting Advisory Board in May.

2. REASONS FOR RECOMMENDATIONS

2.1 To update the Board with the information contained in the Health Report – Children in Care (appendix 2).

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 An update report has been requested to be reported to the next meeting of the Health and Wellbeing Board.

4.2 Work will continue as set out in the Service Level Agreement with Central London Community Healthcare Services.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The work undertaken supports the aims and objectives set out in the Council's Corporate Plan 2015-2020, particularly in relation to the emphasis on early intervention, safeguarding arrangements for vulnerable young people and providing support through an integrated range of services.

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.

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

5.2.1 As set out in the Corporate Parenting Advisory Panel cover report.

5.3 Social Value

5.3.1 Not applicable in the context of this report.

5.4 **Legal and Constitutional References**

5.4.1 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference for the Health and Wellbeing Board includes the following:

- 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.

- Specific responsibilities for:
  • Overseeing public health
  • Developing further health and social care integration.

5.5 **Risk Management**

5.5.1 Not applicable.

5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.7 **Consultation and Engagement**

5.7.1 As outlined in the CPAP cover report.

5.8 **Insight**

5.8.1 As outlined in the CPAP cover report.

6. BACKGROUND PAPERS

6.1 Corporate Parenting Advisory Panel – 9 February 2016
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=208&MId=8540

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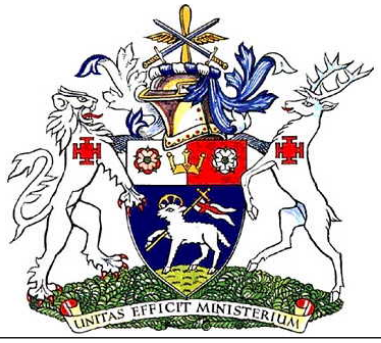	**Corporate Parenting Advisory Panel** **9th February 2016**
Title	**Annual Report – Health of Children in Care**
Report of	Christine Newman Designated Nurse for Children in Care
Wards	All
Status	Public
Enclosures	Interim health report for Children in Care
Officer Contact Details	

Summary

To highlight the work that the Children in Care health team have achieved in the period April – October 2015.

Recommendations

1. CPAP acknowledge the positive progress of all health aspects of children in care.

1. WHY THIS REPORT IS NEEDED

1.1 This report will accompany the Children in Care annual report written by the Designated Doctor and the Designated Nurse and highlight the work the children in Care health team have done in the April – October 2015.

2. REASONS FOR RECOMMENDATIONS

2.1 Update report

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 NA

4. POST DECISION IMPLEMENTATION

Continue to work under the Service level agreement with Central London Community Healthcare services

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**
Report supports and enhances the corporate plan

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**
As outlined in the Service Level Agreement

5.3 **Legal and Constitutional References**
Service Level Agreement and the statutory guidance

5.4 **Risk Management**
NA

5.5 **Equalities and Diversity**
As outlined in the Service Level Agreement

5.6 **Consultation and Engagement**
As outlined in the Service Level Agreement

End

BARNET
LONDON BOROUGH

Central London Community Healthcare NHS
NHS Trust
Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

Barnet's Health Report

Children in Care

April 2015 - October 2015

Service Lead: Christine Newman (CLCH Barnet/Barnet CCG)

Highlights

The Barnet Children in Care's Health team (CIC) has maintained its strong performance in regards to the delivery of initial and review health assessments.

During the period of August 2014- August 2015 all children in care who were eligible for a review health assessment had a health assessment carried out with the exception of a sibling group of three who are long term refusers. One child who had been missing for over two years was seen on his return and two young people who had DNA'd several appointments were both seen.

We have continued to seek to improve the way in which our team works. Children in care have engaged with our client group through Patient Related Experience Measures (PREMS) following completion of their Review. Children and young people are at the centre of our work and shape our service. The completion of a patient survey will have an impact on the work we deliver.

Interventions support and enhance optimal physical, cognitive and social development and are provided as early as possible with minimum waiting times to promote optimal health and life chances.

The CIC Health team supports children in care to access mainstream health services, whilst providing a specialist targeted service.

The impact on children and young people's health of having a thorough and timely health assessment should not be underestimated.

Many children and young people need referring onto specialist services or require further direct work with the nursing team to be carried out.

A number of referrals have been made both in and out of Borough to Paediatricians, Young Peoples Drug Alcohol Service (YPDAS), the GP, Health Visitor/School Nurse, Family Nurse Partnership and CAMHS following their health assessment.

All review health assessments are completed by the Barnet LAC to ensure a high quality to children and young people. There are exceptions to this for example if a child is placed within a special needs school and has a good relationship with a particular nurse from that borough.

Several young people have spoken about the importance of seeing the same nurse and not being forgotten about because they no longer live in Barnet and value the continuity of their health assessment.

In order to achieve a high quality service the Nursing Team travel extensively to see the children and young people thus taking on the role of the lead health professional for CIC (as detailed in the Statutory guidance). Travelling out of borough to see Children in Care provides an equitable service and will ensure that all follow ups are completed by the health team with the relevant social worker.

The LAC health team in Barnet have recently developed a Service Level Agreement with their inner London colleagues which are used when other boroughs wish to request a health review. All health reviews are chargeable in line with national tariff.

A child on becoming looked after is offered an appointment within three weeks of receiving the notification they have come into care. With the aim that a comprehensive health care plan and summary is provided within 28 days of the child being taken into care. This meets the requirement that the initial health assessment and resulting health plan is available for the first review of the child's care plan, four weeks after becoming looked after.

The table below highlights how many children coming into care are seen within 28 days for their initial health assessment. Barnet have a high number of children coming into care and to meet this increasing demand the CCG are currently speaking with another Barnet GP practice that has shown a strong interest in completing the health assessments. The Designated Nurse and the Designated Doctor are working closely with the CCG in the recruitment process.

The current contracted GP's complete the majority of the initial health assessment to a good standard however I continue to recommend that for the under twos and those with identified complex medical needs it would be beneficial for a trained paediatrician to complete the health assessment. This professional would be able to make a more robust health assessment, identifying their specific problems and needs and thereby make a more comprehensive health plan for the said children.

Review Health Assessments (RHA) may be carried out by a registered nurse or midwife. In Barnet, the RHA are carried out mostly by the CIC nurses for all children aged 0 to 18 years old including children with complex health needs.

When Barnet CIC are placed outside the borough, it remains the joint responsibility of Central London Community Health Care NHS Trust (CLCH) and the Local Authority to ensure that the child's health needs are identified and addressed. Our aim is to ensure quality of service to our very unique and vulnerable population living out of the borough. Therefore for the CIC whose health assessments are carried out by another professional outside of CLCH

our first choice is to try to ensure that the local CIC health service carries out their RHA.

In light of the significant health inequalities experienced by most looked after children and given that in practice looked after children move to a new

GP who will not have ready access to important health information and may lack the expertise and the time to carry out a comprehensive statutory initial health assessment our service has moved away from the practice of GP'S carrying out health assessment

We have a designated doctor and trained GP's, who offer a skills based approach which allows the most appropriate professional to engage the individual children and young people with a range of needs with the added benefit of quality assurance provided by our small team with expertise in the health issues of looked after children working closely together

GP's are only now used in special circumstances. An example of when a GP would be used is if they have a good relationship with the child/young person and they have requested the medical is completed by them. The GP may also be used if the child is well known to them and has complex needs. If a child is placed out of borough we may have to use their GP if this is what the local practice is.

Children are routinely offered a 60 to 90 minutes appointment with an interpreter if they require where they have the opportunity to discuss their health needs in depth with specialist health staff trained at level 4- 5 of the intercollegiate framework . As a result all the vulnerable children have a health care plan which are kept up to date and is shared with social services. The health care plan reflects the holistic health needs of the children including their emotional and educational needs and addressing their risks taking behaviours .

The table blow shows the number of initial medicals that were completed within timescale.

Table 1: data

Initial health assessments

Month	No of new CIC	Initial completed within time frame	Number not completed within time frame and reason for delay
April 2015	8	3	2 cancelled 1 late being notified as a LAC child 2 delayed as no slots available
May 2015	10	3	6 delayed as no slots 1 delayed as OOB
June 2015	16	1	10 delayed as no slots 2 ceased to be LAC 1 Feltham seen by LAC nurse 2 cancelled and then re- booked
July 2015	19	5	11 delayed as no slots 4 ceased to be LAC
August 2015	10	2	No suitable appointments available
September 2015	17	7	1 ceased to be LAC 7 no slots available 2 DNA's
October 2015	10	1	3 cancelled their appointment 1 ceased to be LAC 5 no slots available

This table highlights that there is a high number of looked after children that are not being seen for their initial health assessment within twenty eight days of coming into care. This has been escalated to the CCG and the Designated Doctor and another GP has been recruited starting from December. All Children in care in Barnet whose initial health assessment was delayed were seen at a later date and all have an up to date health care plan in place.

