MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 15TH SEPTEMBER, 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,
Vice Chairman: Dr Debbie Frost

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

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Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	1 - 10
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	NHS Barnet Clinical Commissioning Group - Primary Care Progress Report	11 - 34
7.	Children and Adolescent Mental Health Services - CAMHS Transformation	35 - 44
8.	Report on Shisha communication campaign	45 - 58
9.	Public Health Annual Performance Report for 2015/16	59 - 102
10.	Services for people with learning disabilities including Winterbourne View - Transforming Care	103 - 114
11.	North Central London Sustainability and Transformation Plan Update	115 - 124
12.	Joint Health and Wellbeing Strategy Implementation Plan	125 - 146
13.	Minutes of the Health and Wellbeing Board Working Groups - Joint Commissioning Executive Group (JCEG)	147 - 158
14.	Forward Work Programme	159 - 176
15.	Any Items the Chairman decides are urgent	

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Decisions of the Health & Wellbeing Board

21 July 2016

Board Members:-

AGENDA ITEM 1

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

* Cathy Gritzner	* Cllr Sachin Rajput	* Cllr Reuben Thompstone
* Dr Andrew Howe	* Dr Clare Stephens	* Dawn Wakeling
* Chris Munday	* Ceri Jacob	* Michael Rich
Dr Charlotte Benjamin	Chris Miller	

* 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 Ceri Jacob, Director of Commissioning Operations for NCEL, NHS England has joined the Board replacing John Atherton.

The Chairman also noted that the actions arising from the previous meeting had been taken forward many of which were covered under today's agenda.

RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 12th May 2016 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Dr Charlotte Benjamin and Mr Chris Miller.

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

Dr Debbie Frost and Dr Clare Stephens made a joint declaration in relation to various items on the agenda 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. UPDATE ON CHILDHOOD IMMUNISATIONS 0-5 YEARS (Agenda Item 6):

The Chairman introduced the report and welcomed Ms Joanne Murfitt, Director of Public Health Commissioning, Health in the Justice System and Military Health, London Region, NHS England to join the meeting.

The Chairman welcomed the additional update on childhood immunisation rates in Barnet following discussions at the previous Health and Wellbeing Board meeting where the Board had expressed serious concerns over continually reported low childhood immunisations rates for Barnet. The Chairman expressed her personal disappointment that, contrary to undertakings given at the last HWBB, the Board had not been provided with an Audit of all of the GP Practices in the Borough and wondered why this had not been done. She felt such an Audit to be essential if the Board was to be satisfied that sufficient action had been taken to address what still appeared to be poor childhood immunisation rates in Barnet - as well as to identify any particular areas of concern regarding low coverage or take up. She also noted that this issue has also been raised by the Health Overview and Scrutiny Committee who had made a formal referral.

The Chairman also asked what is being done in other NCL boroughs in comparison to Barnet.

Ms Murfitt informed the Board that there are still on-going data reporting issues with TTP System One which moving forward will be raised nationally. She briefed the Board that discussions have taken place and that agreement was obtained to focus on QMS data which means that actual month by month immunisation data can be looked at and to focus on particular Practices where help is needed.

In relation to the vaccine schedule, Ms Murfitt also noted that a number of other vaccinations have been added and that as part of a number of work-streams to improve the update, information will be provided to various groups such as parents and young people to raise awareness and increase understanding.

The Commissioning Director for Children and Young People, Chris Munday welcomed the report. Mr Munday expressed concerns over the low immunisation rates in Barnet and stated that the rates set out in the appendix to the report appear low considering the population of the borough and in comparison to national rates for childhood immunisation.

Mr Munday asked whether there were particular concerns in specific geographical areas or for specific groups in the borough. Ms Murfitt stated that in order to respond to the question, it would be necessary to refer to the action plan on improving the quarterly immunisation report.

Mr Munday noted that there were actions still outstanding in the action plan from 2015 and 2016 based on the information previously presented to the Board. He queried how the outstanding actions were going to be taken forward and expressed specific concerns over risks of measles and immunisation rates. Ms Murfitt stated that the action plan will be revised with a view to address outstanding issues. (**Action**)

Following a query from the Commissioning Director for Adults and Health, Dawn Wakeling, Ms Murfitt informed the Board that the base data which have informed the figures presented in the appendix are comprehensive.

The Director for Public Health, Dr Andrew Howe highlighted the importance of accurate and reflective data. Dr Howe also stated that it is important for the Board to receive

updated information and assurances for the next quarter in relation to the childhood immunisation rates. The Chairman added that the rates would also need to be reflective of the projected growth in population in the borough. She also expressed concern as to the numbers of older young people with incomplete immunisation records who could now be very much at risk of contracting disease while at secondary school or college.

Councillor Sachin Rajput, Chairman of the Adults and Safeguarding Committee also expressed concerns over the low immunisation rates in comparison to the national averages. He queried whether consideration has been given to work with parents to ensure uptake and encouragement towards immunisation of children and young people in particular where this may be an indication of wider safeguarding concerns.

The Vice-Chairman, Dr Debbie Frost suggested that health visitors could also be involved in the discussions with a view of improving uptake and increasing encouragement for immunisation.

Ms Murfitt briefed the Board about the intention to achieve the national average immunisation rates and to get as close as possible to 95% through working together with the Local Authority, CCG, school nursing and local Public Health teams to encourage and continue to remind parents through various communication channels, including social media and website forums.

Ms Wakeling noted the importance of a robust and credible action plan and in depth data analysis to be shared initially in a multi partnership setting prior to being reported to the Board.

The Chairman moved a motion on the basis of the discussion of the Board to alter the wording of the recommendation which was seconded and agreed.

That the Health and Wellbeing Board noted 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~~ and requested that NHSE provide a further update report in November 2016 containing the detailed refreshed action plan and comprehensive data analysis with sufficient input from local CCG, Council's Public Health and Immunisation Team and LA's Children's Service.

It was therefore **RESOLVED that:**

1. **The Health and Wellbeing Board noted the work done by NHS England since the last meeting in May and requested that NHSE provide a further update report in November 2016 containing the detailed refreshed action plan and comprehensive data analysis with sufficient input from local CCG, Council's Public Health and Immunisation Team and LA's Children's Service.**

7. CHILDREN AND YOUNG PEOPLE'S PLAN 2016 - 2020 (Agenda Item 7):

The Chairman introduced the item which sets out the revised Children and Young People's Plan (CYPP) 2016-2020. This was reported and agreed by the Children, Education, Libraries and Safeguarding Committee at its Meeting on 14 June 2016 following a six-week public consultation She noted that one of the main roles of the HWB was for all members and their organisations to work together to ensure the best possible fit between the available resources to meet the health and social care needs of the

3

residents of Barnet. This was why it was so important for the Board to consider and hopefully support the Children and Young People's Plan, the strategic framework which seeks to improve outcomes for children and young people in Barnet. The Board noted the action plan contained within the appendix to the report.

Mr Munday informed the Board that the Partnership Plan has been developed together with CCG. Mr Munday briefed the Board about the CYPP 2016-2020 and requested that the plan be noted as an important opportunity to improve outcomes for children and young people through a dynamic vision for creating a Family Friendly Barnet, a vision that has resonated with children, young people, their families and partners.

Dr Frost welcomed the item and the CYPP and queried the amount of feedback received as part of the consultation. Mr Munday informed the Board about the consultation at the Youth Convention which was attended by over 200 children and young people followed by consultation in children's centres with parents and through various forums for young people and their families.

Dr Frost and Ceri Jacob, Director of Commissioning Operations for NCEL, NHSE welcomed the paper and commended the actions planned, particularly in relation to employment support programs and coaching. Mr Munday welcomed involvement from public sector partners to improve the offer of employment and youth coaching programs.

Ms Cathy Gritzner, Barnet CCG Accountable Officer informed the Board that the Commissioning Director for Children and Young People, will be invited to present the revised the CYPP 2016-2020 to the CCG's Governing Body.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board endorsed 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 noted 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.**

8. FINCHLEY MEMORIAL HOSPITAL TRANSFORMATION PROJECT (Agenda Item 8):

The Chairman introduced the report and welcomed Alan Gavurin, Strategic Estates Director (Interim) Barnet CCG, to join the table and present the item. Councillor Hart noted that this item had recently been the subject of a discussion at the Health Overview and Scrutiny Committee. She noted that whilst the HWBB had been most heartened and enthusiastic following previous discussions around the developments on the site, both Members of the HOSC and the HWBB were concerned about the lack of progress.

Mr Gavurin briefed the Board about the contents of the paper and the plans for the development of the Finchley Memorial Hospital site. He stated continuous assessment procedures are in place as to what is needed and that for example, discussions are being held about setting up discharge wards with further comprehensive assessment in advance of winter pressures.

The Chairman welcomed Neil Snee, Interim Director of Clinical Commissioning CCG, who joined the meeting. Mr Snee noted that the Board would receive an update in three months about the progress of development at Finchley Memorial Hospital site.

The Chairman queried whether the procurement of the assessment service had commenced. Mr Snee informed the Board of the two options available and noted that the criteria for quality assessment will be developed before the end of July.

In relation to a query from the Board about the empty inpatient ward, Mr Snee noted that this will present an opportunity for the benefit of patients and that this process will be monitored for improvements.

Following a comment from the Board, Mr Snee noted that the blood taking service was not initially identified as a major service priority but following discussion with CLCH, it was identified that an additional room can be used for this facility.

Michael Rich, Head of Healthwatch Barnet, noted the previous negotiation with GP practices with regards to the space to rent but this had not been taken forward due to high rent and asked what had changed to reopen the discussion. Healthwatch Barnet and other voluntary and community sector organisations had also declined space due to the high rent. Mr Snee explained that the building is of very high quality and would expect clinical tenants to pay the core rent which would allow for subsidised rents for voluntary and community sector.

Dr Frost welcomed the update on the action plans and the developments on the site.

The Chairman thanked the Board for the discussion and noted the update report due back in 3 months as an update on progression to the Health and Wellbeing Board. (**Action**: for inclusion on the Board's Forward Work Programme)

RESOLVED:

1. **The Health and Wellbeing Board noted and provided feedback on the plans and development activities set out in this report.**

9. BARNET CCG'S IMPROVED FINANCIAL POSITION (Agenda Item 9):

The Chairman welcomed the update report which sets out the Barnet CCG's improved financial position and commended the efforts made towards achieving financial stability. Ms Wakeling also welcomed the report as good news and the update on the financial position, noting the increase in national allocation.

The Chairman asked for an update about progress towards reaching the fair share allocation. Ms Jacob stated that it will difficult to say but that it will become clearer nearer the end of the five year projection plans.

Ms Jacob noted the information set out in the table under section 4.2. It was also noted that the CCG is expected to remain 1% under its Fair Share target for the next four years.

Councillor Thompstone asked how much the portion of the increased allocation is towards the support of children and the impact of underperforming health functions for

children. Ms Gritzner informed the Board that an update can be provided to the Board about what percentage of the allocation is used towards the support of children. (**Action**)

It was **RESOLVED:**

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

10. PRIMARY CARE CO-COMMISSIONING OPTIONS (Agenda Item 10):

Beverley Wilding, Head of Primary Care Commissioning, Barnet CCG was welcomed to join the table. Ms Wilding presented the item which sets out the opportunity to apply for Delegated Commissioning of Primary Care Services.

In relation to a query from the Board, Ms Wilding noted that if it is agreed to apply for Delegated Commissioning, each CCG would still retain its own local Primary Care Commissioning Committee and it is proposed that NCL CCG's would establish a Committee in Common.

Following a query from the Board about management of conflicts of interests, Ms Wilding gave assurances to the Board about the constitutional and governance procedures that have been put in place for the purposes of avoidance of conflicts of interests.

The Commissioning Director for Adults and Health noted that there is an expectation that all CCGs become delegated commissioners at some point in the future. She stated that in turn, this will be beneficial by way of enabling NCL as a system to work collaboratively and review issues across NCL as a whole.

The Vice-Chairman, Dr Frost noted that the Governing Body of the CCG had expressed support towards moving to level 3 delegated commissioning of Primary Care Services.

The Head of Barnet Healthwatch, Michael Rich informed the Board that following consideration of the proposed governance structure, he would also be in support of moving to level 3 delegated commissioning. However, Mr Rich also noted the importance of engagement about delegated commissioning with stakeholders, service users and patients providing transparent information about the governance structures and conflict of interests.

