MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 21ST JULY, 2016

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELLBEING 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	Cathy Gritzner	Michael Rich
Chris Munday	Dr Clare Stephens	Chris Miller
	Councillor Reuben Thompstone	Ceri Jacob

Substitute Members

Julie Pal	Dr Ahmer Farooqui	Mathew Kendall
Councillor Wendy Prentice	Dr Barry Subel	Dr Jeffrey Lake
Councillor David Longstaff		
Bernadette Conroy		

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

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Decisions of the Health & Wellbeing Board

12 May 2016

AGENDA ITEM 1

Board Members

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

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

* denotes Member Present

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 and informed the Board that Ms Cathy Gritzner, Accountable Officer (Barnet CCG) has joined the Board replacing Ms Elizabeth James. The Chairman gave special thanks to Ms Elizabeth James for her contributions to the work of the Health and Wellbeing Board. Ms James will still continue her work at the Barnet CCG as Director of Clinical Commissioning.

The Chairman noted that the actions arising from the previous meeting have been taken forward many of which were covered under today's agenda. Dr Debbie Frost, Chair of Barnet CCG provided an update in relation to the Children in Care report which was initially considered by the Corporate Parenting Advisory Panel and by the Board at its previous meeting.

Dr Frost highlighted that in order to address the backlog of initial health assessments, a new third surgery has been appointed to increase capacity and that discussions have been held to address the issues with reported backdating when children come into care. The Board also heard that an appointment has been made for the role of Designated Doctor for Looked after Children in light of best practice for looked after children in Barnet.

The Commissioning Director for Children and Young People, Mr Chris Munday, welcomed the significant progress made and informed the Board that an update will be reported to the Corporate Parenting Advisory Panel. He stated that a report would be brought to the HWBB if there were any on-going issues.

RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 10th March 2016 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from John Atherton (NHS England). As an update, the Board noted that Ms Ceri Jacob, Director of Commissioning Operations for NCEL, NHS England has now replaced John Atherton as the relevant NHSE representative on the HWBB. Invitations for forthcoming meetings will now be sent out to Ms Ceri Jacob. (**Action**)

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

Dr Debbie Frost, Dr Clare Stephens and Dr Charlotte Benjamin made a joint declaration in relation to Agenda Item 6 (Strategic Framework for Primary Care) and Agenda Item 8 (Update on childhood immunisations 0-5 years) by virtue of offering immunisation services to children through their respective GP practices.

There were no other interests declared.

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. STRATEGIC FRAMEWORK FOR PRIMARY CARE (Agenda Item 6):

The Chairman introduced and welcomed this update which sets out further details about the strategic framework for the Primary Care Strategy. She invited Sean Barnett, Interim Head of Primary Care and Leigh Griffin, Director of Strategic Development, Barnet CCG to join the meeting.

The Chairman particularly welcomed the proposals for the new services to be developed at Finchley Memorial Hospital. She highlighted the establishment of a new GP Practice devoted primarily to the needs of the frail elderly and linked to the Walk In Centre and the establishment of a permanent Breast Screening service. She also welcomed proposals for the increased in patient activity in relation to the empty 17 bed ward. Dr Frost noted that an update would be brought to the next meeting of the HWBB in July. (**Action**)

Mr Barnett briefed the Board about the content of the paper and noted the principles and priorities which have helped develop the framework of primary care strategy. Mr Barnett gave an overview of the key areas of the Strategy which cover accessible care, coordinated care and proactive care.

The Board heard that arrangements have been put in place in Barnet to enable all practices to adopt data sharing arrangements so that clinical records can be shared among practices and other service providers.

In relation to expanding the workforce, Mr Barnett stated that the aim will be to utilise a wider multi-skilled workforce and also ensure that GP's can oversee other staff that deliver patient care such as nurses and volunteers, especially in managing complex cases. The Chairman noted the importance of ensuring that patients were being informed of the benefits of having multi-skilled staff able to provide patients with the most appropriate care.

Mr Barnett also highlighted that the Strategy aims to address the issue of sustainability and the need for recruiting essential staff, particularly in the light of an ageing workforce.

The Chairman noted the importance of communicating to patients the changes from 2015/16 towards service delivery of the out-of-hours service and to communicate the way this is likely to impact on patients seeking to access GP services.

Mr Chris Munday raised concerns that the engagement that had been carried out previously with children and young people was not reflected in the updated version of the strategy. Mr Munday explained that progress had been made to ensure that primary care is family friendly and he had been pleased with the text included in the previous version of the strategy presented to the Board in January. Ms Griffin responded by assuring the Board that the Children and Young People's Plan and the emphasis on families will be re-incorporated into the Strategy along with the focus on Family Friendly Barnet. (**Action**)

Dr Andrew Howe, Director of Public Health welcomed the Strategy and noted the emphasis on training and development (at pp.33-34 of the appendix) for staff who provide care services. He further noted that the Public Health team had provided comments on the Strategy and that he would like to see these comments incorporated into the Strategy itself rather than in a separate appendix (**Action).**

Dr Charlotte Benjamin, Barnet CCG welcomed the document and highlighted the importance of addressing the needs of those with mental health issues throughout the Strategy. (**Action**)

In relation to a query from Councillor Reuben Thompstone, Lead Member for Children and Chairman of CELS Committee, about plans to engage with small businesses, Mr Barnett stated that this is an element which would need to be developed and will be looked into via Council contacts with a view to expand on engagement with local small businesses. Dawn Wakeling, Commissioning Director for Adults and Health, welcomed the proposal and noted that the Council has a number of forums which meet with local businesses which the CCG can utilise. (**Action**)

Mr Michael Rich, Head of Healthwatch Barnet, emphasised the need for incorporating plans within the framework to support Patient Participation Groups. Ms Cathy Gritzner welcomed the comment and assured the Board that resources had been allocated for engagement and informed the Board that plans have been put into place to work together with Public Health colleagues towards engaging with Patient Participation Groups and that an update will be provided to the Board in September 2016. (**Action**)

Mr Rich introduced a Healthwatch video which focused on the experience of healthcare users with learning disabilities and autism. The Board noted the video clip and some of the key points put forward by users around easy to understand language and readability of feedback forms and letters sent to patients with learning disabilities and autism. The Board noted the importance of taking the lessons forward and into consideration. Dr Charlotte Benjamin also welcomed the video as a good insight evidencing the need for extra consideration for patients with learning disabilities and autism. Dr Frost stated that this could be considered as good information for GP bulletins and newsletters.

The Chairman thanked Mr Barnett and Mr Griffin for their presentations to the Board.

It was **RESOLVED**:

1. **That the Health and Wellbeing Board provided comments, as set out above, on the framework, especially in relation to engagement and supporting the**

primary care vision on the three themes of Accessible, Proactive and Coordinated Care.

2. **That Barnet CCG develops their implementation plan considering any comments from the Board and feedback on progress to the Board in September 2016.**

3. **That the Strategic Framework for Primary Care is duly noted, and once approved by the CCG, will be shared across members of the Health and Wellbeing Board for inclusion in other workstreams.**

7. BETTER CARE FUND PLAN FOR 2016/17 (Agenda Item 7):

The Chairman noted that one of the main roles of the Board was to work together to ensure the best possible fit between the resources available to meet the health and social care needs of the population of Barnet both by improving services and helping people to help themselves to achieve better physical, mental and social wellbeing. The Chairman presented the Final Better Care Fund (BCF) Plan for 2016/17 which had been submitted to NHSE on 3 May 2016, following agreement by the Chairman of the Health and Wellbeing Board, the Chair of Barnet CCG and the Council's Chief Executive.

Ms Wakeling stated that the refresh of the Plan had occurred in light of the strategic policy context and the work to develop our vision and ambition post March 2016. She highlighted the importance of the roll out of integrated health and social care services so that they are accessible to all residents in the Borough. A progress update on the BCF Plan 2016/17 report will be brought to a future meeting of the Board. (**Action**)

Mr Leigh Griffin, joined the meeting for this discussion and highlighted the importance of monitoring the impact of our plans.

The Chairman moved a motion which was seconded for an amendment to Recommendation 1 to add the wording 'of the Health and Wellbeing Board' and replace 'Vice Chairman' with the wording 'Chair of Barnet CCG' to read:

That the Health and Wellbeing Board ratifies the Better Care Fund plan for 2016/17, submitted with agreement from the Chairman of the Health and Wellbeing Board, ~~Vice Chairman~~ Chair of Barnet CCG and the Council's Chief Executive, to NHS England on 3 May 2016.

Following approval the motion was carried and it was **RESOLVED**:

1. **That the Health and Wellbeing Board ratifies the Better Care Fund plan for 2016/17, submitted with agreement from the Chairman of the Health and Wellbeing Board, Chair of Barnet CCG and the Council's Chief Executive, to NHS England on 3 May 2016.**

2. **That the Health and Wellbeing Board notes the next steps described under section 4 of this paper and section 3 of the plan following approval of the Plan.**

3. **That the Board notes and comments on progress on delivering and embedding the 5 Tier Integrated Care Model.**

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8. UPDATE ON CHILDHOOD IMMUNISATIONS 0-5 YEARS (Agenda Item 8):

The Chairman of the Health and Wellbeing Board noted that the Board, at its meeting in March 2016, had requested an update report and action plan from NHSE with regards to Barnet's childhood immunisation data. The Chairman welcomed Ms Amanda Gouldon (Immunisation Commissioning Manager) and Mr Kenny Gibson (Head of Public Health Commissioning) of NHS England to the meeting.

The Chairman expressed extreme concern over continually reported low childhood immunisations rates for Barnet and noted this was an area of importance for action as part of Barnet's Joint Health and Wellbeing Strategy. She drew attention to the fact that this concern had already been voiced at the HWBB over a number of years as well as previously being discussed at the Health Overview & Scrutiny committee.

Mr Gibson presented the report and informed the Board that currently a complex data model has been in place for childhood immunisations data, particularly due to the recent move to TTP System One.

He further stated that there has been a similar drop in recorded immunisations rates across North Central London and that by virtue of the move to TTP System One, some vaccinations have not been recognised by the system. Mr Gibson said his opinion was that data has therefore appeared inaccurate and did not reflect the true levels of immunisations due to technical issues.

The Commissioning Director for Children and Young People, Mr Chris Munday stated that there had been no reply to the April letter sent to NHSE by him, the Lead Member for Children, the Chair of the CCG and the Director of Public Health, setting out the serious concerns held by all organisations at the HWBB about the lack of clarity relating to the childhood immunisation rates for Barnet.

Mr Munday and other Members of the Health and Wellbeing Board stated that they felt that the information presented to the Board their view was that there was still not sufficient evidence to be assured that immunisation levels in practice were higher than reported rates. Board Members expressed their concern that it was not possible to tell from the information presented if the issues were caused by system reporting or low immunisation rates.

Furthermore, the Board expressed concerns over the length of time it was taking to understand and resolve the issues, which had been going on for a number of years.

The Director of Public Health, Dr Andrew Howe noted risks associated with the lack of assurance being provided especially considering the significant drop in childhood immunisation rates following the move to TTP System One.

Mr Kenny Gibson stated that NHSE has undertaken practice visits to approximately 20 GP Barnet practices with lowest coverage for MMR2 and that the reported data is not reflective of real time rates. The Board noted that there are over 60 GP practices in the borough.

Dr Debbie Frost, Chair of Barnet CCG stressed the importance of undertaking an audit of all GP practices in the borough and that following the visits a report should be brought back to the Health and Wellbeing Board in July. (**Action**)

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Following discussion, the Board considered changes to the wording of all three recommendations which were seconded and upon approval became the substantive recommendations:

1. *That the Health and Wellbeing Board notes the information provided by NHS England. ~~assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the borough.~~*
2. *That the Health and Wellbeing Board seeks urgent assurance from NHS England that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices by NHS England, to be reported back to the next meeting of the Board. ~~and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate.~~*
3. *That the Board recommends that the Health Overview and Scrutiny Committee consider a referral for remedy to the Department of Health. ~~if performance does not improve.~~*

It was **RESOLVED**:

1. **That the Health and Wellbeing Board notes the information provided by NHS England.**

2. **That the Health and Wellbeing Board seeks urgent assurance from NHS England that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices by NHS England, to be reported back to the next meeting of the Board.**

3. **That the Board recommends that the Health Overview and Scrutiny Committee consider a referral for remedy to the Department of Health.**

9. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (2015 - 2020) PROGRESS UPDATE (Agenda Item 9):

The Commissioning Director for Adults and Health introduced the report which provides the Board with an update on the progress to deliver against the implementation plan.

It was **RESOLVED**:

That the Health and Wellbeing Board noted the progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) and agrees further action where necessary.

10. CREATING HEALTHY PLACES - OPPORTUNITIES TO ALIGN PUBLIC HEALTH OUTCOMES AND PLANNING (Agenda Item 10):

The Chairman welcomed the paper which explored ways to further embed public health into Regeneration, Planning and Licencing and invited Mr Adam Driscoll Commissioning Lead, Planning and Ms Rachel Wells, Consultant in Public Health to join the Meeting. Mr Driscoll introduced the paper which sets out a range of options that can bring together statutory and influencing roles and a number of stakeholders. This will in turn help create a number of 'healthy places' particularly in those areas being considered by developers as set out in the report.

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In relation to healthy high streets, Ms Wells informed the Board that the focus will be on a number of different high streets and town centre issues which will be linked to promoting Health and Wellbeing objectives and weight management.

Mr Driscoll provided a response to a query from the Board about planning applications from existing care homes and noted that where appropriate referrals will be made to the Joint Health and Wellbeing Strategy aims. Dr Debbie Frost and Ms Cathy Gritzner were positive about these developments and invited Mr Driscoll to present at a future CCG Board.

Following approval of the motion to include the word Re in the recommendations 2 and 3 for clarity purposes and delete the word 'on' at recommendation 4, it was **RESOLVED**:

1. **That the Health and Wellbeing Board noted the collaborative work between Planning (Re and colleagues from Growth and Regeneration) and Public Health teams to date and on-going future plans.**

2. **That the Health and Wellbeing Board adopted the concept of 'Healthy Places as a charter of excellence and tasks Public Health to develop, together with Re, a suitable criteria for its application in practice as well as how this will align with the Council's priorities and strategies. Progress will be reported back to the Health and Wellbeing Board.**

3. **That the Health and Wellbeing Board requested that Public Health work with Planning (Re) to develop pilot projects to drawn from the following identified areas of opportunity –**
   a. Using planning tools and pre-application discussions to influence the design of larger developments, as well as shaping policy discussions
   b. Help to shape place-based commissioning projects (such as the identified opportunities to create 'healthy high streets'),
   c. Help to shape proposals for new or improved on open spaces in relation to the identified site opportunities.

4. **That the Health and Wellbeing Board requested that Public Health develop embedded relationships with key planning and regeneration project teams, in particular for Colindale and Brent Cross.**

5. **That the Health and Wellbeing Board requested that Public Health work with colleagues in estates and regeneration services to identify suitable land / buildings that could assist with the introduction of Meanwhile Uses into regeneration areas and town centres, in particular with a public health focus.**

6. **That the Health and Wellbeing Board recommended that measures which help address public health issues are built into existing and new corporate planning and licensing programmes or projects, where appropriate. Public Health to lead work with other Council officers to embed this approach.**

11. CCG ANNUAL ACCOUNTS AND REPORTS (Agenda Item 11):

The Chairman of the Board introduced the item and invited Mr Adrian Phelan, Communications Manager for Barnet CCG to join the table to present the CCG's draft Annual Report and Accounts for 2015-16.

Ms Cathy Gritzner informed the Board that following approval by the CCG and submission to NHSE on the 27 May 2016 the final version would be circulated to the Board for noting. (**Action**)

The Board heard that the report had been updated since publication for the Board as more data becomes available and the document is being finalised for submission. Mr Munday stated that there has been significant progress made towards the shared goals and vision set out in the Children and Young People Plan, as well as for children in care and looked after children – a request was made to incorporate this point into the Annual Report. (**Action**)

The Commissioning Director for Adults and Health noted the importance of a thorough understanding of the financial health of the CCG in respect of the Joint Health and Wellbeing Strategy 2015-2020 and the health and social care landscape for Barnet as a whole.

Ms Wakeling queried three matters which centred around the CCG's position towards its fair share allocation and the key processes applied to stabilise its position from a £40m debt in April 2015 to a position of financial balance. The third query from Ms Wakeling was about the CCG's projections towards 2016/17 and whether it is likely to be a deficit or surplus financial position.

Dr Frost provided an update to the Board and noted that a number of measures were put into place which have helped to achieve a better financial balance in comparison to the starting position in April 2015, which included accessing additional funding, adjustment of the funding formula and effective management of its financial affairs. She stated that it is expected for the CCG to be in a position of financial balance and likely surplus by the end of the next financial year.

It was noted that the intention is to utilise the additional allocations towards development of the Primary Care Strategy. The Board also noted that a further update report on the CCG's financial position would be circulated to the Board following confirmation of financial data. (**Action**)

Following a request from the Board, it was noted that an update report will be brought to a forthcoming meeting of the HWBB noting the aspects of the discussion held over the financial position and the fair share allocation. (**Action**)

The Chairman thanked Dr Frost, Mr Adrian Phelan and Ms Gritzner for the update. It was **RESOLVED**:

That the Board considered the NHS Barnet CCG's Draft Annual Report and Accounts and commented as above on the extent to which the CCG has met the priorities set out in the Joint Health and Wellbeing Strategy 2015-2020.

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12. MINUTES OF THE JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 12):

Ms Dawn Wakeling noted the standing item on the agenda, the Minutes of the Joint Executive Commissioning Group and drew the Board's attention to the updated Terms of Reference of the JCEG.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board approved the minutes of the Joint Commissioning Executive Group meeting of 25 April 2016.**

2. **That the Health and Wellbeing Board approved the updated Terms of Reference of the Joint Commissioning Executive Group.**

13. FORWARD WORK PROGRAMME (Agenda Item 13):

The Chairman received the Forward Work Programme which is a standing item on the agenda and invited the Board to forward suggestions for future items on the agenda to Zoë Garbett, Commissioning Lead Health and Wellbeing, for consideration at forthcoming meetings.

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 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).**

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

There were none.

The meeting finished at 12.20 pm

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AGENDA ITEM 6

	Health and Wellbeing Board **21 July 2016**
Title	**Update on childhood immunisations 0-5 years**
Report of	Dr Andrew Howe, Director of Public Health Jo Murfitt, Director of Public Health Commissioning for NHS England (London) Dr Catherine Heffernan, Principal Advisor for Immunisations and Vaccination Services, NHS England (London) Amanda Goulden - Population Health Practitioner Manager, NHS England (London)
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - NHS England report on Update on childhood immunisations 0-5 years July 2016
Officer Contact Details	Dr Laura Fabunmi Consultant Public Health Medicine Laura.fabunmi@harrow.gov.uk

Summary

In May 2016, a report was presented to the Health and the Wellbeing Board by representatives from NHS England (London) public health commissioning team which explained the reasons for why the routine childhood immunisation rates (as measured by COVER) in Barnet were lower than WHO recommended levels of 95% and lower than national averages.

It was noted that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but was reflecting a data reporting problem.

The Health and Wellbeing Board asked for further assurance that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices across Barnet. NHSE representatives were asked to report back at the next meeting.

This report provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the last Health and Wellbeing Board meeting in May 2016.

It builds on the assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for 0-5 year olds, in order to protect the health of people in Barnet.

Recommendations

1. That the Health and Wellbeing Board notes the work done by NHS England, since the last meeting in May, to assure the Board that sufficient action is being taken to address the poor childhood immunisation rates in Barnet.

1. WHY THIS REPORT IS NEEDED

1.1 In May 2016, a report was presented to the Health and the Wellbeing Board by representatives from NHS England (London) public health commissioning team which explained the reasons for why the routine childhood immunisation rates (as measured by COVER) in Barnet were lower than WHO recommended levels of 95% and lower than national averages.

1.2 This followed two previous reports in September 2014 and November 2013 where a number of actions were identified and assurance was given by NHS England to deal with the significant drop in reported childhood immunisation rates identified at that time.

1.3 It was noted that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but was reflecting a data reporting problem.

1.4 The Health and Wellbeing Board asked for further assurance that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices across Barnet. NHSE representatives were asked to report back at the next meeting.

1.5 The NHSE report in Appendix one, provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the last Health and Well Being Board meeting in May 2016.

2. REASONS FOR RECOMMENDATIONS

2.1 Barnet council has a responsibility to scrutinise immunisation rates in Barnet to assure that there is sufficient uptake of vaccinations across all age groups. If enough people in a community are vaccinated, it is harder for a disease to pass between people who have not been vaccinated. The London target for childhood immunisation 0-5 years is 95%. Immunisation rates for children in

Barnet are below this target.

2.2 NHS England has previously stated that the data is inaccurate and is an underestimate of childhood immunisation rates in Barnet. However, this problem has remained unresolved since April 2013 and therefore represents a significant risk in itself. Without accurate data, Barnet council cannot effectively monitor immunisation rates and cannot provide assurance that residents are protected from vaccine-preventable diseases.

2.3 This issue has been escalated for a third time to the Barnet Health and Wellbeing Board to highlight these significant concerns, facilitate discussion with partners at a senior level and to assure that sufficient and timely action will be taken to address the problems identified.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Without adequate immunity in the community, outbreaks of disease can occur– as demonstrated with measles in the last decade. Effective immunisation is central to preventing disease and death.

3.2 The Public Health team has been and will continue to monitor immunisation rates in Barnet. They have been working with NHS England to understand the underlying issues and have sought assurance that the problems would be resolved in a timely fashion. However, given the importance of this element of public health activity and the length of time the issue has remained unresolved, it is now appropriate to escalate discussions to the Health and Wellbeing Board who can provide strategic support to partners.

4. POST DECISION IMPLEMENTATION

4.1 It is currently not possible to accurately monitor immunisation rates in Barnet and assure that the population of Barnet is protected from threats to their health. It is anticipated that NHSE will continue to meet with CLCH to follow up on process and operability. Also, the ongoing issues with TTP System One will be raised nationally.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan 2015-2020 recognises Public Health as a priority theme across all services in the Council.

5.1.2 This work supports the Joint Health and Wellbeing Strategy 2015-2020 aim to give every child in Barnet the best possible start to live a healthy life. Specifically, the Health and Wellbeing Board have committed to a performance measure to increase uptake of childhood immunisations to be at or above the England average.

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

5.2.1 Commissioning of immunisation services is the responsibility of NHS England. There are no financial implications for the council.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 Under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.

5.4.2 It is NHS England's responsibility to commission immunisation programmes as specified in the Section 7A of The NHS Act 2006 agreement: public health functions to be exercised by NHS England. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

5.4.3 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution, Responsibility for Functions Annex A and includes the following responsibilities:

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

- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 Absence of accurate data about immunisation rates in Barnet presents a significant risk to the health of the population. The implication is that real changes in vaccination uptake remain undetected, early warning signs of potential outbreaks of disease are missed and opportunities for mitigating action are delayed. Further, it is not possible at present to accurately monitor the impact of media stories or vaccination campaigns or analyse and improve pockets of poor coverage in vulnerable populations.

5.6 **Equalities and Diversity**

5.6.1 The burden of infectious, including vaccine-preventable diseases falls disproportionately on the disadvantaged. There tends to be lower than average uptake for all vaccines amongst socially deprived and ethnic minorities.

5.6.2 Availability of data is vital to examine coverage by different age groups and inequalities, such as coverage in disadvantaged groups.

5.6.3 The general duty on public bodies is set out in section 149 of the Equality Act 2010. A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- 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.

5.7 **Consultation and Engagement**

N/A

5.8 **Insight**

N/A

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 12 May 2016, Agenda item 8, Update on childhood immunisations 0 – 5 years
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

6.2 Health and Wellbeing Board, 18 September 2014, Agenda item 13, Report on immunisation coverage in Barnet
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7782&Ver=4

6.2 Health and Wellbeing Board, 21 November 2013, Agenda Item 4, Health and Wellbeing Strategy (2012-2015)
http://barnet.moderngov.co.uk/documents/g7559/Public%20reports%20pack%2021st-Nov-2013%2009.00%20Health%20Wellbeing%20Board.pdf?T=10

NHS England

Barnet

Update for Health and Wellbeing Board: 0-5 Immunisations

21st July 2016

Childhood Immunisations in Barnet

Prepared by:

Amanda Goulden, Immunisation Commissioner,
Dr Catherine Heffernan, Principal Advisor for Immunisations and Vaccination Services

Final version:

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

1 Introduction

- In May 2016, a report was presented to the Health and the Well-Being Board by representatives from NHS England (London) public health commissioning team which explained the reasons for why the routine childhood immunisation rates (as measured by COVER) in Barnet were lower than WHO recommended levels of 95% and lower than national averages.
- It was noted that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but was reflecting a data reporting problem.
- The Health and Well-Being Board asked for further assurance that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices across Barnet. NHSE representatives were asked to report back at the next meeting.
- This report provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the last Health and Well Being Board meeting in May 2016.
- It builds on the assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for 0-5 year olds, in order to protect the health of people in Barnet.

2 Analysis of issue

- In London, immunisation uptake rates remain below the 95% levels required to achieve herd immunity. Reasons for the low coverage include:
    - London's increasing birth rate which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
    - London's high population mobility
    - Recent changes in data collection systems
    - Difficulties in data collection particularly as there is no real incentive for GPs to send data for Cohort of Vaccination Evaluated Rapidly (COVER) statistics
    - Large numbers of deprived or vulnerable groups.

- In Barnet, use of TTP System One to produce COVER reports have resulted in the reports showing a much lower uptake than is real.

3 Actions Taken in Barnet

3.1.1 GP visits

- Four practices are not routinely uploading to QMS (Quality Medical Solutions). [i] We have met all these practices previously and have now asked the CCG to contact these practices and ensure that the practice puts in place a systematic and robust mechanism for uploading their data.

- Barnet CCG has been following up the non-responders to QMS and had 2 replies so far. One practice has now uploaded to the system.

3.1.2 Work with CLCH

- A meeting with Central London Community Health (CLCH) who provide child health information for Barnet on was held on Wednesday 18th May. As a result of that meeting we agreed a further set of actions as follows:

    - We have asked CLCH to arrange direct access to QMS data to enable them to trace, via cross checking, any missing and mismatched children's immunisation updates and look into the reasons for misalignment with TTP System One. Child Health can then see the reasons for data not moving from one system to the other. CLCH have now got access so can begin comparing data.
    - Data for Q4 was submitted to PHE from QMS rather than TTP so rates will show an improvement. (See Table 1)
    - CLCH has been asked to produce an action plan with timelines to assure us that work continues on improving the quarterly immunisation report. We will continue to work with the Trust to ensure their action plan is delivered in a timely way.
    - Concerns regarding the ongoing issues with TTP System One continue to be raised nationally as this affects other parts of the country, including several other London boroughs and is the subject of discussion with TPP via the NHSE lead on IT.