Those placed on remand at either Feltham or Oakhill are seen for their initial health assessment by the Designated Nurse which is then quality assured and reviewed by the Designated Doctor.

In special cases where a young person (16 and over) has refused to attend their initial health assessment as they do not want to see the doctor they have agreed to meet with the Designated Nurse which has been a positive outcome.

The Designated Doctor quality assures all initial health assessments and each case is discussed with the Designated Nurse who will follow up any recommendations directly or with the social worker.

Completion within due date according to Health

On entry into care each child is allocated a due date by which the initial health assessment should be completed. The dates of all subsequent health assessments are linked to the due date. The due date for the under 5's is six months after the completion of the IHA and for the over 5's one year after the completion of the IHA. If a child is not seen within the allocated due date, the health assessment is deemed to be out of timescales according to health.

Delays in the review health assessment being completed can occur because of child sudden illness, child absconding, missing or refusing the assessment, exams, complex contact arrangements with the birth family, staff sickness. The Children in Care health team work with the social worker, foster carer and or the young person to ensure the health assessment is completed at a time suitable for them even if this does involve delaying the assessment to the following month.

Review Health assessments for children looked after for a year or more
Table 2

Month	Number of review health assessments completed for children looked after for a year or more Under 5 Over 5	Percentage
April 2015	193/198	98%
May 2015	188/194	97%
June 2015	198/202	98%
July 2015	200/203	98%
August 2015	199/201	99%
September 2015	200/203	98%
October 2015	201/203	99%

Impact of the Health Team

The statutory Review Health Assessment of all Children in Care allows for any concerns to be discussed and for either advice to be given, or a referral made if required. However, the real impact has come from not only making these referrals, but following them up and doing our upmost to support the young people to attend the appointments. This includes ringing and texting them with reminders and offering to attend with them and in some cases, offering to collect them and take them there. All children and young people are given the opportunity to complete a patient satisfaction survey after the health assessment and below are three of the comments the health team recently received

The health team are currently working with the voice of the child co-ordinator to help collect children and young people's feedback on their experience of being in care. The children in care nurses are in a good position to assist with

this as we can incorporate the questionnaire into the health assessment. So far all young people asked and have been happy to take part.

The Barnet Children in Care's Health team (CIC) has maintained its strong performance in regards to the delivery of review health assessments to all Children in care. The health team continue to contribute to the foster carer's newsletter which is sent out to all carers monthly. The health team have a designated slot to promote health care and inform foster carers of any health updates. Despite having high numbers of children in care the Barnet health team have continued to provide outreach work where possible. The specialist nurse is currently working with a young person who does not meet the referral criteria for dietetics and so she visits him monthly and has supported him in losing nearly a stone in weight. This particular young person was difficult to engage and initially refused to have his review health assessment. He is now actively working with the nurse and arranges his own appointments with her.

The Designated Nurse has continued to work with the Designated Doctor to fast track children and young people who need to be seen by a paediatrician and all social workers are aware that they should inform the health team if they have a particular concern around a child's development so that immediate action can be taken.

Data protection is key to our work and processes and the health team ensures all young people have signed consent when they come into care. Rigorous checks are in place when sending out any health information and all staff within the health team has a secure email address which they can use to share information.

GP

Registration

Central London Community Healthcare NHS Trust is required by law to implement systems to ensure children and young people who are looked after are registered with GPs and have access to dentists near to where they are living, even during temporary placements, and that primary care teams are supported where appropriate in fulfilling their responsibilities to looked after children.

Mechanisms are in place to ensure that all Barnet CIC are registered with a GP. Some young people over 16 years of age can refuse to be registered

and this wish must be respected. All GP details are noted at the assessment and registration is confirmed by the administrator before sending out a copy of the health assessment.

Childhood Immunisations

The Local Authority (L.A) should act as a 'good parent' in relation to the health of looked after children. Within that role it has the right to approve the immunisation of children within its care against vaccine preventable diseases as per the national immunisation schedule.

The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age**: Three doses of Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib). Two doses of Pneumococcal (PCV) and Meningitis C (MenC).
- **By 14 months of age:** A booster dose of Hib/MenC and PCV and the first dose of measles, mumps and rubella (MMR).
- **By school entry:** Fourth dose of Diphtheria, tetanus, pertussis (whooping cough), polio (DTaP/IPV or dTaP/IPV) and the second dose of MMR.
- **Before leaving school:** Fifth dose of tetanus, diphtheria and polio (Td/IPV). Three doses of human papillomavirus for girls only.

All babies in the UK will soon be having the meningitis B vaccine once they reach the age of two months, followed by a two more booster shots. An article was written for the foster carers newsletter alerting foster carers to this.

The CIC team continue to work to ensure that young people receive their school leaver booster (diphtheria tetanus and polio) and to ensure that eligible girls are receiving the Human pappilloma vaccination Close joint work with social workers, foster carers and the named nurse for children in care is required. All staff within the health team has access to both social care and health records which has enabled us to update records accordingly. The health team continue to work with social care to improve the uptake and recording of immunisations.

The health team check the immunisation status of children and young people on entering care and again when they have been in care for six months. This will give the health and social work team time to work with the carers and young people to inform them what vaccines they require. The health team will

write to GP's informing them if any vaccinations are missing and request that carers support the child/young person in attending.

Table 3
Percentage of Children in Care who are recorded as being up to date with all immunisations

Month	Number of CIC	Percentage with up to date imms
April 2015	178/198	89%
May 2015	177/194	91%
June 2015	183/202	91%
July 2015	186/203	92%
August 2015	184/201	92%
September 2015	183/203	90%
October 2015	184/203	91%

Dental Health

Dental health is an integral part of the Health Assessment. The Local Authority and Central London Community Health Care NHS Trust are required to ensure that CIC receives regular check-ups with a dentist. In Barnet there is a specialist dental provision based at Oak lane which will see any children/young people who are unable to attend a mainstream dental practice.

Table 4: The number of Children in Care looked after for a year or more with an up to date dental

Month	Number of CIC	Percentage with up to date dental
April 2015	180198	91%
May 2015	179/194	92%
June 2015	180/202	89%
July 2015	188/203	92%
August 2015	188/201	94%
September 2015	181/201	90%
October 2015	183/203	90%

Mental Health

Due to the nature of their experiences prior to being placed in care many CIC will have poor mental health. This may be in the form of significant emotional, behavioural and/or mental health problems or attachment disorders or attention deficit disorder (ADHD)

Mental health services for children and young people are provided by local CAMHS (children and adolescent mental health services) teams. The Designated Nurse and the specialist nurse receive clinical supervision from a CAMHS worker who is a direct link to the corporate parenting team and

regularly attends team meetings. This strong link enables the Designated Nurse to discuss any cases of concern and follow up any referrals that have been made.

Strengths and difficulties questionnaires are completed by the foster carer at the time of the assessment and by the young person when appropriate. Designated teachers are also sent a questionnaire to complete by the virtual school administrator. Scores are recorded on ICS and if the young person or child receives a high score then the case is discussed with the social worker.

Drug and Alcohol Misuse

YPDAS (young person drug and alcohol services) is commissioned by Barnet to work with children and young people in the borough known to be using substances. Referrals are received from the social workers and the CIC nurses. The team assist with foster carers training which is always well received.

Substance misuse is incorporated into the health assessment where appropriate and advice is provided if the young person does not consent to a referral being made.

Sexual Health

Young people in Barnet are disproportionately affected by poor sexual health. It is important that sexual health education and services are not specifically targeted to young women. Sexual health is incorporated into the health assessment and referrals are made to local provisions when required.

Young people in care identified that 'very few people chose to go to professionals when considering sexual health'. Those leaving care also highlighted sexual health and STIs as one of their main health concerns

(*Statutory Guidance on Promoting the Health and Well-being of Looked After Children, 2009)*.

Training for foster carers and other people involved in the care of young people in care around sexual health is important. Knowledge of where young people can access sexual health services will help to direct young people to appropriate care and support.

Sexual health is discussed within the health assessment and a referral to local provisions is made when required.

The Designated nurse will be working with the sexual outreach nurse from Barnet hospital to deliver training around blood borne infections later in the year to both staff and foster carers. This was organised following a concern raised by a foster carer.