The Chairman thanked the Board for the feedback. In relation to the three key questions put to the Board, it was noted that the Board

- *endorse the move to level 3 commissioning;*
- *that the Board expressed views on the importance of consulting with stakeholders about the proposed move to level 3 commissioning and that;*
- *the Board is satisfied with the information contained in the report and the Stakeholder Engagement Pack.*

It was therefore **RESOLVED:**

1. **That the Health and Wellbeing Board considered and commented 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.**

6

2. **That the Health and Wellbeing Board considered and commented on the key questions set out in the Stakeholder Engagement Pack and provided feedback to Barnet CCG as set out above:**
   - **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?**

11. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (2015 - 2020) PROGRESS UPDATE (Agenda Item 11):

The Chairman introduced the report and noted that the Joint Health and Wellbeing Strategy Implementation Plan 2015-2020 was received by the Board at its meeting in January 2016. The Board had also agreed to receive progress report updates at each meeting.

Mr Munday noted the progress achieved, particularly in respect of the initial health assessments for Looked After Children (LAC) which have been completed within the statutory timeframe of 28 days. However Mr Munday also noted that progress has been made but it is important to continue to monitor progression.

With regards to supporting people with mental health problems into employment, Ms Wakeling explained the issues with the indicator as this is a restricted national definition to allow for benchmarking. Ms Wakeling went on to explain the positive impact of a number of employment support services in the borough such as The Network, BOOST, and Twining.

Dr Frost asked for information to be provided to GPs which details the services that can support people into employment, who is eligible for support and the referral routes. (**Action)**

The Board received a short video clip presentation about the Barnet Integrated Locality Team (BILT) which coordinates care for older adult residents with complex medical and social care needs, as well as providing support to carers in the west of the borough. The Board heard about the BILT's coordinated approach towards supporting service users and carers and enabling people to live more independently. BILT was developed as part of the borough's Better Care Fund and is currently being rolled out across the borough.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board noted and commented as above on the progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) and agreed further action where necessary.**

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

The Board noted the standing item on the agenda which sets out the minutes of the Joint Commissioning Executive Group meeting held on 20th June 2016.

7

It was **RESOLVED:**

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

13. NCL SUSTAINABILITY AND TRANSFORMATION PLAN (Agenda Item 13):

The Chairman introduced the report. The Board noted that the plan for a plan was submitted to NHS England on the 30 June.

Following a query from the Board, Cathy Gritzner noted that the September submission will address the focus on prevention in the system through joint collaboration between the Local Authority, Barnet CCG and NHSE.

RESOLVED:

1. **That the Health and Wellbeing Board reviewed and commented on the NCL Sustainability and Transformation plan.**

14. FORWARD WORK PROGRAMME (Agenda Item 14):

The Board noted the standing item on the agenda which sets out the Forward Work Programme for 2016/2017. The Board noted that the November agenda will include items on Finchley Memorial Hospital and a further update on childhood immunisation.

RESOLVED:

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

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

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

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

None.

16. MOTION TO EXCLUDE THE PRESS AND PUBLIC (Agenda Item 16):

The Chairman moved a motion which was seconded and agreed to exclude the press and public from the meeting on the grounds that the discussion will involve information relating to the financial or business affairs of any particular person (including the authority holding that information) in line with paragraph 3 to Schedule 12A of Local Government Act 1972.

8

The public gallery was cleared of the public and press.

17. NCL SUSTAINABILITY AND TRANSFORMATION PLAN (EXEMPT) (Agenda Item 17):

The Board noted the contents of the exempt item.

RESOLVED:

1. **That the Health and Wellbeing Board noted the exempt report.**

18. ANY OTHER EXEMPT ITEM(S) THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 18):

None.

The meeting finished at 12.20 pm

9

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AGENDA ITEM 6

	Health and Wellbeing Board **15th September 2016**
Title	**NHS Barnet Clinical Commissioning Group – Primary Care Progress Report**
Report of	Director of Strategic Development
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	**Appendix 1** – Risk stratification – patient leaflet – please note that the content will broadly be the same, but with the Barnet CCG logo to be completed when staff member returns from annual leave **Appendix 2** – Risk stratification – implementation with practices – as shared with the Local Medical Committee
Officer Contact Details	Sean Barnett; Primary Care – Programme Manager sean.barnett@barnetccg.nhs.uk

Summary

Barnet CCG agreed and published its Strategic Framework for Primary care [1] at the CCG Governing Body meeting on 26th May 2016. This has three broad workstreams of: Accessible Care, Proactive Care and Co-ordinated Care.
These workstreams are underpinned through three enablers of: Information management and technology (IM&T), estates and Workforce.

Once published it was agreed that the CCG would engage further with GP member practices to ascertain priorities for the framework and commence an implementation plan during 2016/2017.

[1] http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160526/Paper%2015.0%20Barnet%20CCG%20-%20Strategic%20Framework%20for%20Primary%20Care%20FINAL%20DRAFT%20-%20V8.4%2020%2005%202016.pdf

This report outlines activities that have taken place since formal approval of the framework and begins to articulate the messages coming out of the engagement work to develop the strategy and its implementation.

Recommendations
1. That the Health and Wellbeing Board notes the progress made by Barnet CCG on Primary Care issues related to the Strategic Framework.
2. That the Health and Wellbeing Board notes the planned programme for delivery on future aspects of the Strategic Framework for Primary Care, including the initial considerations for reducing acute activity and re-provision within the community.
3. That the Health and Wellbeing Board notes the additional activity related to the Sustainability and Transformation Plan across North Central London CCGs.

1. BARNET CCG PROGRESS REPORT – PRIMARY CARE

BACKGROUND

1.1 Barnet CCG formally approved the Strategic Framework for Primary Care at its meeting on 26th May 2016 following comments and changes made at the Health and Wellbeing Board when presented with the final draft paper on 12 May 2016.

1.2 This report shows some of the activities that have taken place since then and plans for future delivery.

1.3 High-level work continues across Barnet CCG along with the other four CCGs making up the North Central London approach towards the Sustainability and Transformation Plans (STP). These plans include wide-ranging transformation plans to deliver care in fewer, larger centres, with a range of services, some of which may have traditionally been provided in secondary care settings.[2]

Technology

1.4 One important aspect of the Primary Care Strategy, and identified as an urgent work piece is the commissioning and deployment of a new Risk Stratification Tool – which straddles all three workstreams of Proactive, Accessible and Co-ordinated Care. Further draft information can be found at appendix 1 and 2.

1.5 Risk stratification or case finding is a process GPs use to help them to identify and support patients with long-term conditions and to help prevent un-planned hospital admissions or reduce the risk of certain diseases developing such as

[2] http://www.barnetccg.nhs.uk/Downloads/News%20items/NCL-STP-progress-update-30-June-2016.pdf

type 2 diabetes.

1.6 The CCG also uses risk stratified data to understand the health needs of the local population in order to plan and commission the right services. The CCG does not have access to personal data. The information is de-identified or pseudonymised before being received by the CCG.

1.7 Pseudonymisation is a technical process that replaces identifiable information such as a NHS number, postcode, date of birth with a unique identifier, which obscures the 'real world' identity of the individual patient to those working with the data. It is used to preserve the patient's privacy and data confidentiality. It allows records for the same patient from different sources to be linked to create a complete longitudinal record which is comprehensive clinical summary of that patient's condition, history and care. We use a system from NHS Arden to undertake this process.

1.8 Linkage of data from different health is undertaken enabling the processing of data and provision of appropriate analytical support for GP's and CCG's whilst protecting the privacy and confidentiality of the patient(s).

1.9 Technical and organisational measures are in place to ensure the security and protection of personal confidential data. Robust access controls are in place to ensure only GPs are able to re-identify information about their individual patients with their consent when it is necessary for the provision of their care.

1.10 NHS England have recently allowed initial phase 1 approval for our central primary care bid for £1.5m towards a fully integrated digital shared care record system. This will allow clinical staff in primary, acute and community services to see and write back essential clinical information – removing duplication and allowing faster decision making to take place.

1.11 The CCG, together with others in NCL are developing a new specification for supporting practices with developments and use of IM&T, especially with regards upgrade of equipment, sharing data and working in integrated teams. This revised support contract aims to be ready by April 2017.

Engagement

1.12 The CCG has completed initial engagement with all 62 member practices through a series of workshop events attended by General Practitioners (GPs), practice managers, nurses, health care assistants and pharmacists. The CCG also received a 360 degree feedback report from member practices which clearly showed an urgent need for the CCG to engage more proactively with practices. As a result we have re-invigorated the locality meetings (three for Barnet) where members can meet to discuss strategic and operational aspects of running and commissioning services.

1.13 Healthwatch remain a valuable resource and partner in understanding patient/community needs and feedback on specific services – both positive and negative. A CCG officer is attending sessions with Healthwatch to further

help explain the role and processes undertaken across the CCG for volunteer members so that they are better informed and feel able to comment on our strategic vision and plans further as they develop.

Estates

1.14 NHS England have also approved the initial assessment phase for 8 estate schemes to significantly expand and modernise primary care estates especially at Colindale and Grahame Park, but if approved will also allow work to start in other areas of Barnet seeing significant pressure on the physical locations of our practices.

1.15 Further estate improvements have been approved by the CCG for local (smaller scale) Improvement Grants. Final decision on these will be made by NHS England shortly, but will help address some aspects of poor quality within buildings of specific GP practices locally including providing additional rooms – and in turn additional appointment slots for patients.

1.16 BCCG are in the process of approving and publishing a revised Strategic Estates Plan. This plan takes the estates elements of the General Practice Forward View publication[3] to ensure that we gain maximum advantage of available funding and plan for an estates profile that delivers the improvements to health care. We aim to share the approved plan by September 2016.

Decision Making

1.17 The CCG recognised that some of our internal processes and systems were dis-jointed resulting in delayed decision making and lack of clarity on our direction. The CCG commissioned the Good Governance Institute to review our processes and has just released to us a report with a number of recommendations. These will impact on primary care in terms of helping to ensure decision making is clear and robust, with a clear plan for delivery and accountability. The board are considering that report and actions that we should undertake in coming weeks. This report will also have an impact on the way we work with the other 4 CCGs in NCL, so we are moving carefully together in consideration of the wider timetable for commissioning intentions.

Quality

1.18 We continue to work with NHS England (London) on improving quality across Primary Care. A newly devised quality report which brings together patient survey data, complaints, CQC reports and contractual reporting will now be received on a regular basis to the CCG Clinical Quality Team. NHS E have also revised their support package for practices struggling to meet certain contractual aspects so that they can find the time for clinical staff to improve the running of practices and improve clinical care.

[3] https://www.england.nhs.uk/ourwork/gpfv/

1.19 BCCG are pleased to report that a total of 45 practices (73%) have now been inspected by the Care Quality Commission (CQC)[4]

38 were rated as Good (61% of practices or 84% of inspected practices)

None of our practices have been graded as Outstanding. We have 7 practices that we are supporting alongside NHS E:

4 are rated as Requires Improvement (6% of practices or 9% of inspected practices):

- Dr Isaacson and Partners,
- The Village Surgery,
- Lane End Medical Group,
- Bicknoller Surgery

3 have been rated as Inadequate (5% of practices or 7% of inspected practices)

- Boyne Avenue Surgery
- Watford Way Medical Centre
- Woodcroft Medical Centre

BCCG together with NHSE and the Local Medical Committee are assisting the 7 practices above with regards clinical leadership, operational changes, training and, where required, physical improvements to practices.

1.20 For the last two years most general practices in Barnet CCG have not participated in the National Diabetes survey. This year, following active intervention by the CCG team, over 50% of practices have submitted data. Once analysed, the data will give us a much more accurate picture of the state of diabetes care in primary care and we can then agree a plan to improve care further and share best practice. This is one example of how we aim to improve clinical quality through delivery of better services, and using data to focus on aspects that make the most difference to outcomes for patients.

1.21 All locally commissioned schemes to improve clinical outcomes, such as anticoagulation, are under review with a plan to group together a number of small schemes into one Long Term Conditions scheme that can be deployed across the whole of Barnet and delivered to a uniform standard in April 2017. This work is being clinically led in partnership with other CCGs in NCL to understand our data, agree costs and improve clinical performance further.