Table 1:
COVER Q4 2015/16 for Barnet, North East London and London compared to Q4 2014/15

Immunisation - 15-16 Q4 compared to 14-15 Q4	Diphtheria, Tetanus, Polio, Pertussis and Haemophilus influenza type b (DTaP/IPV/Hib) - 3 Doses			Pneumococcal infection (PCV booster)			Haemophilus influenza type b and meningitis C (Hib/MenC)			Measles, mumps and rubella (MMR)			Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster			Measles, mumps and rubella (MMR2)		
Cohort	12 Months			2 Years			2 Years			2 Years			5 Years			5 Years		
PCT Name	14-15 Q4	15-16 Q4	Signif. change	14-15 Q4	15-16 Q4	Signif. change	14-15 Q4	15-16 Q4	Signif. change	14-15 Q4	15-16 Q4	Signif. change	14-15 Q4	15-16 Q4	Signif. change	14-15 Q4	15-16 Q4	Signif. change
North Central & East London (NCEL)																		
Barking and Dagenham PCT	91.8%	91.1%	⇨	88.0%	88.2%	⇨	88.3%	88.0%	⇨	87.6%	88.8%	⇨	86.2%	83.3%	⇨	83.4%	78.6%	⇨
Barnet PCT	81.0%	88.8%	⇧	75.4%	83.6%	⇧	75.6%	84.5%	⇧	76.1%	85.3%	⇧	71.9%	76.6%	⇧	73.5%	79.6%	⇧
Camden PCT	91.2%	91.1%	⇨	84.7%	83.5%	⇨	84.4%	84.9%	⇨	84.5%	83.8%	⇨	76.4%	74.6%	⇨	77.5%	71.8%	⇨
City and Hackney Teaching PCT	85.8%	80.2%	⇩	89.7%	83.9%	⇩	90.8%	82.2%	⇩	87.9%	81.3%	⇩	82.2%	76.0%	⇩	90.0%	79.9%	⇩
Enfield PCT	90.3%	88.6%	⇨	85.4%	84.5%	⇨	86.4%	84.6%	⇨	86.0%	84.9%	⇨	88.3%	91.6%	⇨	82.6%	84.7%	⇨
Haringey Teaching PCT	87.9%	89.2%	⇨	85.5%	85.2%	⇨	87.7%	86.2%	⇨	86.9%	86.4%	⇨		86.7%		85.0%	86.3%	⇨
Havering PCT	98.2%	96.4%	⇨	91.9%	94.6%	⇨	92.0%	94.9%	⇨	91.5%	94.0%	⇨	92.0%	89.0%	⇨	90.6%	88.4%	⇨
Islington PCT	95.6%	95.1%	⇨	93.3%	92.4%	⇨	93.3%	92.5%	⇨	92.5%	91.9%	⇨	90.1%	88.5%	⇨	89.5%	87.2%	⇨
Newham PCT	92.0%	85.4%	⇩	87.2%	86.6%	⇨	87.9%	86.8%	⇨	88.3%	86.8%	⇨	79.1%	71.8%	⇩	80.8%	73.6%	⇩
Redbridge PCT	94.8%	95.7%	⇨	90.9%	91.3%	⇨	91.1%	91.2%	⇨	91.3%	90.9%	⇨	85.1%	87.9%	⇨	85.1%	87.7%	⇨
Tower Hamlets PCT	94.1%	93.4%	⇨	86.4%	91.0%	⇧	86.4%	90.6%	⇧	85.5%	90.3%	⇧	74.4%	86.4%	⇧	81.7%	91.4%	⇧
Waltham Forest PCT	88.0%	87.7%	⇨	86.4%	83.8%	⇨	85.1%	79.9%	⇩	85.5%	80.0%	⇩	80.1%	79.1%	⇨	79.3%	79.0%	⇨
London	90.3%	88.4%	⇩	85.7%	84.8%	⇩	86.3%	85.1%	⇩	86.5%	85.3%	⇩	77.0%	77.4%	⇨	80.1%	80.4%	⇨

Source: PHE (2016)

3.1.3 Data Triangulation

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- Table 2 compares the percentage of uptake for MMR2 on COVER 2014/15 compared to what was recorded for each practice on Open Exeter. It can be seen that the practices have higher rates recorded on Exeter.
- It is intended that future discussion on Barnet's performance on COVER will be supplemented with 'real time' data from GP practices as a further assurance that Barnet's population are being vaccinated against vaccine preventable diseases and that the risk of outbreaks are low. Table 3 illustrates an example of this. It shows the uptake of PCV and Hib/Men C (age 2 vaccinations recorded on COVER) for each of the Barnet practices including the dates that the data was last refreshed for Q3 and Q4 COVER data (extracted on 30th April 2016). It can be seen that there are no data returns for 4 practices.

Table 2:
Comparison of COVER and Open Exeter for MMR2 Age 5 cohort 2014/15

Code	Practice	COVER MMR2 Audit 2014/15	Open Exeter 2014/15
E38600	682, Finchley Road	79%	90-95%
E83631	Cherry Tree	0%	90-95%
E83639	Rosemary	0%	90-95%
E83037	Derwent	68%	90-95%
E83053	Lane End	83%	90-95%
E83010	Speedwell	78%	90-95%

Source: NHSE (2016); not for onward circulation

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Table 3
Extract of GP practice data for the last 6 months for Age 2 boosters

	PCT	PracticeCode	PracticeName	ReferenceDate	The number of registered patients who have their 2nd birthday within the previous 6 months	The number of registered patients who have their 2nd birthday within the previous 6 months, who have had PCV Primary course prior to 1st birthday and 3rd PCV and HIB/MenC booster vaccinations on or after 1st birthday but before 2nd birthday	% who had PCV and Hib/Men C Age 2
							%
1	NHS BARNET CCG	E83003	The Clinic	30 April 2016	57	54	94.7
2	NHS BARNET CCG	E83005	Lichfield Grove Surgery	30 April 2016	54	46	85.2
3	NHS BARNET CCG	E83006	Greenfield Medical Centre	30 April 2016	40	31	77.5
4	NHS BARNET CCG	E83007	Squires Lane Medical Practice	30 April 2016	44	36	81.8
5	NHS BARNET CCG	E83008	Heathfielde	30 April 2016	48	41	85.4
6	NHS BARNET CCG	E83009	Phgh Doctors	30 April 2016	86	67	77.9
7	NHS BARNET CCG	E83010	The Speedwell Practice *	30 April 2016	72	64	88.9

8	NHS BARNET CCG	E83011	Everglade Medical Practice, The	30 April 2016	60	54	90.0
9	NHS BARNET CCG	E83012	Old Courthouse Surgery The	30 April 2016	55	47	85.5
10	NHS BARNET CCG	E83013	Cornwall House Surgery	30 April 2016	42	35	83.3
11	NHS BARNET CCG	E83016	Millway Medical Practice	30 April 2016	137	116	84.7
12	NHS BARNET CCG	E83017	Longrove Surgery	30 April 2016	57	49	86.0
13	NHS BARNET CCG	E83018	Watling Medical Centre	30 April 2016	108	79	73.1
14	NHS BARNET CCG	E83020	St George's Medical Centre	30 April 2016	83	67	80.7
15	NHS BARNET CCG	E83021	Torrington Park Group Practice *	30 April 2016	80	62	77.5
16	NHS BARNET CCG	E83024	St Andrews Medical Practice	30 April 2016	70	52	74.3
17	NHS BARNET CCG	E83025	Pennine Drive Surgery	30 April 2016	63	48	76.2
18	NHS BARNET CCG	E83026	Supreme Medical Centre	30 April 2016	0	0	0.0
19	NHS BARNET CCG	E83027	The Practice @ 188	30 April 2016	40	29	72.5
20	NHS BARNET CCG	E83028	Parkview Surgery	31 March 2016	48	38	79.2
21	NHS BARNET CCG	E83030	Penshurst Gardens	29 February 2016	0	0	0.0
22	NHS BARNET CCG	E83031	The Village Surgery	30 April 2016	39	35	89.7
23	NHS BARNET CCG	E83032	Oak Lodge Medical Centre	30 April 2016	138	100	72.5
24	NHS BARNET CCG	E83034	Isaacson, Dr R	31 December 2015	0	0	0.0
25	NHS BARNET CCG	E83035	Wentworth Medical Practice	30 April 2016	70	60	85.7
26	NHS BARNET CCG	E83036	Vale Drive Medical Practice	30 April 2016	23	21	91.3
27	NHS BARNET CCG	E83037	Derwent Medical Centre	30 April 2016	22	20	90.9
28	NHS BARNET CCG	E83038	Jai Medical Centre	30 April 2016	50	37	74.0
29	NHS BARNET CCG	E83039	Ravenscroft Medical Centre –	30 April 2016	25	21	84.0
30	NHS BARNET CCG	E83041	Rashid, Dr	30 April 2016	30	22	73.3
31	NHS BARNET CCG	E83042	Makanjuola, Dr A	30 April 2016	11	4	36.4
32	NHS BARNET CCG	E83044	Addington Medical Centre	30 April 2016	61	56	91.8
33	NHS BARNET CCG	E83045	Friern Barnet Medical Centre	30 April 2016	47	37	78.7
34	NHS BARNET CCG	E83046	Mulberry Medical Practice (Main)	30 April 2016	41	36	87.8
35	NHS BARNET CCG	E83049	Langstone Way Surgery	30 April 2016	43	33	76.7

36	NHS BARNET CCG	E83050	East Finchley Medical Practice	30 April 2016	33	23	69.7
37	NHS BARNET CCG	E83053	Lane End Medical Group	30 April 2016	98	88	89.8
38	NHS BARNET CCG	E83600	Adler & Rosenberg	30 April 2016	64	57	89.1
39	NHS BARNET CCG	E83613	East Barnet Hc (Monkman)	30 April 2016	67	58	86.6
40	NHS BARNET CCG	E83621	Brunswick Park - Team Health Care Practice *	30 April 2016	33	25	75.8
41	NHS BARNET CCG	E83622	Dr Buckman- The Group Practice	30 April 2016	46	38	82.6
42	NHS BARNET CCG	E83624	Station Road Surgery	30 April 2016	11	10	90.9
43	NHS BARNET CCG	E83631	Cherry Tree Surgery	30 November 2015	0	0	0.0
44	NHS BARNET CCG	E83633	Watford Way Surgery	30 April 2016	9	8	88.9
45	NHS BARNET CCG	E83637	Lamba Dr	30 April 2016	63	51	81.0
46	NHS BARNET CCG	E83638	Mountfield Surgery	30 April 2016	24	21	87.5
47	NHS BARNET CCG	E83639	Rosemary Surgery	30 November 2015	0	0	0.0
48	NHS BARNET CCG	E83644	Ballards Lane Surgery	30 April 2016	3	1	33.3
49	NHS BARNET CCG	E83649	Hodford Road Surgery	30 April 2016	22	18	81.8
50	NHS BARNET CCG	E83650	Gloucester Road Surgery	30 April 2016	8	4	50.0
51	NHS BARNET CCG	E83653	Phoenix Practice The	30 April 2016	55	41	74.5
52	NHS BARNET CCG	E83656	Boyne Avenue Surgery	30 April 2016	14	10	71.4
53	NHS BARNET CCG	E83657	Hillview Surgery	30 April 2016	9	7	77.8
54	NHS BARNET CCG	E83658	Woodcroft Medical Centre *	31 March 2016	15	12	80.0
55	NHS BARNET CCG	E83668	(Sirisena) Medical Centre	30 April 2016	24	22	91.7

4 Actions taken Pan London

- All measureable outputs of last year's plan were delivered including GP audit of readiness, GP practice visits of over 300 practices, roll out of locally governed borough action plans and delivery of pan-London plans for implementation of new Section 7a immunisation programmes.
- The new Pan London immunisation action plan 2015/16 commenced in April 2016 and it covers how the Immunisation Team within NHSE Public Health Commissioning aims to improve coverage and uptake of vaccinations across London on all Section 7a programmes and to reduce inequalities in uptake for 2016/17. The plan states 7 objectives which will be delivered through commissioning and contracting, partnership work, improved communications, better customer service and underpinned by an evidence base that's applicable to London.
- On June 30th 2016, a 'deep dive' will take place with the London Immunisation Board and directors of public health and CCG representatives. The purpose of this 'deep dive' is to look at why last year's plan achieved its outputs but not the anticipated increase in uptake and then look to how we can work together to improve uptake for 2015/16 across the programmes.
- Part of the pan London plan is the delivery of borough level immunisation partnership plans which targets local determinants of uptake in boroughs, such as Barnet. This year there is a focus across London on improving uptake of child flu vaccine and on better serving the underserved individuals, groups and communities.

5 Conclusion

- Vaccination rates in Barnet are affected by data issues, particularly in relation to the construction of the COVER report for Barnet using TPP System One
- Use of TTP System One has also affected other areas in London in the reporting of their COVER rates and has been escalated to a national level.
- Provisional data for Q4 shows some improvement as these issues are being addressed, however, overall improvement is reliant on TTP System One who NHSE does not commission but with whom there is ongoing discussion.
- NHSE will be meeting with CLCH in the next quarter to follow up on process and operability.

[i] This is the tool that is used to transfer practice level immunisation data to the child health information service which is then responsible for collating this data and reporting to Public Health England

	Health and Wellbeing Board **21 July 2016**
Title	**Barnet Children and Young People's Plan 2016-2020**
Report of	Commissioning Director, Children and Young People
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Children and Young People's Plan 2016-20 Appendix 2: Consultation report: Children and Young People's Plan 2016-2020
Officer Contact Details	Chris Munday, Commissioning Director, Children and Young People Chris.Munday@Barnet.gov.uk Telephone: 0208 359 7099 Rebecca Johnson (Commissioning Strategy and Policy Advisor) rebecca.johnson@barnet.gov.uk Telephone: 020 8359 3523

Summary

The Children and Young People's Plan 2016-2020 establishes the vision, key priorities and outcomes for children and young people in Barnet, providing a strategic framework for activity in the borough.

Barnet is the most populous borough in London, with a large and growing number of children, young people and families. Our vision is that Barnet is the best place to live for families in London by 2020. The concept of Family Friendly Barnet is introduced in this Plan and the outcomes and priorities focus on how partners can support families to be resilient and strengthen communities. Evidence tells us this is central to delivering the best outcomes for children and young people.

The Plan is not prescriptive but concentrates on the outcomes and priorities which will make the biggest difference to children, young people and families in Barnet.

The Plan's outcomes and priorities have been informed both by engagement with key stakeholders including children and young people, parents and carers, and professionals as well as quantitative analysis of need, for example from the Joint Strategic Needs Assessment.

A full six-week public consultation on the Plan has recently been concluded with comments considered. Overall there were 40 responses to the consultation and respondents were positive about the new Plan, its vision, key outcomes and objectives. Key changes to the Plan following consultation were:

- a refreshed Child Poverty Action Plan linking to the government's new Life Chances Strategy and clearly aligned to resilience
- incorporating issues raised by Members of the Youth Parliament at the Children, Education, Libraries and Safeguarding Committee on 18 May 2016 around safety on public transport and support for migrant families.
- a focus on resilience; both in social work practice, parenting programs, and health promotion
- inclusion of objectives on initial health assessments for looked after children and increasing immunisation rates.

The Children, Education, Libraries and Safeguarding Committee on 14 June 2016 considered the revised Children and Young People's Plan 2016-2020. This report sets out the revised plan as agreed by the Children, Education, Libraries and Safeguarding Committee.

Recommendations

1. **That the Health and Wellbeing Board endorses the revised Children and Young People's Plan 2016-20 as summarised in 1.1 to 1.11 and contained in Appendix 1.**
2. **That the Health and Wellbeing Board notes that authority has been delegated to the Commissioning Director for Children and Young People, from Children's, Education, Libraries and Safeguarding Committee, to work with partners to develop an action plan and implement the new Children and Young People's Plan.**

1. WHY THIS REPORT IS NEEDED

1.1. Barnet's Children and Young People Plan (CYPP) is a four year partnership plan setting out local priorities to improve outcomes for children and young people in the borough. The plan is developed by, and owned by, key partners including the council, NHS Barnet, Barnet Borough Police, schools and the voluntary sector.

1.2. Barnet has a large and growing population of children, young people and families with numbers predicted to reach 98,914 by 2020. Data about the

boroughs population has informed the plan with key objectives reflecting the borough's changing demographics.

1.3. The plan sets out a proposed vision for partners across the borough which focuses on making Barnet an even better place for families to live. The vision for partners across the borough is that:

We want Barnet to be the most Family Friendly borough in London by 2020. Children, Young People and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

1.4. Barnet is a good place to live for families, with excellent schools, open spaces and low levels of unemployment. Family Friendly Barnet is introduced in the plan, a concept which builds on evidence showing that the resilience of parents and families is a key determinant of improved outcomes for children and young people.

1.5. The outcomes and objectives in the plan focus on how partners can enable families to be resilient and strengthen communities.

1.6. The draft CYPP and its outcomes and objectives has been developed with input from a wide range of stakeholders including children and young people, parents and carers, health, police, voluntary sector, schools and the council to ensure that there is joint ownership of the priorities.

1.7. Children and young people have been actively engaged in the process through Barnet's Youth Convention held in November 2015. The plan has also been informed by quantitative data including from the 'Profile of Children and Young People in Barnet', and the Joint Strategic Needs Assessment - which both provide data to support key areas of need.

1.8. The draft Plan went out to public consultation for six weeks between April and May 2016 with 40 responses received in total. Responses to the consultation were positive and all comments were considered. Following consultation some amendments were made to the Plan including:

- a refreshed Child Poverty Action Plan linking to the government's new Life Chances Strategy and clearly aligned to resilience
- incorporating issues raised by Members of Youth Parliament at CELS Committee on 18 May 2016 around; safety on public transport and support for migrant families.
- a focus resilience; both in social work practice, parenting programs, and health promotion
- inclusion of objectives around initial health assessments for looked after children and increasing immunisation rates

1.9. Students from Middlesex University designed logos as part of a competition to develop a new logo for Family Friendly Barnet. Entries were judged by

children from across the borough with the final logo agreed by partners and included in the Children and Young People's Plan.

1.10. The Plan sets out four key outcomes for the borough to make it more Family Friendly where children and families are able to:

- keep themselves safe
- achieve their best
- be active and healthy
- have their say

1.11. Under these outcomes are a series of objectives and the plan describes how partners will work together to achieve these.

2. REASONS FOR RECOMMENDATIONS

2.1 The recommendations in this report have been developed through a stakeholder engagement process, as well as review of quantitative data around the needs of children and young people in the borough.

2.2 Following full public consultation between April and May 2016, the proposal contained in this report is to approve the revised Children and Young People's Plan 2016-20 and the implementation of its key outcomes and objectives.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The Council has the option not to publish a Children and Young People's Plan as this is no longer a legal requirement. However it is seen as a valuable statement of intent and is a useful mechanism for partners to hold each other to account.

4. POST DECISION IMPLEMENTATION

4.1 If the Board approves the Plan, partners will work together to develop an implementation plan to ensure the Children and Young People's Plan's outcomes and objectives are met and will include how progress against these will be measured. The Children, Education, Libraries and Safeguarding Committee approved the Children and Young People's Plan 2016-2020 at its meeting on 14 June 2016.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The implementation of these recommendations would work towards the achievement of our corporate objectives, which promote improving the opportunities that we offer to residents, creating more involved and resilient communities, and which aim to support Barnet's children and young people to have a great start in life.

5.1.2 The key outcomes and objectives of the plan have been informed both by the JSNA and the Joint Health and Wellbeing Strategy 2015-2020. The implementation of these recommendations would also support the achievement of objectives set out in the Joint Health and Wellbeing Strategy 2015-2020 including; improving outcomes for babies, young children and their families and encouraging healthier lifestyles.

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

5.2.1 The Children and Young People Plan sets out what all partners will do to improve outcomes for children and young people in Barnet. It has been developed in consultation with service managers and will inform service plans in the council and partner agencies.

5.2.2 Council budgets already support key partnerships in Barnet to achieve the desired outcomes in the Children and Young People's Plan. Key partnerships include Barnet Safeguarding Children Board and Health and Wellbeing Board which is supported by a wide variety of Council budgets.

5.2.3 Any financial implications of the Children and Young People's Plan will be contained within the existing budget.

5.3 **Social Value**

5.3.1 In taking forward the Children and Young People's Plan due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek to look for added value that out partners can bring to deliver desired outcomes.

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

5.4 **Legal and Constitutional References**

5.4.1 Regulations made under the Children Act 2004 require local authorities to prepare and publish a Children and Young People's Plan. The plan must set out the improvements which the local authority intend to make during the plan period to the well-being of children and young people. Well-being includes:

- physical and mental health and emotional wellbeing;
- protection from harm and neglect;
- education, training and recreation;
- the contribution made by them to society; and
- social and economic well-being

5.4.2 Each plan shall include the following:

(a) a statement as to how the authority intend to achieve the improvements referred to above, with specific reference to the following—
(i) the integration of services provided by the authority and its relevant partners to improve the well-being of children and relevant young persons;
(ii) arrangements made by the authority under section 11(2) of the Children Act 2004 (arrangements to safeguard and promote welfare); and
(iii) arrangements for early intervention and preventative action;
(b) a needs assessment against the outcomes;
(c) an outline of the key actions planned to achieve the improvements so far as relating to the outcomes;
(d) a statement as to how the authority's budget will be used to contribute to those improvements; and
(e) a statement as to how the plan relates to the authority's performance management and review of services for children and relevant young persons."

5.4.3 The Children and Young People Plan provides a strategic framework from which to coordinate activities across the partnership and will assist the council in fulfilling its statutory duties.

5.4.4 This paper outlines the current arrangements to co-ordinate service provision to support children and young people to achieve good outcomes. Work is undertaken on an on-going basis to ensure that functions and services across the partnership enable Statutory Duties to be upheld.

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

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

5.4.6 Annex A of the Responsibility for Functions, outlined in the council's constitution, states that the Children, Education, Libraries and Safeguarding Committee has the responsibility to 'Approve the children and Young People Plan and associated sub strategies promoting the following areas:

- Education
- Inclusion
- Child poverty
- Early intervention and prevention

5.4.7 The Commissioning Director, Children and Young People, has delegated authority within the constitution for preparation and publication of a Children's and Young People's Plan. This is one of his responsibilities for functions within the Constitution.

5.5 **Risk Management**

5.5.1 There is a risk that key initiatives within the Plan will not be carried out, which could adversely impact on the council's reputation. In order to mitigate this risk, extensive consultation was carried out with partners, early in the planning process with attention paid to the financial implications of plans.

5.6 Reducing resources may have an impact on partners' ability to undertake actions they have committed to, however, we have sought to mitigate this by developing actions alongside partners' business and finance planning.

5.7 **Equalities and Diversity**

5.7.1 In compliance with the council's statutory duties under the Equality Act 2010 and Public Sector Equalities Duties1 (PSED) this report sets out how, as a Public Body, Barnet Council (and other organisations acting on its behalf) has approached its statutory obligation in relation to the proposed Children and Young People Plan.

5.7.2 As set out in the Equality Act 2010 the council pays active due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.3 The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

5.7.4 At this stage it is anticipated that the CYP plan will have a neutral/positive equalities impact. The equalities impact assessment will be kept under review and the specific impact of particular proposals will be assessed as they develop and reported back to decision makers

5.7.5 At their first meeting on June 10 2014, Barnet's Policy and Resources Committee discussed the concept of fairness and how Council Committees should be mindful of fairness and in particular, of disadvantaged communities when making their recommendations and this has also been taken into account.

5.7.6 The Children and Young People Profile describes the demography of the current population of children and young people in Barnet on an annual basis helps us to ensure that actions accurately target the diverse needs of Barnet's children and young people. Equality and diversity issues were considered in the review of the Children and Young People Plan to ensure that such considerations are reflected in the design of policies and the delivery of services.

5.7.7 The Children and Young People Plan contains the key principle of targeting resources to narrow the gap in achievement for those at risk of not achieving their potential. This principle aims to reduce the inequalities between groups of children and young people in the borough.

5.7.8 On 23 March 2016 CELS committee approved the draft version of the Children and Young People's Plan to go out to public consultation. Consultation was carried out fairly. In general, a consultation can only be considered as proper consultation if:

- Comments are genuinely invited at the formative stage;
- The consultation documents include sufficient reasons for the proposal to allows those being consulted to be properly informed and to give an informed response;
- There is adequate time given to the consultees to consider the proposals;
- There is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision;
- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting; and
- The consultation is clear on the reasons why, and the extent to which alternatives and discarded options, have been considered.

5.7.9 Barnet Council is committed to involving residents, businesses and service users in shaping the borough and the services they receive. Consultation and

engagement is one of the key ways the council interacts with and involves local communities and residents, providing them with opportunities to:

- Gain greater awareness and understanding of what the council does
- Voice their views and understand how they can get involved
- Feed in their views to the democratic decision making process.

Preliminary consultation and engagement

5.7.10 In developing the Children and Young People Plan the council has consulted widely with partners, children and young people across the borough, as well as parents and carers to inform and to develop the Draft Plan.

Formal Public Consultation

5.7.11 Following approval of draft Plan on the 23 March 2016, formal public consultation commenced on 14 April and ended on 26 May.

5.7.12 The consultation ran for six weeks and consisted of an online consultation - published on Engage Barnet which included a link to the full strategy and a consultation document which summarises the strategy and key questions. Residents were able to give their views via an online questionnaire. Alternative formats were also made available on request

5.7.13 Workshops were held with young people across the borough, facilitated by Barnet's Members of Youth Parliament.

5.7.14 In total 40 responses were received and showed a high level of support amongst respondents for the vision, outcomes and objectives of the plan as well as the Child Poverty Action Plan and Youth Charter. A detailed summary of findings is included in Annex B, key findings included:

- over 37 out of 40 respondents agreed with the Plan's vision
- over three quarters of respondents agreed with the four key outcomes
- the large majority of respondents agreed with the objectives under each of the four outcomes
- over three quarters of respondents agreed with the priorities set out in the Child Poverty Action Plan, with almost all respondents agreeing with the key actions
- 20 out of 23 respondents agreed with the Youth Charter, with no respondents disagreeing.
- of those respondents who identified themselves, 74% were Barnet residents, and 88% were parents.
- 71% of those who identified themselves in the survey were female, and the majority were white.

5.8 **Insight**

5.8.1 In developing the Children and Young People Plan the council has drawn on

insight from the 'Profile of Children and Young People in Barnet', and the Joint Strategic Needs Assessment - which both provided data to support identification of key areas of need across the borough.

5.8.2 In addition consultation workshops took place with partners, children and young people, parents and carers, whose feedback also informed the development of the Draft Plan.

6. BACKGROUND PAPERS

6.1 Children, Education, Libraries and Safeguarding Committee, Agenda Item 9 – Barnet Children and Young People's Plan 2016-2020 http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=8684&Ver=4

6.2 Children, Education, Libraries and Safeguarding Committee, Agenda Item 6, Draft Barnet Children and Young People's Plan 2016-2020 http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=8261&Ver=4

Resilient Families: Resilient Children

Barnet Children and Young People's Plan

2016 – 2020

Our Vision

We want Barnet to be the most 'Family Friendly' borough in London by 2020. Children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

Introduction

Working in partnership across Barnet is the only way organisations involved in the lives of children, young people and their families can be sure of jointly supporting the aspirations defined in our new Children and Young People's Plan. Barnet's strategic partners have high aspirations and believe that by working together we can continue to make a real difference to all our children and young people in Barnet, especially those who are most vulnerable.

This is a partnership plan, developed and shaped by partners from different sectors across the borough, and represents our joint commitment to making Barnet London's most 'Family Friendly' borough, where communities thrive and build their resilience.

Our focus on key priorities has helped target attention and resources on the most vulnerable, but there is still more that needs to be done.

Working in partnership and with children and young people from across the borough, we have produced a new child-friendly plan for 2016-2020 that we think reflects the priorities, needs and aspirations of the local population and sets out how, together, we can make Barnet an even better, more 'Family Friendly' place to live.

In a 'Family Friendly' Barnet, children and families are able to:

- keep themselves safe
- achieve their best
- be active and healthy
- have their say.

This partnership approach to setting priorities is really important. Supporting families to address issues facing children and young people in Barnet is the responsibility of everyone who lives with, works with, and cares about them.

Our Plan sets out how we will focus on increasing resilience in the community, helping families to help themselves. It focuses on how we will work in partnership with children, young people and their families, ensuring that we are helping them to do things for themselves , rather than to them or for them.

There is recognition however, that sometimes, for the most vulnerable in Barnet, there is a need for additional support from partnership agencies. Where this is the case, partners will look at how they can build responses and services around these families' needs, and wherever possible intervene early, building family resilience to stop problems escalating.

Our hope is that by involving children and young people, and their parents and carers in its development, this new plan will be something that is relevant and meaningful, which children and young people in the borough can read, engage with, and understand.