Conclusions and strategies for 2014/2015

The Co-location of the CIC team

Social care underwent a major restructure at the beginning of 2015 and the corporate parenting team no longer exists within that. The health team are now located within the virtual school and sit as one team in the office. The virtual school now come under education however it was thought the health team should continue working closely with them due to the amount of work that crosses over. The Designated Nurse and the Deputy head teacher worked together to ensure the two teams remained together after the restructure took place.

The team are always available for consultation and are often approached for advice regarding children and young people. Being located within social care is integral to the work that we do and has been vital in overcoming barriers. An example of when this occurred was when the specialist nurse identified issues in school with a young person and referred it to the Senior Education Welfare officer who sits within the team who dealt with it immediately.

Sexual health drop in to commence at Wood house Road
The sexual health nurse at Barnet hospital will be working with the Designated Nurse to run a sexual health clinic from Wood house from for all looked after Children aged 13 and above. Young people will be able to access basic sexual health advice and if necessary will be referred to the main clinic at Barnet hospital.

AGENDA ITEM 9

	Health and Wellbeing Board **10 March 2016**
Title	**Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) progress update**
Report of	Commissioning Director – Adults and Health Joint Chief Operating Officer (Interim)
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) exceptions report
Officer Contact Details	Zoë Garbett, Commissioning Lead, Health and Wellbeing Email: zoe.garbett@barnet.gov.uk, Tel: 020 8359 3478

Summary

Following the approval of the final Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020 by the Health and Wellbeing Board (HWBB) in November 2015 and the approval of the implementation plan in January 2016, this paper provides the HWBB with an update on the progress to deliver against the implementation plan.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) and agrees further action where necessary.**

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 On 12 November 2015, the Health and Wellbeing Board approved a new Joint Health and Wellbeing (JHWB) Strategy (2015 – 2020)[1] for Barnet. The JHWB Strategy has four themes – Preparing for a healthy life; Wellbeing in the communities; How we live and Care when needed. JHWB Strategy has a section on each theme which describes progress to date (since the last strategy), key data from the updated JSNA, and most importantly the planned activity to meet our objectives as well as specific targets.

1.1.2 The JHWB Strategy is the borough's overarching strategy which aspires to improve health outcomes for local people and aims to keep our residents well and to promote independence. 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 prevention, early intervention and supporting individuals to take responsibility for themselves and their families. The JHWB Strategy also addresses 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.

1.1.3 Actions in the JHWB Strategy have and will be included in other key strategies and action plans such as the Housing Strategy, Primary Care Strategy, Early Intervention and Prevention Strategy, Better Care Fund plans and Entrepreneurial Barnet to ensure delivery across the health and social care system in Barnet. The actions detailed in this implementation plan focus on the priorities that require a partnership approach. The Plan indicates where an action or target is aspirational. The plan has no new financial resources to support its implementation but provides a framework and direction for focus of existing resources to have a significant impact on the health and wellbeing of the borough.

1.1.4 The Implementation Plan was presented to and agreed by the Health and Wellbeing Board in January 2016. The Implementation Plan is structured around the four theme areas of the JHWB Strategy: Preparing for a healthy life; Wellbeing in the community; How we live and Care when needed. For each theme area, the priorities are highlighted.

1.1.5 The Joint Commissioning Executive Group (JCEG) manage the delivery of the JHWB Strategy and review detailed activity and targets (when available) at each meeting (every two months).

1.1.6 Health and Wellbeing Board agreed to receive progress reports at each meeting, the progress reports will highlight key achievements, concerns and remedial action and provide the Board with an opportunity to review and

[1] The final Joint Health and Wellbeing Strategy (2015 – 2020) can be found here: home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

comment on the progress to deliver the JHWB Strategy. The HWBB is able to ask for follow up reports on specific topics of interest or concern to its forward plan.

1.1.7 The targets and indicators in the JHWB Strategy will be reported when they become available. Each November the Board will receive a full annual report on progress including targets, indicators and activity which will allow the Board to review progress and refine priorities for the coming year, feeding into business planning processes.

1.1.8 The following Red, Amber and Green (RAG) status criteria have been applied to progress made:

- Red: requires remedial action to achieve objectives. The timeline, cost and/or objective are at risk
- Amber: there is a problem but activity is being taken to resolve it or a potential problem has been identified and no action has been taken but it being closely monitored. The timeline, cost and/or objectives may be at risk
- Green: on target to succeed. The timeline, cost and/or objectives are within plan
- Grey: completed

1.2 **Delivering our Joint Health and Wellbeing Strategy**

1.2.1 The progress updated covers the period from November 2015 (when the JHWB Strategy was agreed) to March 2016. Due to data collection for the targets being quarterly or annually, this update covers activity (programmes are RAG rated based on activity progress rather than targets).

1.2.2 Overall, activity to progress our plans is considered to be good as: 86% green, 12% Amber and 2% red.

1.2.3 The table below contains is a list of key highlights reflecting areas which are progressing well:

Preparing for a healthy life: Improving outcomes for babies, young children and their families • Focus on early years settings and providing additional support for parents who need it
Highlights
• Barnet Council agreed the its Corporate Parenting Pledge (at Council 26 January 2016) • Through Barnet Council's Internal Placement Strategy, good progress has been made to increase the percentage of children in Barnet foster care as a percentage of all children in care • Each of the three localities has held a locality planning day with the Children Centre strategic leads in order to develop a locality plan for integrated service delivery. Each locality has held the first meeting of the Locality

Advisory Board to enable advice support and challenge from key partners, further work to have parental representation is underway

- Children and young people continue to be heard and given a voice through various fora:
  - two mystery shopper activities have been held
  - Youth Voice Forums have met and fed into various council and CCG strategies
  - Youth Assembly and Young Commissioners have been established
  - Young Commissioners have been involved in the new Young Carers Service
- 13 new start-ups organisations (including an organisation run by a young entrepreneur and organisations offering counselling services, life skills/coaching and IT sessions for BMAE communities) were supported by CommUNITY Barnet in 2015 exceeding their target of 7 starts-ups
- Following a mystery shopper exercise looking at the availability of NHS dentist appointments, Healthwatch are conducting a public consultation to speak with residents about their experiences
- Both Safeguarding Adults Board and Safeguarding Children Board have revised and consulted with partners on updated priorities for 2016 – 2018; updated plans will be agreed on 21 April 2016.

Wellbeing in the community: Creating circumstances that enable people to have greater life opportunities

- Focus on improving mental health and wellbeing for all – year one priority
- Support people to gain and retain employment and promote healthy workplaces

- Triborough (Barnet, Enfield and Haringey) discussions and planning have progressed with regards to a number of actions such as implementing the crisis concordat (a new plan was agreed from November 2015, the NCL mental health programme includes a work stream on urgent/crisis care to support stabilisation) local antenatal and postnatal pathways
- IAPT waiting times targets have been met (the service is over achieving the 18 week wait targets); additional funding from NHS England allowed for three additional workers to be recruited, provision has been located in some GP surgeries and further work is being undertaken to improve self-referrals to Step 2 services through developing online referrals. The service is now known as Barnet Mind Matters and has a new website
- A workshop is organised (2 March) to review waiting times for treatment (IAPT, Early Intervention services) involving GPs and commissioners
- The West London Alliance have completed a procurement exercise to select a provider for the Mental Health and Employment Trailblazer. The service aims to commence in April
- Works across North Central London (NCL) are progressing to align Child and Adolescent Mental Health Service (CAMHS) Transformation Plans and ensure local area priorities and Pan NCL works are balanced appropriately
- Five Ways to Wellbeing were the focus of the Director of Public Health's annual report launched in January 2016; a further campaign is being scoped linking with Mental Health Awareness week (16 May)

- In February, Barnet Council progressed to the Achievement Level of the London Health Workplace Charter (following the award of the Commitment Level in November)
- Winter Wellness programme continues to be delivered distributing warm packs, providing information and advice, a helpline and training volunteers from faith communities as Energy Doctors to carry out home assessments
- Consultation on additional licensing scheme for Houses in Multiple Occupancy to ensure health and safety of occupants; Housing Committee agreed an additional licensing scheme with implementation from October 2016 (following communication with landlords).