[4] http://www.cqc.org.uk/search/services/doctors-gps?location=Barnet%2C%20United%20Kingdom&latitude=&longitude=&sort=distance&la=&distance=5&mode=html
Users can search by postcode or practice name within the CQC website which is publically available. The link above shows all facilities within 5miles of "Barnet", including some in neighbouring CCGs.

General Practice Federation

1.22 BCCG have been working closely with the newly established pan-Barnet Federation of GPs since its inception in 2015. The federation is composed of all 62 member practices and is being seen as a potential vehicle for delivery of services closer to patients' home, out of hospital and for primary care services that traditionally have been difficult to provide out of small practices. The federation are seen as being able to work at scale across the borough, supporting practices with new innovative approaches to healthcare, economies of scale in day to day operations and future-proofing the system during a rapid period of change.

1.23 It is widely recognised that a significant amount of clinical activity that takes place in acute hospitals could be safely and effectively undertaken in primary and community settings. We have established a Care Closer to Home group chaired by Dr Ahmer Farooq to look closely and work in partnership with current providers in seeing what can transition out of secondary care. This may mean changing the skill mix of staff within practices and consultant and other hospital staff running sessions in the community.

1.24 The GP Federation were initially awarded the pilot to deliver the GP Access (GP Hub) Scheme in December 2015. The CCG team are reviewing the GP Access service which remains a pilot scheme at present, providing some 250 weekly appointments in evenings and weekends across 16 different locations for primary care. We are working closely with NHSE to ensure the additional funding required of c£1m is secured to provide this on a contractual basis for the next three years. Some 10,000 additional appointments have already been provided with very good patient satisfaction survey scores. We have also asked Healthwatch to undertake a Survey Monkey across its members as part of that evaluation. The final report is planned for the September 2016 meeting of the Primary care Working Group within BCCG.

Commissioning Intentions

1.25 Commissioning Intentions is the part of the CCG announces what activity it intends to commission or decommission in future years. This work has only just started for 2017/18, but our initial thoughts are:

a) NCL-wide review of the end to end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.

b) A review of the current wound care pathway has identified some gaps in primary care provision. Planned new model will support the delivery of care in a community setting and enable the reduction of unscheduled

attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care.

c) Improve the Service Specification for Looked After Children (LAC) to reflect new assessment criteria. The nurse establishment needs to be increased to achieve recommended caseload levels for WTE nurse. Further work is also required to improve the quality of reporting under the current Locally Commissioned Service agreement with primary care. Current service specification with RF(L) is out of date and needs reviewing in the light of new legislation for SEND. The new timeframes in particular, will put pressure on the community paediatrics pathway.

d) The CCG seeks to develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. Thus ensuring that NHS resources are directed towards investing in quality and not paying for the costs of failure, as has happened in the past. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice. The objective will be to ensure the onward care of a patient is prioritised by moving patients out of an acute bed and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process

e) Decommission routine follow ups from secondary care, and re-commission from community/primary care providers. This will be across a number of clinical specialities, identified in partnership with RightCare (NHS E) and the current providers with local GPs where it is safe and suitable to do so.

f) Review of Walk In Centre commissioning arrangements as part of the wider urgent care review and Finchley Memorial Hospital development to enhance primary care service

Workforce

1.26 One key enabler is our workforce. BCCG are pleased to have recommissioned CEPN – Community Educators Provider Network - across Barnet to deliver another 12 month programme. In primary care this includes supporting trainee GPs, providing additional clinical training opportunities for GPs and Nurses and a new course for health care practitioners in primary care. We will also continue to support clinical staff wishing to return to practice with catch up courses and training.

CEPN have also agreed to continue the multi-disciplinary training sessions with practice staff and local pharmacists planning on how together, they can help deliver more effective healthcare.

1.27 In 2015 we held a very successful Practice Nurse development day. We are repeating that day in November 2016 with new items to allow discussion and sharing of best practice at a local level within practices.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board are asked to note the progress made to the wider work programme for Primary Care in the local NHS.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not relevant to the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 The work programme will consist of:

- Developing the detailed Implementation Plan following the receipt of the practice engagement sessions
- Providing details of the commissioning intentions affecting primary care
- Publishing the revised Estates Plan
- Sharing the results of the ETTF bids in IM&T and estates
- Commissioning a revised GP Access Scheme for evening and weekend GP appointments
- If known, sharing details of the new commissioning arrangements for primary care if devolution goes ahead.

4.2 The CCG will provide a further update on progress of Primary Care matters in 6 months time – March 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Monitoring reports of service developments will be available via the governing body reports and progress on delivering the framework approaches reported back to HWBB in March 2017.

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in the development of the CCG's primary care strategy and approaches to improving health outcomes.[5] The Strategy supports the overarching aims of the Council's Corporate Plan 2015-2020.

5.1.3 The CCG continue to build good working relationships with Healthwatch for example through consultation work on Level 3 Commissioning in primary care.

[5] https://barnet.gov.uk/citizen-home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

The CCG continue excellent relationships with the planning team around major residential developments and future provision of clinical services locally.

5.1.4 The report helps to assure the Health and Wellbeing Board that good progress has been made, and programme plans are in place to continue at pace the transformation of primary care locally, alongside partners.

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

5.2.1 This report does not require any additional financial resourcing at this time, all resourcing is either from the BCCG budget or NHS E. Some £1.8m funding under section 106 for estates at Colindale and Grahame Park have already been agreed.

5.2.2 The IM&T project has applied for £1.5m of NHS funds to deliver locally in partnership with Camden a digital shared care record.

5.2.3 The Risk Stratification Tool has been procured at a cost of approx. £120,000 from NHS funds.

5.2.4 BCCG have requested some £4m from the Estates and Technology Transformation Fund (ETTF)(NHS) for 8 schemes across Barnet, and whilst we do not expect to be awarded money for all schemes, all 8 have progressed to phase 2 evaluation with NHS England.

5.3 **Social Value**

5.3.1 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.

5.3.2 The CCG is aware that in order to engage more widely a greater degree of stakeholder involvement in designing services is required. We intend to achieve this through greater participation through Healthwatch and GP Practice patient groups. Some of these are performing well, with some GPs still to establish groups. We are working with the GP Federation across Barnet to see how we can support such groups and chairs to provider a more holistic feedback and input with service changes and improvements.

5.3.3 The GP Access service carried out a full survey of all patients attending the service which is being evaluated before changes are made to a longer term contract once the pilot scheme stops.

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 (Annex 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 programme of delivery is managed through a Project Management Office (PMO) at the CCG. This office logs and tracks all risks and issues that arise during the project deployment.

5.5.2 Risk 1: Project delays caused by staff changes. The CCG has experienced a high turnover of management and project staff in the last 24 months. Whilst this has stabilised in recent months following the arrival of a new, permanent Accountable Officer, the potential for re-organisation remains across NCL. The project plans are shared across the organisation, using a team matrix

delivery approach, with monthly Primary care Working Group meetings taking place. All staff who leave the organisation provide a full written handover plan detailing work aspects completed and planned. The PMO team track all elements of the delivery plan.

5.5.3 Risk 2: Funding from the ETTF fails to be granted in part or in full. There is a real risk due to over subscription of the funding allocation across London that we will not realise the whole funding requested. The CCG has recognised the importance of all of the schemes submitted for funding and will prioritise from other budget allocations the IM&T bid above all others. It will also support the Colindale and Grahame Park bids as it recognises the strategic importance of these schemes. Other estates schemes will be placed on hold whilst different funding streams are found.

5.6 Equalities and Diversity

5.6.1 All senior management staff have completed Equality and Diversity training to ensure that the team are fully aware of their obligations.

5.6.2 Data extract reports are being examined to see what the CCG can do to ensure good access of services for patients from protected characteristic groups. Written reports form all providers are provided on an annual basis to ensure those that we commission to provide services complete their obligations too.

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

5.7 Consultation and Engagement

5.7.1 The CCG recognises that it is important that we improve engagement with member practices. During June and July we held nine workshop events attended by over 100 clinical and operational staff in primary care including GPs, nurse, managers and pharmacists. These sessions are being evaluated to help us prioritise the elements in the strategic framework for delivery during this and subsequent years.

5.7.2 BCCG welcomes further input and discussion with key stakeholders and thanks Healthwatch, the Young Peoples forum and input commissioners and groups for their participation in writing and developing the strategic framework to date.

5.7.3 Healthwatch have conducted a Survey Monkey of its members relating to the GP Access scheme

5.7.4 Healthwatch are due to attend a workshop on level 3 commissioning on 16th August

5.7.5 A drop-in session will be held for primary care staff to discuss level 3 commissioning

5.7.6 The CCG has strengthened the 3 locality groups for meaningful engagement with GP practice members

5.7.7 CCG have met with LBB planning officers John Allen and Adam Driscoll to share strategic direction and request co-operation and involvement as stakeholder when planning applications considered relating to health needs.

5.8 **Insight**

5.7.8 The Strategic Framework acknowledged the information and important aspects of the JSNA in tackling health inequalities. The programme of works aims to ensure that these are further reduced and quality aspects are improved.

6. BACKGROUND PAPERS

6.1 Strategic Framework for Primary Care, Health and Wellbeing Board, 12 May 2016, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

NHS
Islington
Clinical Commissioning Group

Your health records

Your health records

To make sure that you receive the best possible medical treatment without delay, we must keep records about you, your health and the medical care you receive.

Your health records include information like test results, medications, allergies and social care or mental health information relevant to your health care.

This leaflet is about those records, how they are used, and your rights to control information about you.

Each time you see a care professional – GP, doctor, nurse or other health and social care professionals such as a specialist at your local hospital or an out of hours GP – they refer to your health records and update them with current details of your health and any treatment they give you.

Keeping a single shared set of your records means that everyone involved in your care works together as a team to make the best decisions about your diagnosis, treatment and care plan. This means:

- you don't have to repeat your medical history every time you see someone new;
- you have treatment and care based on up-to-date records;
- you shouldn't have any unnecessary hospital stays or duplicate tests;
- everyone involved in your care has access to current information when they need it;
- your records are more secure because there are no longer several copies held in different places.

About your health records

Your health records have information relevant to your care, including:

- your name, address, date of birth and NHS number;
- details of any medicines, allergies, test results and X-rays;
- your medical history, such as past illnesses, time in hospital and visits to your GP;
- details of any chronic or ongoing illnesses such as diabetes or arthritis;
- plans for your future care.

The people who care for you share these records so they can work as a team to provide you with safe and effective care that is based on the right information.

You have the right to decide how your information is used and can change your mind at any time.

Keeping your information safe and secure

Your records will be secure and will only be accessed in specific circumstances by a limited number of professionals.

Everyone who works for the NHS or in partnership with us must comply with the Data Protection Act and NHS's own standards of confidentiality, which control how personal information is used, shared, processed and stored. Anyone who receives your information has a legal duty to keep it confidential at all times so whatever you decide, your records will always be held safely and securely.

Your information, your choice

You will normally be asked for your consent each and every time someone wants to access your personal health records. Only people directly involved in your care are allowed to see your health records and they will only be given as much information as they need to play their part in your care.

The main exception to this will be in a medical emergency where life-saving treatment may be required.

You also have the right to:

- ask for a copy of all records held about you (there may be an administration charge for providing these);
- ask for a list of everyone who has looked at your records and when;
- choose someone to make decisions about your healthcare if you become unable to do so (this is called 'a lasting power of attorney').

If you decide you wish to restrict how your health records are shared, you have the right to do so. However this could affect the quality of care you receive, particularly in an emergency. For example, if your records weren't shared and you were in an accident, A&E staff would not have important information about you at their fingertips to help them make critical, life-saving decisions about your care and treatment.

For more information about opting out, please speak to your GP.

Using information to bring you better services

Alongside hospitals and GPs, there are organisations that monitor the performance of healthcare and plan for future services. One of those is Islington Clinical Commissioning Group (CCG).

Islington CCG plans and buys (known as commissioning) local health services for the people of Islington and is responsible for monitoring how well those services perform. To help us do this we need to collect and study anonymous health information. Access to anonymised health data is also governed by strict rules of access, use and confidentiality, and is used for specific health-related purposes.

For example, anonymous information may show that people in Islington have a high incidence of depression and dementia. We can use that information to improve early diagnosis and increase access to our psychological therapies and community clinics.

We treat anonymous data with the same strict safety and security measures as your individual health record.

If you don't want your information used for this purpose just tell your GP and he or she will ensure that your information isn't collected. You can do this at any time and change your mind as often as you like.