What is the Children and Young People's Plan?

The Children and Young People's Plan identifies the shared vision, outcomes and objectives for partnership working across the borough. The Plan sets out what those working with families in Barnet aim to do to help people improve their own lives.

Partners across the borough include the local authority, police authorities, the Clinical Commissioning Group, Public Health, children and young people, parents and carers, schools, and the voluntary and community sector.

The Plan covers children and young people aged 0-19 years and up to 25 years for those with special educational needs and disabilities. The Plan is aimed at those working with children, young people and families so they are aware of the priorities that need to drive their work. We want this to be a Plan that can be easily understood by parents, carers, as well as children and young people.

The Plan doesn't cover everything we are doing but concentrates on the key outcomes which will make the biggest difference to children, young people, and families in Barnet.

Children and Young People in Barnet: key facts

Barnet is part of a successful and thriving London economy and has the largest population of any borough, with an estimated 393,000 residents. The borough's population of 93,590 children and young people aged 0-19 remains the second largest in London and this group makes up a quarter of the borough's overall population. This is estimated to grow by 6% between 2015 and 2020 when it will reach 98,914.

Each year, Barnet publishes information that sets out a wide range of demographic data in relation to children and young people and this information can be found (here). Some key highlights are:

- in 2015, Golders Green had the highest population of children and young people of any ward in Barnet at 6,218, followed by Colindale with 6,055 children. Projections suggest that by 2025 Colindale will have the highest population of children and young people of all wards. Colindale also has 30.9% of children living in low-income families, the largest proportion of all wards in Barnet. Neighbouring Burnt Oak also has a high level of deprivation and currently has the highest number of children from low-income families in Barnet, as well as the highest number of out of work families
- there are more children from all Black and Minority Ethnic groups in the 0 – 9 age group, than there are White children. Children and young people in the 10 – 19 age groups are predominantly White. This demonstrates a more diverse population shift in terms of ethnicity
- figure 1 shows that couples with dependent children are the largest single type of family unit in Barnet, representing 40% of all One Family Households.

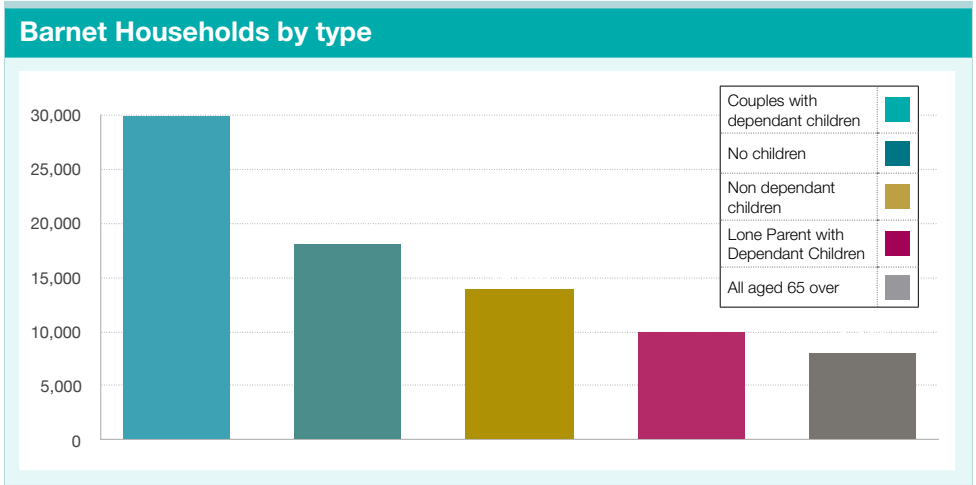

Figure 1: Barnet households by type, HMRC August 2010

- data suggests that as a borough, Barnet has a larger proportion of families, and has higher household incomes compared to the rest of London
- poverty is the most significant general indicator of risk, and nationally it is recognised that children living in poverty and deprivation are more vulnerable to educational under-achievement, ill health, involvement in crime, and social exclusion. There remain some children in Barnet that are at risk of poorer outcomes through poverty
- 2010 HM Revenue & Customs (HMRC) data looked at all wards in London in terms of child poverty. The data shows Barnet is the ninth least deprived borough in London, with a rate of around 21% (the least deprived has a rate of 10.7% and the most deprived 48.6%). Colindale and Burnt Oak have the highest proportion of children living in low-income families. Just over one third of the children in Burnt Oak and in Colindale are living in low-income families. East Finchley has an overall lower percentage at 18.9% despite having the most deprived Lower Super Output Area (LSOA) in Barnet in the Strawberry Vale Estate. Golders Green, which has the highest number of children of all wards in Barnet has 14% of these living in low-income families. Garden Suburb has the lowest percentage at only 7.9%
- at any one time, there are around 315 children in care with around 800 children 'in need' and relatively low rates compared to elsewhere in the country
- around 5,912 pupils in Barnet have some form of Special Educational Need (SEN) with over 600 children and young people registered as having a disability. Almost 3,000 children and young people are known to provide unpaid care for their parents or other family members, although this is likely to be an underestimate.

What do we mean by 'Family Friendly'?

We know that Barnet is a great place to live for most families, children and young people. Barnet has some of the best schools in the country, some of the best parks and open spaces in London, and low levels of unemployment among the adult population. The borough is benefitting from large-scale regeneration projects, which are creating more housing, infrastructure and opportunities for all. In Barnet, most children and young people achieve well and successfully make the transition into adulthood

Our vision is focused on making Barnet an even better place to live for all families - whether a couple with dependent children, a single-parent family, a foster family, a blended family or any other kind of family. Our strategy to achieve this is to focus on developing families' resilience, which evidence tells us is pivotal to delivering the best outcomes for children and young people.

The term resilience is used to describe a situation when good outcomes occur for individuals or families in the face of adversity. An approach based on resilience involves looking for strengths and opportunities that we can build on, rather than for issues or problems to treat.

Clearly there are strengths and opportunities in Barnet we can build on. There is a growing body of evidence which outlines ways that we can support parents and families to be more resilient and these will need to be incorporated into practice across the borough.

These include:

- parents' role in helping children to cope with adversity:

"Parents, or alternative caregivers, play a pivotal role in promoting the knowledge, skills and environment that can help children cope with adversity.

Parents play a vital part in mediating individual and community factors, directly or indirectly. They can buffer children from some of the worst effects of adversity in the surrounding environment.

Warm, authoritative and responsive parenting is usually crucial in building resilience. Parents who develop open, participative communication, problem-centred coping, confidence and flexibility tend to manage stress well and help their families to do the same"

- schools' central role in promoting resilience in relation to both poverty and family difficulties:

"Schools can play a central role in promoting resilience in relation to both poverty and family difficulties. This can relate to factors such as academic stimulus, support by teachers, learning opportunities and access to friends and peers."

- community factors can also promote resilience

"Community factors can also promote resilience. Children are likely to find it easier to access support outside the home when they live in cohesive neighbourhoods with formal facilities that encourage participation and achievement."

- voluntary and Community sector have a key role in building communities resilience

"Voluntary sector organisations play an important part in building the social networks and ties (both strong and weak) that are required for a community to be resilient to change and cope with crises."

At the heart of promoting resilience is effective relationships, positive behaviour and social connectedness. Partners across the borough play an important role in helping to build this.

The diagram in Figure 2 shows the model of our strategy, and at the centre is improving outcomes for children and families. The model also shows how we will focus on building strong, resilient families and communities, that care for themselves and are capable of coping with difficulties they may face, avoiding problems from escalating and the need to access statutory interventions. However, statutory interventions, are still there for those children who need them.

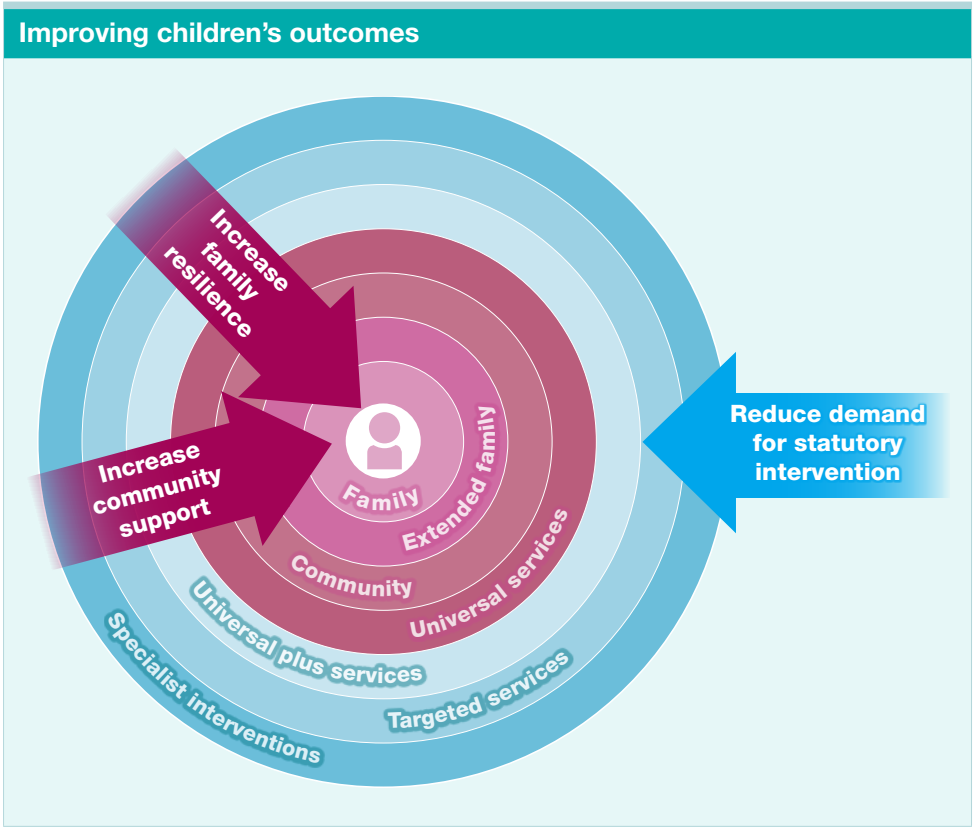

Figure 2: 'Family Friendly' Barnet Model

More work will be done to understand how 'Family Friendly' residents feel Barnet is, so that we can measure how far we need to go to achieve our vision.

Our Evidence Base

The Plan's priorities are based on both quantitative analysis (data) that the council and its partners have collated, and on qualitative research (what people have told us). The quantitative analysis includes data from the Joint Strategic Needs Assessment (JSNA), a detailed overview of the health and wellbeing needs and inequalities of the local population. The qualitative research which has informed the Plan was developed through workshops we held with children, young people, and families across the borough.

Who did we ask?

We have explored the idea of 'Family Friendly' Barnet with children, young people, their parents and carers, as well as professionals involved in their care. This feedback has confirmed support for this aspiration.

This feedback process began with Barnet's first ever Youth Convention where around 200 young people - aged between 10 and 25 from schools, colleges and organisations across Barnet - gathered to help inform the Plan's priorities, as well as develop a new Charter for Children and Young People in Barnet (appendix 2).

Following this, we ran a series of small targeted workshops to find out how local residents think Barnet can become a more 'Family-Friendly' borough. We ran similar workshops with the voluntary and community sector, parents and carers, as well as colleagues from partnership organisations. As well as this, we held a full public consultation on the draft Plan between April and May 2016 giving everyone the opportunity to tell as what they thought.

All of this information, both the data we have about families in Barnet and what people have told us, has been analysed, and has informed the outcomes and objectives of this new Children and Young People's Plan for 2016 –2020.

What did they tell us?

Emerging themes for making Barnet 'Family Friendly' included:

Making full use of resources in the borough, e.g. through:

- promoting services and activities provided by partners
- utilising spaces and buildings, including schools, to their full potential
- harnessing people power through encouraging volunteering.

Making some improvements to what's on offer in Barnet to help make the borough more 'Family Friendly':

- making information about what is going on in the borough more accessible
- improving the local parks
- developing the cycle infrastructure
- more activities for youths
- increasing provision of childcare places.

Where possible, making living in the borough affordable, especially in the following areas:

- housing
- child care
- leisure activities

Emerging themes from children and young people at the Youth Convention

Making living in the borough more young people friendly, e.g. through:

- free or subsidised travel for young people
- more and affordable youth activities
- space for studying
- taking steps or measures to make young people feel safer on the streets.

Promoting active lifestyles and healthy living, e.g. through:

- raising awareness about healthy living
- improved health education for young people
- access to healthcare and support early, and at convenient times
- developing network of cycle lanes.

Support young people to prepare for adulthood, e.g. through:

- developing more opportunities to improve employability skills
- ensuring there are enough houses for young people/ families to live in.

How are we addressing these in the Plan's objectives?

From the analysis undertaken, there continues to be a group of children, young people and families in the borough who are struggling to achieve good outcomes.

The shared outcomes set out below will refresh our collective determination across the borough to tackle the issues facing some of our children, young people and families, particularly those who are most vulnerable or who face significant challenges and, wherever possible, enable families to effectively meet those needs.

This section sets out the four key outcomes, as well as identifying a number of key objectives, to strengthen our 'Family Friendly' borough in line with the vision of this Plan.

We have set four key outcomes to drive our work over the next four years to improve the lives of Barnet's children, young people and families as we strive to achieve our vision of making Barnet the most 'Family Friendly' borough by 2020.

Outcome 1: Families and children are kept safe

Partnership objectives include our plans to:

- work with families to build their resilience, providing information, advice and support
- ensure we deliver the best outcomes for children in need of social care, implementing our vision of resilience based practice in social work
- help children to live in safe and supportive families, increasing the number of foster care placements in Barnet
- review and ensure that there is effective sharing of information between agencies
- review the targeting of early intervention and prevention work to ensure that the focus is on building family resilience, and that clearer pathways are developed across the partnership
- explore the development of Early Intervention hubs which will focus on supporting family resilience
- seek to work with families to help prevent young people from getting involved in violence, crime and anti-social behaviour
- increase awareness of, and responsiveness to, Child Sexual Exploitation in the borough
- raise awareness of travel safety for children and young people using public transport
- increase awareness within our families and communities of, and responsiveness to, the key factors that put young people at risk of radicalisation, in response to the Prevent agenda.

Outcome 2: Families and children achieve their best

Partnership objectives include out plans to:

- support children to have the best start in life and be ready for learning by ensuring sufficient high quality early years places, and working with partners to manage supply/demand
- promote free early education places to those that are eligible and increase take up of these places

- ensure resilience based parenting approach is implemented through programs like 'Incredible Years' and 'Triple P'
- ensure all schools in Barnet are good or outstanding, maximising the opportunity presented by the new partnership with Cambridge Education, who deliver the borough's education services
- work with partners to ensure there are sufficient high quality school places to meet demands
- improve attainment for all young people, closing the attainment gap – which is highlighted in Barnet's Education Strategy
- assess provision to children with special educational needs and disabilities (SEND) and make sure this is meeting changing needs
- improve outcomes for children and young people with special educational needs and/or disabilities, and support families to access care through the new 0-25 disability service
- support young people with the transition into adulthood, providing advice and support for young people on options available for further education and/or employment
- work with partners to develop more opportunities for work experience and apprenticeships
- work with partners to support Barnet's looked after children (LAC) to achieve their goals and aspirations – as outlined in the new Pledge for Children in Care and Care Leavers.
- promote work by Middlesex University to support access to education for migrant families

Outcome 3: Families and children are active and healthy

Partnership objectives include our plans to:

- focus on specific areas of the health of children and young people which have been identified as having poor outcomes in Barnet - including reducing incidence of dental cavities, reducing obesity, increasing rates of necessary immunisation for children and promoting sexual good health
- support families to access healthcare services, promoting support offered in a variety of settings such centres for children
- implement vision for resilience based health promotion
- ensure Looked after Children receive timely initial health assessments
- promote young people's health through education and health settings and enable easy access to the school nursing service, advertising the School Health Matters website in schools and on the web
- make healthcare accessible for children and young people by ensuring families can access good quality Primary Care outside of school hours
- encourage education settings to promote Healthy Living and encourage schools and early years settings to embed health and well-being measures, to achieve Healthy School/Centre status
- improve experiences and outcomes for the growing number of children, and young people with complex disabilities in Barnet, and their families
- ensure the new model for delivery of services to children and young people with disabilities and their families (0-25 service) fosters working together between agencies, and that children and young people using the services are supported to become more independent and achieve their goals

- consider the expansion of special school provision in Barnet
- consider whether there is a business case for a Child Development Centre in Barnet to more effectively work with families to intervene earlier for children with developmental delay
- raise awareness of mental health and promote mental well-being across Barnet – adopt a new approach to promoting mental well-being across Barnet in line with the Annual Report of the Director of Public Health
- review and re-commission Child and Adolescent Mental Health services
- help develop support networks for migrant families including Syrian refugees in Barnet, and ensure information is accessible
- encourage physical activity, providing quality spaces for children, young people and families to be active and safe, that are designed around their needs – as highlighted in Parks and Open Spaces Strategy
- provide play, leisure, culture and sporting opportunities
- work with partners to provide opportunities for children of all ages and abilities to get involved in a range of activities that are affordable
- ensure that the future development of open spaces is informed by needs and requirements of children, young people and families, and accessible to them. Ensure these groups are also actively involved in the design of open spaces
- develop, in partnership, a holistic youth offer, including through the new Youth Zone in Burnt Oak/Colindale area of Barnet
- seek to ensure the places where children, young people, and families live, promote active and healthy lifestyles – striving to increase housing supply, delivering homes that people can afford.

Outcome 4: Families and children have their say and are active citizens

Partnership objectives include out plans to:

- recognise and promote the rights of children as embedded in UK law through implementing the new Charter for Children and Young People which sets out commitments to involving and engaging with children and young people
- increase the numbers of disadvantaged children and young people participating through youth voice forums
- promote opportunities for young people to be involved in volunteering, with education settings actively encouraging volunteering
- ensure children, young people and families have opportunities to have their say on how we are doing through residents' perception surveys
- ensure children, young people and families have opportunities to be involved in decision making that will affect them, including the design of new housing developments, and parks and open spaces
- work with UNICEF to promote the voice of children and young people in decision making, increasing the number of opportunities for children, young people and families to participate and have their say and embed the rights of the child through championing the voice of those children who are hard to reach.

How will we work together to achieve our vision?

The CYPP sets out our ambition to make Barnet the most 'Family Friendly' borough in London by 2020. Our partners bring the plan to life, translating the CYPP into improved outcomes for our children and young people, their families and their communities.

Across Barnet there are a whole range of services, agencies and settings responsible for supporting children and young people.

These come together in a diverse range of formal and informal partnerships, including through the:

- Safeguarding Children's Board
- Health and Well-being Board.

How we will know how well we have done?

The difference the Plan is making will be monitored by:

- a detailed Action Plan with clear and measurable indicators for each priority
- Children and young people through the Young Commissioners, a group of young people who are actively involved in the commissioning cycle
- partners agencies through the Children's Partnership Board
- asking residents how well they think we are doing through the Residents Perception Survey.

Further information and advice for parents, carers, children and young people

If you would like advice on accessing any of the services that relate to the Outcomes and Objectives detailed in this Plan please contact Rebecca Johnson by emailing **rebecca.johnson@barnet.gov.uk** or call **020 8359 3523**

Barnet's Family Information Service (FYi) provides information, advice and guidance for families who have children or young people up to the age of 20. FYi also provides this service to professionals who work with children, young people and families.

More information can be found **here:https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/fyi-families-and-young-peoples-information-servic**e.html

Glossary

Who are Barnet's most vulnerable Children and Young People?

- Children in Need (CIN) – Barnet has a relatively low rate of CIN but there are around 346 CIN per 10,000 children
- Children subject to a child protection plan (CP) – again Barnet has
- a relatively low rate of CP but there are around 42 children who are subject to a projection plan per 10,000 children
- Children In care (CIC) – once more Barnet has a relatively low rate of
- CIC, with around 60 children in care per 10,000 children
- young carers – the 2011 Census revealed that there are are 2,911 children and young people aged 0 – 24 providing unpaid care in Barnet. Using estimates that there could be up to four times more young carers this would mean there are over 11,600 young carers (aged 0 – 24) in Barnet, one in ten of the 0 – 24 population.
- other key groups of children and young people who are amongst the most vulnerable include:
  - those with disabilities or learning disabilities,
  - care leavers,
  - children with mental health issues,
  - missing children,
  - children at risk of CSE,
  - Children on the edge of gang activity,
  - young offenders,
  - those at risk of radicalisation,
  - unaccompanied asylum seekers

Appendix 1: Review of child poverty

It is estimated that third of all children in the UK live in poverty. According to the 2010 Child Poverty Act, a child is defined as being in poverty when he/she lives in a household with an income below 60% of the UK's average. Child poverty touches all areas of a child's life, from the home they live in to their health, educational attainment, involvement in crime and social exclusion and is the most significant general indicator of risk.

Effective understanding of child poverty needs to consider both the child poverty, as well as the underlying drivers which lead to child poverty. Action must also seek to realise this and include action which works to directly lift children out of poverty by giving their families the resources they need, as well as action which builds families and children's resilience to deal with poverty as best as possible, and to improve their future outcomes.

Whilst in the past poverty has been seen as material poverty, a more developed understanding looks beyond economic factors to look at a variety of social factors too. Earlier this year, the government announced a new Life Chances Strategy, which is due to be published later this year.

The new Life Chances Strategy shifts focus away from material poverty, instead looking at how we can address the lack of opportunity which is causing some children and families to remain behind. The strategy promotes a life cycle approach, focusing on four key social insights to boost life chances, these are:

- backing stable families
- improving education
- ensuring opportunities are genuinely more equal
- providing high quality treatment for people with mental health issues and addiction

In line with the Children and Young People's Plan 2016-2020 the Child Poverty Action Plan takes a resilience based approach to improving life chances, focusing on helping people to make the most of opportunities on offer and help themselves.

Child poverty in Barnet

- 21.2% of children living in Barnet live in poverty; a total of 17,330 children
- Barnet has a lower level of child poverty than the London average (36%), but a slightly higher rate than the England average (20.6%). There are geographic variations across Barnet, ranging from just 7.7% in Garden Suburb to 37.5% in Colindale.
- In general there is a propensity for a greater number of areas in the west of the Borough to be affected by child poverty and the factors that directly and indirectly influence it.
- the following groups are likely to be more at risk of poverty than others: lone parents, large families, families affected by disability, and black and minority ethnic groups.

Partnership working

All services across the borough share a commitment to improving outcomes for children, young people and families in poverty. With reduced budgets,

there is a need for partners to focus resources on addressing the drivers of child poverty, building resilience to improve future outcomes.

To address child poverty and its contributing factors, there is no single response that will succeed on its own. Services need to work together on a whole family basis in order to improve outcomes and wellbeing for children living in poverty. Evidence suggests that single agency responses are unlikely to affect the change a child and family requires to escape deep-rooted poverty.

Child Poverty Action Plan

Research recognises that poverty is complex with a number of crucial areas of focus emerging. Tackling child poverty needs to recognise this and requires action targeted at both the child themselves, and at their wider environment, including their family, and the community in which the child lives.

The Child Poverty Action Plan sets out partners' key priorities and actions to tackle child poverty in Barnet, and build families and children's resilience to ensure better outcomes. The action plan focuses on four key priorities and a series of actions to achieve these.

Priority 1: Strengthening families and early years

- support families who are able to, to take up work, promoting employment support programs and schemes such as employment coaching
- expand our childcare offer to families through
- increase to 30 hours of free childcare for 3 and 4 year olds so that parents/carers can work
- expand our free childcare offer to 2 year olds for families on low incomes so that parents/ carers can work
- promote parenting classes in the borough to ensure families feel confident able to support the development of their children
- expand the number of Health Visitors to support new parents
- help families develop strong support networks in their communities
- make sure that children in the council's care are looked after in stable families
- continue to target specialist multi-agency support through our Families First initiative to Barnet's most vulnerable families
- implement our vision of resilience based practice in social work
- implement welfare reforms, providing information and advice to the most vulnerable families to make sure they are getting the benefits they need

Priority 2: Developing resilience and improving education

- ensure children have access to high quality education at good or outstanding schools
- focus on closing the attainment gap at schools
- promote opportunities for young people to help others through volunteering schemes
- develop programs to reduce the number of young people not in education, employment and support (NEETs)
- link education funding more closely to need through pupil premium

Priority 3: Developing equal opportunities

- roll out and promote programmes for work experience, apprenticeships, training, volunteering, and paid employment
- encourage children and young people to take part in mentoring schemes
- make culture and the arts more accessible for all children, through development of a new culture strategy
- make sure regeneration projects promote community cohesion
- improve access to advice and support for people in poverty by co-locating and better coordinating services – for example benefits and housing advice services, Jobcentre Plus and careers services currently provided by Burnt Oak Opportunity Support Team (BOOST).

Priority 4: Targeting support

- ensure there is the right treatment and support available for those in crisis
- review mental health support available for children and young people – intervening early to stop issues from escalating.

Appendix 2: Barnet Youth Charter

Hearing the voices and views of children and young people is at the centre of our 'Family Friendly' Barnet approach.

When setting out our vision to ensure that Barnet is truly 'Family Friendly' we knew that we would need to listen to the ideas of hundreds of children and young people of all different ages and backgrounds.

They told us what their priorities were and what we would need to do, through our partnership arrangements, in order to make sure that Barnet is the best borough in London for families to be, and for children and young people to thrive. This information was then blended with our desire to passionately promote a children's rights approach through our partnership working.

Within a 'Family Friendly' Barnet...

Education, training and employment

The right to have the best education will be available for every child and young person. Our places of learning will identify and address barriers that prevent progress and the enjoyment of learning.

Children and young people will have the opportunity to learn about the values of democracy, the rule of law, mutual respect, tolerance and liberty in order to promote community togetherness and develop aspirations.

Health

The physical and mental health and wellbeing of children and young people will be supported by information which is presented in a way that is accessible and easy to understand and where appropriate providing access to good quality care and support.

There will be plentiful opportunity for children and young people to stay healthy and to participate in recreational and leisure activities during term time and school holidays in order to make new friends and to bring families together.

Recreation and leisure

There will be plenty of high quality parks and open spaces for children and young people to come together, play and make friends within a safe environment.

We will seek to deliver cultural events that showcase and celebrate the talent of children and young people within the borough in order to encourage community cohesion and resilience.

Listening to children

Every child and young person in Barnet will have the opportunity to have his or her voice heard, feel empowered and be involved with important decision making.

Safer communities

Children and young people can feel safe and protected from harm within our communities. Education and raising awareness of risks will be at the forefront of our approach to supporting families to support one another and to stay free from harm.

Housing

Children and young people will be afforded a good standard of living within housing that is safe and where it is possible affordable.

Equality and diversity

Children and young people's race, religion, ethnicity, sexuality or disability will not be a barrier to accessing services.

We will celebrate religion and children and young people's freedom of faith, so long as they do not affect the freedom of others.

Transport and planning

Children and young people can make safer and easier journeys across the borough in order to explore what our borough has to offer.

Children and young peoples' views will be considered within re-generation projects to ensure that transport infrastructure is child and family friendly.

Appendix 3: Partner Organisations

The following organisations were involved in drafting the content of the draft Children and Young People's Plan 2016 – 2020:

- Barnet Clinical Commissioning Group
- Barnet Council;
  - Commissioning,
  - Education and Skills,
  - Family Services,
  - Public Health,
  - Street Scene,
  - Youth Assembly and Members of Youth Parliament
- Barnet Youth Convention
- Children's Centres (Canada Villa, Wingfield, Newstead)
- Citizens Panel
- CommUNITY Barnet
- Foster Carers Network
- Metropolitan Police
- Underhill School and Grasvenor Avenue Infant School
- Voluntary and Community Organisations

For more information:
tel: **020 8359 3523** email: **rebecca.johnson@barnet.gov.uk**
or visit **engage.barnet.gov.uk**

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Appendix B

Barnet Children and Young People's Plan 2016-2020

Consultation Report

Consultation Detailed Findings - Respondents

Executive summary

The drafting of a new Children and Young People's Plan 2016-2020 has been subject to a formal public consultation. This report sets out the full findings from the consultation. The findings will be considered by the Children, Education, Libraries and Safeguarding Committee on 14 June 2016, where the final decision on adoption of the Children and Young People's Plan 2016 -2020 will be taken.