How we live: Encouraging healthier lifestyles

- Focus on reducing obesity and preventing long term conditions through promoting physical activity
- Assure promotion and uptake of all screening including cancer screening and the early identification of disease

- Victoria Recreation Ground was approved as the appropriate location to replace Church Farm Leisure Centre at Policy and Resources Committee in December 2015
- Needs assessment has been completed for the Obesity Strategy which is being developed by Public Health
- Services as part of the child weight management pathway are performing well supported 121 children aged 4 – 12 between April 2015 – January 2016; In addition one of the Tier 2 providers has seen 176 number of as part of their School Time Obesity Prevention programme in Barnet schools
- Work has continued to align public health and planning; the HWBB will receive a full report in May 2016.

Care when needed

- Focus on identifying unknown carers and improving the health of carers (especially young carers)
- Work to integrate health and social care services

- Barnet's Carers Strategy (2015 – 2020) was submitted and agreed by Policy and Resources Committee (16 February 2016)
- The Alzheimer's Society has been awarded a contract to provide dementia support services in Barnet, for the next 3 years. A launch of the new service is planned for later in the year
- Work on the Barnet Dementia Manifesto is continuing. The under 12 week referral to diagnosis target for dementia is being maintained
- Partnership work has commenced with community and voluntary sector organisations to raise the awareness of End of Life within the community
- The Barnet GP Federation is now established and is currently commissioned to provide additional appointments at scale on a Friday, Saturday, Sunday and Monday (since December 2015)
- Latent Tuberculosis Screening Programme specification has been developed.

1.2.4 Areas considered to be performing less well (Red / Amber) are listed below, further commentary and detail around mitigating actions, can be found in appendix 1:

- Progress to accredit Healthy Children Centres
- Social action projects delivered by our Volunteering Service
- Uptake of childhood immunisations
- Delivering Community Centred Practice (formerly known as health champions)
- Co-design of mental health services
- Participation (sports and physical activity)
- Health checks
- Recommission of carers support services
- Performance of general practices
- Falls prevention.

2. REASONS FOR RECOMMENDATIONS

2.1 The production of 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 a JHWB Strategy, through the Health and Wellbeing Board. To ensure that we deliver the JHWB Strategy and meet its targets, an implementation plan, developed with and agreed across the partnership, is essential.

2.1.1 The Implementation Plan enables the Health and Wellbeing Board to monitor progress and success in the short, medium and long terms. The Health and Wellbeing Board will receive regular progress reports which will allow the Health and Wellbeing Board to continue to develop its work programme.

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 implementation plan would create a risk of non-alignment across the Health and Wellbeing Board membership, could 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.

3.2 Receiving regular performance and activity reports allows the HWBB to review and ensure progress is being made to deliver the JHWB Strategy.

4. POST DECISION IMPLEMENTATION

4.1.1 Action will continue as outlined in the report.

4.1.2 JCEG will receive detailed activity updates.

4.1.3 The Board will be kept up to date with progress being made in implementing the HWBB Strategy through regular 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. The priorities highlighted in the JWHB Strategy will be considered by all the relevant organisations when developing activities. The JHWB Strategy will support the work of all partners to focus on improving the health and wellbeing of the population. It emphasises 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 the 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 those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

5.4.1 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 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 an increase in avoidable demand pressures across the health and social care system in the years ahead.

5.5.2 Receiving regular performance and activity reports allows the HWBB to review and ensure progress is being made to deliver the JHWB Strategy.

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.

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 CCG 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 which ran from 17 September – 25

October 2015 which included an online survey and workshops.

5.7.2 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 full consultation report was presented to the HWBB in November 2015.

5.7.3 The implementation plan has been developed with a number of partners to ensure the plan is universally agreed and embedded across the public sector.

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 from which to develop priorities.

6. BACKGROUND PAPERS

6.1 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020), Health and Wellbeing Board 21 January 2016, item 7: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8389&Ver=4

6.2 Joint Health and Wellbeing Strategy (2015 – 2020) including Public Health report on activity 2014/15 and the Dementia Manifesto, Health and Wellbeing Board, 12 November 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8387&Ver=4

6.3 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

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Barnet's Joint Health and Wellbeing Strategy: Keeping Well, Promoting Independence

Implementation Plan 2015 – 2020: Progress update March 2016

Reporting by exception (A = Amber and R = Red)

Preparing for a healthy life: Improving outcomes for babies, young children and their families • Focus on early years settings and providing additional support for parents who need it					
Key action	**Update**	**Strategic Lead**	**Operational Lead**	**RAG**	**Mitigating action**
Five centres for children to be accredited Healthy Children's Centres (by 2016)	4 centres for children accredited on 17 December 2015.	Commissioning Director Children and Young People	Head of Early Years and Early Help	A	Further 6 centres to be reviewed in March Quality Assurance Board. Review every 6 months to ensure delivery.
Five social action projects a year in areas of high need, resulting in increased volunteering	Output of the Groundwork Volunteering Service Contract (with the Council). Two social action activities held in year 1 (January – December 2015) and further one at the beginning of year 2 (January – December 2016).	Commissioning Director Adults and Health	Local Infrastructure Organisations	A	Seven social action activities will be delivered in year 2 to meet the target of 10 in 2 years. LBB will closely monitor the contract.
Increase uptake of childhood immunisations	Currently below England average for each vaccination	NHS England – London Regional Lead	Public Health / Childrens JCU	R	NHSE have been asked for an update on their plan to improve childhood immunisation reporting.

Wellbeing in the community: Creating circumstances that enable people to have greater life opportunities

- Focus on improving mental health and wellbeing for all – year one priority
- Support people to gain and retain employment and promote healthy workplaces

Key action	Update	Strategic Lead	Operational Lead	RAG	Mitigating action
Health Champions: Recruit 50 volunteers in 2016 with further roll out to 2020	Implementation delayed whilst interested practices engaged. Moving forward with the name Community Centred Practice.	Director of Public Health	Public Health	A	Following discussions with the CCG, 10 practices identified, initial meetings taking place and 6 practices will be selected to take forward the programme. On track to commission and start the service in April 2016
Reimagining mental health: co-design of mental health services and support in Barnet	Breakfast clubs continue to be a success. Programme taking stock to ensure a joined up, strategic vision is in place.	Joint Commissioning Manager, Mental Health	Project Manager	A	Project manager in place, action learning sets planned to bring the co-design groups' proposals into a cohesive vision.

How we live: Encouraging healthier lifestyles

- Focus on reducing obesity and preventing long term conditions through promoting physical activity

• Assure promotion and uptake of all screening including cancer screening and the early identification of disease					
Key action	**Update**	**Strategic Lead**	**Operational Lead**	**RAG**	**Mitigating action**
Increase participation (as measured by Sport England active people survey)	New Government Sport Strategy (published December 2015) notes the replacement of the Sport England Active People Survey with Active Lives (end 2016/ early 2017).	Strategic Lead – Sports and Physical Activity	Commissioning Lead – Sports and Physical Activity	A	Through this new measurement it will identify revised areas; how active people are overall – rather than how often they take part in any particular sport. A new set of key performance indicators will be used to test progress towards the five key outcomes with the intention to transform our understanding of how sport delivers them. This is anticipated to be confirmed to coincide with the new Sport England Strategy in July/August 2016.
Improve early identification of long term conditions	The Health Check programme recently underwent a major change with the implementation of a new IT system, which posed challenges to meeting performance targets.	Director of Public Health	Public Health	A	Monitor. Expected to improve next quarter.

How we live: Encouraging healthier lifestyles

- Focus on reducing obesity and preventing long term conditions through promoting physical activity
- Assure promotion and uptake of all screening including cancer screening and the early identification of

disease					
Key action	**Update**	**Strategic Lead**	**Operational Lead**	**RAG**	**Mitigating action**
Recommission of carers support services (both adult and young carers) to start April 2016 including targeted campaigns to identify carers, improving the respite offer for carers as well as high quality general support	Revised timescale; tender to go out in April 2016.	Adults and Communities Director / Family Services Director	Prevention and Wellbeing / Family Services	A	Service specification for carers and young carers support services drafted. Following authorisation for procurement activity to commence (Policy and Resources Committee 16.02.16) tender is planned to go out in April 2016. As part of new carers support services there will be specific targeted support in place regarding raising awareness of employment rights of carers with local businesses and with carers and young carers. Additionally, work underway (project plan being developed, steering group established with LBB HR) within Adults and Communities regarding increasing carer sustainability for working carers.

Working with NHS England and partner organisations to reduce the proportion of people reporting a very poor GP experience (monitored locally).	As a Joint commissioner of Primary Care, the CCG is working closely with NHSE to look at the quality and performance of general practices in the Barnet area.	Head of Primary Care Commissioning	NHS England	A	Where development needs have been identified the CCG are commissioning PCC to set up training that will offer practice development opportunities.
Improve falls prevention	Pathway review planned to become NICE compliant.	Head of Service, Joint Commissioning		A	Monitor the current provision ahead of recommendations from the review. A report to a future HWBB.