Want to know more?

If you have any concerns about privacy and confidentiality, or want to know more about how we use anonymous information, you should check with your GP or contact Islington Clinical Commissioning Group at the address below.

This leaflet was produced by Islington CCG. To tell us what you think about this leaflet and find out more about how you can get involved with our work:

Islington Clinical Commissioning Group
338-346 Goswell Road
London
EC1V 7LQ

Telephone: 020 3688 2900
Email: islington.ccg@nhs.net
Web: www.islingtonccg.nhs.uk

INSERT TRANSLATION

Mobilisation of a New Risk Tool

Executive Summary

Integrated Care is a strategic change programme deliverable for both Barnet CCG and Barnet Council. The purpose of the programme is to focus on adults who are at higher risk of hospital admission and/or have complex needs, with the aim of delivering improved outcomes; access to more integrated care outside of hospital; a reduction in unnecessary hospital admissions; and enable effective working of professionals across provider boundaries.

Phase One of the programme saw the introduction of case navigators, a Barnet wider multi-disciplinary team meeting (run once a week) and a risk stratification tool; in addition to a number of prevention programmes e.g. Dementia Cafes and the revised falls service. The aim being to provide care coordination with proactive case management, care planning, navigation and sign-posting of people at very high risk and high risk of admission (who have 3 or more long-term conditions (LTCs)).

Phase Two involved piloting a co-located integrated locality team in the West of the Borough.

Phase Three of the programme of work aims to bring together the services established in phase one and two under one umbrella, providing a holistic care model covering care requirements for the agreed cohort spanning primary care, community care and entry points into unscheduled acute care and acting as an enabler for the work currently being mobilised as part of the Finchley Memorial Hospital initiatives as well as the Care Homes and End of Life strategies.

Being able to identify patients who will benefit the most from accessing the services and track the effectiveness of the interventions offered will form a core part of the integrated programme moving forward in order to deliver this objective, Barnet CCG requires a dynamic risk stratification solution to help gain a greater understanding of the changing needs of the local population and to support intelligent commissioning of services.

1 Background Information and Management Summary

There are a number of drivers influencing the approach adopted, key ones are highlighted below:

1.1 National Policy

The Integrated Care agenda is a powerful model for transformational change and service re-design in the way we deliver and manage care for the frail elderly and individuals who are at risk of hospital admission and frequently have one or more long term condition.

1.2 Better Care Fund (BCF)

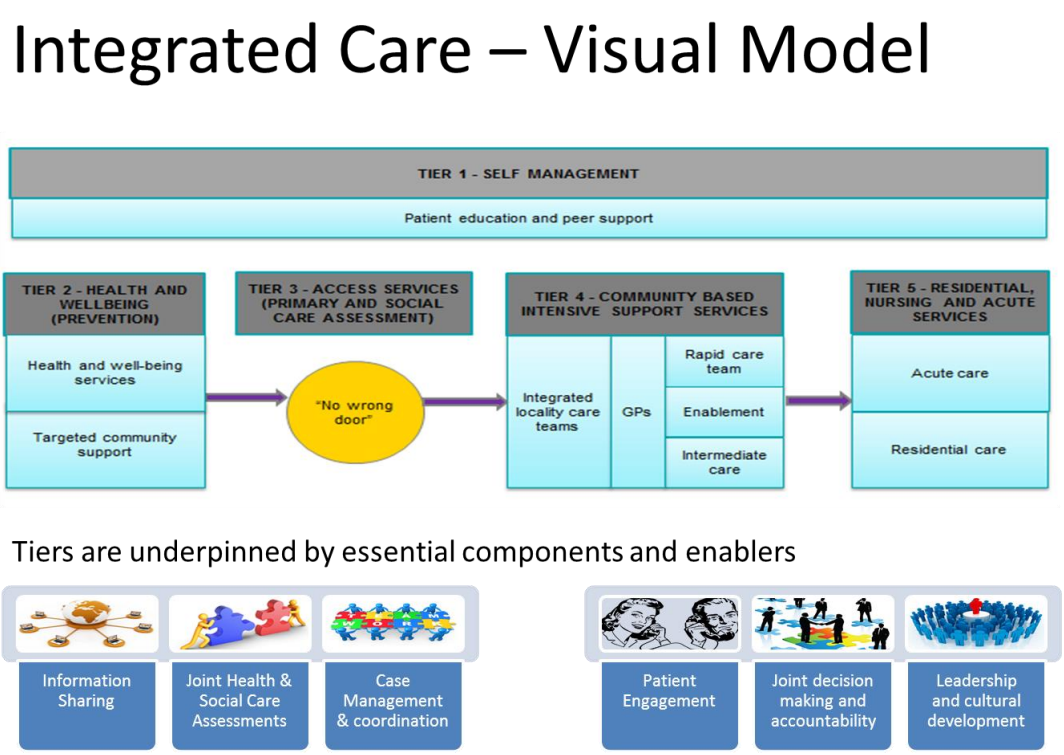
In June 2013 the Government announced the 'Integration Transformation Fund' (ITF) now re-named the BCF. The BCF will be implemented in the form of a single pooled budget of £3.8 billion to enable closer working between health and social care in local areas when delivering services to adults. Additional guidance has subsequently been released[1], detailing the monitoring requirements that CCGs must fulfil. Noteworthy is the section on having robust evidence base and risk stratification to support the implementations that have been identified.

1.3 Admission Avoidance Direct Enhanced Service (DES)

The Admissions Avoidance DES payment incentive scheme for GPs was put in place 2014/15. Under this arrangement GPs signed up to undertaking risk stratification and identification of patients at risk. The DES served as a key enabler for GPs and provided the initial support for our local Integrated Care delivery processes. In 2015/16 NHS England offered a similar scheme under the *Enhance Service* scheme –Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people.

[1] https://www.england.nhs.uk/wp-content/uploads/2014/09/making-it-better-v4.pdf

2 Local Context



Our local model for managing care in Barnet is depicted in the 5-Tier model above; and outlined in the draft Health and Wellbeing strategy 2016-2020. A brief synopsis of the key enablers is outlined below:

- Rapid Care**:** Provides intensive, home-based packages of care to support people in periods of exacerbation or ill-health.

- Weekly Multi –Disciplinary Team Meeting (MDT): The Barnet MDT (Multi-disciplinary Team) continues to bring together all services who work with Frail and Elderly Barnet residents to provide expertise and care planning for those people who have the most complex needs. This service

- Community Point of Access: Receives and manages referrals for adult community health services, ensuring urgent and non-urgent referrals and requests are pro-actively managed to enable rapid co-ordinated care and effective planned care.

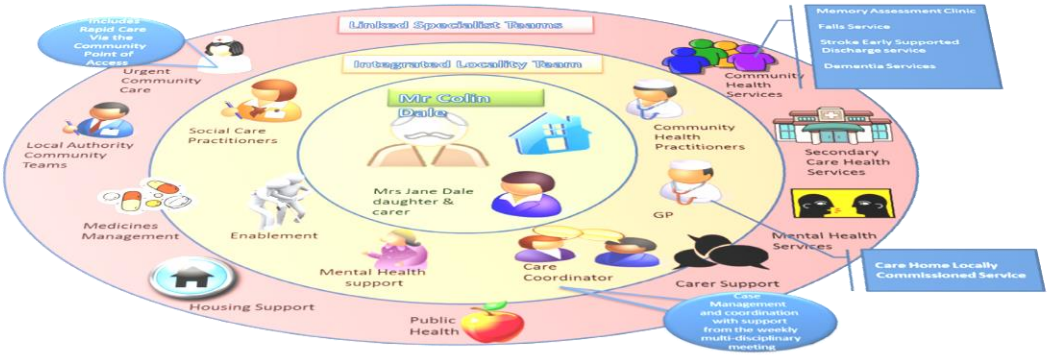
- Case Navigation Service: enables access to local services including community care assessments, and advice on use of personal budgets.

- Integrated Locality Team**:** The pilot of the integrated locality teams, which has been testing models of integration, in the West of the Borough has demonstrated the effectiveness of providing community based care in collaboration with practices. The service is now being mobilised across the North and South localities from August 2016 onwards.

- Older Peoples Assessment Service: Provision of Assessment clinics, Responsive frailty clinics at Finchley Memorial Hospital (procurement commencing in Q2 of 2016).

3 What is being proposed

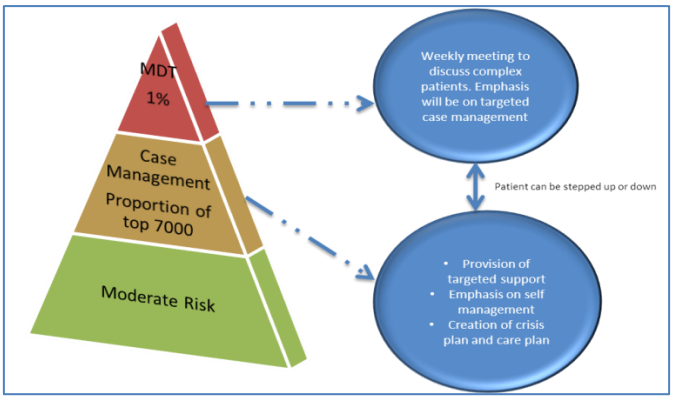
The model outlined below is still focused around patient-centred care delivering early interventions, diagnosis and the management of long term conditions by enabling more alternatives to hospital admission, and providing care closer to home through a pathway of care using a systematic approach.



4 Patient Identification

It is essential that a best practice approach is adopted for identifying patients that would benefit most from accessing the integrated locality team and the older people's assessment service. Van guard sites including Redbridge, Greenwich and WELC have all utilised a risk stratification tool to manage and track patients through the system in conjunction with their existing clinical systems.

Do note that **the resources required for administering the risk profiling tool used to identify and track patients have already been included in the integrated locality team** setup. It is anticipated that this approach will facilitate the process of managing patients within the care triangle (see diagram below).



5 The New Risk Tool

Risk stratification remains one of the central components in the delivery of Integrated Care model in both enhancing quality of care for people with more complex needs and reducing avoidable unplanned hospital admissions.

The new risk stratification tool which will be rolled out across Barnet is provided by Arden and GEM Commissioning Support Unit.

The tool is delivered through Arden and GEM CSUs in-house developed information system, GEMIMA. This is underpinned by the Johns Hopkins University Adjusted Clinical Groups (ACG) algorithm. This well established risk stratification tool has been effectively used by Arden and GEM CSU in Leicestershire (3 CCGs) and Northamptonshire (2 CCGs) since 2013. It is also used in other CCGs nationally as well as having working applications internationally.

Uses and benefits of the ACG Risk Stratification Tool include:

- Case finding – supporting practices to understand that risk is not all about the risk of Emergency Admission. The ACG Risk Stratification tool can identify risk in 6 different domains. A key measure within this is the re-scaled cost index.
- Supporting GP practices to use the tool and reporting output to identify patients with emerging need rather than patients with an already established high need.
- Population profiling – Looking at the distribution of clinical risk in
    a. Care home population
    b. Learning disabilities population, allowing for the identification of several areas of skill and knowledge opportunities in healthcare delivery.
- Helping CCGs understand the fundamental impact of multi morbidity as a driver for emergency admissions.
- Enriching the understanding of elements of primary care quality and performance, using case mix adjustment.
- Uncovering of undercoding of key long term conditions in certain practices.

From a whole system perspective this will enable the local health economy to have access to information that will enable it to:

- Identify patients at risk of future A&E attendances, unplanned admissions and at increased risk of being placed into a nursing or residential home
- Identify the most important conditions, including but not limited to, long term conditions effecting frail and elderly.
- Understanding the variation of risk of future unplanned attendances, hospital admissions and placements in residential or nursing care homes across the local population.
- Allow case finders to identify patients for review for case management intervention and multi-disciplinary team case conference.

6 What Is Involved in Mobilising the New Tool

This section provides a high level view of the actions and steps that will take place over the coming months. It is anticipated that the tool will be accessible to users from October 2016 onwards.

- **Information Governance**[2] – There are a number of information governance steps that will need to be completed by each practice before patient data can be shared with the risk tool provider and before users can access the tool

    - Practices will be asked to sign a new Information Sharing Agreement (ISA) before electronic consent is provided on their EMIS Web clinical system. A draft version of the ISA is attached to this document.