In total 40 people responded to the online consultation which ran between 14 April and 26 May 2016. Overall responses were very positive to the Plan's vision, key outcomes, objectives as well as the Child Poverty Review and Youth Charter.

Key findings included:

- Over 37 out of 40 respondents agreed with the Plan's vision
- Over ¾ of respondents agreed with the four key outcomes
- The large majority of respondents agreed with the objectives under each of the four outcomes
- Over ¾ of respondents agreed with the priorities set out in the Child Poverty Action Plan, with almost all respondents agreeing with the key actions
- 20 out of 23 respondents agreed with the Youth Charter, with no respondents disagreeing.
- Of those respondents who identified themselves, 74% were Barnet residents, and 88% were parents.
- 71% of those who identified themselves in the survey were female, and the majority were white.

With a low response rate to questions in the 'About you' section it is difficult to compare the profile of respondents to that of the borough as a whole.

Technical details and method

In summary, the consultation was administered as follows:

- The Consultation was open for six weeks, from between 14 April 2016 and 26 May 2016
- The consultation was published on Engage Barnet http://engage.barnet.gov.uk together with a consultation document which provided detailed background information.
- Respondent's views were gathered via an online survey. Paper copies and an easy read version of the consultation were also made available on request.
- The consultation was widely promoted via the council and partner's websites; and posters in libraries, children's centres and youth centres.
- Key stakeholders were contacted directly, i.e. schools, voluntary and community sector, and invited to take part in the consultation.

Questionnaire design

The questionnaire was developed to ascertain residents' and other stakeholder's views on the draft Plan. In particular the consultation invited views on the following:

- if the Plan has set the right vision
- if the key outcomes and objectives within the Plan are supported and if any have been missed
- if the priorities and action in the Child Poverty Strategy and Youth Charter are supported and if any have been missed.

In order to enable further understanding and in-depth analysis the questionnaire also included:

- Open ended questions, where respondents were invited to write in any comments on the reason behind some of their answers, if they believed the Plans objectives were correct, or if any were missing, as well as more general comments
- Key demographic questions to help understand the views of different demographic groups.

Throughout the questionnaire, and where applicable, hyperlinks were provided to the relevant sections of the consultation document and Plan.

Response to the consultation

A total of 40 questionnaires and responses have been completed online.

General public and stakeholder response and profile from questionnaire

Of the 40 public questionnaire responses that were received all responses were through online questionnaire, no paper questionnaires were returned. Figure 1 below shows the profile of those who responded.

Responses to the 'About me' section were optional and the majority of respondents did not answer this questions. Due to low response rate it is difficult to compare the respondent profile to the profile of the borough.

Figure 1: General Public Sample Profile (Below)

Stakeholder	Number	%
Resident	17	42.5
Business	0	0
Resident and business based in Barnet	0	0
Public sector organisation and representatives	0	0
Voluntary/community organisation	4	10
Early years or education setting representative	1	2.5
Other	1	2.5
Not answered	17	42.5

Total	**40**	**100**

17 respondents chose not to answer this question which identified the type of stakeholder they were responding as. Of those who responded, most were residents of Barnet - 17 out of the 23.

The chart below shows the demographic profile of those who responded to consultation questionnaire in terms of key demographics. Only 17 out of 40 respondents answered this question. In terms of age most respondents who answered the question were in their mid-40s to mid-50s, with 8 of the 17 respondents. Out of the 17 respondents who answered the question, none identified themselves as under 25 or over 75.

12 out of the 17 who responded were women, and 12 identified themselves as being pregnant. Out of 14 who responded 7 white, 2 white Irish. Out of 14 that responded 1 identified themselves as disabled.

Characteristic		Number
Disability	Yes	1
	No	13
Ethnicity	Other	2
	Black	0
	Asian	1
	White	9
Age	65+	1
	55-64	3
	45-54	8
	35-44	4
	25-34	1
	18-24	0
	under 18	0
Gender	Male	5
	Female	12

Figure 2: General public consultation sample profile – key demographics (above)

Protected Characteristics

The council is required by law, Equality Act 2010, to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

To assist us in complying with the duty under the Equality Act 2010 we asked the general public consultation respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the personal information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under the Data Protection Act 1998.

Figure 3: Protected characteristic sample profile

Protected Characteristic - Faith	Number
Agnostic	3
Atheist	0
Baha'i	0
Buddhist	0
Christian	2
Hindu	0
Humanist	0
Jain	0
Jewish	4
Muslim	1
Sikh	0
No religion	0
prefer not to say	2
Other Faith	0
Total	**13**

Interpretation of the results

In terms of the results of the questionnaire it is important to note that:

- The general public consultation is not representative of the overall population of Barnet but provides information, in particular on the opinion of those residents who are more engaged with the council.
- It should be treated with caution as a guide to overall opinion, however because the response profile does not match the Barnet population.

- The responses although not representative of the borough's population, do provide an important indication of where there may be particular strength of feeling in relation to children and young people.
- Where percentages do not add up to 100, this may be due to rounding, or the question is multi coded.
- All open-ended responses to the public consultation have been classified based on the main themes arising from the comment, so that they can be summarised.

Calculating and reporting on results

The results for each question are based on "valid responses", i.e. all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question.

Consultation Detailed Findings - Results

Barnet's Children and Young People Plan 2016-2020 (CYPP) is a four year partnership plan which sets out local priorities to improve outcomes for children and young people in the borough. The plan has been developed and will be owned by key partners including:

- the council
- Barnet CCG
- Barnet Borough Police
- schools
- the voluntary sector

Barnet has large and growing population of children, young people, and families with numbers predicted to reach 98,914 by 2020. Data about the boroughs population has informed the plan with key objectives reflecting the boroughs changing demographics.

The new plan was drafted based on a wide variety of quantitative data and information including:

- Joint Strategic Needs Assessment
- Health and Wellbeing Strategy
- Profile of Children and Young People in Barnet

The Plan was also informed by qualitative data, from stakeholder engagement sessions with; children and young people, parents and carers, health, police, voluntary sector, schools and council officers.

Feedback from initial stakeholder engagement

In developing the Children and Young People Plan the council has consulted widely with partners, children and young people across the borough, as well as parents and carers to inform and to develop the draft Plan.

Engagement to identify priorities was launched at Barnet Youth Convention held in November 2015 where 200 young people from across the borough were asked to identify their key priorities over the next 5 years. Priorities identified included:

- Making living in the borough more young people friendly, e.g. through:
  - free or subsidised travel for young people,
  - more and affordable youth activities,
  - space for studying, and
  - taking steps or measures to make young people feel safer on the streets.

- Promoting active lifestyles and healthy living, e.g. through:
  - raising awareness about healthy living,
  - improved health education for young people,
  - access to healthcare and support early, and at convenient times, and
  - developing network of cycle lanes.

- Support young people to prepare for adulthood, e.g. through:
  - developing more opportunities to improve employability skills, and
  - ensuring there are enough houses for young people/ families to live in

Workshops were also held with other key partners including: parents, and carers (workshops were held at Children's Centres, with Foster Parents and with Citizen Panel members), the voluntary and community sector, public health and Barnet CCG, police, schools and council officers.

Workshops explored the concept of Family Friendly Barnet and identified key priorities for Barnet to become a more Family Friendly borough. Priorities identified at these workshops included:

- Making full use of resources in the borough, e.g. through:
  - promoting services and activities provided by partners
  - utilising spaces and buildings, including schools, to their full potential
  - harnessing people power through encouraging volunteering.

- Making some improvements to what's on offer in Barnet to help make the borough more 'Family Friendly':
  - making information about what is going on in the borough more accessible improving the local parks
  - developing the cycle infrastructure
  - more activities for youths
  - increasing provision of childcare places.

- Where possible, making living in the borough affordable, especially in the following areas:
  - housing
  - child care
  - leisure activities

All of these engagement activities informed the draft Children and Young People Plan which was approved for consultation by CELS committee on 23 March 2016.

Consultation Response - Public Consultation

The consultation outlined the purpose of the new Children and Young People Plan 2016-2020 as well as how it was informed and developed by partners across the borough.

The consultation focused questions in four key areas:

- The vision set out on the Plan
- The key outcomes and objectives in the Plan
- The Child Poverty Strategy
- The Youth Charter

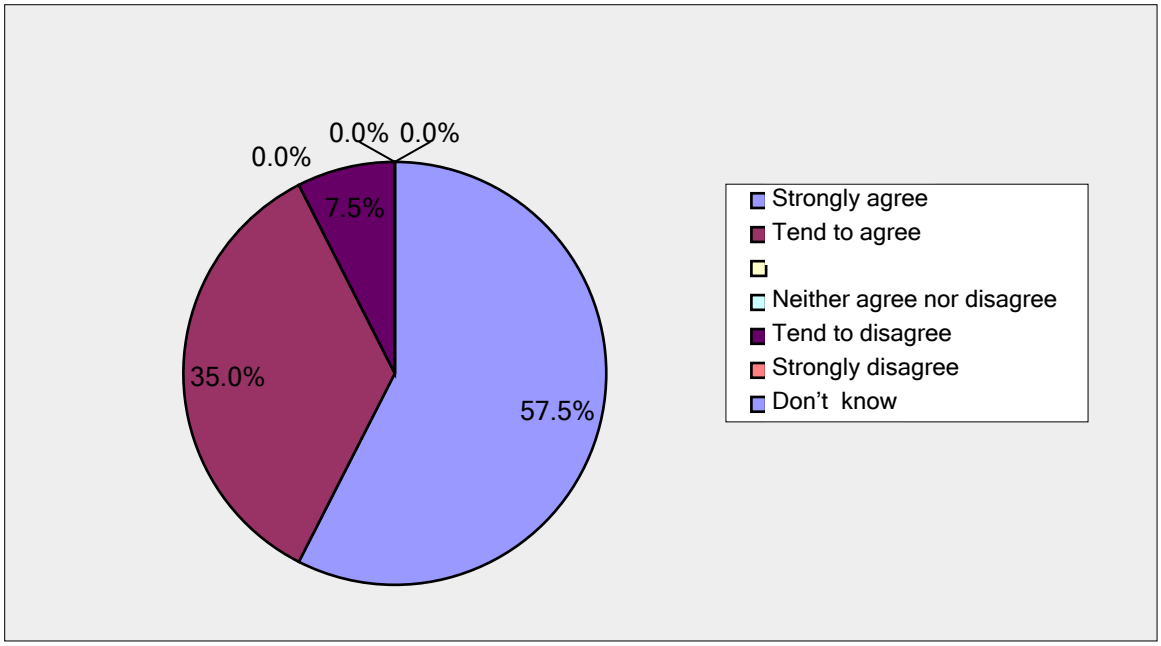
Views on the vision of our Plan

The Plan sets out a proposed vision for partners' across the borough which focuses on making Barnet an even better place for families to live. The vision for partners across the borough is that:

We want Barnet to be the most Family Friendly borough in London by 2020. Children, Young People and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

Respondents were asked if they agree with the proposed vision. 37 out of 40 respondents either agreed or strongly agreed with the proposed vision, with 3 respondents disagreeing.

Figure 4: To what extent do you agree or disagree with our vision for children and young people in Barnet?



Respondents who disagreed with the vision were asked to comment, 3 out of 37 commented with comments on the following topics:

- Listening to all residents
- Focus on children with disabilities/ special educational needs

Views on the key outcomes of our Plan

The outcomes and objectives in the plan focus on how partners can enable families to be resilient and strengthen communities. The Plan sets out four key outcomes for a borough to make it more Family Friendly where children and families are able to:

- keep themselves safe
- achieve their best
- be active and healthy
- have their say

Respondents were asked to what extend they agreed or disagreed with the proposed outcomes of the Plan, of the 34 respondents over three quarters either agreed or strongly agreed with the outcomes. A small number of respondents either disagreed or neither agreed/ disagreed with the outcomes. Results are shown in Table 1.

To what extent do you agree or disagree with the outcomes that have been identified? (Please tick one option on each line)							
Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Children and families are able to keep themselves safe	19	7	2	4	2	0	34
Children and families are able to achieve their best	22	10	2	0	0	0	34
Children and families are able to be active and healthy	20	8	3	3	0	0	34
Children and families are able to have their say	24	5	2	2	1	0	34

Table 1

Respondents who disagreed with the vision were asked to comment, 9 out of 34 commented with comments on the following topics:

Response theme	No. responses relating to theme.
Need for detail on how outcomes will be achieved	3
Meaning of keeping themselves safe	2
Training for professionals	1
Secondary school provision for children with SEN	1
More services/ activities for children in Burnt Oak	1
Promoting cycling and road safety	1

Respondents were also asked if they thought any outcomes had been missed with 8 of 32 commenting. Comments on the following topics:

Response theme	No. responses relating to theme.
Ambition for joined up services/ working together	2
Clearly extend to all families	1
Need for more detail	1
Focus on disabled children	1
Training and support for professionals	1
Children / families signposted to services	1
Impact of budget reductions	1

Views on the objectives of our Plan

Under these outcomes are a series of objectives, the plan describes how partners will work together to achieve these. Respondents were asked firstly if they agreed with the proposed objectives, as well as if they thought any objectives had been missed.

Children and families are kept safe

The consultation outlined what partners across the borough will be doing to ensure children and families are kept safe, with respondents asked to what extend they agreed or disagreed with the objectives under this outcome. Out of the 28 respondents who responded to this

question, the vast majority either agreed or strongly agreed with the objectives. A small number of respondents either disagreed or neither agreed/ disagreed with the outcomes as shown in Table 2.

To what extent do you agree or disagree with the objectives that have been identified under the 'Families and Children are kept safe' outcome? (Please tick one option on each line)							
Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Work with families to build their resilience, providing information, advice and support	17	8	2	0	1	0	28
Ensure we deliver the best outcomes for children in need of social care	23	4	0	1	0	0	28
Help children to live in safe and supportive families	22	4	1	1	0	0	28
Review and ensure that there is effective sharing of information between agencies	20	7	0	1	0	0	28
Review the targeting of early intervention and prevention work to ensure that the focus is on building family resilience	18	9	0	1	0	0	28
Explore the development of Early Intervention hubs which focus on supporting family resilience	19	6	1	2	0	0	28
Seek to work with families to ensure they help prevent young people from getting involved in violence, crime and anti-social behaviour	20	7	0	1	0	0	28
Work to increase awareness of, and responsiveness to, Child Sexual Exploitation in the borough	23	3	1	1	0	0	28
Work to increase awareness within our families and communities of, and responsiveness to the key factors that at young people at risk of radicalisation in the borough	20	5	3	0	0	0	28

Table 2

Respondents who disagreed with any objective were asked to outline why, 8 out of 28 responded to this question with comments on the following topics:

Response theme	No. responses relating to theme.
Actions to underpin objectives	1
Keeping own families safe	1
Social workers case load	1
Parenting support	2
Why focus on sexual exploitation/ radicalisation	1
More information	2

Respondents were also asked if they thought any objectives had been missed with 7 of 28 commenting. Comments on the following topics:

Response theme	No. responses relating to theme.
Work to support children with additional needs	1
Role of parents / carers	2
Transition to adult services	1
Actions to underpin objectives	1
Safeguarding training for professionals	2

Children and families achieve their best

The consultation outlined what partners across the borough will be doing to ensure children and families achieve their best, with respondents asked to what extend they agreed or disagreed with the objectives under this outcome, 28 respondents answered this question, with the large majority of respondents agreeing or strongly agreeing with the objectives set out. Results are shown in Table 3.

To what extent do you agree or disagree with the objectives that have been identified under the 'Families and Children achieve their best' outcome? (Please tick one option on each line)							
Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Support children to have the best start in life and be ready for learning - ensure there are sufficient, high quality, Early Years places	21	6	1	0	0	0	28
Promote free early education places to those that are eligible and increase take up	19	7	0	2	0	0	28
Ensure all schools in Barnet are good or outstanding	21	6	1	0	0	0	28
Work with partners to ensure there are	22	4	2	0	0	0	28

sufficient, high quality, school places to meet demands							
Improve attainment for all young people, closing the attainment gap	21	3	4	0	0	0	28
Assess provision for children with Special Educational Needs or disabilites (SEND) and make sure this meets changing needs	25	2	1	0	0	0	28
Improve outcomes for children and young people with SEND and support families to access care through the new 0-25 disability service	23	3	1	0	1	0	28
Support young people with transition into adulthood - provide advice and support for young people on options available for further education and/ or employment	23	4	0	1	0	0	28
Work with partners to develop more opportunities for work experience and apprenticeships	24	3	1	0	0	0	28
Work with partners to support Barnet's looked after children (LAC) to achieve their goals and aspirations	24	3	1	0	0	0	28

Table 3

Respondents who disagreed with any objective were asked to outline why, 6 out of 28 responded to this question with comments on the following topics:

Response theme	No. responses relating to theme.
0-25 service - effectiveness	1
Actions to ensure objectives achieved	3
Pressure on Early Years services	1
Support for young carers	1

Respondents were also asked if they thought any objectives had been missed with 6 of 28 commenting. Comments on the following topics:

Response theme	No. responses relating to theme.

Training for children, young people and families	1
Support at various key transition points	1
Racism/ anti-Semitism	1
Increasing children's centre opening hours	1
Support/ training for PVI early years settings	1
Young carers	1

Children and families are active and healthy

The consultation outlined what partners across the borough will be doing to ensure children and families are active and healthy, with respondents asked to what extend they agreed or disagreed with the objectives under this outcome. 27 respondents answered this question, with the large majority of respondents agreeing or strongly agreeing with the objectives set out. Results are shown in Table 4.

To what extent do you agree or disagree with the objectives that have been identified under the 'Children and Families are active and healthy' outcome? (Please tick one option on each line)

Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Focus on specific areas of the health of children and young people that have been identified as having poor outcomes in Barnet	15	9	3	0	0	0	27
Support families to access healthcare services, promoting support offered in a variety of settings such centres for children	18	7	0	2	0	0	27
Promote health in young people through education and health settings and enable easy access to the school nursing service	20	6	0	0	1	0	27
Make healthcare accessible for children and young people by ensuring families can access to good quality Primary Care outside of school hours	21	4	0	0	1	0	26
Encourage education settings to promote Healthy Living and encourage schools and Early Years	19	5	2	1	0	0	27

settings to embed health and well-being measures, and achieve Healthy School/ Centre status							
Improve experiences and outcomes for Barnet's children, young people and their families with complex disabilities	23	3	1	0	0	0	27
Ensure the new 0-25 disability service fosters working together between agencies, and that children and young people using the services are supported to become more independent and achieve their goals	23	1	3	0	0	0	27
Consider the expansion of special school provision in Barnet	22	4	1	0	0	0	27
Consider whether there is a business case for a Child Development Centre in Barnet to more effectively work with families to intervene earlier for children with developmental delay	18	7	2	0	0	0	27
Raise awareness of mental health and promote mental well-being across Barnet – adopt a new approach to promoting mental well-being across Barnet	21	5	0	1	0	0	27
Review and re-commission Child and Adolescent Mental Health services	19	4	3	0	0	1	27
Encourage physical activity, providing quality spaces for children, young people and families to be active and safe that are designed around their needs	22	4	1	0	0	0	27
Provide play, leisure, culture and sporting	22	4	1	0	0	0	27

opportunities.							
Work with partners to provide opportunities for children of all ages and abilities to get involved in a range of activities that are affordable.	20	5	1	1	0	0	27
Ensure future development of open spaces is informed by needs and requirements of children, young people and families, and accessible to them. Ensure these groups are also actively involved in the design of open spaces.	21	4	1	0	0	0	26
Develop in partnership a holistic youth offer, including through the new Youth Zone in Burnt Oak/Colindale area of Barnet	14	9	3	1	0	0	27
Seek to ensure the places where children, young people, and families live promote active and healthy lifestyles - striving to increase housing supply, delivering homes that people can afford	21	4	1	1	0	0	27

Table 4

Again, the large majority of respondents agreed or strongly agreed with the objectives. Respondents who disagreed with any objective were asked to outline why, 6 out of 27 responded to this question with comments on the following topics:

Response theme	No. responses relating to theme.
Housing need	1
Role if children's centre / supporting to deliver	2
Reliance on Youth Zone	1
Access to primary care outside work hours	1
Capacity of school nurses	1

Respondents were also asked if they thought any objectives had been missed with 2 of 27 commenting. Comments on the following topics:

Response theme	No. responses relating to

	theme.
Develop role of children's centres	1
Supporting families to look after mental health and wellbeing	1

Children and families have their say

The consultation outlined what partners across the borough will be doing to ensure children and families have their say, with respondents asked to what extend they agreed or disagreed with the objectives under this outcome. Of the 26 who answered, the large majority of respondents agreed or strongly agreed with the objectives.

To what extent do you agree or disagree with the objectives that have been identified under the 'Families and Children have their say and are active citizens' outcome? (Please tick one option on each line)

Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Recognise and promote the rights of children as embedded in UK law through implementing the new Charter for Children and Young People.	21	3	2	0	0	0	26
Increase the numbers of disadvantaged children and young people participating through the borough's Youth Voice forums.	18	7	1	0	0	0	26
Promote opportunities for young people to be involved in volunteering with education settings actively encouraging volunteering.	20	5	0	1	0	0	26
Ensure children, young people and families have opportunities to have their say on how we are doing through resident perception surveys.	19	7	0	0	0	0	26
Ensure children, young people and families have opportunities to be involved in decision making that will affect them, including the design of new housing developments and parks and open spaces.	20	4	0	1	0	0	25
Work with UNICEF to promote the voice of children and young people in decision making, increasing the number of opportunities	20	4	1	1	0	0	26

for children, young people and families to participate and have their say.

Table 5

Respondents who disagreed with any objective were asked to outline why, 2 out of 26 responded to this question with comments on the following topics:

Response theme	No. responses relating to theme.
No need for a new document	1
Schools role in preparing young people for work	1

Respondents were also asked if they thought any objectives had been missed with 12 of 28 commenting. Comments on the following topics:

Response theme	No. responses relating to theme.
Volunteering opportunities for young people and families	1
Poor communication	1

Views on the Child Poverty Strategy

The consultation outlined three key priorities for partners across the borough to address child poverty, with a number of actions linked to each of these.

The three priorities are:

- targeted intervention
- getting families back to work
- closing the education gap.

Respondents were asked to what extent they agreed or disagree with the top level priorities the Child Poverty Strategy, out of 26 respondents, almost all agreed or strongly agreed with the priorities.

To what extent do you agree or disagree with the top level priorities the Child Poverty Strategy focuses on? (Please tick one option on each line)							
Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Closing education gap	21	4	1	0	0	0	26
Getting families back to work	19	4	2	0	0	1	26
Targeted intervention	15	8	2	0	0	1	26

Table 6

Respondents were asked to what extent they agreed or disagreed with the actions identified under these priorities, 26 responded with overwhelming majority agreeing or strongly agreeing with the actions identified.

Respondents who disagreed with any priorities were asked to outline why, 3 out of 26 responded to this question with comments on the following topics:

Response theme	No. responses relating to theme.
Children of parents with no recourse to public funds not eligible for free-school meals	1
Develop universal services	1
Drive to get parents back to work	1

Respondents were also asked if they thought any objectives had been missed with 1 of 26 commenting. Comments on the following topics:

Response theme	No. responses relating to theme.
Affordability	1

Overall, to what extent do you agree or disagree with the actions that have been identified? (Please tick one option on each line)

Answer Options	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know	Response Count
Closing education gap: Continue to monitor and review attainment and achievement data for a school	16	8	2	0	0	0	26
Closing education gap: Ensure schools claiming Pupil Premium - additional funding given to schools so that they can support disadvantaged pupils and close the attainment gap between them and their peers	20	6	0	0	0	0	26
Getting families back to work: Support families to find work experience, training, volunteering and paid employment	18	7	0	0	0	1	26
Getting families back to work: Promote adult education	19	6	1	0	0	0	26
Targeted intervention:	19	5	2	0	0	0	26

Review impact of Welfare reform on most vulnerable families							
Targeted intervention: Target support through multi-agency working in localities as the Burnt Oak Opportunity Support Team (BOOST) are already successfully doing in the West of the borough	16	6	2	1	0	1	26
Targeted intervention: Provide decent homes for Barnet families	15	7	2	0	0	0	24

Table 7

Respondents were asked if they disagreed with any of these actions, 3 out of the 37 who answered this question disagreed with priorities with comments on the following topics:

Response theme	No. responses relating to theme.
ESOL support	1
Roll out of Opportunity and Support Teams across borough	2

Respondents were also asked if they thought any actions had been missed with 4 of 23 commenting. Comments on the following topics:

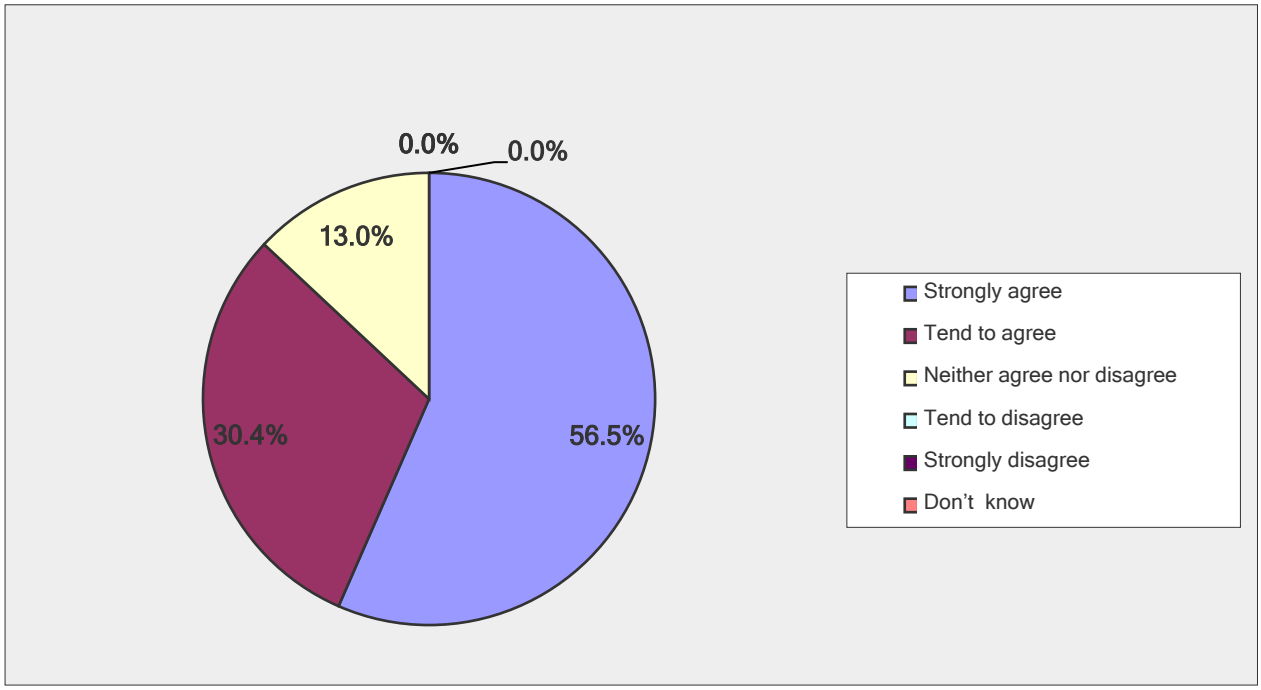
Response theme	No. responses relating to theme.
Support for migrant families / refugees	1
Recognition of children with additional needs	1
Affordability of housing	1
Increased budget for healthcare	1

Views on the Youth Charter

Respondents were positive about the Youth Charter with 20 out of the 23 respondents agreeing or strongly agreeing with the articles set out and none disagreeing. There were no comments on the Charter.