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AGENDA ITEM 11

	Health and Wellbeing Board **10 March 2016**
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 and 2016/17 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 continues to propose updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.**
3. **That the Health and Wellbeing Board continues to align its work programme with the work programmes of the Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board (see Appendix 2).**

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 twelve month period until the end of March 2017.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 20 January 2016 and suggests a refreshed schedule of reports and items for the following nine months, reflecting the Board's statutory requirements, responsibilities as the Commissioning Committee for public health and agreed priorities set out in the Joint Health and Wellbeing Strategy (2015 – 2020). The work programme will be regularly reviewed and updated.

1.4 Agendas are split into two sections. The first section will be decision and discussion items which will explore topical issues; this section will include external speakers (including residents) to speak at the Board to agree joint action. In the second section, the Board will consider and note papers.

1.5 The Health and Wellbeing Board must ensure that its forward work programme is compatible with the forward work programmes of the Adults and Safeguarding and Children's, Education, Libraries and Safeguarding Committees. The Board also needs to seek alignment with the work programmes of the Council's Health Overview and Scrutiny Committee, and Barnet CCG's Governing Body, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate. Items of interest from other committee are also included so that the Board are sighted on relevant items. Updated forward work programmes for each of these Boards are attached at Appendix 2 to support the Board in planning its work programme effectively.

1.6 There are a number of work programmes being delivered in 2015/16 and 2016/17 that will be of interest to the Health and Wellbeing Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to, Adult Social Care Alternative Delivery Model (ADM) project, Early Years ADM and work across North Central London.

2. REASONS FOR RECOMMENDATIONS

2.1 To maintain a programme of agenda items that will aid the Board in fulfilling its remit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following approval of the recommendations in this report, Board Members will be asked to update the forward work programme.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Health and Wellbeing Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Joint Health and Wellbeing Strategy, including the annual priorities within the Strategy that were agreed at the November 2015 Board meeting.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board and transformational changes required to meet the savings targets for both the Council and the Barnet CCG.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and 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 particularly essential when addressing 5.3.2. (6) above regarding health inequalities.

5.7 **Consultation and Engagement**

5.7.1 The forward work programme will be set by the Members of the Health and Wellbeing Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.7.2 The bi-annual Partnership Board Summits, and the meetings of the Partnership Board co-chairs, will provide opportunity for the Board to engage with each of the Partnership Boards on the forward work programme.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

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Health and Well-Being Board Work Programme

March 2016 – March 2017

Contact: Zoë Garbett
Commissioning Lead – Health and Wellbeing (LBB)
Zoe.garbett@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
10 March 2016				
DISCUSSION				
Tackling the Growing Problem of Shisha	**The Board is to discuss the growing problem of shisha and agree appropriate action.**	Director of Public Health	**Consultant in Public Health**	Yes
Public Health Commissioning Plan 2015 – 2020	**The Board is asked to approve the revised PH commissioning intentions (2015-2020) in light of changes to the public health grant. This report will include how PH will contribute to the JHWB Strategy priority to improve mental health and wellbeing.**	Director of Public Health	**Consultant in Public Health**	Yes
Annual Report – Health of Children in Care	**This Board is asked to note and comment on the Health of Children in Care Annual Report.**	Commissioning Director – Adults and Health	**Designated Nurse for Children in Care**	No
NOTE				
JHWB Strategy Implementation Plan	**The Board is asked to note the progress made to implement the Joint Health and Wellbeing Strategy 2015 – 2020**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	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 Wellbeing Board Working	**The Board is asked to approve the minutes of the Joint**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Groups (where available): • Joint Commissioning Executive Group	**Commissioning Executive Group.**	CCG Chief Operating Officer		
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
12 May				
DISCUSSION				
Family Friendly Barnet	**The Board is asked to approve the action plan underpinning the new Children and Young People's Plan 2016-2020**	Commissioning Director – Children and Young People	**Commissioning Strategy and Policy Advisor – Children and Young People**	Yes
Report of the work of the Barnet ,Enfield and Haringey (BEH) Mental Health Strategic Partnership Board	**The Board is asked to consider Barnet's role and contribution in delivering the work programme for the sustainability of the mental health trust following the Carnall Farrar report.**	CCG Chief Operating Officer	**TBC**	No
NCL Sustainability and Transformation Plan (final)	**The Board are asked to endorse the final plan.**	CCG Chief Operating Officer	**TBC**	No
Primary Care Strategy	**The Board is asked to note the Primary Care Strategy**	CCG Chief Operating Officer	**Director of Operations and Delivery**	No
NOTE				
Barnet CCG's Annual Report and Accounts	**That the Board consider NHS Barnet CCG's Annual Report and Accounts and comment on the extent to which the CCG has met the priorities set out in the Annual Health and Wellbeing Strategy**	Interim Chief Finance Officer		Yes

***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*
Health checks	**The Board is asked to note the progress in delivering the local Health Checks programme**	Director of Public Health	**Consultant in Public Health**	No
JHWB Strategy Implementation Plan including opportunities to align the health outcomes and planning	**The Board is asked to note the progress made to implement the Joint Health and Wellbeing Strategy 2015 – 2020 with a particular focus on progress that has been made locally to align the work of the public health and planning teams**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing** **Consultant in Public Health**	Yes
Healthwatch update report	**The Board is asked to comment on the progress made by Healthwatch Barnet**	Healthwatch Barnet	**Head of Healthwatch**	No
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No

***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*
21 July 2016				
DISCUSSION				
Mental Health services – CAMHS, Reimagining Mental Health and Mental Health Social Work	**The Board is asked to consider and discuss the progress made to improve mental health and wellbeing for all.**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Joint Commissioning Manager**	No
Devolution – estates	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**TBC**	No
NOTE				
JHWB Strategy Implementation Plan	**The Board is asked to note the progress made to implement the Joint Health and Wellbeing Strategy 2015 – 2020.**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	Yes
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
Progress report: NCL working	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	CCG Chief Operating Officer Commissioning Director – Adults and Health	**TBC**	No
Minutes of the Health and Wellbeing Board Working	**The Board is asked to approve the minutes of the Joint**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No

~~A~~ **key decision is one which: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**Commissioning Executive Group and Health and Social Care Integration Programme Board**	CCG Chief Operating Officer		
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
15 September 2016				
DISCUSSION				
Primary Care Strategy Implementation plan including an update on primary care co-commissioning	**The Board is asked to review and comment on the CCG progress to implement the Primary Care Strategy.**	CCG Chief Operating Officer	**Director of Primary Care**	No
Immunisations update	**The Board is asked to review and comment on the progress made to improve immunisation uptake in the borough.**	Director of Public Health	**Consultant in Public Health** **NHS England: London Regional Lead**	No
Screening update	**The Board is asked to review and comment on the progress made to improve screening uptake in the borough.**	Director of Public Health	**Consultant in Public Health** **NHS England: London Regional Lead**	No
NOTE				
JHWB Strategy Implementation Plan	**The Board is asked to note the progress made to implement the Joint Health and Wellbeing Strategy 2015 – 2020.**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	Yes

***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*
Update on Substance Misuse services for Adults and Young People	**The Board is asked to note the progress made to deliver substance misuse services.**	Director of Public Health	**Head of Public Health Commissioning**	No
Procurement of sexual health services	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No
Section 75s	**The Board is asked to note and comment on the annual report on the section 75s.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People CCG Chief Operating Officer	**Strategic Lead – Adults Wellbeing**	No
Progress report: NCL working	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	CCG Chief Operating Officer Commissioning Director – Adults and Health	**TBC**	No
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
10 November 2016				
DISCUSSION				
Employment and healthy workplaces	**The Board is asked to consider and discuss**	Commissioning Director – Adults and Health	**TBC**	No

***A key decision is one which**: *Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	initiatives supporting people to gain and retain employment.	Commissioning Director – Children and Young People		
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	Yes
NOTE				
Progress report: NCL working	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	CCG Chief Operating Officer Commissioning Director – Adults and Health	**TBC**	No
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
19 January 2017				
DISCUSSION				
Draft CCG Commissioning Intentions 2017/19	**The Board is asked to review and comment on the draft CCG Commissioning Intentions.**	CCG Chief Operating Officer		Yes
NOTE				