    - Comply[3] with the Fair Processing Notice[4]: Practices will be provided with notices and electronic leaflets which must be available to patients. *An example notice has been provided to show what could be included, the CCG is in the process of drafting generic version that practices can use.*

    - All users of the ACG risk stratification tool will require a GEMIMA user account. Arden and GEM CSU will create accounts for all users rather than ask them to follow the self-registration process. Practices will be asked to provide details on the staff and login details will be sent out.

- **Training** - Users will be invited to training sessions where they will have the opportunity to see the tool first hand and learn how they can effectively use it in their roles. Arden and GEM CSU will take a varied approach to training. Initial training will be for key groups including the integrated locality Team staff; a staggered approach will then be taken for GPs and practice staff.

- **Engagement Activities -** The CCG will initially contact the practices to let them know about the new ACG risk stratification tool and apprise them of the new information governance requirements, what will be required from them and timescales for delivery.

    - Arden and GEM CSUs dedicated team for risk stratification will be able to assist practices with any queries they may have.
    - Existing forums such as locality and practice meetings will be used to keep practices updated. This will allow users to ask any questions, as well as allowing the CCG and the CSU to clearly demonstrate the uses and benefits of the tool.

Author: Muyi Adekoya
Acting Head of Service
Barnet CCG
July 2016

[2] https://www.england.nhs.uk/wp-content/uploads/2016/07/risk-stratification-ass-statement.pdf
[3] https://www.england.nhs.uk/ourwork/tsd/ig/ig-fair-process/fair-process-gps/
[4] https://www.england.nhs.uk/ourwork/tsd/ig/ig-fair-process/checklist/

AGENDA ITEM 7

	Health and Wellbeing Board **15 September 2016**
Title	**Children and Adolescent Mental Health Services – CAMHS Transformation**
Report of	Interim Director of Commissioning Barnet CCG Commissioning Director-Children and Young People London Borough of Barnet
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None.
Officer Contact Details	Eamann Devlin, CAMHS Joint Commissioning Manager, Barnet CCG eamann.devlin@barnetccg.nhs.uk / 0203 813 3655

Summary

Barnet, through its Children and Young People's Plan 2016-2020 (i), sets out a clear aspiration to make Barnet the most Family Friendly Borough by 2020 where all children and young people flourish. At the heart of this vision is the development of a consistent model of work which builds resilience in our communities, our families and our children and young people.

In March 2015 the Government published a new policy for Children's and Adolescent Mental Health Services (CAMHS) 'Future in Mind'. This identified the growing levels of emotional problems among young people and the need to deliver fundamental change in CAMHS Services to meet this need.

In late 2015, NHSE agreed the jointly developed Barnet Local Transformation Plan and made funds available to CCGs to transform Children and Adolescent Mental Health services. Key developments include:

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

- Developing the workforce

Significant short term progress has been made to date and additional plans are in place for 2016/17 including work to reduce waiting times

The Barnet CAMHS Transformation Plan and Barnet Family Friendly vision establish the shared objectives of improving outcomes for children and young people by intervening early and building resilience.

London Borough of Barnet and Barnet CCG have identified the need to take a joint strategic and Barnet focused approach to the commissioning of CAMH services. This will involve:

- Alignment of contracts and pooling of budgets under a section 75 arrangement to take effect by 1 October 2017
- Commissioning of children and young people's mental health and emotional wellbeing services as a whole system under the leadership of London Borough of Barnet as per the existing Memorandum of Understanding
- The new CAMHS system to begin 1 October 2017
- Additional investment to be made in prevention, resilience based practice and early intervention
- Embedding of CAMHS into the wider children's service system including schools, primary care and children and family services

This paper outlines the progress to date, future plans and commissioning intentions to ensure the delivery of better emotional wellbeing outcomes to children and young people in Barnet.

Recommendations

1. **That the Health and Wellbeing Board approves the continuing work outlined in the report to transform CAMHS including**

- LB Barnet to extend the CAMHS contract for 6 months and bring into alignment with BCCG contract
- LB Barnet and Barnet CCG to jointly commission on a whole system basis led by LB Barnet
- This will be a Barnet specific process for Community CAMHS starting Autumn 2016 for implementation by 1 October 2017
- Commissioning intentions letter to providers September 2016
- LB Barnet maintain current funding for the 6 month extension subject to approval by the board
- Implementation of a Section 75 agreement including pooled budget arrangement and governance board

1. WHY THIS REPORT IS NEEDED

BACKGROUND

1.1. The Barnet Children and Young Peoples Plan 2016-2020 developed in partnership with local young people sets out our Family Friendly Vision for the area. It is based upon the key objectives of ensuring that 'children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to'. Good emotional wellbeing is an important aspect to achieving these goals and Barnet is committed to providing effective support through local service provision.

1.2. The Government has emphasized the need for further development of local children's mental health provision. Barnet CCG and LB Barnet have embarked on an ambitious programme to improve services and pathways. The work will feed into and be incorporated in the plans of the sub-regional programme for Sustainability and Transformation for North Central London for mental health development to embed effective transformation of local services and pathways to well-being.

1.3. The high cost of mental health within acute provision budgets has been highlighted as a spur to improving early intervention and prevention, as well as increasing general provision within the Under 18 population. Barnet is now the largest London borough by population and continues to grow. There are currently 94,940 children and young people in Barnet, increasing by 8.5% to 102,978 in 2018. Up to 75% of all mental health problems emerge before an individual's 18th birthday. Anxiety and depression appear to be increasing among young people in the last 10 years. Therefore the necessity to provide a high functioning emotional wellbeing support system (ii) is a priority to respond to changing population wide needs. We wish to remodel the CAMHS system to improve access to support including resilience based practice, increase early identification and reduce waiting times.

1.4. The need for effective patient care and support to individuals in the local community, delivered as close to home as possible and meeting their needs for physical and mental health care, remain key policy drivers from the governmental white papers No Health without Mental Health 2011 and the Five Year Forward View 2016. Barnet has the second highest number of Tier 4 residential placements for CAMHS in London. The local developments in Barnet set out in this paper are designed to meet the requirements for sustainability and to deliver services at the right time, of the right quality, in the right place. Effective emotional wellbeing support for children will enhance resilience in the population and may help stem demand for long term adult mental health services.

PROGRESS REPORT ON CAMHS TRANSFORMATION AND INVESTMENT

1.5. Transformation Funding received by Barnet CCG = £800k per-annum 2015.16-2020.21. Allocations to date as follows

1.6. Eating Disorders: The objective in Barnet has been to reduce waiting times. Waiting Times improved from <4 weeks Q3 2015.16 = 32.5% - <4 weeks Q4 2015.16 = 78.6% and Q1 2016.17 = 86%. (Allocated £100k per annum additional funding). This is a mandatory area for investment identified by NHSE

1.7. Vulnerable Groups: A locally identified priority is to support vulnerable young people who are experiencing emotional distress and behavioural problems. New Pupil Referral Unit (PRU) CAMHS satellites have been set up which include dedicated mental health staff, psychologist input, group and 1-1 sessions and parental support (using £146k per-annum)

1.8. Crisis Service: A specification and tender pack have been developed to procure a new nurse led Out of Hours CAMHS Crisis Service to help support crisis and reduce admissions to hospital and long term residential placements (£275k per-annum)

1.9. CAMHS in Schools: Now offering a named Primary Mental Health Worker to all schools and a review of the general schools offer is under way including the development of a traded service. (£200k 2015.16 and 2016.17 only).

1.10. Other areas of transformation investment include

- CYP-IAPT £22k 2015.16 per-annum
- CAMHS IT and Website £88k 2015.16 only
- Co-Design and Participation (£35k spread over 2 years)

PERFORMANCE MANAGEMENT AND TARGETS

1.11. Barnet Commissioners along with Haringey and Enfield have agreed a new enhanced level of reporting with the CAMHS provider. This will offer a much better level of detail covering waiting time's referral to assessment and referral to treatment, data on discharges and onward referral. Targets for waiting times referral to assessment have been agreed to come down from < 13 weeks to < 8 weeks by the end of 2016.17 with further improvement thereafter.

1.12. Barnet will move to a more local level of performance management and disaggregation of CAMHS spend from the main mental health block contracts. This will support further development of service and performance management

2. REASONS FOR RECOMMENDATIONS

2.1 The HWBB is key to supporting the commissioning of local services that affect local residents. The need to focus on early intervention, support for self-reliance and ensuring a partnership approach to deliver a multi-skilled workforce within primary care, in children and family services and including the voluntary sector is crucial to effective children's mental health pathway provision. Barnet CCG and LB Barnet wish to continue to engage and act in the best interests of the local community. We feel this will be achieved by a joint approach to commissioning support for children's mental health by:

- Develop an 'Emotional Well Being System'-in line with The Thrive Model more efficient, responsive, integrated and outcome focused approach
- Improve patient and family experience by better prevention, resilience building, and early intervention, reducing waiting times, and making accessing support less stressful.
- Co-Design with Children, Young People and Families/Carers
- Reducing Hospital and Residential Tier 4 admissions

2.2 CAMH services should be redesigned to meet the changing needs of Barnet Young People. Levels of anxiety and depression among young people nationally have increased by 70% in the last 25 years and presentations to A+E for psychiatric symptoms doubled between 2009 and 2013.14. A new focus on early intervention, resilience and prevention is required. As a consequence opportunities to support children and young people at an early stage should be optimised. Clinical services have become silted up. Residential admissions are the second highest in London and typically double our neighbouring boroughs. Services have not been redesigned as a whole system to meet the changing needs of the population. The system must therefore be commissioned to meet need earlier in the pathways. Services must be embedded in the community and move out of hospital settings. CAMHS Transformation funding is an opportunity to radically overhaul the system.

2.3 A joint approach to developing a more integrated system can maximise the benefits for children, young people and their carers by shaping services to meet needs. Utilising existing participation structures such as Voice of the Child.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The findings referenced in 'Future in Mind' 2015' highlighting the difficulties young people and families have in accessing CAMHS nationally and specific gaps such as Crisis Support are consistent with the picture in Barnet. Barnet could utilise the additional funding of £800k received under 'Future in Mind' to add capacity to the existing system. In the short term this has been the case and some improvements have been achieved. However it is recommended that to truly transform children's mental health service we should undertake a 'whole system' transformation process. This will be achieved through partnership approaches and engineering systems to work together and provide the best care and support possible at the earliest point of contact. Other similar developments around the country have shown benefits in

ensuring systems working together can achieve better integration for delivering cross-cutting transformation and outcomes.

4. POST DECISION IMPLEMENTATION

4.1 Members of the HWBB will continue to be updated and to input to the ongoing development of CAMHS transformation.

4.2 Services will be appropriately monitored through reports of service delivery and at the discussion of the Joint Commissioning Executive Group and progress on delivering planned transformation will be reported back to the HWBB at an agreed date including

- Commissioning intention letters
- Section 75 agreement
- Consultation process

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in programme plans across the differing developments and will continue to inform the transformation process.

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 highlighted the requirement to support better integration across pathways and services for people with mental health needs and to ensure the right support at the right time to meet individual identified needs.

5.1.3 Barnet Children and Young People's Plan has helped shape the CAMHS Transformation process and this programme will support the key objectives of the 'Family Friendly' vision for children and families to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

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

5.2.1 London Borough of Barnet provides £770k funding per-annum for Community CAMHS services. Barnet CCG provides £3.8m to Community CAMHS and an additional £1.7m for specialist provision. The HWBB is not asked to consider any additional funding decisions at present over and above the continuation of the existing LB Barnet CAMHS contract for a six month extension. Current transformation is being achieved within agreed financial resources across all sectors. CAMHS Transformation funding was agreed prior to development as an investment in delivering change processes to ensure sustainability within the current financial envelope across health and social care. Barnet CCG CAMHS Transformation funds allocated by NHSE have been agreed and

signed off for 2016.17 in the Barnet Transformation Plan of December 2015.

5.2.2 The approach detailed in this proposal depends on the future commitment at all levels from the individual organisations to ensure the continued prioritisation of children's mental health to ensure quality standards are met.

5.3 **Social Value**

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

5.3.2 The developments within the planned integrated approach ensure that services providing wellbeing, health and social care for children and families deliver benefits to individuals with mental health needs in a much more coordinated fashion, supporting people when they need it and providing the right amount of support to ensure individuals develop the skills they need to make choices for their own well-being in the future. Services working together derive social capital from each other and this in turn supports a collaborative approach towards sustainability within an ever-changing economy.