There were no comments of the Charter.

Figure 5: To what extent do you agree or disagree with the articles set out in the Youth Charter?



Overall comments on the Children and Young People' s Plan

Respondents were asked to provide any further comment on the Children and Young People's Plan, 10 out of 40 respondents provided overall comment on the Plan. The themes of these comments are summarised in Figure 6 below.

Response theme	No. responses relating to theme.
Voice of the Child and Parent	1
Actions that underpin Plan	3
Activities for children with SEN	1
Resourcing	2
Young carers	1
Training for staff in education settings	2

Figure 6: Response by theme

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AGENDA ITEM 8

	Health and Wellbeing Board **21 July 2016**
Title	**Finchley Memorial Hospital Transformation Project**
Report of	Alan Gavurin, Strategic Estates Director (Interim) Barnet CCG Dr Debbie Frost, Chair Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Update on Barnet CCG plans for Finchley Memorial Hospital
Officer Contact Details	Alan Gavurin Strategic Estates Director (Interim) Barnet CCG alan.gavurin@barnetccg.nhs.uk 020 3688 1789

Summary

Barnet Clinical Commissioning Group (CCG) has been running a programme to transform how Finchley Memorial Hospital (FMH) is utilised as the space has not been used as originally intended and parts of the building have remained empty since it opened.

In developing the CCGs Primary Care Strategic Framework document (May 2016), we held a number of engagement events with local residents through Healthwatch and the Youth Parliament and a number of GP practices. This helped to define the vision for primary care and articulated the need to better use a number of key locations across the borough where existing services were being delivered.

This paper reports on the CCG's progress in developing new services to meet the healthcare needs of local people, increasing how the space is utilised and generate more footfall in the building. This includes:

Breast Screening services – no longer in a mobile unit
Older Persons Assessment Unit – to prevent admission to acute facilities
Inpatient beds for rehabilitation
Additional blood taking services
A GP service – possibly with additional specialist services such as home visiting or care home activity

Finally the paper explains how improved centre management is the key to delivering these new aspirations and also to securing greater community involvement and engagement in

the building.
Recommendations
1. The Health and Wellbeing Board notes and provides feedback on the plans and development activities set out in this report.

1. WHY THIS REPORT IS NEEDED

1.1 The CCG previously indicated to the HWBB in May 2016 that they would provide an update regarding the utilisation and development of the FMH site.

2. REASONS FOR RECOMMENDATIONS

2.1 The CCG recognises the importance of constructive dialogue with all partners and the need to better utilise existing facilities in the borough. The HWBB is a crucial partner in commissioning services that affect our resident populations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The CCG is exploring all options for the use of the building to deliver its commissioning objectives and support the needs of the people of Barnet.

4. POST DECISION IMPLEMENTATION

4.1 Feedback from the members of the HWBB is welcomed to ensure that approach is fully understood and compatible with wider plans and integration with social care and voluntary sectors partners.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Monitoring reports of service developments will be available via the CCG's Strategic Estates Working Group and progress on delivering the framework approaches reported back to HWBB in September 2017.

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in the development of the CCG's estates strategy and approaches to better using FMH.

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

5.2.1 This report does not ask the HWBB, nor partners for any additional funds. Primary care is currently commissioned in the main by NHS England in partnership with the CCG, and the FMH site is used by different providers as commissioned by the CCG. We will seek the best ways to further support other providers, social care and voluntary sector in better using the site in line with strategic aims and improving health outcomes.

5.2.2 The NHS have announced a number of funding streams to enhance primary care

provision and we will be bidding for those monies to deliver long term changes that promotes the sustainability of primary care services through innovative changes.

5.3 **Social Value**

5.3.1 The report considers utilising patient self-care, families, carers and voluntary sector in a much more coordinated fashion, developing the skill sets and including social community integration of the services.

5.4 **Legal and Constitutional References**

5.4.1 The CCG's duties to provide, commission and arrange primary care services are given under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

5.4.2 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Appendix A) and includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 The CCG are undertaking a full Risk and Issues log in managing the delivery of this approach alongside a detailed implementation plan over the next 1-2 years.

5.6 **Equalities and Diversity**

5.6.1 The CCG will be completing its own Equality and Diversity assessment for each

service commissioned prior to commencement, starting in October 2016 for breast screening, November 2016 for Older Persons Unit, in December 2016 for Discharge to Assess. The Equality and Diversity Assessment for the GP practice element will be completed later in 2017, again prior to service commencement. In order to narrow the gap in Quality Adjusted Life Years and life expectancy we will need to target certain communities, notably in the west of the borough. This will, by its nature, result in some differences of service provision, but will yield an improvement of outcomes for those most affected.

5.7 **Consultation and Engagement**

5.7.1 Future service provision with FMH has been subject to numerous discussions with various groups since its planning, building and commissioning. From November – December 2015, the CCG undertook consultation work through Healthwatch and with the Youth Parliament on a range of primary care issues in developing its Strategic framework for Primary care. The use of existing buildings across the borough featured highly as a way of integrating health and social and community services together in one place.

5.7.2 The CCG has linked with current NHS providers such as CLCH during February - March 2016 who use FMH to deliver specific clinical services about better utilisation, space and layout along with how they would envisage using the site.

5.7.3 The CCG has also worked with GP practices across the whole borough through its mutli-professional education groups to ascertain how they would see modern health services at a community level to be delivered. Eight sessions across the borough during June 2016 contributed to the picture with views from GPs, practice managers, nurses and pharmacists.

5.7.4 The CCG welcomes further opportunity to share the report and its development with key stakeholders, public and patients across the borough.

5.8 **Insight**

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 Health Overview and Scrutiny, Finchley Memorial Hospital, 4 July 2016, item 10: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=8782&Ver=4

6.2 NHS England produced the following papers in relation to specific Primary care funding against which we have submitted bids: https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/

Update on Barnet CCG plans for Finchley Memorial Hospital

1. Introduction

Following the production of Barnet CCGs Primary Care Strategic Framework document in May 2016, the Health & Wellbeing Board will be aware of some Barnet CCG's plans to develop new services at Finchley Memorial Hospital (FMH) and to improve utilisation of the building. This paper provides details of the CCG's progress with this project.

2. Background & Process to Date

The CCG's Clinical Cabinet in April 2016 agreed a short list of preferred options and these are set out below:

A) An Older People's Assessment Service (OPAS)

B) Putting the empty inpatient ward to use for the good of patients

C) Breast Screening

D) New GP Primary Care services, closely aligned to the Walk-in Centre

3. Older People's Assessment Service

The CCG's Governing Body has approved the business case and clinical specification for the new OPAS. The aim is to commence procurement of the new service which will be formally integrated and co-located with the existing Falls Service. The new service should be operational towards the end of the year.

4. Inpatient Ward

The CCG is working with colleagues in LBB and the main provider organisations to develop a specification for the use of the empty beds at FMH. The aim is to establish a "Discharge to Assess" model to improve utilisation of beds on the acute hospital sites and to better manage the flow of patients back to the community. Our plan is to have these beds operational in good time for the winter.

5. Breast Screening

Plans are at an advanced stage for a permanent Breast Screening service at Finchley to replace the mobile service. Once confirmed, this will include converting two rooms on the ground floor to create a new Breast Screening facility as part of the diagnostics suite (alongside X-Ray and Ultrasound). Due to the timings of the Breast Screening Programme it is likely that the mobile unit will return for its tri-annual visit in July but, once the new facilities are ready, the service will then move indoors as soon as possible. This change will also allow us to host a mobile MRI scanner on a more regular basis.

6. General Practice and the Walk-in Centre

Of the main project areas, the Primary Care issue is contractually more challenging and the CCG is working with NHS England to develop a strategy for how a new service can be put in place. The aim is to link the new GP service more closely with the Walk in Centre, for

reasons of service integration, clinical leadership and also more efficient use of resources. Our aim is to agree the way forward with NHS England in the next 2 – 3 months and we will be able to provide a further report to the H&WBB in due course.

7. Improved Utilisation and other matters

The above work streams will all lead to a more intensively utilised building. For example the Breast Screening service will treat 50 – 60 patients per day or an increase in footfall of circa 15,000 patients per annum – more if carers, friends and relatives are included. The new OPAS service will treat almost 3,000 patients per annum when operating at full capacity. We are keeping a log of these projected increases in footfall.

The close focus on how Finchley is being used has led to other improvements in addition to the top priority issues identified above. For example, the CCG is seeking to increase the Phlebotomy service which will lead to another circa 25,000 patient visits per annum and we also have a proposal for a mobile MRI scanner to come to the site – circa 2,500 patients per annum.

The CCG is taking a stronger lead on how providers are using space in the building and identifying where individual rooms are under-utilised. This is allowing us to plan for more services to come into the building.

8. Centre Management

The above approach will be greatly enhanced by the introduction of a stronger and more proactive Centre Management role. The Department of Health's property company, Community Health Partnerships (CHP) is responsible for Centre Management and will be introducing a new service that is more closely aligned with the CCG's objectives to improve use of this building. This will also start to address the question of greater involvement of community groups – something always envisaged for this building but not fully delivered to date. We have recently been working with some Mental Health voluntary and community sector groups about increasing their use of the building's community facilities and available space out of hours (when the building is relatively empty). This is a limited exercise at this moment in time but will expand as the new Centre Management service is implemented.

9. Next Steps

During 2016-17 the CCG will continue to engage with health delivery teams, working on the specification for a primary care provider and seeking NHS England's approval for such a service aiming for implementation in 2017-18.

The CCG has stated an emerging vision that sees the site becoming a centre of excellence for integrated health and social care provision, especially for older people in Barnet, helping maintaining independence and achieving positive outcomes.

We are looking at ways in which we can engage with community groups so that the facility becomes a hub for social as well as health care interactions. Discussions have already taken place with a transport group and we hope to hold talks with schools in the area soon.

We will continue to meet with representatives from groups such as Healthwatch to ensure that the site provides maximum impact in improving health outcomes for the local population.

The CCG has a robust Project Management Office to help plan and monitor progress ensuring resources are targeted into achieving positive outcomes for the site. Our communications team are also now included in the work so that high profile messages promoting the facilities and updates on progress are delivered promptly to a wide audience.

10. Summary

The Finchley Memorial Hospital Transformation Programme has developed into an exciting, complicated, multi-faceted programme but potentially significant improvements to patient care are starting to materialise as commissioning solutions are put in place. Over the next year we are confident that Finchley will start to operate in a way that fulfils its true potential as a dynamic hub for healthcare and other community services at the heart of Barnet's out of hospital health system.

Barnet CCG
July 2016

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AGENDA ITEM 9

	Health and Wellbeing Board **21 July 2016**
Title	**Barnet CCG's Improved Financial Position**
Report of	Accountable Officer, Barnet CCG
Wards	All
Date added to Forward Plan	May 2016
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Barnet CCG's Improved Financial Position
Officer Contact Details	Roger Hammond, Chief Finance Officer, Barnet CCG Roger.Hammond@barnetccg.nhs.uk

Summary

This report outlines the actions taken and the more significant aspects that have supported Barnet Clinical Commissioning Group's financial recovery.

Recommendations

1. **That the Health and Wellbeing Board notes the improved financial position of the Barnet CCG and actions taken to achieve this.**

1. WHY THIS REPORT IS NEEDED

1.1 The Health and Well Being Board, at its previous meeting on 12 May 2016, asked for a briefing on the Clinical Commissioning Group's financial recovery over the past three years.

1.2 This report fulfils the Board's request and outlines the factors and actions taken in the financial recovery of Barnet Clinical Commissioning Group.

2. REASONS FOR RECOMMENDATIONS

2.1 At its previous meeting on 12 May 2016, the Health and Wellbeing Board requested that the BCCG provides a briefing on the Clinical Commissioning Group's financial recovery. The extract of the minutes is set out below:

Agenda Item 11, CCG Annual Accounts and Reports – Health and Wellbeing Board, 12 May 2016:

"The Board noted that a further update report on the CCG's financial position would be circulated to the Board following confirmation of financial data.

Following a request from the Board, it was noted that an update report will be brought to a forthcoming meeting of the HWBB noting the aspects of the discussion held over the financial position and the fair share allocation."

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 The Health and Wellbeing Board can request updates as required.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 This report will help towards delivering the overarching aims of the Barnet's Joint Health and Wellbeing Strategy 2015 to 2020 and the Council's Corporate Plan 2015-2020.

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

5.2.1 Not applicable in the context of this report.

5.3 **Social Value**

5.3.1 Not applicable in the context of this report.

5.4 **Legal and Constitutional References**

5.3.3 The Terms of Reference of the Health and Well-Being Board are set out in the Council's Constitution – Responsibility for Functions (Appendix A) which sets out the following responsibilities:

- 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.
- 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.

5.5 **Risk Management**

5.5.1 Not applicable in the context of this report.

5.6 **Equalities and Diversity**

5.6.1 Ensures that BCCG meets its Equalities Duties.

5.7 **Consultation and Engagement**

5.7.1 Not applicable in the context of this report.

5.8 **Insight**

5.8.1 Not applicable in the context of this report.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 12 May 2016, Agenda Item 11 CCG Annual Accounts and Reports – Minutes of the meeting: http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

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NHS
Barnet Clinical Commissioning Group

Improved Financial Position
2013/14 – 2016/17

1 Introduction

1.1 Annual NHS financial business and planning expectations require a Clinical Commissioning Group (CCG) to plan to:

(a) achieve a 1% surplus;
(b) set aside 0.5% as contingency; and
(c) set aside 1% for non-recurrent (pump priming) expenditure

of its annual resource (budget) allocation.

1.2 Resource Accounting and Budgeting (RAB) requires any annual overspend to be carried forward and repaid the following year. Any underspend can be carried forward but within certain criteria. There is the potential that underspends in excess of 1% of annual allocation may not be returned but held by NHS England to manage the overall national NHS budget. In practical terms, any overspend is deducted from the following year's allocation, any underspend being added.

1.3 RAB has a cumulative affect and hence a continuing annual (in year) over spend quickly mounts year after year and adds further financial pressure which may then invoke various support regimes and sanctions by NHS England.

1.4 Where an NHS organisation is overspending, depending on the extent and reasons for the overspend, it is often difficult to recovery the position within a year. A longer term 3-5 year recovery plan is agreed with NHS England which balances the financial savings required against patient safety and quality of services.

2.0 Inherited Financial Position

2.1 NHS commissioning arrangements were restructured on 1st April 2013. The former NHS Primary Care Trusts' commissioning responsibilities were transferred between NHS England, Local Authorities and the newly incorporated Clinical Commissioning Groups. The financial position was therefore transferred across the new commissioning responsibilities which therefore distributed any underlying over/underspend and associated risks.

2.2 This had the effect of highlighting individual financial positions that may previously have been managed as one. In Barnet CCG's case, it inherited an underlying overspending position and set its first year's 2013-14 budget at £20.9m overspend.

2.3 It should also be noted that Barnet CCG's annual resource allocation for 2013-14 was 4% (circa £20m) below its national 'fair share' calculated by NHS. There is a national policy to move organisations that are under/over their respective target towards their fair share positions, However, this is usually done through very small % adjustments year on year - a marginally higher/lower uplift than the national average.

2.4 Given the inherited financial deficit, the CCG was required to develop a five year financial recovery plan, with the support of NHSE, to repay the budgeted overspend and secure the financial position going forward.

3.0 Financial Recovery Actions

3.1 From the outset, it was necessary for the CCG to fully understand its financial position and therefore initiated an in-depth external review of its budgeting assumptions, monthly internal reporting and saving opportunities such as benchmarking expenditure across patient services. As a consequence the CCG strengthened its financial team, improved monthly budgetary accountability and initiated stronger contract management and monitoring arrangements.

3.2 Agreement was reached with NHSE to suspend NHS business rule requirements (para 1.1 above) and to concentrate on reducing the annual (in-year) overspend to a position of achieving an in-year surplus within three years and thereby repay the accumulated deficit within five years.

3.3 In year saving targets were raised to 3.5% per annum across years and an internal committee plus task and finish groups established to oversee and provide challenge on progress in achieving financial recovery. The CCG delivered its £14.6m 2015/16 QIPP plan with notable benefits from improved prescribing and referral management schemes.

3.4 The table below summarises the CCG's financial plans and actual position for the past three years.

Table1: Summary Financial Position

	2013-14		2014-15		2015-16		2016-17
	Plan	Actual	Plan	Actual	Plan	Actual	Plan
	£m	£m	£m	£m	£m	£m	£m
Annual Allocation	£416.0	£415.4	£444.4	£440.6	£455.4	£456.8	£466.3
Expenditure	£436.9	£424.4	£448.4	£442.6	£448.4	£447.4	£463.6
In year position	-£20.9	-£9.0	-£4.0	-£2.0	£7.0	£9.4	£2.7
Previous year b/fwd	-	-	-£9.0	-£9.0	-£11.0	-£11.0	-£1.6
Outturn Position	-£20.9	-£9.0	-£13.0	-£11.0	-£4.0	-£1.6	£1.1

3.5 Having set its annual expenditure plans, the CCG adopted an approach that should it receive any additional funds or unexpected benefits, these (subject to any immediate requirement to invest these additional funds) would be used to improve the financial position.

3.6 Across the years, the CCG received the following, over and above its annual allocation increase:

Table 2: Additional Allocations Received

Year	Narrative	£m
2013-14	Original split of PCT funding challenged. Too much distributed to other organisations	£6m
2015-16	Share of national £2bn additional funds to NHS	£7m

3.7 The CCG also benefited from three other significant aspects.

(a) In 2014-15, hospitals nationally were under pressure to achieve the referral to treatment (RTT) target of seeing patients and beginning treatment within 18 weeks of referral. NHS made available funding during the year to reduce the backlog of patients waiting. Barnet CCG was already supporting local hospitals, particularly Barnet and Chase Farm and had already set aside a £4m budget. The CCG budget was therefore now not required.

(b) CCGs contributed to national funds. In 2014-15, an underspend on the continuing healthcare legacy fund was returned to CCGs. Barnet received £2m.

(c) Rather than having a single national pricing and payment arrangement (Payment by Results – PBR) in 2015-16, a two tier mechanism was introduced. This arose from hospitals not agreeing the original pricing proposals for that year. Providers could choose which of the two pricing proposals to adopt. The majority of the hospitals that Barnet CCG held contracts with chose the less expensive option. The CCG unexpectedly benefited by £2m for the year.

3.8 Alongside the factors above, the CCG ensured that it managed its finances carefully on a day to day basis. Monthly reporting was robust, financial risks clearly identified and reported to Finance Committee and mitigations planned and invoked. The CCG also shared and contributed to a North Central London CCG risk pool arrangement from which it received a net financial benefit during the past three years.

3.9 Being financially challenged, with an emphasis on having to reduce expenditure and make savings has not been comfortable and has lead to tensions with our partners and stakeholders.

3.10 It has led to difficulties in the CCG's relationship with its member GP practices due to the focus on savings when nationally they are aware of the additional NHS resources being announced by the Government with particular note of investment in primary care services.

3.11 Relationships with the local health economy and LBB have had to be firm. Ability to support and invest in very worthwhile schemes has had to be limited and selective at best.

3.12 The CCG has also had to forego internal investment and support in its workforce and services.

4.0 Going Forward

4.1 The current year 2016-17 shows the CCG returning to a small net surplus position. The previous years' cumulative deficit is repaid, a year ahead of the recovery plan and the combination of the factors above has enabled the CCG to have modest and demonstrable investments in services.

4.2 The additional funding received and year on year uplifts has moved the CCG to within 1% of its 'fair share' target, although this is still 1% under (circa £4m). Barnet CCG is expected to remain 1% under its Fair Share target for the next four years on the indicative allocations published by NHS England:

5 Year Allocation					
NHS Barnet CCG	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Allocation £k	457,630	469,972	483,073	497,086	520,545
Growth %	3.9%	2.7%	2.8%	2.9%	4.7%
Target £k	460,519	474,291	488,006	502,480	525,667
Distance from Target %	-0.6%	-0.9%	-1.0%	-1.1%	-1.0%

4.3 The CCG's underlying financial position is considered stable. The close monitoring and stewardship of the CCG's finances will continue but the CCG is now in a much stronger position to work more closely with all of its partner organisations.

AGENDA ITEM 10

	Health and Wellbeing Board **21 July 2016**
Title	**Primary Care Co-Commissioning Options**
Report of	Beverley Wilding, Head of Primary Care Commissioning, Barnet CCG Leigh Griffin Director of Strategic Development Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Stakeholder Engagement Pack
Officer Contact Details	Beverley Wilding, Head of Primary Care Commissioning, Barnet CCG Beverley.wilding@barnetccg.nhs.uk 0203 688 1784

Summary

Clinical Commissioning Groups (CCGs) within North Central London (NCL), Barnet, Enfield, Camden, Haringey and Islington CCGs, must decide whether to apply in October 2016 to take on delegated commissioning of primary care services from NHSE; this is the level of Co-commissioning which holds the greatest level of responsibility. NCL CCGs have jointly Commissioned primary care services with NHSE since October 2015. There is an expectation that all CCGs will become delegated commissioners at some point in the future.

CCGs as Delegated Commissioners have sole responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services within its Borough.

The current NCL Primary Care Joint Committee tasked a steering group with the responsibility for overseeing an engagement and options appraisal process for assessing whether or not to apply for Delegated commissioning powers.

In determining this decision NCL CCGs are asking relevant stakeholders, which includes the Health and Wellbeing Board, for their views as part of the due diligence process to inform CCG Governing Bodies decisions in September 2016 on whether or not to apply for Delegated Commissioning. The Stakeholder Engagement Pack is attached as

Appendix A. The three key questions set out in the Engagement Pack for stakeholders to consider are as follows:

- Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?
- Do you have any comments about the proposed governance structure?
- Is there additional information needed to better inform your understanding?

Recommendations

1. **That the Health and Wellbeing Board is asked to consider and comment on the enclosed Engagement pack and on the opportunity for Barnet CCG and the other North Central London CCGs to apply for Delegated Commissioning of Primary Care Services.**
2. **That the Health and Wellbeing Board consider and comment on the key questions set out in the Stakeholder Engagement Pack and provide feedback to Barnet CCG:**

- **Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?**
- **Do you have any comments about the proposed governance structure?**
- **Is there additional information that you need to better inform your understanding?**

1. WHY THIS REPORT IS NEEDED

1.1 In determining whether the CCGs within North Central London should apply to NHS England to become a Delegated Commissioner of Primary Care services the views of relevant stakeholders are requested. The attached engagement pack sets out the advantages and disadvantages of Joint Commissioning and Delegated Commissioning, and the Health and Wellbeing Board are asked to consider and comment.

2. REASONS FOR RECOMMENDATIONS

2.1 The NCL CCGs have set up a steering group with the responsibility for overseeing an engagement and options appraisal process and the Health and Wellbeing Board are asked to consider and advise if it supports Barnet CCG moving from level two Joint Commissioning to level 3 Delegated Commissioning.

2.2 The perceived benefits for NCL of becoming a delegated commissioner of primary care services are as follows:

- Collaborative primary care commissioning;
- Ability to influence local primary care transformation;
- Local input in decision making;
- Ability to redesign local incentive schemes;
- Clinical leadership and decision making;

- CCG insight into practices and ability to harness CCG expertise to drive up quality;
- Control of primary care medical budgets;
- Greater control of workforce and processes supporting co-commissioning.
- Expectation nationally that CCGs take on level 3 delegated commissioning at some point in the future.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative to moving to Delegated Commissioning is to retain the status quo and remain as a Joint Commissioner of Primary Care Services. It should be noted that there is an expectation that all CCGs will ultimately take on delegated responsibility for the commissioning of primary care services.

4. POST DECISION IMPLEMENTATION

4.1 The CCGs in North Central London will be engaging with local stakeholders from June – August 2016. Following engagement activities, each of the Governing Bodies in North Central London (NCL) will be provided with a recommendation of the preferred option for Co-Commissioning based on feedback received as part of the engagement process.

4.2 If it's agreed to move to Delegated Commissioning, an application will be made to NHSE in October 2016.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Delegated Commissioning provides the opportunity for CCGs to commission the full range of primary care services; to make commissioning decisions based on local need as identified through the Joint Strategic Needs Analysis, and the CCGs Strategic Commissioning Objectives. Commissioning of good, quality primary care services is important for the planning of out of hospital care and the delivery of integrated care pathways that supports the management of patients within primary care.

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

5.2.1 The Primary Care Budget currently managed by NHS England will transfer to individual CCGs, which will provide greater autonomy in funding decisions relating to the management of primary care services.

5.2.2 A review of the current NHSE staff structure is being undertaken to identify the current capacity and options for the TUPE of staff at an NCL or individual CCG level; this review will also take into account the numbers of primary care staff at a CCG level.

5.3 Social Value

5.3.1 Not applicable as this is not a procurement decision

5.4 Legal and Constitutional References

5.4.1 As part of the due diligence process to take on Delegated Commissioning the

CCG has reviewed its Constitution and identified that no changes would be necessary, it is also reviewing its Scheme of Delegation and Conflicts of Interest Policy.

5.4.2 It is proposed that NCL CCG's would establish a Committee in Common if it is agreed to apply for Delegated Commissioning; this Committee would support decision making and manage conflicts of interest. Each CCG would still retain its own local Primary Care Commissioning Committee.

5.4.3 Under the Council's Constitution, Responsibility for Functions – Annex A, the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

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

5.5 **Risk Management**

5.5.1 The risks and associate mitigations of applying for Delegated Commissioning will be considered when the engagement period is complete and the full report is written for the Governing Body meeting. Initial risks that have been identified relate to sufficient staff capacity given the small team currently managing primary care at NHS England, and budgetary pressures that may occur.

5.6 **Equalities and Diversity**

5.6.1 The proposal to consider the options and benefits of applying for delegated commissioning does not exclude, prevent or discriminate against any of the protected equality groups.

5.6.2 As set out in the Equality Act 2010 the council pays active due regard to the

need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation

5.7 **Consultation and Engagement**

5.7.1 The North Central London CCGs have established a steering group that will oversee the engagement process with relevant stakeholders. All feedback from stakeholders which in addition to the Local Authority includes General Practice and their staff, Londonwide LMCs and Barnet Local Medical Committee, local providers, patients and the public including Healthwatch, will inform the due diligence process. The final decision will be made by individual NCL CCG Governing Bodies in September 2016.