****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*
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
9 March 2017				
DISCUSSION				
CCG Commissioning Intentions 2017/19	**The Board is asked to review and comment on the CCG Commissioning Intentions.**	CCG Chief Operating Officer		Yes
NOTE				
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Commissioning Lead – Health and Wellbeing**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Executive Group • Health and Social Care Integration Programme Board	**Care Integration Programme Board**			
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
Unallocated				
Fit and Active Barnet - including leisure services and green spaces	**The Board is asked to consider and discuss the progress made to encourage healthier lifestyles.**	Commissioning Director – Adults and Health	**Strategic Lead – Sports and Physical Activity**	No
Better Care Fund – Non elective hospital admissions	**The Board is asked to consider and comment on the progress made to reduce non-elective hospital admissions.**	Commissioning Director – Adults and Health CCG Chief Operating Officer	**Joint Commissioning Manager** **Director of Integrated Commissioning**	Yes
Health visiting and integration of health services	**The Board is asked to comment on the progress made in developing the Boroughs health visiting and integration of health services.**	Commissioning Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Children's Continuing Care	**The Board is asked to comment on the progress to develop the model for children's continuing care.**	Commissioning Director – Children and Young People	**TBC**	No
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Commissioning Director – Children and Young People	**TBC**	No
Implementing Barnet's Carers' Strategy	**The Board is asked to comment on the progress made to implement the Carer's**	Commissioning Director – Adults and Health Commissioning Director –	**Carer's Lead**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	Strategy.	Children and Young People		

***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.*

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Appendix 2 - Forward Work Programmes of Strategic Boards (March 2016 - May 2016)

Calendar month	Strategic Board	Agenda Item	Nature of item (if known)
March			
14 March 2016	Assets, Regeneration and Growth Committee	Regeneration Strategy	To approve an updated regeneration strategy for consultation.
		Development pipeline Programme Tranche 2	To receive business cases for the following projects, and authorise next steps. 1. Older People's Housing (Full Business Case) 2. Private Rented Sector development on Council Land (Full Business Case)
23 March 2016	Children, Education, Libraries & Safeguarding Committee	Annual Report of Educational Standards	To consider the Annual Report of Educational Standards
		Children and Young Peoples Plan	This report will seek agreement to go out to consultation for the Children and Young People Plan.
		Libraries Consultation	To consider the responses to consultation on the future of Barnet libraries
		Commissioning Plan	
31 March 2016	CCG Governing Body	TBC	
May			
11 May 2016	Housing Committee	Review of the " One Offer Only" policy in the Housing Association Scheme	To compulsorily acquire underused or ineffectively used property for residential purposes where there is a compelling case in the public interest for its acquisition to meet general housing need in the area
		Review of the Landlords Incentive Scheme	
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.
		Finchley Memorial Hospital - Update Report	At their meeting in October 2015, the Committee receive a joint report from Barnet Clinical Commissioning Group (CCG) and NHS England which provided the Committee with an update on plans to improve utilisation of the Finchley Memorial Hospital site. The committee have requested to receive another update at their May meeting.
		North West London, Barnet & Brent Wheelchairs Service Redesign	At their meeting in October 2015, the Committee received a report on the North West London, Barnet & Brent Wheelchairs Service Redesign. The Committee have requested to receive a further report on the progress of the project at their meeting in May 2016
		Childrens Mental Health and Eating Disorders	Following the consideration of a Member's Item in the name of Councillor Trevethan, the Committee have requested to receive a report on children's mental health and eating disorders.
18 May 2016	Children, Education, Libraries & Safeguarding Committee	Young People Focus Papers	Committee to receive various papers relating to Young People Focus
		Annual Report of Safeguarding Services	Committee to consider the Annual Report of Safeguarding Services
Unallocated item			
	Health Overview and Scrutiny Committee	Dehydration in patients admitted to hospital from care homes	Committee to receive a report on the admission of patients with dehydration to hospital
	Adults and Safeguarding Committee	Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living
		Homecares Commissioning - Outcomes Based Approach	Committee to receive a report on home care commissioning - outcomes based approach
		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
		Care Act: Cap on Care Costs Policy	Committee to receive a report on implementing the Care Act: Cap on Care Costs Policy
		Care Act: Appeals Policy	Committee to receive a report on implementing the Care Act: Appeals Policy

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AGENDA ITEM 12

	Health and Wellbeing Board **10 March 2016**
Title	Services for people with learning disabilities including Winterbourne View – Assuring Transformation
Report of	Commissioning Director – Adults and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 NCL Transforming Care - summary of draft plan
Officer Contact Details	Sue Tomlin – Joint Commissioning Manager Learning Disabilities sue.tomlin@barnet.gov.uk 0208 359 4902

Summary

This report provides information on joint national proposals in 'Building the Right Support' to develop community services and close inpatient facilities for people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. It provides an overview of the work of the North Central London Transforming Care Partnership and the draft plan to deliver alternative services to meet health and support needs outside hospital settings.

The report also updates on progress made on discharge of patients with learning disabilities from hospitals (subject to the Winterbourne View Concordat).

Recommendations

1. **That the Board notes and comments on the contents of the report including the draft plan to deliver the Assuring Transformation programme through the North Central London Transforming Care Partnership, progress made on patient discharges and the update on patients subject to the Winterbourne View Concordat.**

1. WHY THIS REPORT IS NEEDED

1.1 The Board receives reports on delivery of our commitments under the Winterbourne concordat. This report informs the Board of recent developments in planning of services for people with learning disabilities and/or autism who display behaviour that challenges and progress on patient discharges.

1.2 In February 2015 NHSE committed to a programme of closing 'inappropriate and outmoded inpatient facilities' and in partnership with Directors of Adult Social Services and the Local Government Association establishing stronger support in the community. This will result in a reduction in Assessment & Treatment Unit beds for short stay inpatient care currently commissioned by e North Central London CCGs to no more than fifteen and specialist (secure) commissioned beds to no more than twenty-five. These are ambitions rather than targets, it is anticipated that with increased community and crisis support the length of stay in hospital will also reduce considerably and longer term, that admissions to assessment and treatment units (such as the former Winterbourne unit) will eventually stop.

1.3 To achieve the system change required a national plan 'Building the Right Support' and a national service model for learning disability services was published in October 2015. The model is based on a set of 9 person centred principles, the themes of which are Quality of Life, Keeping People Safe, Choice & Control, Least Restrictive Support & Interventions and Equitable Outcomes - the vision is a whole system response to delivering high quality services and support.

1.4 Building on the experiences of six fast track partnerships, the national plan recognises that strong regional working is key to successful delivery of its objectives. CCGs have been clustered into Transforming Care Partnerships (TCP) – Barnet is part of the North Central London (NCL) cluster with Camden, Enfield, Haringey and Islington CCGs and an implementation plan is being developed to be in place by April 2016 for delivery by March 2019. The executive summary of the draft plan is attached at appendix 1.

1.5 The key priorities for the North Central London partnership are summarised below:

1.5.1 **Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)**

- Sub-regional approach to providers - mapping, common issues & develop cohesive contract framework.
- Review psychiatric treatment provision - more a rapid discharge of patients.
- Develop with NHS England a harmonised approached to provision
-

1.5.2 **Improved quality of life for people in inpatient and community settings**

- Share workforce development

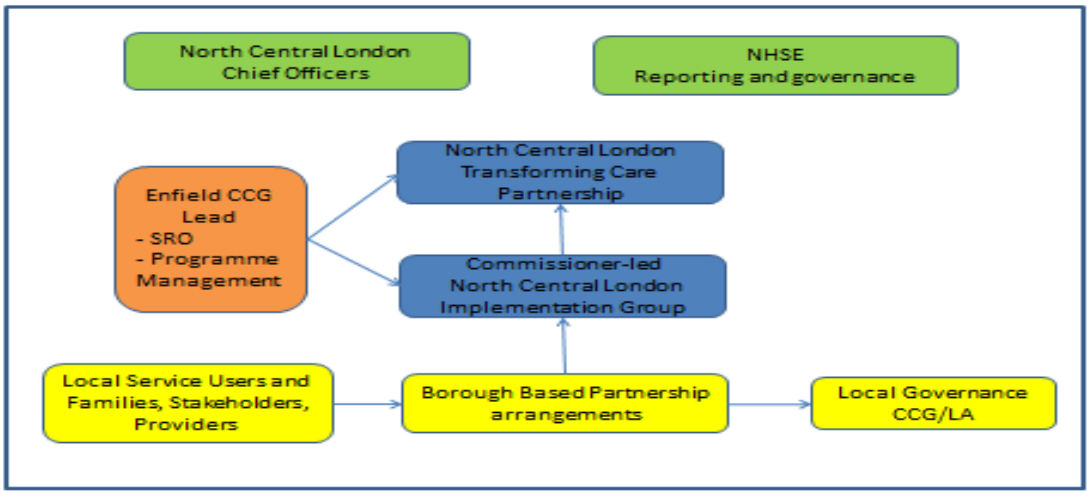
- Clear service standards based on the best performing services in NCL.
- Learn from best practice to drive improvements across provision
- Maximise links to community, peer support and circles of support