5.4 **Legal and Constitutional References**

5.5 The benefits of the planned transformation will be delivered in accordance with relevant statutes including the Equality Act 2010, the Care Act 2014, the Mental Health Act 1983 as amended and the Children (not Chidren's) Act 1989.

5.5.1 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 children and families in Barnet, 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 HWBB 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.

5.6 **Risk Management**

5.6.1 As part of the ongoing development of the services, the organisations have in place full Risk and Issues logs in managing the transformations from these approaches alongside the detailed implementation plans.

5.7 **Equalities and Diversity**

5.7.1 LB Barnet and Barnet CCG will be completing their own Equality and Diversity assessments to ensure services target communities most at risk of health inequalities in all wards and to ensure improvements within areas with individuals adversely affected by the effects of negative socio-economic and stigmatising approaches. Impacts will further be gauged through piloting services and measuring outcomes. All areas require improvements given the negative stigma that has hitherto surrounded daily reporting and societal attitudes towards mental health; however the government has targeted parity of esteem with physical health to ensure mental health is considered as part of everyone's right to care and support.

5.8 **Consultation and Engagement**

5.8.1 Extensive consultation will be undertaken in transforming CAMHS through Co-design groups and action learning Trailblazers with people with lived experience of mental health, the voluntary sector, statutory sector, schools, private not-for-profit organisations, statutory secondary care and social care services, primary care GPs and practice managers, commissioners, the Police, Probation Services, elected Members and Senior Council officers. The Children's Mental Health Transformation strategy was co-produced through key engagement meetings with all stakeholders including schools and children's voluntary sector organisations.

5.8 **Insight**

5.8.1 Data from the JSNA, UCL Partners review team, the Public Health team, local CAMHS Performance reports, the council's Insight team, Carnall Farrar review 2015, NCL STP Programme and the Children and Young People's Transformation Strategy has been used in this report.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 21 July 2016, Agenda Item 7: Children and Young People's Plan 2016-2020
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4

6.2 The Thrive Model
http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

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AGENDA ITEM 8

	Health and Wellbeing Board **15 September 2016**
Title	**Report on Shisha communication campaign**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 - 3: Campaign Posters
Officer Contact Details	Natalia Clifford, Public Health Consultant Email: Natalia.clifford@harrow.gov.uk Tel: 0208 359 6299

Summary

The shisha Task and Finish group have developed a communications campaign to raise awareness of the health harms of shisha smoking in Barnet. This report aims to inform the Health and Wellbeing Board of the communications art work and seek approval of a revised launch date in October 2016.

The key health messages are based on the best available evidence and it is the intention of the Task and Finish group to continue to engage with businesses in order to highlight responsibilities relating to the Smoke Free Legislation. Key actions include using Barnet First as a medium to launch and promote the campaign, contacting shisha businesses in advance to inform them of the imminent health education campaign and furnish them with a guidance document specifically targeting shisha business owners.

Recommendations

1. **The Board approves the Shisha Communication Campaign highlighted in this report led by the communications team. This includes further engagement with shisha businesses within Barnet.**
2. **The Board approves and supports the art work and health messages related to the campaign as part of the communications campaign.**

3. The Board approves the distribution of campaign materials to relevant and appropriate sites.
4. The Board approves that the communications campaign is launched in October 2016 .

1. WHY THIS REPORT IS NEEDED

1.1 BACKGROUND

1.1.1. In March 2016, the Health and Wellbeing Board approved the formation of a shisha Task and Finish group to tackle the growing number of shisha bars in Barnet. Part of the actions of the Task and Finish Group was to develop and implement a broad communications strategy that would raise awareness of the health risks associated with smoking shisha.

1.1.2. The shisha health education campaign was due to launch on the 16 August. In response to senior officer and Member concerns, the campaign has been paused until there is time to review the communications and engagement with local businesses.

1.1.3. Feedback is sought from the Health and Wellbeing Board in order to continue with the health education campaign. In particular, to ensure that the health messages contained within the campaign are evidenced based and are sensitive to local populations. The aim of the communication campaign is to address 'urban myths' surrounding shisha and to ensure that residents are aware of the health impacts of smoking shisha.

1.1.4. The communications campaign includes posters with clear health warnings on smoking shisha containing tobacco (Appendix 1 - 3). These posters are intended to be displayed in strategic sites across the borough including council owned advertising space, GP surgeries and pharmacies. We will also be working with delivery partners such as colleges, universities and sports facilities in the borough.

1.1.5. Engagement with this key target audience will be primarily through social media and online channels using partners such as Saracens to broadcast the health risks of smoking shisha. This includes signposting Barnet residents to the Council website which will address myths surrounding shisha.

1.1.6. Endorsement is sought from the Board on current engagement with shisha businesses and future plans to further inform businesses of the emerging campaign.

1.2 EVIDENCE ON HEALTH MESSAGES

1.2.1 As part of the health education campaign, key messages are used to convey the health harms of shisha through three posters (Appendix 1 - 3). The current campaign materials highlight the health risks of smoking shisha and make bold statements. Messages were carefully selected after user testing with

three key audience groups (Black and Minority Ethnic Groups, Citizens Panel Group and a Young Peoples Group). These statements are deliberately hard hitting as it has been proven to work with other anti-smoking campaigns and tested well with focus groups.

1.2.2 The Barnet campaign messages are:

- **Poster 1: "Smoking shisha could double your risk of cancer".**
- **Poster 2: "Shisha contains tobacco and can give you cancer".**
- **Poster 3: "Shisha contains as much addictive nicotine as cigarettes"**.

1.2.3 There is well-established evidence showing that smoking shisha which contains tobacco is at least as harmful as smoking cigarettes. The smoke contains a significant number of carcinogenic toxins and contains far more tar, carbon monoxide and nicotine than cigarette smoke[1].

1.2.4 According to the World Health Organisation, WHO (*Control and Prevention of Waterpipe Tobacco Products,* 2014), waterpipe (shisha) tobacco smoking is likely to be associated with several types of cancer. The likelihood of oral cancer is strongly associated and comparable with cigarette smoking (odds ratio 4, to odds ratio 4.65)[2]. Oesophageal cancer and lung cancer also have strong association with smoking shisha and poor health outcomes[3].

1.2.5 Research has shown that a 45 minute shisha session exposed smokers up to 1.7 times the amount of nicotine and contained 8.4 times the amount of harmful carbon monoxide and 36 times the amount of tar, compared with one cigarette over a five-minute period[4].

1.2.6 Furthermore, smoking shisha generates high volumes of smoke and on analysis, the WHO has evidenced that several carcinogens and toxicants, such as tobacco-specific nitrosamines, aldehydes and heavy metals (arsenic, and lead) are found in the smoke. It is worth noting that some of these toxicants play a role in enhancing dependence on nicotine (*Report on the Growing Issue of Shisha Smoking in Barnet*, section 2, page 4.)

1.3 ENGAGING SHISHA BUSINESSES

1.3.1 The shisha Task and Finish Group include colleagues from Environmental Health and Trading Standards. Linked to the campaign there has been operational engagement with shisha businesses. In June 2016, joint visits to shisha businesses by HMRC, Trading Standards and Environmental Health were undertaken. In addition to this, Environmental Health have been carrying out advisory visits to shisha bars concentrating on the N3 and N12

[1] M.Jawad (2013) The Public Health Implications of Shisha smoking in London. Department of Primary Care and Public Health Imperial College London.

[2] Sandri, G and Mahjub, H . Tobacco smoking and oral cancer: A meta Analysis (2007). Journal of Research in Health Sciences July 28;7(1):18-23.

[3] Aslam, H. et al, Harmful effects of shisha: literature review, International Archives of Medicine. 2014; 7: 16

[4] Eissenberg, T and Shihadeh, A. Waterpipe Tobacco and Cigarette Smoking Direct Comparison of Toxicant Exposure (2010). American Journal of Preventative Medicine Dec:37(6):518-523.

area where businesses were given advice and guidance on Smoke Free compliance and the risk from shisha smoke. Environmental Health has reported that five of the seven shisha businesses visited were non-compliant with the Smoke Free legislation.

1.3.2 In response to Member requests, Public Health will be writing to all shisha businesses in the borough to inform them of the emerging campaign. In addition to this, communications will be redesigning a guidance leaflet on compliance and responsibilities relating to smoke free and shisha, aimed at shisha businesses. This will include responsibilities of shisha businesses, information on legislation and health risks associated with shisha smoke within enclosed spaces.

2. REASONS FOR RECOMMENDATIONS

2.1 The recommendations are a response to ensuring that the HWBB approve:

(a) The general approach taken in the communications campaign
(b) The health messages are evidenced based and reflect the aim of raising awareness amongst Barnet residents of the health risks of smoking shisha
(c) Engagement approach with shisha bars

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative approach is for communications and Public Health to cease work on the health education campaign, such that the art work which has been produced would not be placed in strategic locations or circulated to relevant partner organisations.

3.2 This is not recommended as the Task and Finish group agree that the messages and art work for the shisha campaign offer an effective way of raising awareness, educating and protecting residents from the risks of smoking shisha.

3.3 The potential consequences of this mean that Barnet residents would continue to smoke shisha unaware of the significant health risks associated with it.

3.4 This is not recommended as the Health and Wellbeing Board in March 2016 approved the approach of undertaking a health campaign aimed at key target groups and diluting or withdrawing the campaign would undermine the corporate message that smoking shisha has serious health risks associated with it.

4. POST DECISION IMPLEMENTATION

4.1 Once approval is gained from the Health and Wellbeing Board to continue the health education campaign targeting Barnet residents, the communications team will:

- Timetable the launch of the health education shisha campaign in October 2016. This will coincide with the publication of Barnet First and the agreed artwork with key messages will be placed in this edition.
- Utilise council owned media spaces at bus stops and high streets (A1) of which there are approximately 250 spaces. A4 posters will also be posted in GP surgeries, pharmacies, libraries and given to secondary schools and youth centres to display.
- Write immediately to shisha businesses and inform them of the up and coming campaign and include the newly designed guidance leaflet.
- Finalise the webpages
- Finalise the social media strategy
- Environmental Health will continue to support businesses to achieve compliance on smoke free and inform businesses of their responsibilities relating to the various legislation.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

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

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

5.1.4 Finally, the commitments to growth and business identified in Entrepreneurial Barnet[5] provide an excellent springboard from which to further develop the positive experience of those who work, live and study in Barnet through integrating responses to key public health issues and town centres.

5.2 RESOURCES (FINANCE & VALUE FOR MONEY, PROCUREMENT, STAFFING, IT, PROPERTY, SUSTAINABILITY)

5.2.1 The cost of the shisha campaign is being funded from the public health grant.

5.3 SOCIAL VALUE

[5] Entrepreneurial Barnet - https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html

5.3.1 Not applicable as this is not a procurement activity.

5.4 LEGAL AND CONSTITUTIONAL REFERENCES

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

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

5.5 RISK MANAGEMENT

5.5.1 The risk of the communications campaign materials being withdrawn as part of the wider programme of work to tackle shisha means that smoking shisha will remain a public health concern and the health risks associated will not be addressed.

5.5.2 The impact of this means that, tobacco related illness in the Borough will not be reduced and the toxic effects of shisha smoke will continue to be a risk to the target population.

5.6 EQUALITIES AND DIVERSITY

5.6.1 The communications campaign does not exclude, prevent or discriminate against any of the protected equality groups. Shisha smoking is traditionally more prevalent in certain (Middle Eastern) ethnic groups. However, in London, it is becoming more popular amongst all ethnic groups, particularly amongst young people.

5.6.2 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day

business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.3 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

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

5.6.5 *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

5.6.6 *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.7 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.6.8 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.9 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 CONSULTATION AND ENGAGEMENT

5.7.1 The current campaign posters imagery is a result of receiving feedback from testing with three focus groups undertaken in June and early July. These groups comprised of Black and Minority Ethnic Groups, Citizens Panel Group and a Young Peoples Group. An independent facilitator directed the focus group and tested key themes.

5.7.2 Testing of the materials included imagery, health message and credibility of the health message.

5.7.3 Key points to note is that testing showed strong interest and support for the shisha campaign and it was generally felt that the campaign offered new knowledge and information on the health effects of shisha.