5.8 **Insight**

5.8.1 The engagement process will be informed by the experience of NCL CCGs of Joint Commissioning of primary care services with NHSE since 1 October 2015, and the experiences of other London CCGs that already have Delegated commissioning responsibility.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 17 September 2015 – Agenda Item 10 (Joint Co-Commissioning Arrangements for Primary Care Services within Barnet and North Central London CCGS from 1 October 2015) Barnet CCG to develop Level 2 Joint Co-Commissioning arrangements for Primary Care with NHS England – London from 1 October 2015.
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8384&Ver=4

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NHS
Barnet Clinical Commissioning Group

NHS
Camden
Clinical Commissioning Group

NHS
Enfield
Clinical Commissioning Group

NHS
Haringey
Clinical Commissioning Group

NHS
Islington
Clinical Commissioning Group

North Central London Primary Care Co-Commissioning Options

Stakeholder Engagement Pack June 2016

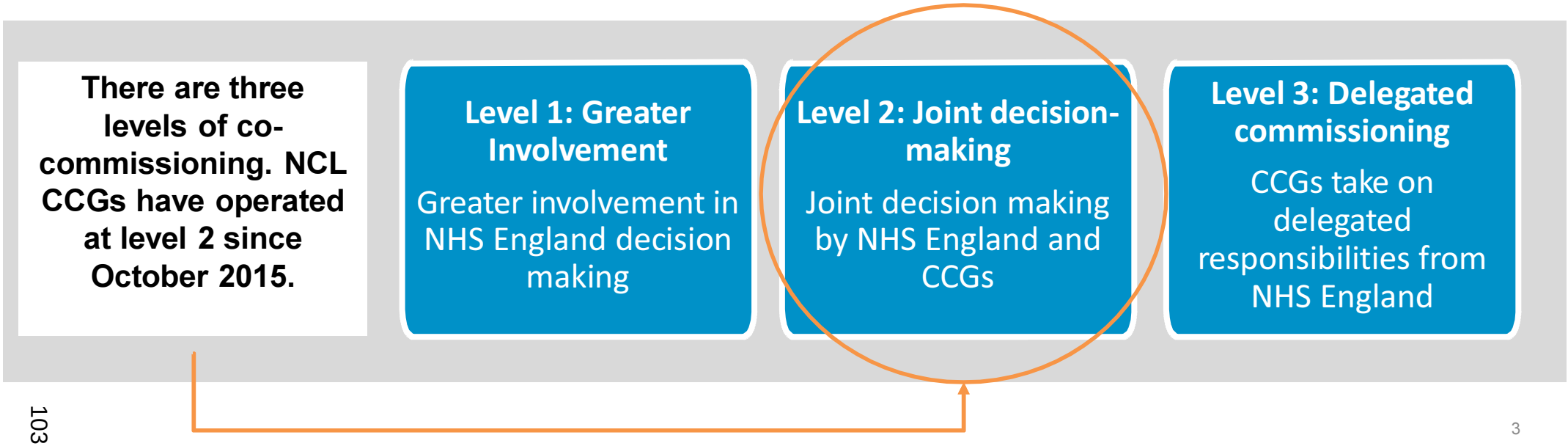
Different levels of Primary Care Co-Commissioning

Level 1 – Greater involvement	• CCGs collaborate more closely with NHS England (London region)
Level 2 - Joint Commissioning	• Jointly commissioning services alongside other CCGs and the NHS England, London regional team • Joint Committee or Committee in common make decisions • NHS England, London regional team has the casting vote
Level 3 - Delegated Commissioning	• CCGs have full responsibility for commissioning GP services • CCGs make all decisions and NHS England, London regional team do not have a casting vote on decisions • CCGs will need to create individual Primary Care Committees or a Committee in Common

Where we are now

- The CCGs in Barnet, Enfield, Haringey, Islington and Camden need to determine whether to move to delegated commissioning (the level of Co-Commissioning with the greatest responsibility for CCGs)

- Applications are due in October 2016 for interested CCGs



Functions under different levels of co-commissioning

Primary Care Function	Level 1: Greater Involvement	Level 2: Joint Commissioning	Level 3: Delegated Commissioning
General practice commissioning	Potential involvement in discussions but no decision making role	Jointly with NHS England (London region)	Yes
Pharmacy, eye health and dental commissioning		Potential involvement in discussions but no decision making role	Potential involvement in discussions but no decision making role
Design and implementation of local incentives schemes		Subject to joint agreement with NHS England (London region)	Yes
General practice budget management		Jointly with NHS England (London region)	Yes
Contractual GP practice performance management		Jointly with NHS England (London region)	Yes
Medical performers' list, appraisal, revalidation		No	No

Source: NHS England, *Next steps towards primary care co-commissioning*, November 2014

Benefits and issues of different levels of co-commissioning

Greater Involvement (Level 1)

- Reduced governance structure and CCG responsibilities

- Would require dismantling of current level of governance structure;
- Lack of localisation of decisions and ability to influence local decision making, strategy and implementation of new models of care;
- Limited clinical leadership and access to contracting expertise;
- Limited insight into performance of practices locally and ability to influence management of quality;
- Limited ability to redesign incentives and contracting approaches;
- Limited management of primary care staff and financial resources to support strategic drivers for change.

Joint (Level 2)

- Collaborative primary care commissioning;
- Acceleration of local primary care transformation;
- Local input in decision making;
- Ability to redesign local incentive schemes;
- Clinical leadership and decision making;
- Increased local appetite and energy to transform primary care;
- CCG insight into practices and ability to harness CCG expertise to drive up quality.

- Limited access to timely and complete information;
- Limited influence of historic processes of contracting team;
- Contracting expertise still an NHS England (London) resource – lack of local capacity;
- NHS England (London) have the casting vote in decision making.

Delegated (Level 3)

- Collaborative primary care commissioning;
- Ability to influence local primary care transformation;
- Local input in decision making;
- Ability to redesign local incentive schemes;
- Clinical leadership and decision making;
- CCG insight into practices and ability to harness CCG expertise to drive up quality;
- Control of primary care medical budgets;
- Greater control of workforce and processes supporting co-commissioning.
- Expectation nationally that CCGs take on level 3 delegated commissioning at some point in the future

- Additional contracting staff cost to ensure capacity is increased to levels where improvements can be realised;
- Budgetary pressures derived from commissioning primary care are the responsibility of the CCG (QIPP);
- CCGs will take on the responsibility of sole decision making of GP constituents

Frequently Asked Questions

How would we deal with conflicts of interest if the CCGs are in charge of Primary Care Commissioning?

- The governance structure would be set up to avoid conflicts. Provisions could include use of independent clinicians, a lay chair and register of interests.
- Making decisions beyond individual CCG groupings would also help mitigate conflicts.

Why have we grouped as North Central London?

- NCL are able to work collaboratively to improve health outcomes, share best practice and improve quality
- As NCL CCGs move to strategic planning through our Sustainability and Transformation Plan, working as a Strategic Planning Group (SPG) will be important for applying for central funding.

What would delegated commissioning mean in terms of budgets?

- We would take more responsibility for the way funds are used and would have greater transparency.
- There is no intention to pool core Primary Care budgets across NCL. We could be allocated some funding at Strategic Planning Group (SPG) level which the CCGs would agree together how it was used.

Would the CCG be responsible for performance monitoring practices?

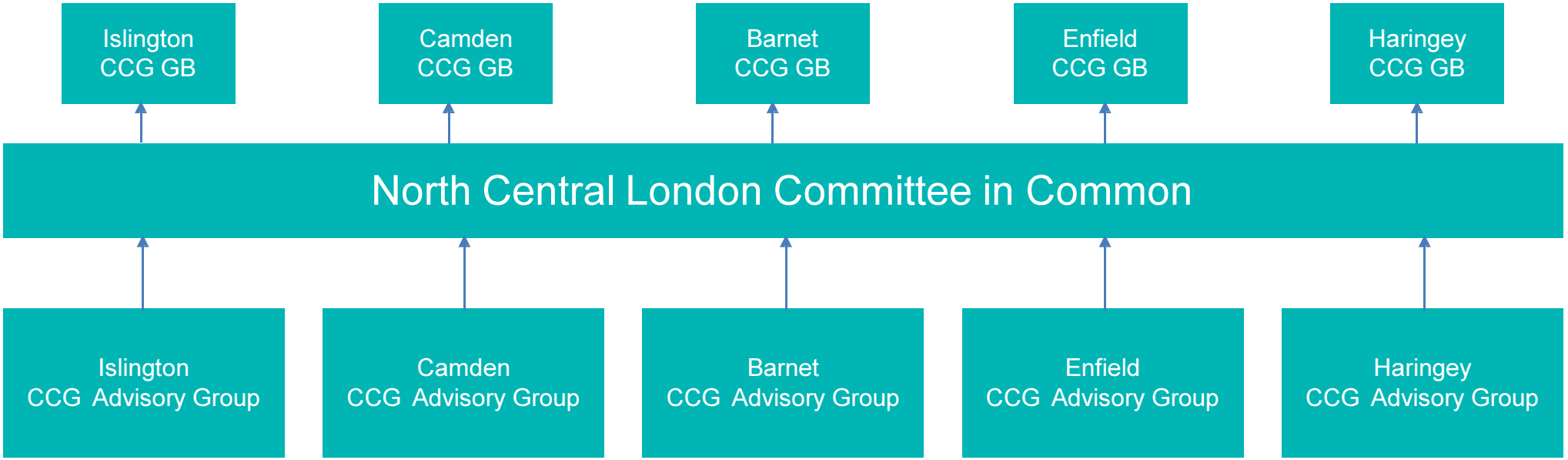
- Yes, the CCG would have a role in performance monitoring practices.
- This would help the CCG fulfil its role of driving up the quality of local primary care. The approach taken would be informed by the CCG's conflicts of interest policy. CCGs could use GPs from outside the local area to assist with this work.

There is a perception that NHS E (London) have not been resourced to a level where they can perform the function well, why we would take this on without additional resource?

- There is no expectation that by becoming delegated commissioners we will be able to apply for, or receive, additional resource. However, we will have the ability to influence the way in which the existing team carries out the function and add resource so that we have a function that supports our CCG goals related to improvements in quality and patient care.

Changes to the current governance structure that would take placed if NCL moved to Delegated Commissioning

If North Central London CCGs decided to become Delegated Commissioners, having considered other options, it is recommended that **a Committee in Common** be established to support decision making and to manage conflicts of interest, however comments are welcome on this recommendation.



- Each CCG would establish its own Primary Care Commissioning Committee but they would all meet together at the same time and in the same place.
- Having the Committees meeting in common would:
  - promote information sharing and benchmarking across North Central London;
  - support management of conflicts of interest by creating more transparency and supporting non-conflicted clinical input;
  - Help to identify areas for collaborative working

Experiences from existing Delegated Commissioners…

Forced the CCGs to work together and brought in some independent GPs who have a different perspective to the local ones, e.g. new ideas and challenge…..

We have greater control over decisions locally. NHS E had wanted to tender for a new practice, we decided to disperse the list….

Its still not c
are responsi
NHS
(Londo

With more lead in time more ambitious in our D this year – which are offered an alternative D more wit

There is a feeling that the impact of level 3 delegated commissioning has yet to be fully felt by the CCGs as responsibilities are slowly coming back to us…

There is not enough NHS E resource..

The primary care resource has remained within NHS E and the bulk of the workload is still being done by NHS E teams, with them coming to the CCG for us to for a decision / sign off. This will slowly change as the year progresses…

One year in we are beginning
benefits of delegated c
agenda, making some
do if there is a service gap,
we had no

Timeline and next steps

Date	Planned activity
June – August 16	Engagement on options for Co-Commissioning (Level 1, 2 or 3). Gathering feedback from engagement sessions to inform Governing Body decisions in Sept. Voting, where applicable, with member practices takes place.
August 16	Preparation of report for Sept Governing Body meetings, setting out feedback on options and a recommendation of the preferred option
September 16	Decision made on next steps for Co-Commissioning by Governing Bodies
October 16	Submit application or inform NHS England of outcome of engagement and intention for Co-Commissioning

Key questions for stakeholder consideration

- Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?

- Do you have any comments about the proposed governance structure?

- Is there additional information that need to better inform your understanding?

Additional Information

Background and Context

- NHS England offered CCGs the opportunity to adopt one of three commissioning models should they wish to take on board greater powers for primary care commissioning. Co-Commissioning is seen as an essential part of moving to place-based commissioning and a way of implementing new models of care;

- The five CCGs in North Central London currently undertake joint co-commissioning of primary care services with NHS England;

- Take on of delegated commissioning will bring resource from NHS England (London) closer to CCG teams, however investment will be required locally to fully realise the benefits of delegated commissioning as there is currently limited primary care contracting capacity;

- The CCGs in North Central London continue to work together to transform services for local people and increasingly investment will be delivered to Strategic Planning Groups (SPG) through Sustainability and Transformation Plans. A move to delegated commissioning strengthens the SPGs case for collaboration when applying for new investment.

Level 1 – Greater involvement in Commissioning

What is Greater Involvement in Co-Commissioning?

- Greater involvement in primary care co-commissioning is an invitation to CCGs to collaborate more closely with NHS England (London region) to ensure that decisions taken about healthcare services are strategically aligned across the local health economy
- There is no formal approval process for greater involvement; arrangements are taken forward locally

What are the responsibilities?

- CCGs whose role is to have greater involvement may be consulted on decisions made by NHS England
- With the exception of existing responsibilities for Primary Care Strategy Development, CCGs have limited responsibility under this level of Co-Commissioning

Level 1 – Greater involvement in Commissioning

Where are decisions made?

- Decisions are made by NHS England

What governance is required?

- No formal changes to CCG governance are required

Are there other CCGs in London with this level of Co-Commissioning?

- In London, only City and Hackney CCG in London have this level of Co-Commissioning

Level 1 – Greater involvement in Commissioning

Advantages

- No change to governance or existing CCG responsibility in terms of set up cost or capacity

Disadvantages

- Lack of influence over decision making
- Lack of localisation of decisions
- Lack of ability to influence local strategy and implement new models of care
- Limited clinical leadership and access by the CCG to contracting expertise
- Limited insight in to the performance of practices locally and ability to influence management of quality
- Limited ability to redesign incentives and contracting approaches
- Limited management of primary care staff and financial resources to support strategic drivers for change

Level 2 – Joint Commissioning (Current arrangement)

What is Joint Co-Commissioning?

- A joint commissioning model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with NHS England (London region).
- Within this model CCGs also have the option to pool commissioning and GMS/PMS funding for investment in primary care services, although in NCL this is not something that the CCGs chose to do
- Joint commissioning will require a joint committee or "committees in common" to make commissioning decisions. This could be with one or more CCGs and NHS England (London region). It is for NHS England (London region) and CCGs to agree the full membership of this Committee. Representatives from the local HealthWatch and Health and Wellbeing Board also have the right to join this committee as a non-voting member. The NCL Joint Committee is made up of a variety of local stakeholders and has a lay chair and a lay/ exec majority

What are the responsibilities?

- CCGs as Joint Commissioners have a joint responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services. In practice the day to day operation of responsibilities is carried out by NHS England (London Region) staff with decisions made at the NCL Joint Committee

Level 2 – Joint Commissioning (Current arrangement)

Where are decisions made?

- Decisions are made in a Joint Committee which has a lay/exec majority with representatives from each of the CCGs in NCL. NHS England has the power to veto a decision made by CCGs

What governance is required?

- For NCL, the governance is already in place and therefore no changes are required

Are there other CCGs in London with this level of Co-Commissioning?

- The CCGs in North West London and South East London are currently Joint Commissioners and are considering the option of moving to level 3 delegated commissioning

Level 2 – Joint Commissioning (Current arrangement)

Advantages

- Integrated primary care commissioning
- Acceleration of local primary care transformation
- Local input in to decision making
- Ability to redesign local incentive schemes
- Clinical leadership and decision making
- Increased local appetite and energy to transform primary care
- CCG insight into practices and ability to harness CCG expertise to drive up quality

Disadvantages

- Access to timely and complete information challenging
- Limited influence of historic processes of contracting team
- Contracting expertise still an NHS England (London) resource – lack of local capacity
- NHS England (London) have the casting vote in decision making

Level 3 – Delegated Commissioning

What is Delegated Co-Commissioning?

- Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services
- CCGs continue to remain responsible for discharging their own statutory duties, for instance, in relation to quality, financial resources and public participation
- Within this model CCGs also have the option to pool commissioning and GMS/PMS funding for investment in primary care services, however this is not mandatory and is to be decided by CCGs prior to applying to become delegated commissioners

What are the responsibilities?

- CCGs as Delegated Commissioners have sole responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services

Are there other CCGs in London with this level of Co-Commissioning?

- The CCGs in BHR, WEL and SWL are delegated commissioners

Level 3 – Delegated Commissioning

Where are decisions made?

- Delegated commissioning requires CCGs to create a 'primary care commissioning committee' to oversee the exercise of delegated functions. It is for CCGs to agree the full membership of this Committee. However, this Committee will be required to have a lay Chair and lay and executive majority. Representatives from the local HealthWatch and Health and Wellbeing Board will also have the right to join this committee as a non-voting member. Decisions are made by this committee. NHS England does not have the power to veto decisions made by delegated commissioners

What governance is required?

- CCGs will need to decide whether to establish a Committee-in-Common to manage decisions across NCL or whether to establish individual primary care committee meetings, both of which report to CCG Governing Body meetings

Level 3 – Delegated Commissioning

Advantages

- Integrated primary care commissioning
- Acceleration of local primary care transformation
- Local input in to decision making
- Ability to redesign local incentive schemes
- Clinical leadership and decision making
- Increased local appetite and energy to transform primary care
- CCG insight into practices and ability to harness CCG expertise to drive up quality
- Greater control of workforce and processes supporting co-commissioning
- Control of primary care medical budgets and any head room

Disadvantages

- Additional cost to ensure capacity is increased to levels where improvements can be realised
- Budgetary pressures derived from commissioning primary care are the responsibility of the CCG (QIPP)

What would NCL need to do to become Delegated Commissioners?

The CCGs will need to:

- Review CCG Constitution, Scheme of Delegation and Conflicts of Interest Policies and update where required
- Submit Delegated Commissioning Governance documents such as the CCG IG toolkit, the Committee(s) ToR and a completed application for delegated commissioning to NHS England.
- Prepare a due diligence report prior to 'take on' which analysis the current state of contracts and finances related to the areas to be delegated by NHS England (London Region)
- Understand the implications for CCGs categorised as 'under directions'
- Prepare an options appraisal of potential approaches to staffing*
- Engage stakeholders – where required there needs to be a member vote

* As part of the London OD review, NCL are expected to get a fair share of the NHS England (London) Primary care contracting staffing resource. NCL will not receive additional staff and will therefore need to consider how best to configure staff across CCGs and NHS England (London region), along with any need for further investment in staffing

Further information

For more information or to ask a question of the programme team please email:

daniel.morgan@nelcsu.nhs.uk

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AGENDA ITEM 11

	Health and Wellbeing Board **21 July 2016**
Title	**Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) progress update**
Report of	Commissioning Director – Adults and Health, LBB CCG Accountable Officer – Barnet CCG
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

1.1.9 Items on the Health and Wellbeing Board agenda and workplan provide more detailed updates on specific areas of the Strategy.

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

1.2.1 The progress updated covers the period from May 2016 July 2016. Due to data collection for the targets being quarterly or annually, this update mainly 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: 76% green, 18% amber, 3% red and 3% grey. Compared to performance reported in May 2016, a number of actions have moved from amber to green however a proportion of indicators remain amber and a couple have moved to 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's Corporate parenting pledge is in place and was distributed during June 2016 • The Healthy Children's Centre programme is being developed into a Healthy Early Years programme to improve health services and information of wider

Early Years settings

- CLCH Breastfeeding Peer Support contract continues to is meet/exceed KPI's, increasing capacity/ sustainability Level 2 UNICEF accreditation to be achieved in Q2 2016
- 10 centres accredited as Healthy Children's Centre exceeding target of 5
- On track to meet the number of families with children under 5 registered and accessing services at Children's Centres
- Children and Young People's Plan (2016 – 2020) developed following a six week public consultation ending on the 26 May, 40 responses were received. Respondents were very positive about the new plan, its vision, key outcomes and objectives. The plan was signed off by Children, Education and Libraries Committee on 14 June and presented to HWBB for final sign off in July. Following this, partners will work together to develop an implementation and action plan to ensure the plan is delivered.
- New Youth Parliament members have commenced work upon their campaigns which include ambition to improve safety on public transport for young people and to develop an app to provide info to children arriving from war torn countries.
- 0 – 25 programme is working closer with parents and carers to develop new ways of working to maximise independence. On-going professional development continues for all staff.
- Two social action activities to improve community capacity have been completed with six planned including working with young people and a local theatre company
- Children's Charter has been developed (completed)
- A domestic violence expert is now in the MASH three days a week (completed)
- Healthwatch completed a report reviewing access to Review access to dentistry for children and young people which will be published in July

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

- With regards to working with Enfield and Haringey CCGs to review 24 Psychiatric Liaison Service provision, Commissioners are working on the recommendation from the NCL programme STP to follow a Core 24 Model to be commissioned from 1st April 2017 with a further recommendation to embed liaison in Acute commissioning
- A business case is being developed for the 24 liaison service to be available in all hospitals for mental health (across North Central London)
- The personal health budgets pilot for people with personality disorders is looking to be extended to other complex patients where they may benefit. Exploring voluntary and community sector involvement in brokerage
- Primary Care mental health service planned to commence staged implementation across localities starting from end July
- Trailblazer Action Learning Sets (for Reimagining Mental Health) have been

well attended and productive. Hub development is continuing - initial premises identified at the Meritage Centre. Training plans are being finalised and will roll out from July – October

- The Adult Social Care organisational structure has been developed for the Adult Social Care mental health project and sessions on strength-based practice with Mental Health social workers have been held. Pathways are being mapped with BEHMHT, Public Health, Barnet CCG, Reimagining Mental Health, Drugs & Alcohol and Barnet Homes.
- Following Transformation Fund investment in Child and Adolescent Mental Health Service (CAMHS) waiting times for Eating Disorder Services have reduced. Development of a website is progressing to go live in September 2016.
- Healthwatch have held a focus group to look at the health priorities for young people which is due for publication in July
- Seven practices have expressed interest in the Community Centred Practice pilot; one more needs to be identified. The service is procured and commenced in April 2016
- With regards to the Wellbeing Campaign; a LBB member event was held on the 4 July focusing on mental health and wellbeing (including the 5 ways to wellbeing). Promotional materials are being developed including an e-newsletter and a possible piece in BarnetFirst and with BarnetTV
- BOOST continues to support people into work and is improving engagement with people on sickness benefits. Plans to extend BOOST into other areas of the borough are underway
- Barnet Council will be assessed for the Excellence Healthy Workplace charter standard in September. Barnet Council are working with the CCG to develop joint initiatives
- Three Adult Social Care assessment hubs have been established and clients are being seen in these settings, work to improve links with the voluntary sector is underway
- The Council's The Right Home: Strategic Commissioning Plan for Accommodation and Support Services has been agreed. Market engagement will run from June to September in preparation for the new Accommodation and Support Services tender
- Winterwell programme improved delivery on last year's programme supported more people to access grants (21 people supported), supporting more residents with advice and practical help (561 small scale / temporary aids) and training more staff (119). 238 people from Barnet were involved in the Big London Energy Switch which gave a total collective saving of £69,991. Furthermore, Groundwork has trained 18 volunteers to deliver Green Doctor who have completed 127 advice sessions.

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

- Leisure centre membership has increased; the year on year membership position has increased by 417 members which is 1.57%. The increase can

be attributed to marketing, market trends and GLL's focus on retention

- Attendances (usage) between Jan - May 16 currently stands at 516,236 - this is a 15.2% increase on the same period in 2015 (68,231 more attendances), therefore are on track to achieve annual target and exceed 2015 usage (1,133,651)
- The SHAPE programme (delivered by LBB and funded via Sport England and Public Health) has been shortlisted for a National Lottery Award (shortlisted from 600 national applications to the final 14 applicants) - recognised for key project successes including effective partnership working, participants engaged and positive outcomes achieved by young people involved
- Workshops and development work continues ahead of the leisure management procurements going live in October 2016
- The child weight management pathway has been established and is working well. A total of 222 children who were above the healthy weight range service and their families have engaged in the tier 2 child weight management services (Healthy Weight Nurse service and Alive N Kicking service), since April 2015
- The Obesity Strategy is being developed by Public Health, a draft strategy and action plan will be available in July 2016
- Barnet Public Health is part of the National HIV home sampling programme, with results achieving high acceptability.
- Work continues on the London North Central Region procurement of sexual health services, led by Camden and Islington. A successful market engagement event was held in June.
- The procurement of online sexual health services continues at a London level, a successful market engagement event was held in June 2016
- In May 2016 the HWBB agreed an approach to healthy places in Barnet, current develop projects include Colindale Community Hub for health, community and children's services (business case due in Autumn 2016), Church End Town Centre bids have been received and reviewed, Copthall Planning Brief consultation feedback had been considered, plans for the wider estate are being developed and work with West Hendon partners has identified a funder for the development on the planning application documentation for the Phoenix Canoe Club.

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) is being successfully implemented
- Carers and young carers support service tender is on track to award for the new service to commence in October 2016, a carer is a member of the tender panel to ensure that the views of carers are represented
- The Council has now taken up an umbrella membership with the Employers for Carers Scheme run through Carers UK. This membership allows all LBB employees to access resources.
- The new Specialist Dementia Support Team are now in place. The Team will be delivering a specialist programme of support to carers of people with

dementia through assessments, support planning and facilitating a targeted training programme.

- The updated carers support offer- “Support for Carers in Barnet” has now been published
- Carers Week ran nationally from 6-12th June 2016 and Adults and Communities worked with the Lead Provider to ensure that the EFC Scheme was promoted and used the week to help support raising awareness of and championing carers, highlighting the challenges that they face and the contribution they make families and communities and promoting local support available to carers
- The Alzheimer's Society ran a successful event: 'Dementia Friendly Barnet' on 18 May 2016. 54 people attended from 31 different organisations in the borough. 18 organisations committed to joining the Dementia Action Alliance
- Roll out of BILT has been agreed and started in July 2016
- Dying Matters Week (9 – 15 May) was held in Barnet which raised awareness in the community of end of life care. The Dying Matters Project Board developing a plan to host pop up Death Cafes across the borough by autumn 2016 to tackle; advanced care planning, power of attorney and bereavement care.

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:

- Implementing the healthy child programme
- Monitoring Safeguarding referrals for advice on the issue of FGM
- Review, update and deliver Barnet’s DV and VAWG Strategy
- Support the delivery of the Barnet Safeguarding Children’s Board Business plan
- All initial health assessments for Looked After Children (LAC) completed within time frame (28 days)
- Uptake of childhood immunisations
- CAMHS (out of hours service)
- CAMHS and Eating Disorder Services: Develop school traded approach
- Procure digital mental health service (as part of pan-London programme)
- Implement WLA Mental Health and Continue Employment Trailblazer and Public Health Employment Support initiatives
- Target NHS Health Checks: high risk groups to be identified
- Develop a training resource to up skill staff who interact with residents to maximise opportunities to promote good health (Making Every Contact Count Training)
- Increase quality of and access to substance misuse and smoking cessation services
- Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation
- 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) progress update, Health and Wellbeing Board 12 May 2016, item 9: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

6.2 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 10 March 2016, item 9: https://barnet.moderngov.co.uk/documents/s30322/JHWB%20Strategy%20implementation%20plan%20March%202016.pdf

6.3 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

6.4 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

6.5 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 July 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**
Implement the healthy child programme – integrate provision of service in readiness to undertake competitive procurement	2 year integrated review packs have been disseminated to stakeholders for comment/suggestions. 2 year integrated review (a model for integration for two early years health checks) has been approved. Recruitment and retention of both the School Nursing and Health Visiting contracts have improved with a reduction in agency staff and costs. Data reporting has improved for both Health Visiting and School Nursing contract.	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Roll out of the 2 year integrated review new model (integrating two early years health checks) has been delayed but expected to roll out over the summer, with continued communication and updates at children centre locality network meetings and other settings. CLCH to provide data quality reports for staff.
Monitor and increase the number of Safeguarding referrals for advice on the issue of FGM.	Staff identifying FGM are aware of referral requirements. Health organisations are required to report on identified cases of FGM to NHS	Head of Community Safety	Domestic Violence and Violence	A	Performance monitoring dashboard of all VAWG (including FGM). Currently being drafted to be signed off

	England. Reporting systems being developed as part of Domestic Violence and Abuse, Violence Against Women and Girls (DVA VAWG) Strategy Board.		against Women and Girl's Co-ordinator		in Autumn by Barnet's Safer Communities Partnership.
Review, update and deliver Barnet's DV and VAWG Strategy	Strategy being developed, consultation has been completed. Strategy and action plan will run from 2016 - 2020. Strategy will be presented for sign off at the Safer Communities Partnership later in the year.	Head of Community Safety	DVA and VAWG Coordinator	A	Current strategy is still in operation. The new strategy is being drafted to be signed off in Autumn by Barnet's Safer Communities Partnership.
Increase uptake of childhood immunisations	Currently below England average for each vaccination; this has been a concern since April 2013. Report to the HWBB in May did not provide assurance. HOSC referred this matter to the Secretary of State. The HWBB asked for a review of activity.	NHS England – London Regional Lead	Public Health / Childrens JCU	R	NHS England will be providing a follow up report to the HWBB in July 2016.
All initial health assessments for Looked After Children (LAC) completed within time frame (28 days)	To address the backlog of initial health assessments, a new third surgery has been appointed to increase capacity and that discussions have been held to address the issues with reported backdating when children come into care. Identified a Designated Doctor for Looked after Children who will monitor the quality of Initial Medical	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Significant progress made. Continue to monitor, improvements expected.