1.5.3 **Improved quality of care for people in inpatient and community settings**

- Develop common approach to the market and engage with key providers collaboratively
- Create community based crisis and community support service across NCL with a shared specification and explore the added values of shared services.
- Improve the responsiveness of specialist services and improve the service pathways between specialist commissioned services and local provision

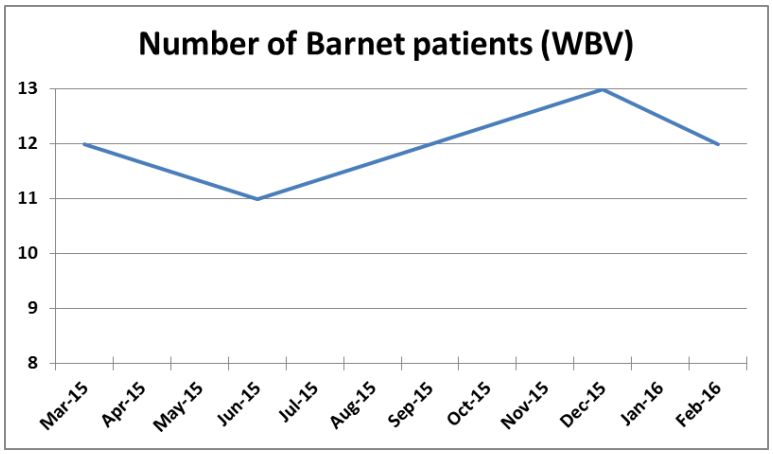
1.6 Service area priorities which underpin realisation of the plan are a community service development including family support, crisis intervention, positive behaviour support and additional community capacity to avoid admission to ATU when crises arise. This has been identified as a gap through the recent review of our current service and is a priority for Barnet. The NCL partnership will collaborate to design and pilot the model and as transformation investment will be required a bid to NHSE for transformation funding will be developed (see paragraph 5.2.4 below).

1.7 The Senior Responsible Officer for the NCL partnership is the CO Enfield CCG. An overarching NCL Transforming Care Board to provide oversight and governance for the plan is being established. Local Partnership arrangements are also being developed where decision-making by commissioners, clinicians and relevant professionals and experts can take place, this will include local service user/carer involvement and participation. An Implementation Steering Group to drive and manage progress in developing and implementing this plan is also proposed. This is summarised in the diagram below:



1.8 There are low levels of admission of Barnet residents and the number of Barnet patients who meet the criteria of the Assuring Transformation programme (Winterbourne cohort) is now twelve. This includes eight patients subject to residence restrictions through the Court of Protection, two patients in complex care beds (specialist independent providers) and two patients in hospital (Assessment and Treatment Units). Discharge plans are in place for three of the patients and plans are being developed for the remaining two patients.

1.9 Any new admissions are scrutinised through the Care & Treatment Review (CTR) process and community CTRs are now being carried out and planned for those identified at risk of admission. The table below shows progress in patient discharges (March 2015 to Feb 2016).



1.7 The outcome of discussions with NHSE on delivery and to ensure the best outcomes for patients is that co-ordinated specialist support for CCGs is now being put in place by NHSE. A highly experienced health and social care learning disabilities professional has now been appointed to lead this specialist programme team. Their role will be to develop links with the Official Solicitor on the national policy context post Winterbourne and in light of Care Act. They will also link to the NCL Transforming Care Partnership as our local plan will include specific work on the long stay patients.

1.8 Other support will be creation of 'Good Practice' guidance on the COP process including an index of documents (to be developed with Clinical experts); impact on provider and sustainability of the service including risk share; family engagement; and communication. NHSE have also undertaken to coordinate a meeting with the Official Solicitor and senior officials from the Assuring Transformation programme.

2.0 REASONS FOR RECOMMENDATIONS

2.1 The Winterbourne Concordat and Transforming Care - Next Steps[1] recommend that Health and Wellbeing boards provide support and have oversight of Winterbourne activity.

[1] Jointly produced by DoH, ADASS, CQC, HEE and the LGA in response to Sir Stephen Bubb report to NHS England

3.0 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4.0 POST DECISION IMPLEMENTATION.

4.1 The NCL Transforming Care Partnership is developing a Joint Transformation Plan to be finalised by April 2016. The governance of the partnership is being reviewed to ensure that the appropriate structures to achieve this programme are in place. Further reports will be brought to the Board to update and approve as required.

4.2 The Integrated Learning Disability Service (S75) funding agreement between the Council and Barnet CCG and the associated health contracts has been extended to February 2018 to enable the services to be reconfigured to meet the requirements of the plan.

5.0 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The programme supports the core principles of opportunity and fairness set out in the Council's Corporate Plan 2015/20 and its intention that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.1.2 The plan supports the aims of the Health and Wellbeing Strategy – prevention and promoting independence and the care when needed theme by continued integration of health and social care services for people with learning disabilities.

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

5.2.1 It is expected that the cost of the future model of care will be met from the total current envelope of spend on health and social care. Using the total sum of money as a whole system (CCGs, Local Authorities & NHSE Specialised Commissioning) and shifting money from some service such as inpatient care into community health or packages of support.

5.2.2 The NHSE specialised commissioning budget is also being aligned with each CCG area and the Transforming Care partnerships. CCGs and local authorities are being encouraged to pool budgets whilst recognising CCG continued responsibility for Continuing Healthcare. NHSE have committed to support with governance and financial mechanisms.

5.2.3 The care and support of people with learning disabilities who have been inpatients for 5 years or more and who are ready for discharge will be funded through dowries that will 'follow the individual'. Dowries will be paid to local authorities at the point of discharge. The CCG will pay for dowries where the care has been commissioned by the CCG. NHSE specialised commissioning will pay where the care has been commissioned by them. They will only apply to patients discharged after 01 April 2016 (pro rata). The dowry level will not be set nationally and will be down to local discussion and proposals are being

developed through the NCL partnership. NHS Continuing Healthcare funding to provide relevant aftercare will continue. Revised 'Who Pays' guidance to clarify funding responsibilities between CCGs is also due to be issued.

5.2.4 There is recognition that transformation of this scale will mean transition costs including temporary double running of services. Non-recurrent investment costs will be funded through £30 million transformation funding over 3 years - conditional on match funding from local commissioners. It is anticipated also that there will be significant growth in personalised funding and the plan will link to the local offer for Personal Health Budgets which is currently being developed by the CCG.

5.2.5 £15 million capital funding will also be made available by NHSE over 3 years. There is a requirement to ensure availability of short term accommodation which can be used in crises or prevention and also to undertake assessment and treatment. Potential development opportunities and bids by the partnership are being explored.

5.3 Social Value

5.3.1 Any future procurement of services will include consideration of wider social, economic and environmental benefits.

5.4 Legal and Constitutional References

5.4.1 The Care Act 2014 places the Safeguarding Adults Boards on a statutory footing and strengthens accountability, information sharing and a framework for action to protect adults from abuse. The Care Act also strengthens the voice of people who use services and their carers in their care and support arrangements. Under the Care Act, people have a right to a choice of accommodation providing it is suitable to meet their needs.

5.4.2 The Care Act places new duties on Local Authorities to promote an efficient and effective market for adult social care and support as a whole in relation to both diversity and quality of services. This means collaborating closely with other relevant partners, including people with care and support needs and their families and carers. This should stimulate a diverse range of high quality services.

5.4.3 Powers and duties to provide care and treatment of those who lack capacity or who are mentally ill are set out in the Mental Capacity Act 2005, the Mental Health Act 1983 and the inherent jurisdiction of the High Court.

5.4.4 There are currently in place, for some individuals, Orders from the Court of Protection which require the CCG and/or local authority to notify the Official Solicitor in advance of any decision to move the patient and we are complying with that Order.

5.4.5 The Council's Constitution (Responsibility for Functions) section sets out the Terms of Reference of the Health and Wellbeing Board which includes the following responsibilities:

- 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.