5.7.4 Furthermore, the testing showed that a link between smoking and shisha should be made explicit with evidence based statements. The original artwork was felt to glamorise shisha smoking and therefore in response to this, the images were changed. Recommendations from testing suggested that:

- Re-brief was required to make explicit link between shisha and cigarette smoking
- Proposition that shisha is at least as harmful as cigarettes (as this is new knowledge to most people)
- Include explicit visual or text cue to known anti-smoking campaigns (e.g. 'Smoking Kills)
- Text and image must work immediately together
- Key facts must focus on serious health harms and be supported by evidence/source
- Important to de-glamorise shisha smoking and not to imply it is socially normal. This is best achieved by using images that invoke disgust.

5.8 **INSIGHT**

5.8.1 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking prevalence estimates in regular smokers amongst 11-15 year olds and 16-17 year olds is similar to the England average. However, data from The What About Youth (WAY) survey (2015) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked 'other tobacco products', Barnet appears towards the middle of the rankings (15 out of 35 Local Authorities).

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 10th March, 2016. The Growing Issue of Shisha. https://barnet.moderngov.co.uk/ieListDocuments.aspx?MId=8392

SMOKING SHISHA

COULD DOUBLE YOUR RISK OF CANCER

FOR MORE INFORMATION VISIT:

WWW.BARNET.GOV.UK/SHISHA

OR CALL THE **SMOKEFREE NATIONAL FREEPHONE HELPLINE 0300 123 1044**

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SHISHA

CONTAINS TOBACCO AND CAN GIVE YOU CANCER

FOR MORE INFORMATION VISIT:

WWW.BARNET.GOV.UK/SHISHA

OR CALL THE **SMOKEFREE NATIONAL FREEPHONE HELPLINE 0300 123 1044**

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SHISHA

CONTAINS AS MUCH ADDICTIVE NICOTINE AS CIGARETTES

FOR MORE INFORMATION VISIT:
WWW.BARNET.GOV.UK/SHISHA
OR CALL THE SMOKEFREE NATIONAL
FREEPHONE HELPLINE 0300 123 1044

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AGENDA ITEM 9

	Health and Wellbeing Board 15 September 2016
Title	**Public Health Annual Performance Report for 2015/16**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Public Health Commissioning Plan – Annual Performance Report 2015/16 Appendix B: Barnet Public Health Commissioning Outcomes: London context Appendix C: Public Health Activity Report: Summary of recent patient/client contacts with public health services
Officer contact details	Rachel Wells, Consultant in Public Health Rachel.Wells@harrow.gov.uk Lisa Colledge, Senior Public Health Analyst Lisa.Colledge@harrow.gov.uk

Summary

The Barnet and Harrow public health team report on performance quarterly and produce an annual report to the Health and Wellbeing Board. This has been a successful year for the team, with a number of achievements. This report outlines the progress made against the Commissioning Intentions and the Management Agreement, and the innovative work undertaken by the team. A number of changes have taken place this year, with the establishment of a public health intelligence team and a successful recruitment programme.

In 2015/16, the public health service delivered excellent work on healthy schools, child obesity, sexual health services redesign, and adult substance misuse treatment and recovery implementation, despite a 7% in-year grant reduction.

Well recognised, ongoing challenges regarding smoking cessation and NHS Health Checks received strong new input from focussed recruitment and fundamental redevelopment,

aiming for sustained, long-term recovery.

Alcohol misuse intervention was successfully transferred to the general substance misuse services contract.

Innovative partnership working schemes were developed to tackle shisha smoking and youth self-harm and suicide risk, and to support healthy eating, family and child health, mental wellbeing, primary care delivery and Winter health.

Development of the adult obesity and young person's drug and alcohol treatment services continued throughout the year, boosted by new recruitment, with launches planned in 2016/17.

The team established the 'Healthy Places' approach, following adoption of this concept by the Board. Taking a Healthy Places approach has begun to bring together work with planning, licensing, regulation, and growth and regeneration.

The health intelligence team has brought much-needed expertise to the public health service, including more experience in Health Impact Assessment and highly skilled analysis.

The Barnet public health team received national recognition in 2015/16 for its work on child obesity, mental health employment and blood-borne virus intervention.

Recommendation

1. **That the Health and Wellbeing Board notes and comments on the report and its appendices.**

1. WHY THIS REPORT IS NEEDED

1.1 Public health services are now well integrated with other Barnet Council functions, and deliver cost-efficient health and wellbeing interventions with long-term benefits for Barnet residents. Public health team members also work collaboratively with other Council staff to add social, economic and environmental value to non-health initiatives which affect the 'wider determinants of health'. However, the public health team faces ongoing financial challenges, not least the 7% public health grant cut in 2015/16 and the removal of the public health grant 'ring-fence' in 2018/19. Ongoing commitment to preventative health measures is needed now more than ever, in order to support Barnet residents and workers to live long, healthy and independent lives, and to rationalise health and social care service use.

1.2 This report collates public health performance outcomes for 2015/16. It summarises activity using narrative description, Key Performance Indicator (KPI) statistics, and RAG (red/amber/green) ratings (indicating commissioners' concern or satisfaction regarding their programmes).

1.3 The public health team is required to report activity for its agreed Commissioning Intentions and KPIs every quarter.

Commissioning Intentions

1.4 In 2015/16, Barnet Public Health worked to deliver 12 Commissioning Intentions, falling under 5 headings: (1) giving every child the best start in life; (2) enabling all children, young people and adults to maximise their capabilities and have control over their lives; (3) creating fair employment and good work for all, which helps ensure a healthy standard of living for all; (4) creating and developing healthy and sustainable places and communities; and (5) strengthening the role and impact of ill health prevention. Some of the most successful public health Commissioning Intentions in 2015/16 were as follows.

1.4.1 Healthy schools: At the time of Q4 reporting, Barnet had the highest number of schools registered with the Healthy Schools London scheme, of all London boroughs (95 schools), and the second highest number of schools winning a Gold award (4 schools).

1.4.2 Child obesity: Two tier two (i.e. targeted) school obesity programmes were successfully launched, targeting both overweight children and their families. The great majority of overweight child participants either lost weight or stopped gaining further weight. A tier three (i.e. specialist) programme was provided for very overweight children.

1.4.3 Sexual health services redesign: The Barnet public health team has taken a central role in the London Sexual Health Transformation Programme, a collaborative procurement project involving seven North Central London and neighbouring boroughs. Extensive review and engagement work has been conducted involving community members (including young people), primary care professionals, current and prospective providers, and other stakeholders,

The new service aims to deliver more integrated, appropriate and accessible contraception and sexual health services across the seven boroughs, and is on target to commence in April 2017. In addition, Barnet Public Health contributed expert support to a national online HIV testing service launched in November 2015. Meanwhile, sexual health activity via the existing provider has improved in Q4 following provider training support.

1.4.4 Adult substance misuse treatment: Barnet Public Health has worked with the new lead provider to implement a comprehensive new Adult Substance Misuse Treatment and Recovery Pathway with extra focus on recovery and relapse prevention, and to respond swiftly to initial low performance with a broad-reaching recovery plan.

1.5 The strongest performance challenges for Public Health in 2015/16 were smoking cessation and NHS Health Checks, two long-standing and well recognised public health concerns in Barnet. Recovery work in 2015/16 is expected to extend throughout most of 2016/17, as follows.

1.5.1 Smoking cessation: Following contract termination (due to persistent poor performance), an interim 'skeleton' service has been in place since April 2015 (delivered by accredited pharmacies and GP providers), pending service redevelopment. The interim service has been dogged by problems with finance and reporting systems. A new senior Public Health Commissioning Manager began working in March 2016 to map out challenges, research service options and procure the best possible new service model, informed by best practice elsewhere. A new joint Smoking Cessation/Health Checks Coordinator has been recruited and will start work in September 2016. Smoking cessation recovery is anticipated from Q4 2016/17 at the latest.

1.5.2 NHS Health Checks: Despite procuring a new data management system in April 2015, ongoing problems with activity reporting, invoicing and system complexity have now forced IT system reprocurement at short notice. General Practitioners' concerns over data-sharing (now resolved) also caused long delays. Because of IT system problems, reported Q4 performance is partially an estimate (based on previous activity) and will be replaced by definitive figures published retrospectively in Q1 2016/17. A new senior Public Health Commissioning Manager began working in March 2016 to liaise with GP providers, identify barriers and improve all relevant systems. In addition, a new joint Health Checks/Smoking Cessation Coordinator will start work in September 2016 to improve communication and performance management in both performance areas (including data system user support); his work is expected to improve activity from Q4 2016/17 at the latest. A new training contract has also been secured to support health staff using the Health Checks IT system.

1.5.3 Please refer to Appendix A of this report for further detail on recovery activity for both smoking cessation and Health Checks.

1.6 In addition to Health Checks, a Post Health Checks interventions project was successfully established 2015, working in partnership with GLL (Greater London Leisure, the provider) and Age UK Barnet. The Post Health Checks project is run by a Senior Health Trainer who is part of the public health team. The Senior Trainer takes referrals from GPs, after Health Checks have been completed, and then coordinates an interventions programme which includes motivational interviewing and referral for a 12-week physical activity programme plus cooking classes; the Senior Trainer also delivers regular, one-to-one follow-up meetings. After a slow start, referrals are now steady, and the first cohort of finishers have signed up to continue their physical activity on into the future. Further follow-up meetings with the Senior Health Trainer will be arranged after one year.

1.7 Alongside the development of a child obesity intervention, the development of a tier two service for adult obesity has been developed and is in the process of being commissioned.

1.8 In addition, the public health team has been working with Regional Enterprise Ltd (Re) on three key public health projects – Winter wellbeing, Healthier Catering Commitment and shisha – as follows.

1.8.1 The Winter wellbeing project (entitled 'Keep Well and Warm in Winter' for Winter 2016/17) has this year been expanded to include more comprehensive advice and information on energy suppliers. This enables vulnerable people to access support to avoid and deal with fuel debt, helping them to alleviate their winter energy expenses. In addition to this, the project provides emergency kits to vulnerable people and families, and undertakes small repairs and improvement work to address immediate heating problems. The project takes referrals from anyone concerned about a specific individual. It also works closely with the Red Cross, and now Age UK Barnet, to ensure that people leaving hospital are provided for. This project plans a launch in Autumn 2016 to distribute information and supplies to those in greatest need. This year the Winter wellbeing project has expanded to include more focus on energy advice. This is for two reasons: (1) to access more funding; and (2) to adapt to recent warmer winters in which fuel debts still accumulate even if heating crises are less common.

1.8.2 The Healthier Catering Commitment (HCC) aims to encourage local food outlets to provide a healthier choice on their menus. We have been successful in achieving our first Gold level food outlet, together with a number of Silver and standard awards. The Barnet scheme incorporates the London HCC scheme but also includes additional, Barnet-specific standards to encourage a greater degree of achievement. The scheme is managed by Public Health in partnership with Regional Enterprise food team colleagues.

1.8.3 Shisha smoking was identified as a local priority late in 2015. This year, the public health team has planned a shisha educational campaign to run in 2016/17; the team also has the potential to use licensing options to limit shisha use, as part of their Healthy Places work. This work is being

undertaken in partnership with Regional Enterprise, Her Majesty's Revenue and Customs (HMRC), and Trading Standards.

1.9 In 2015/16, the public health team wholly funded the Barnet Joint Commissioning Unit to provide breastfeeding, child oral health, Family Nurse Partnership, School Nursing and Home Visiting programmes, working with the Barnet Clinical Commissioning Group (CCG). This work has now been transferred to other lead commissioners.

1.10 Other public health joint working projects included: Community Centred Practices (with local GPs and the CCG); family and perinatal health coaching (with Children's Services, as part of their Early Intervention and Prevention services); youth self-harm and suicide prevention training (with Barnet Council officers and local community sector and education professionals); alcohol 'Intervention and Brief Advice' (with the Royal Free and Barnet Hospitals, local pharmacies, police and the Safer Communities partnership); mental health employment support (with Job Centre Plus, employers, social investors, Housing and Benefit Task Force, Youth Offending and Troubled Families teams, mental health Key Workers, and the Barnet, Enfield & Haringey Mental Health Trust); Healthy Living Pharmacies (with local pharmacies); national HIV home sampling service (with Boots, Superdrug and Terrence Higgins Trust); and Visbuzz (funded by a Capital Ambition programme grant).