	Assessment as well as liaising with the Designated Nurse Safeguarding Children and the Children's Commissioning team so that we are aware of any issues in access to Initial Medicals in a timely way. The Designated Nurse Looked after Children is now on Maternity leave and cover for Review medicals will be provided by the Inner Borough (CLCH) Looked after Children's Nurses and the Specialist Nurse Looked After Children. The Designated Doctor Looked after Children has agreed to support the team and liaise with Children's Commissioning if issues are identified which impact on the provision of healthcare for Looked after Children.				

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**
Undertake, collaboratively	Out of hours service development	Commission	Head of	A	Options appraisal received as

across North Central London, an end-to-end pathway redesign of existing Child and Adolescent Mental Health Services (CAMHS) as our response to the national CAMHS Transformation agenda (working with schools)	has been delayed.	ing Director Children and Young People	Joint Children's Commissioning		a draft and with providers for discussion. Meeting arranged to discuss interim arrangement.
CAMHS and Eating Disorder Services: Develop school traded approach	BEH have appointed project manager to scope new schools offer and review CAMHS services mode. BEH have been linked with Northgate Alliance of 15 schools to consult and begin networking with schools.	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Procurement timetable drafted for LB Barnet element of CAMHS.
Procure digital mental health service (as part of pan-London programme)	Delays at a London level.	Tower Hamlets CCG	Public Health	A	Looking at how we will promote the service when it is launched. A staged released is planned from October 2016 including online self-assessment and self-help tools.
Implement WLA Mental Health and Continue Employment Trailblazer and Public Health Employment Support initiatives	The number of service users in employment has fluctuated over the course of the year, from 34 at its lowest to 45 at its greatest. The latest data shows the percentage of people in paid employment as at 31 March 2016 was 5.4%. This indicator follows a national	Commissioning Director Growth and Development / Commissioning Director Adults and Health	Commissioning Lead	R	Two community employment support services (MAPS and IPS) have been running since 2014 and between them have supported 129 service users into employment in 2015/16. Both services have recently been positively evaluated against a range of outcomes

	definition which enables the Council to compare its performance against other boroughs but this means that the cohort included in the indicator is made up of a number of people whom the Council does not work with directly, often with complex mental health needs that require inpatient care and which mean employment is not appropriate for them.				by the National Development Team for Inclusion. The Council's 'Network' mental health service supported a further 51 service users with lower level support needs into employment over the course of the year. The secondary mental health employment support service (provided by Twining) has workers co-located with frontline mental health teams and an exercise is being undertaken in 2016/17 to map and track referrals into the service, to ensure social care service users are being referred in at the expected rate. A commissioning lead for workplace inclusion has been appointed to develop the supported employment offer in the borough for both LD and MH and is currently identifying service users who might benefit from the programme.

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***
Target NHS Health Checks: high risk groups to be identified	Public Health reviewed payment methods to improve the process for GPs and encourage uptake. The new GP contract drafted and issued to GPs. It includes a greater focus on practices carrying out	Director of Public Health	Public Health	A	Recruitment of a new GP-Pharmacy Liaison Co-ordinator is underway. The new post will be responsible for producing the rankings for practices and their rates of health checks for more

	health checks on patients living in more deprived Super Output Areas. Some practices still have concerns about the IT system used to upload data.				deprived areas and discuss with practices their performance and any barriers to delivering health checks. Public Health are working to resolve the IT issues which as this will cause delays in establishing the agreement and improving the service.
Develop a training resource to up skill staff (300 in first phase) who interact with residents to maximise opportunities to promote good health (Making Every Contact Count Training)	Procurement unsuccessful. Training has been redesigned and quotes received from relevant providers. Identified appropriate staff for the training. Working with the CCG on the strategic, long-term commitment to MECC in Barnet.	Commissioning Director Adults and Health	Commissioning Lead Health and Wellbeing	A	Tender award and resource development will take place in July with the training available from August for selected front line staff.
Increase quality of and access to substance misuse and smoking cessation services	Q4 The National Drug Treatment Monitoring Service (NDTMS) data shows decreases in successful treatment completion rates and also in treatment numbers. The decrease in treatment numbers is probably due to the fact that, during recent recommissioning, a number of historical cases (which should have been closed previously) were erroneously left open but not	Director of Public Health	Public Health		Currently reviewing and checking data to ensure that all cases are up to date. The PHE Programme Manager and Substance Misuse Service Commissioner have met with our new provider to help identify any other possible reasons for decreased

	transferred to the new service. The treatment element of the new service focus on early intervention and harm minimisation, while the recovery element provides tailored group interventions across substances. All service users leaving treatment are offered post-discharge “check ins” from a trained peer mentor.				treatment completion rates. There will be on-going, close monitoring by the SMS Commissioner, comparing provider activity to the performance pathway specified in the new contract performance template.

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***
Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation	The AF programme is still not live.	Director of Clinical Commissioning	Head of Service, Joint Commissioning	A	Work is underway to improve AF identification in Primary Care.
Improve falls prevention	Pathway review planned to become NICE compliant.	Head of Service, Joint Commissioning		A	The Falls Service will continue to be delivered from Finchley Memorial Hospital. However, to provide a more holistic service, it will become

					embedded within the Older People's Assessment Service (OPAS), which is currently being developed. Falls do not happen in isolation and this new method of delivery will ensure the full range of service user needs are met.

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AGENDA ITEM 12

	Health and Wellbeing Board **21 July 2016**
Title	**Minutes of the Joint Commissioning Executive Group**
Report of	Commissioning Director – Adults and Health CCG Accountable Officer
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Minutes of the Joint Commissioning Executive Group 20 June 2016
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 3593478

Summary

This report is a standing item which presents the minutes of the Joint Commissioning Executive Group (formerly known as the Financial Planning Sub-Group) and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan. The Groups key areas of work include the Better Care Fund and Section 75 agreements.

Recommendations

1. **That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Group meeting of 20 June 2016.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health and Wellbeing Board on the 26th May 2011 agreed to establish a Financial Planning group (now named the Joint Commissioning

Executive Group) to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Joint Commissioning Executive Group (JCEG) meets bi-monthly and is required to report back to the Health and Wellbeing Board (HWBB).

1.2 For 2016-2017 the overall Better Care Fund pot has increased by a £797,000 uplift to core the CCG allocation, £17,059 additional CCG funding and £100,000 increase in Disabled Facilities Grants (DFG) funding. Therefore, the Better Care Fund Allocation for Barnet in 2016/17 is £24,324,521, which includes the Barnet CCG minimum contribution of £22,336,331, additional CCG contribution of £17,059 and Barnet Council's Contribution of £1,971,131.

1.3 The budgets will be used to continue to support the delivery of existing initiatives, as well as any such new initiatives identified to support the delivery of Better Care Fund (BCF) outcomes and the appropriate protection of social care services.

1.4 Given changes in the operating context for the CCG and LBB, the Terms of Reference were updated and agreed in December 2015 (and updated and agreed in April 2016), giving the Joint Commissioning Executive Group main functions:

- To oversee the development and implementation of plans for an improved and integrated health and social care system (including Education where relevant) for children and young people, adults with disabilities, older people, those with long term conditions, and people experiencing mental health problems
- To oversee the delivery of the Better Care Fund including:
  - Holding Joint Commissioning Unit and partners to account for delivery
  - Making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk and, where necessary, making recommendations on recovery plans
  - Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services.
  - Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets.
- To oversee all Section 75 agreements held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively and to bring them in line with overarching Section 75 agreements. Receiving performance reports on Section 75 agreements (at each meeting) and other relevant services/projects.
- To review all annual budget, additional budget, budget virement and all new expenditure commitment proposals relating to the Better Care Fund, or to other joint budget arrangements prior to these being taken through the approval processes required under each partner's own scheme of delegation.
- To approve the work programmes of the Joint Commissioning Units (adults and children).

- To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions.
- To review reports being considered by the Health and Wellbeing Board which have financial or resource implications.
- To receive financial reports (Better Care Fund and Section 75 reports).
- To recommend to the Health and Wellbeing Board, Council Committees and Barnet CCG's Finance Performance and QIPP Committee how budgets should be spent to further integrate health and social care.
- To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board.
- To agree business cases arising from the Joint Commissioning Units for adults and children's, subject to both the Council and Barnet CCG's governance framework or Scheme of Reservation and Delegation
- To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy.
- To develop and maintain a forward work programme to ensure strategic and operational alignment between the Council and Barnet CCG. All members will contribute to the work programme.

1.5 Minutes of the meeting of the JCEG held on the 20 June 2016 are presented in appendix 1.In June the Group –

- Agreed the agenda for a workshop to review joint commissioning for adults
- Discussed the content of the North Central London Sustainability and Transformation plan; ensuring that this is appropriate from a Barnet perspective
- Received assurance that the Framework for Primary Care had developed including the comments from the HWBB in May
- Reviewed and approved the BCF finance report for the year end 2015/16
- Reviewed, suggested improvements and agreed a new BCF performance framework which JCEG will receive and review at each of its meetings
- Reviewed section 75 performance and identified leads to resolve outstanding issues
- Confirmed delivery against the section 75 audit; officers were tasked to take forward outstanding actions
- Agreed to reinstate the HSCI Board with a provider network being held in July
- Ensured that the HWBB work programme was up to date and appropriate.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Group) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental

and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

2.2 Through review of the minutes of the Joint Commissioning Executive Group, the Health and Wellbeing Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive Group to take forward its programme of work, the group will progress its work as scheduled in the areas of the Better Care Fund, Section 75 agreements and financial reporting.

4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

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

5.2.1 The Joint Commissioning Executive Group acts as the senior joint commissioning group for integrated health and social care in Barnet. The Groups functions relate to the management of local resources, as outlined at 1.4.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated

arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

> *s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.*
>
> *s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.*

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this

as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 **Equalities and Diversity**

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 **Consultation and Engagement**

5.7.1 The Joint Commissioning Executive Group will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive Group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Minutes from the Health and Wellbeing Board – JCEG
Monday 20 June 2016
North London Business Park, Boardroom
11.30 – 13.00

Present:
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (items 1 – 6)
(KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
(LG) Leigh Griffin, Director of Strategic Development, CCG
(MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
(RH) Roger Hammond, Interim Chief Finance Officer, CCG
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

For item 6:
(ER) Elissa Rospigliosi, Head of Performance and Improvement, LBB
(MK) Mushtaq Khan, Interim BCF Data Analytics Consultant, LBB/CSU

Apologies:
(AD) Anisa Darr, Resources Director, LBB
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(PP) Patricia Phillipson, Interim Head of Finance, LBB

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair LG welcomed the attendees to the meeting. Apologies were received from AH and AD.	
Policy and strategy		
2.	**Joint Commissioning for Adults workshop (23 June)** The Group considered the agenda for the workshop session organised for the 23 June. The session will focus on and explore the adults joint commissioning function. Further comments on the agenda should be sent to ZG.	
3.	**NCL Sustainability and Transformation Plan (STP)** DW explained that a sharable version of the STP was meant to be circulated on Friday but she has not received this so was unable to present this to JCEG. DW had seen an early version from a review meeting with NHS England. DW stated that she feels that the document reflects Barnet's challenges including dementia, mental health, learning disabilities and references to children and young	

	people's mental health. DW felt that information with regards to children and young people and public health, although included, could be stronger. A version for comment should be sent to DW by the end of the day and this will be sent to JCEG for comment. Currently the document is a plan for a plan and a diagnostic for the case for change. This will include: • Clinical case for change • The STP submission • Two supplements – estates and primary care JCEG are able to send back comments prior to submission on the 30 June. DW asked for JCEG to: • Ensure that the information and data about Barnet is correct • Highlight anything from a whole system perspective for Barnet that needs to be included or would be an issue RH had been involved in the development of the finances for the STP. RH noted the financial gap and discussions needed to address this. LG asked when the STP could be shared with other colleagues. DW explained that this will be after the 30 June when a public document will be available and shared with Board members.	
4.	**Primary Care Strategy** LG explained that the Strategic framework for primary care is currently being developed with further information included in a plan which will be developed later. LG mentioned that, since the HWBB in May, the Framework had moved on. Sections on Children and Young People and workforce have been strengthened. The Group discussed the scope locally to support news models of care and agreed that this required formal market testing subject to procurement rules. LG agreed with KH's comments about the need for future proofing a sustainable primary care offer. LG explained that that the extended access model includes the emergence of virtual hubs, estates and a technology fund. Improving access chimes with the content of the STP and wider plans. **LG to circulate the updated Framework for comment.**	**LG**
Performance and finance review		
5.	**BCF Finance report** The Group considered the BCF finance report for the year end (2015/16). RH explained that at the close of the year the net budget was slightly underspent. RH went on to explain that the biggest movement was in the CCG including pressures from Community Equipment spend and holding back funding to mitigate for not achieving the non-elective admissions target.	

	RH stated that the pooled budget returns have been audited and signed off.	
6.	**BCF Performance Dashboard** ER and MK joined the meeting for this item. ER explained the task to improve the readmission to hospital 91 days after discharge indicator and to create a BCF dashboard. ER went on to explain that the dashboard presented to the group included improved local measures for the BCF as well as supplementary proxy measures. ER also stated that some of the indicator definitions had been updated slightly. KH explained that the dashboard allows for a subset of indicators to be used for certain interventions where necessary. ER stated that the dashboard can be produced monthly which allows for improved monitoring as previously indicators were only available on a quarterly or annual basis. DW thanked ER and MK for their work on the dashboard and was very happy with the level of data included. *DW left the meeting.* KH asked if the dashboard could be integrated into performance and finance reporting which RH welcomed and suggested that the cover sheet should highlight areas requiring attention. The Group was happy to monitor performance from a strategic level but wanted assurance that an operational group and/or lead were in place. KH explained that a lead commissioner was currently being recruited to oversee the operational activity of the BCF. ER added that the social care indicators included are currently overseen through other channels. CM asked what quality measures were included as part of the dashboard. **ER/MK to look at quality measures.** The Group was happy with the format of the dashboard. ER will update the dashboard following comments and provide commentary with the report for the next meeting. **MK to meet with LG to go through the indicators in more detail.** **LG to meet with KH and MA to discuss next steps with regards to the dashboard and delivery of the BCF.**	**ER/MK** **MK/LG** **LG/KH/ MA**
7.	**Section 75 – progress reports** <u>Performance and finance, including control environment</u> ZG gave an overview of the performance of the S75 agreements and highlighted risks associated with service availability (learning disability and SALT), procurement activity (Community Equipment) and quality of LAC assessments – all issues are being worked through by commissioners. Control environments are in place for almost all agreements, Pooled Fund managers are working to ensure these are in place for the remaining agreements.	

	Audit ZG explained that progress had been made to deliver the outstanding Audit actions: • JCEG TOR to be added to the Better Care Fund and Voluntary Sector and Prevention section 75; officers have updated and completed their actions and the agreements are with legal to action • Equipment Section 75 to be updated and include the JCEG TOR, pooled fund manager; documents have been prepared and signed by the CCG • Signing of the BEH – MHT section 75; with BEH-MHT to sign before being returned to legal for sealing • Training for officers will be arranged for July 2016 ZG explained that the BCF deed was prepared by legal and approved by Liz James so this will be sent to the CCG for signing in the next week and should be sealed early July. ZG went on to explain that the overarching section 75 agreement for adults, which expires in August 2016, has been reviewed and will be extended with no end date. Audit actions will be reported to LBB Audit Committee in July. CM stated that the childrens MOU was signed by Liz James prior to Liz leaving the CCG. KH explained that the Council is currently undertaking a review of its prevention services which have implications for the voluntary sector section 75. The review is being conducted from a Council perspective currently but it would be helpful to join this work up with the work of the CCG. **LG, MA, KH, ZG and Neil Snee (new CCG Director) to meet to discuss.**	**ZG**
Business		
8.	**Minutes of previous meeting – 25 April 2016 and action log** For item 4 from April, additional information was provided following the meeting so the Group agreed the delivery model and implementation of the 2 year Integrated Review between Health and Early Years within Barnet. The following updates were heard with regards to the action log: • With regards to joint workshops, the adults workshop is being held on the 23 June. For childrens, CM would like the work to link with the CYP Partnership with the CCG leading on the designated areas of the CYP Plan • An update on the cost and timescale for BILT was provided following the presentation of BILT at the last JCEG meeting • With regards to End of Life, further research is needed to ensure that we have appropriate data on people dying in their usual place of residence. MA explained that Dying Matters Week was recently held with good engagement with the public about End of Life, having conversations early and setting up Death Cafes.	
9.	**Health and Wellbeing** • **HSCI Board** • **HWBB – Forward Plan**	

	HSCI Board ZG explained the plans to reinstate the HSCI Board, the plans include updated membership, updated terms of reference and a plan for meetings throughout the year at key times to engage providers in our plans. LG stated that this was an important forum and needs to be up and running as soon as possible. LG went on to highlight the opportunity for discussing the wider integration agenda through this forum. **LG to discuss the HSCI Board with Debbie Frost and agree Chairing arrangements.** The Group agreed for a provider network to be held in July with the first meeting of the Board before the end of September. ZG explained that the HSCI Board had been focused on Adults. **LG to speak with DW and CM with regards to childrens engagement around integration.** HWBB forward plan LG reflected on discussions regarding childhood immunisations at the last HWBB. CM stated the Jo Murfitt would be attending the next Board to report on progress. Following the next HWBB, **LG to meet with AH and CM to agree the best way to deliver this service.**	**LG** **LG/DW CM** **LG/AH/ CM**
10.	**AOB** CM informed the group that Collette McCarthy has joined his team as the new Head of Joint Childrens Commissioning. **ZG to invite Collette McCarthy to future JCEG meetings.**	**ZG**
Next meeting – July 26, 12.30 – 1.30, Boardroom NLBP		

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AGENDA ITEM 13

	Health and Wellbeing Board **21 July 2016**
Title	**NCL Sustainability and Transformation Plan**
Report of	Commissioning Director – Adults and Health, LBB CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	May 2016
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – NCL STP Summary progress report
Officer Contact Details	Dawn Wakeling Commissioning Director Adult and Health dawn.wakeling@barnet.gov.uk

Summary

In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. Local health and care systems have come together in STP 'footprints' with Barnet included in the North Central London (NCL) sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.

Recommendations

1. **That the Health and Wellbeing Board reviews and comments on the NCL Sustainability and Transformation plan.**

1. WHY THIS REPORT IS NEEDED

1.1 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

1.2 Local health and care systems have come together in STP 'footprints' with Barnet included in the North Central London sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.

1.3 The current submission is a reflection of the current position in NCL. While good progress has been made in a number of areas, at this stage it still represents a 'plan for a plan'. NCL STP Transformation Board are working on producing the full STP with detailed, worked up plans for each of the work streams for submission at the end of September as part of the second STP cohort.

2. REASONS FOR RECOMMENDATIONS

2.1 The STP guidance is clear about the crucial role of Health and Wellbeing Boards, highlighting that success requires the engagement of all partners across a local system. The guidance goes on to encourage STPs to build on the work of the local Health and Wellbeing Board, including local needs assessments and Joint Health and Wellbeing Strategies.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The NCL STP Transformation Board will meet with NHS England in July to go through the submission.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The requirement for STPs came out of the NHS shared planning guidance 16/17 – 20/21 and supports the delivery of the Five Year Forward View.

5.1.2 The STP reflects local and regional need and builds on local strategic plans (such as the Corporate Plan, Joint Health and Wellbeing Strategy and CCG Operating Plan)

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

5.2.1 The most compelling and credible STPs will secure funding from April 2017 onwards from NHS England.

5.2.2 STPs bring together local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for: Overseeing public health; Developing further health and social care integration.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

> *s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.*
>
> *s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.*

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

5.5.1 There is a risk, without aligned strategies across health and social care at an NCL level, financial and service improvements will not be realised.

5.6 **Equalities and Diversity**

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

> *a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
> *b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
> *c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 Working groups and consultation activity to date has included engagement with general practice, a mental health stakeholder workshop, engagement on the procurement of 111 process in urgent and emergency care work stream and the estates working group.

5.8 **Insight**

5.8.1 The STP has used local Joint Strategic Needs Assessments and Case for Change information.

6. BACKGROUND PAPERS

6.1 None.

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North Central London
Sustainability and
Transformation Plan

North Central London
Sustainability and Transformation plan

Summary of progress to date
June 2016

NHS England
Barnet Clinical Commissioning Group
Camden Clinical Commissioning Group
Enfield Clinical Commissioning Group
Haringey Clinical Commissioning Group
Islington Clinical Commissioning Group

Barnet
Camden
Enfield Council
Haringey
Islington

Barnet, Enfield and Haringey Mental Health NHS Trust
A University Teaching Trust
Camden and Islington NHS Foundation Trust
Central London Community Healthcare NHS Trust
Your healthcare closer to home
Central and North West London NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
North Middlesex University Hospital NHS Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Whittington Health NHS

Content

North Central London Sustainability and Transformation Plan

1 The background of Sustainability and Transformation Plans

North Central London Sustainability and Transformation Plan

1. The NHS Five Year Forward View team set out a challenging vision for the NHS. Its aim is to bring local health and care partners together to set out clear plans to pursue the Forward View's **'triple aim'** to improve:

- the health and wellbeing of the population
- the quality of care that is provided
- NHS finance and efficiency of services

The NHS England 2016/17 **planning guidance** outlines a new approach to help ensure that health and care service are planned by **place** rather than around individual organisations.

There are 44 **Sustainability and Transformation Plans (STPs)** being developed in local geographical areas or **'footprints'** across the country that are being submitted to NHS England for approval. North Central London (NCL) is one of the five London footprints.

3. The most **compelling and credible** STPs will secure **funding from April 2017 onwards**. NHS England will consider:
   - the **quality of plans**, particularly the **scale of ambition** and **track record of progress already made**. The best plans will have a **clear and powerful vision**. They will create **coherence across different elements**, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically **borrow good practice from other geographies**, and adopt **national frameworks**;
   - the **reach and quality of the local process**, including community, voluntary sector and local authority engagement;
   - the **strength and unity of local system leadership and partnerships**, with **clear governance structures** to deliver them; and
   - how **confident are NHS England that a clear sequence of implementation actions will follow as intended**, through defined governance and demonstrable capabilities.

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1 North Central London has a complex health and social care landscape

North Central London Sustainability and Transformation Plan

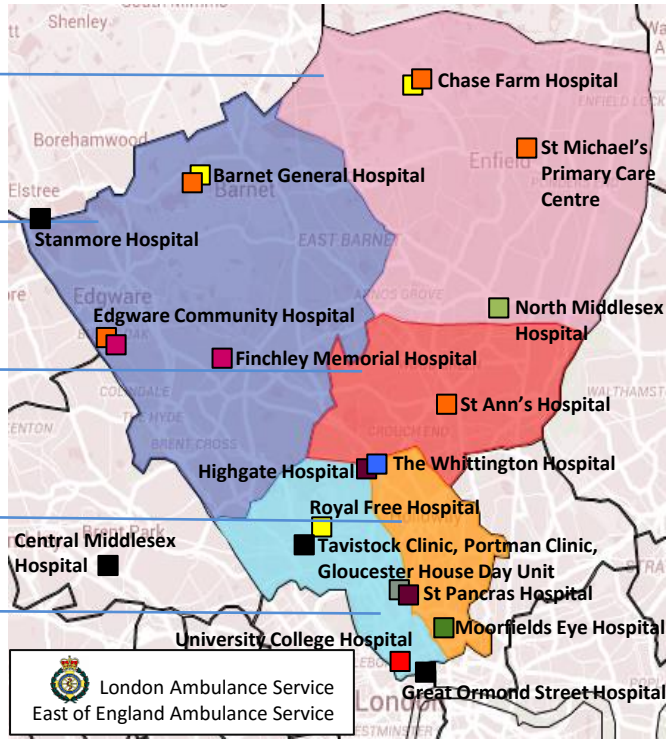
Enfield CCG / Enfield Council
~320k GP registered pop, ~324k resident pop
48 GP practices
CCG Allocation: £362m (-£14.9m 15/16 OT)
LA ASC, CSC, PH spend: £184m

Barnet CCG / Barnet Council
~396k GP registered pop, ~375k resident pop
62 GP practices
CCG Allocation: £444m (£2.0m 15/16 OT)
LA ASC, CSC, PH spend: £158m

Haringey CCG / Haringey Council
~296k GP registered pop, , ~267k resident pop
45 GP practices
CCG Allocation: £341m (-£2.8m 15/16 OT)
LA ASC, CSC, PH spend: £163m

Islington CCG / Islington Council
~233k GP registered pop, , ~221k resident pop
34 GP practices
CCG Allocation: £339m (£2.7m 15/16 OT)
LA ASC, CSC, PH spend: £138m

Camden CCG / Camden Council
~260k GP registered pop, , ~235k resident pop
35 GP practices
CCG Allocation: £372m (£7.2m 15/16 OT)
LA ASC, CSC, PH spend: £191m



Vanguards in scope
- Royal Free multi-provider hospital model
- Accountable clinical network for cancer (UCLH)

NCL CCGs activity stats

A&E	522,838
Elective	134,513
Non-elective	163,487
Critical Care	25,718
Maternity	45,528
Outpatients	1,803,202

Total GP registered population 1.5m

Our population
- Our population is **diverse and growing**.
- Like many areas in London, we experience **significant churn** in terms of people using our health and care services as people come in and out of the city.
- There is a **wide spread of deprivation** across NCL – we have a younger, more deprived population in the east and south and an older, more affluent population in the west and north.
- There are high numbers of households in **temporary accommodation** across the patch and around a quarter of the population in NCL **do not have English as their main language**.
- Lots of people come to settle in NCL from abroad. The largest **migrant communities** arriving during 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15 the largest migrant communities were from Italy, France and Spain.

Total health spend **£2.5b**

Total care spend **c.£0.8b**

NHS England
- Primary care spend **~£180m**
- Spec. comm. spend **~£730m**

15/16 OT		
£185m	-£12.4m	BEH Mental Health NHS Trust (main sites, incl Enfield community)
£136m	£0.7m	Camden and Islington NHS FT (and main sites)
£249m	-£8.3m	North Middlesex University Hospital NHS Trust
£951m	-£51m	The Royal Free London NHS FT
£940m	-£31m	University College London Hospitals NHS FT
£293m	-£14.8m	Whittington Health NHS Trust (incl Islington and Haringey Community)
£202m	£2m	Moorfields Eye Hospital NHS FT
N/A – not in scope for NCL STP finance base case		Central and North West London NHS FT (Camden Community)
		Central London Community Healthcare NHS Trust (Barnet Community)

The specialist providers are out of scope: GOSH and RNOH
Tavistock and Portman NHS FT is out of scope financially but within scope for mental health

Note: all OT figures are normalised positions

1 We have agreed a number of objectives for the NCL STP

North Central London Sustainability and Transformation Plan

Goals

The **goals** of our STP are:

- To improve the quality of care, wellbeing and outcomes for the NCL population
- To deliver a sustainable, transformed local health and care services
- To support a move towards place-based commissioning
- To gain access to a share of the national transformation funding which will ensure our hospitals get back to being viable, to support delivery of the Five Year Forward View, and to enable new investment in critical priorities

Outputs

The STP needs to deliver several **key outputs:**

- A compelling clinical case for change that provides the foundation for the programme and is embedded across the work, and supports the identification of priorities to be addressed through the STP
- A single version of the truth financial 'do nothing' base case with quantified opportunity impacts based on the priorities identified
- A robust and credible plan for implementation and delivery over five years
- A governance framework that supports partnership working across the STP and collective decision making
- The resource in place to deliver transformation at scale and pace in the key areas identified

Process

The **process** to developing our STP needs to:

- Be collaborative, and owned by all programme partners in NCL
- Be structured and rigorous
- Move at pace, ensuring quick wins are implemented and transformation is prioritised
- Involve all areas of CCG, local authority and NHS England commissioned activity, including specialised services, primary care and reflecting local HWB strategies

2 We have developed a robust governance structure that enables collaborative input and steer from across the STP partners

North Central London Sustainability and Transformation Plan

The NCL STP **Transformation Board** meets monthly to oversee the development of the programme and includes representation from all programme partners. It has no formal decision making authority, but members are committed to steering decisions through their constituent boards and governing bodies. There are three subgroups supporting the Transformation Board. The **Clinical Cabinet** provides clinical and professional steer and input with CCG Chair, Medical Director, nursing, public health and adult social services and children's services membership. The **Finance and Activity Modelling Group** is attended by Finance Directors from all partner organisations. The **Transformation Group** is a smaller steering group made up of a cross section of representatives from organisations and roles specifically facilitating discussion on programme direction for presentation at the Transformation Board. Every workstream has a senior level named SRO to steer the work and ensure system leadership filters down across the programme. The **Clinical Reference Group** will be mobilised over the summer of 2016 and will provide a forum for input, review and co-design with a broader pool of clinicians and practitioners.