- Specific responsibilities for:
  - Overseeing public health
  - Developing further health and social care integration

5.5 Risk Management

5.5.1 The timescale for development of the transformation plan is very short however the first draft of the plan was submitted to time and initial feedback from NHSE has been largely positive. There is a risk that individual area plans are not adequately considered within the deadlines. In mitigation NHSE has given reassurance that the plans can be kept under review and amended; the fast track areas have needed and have been given this flexibility.

5.5.2 Community services and interventions need to be sufficiently robust to meet complex needs and the new service model and transformation of local services will take account of the national guidance but will ensure that local needs and requirements continue to be met.

5.6 Equalities and Diversity

5.6.1 Impact assessments will be undertaken for the plan and any associated proposals.

5.6.2 The Public Sector Equalities Duty under s149 of the Equalities Act 2010 applies to people with learning disabilities and autism. To meet these duties, equality assessments are undertaken for each patient as part of their person centred planning process and service designs. The assessment includes consideration of the individual's particular needs to ensure any proposals for a move from hospital or other setting do not discriminate and will advance equality of opportunity. This is of particular relevance to people with learning disabilities and autism to live as ordinary lives as possible within the community.

5.7 Consultation and Engagement

5.7.1 Patients, their advocates and/or family members and carers are involved in care and support planning. Patient and resident involvement is a key theme of the transformation plan and progress reports will be made to the Learning

Disability Partnership Board and/or any other structures established across the partnership to involve people with learning disabilities and / or autism and their families and carers.

5.8 Insight

5.8.1 The Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and have significant health risks and major health problems. The number of young people with complex disabilities and needs is increasing meaning that safeguards and quality assurance of care services for this group of people will remain a priority.

5.8.2 The NCL plan has identified gaps in data which are being addressed through the partnership. The annual self-assessment processes for Learning Disability and Autism services are being reviewed; NHSE will be supporting PWLD to undertake Quality Checking through a centralised system. A toolkit to further strengthen the voices of PWLD and / or autism will be launched (Always Events). Skills for Care funding is being made available to support the transformation, and a bid developed in partnership with the integrated learning disability service for Positive Behaviour Support provider training has been successful.

6.0 BACKGROUND PAPERS

6.1 Health and Wellbeing Board – Winterbourne View – Assuring Transformation
Agenda for Health & Wellbeing Board on Thursday 4th June, 2015, 10.00 am

6.2 Health and Well Being Board – Winterbourne View Concordat - local progress update - 20th March 2014
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4

6.3 Health and Wellbeing Board – Quality & Safeguarding: learning from Winterbourne View Stocktake – 19th November 2013
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7558&Ver=4

6.4 Health and Wellbeing Board – Winterbourne View Update 27th June 2013
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7557&Ver=4

6.5 Health and Wellbeing Board – Winterbourne View One Year On 29th November 2012
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6568&Ver=4

6.6 Barnet CCG Board – Transforming Care – winterbourne View Update January 2016
http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160128/Paper-20.0-Transforming-care-Winterbourne-view-front-sheet.pdf

6.7 Barnet CCG Board - Winterbourne View Concordat - local progress update – November 2014

6.8 Barnet CCG Board - Winterbourne View Concordat - local progress update – May 2014

6.9 NHSE / LGA / ADASS joint plan & service model
https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf
https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf

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NCL Transforming Care Plan Summary - DRAFT

Implementing Building the right support – Plan to develop community services and close inpatient facilities

Who the plan is for

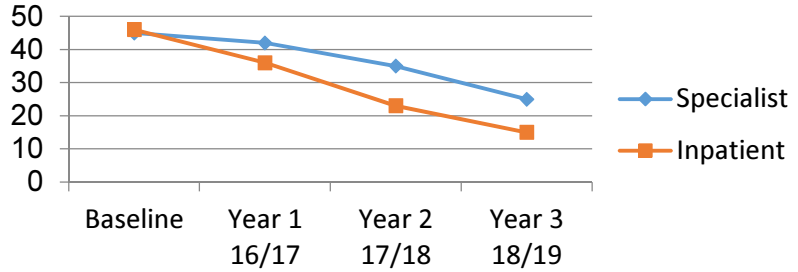
needs and services of individuals with a learning disability and/or autism who display behaviour that challenges, including behaviour which is attributable to a mental health condition within North Central London

Numbers of people in NCL	
People with a Learning Disability or autism	C32,000
People whose behaviour challenges	800
People at risk of admission	131
Current inpatients	77

Key Success Factors

- Reduce inpatient activity and Specialist Commissioning Activity by 50%
- Reduce average LOS for all admissions
- Crisis intervention in community increases
- Access to Positive Behaviour support for all patients with challenging behaviour (all ages)
- Eliminate use of out of area placements Increase use of Personal Integrated Care Budgets
- Eliminate health inequalities
- Transformation of care and culture – life course approach with local services built around the individual

Activity Trajectory



Investment Shift and Potential QIPP

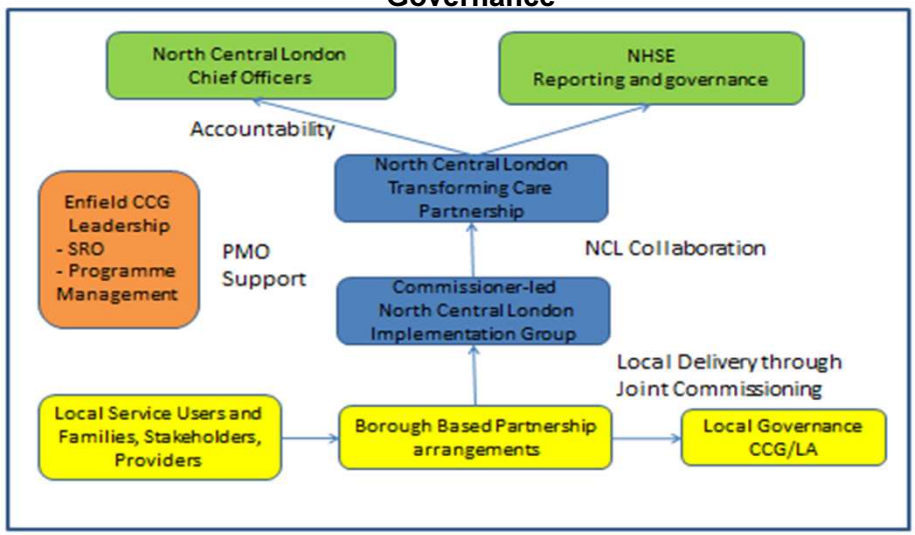
Baseline 2015/16	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)
Forecast annual cost of inpatient provision used by TCP population	£7,380,884	£9,345,825		£16,726,709
Forecast annual cost of individual community support packages for former inpatients/those at risk of admission	£32,499,924		£8,581,442	£41,081,365
Forecast annual cost of community services	£10,835,470	£0	£56,769,945	£67,605,415
Total	**£50,716,278**	**£9,345,825**	**£65,351,387**	**£125,413,489**

Forecast Scenario 2018/19	Cost to CCGs (£)	Cost to NHS England (£)	Cost to local govt (£)	Total (£)
Forecast annual cost of inpatient provision used by TCP population	£3,600,000	£4,500,00		£16,726,709
Forecast annual cost of individual community support packages for former inpatients/those at risk of admission	£31,599,924		£8,581,442	£41,081,365
Forecast annual cost of community services	£12,835,470	£2,000,000	£56,769,945	£67,605,415
Total	**£50,716,278**	**£9,345,825**	**£65,351,387**	**£125,413,489**
Minimum QIPP	**1,000,000**	**2,500,00**		

Note - Dowry movement not shown as CCG retain budget and through pool with LA funding is transferred

NB total figures do not round as QIPP and dowry to be determined

Governance



Milestone	Activity	Date
Finalise Submission with NHSE	• Full data from Childrens services • Negotiation with Specialist commissioning • Consistent criteria for target population	March 2016
Planning Phase Complete	• Programme Management in place • Governance and Board in place and meeting • Dowry arrangement NCL wide agreement on overarching partnership agreement • Arrangement agreed with Specialist Commissioning	August 2016
Engagement Plan phase 1 complete	• Provider forum meeting • Wider stakeholder engagement arrangements active	September 2016
Market Position Statement	• NCL and local MPS drafted and agreed	September 2016
Commissioning Intentions	• NCL plan articulates how local areas will commissioner services to meet the national plan.	September 2016
Delivery of activity reduction	• Patient step down from SC • Discharges achieved from long stay hospital, • Crisis managed in the community not through inpatient admission.	March 2019

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

AGENDA ITEM 15

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