- CCG COs
- NCL CCGs COLLABORATION
- LA CEOs
- DsPH
- DASSs
- HWBs
- NHS PROVIDERS GROUP
- HENCEL
- NHS ENGLAND LONDON
- HEALTHY LONDON PARTNERSHIP
- HARINGEY AND ISLINGTON WELLBEING ALLIANCE BOARD

NCL Transformation Board

Chair: David Sloman
SROs: David Sloman (Convenor), Dorothy Blundell, Mike Cooke
Members

- SROs
- NHS CCG reps
- NHS Acute provider reps
- NHS Community provider reps
- NHS Mental Health provider reps
- Local authority reps
- LAS
- HENCEL
- UCLP
- NHS specialised commissioning
- NHS England
- NHS Improvement
- Healthwatch
- Clinical lead
- Finance lead
- Programme Director

NCL STP PMO

Programme Director: David Stout
Programme Manager: Alice Hopkinson
PMO Lead: Abi Holland
Programme support: Julie Chan Jones, Seun Fadare
Comms and engagement lead: Denise Shaw

Clinical Cabinet
Leads: Dr Richard Jennings & Dr Jo Sauvage

Clinical Reference Group

Finance and Activity Modelling Group
Lead: Tim Jaggard

Transformation Group
Lead: David Sloman

Programme structure – see section 6

* Programme Governance Structure to be reviewed as programme moves into implementation

3 Case for Change

North Central London Sustainability and Transformation Plan

Clinical cabinet	• The NCL STP Clinical Cabinet is responsible for the Case for Change. Their role is to is lead the further development of STP work • The Clinical Cabinet will sign off the Case for Change with ultimate responsibility falling to the NCL STP clinical lead
Development and engagement process to date	• The Clinical Cabinet has met five times, since its inception, to develop a robust and accurate Case for Change for North Central London's health and social care • On 13 June, the Clinical Cabinet agreed the draft Case for Change, pending some outstanding issues; this was then endorsed by the Transformation Board on 22 June • Draft Case for Change was part of the submission sent to NHS England on 30 June; their feedback is expected in July • From now until the end of September, the Clinical Cabinet will move the Case for Change from draft to a comprehensive, final document which will be published in late Summer.

Initial messages from the Case for Change	• Some high level messages from analysis relating to our population's health and wellbeing are:
	  • People are living longer but in poor health
	  • Our different ethnic groups have different health needs
	  • There is widespread deprivation and health inequalities
	  • High levels of homelessness and households in temporary housing
	  • Lifestyle choices put people at risk of poor health and early death
	  • There are poor indicators of health for children
	  • High rates of mental illness among both adults and children
	• When analysing our care and quality metrics, we identify the following:
	  • There is not enough focus on prevention across the whole NCL system
	  • Disease could be detected and managed much earlier
	  • There are challenges in provision of primary care
	  • There is a lack of integrated care and support for those with a LTC
	  • Many people are in hospital beds who could be cared for at home
	  • There are differences in the way planned care is delivered
	  • There are challenges in mental health provision and in the provision of cancer care
	  • Some buildings are not fit for purpose
	  • Information technology needs to better support integrated care.
	• Initial financial analysis show we face a significant financial challenge. If we continue on our current spending path, the deficit will rise substantially over the next five years

4 In response to the case for change, we have collectively developed an overarching vision for NCL which will be delivered through the STP

North Central London Sustainability and Transformation Plan

Our vision is for North Central London to be a place with the best possible health and wellbeing, where no-one gets left behind. It will be supported by a world class, integrated health and social care system designed around our residents.

This means we will:

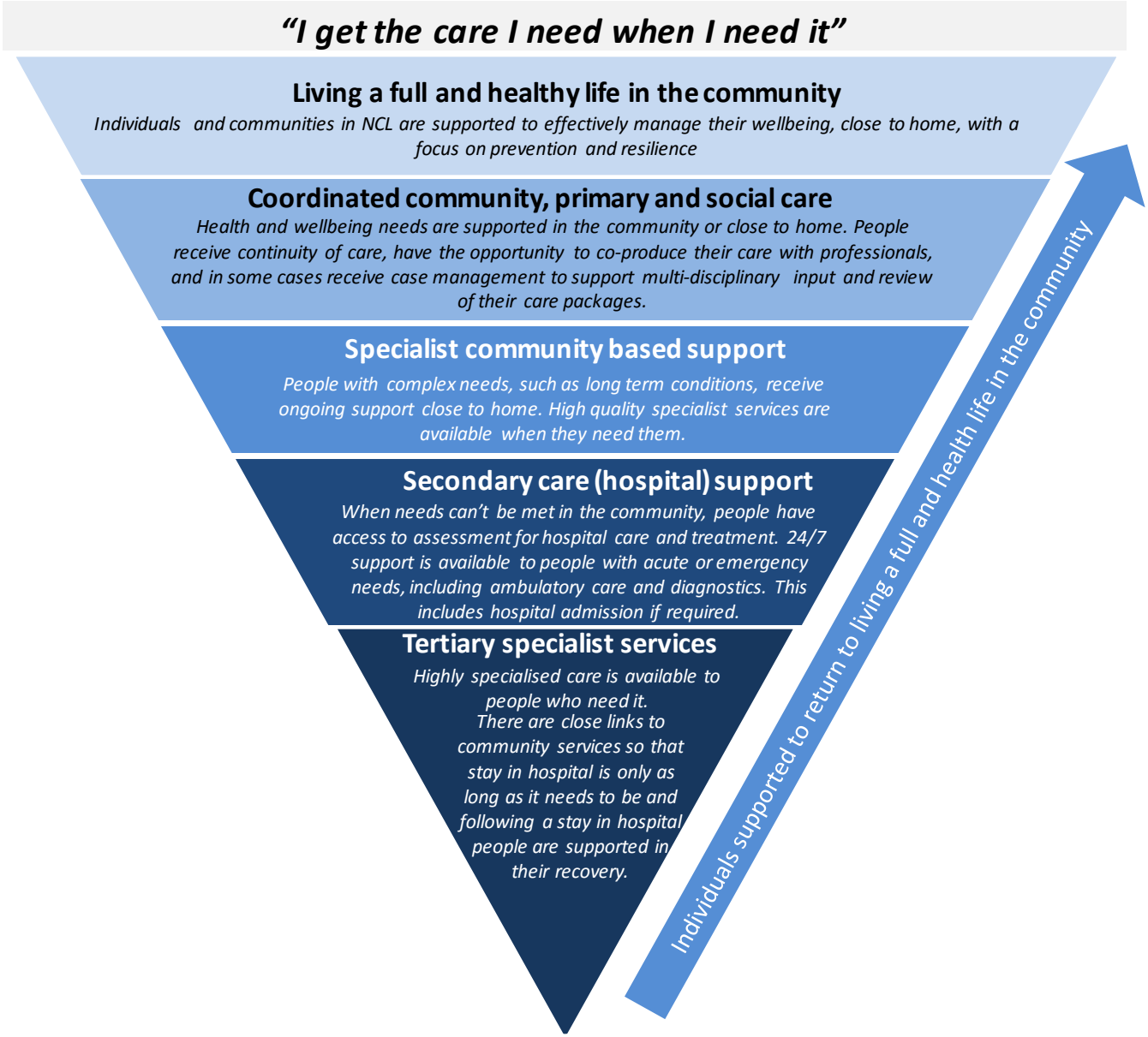
- help people who are well, to stay healthy
- work with people to make healthier choices
- use all our combined influence and powers to prevent poor health and wellbeing
- help people to live as independently as possible in resilient communities
- deliver better health and social care outcomes, maximising the effectiveness of the health and social care system
- improve people's experiences of health and social care, ensuring it is delivered close to home wherever possible
- reduce the costs of the health and social care system, eliminating waste and duplication so that it is affordable for the years to come
- at the same time we will ensure services remain safe and of good quality
- enable North Londoners to do more to look after themselves
- have a strong digital focus, maximising the benefits of digital health developments.

Our core principles are:

- residents and patients will be at the heart of what we do and how we transform NCL. They will participate in the design of the future arrangements.
- we will work together across organisational boundaries and take a whole system view
- we will be radical in our approach and not be constrained by the current system
- we will harness the world class assets available to us across the North Central London communities and organisations
- we will be guided by the expertise of clinicians and front line staff who are close to residents and patients
- we will build on the good practice that already exists in North Central London and work to implement it at scale, where appropriate
- we will respect the fact that the five boroughs in NCL have many similarities, there are significant differences which will require different responses in different localities.

4 The vision will be delivered through a consistent model of care

North Central London Sustainability and Transformation Plan



5 We are in the process of designing a cohesive programme that is large scale and transformational in order to meet the challenge

North Central London Sustainability and Transformation Plan

	A Health and wellbeing	B Care and quality	C Productivity	D Enablers
High level impact	• Improves population health outcomes • Reduces demand	• Increases independence and improves quality • Reduces length of stay	• Reduces non value-adding cost	• Facilitates the delivery of key workstreams
Initiatives	1. Population health including prevention *(David Stout, STP PD)* 2. Primary care transformation *(Alison Blair, ICCG CO)* 3. Mental health *(Paul Jenkins, TPFT CEO)*	4. Urgent and emergency care *(Alison Blair, ICCG CO)* 5. Optimising the elective pathway *(Richard Jennings, Whittington MD)* 6. Consolidation of specialties *(Richard Jennings, Whittington MD)*	7. Organisational-level productivity including: a) Commissioner b) Provider *(FDs)* 8. System productivity including: a) Consolidation of corporate services b) Reducing transactional costs and costs of duplicate interventions *(Tim Jaggard, UCLH FD)*	9. Health and care workforce *(Maria Kane, BEHMHT CE)* 10. Health and care estates *(Cathy Gritzner, BCCG CO and Dawn Wakeling, Barnet Council DASS)* 11. Digital / information *(Neil Griffiths, UCLH DCEO)* 12. New care models & new delivery models *(David Stout, STP PD)* 13. Commissioning models *(Dorothy Blundell, CCCG CO)*

6 What we aim to achieve from each of our workstreams

North Central London Sustainability and Transformation Plan

A Health and wellbeing	Population health	Focus on preventative care to achieve better health and care at a lower, cost, with a reduction in health inequalities
	Primary care transformation	Reduce demand by upgrading out of hospital care and support, for individuals with different types of needs
	Mental health	Joining up of mental and physical health, analysis of social determinants and supporting population to live well
B Care and quality	Urgent and emergency care	Improve care through integrated approach across health and social care
	Optimising the elective pathway	Understand the variation in delivery between acute providers to improve patient safety, quality and outcomes
	Consolidation of specialities	Identifying clinical areas which might benefit form consolidation
C Productivity	Organisational-level productivity	Efficiencies gained through better alignment of health and care services
	System productivity	Improved delivery opportunities in areas such as: workforce management, pharmacy, medical, surgical and food procurement and distribution, pooled digital information and corporate functions
D Enablers	Health and care workforce	Develop new workforce model, focused on prevention and self-care, including review of existing roles and requirements
	Health and care estates	Management of One Public Estate to maximize the asset and improve facilities for delivering care
	Digital/ information	Develop the digital vision: inc. digitally activated population, enhanced care delivery models, integrated digital record access and management
	New care models & new delivery models	Work with Kings Fund to develop our delivery model for population health for NCL
	Commissioning models	Develop strong commissioning through partnership working to develop whole population models of care, improve patients outcomes and financial and quality gaps

7 Current position

North Central London Sustainability and Transformation Plan

Establishing effective partnership working

- NCL-wide collaborative working is a relatively new endeavour and we continue to **build relationships** across the programme partners to ensure that health and care commissioners and providers are aligned in our ambition to transform care
- We have established a governance framework that supports **effective partnership working** and will provide the **foundation** for the planning and implementation of our strategic programme going forward
- The SROs are working to bring CCGs, providers and local authorities together across the 5 boroughs together **recognising the history and context** that underlies working together in a new way

Understanding the size of the challenge

- We have undertaken **analysis to identify the gaps** in health and wellbeing, and care and quality in NCL in order to prioritise the areas we need to address
- Our draft Case for Change provides a narrative in support of **working in a new way** and provides the platform for **strategic change** through identifying key areas of focus
- Finance directors from all organisations have been working to identify the **projected NCL health and care position** in 20/21 should we do nothing

Delivering impact in year one

- There is already **work in train** that will ensure delivery of impact before next April, in particular, CCG plans to build capacity and capability in primary care and deliver on the 17 specifications in the **London Strategic Commissioning Framework** (SCF).
- However, **further work** must be done to broaden our **out of hospital strategy** and address issues with regard to the short-term sustainability and viability of general practice
- The **implementation of our Local Digital Roadmap** will support the delivery of the mental health, primary care and estates work, and our two Vanguards are continuing to progress with their plans.

8 We will ensure all our stakeholders and wider programme partners are appropriately involved in the development of the programme

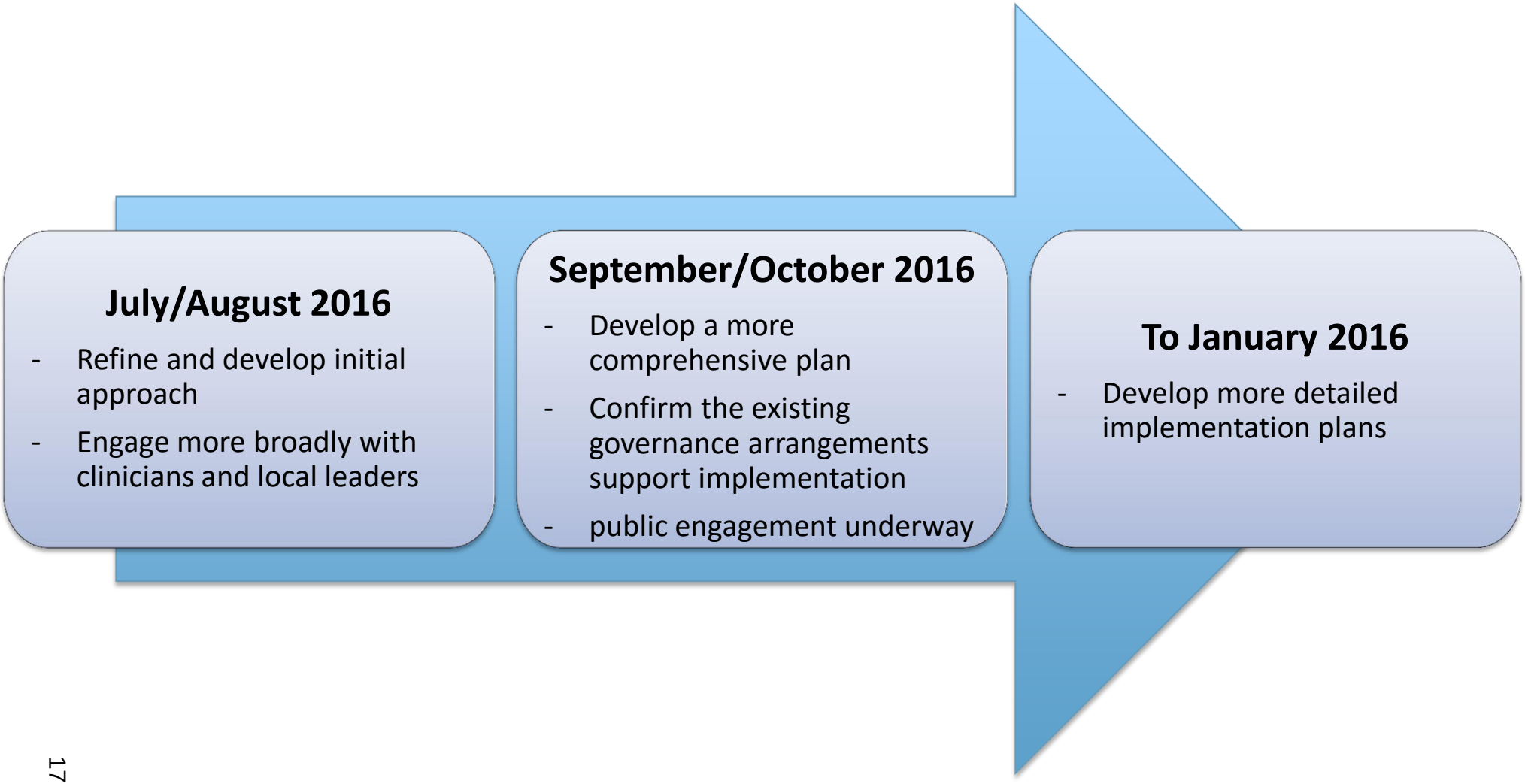
North Central London Sustainability and Transformation Plan

Engagement to date	Communications & engagement objectives	Delivering the objectives

Workstreams have been engaging with relevant stakeholders to develop their plans.
• The general practice transformation workstream has worked collaboratively with the London CCGs (and local groups of GPs) to develop pan-London five year plan
• Mental health workstream was initiated at stakeholder workshop in January 2016 and a further workshop in May. Further service user and carer engagement is done via programme updates and specification for a citizens panel is being developed
• Significant engagement was undertaken through reprocurement of 111 process in urgent and emergency care workstream
• The estates workstream has been developed through a working group, with representatives from all organisations in scope including Moorfields, the Office of the London CCGs, Community Health Partnerships, Healthy Urban Development Unit (HUDU) and GLA
• NCL Digital Roadmap Group meets to define, shape and contribute to the interoperability programme with representation from all key organisations
• Early engagement with Health & Wellbeing Boards and the Joint Overview & Scrutiny Committee
	• To support the engagement and involvement of STP partners across all organisations at all levels
	• To ensure a strong degree of organisational consensus on the STP content and on the approach to further developing the strategic plan and implementation approach, in particular political involvement and support
	• To support and co-ordinate STP partners in engaging with their stakeholders to raise awareness and understanding of:
	  • the challenges and opportunities for health and care in NCL
	  • how the STP – specifically the emerging priorities and initiatives - seeks to address the challenges and opportunities so that we can develop the best possible health and care offer for our population
	  • what the NCL strategic plan will mean in practice and how they can influence its further development and implementation
	• To encourage and gather feedback from stakeholders – NHS, local government, local and national politicians, patients and the wider community – that can:
	  • influence our emerging plans and next steps
	  • help build support for the STP approach
	• To ensure equalities duties are fulfilled, including undertaking equalities impact assessments
		• Forward planning underway to join up all partners and stakeholders in NCL footprint
		• Dedicated communications lead now in place to undertake this
		• Stakeholder mapping underway for external and internal bodies through integrated work approaches with CCG communications and engagement leads to include partners such as local authorities, NHS providers, GP practices and others to be determined
		• In addition to partners and stakeholders already consulted, we will identify opportunities for more STP partners clinicians/staff to have input into specific work streams asap, particularly local political engagement which will be key for community leadership of change
		• Plan to engage more formally with boards and partners after the July conversations
		• Effective communications channels will be established for all stakeholders and partners for transparent contributions to ongoing plans and discussions, including staff, clinicians, patients, politicians etc.
		• A core narrative is being created to cover our health and care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities – in person-centred, accessible language
		• Review requirements for consultation before March 2017

9 Next steps for development of the STP

North Central London Sustainability and Transformation Plan



AGENDA ITEM 14

	Health and Wellbeing Board **21 July 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 Wellbeing 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 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).**

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 eleven 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 12 May 2016 and suggests a refreshed schedule of reports and items for the following eleven 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 Wellbeing 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. To explore partnership work across North Central London where appropriate.*

*(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

July 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*
21 July 2016				
DISCUSSION				
Childhood Immunisations: results of three month audit	**The Board is asked to consider the progress made by NHS England to improve uptake of childhood immunisations.**	NHS England – Immunisations manager	**Consultant in Public Health**	No
Barnet Children and Young People's Plan (2016 – 2020)	**The Board is asked to discuss 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
Finchley Memorial Hospital Transformation project	**The Board is asked to review and comment on the developments at Finchley Memorial.**	CCG Chair		No
CCG's improved financial position	**The Board is asked to review and comment on the CCG's progress and improvement.**	CCG Accountable Officer	**CCG Chief Finance Officer**	No
North Central London Primary Care Co-Commissioning Options	**The Board is asked to consider and comment on the North Central London Primary Care Co-Commissioning Options**	Barnet CCG Chair	**Head of Primary Care Commissioning**	Yes
NOTE				
NCL STP update	**The Board is asked to comment on Barnet's roles and contribution to the STP developments across North Central London (NCL).**	CCG Accountable Officer Commissioning Director – Adults and Health	**TBC**	No
JHWB Strategy Implementation Plan	**The Board is asked to note the progress made to implement the Joint Health and Wellbeing**	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*
	Strategy 2015 – 2020.			
Minutes of the Health and Wellbeing Board Working Groups: • Joint Commissioning Executive Group	**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 Accountable 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
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 Accountable Officer	**Director of Primary Care** **Director of Strategic Development**	No
Mental Health services – CAMHS, Reimagining Mental Health and Mental Health Social Work including IAPT review led by Healthwatch	**The Board is asked to consider and discuss the progress made to improve mental health and wellbeing for all.**	CCG Accountable Officer Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**Joint Commissioning Manager** **Head of Healthwatch**	No
NOTE				
Public Health report on activity 2015/16 including progress in delivering the local Health Checks programme	**The Board is asked to comment on the progress Public Health made in 2015/16**	Director of Public Health	**Consultant in Public Health**	No
Assuring Transformation	**The Board is asked to not the contents of the paper, the progress made with regards to the Winterbourne View Concordat and the current position.**	Commissioning Director Adults and Health CCG Accountable Officer	**Joint Commissioning Manager**	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*
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 Accountable Officer Commissioning Director – Adults and Health	**TBC**	No
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
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**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 Accountable 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				
Update from the Tackling Shisha Task and Finish Group	**The Board is asked to comment on and direct the activity of the Task and Finish Group**	Director of Public Health	**Consultant in Public Health** **Client Commissioning Lead for Enforcement**	No
Joint Health and Wellbeing Strategy Implementation plan – annual 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 Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Screening update including a	**The Board is asked to review**	Director of Public Health	**Consultant in Public**	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*
Healthwatch consultation report	**and comment on the progress made to improve screening uptake in the borough.**		**Health NHS England: London Regional Lead Head of Healthwatch**	
Adults and Communities Engagement Summit and Work Programme	**The Board is asked to review and comment on the work programme of the Adults and Communities Engagement Structures.**	Adults and Communities Director	**Engagement Lead**	No
Ageing Well Annual Report and review	**The Board is asked to review and comment on the borough's Ageing Well programme.**	Commissioning Director – Adults and Health	**Project Manager – Ageing Well Commissioning Lead Health and Wellbeing**	No
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
Annual reports of the Safeguarding Adults Board and Safeguarding Childrens Board	**The Board is asked to note and comment on the work of the borough's safeguarding Boards.**	Independent Chair of Safeguarding Adults	**Policy and Program Children Board Manager**	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 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all**	Commissioning Director – Adults and Health Commissioning Director –	**Strategic Lead Adults Health**	No

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	Section 75 agreements.	Children and Young People CCG Accountable Officer		
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 Accountable 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 Accountable Officer	**TBC**	Yes
Employment and healthy workplaces	**The Board is asked to consider and discuss initiatives supporting people to gain and retain employment.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**TBC**	No
NOTE				
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
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	**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*
		CCG Accountable Officer		
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 Accountable 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 Accountable Officer		Yes
NOTE				
Joint Health and Wellbeing Strategy Implementation plan	**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 Accountable 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 Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review**	Commissioning Director –	**Commissioning 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*
	and update the Forward Work Programme	Adults and Health	**Health and Wellbeing**	
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
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 Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**Carer's Lead**	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 Accountable Officer	**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.*

Appendix 2 - Forward Work Programmes of Strategic Boards (July 2016 - January 2017)			
Calendar month	Strategic Board	Agenda Item	Nature of item (if known)
July			
12 July	Children, Education, Libraries and Safeguarding Committee	Social Care Improvement	The Performance and Contract Management Committee requested that an officer report on a peer review of the above issues regarding adequacy/consistency of work in children's social care and related staffing issues be considered at a future meeting of the Children, Education, Libraries and Safeguarding Committee at its meeting on 31st May 2016
		Updated Early Years Strategy	Committee to consider a paper relating to the updated Early Years Strategy
		Early Years Performance Report	Committee to receive a performance report regarding Early Years Performance.
13 July	Adults and Safeguarding Committee	Statutory Adult Social Care Annual Complaints Report 2015/16	1. Note the information in the report; 2. Approve draft for final publishing
		Adults and Safeguarding Performance Report including the Adult Social Care Local Account	1. Committee notes progress made during 2015/16 and agree to use the information provided to help in future decision making; 2. Committee notes information contained in Adult Social Care Local Account and approves the version for publishing as final on Council website
September			
19 September	Adults and Safeguarding Committee	Revised Business Case on Single Adult Social Care Alternative Delivery Vehicle	Committee to receive a report on Adult Social Care Alternative Delivery Model project Outline Business Case.
		Business Planning	
		Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15	That the Committee note the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2015-16 which is due to be approved by the Multi- Agency Safeguarding Adults Board on 21st July 2016 and will be published after this date.
		Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living
21 September	Children, Education, Libraries and Safeguarding Committee	Annual Safeguarding Report	Committee to consider the Annual Safeguarding Board Report
		Response to annual Safeguarding Report	Committee to consider the Council's response to the Annual Safeguarding Board Report.
		Youth Strategy	Committee to consider a paper relating to the Barnet Youth Strategy.
		Annual Report of Safeguarding Services	Committee to consider the Annual Report of Safeguarding Services.
		Social Care Performance Report	Committee to receive a performance report regarding social care
October			
6 October	Health Overview and Scrutiny Committee	Health Tourism	Committee to receive a report from Barnet CCG and The Royal Free London NHS Foundation Trust on health tourism.
November			
10 November	Adults and Safeguarding Committee	Annual Fees and Charges	Committee to receive a report on annual fees and charges
		Business Planning	
		Your Choice Barnet: Consultation Findings	
December			
5 December	Health Overview and Scrutiny Committee	Cricklewood GP Health Centre	Following the report on 6 July 2015, the Committee have requested to receive an update report on services at the Cricklewood GP Health Centre.
January			
23 January 2017	Adults and Safeguarding Committee	Adults and Safeguarding Performance Report	Committee notes progress made during 2015/16 and agree to use the information provided to help in future decision making
Unallocated item			
	Health Overview and Scrutiny Committee	Eating Disorders	Following a Member's Item in the name of Councillor Trevethan, the Committee received a report on Eating Disorders at their meeting in May 2016. The Committee have resolved to request a further report on the matter from Barnet CCG

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

AGENDA ITEM 17

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