2. REASONS FOR RECOMMENDATIONS

2.1 Barnet Public Health ask that the Barnet Health and Wellbeing Board be aware of the breadth and depth of public health team activity within Barnet Council and beyond in 2015/16. Furthermore, Public Health call on the Board to actively support and advocate for a strong, expert and fully resourced public health role within all relevant Barnet Council operations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative option is not to receive and note this annual performance report; however, this would hamper the Board's awareness of progress with agreed strategies and plans.

4. POST-DECISION IMPLEMENTATION

4.1 No immediate action is required.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan 2015–2020 sets out the Council's intention to implement its Community Participation Strategy and Action Plan, in order to (a) achieve its vision of greater community collaboration and resilience, (b) build stronger partnerships with community groups, and (c) coordinate and improve the support it gives to communities. The development of local space, regeneration and growth, and the initiation of community-based responses to health, are central to this intention.

5.1.2 The Corporate Plan also identifies Public Health as central to future regeneration schemes: the borough's changes to the built environment need to be designed to help people keep fit and active.

5.1.3 The Corporate Plan mandates the development of more innovative ways of maintaining Barnet's parks and green spaces, including broader partnerships with community groups, and using parks to achieve wider public health priorities for the borough.

5.1.4 In addition, the commitments to growth and business identified in Entrepreneurial Barnet[1] provide an excellent springboard for improving the experiences of Barnet residents, workers and students, through integrating public health concerns and town centre challenges.

5.1.5 Deprivation, heart disease, obesity and mental illness are important factors for life-long health. The Barnet public health team works to reduce the severity and effects of common and severe mental illness through their mental health employment support programmes. The Barnet Joint Strategic Needs Assessment (JSNA) identifies coronary heart disease as the biggest cause of death amongst both men and women in Barnet. As male life expectancy continues to converge with that of women, it is likely that the prevalence of some long-term conditions will increase in men faster than in women.

5.1.6 Adult and child obesity rates are currently lower in Barnet compared with average London rates. However, adult hospital admission rates due to obesity are higher, suggesting a need for targeted interventions.

5.1.7 The Barnet wards with the highest rates of child obesity are Colindale, Burnt Oak and Underhill. These areas also have some of the lowest levels of participation in sport, and the lowest levels of park use and volunteering. Public Health involvement in pilots has been aligned with these locations.

5.1.8 Opportunities for physical activity and obesity interventions are closely tied to the built environment and access to open spaces, and also to access to a variety of good quality food choices.

5.1.9 The work of the public health team supports Barnet's 2015–2020 Corporate Plan and Barnet's vision for 2020; these documents include the following commitments.

5.1.10 Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes. By 2020, social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. People with mental health issues will receive support in the community to help them stay well, get a job and remain active; this support will address people's

[1] Entrepreneurial Barnet - https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html

broader lives rather than just focus on clinical diagnosis.

5.1.11 There is also a commitment to meeting the Public Sector Equality Duty by focussing on housing and employment for vulnerable groups, for example, people with learning disabilities and people with mental health issues.

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

5.2.1 There are no financial implications of the recommendations of the Public Health Annual Performance Report.

5.3 Social Value

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

5.4 Legal and Constitutional References

5.4.1 The Council's constitution sets out the Terms of Reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board as follows.

5.4.2 To jointly assess the health and social care needs of the population, with NHS England commissioners, and to apply the findings of the Barnet JSNA to all relevant strategies and policies.

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

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

5.4.5 To promote partnership and, as appropriate, integration, across all necessary areas, including the use of 'joined-up' commissioning plans across social care, public health and the NHS.

5.4.6 To take specific responsibility for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 No issues identified.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act sets out the Public Sector Equality 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, to advance equality of opportunity between people from different groups, and to 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, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

5.7 Consultation and Engagement

5.7.1 Consultation and engagement will be an important component, and where this is not already integrated into existing work it will be added.

5.8 Insight

5.8.1 The public health data used in this report was collected by the team from sources known to them. No specific requests were made to Insight as this was not required.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 12 May 2016, Agenda Item 10, Creating Healthy Places - opportunities to align public health outcomes and planning https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

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Appendix A: Public Health Commissioning Plan – Annual Performance Report 2015/16

The tables below review the Public Health Commissioning Plan for 2015/16, by Commissioning Intention and Key Performance Indicator (KPI).

Public Health Commissioning Intentions		
Commissioning Intention	**End-of-year RAG**	**Commentary**
Barnet Schools Wellbeing Programme (PH1)	Green	School registrations with the Healthy Schools London (HSL) scheme greatly exceeded their target (25 schools were registered in 2015/16; the target was 15). Annual targets were also exceeded for HSL Gold awards (achieved by 4 schools) and Bronze awards (18 schools); the number of Silver awards (5 schools) was only 1 short of its target of 6. Barnet performed highly throughout the year for HSL activity, compared with other London boroughs. At the point of Q4 2015/16 reporting, Barnet had the highest number of HSL-registered schools in London (95 schools) and was joint second of all 33 London boroughs for Gold awards, third for Silver awards and fifth for Bronze awards. School HSL registration and award achievement are on-going public health commitments for 2016/17, so the Healthy Schools co-ordinator will continue to liaise with schools to increase HSL uptake even more and encourage additional health and wellbeing activity in schools.
Children and adults who are overweight and obese are encouraged and supported to lose weight (PH2, PH3)	Green-amber	*Children* The Barnet Child Weight Management Programme was launched in Q1 2015/16, and by Q4 eight Barnet venues were offering two tier two child weight management programmes: 'Alive N Kicking' and 'School Time Obesity Programme' ('STOP'). Overall in 2015/16, 91 children who were above healthy weight were engaged in the Alive N Kicking programme. Of these 91 children, 80 (88%) completed the programme, and 69 completers (86%) had reduced or maintained their body mass index (BMI) z score (i.e. had either reduced their BMI score compared with their national peer group average, or not increased their comparative score, during the programme). In addition, 393 children took part in the 12-week STOP scheme, of whom 87 were above healthy weight; 68% of these children had reduced or maintained their BMI-z score at the end of the programme. Specialist, individual support was supplied (as a tier three service) for very overweight children. These programmes were part of the Children's Obesity Care Pathway, mapped out by the children's healthy weight pathway group with the support of partners and stakeholders. Public Health is currently working with Barnet schools with the highest levels of obesity (identified using National Child Measurement Programme (NCMP) data) to signpost them to appropriate health and wellbeing services. Public Health is also working with GP practices to raise awareness

Commissioning Intention	End-of-year RAG	Commentary
		of the Pathway among primary care staff. In February 2016, Professor Viv Bennett, the Chief Nurse at Public Health England, visited Barnet and was particularly impressed by the borough's approach to childhood obesity, from the focus on healthy lunches and 'play as physical activity', through to the targeted support provided for very overweight children. The "excellent interactive obesity pathway" presented by the public health team was the first she had seen. She also commended the passion and commitment of Barnet's public health team. *Adults* There has been good progress on adult weight management in 2015/16, led by the adult obesity pathway group. Preparatory work for the Adult Obesity Care Pathway has been completed. The specification for the tier two (targeted intervention) service has been finalised and the service will be procured shortly. Public Health has met with local practitioners to discuss integration of the tier two service with existing post-Health-Check and leisure services. A Public Health Strategist was appointed in February 2016 and is developing a tier three (specialist intervention) option. A 'task and finish' group will meet in summer 2016 to confirm future directions for the Adult Obesity Care Pathway. A review of strategies has been completed and the strategy group will meet in September 2016. Public health engagement with the Clinical Commissioning Group (CCG) has been positive and we are looking forward to more progress early in 2016/17. The Barnet Healthier Catering Commitment (HCC) moved into its third year in 2015/16. This voluntary scheme recognises food outlets that take simple steps to offer healthier food options. It is a joint working project between Regional Enterprise and Public Health. In Q4, 50 restaurants and takeaway cafes were approached and encouraged to adopt healthier catering steps and to register with the HCC award scheme. Four clear candidates for HCC conversion were identified, and will be supported through the process in 2016/17 by a new public health team member (in post from April 2016). Public Health also supported Barnet HCC conversion by developing printed guides to explain the HCC process to local businesses. Public health team members have networked with HCC peers in other London boroughs with more established HCC programmes, to observe best practice and to learn from others' experiences, in order to improve HCC development in Barnet. Healthier Catering Commitment workers elsewhere confirmed that the HCC conversion process takes much longer and is more unpredictable where businesses are initially not close to the HCC standard. Such expert knowledge will be incorporated into the Barnet 2016/17 HCC plan.

Commissioning Intention	End-of-year RAG	Commentary
People are encouraged and supported to quit smoking (PH4, PH5)	Red-amber	The Barnet specialist Stop Smoking Service was decommissioned in May 2015, due to persistent poor performance and was replaced by an interim, non-specialist, 'skeleton' service delivered by accredited pharmacy and GP providers. In order to increase the number of GPs and pharmacies offering Stop Smoking Services, they were encouraged to gain accreditation via online accredited training (with the National Centre for Smoking Cessation & Training), attend neighbouring boroughs' training events and participate briefing events. The new Public Health Commissioning Manager, with responsibility for the Stop Smoking Service, started work in March 2016. Since taking up post, he has successfully appointed a Health Check/Smoking Cessation Coordinator, who will be responsible for liaising with primary care to increase their activity. There are plans to commission a specialist smoking cessation service, for pregnant women and those with mental health problems, in collaboration with other neighbouring boroughs as part of the North Central London sub-region. Barnet runs the Tobacco Project (a collaboration between Regional Enterprise and Public Health), which promotes compliance with smoke-free legislation and tobacco sale legislation. In 2015/16, the Tobacco Project developed a focus on shisha smoking, a practice now known to be physically harmful but with a distinct social appeal to some young people, especially those from black and minority ethnic (BME) communities. In Q4, 271 compliance check visits were carried out in public premises subject to smoke-free legislation. Cigarette and shisha smoking was identified in a shisha café operating within a Barnet Council park. A warning was given and Property Services was asked to take action as this was a breach of the tenancy agreement. Project workers' experience was that cigarette smoking was very rare in prohibited public and work places, but that shisha smoking was becoming more common, particularly in non-compliant premises. In addition, six shisha outlet inspections were conducted in Q4, four in partnership with Her Majesty's Revenue and Customs (HMRC) officials. On three premises, non-duty-paid shisha tobacco was seized; two of these three have since closed down, and the remaining establishment was otherwise compliant. In March 2016, a report on shisha control was submitted to the Barnet Health and Wellbeing Board by Public Health, with substantial contributions from Regional Enterprise, Environmental Health and Trading Standards. The report was well received and all recommendations were approved, namely, health education and health promotion, regulation, and advocacy for local planning policy changes, in order to tackle the growing use of shisha in Barnet. The Board also established a 'task and finish' group to develop and implement a health education and promotion campaign targeting shisha users and non-compliant premises. All recommendations and activity will inform the work of the Tobacco Control Project in 2016/17.
Community emotional wellbeing (PH6, PH7)	Green-amber	Several innovative programmes have addressed Barnet community emotional wellbeing in 2015/16. The Community Centred Practices (originally 'Health Champions') project has selected participant GP practices following enthusiastic expressions of interest. The provider has engaged a coordinator and training will commence early in 2016/17. The Barnet CCG has recognised the importance of the project in their primary care strategy. Family and perinatal health coaching services commenced in April 2016, working in partnership with Children's

Commissioning Intention	End-of-year RAG	Commentary
		Services, as part of Early Intervention and Prevention externally commissioned services. Both services work with families affected by mental health problems, domestic violence and substance misuse (the so-called 'toxic trio'). These services aim to provide low intensity early intervention, via the Common Assessment Framework (CAF), to support families which are 'stepping down' from higher tier services, in order to reduce client risk and the need for future social care intervention. The services will be internally evaluated by Children's Services. A training programme was conducted in 2015/16 by provider Young Minds to help relevant frontline staff (including Barnet Council officers and educational professionals) recognise and reduce the risk of suicide and self-harm in children and young people. Uptake was lower than expected, based on the places that partners requested prior to procurement (which informed target-setting). The training was opened up to external partners and 239 community representatives in contact with vulnerable groups were trained. Barnet is participating in the London Digital Mental Wellbeing Service, on schedule for its October 2016 launch, which will provide online, easily accessible self-assessment and self-help tools to Barnet residents. An evidence-based approach to mental health promotion – the 'Five Ways to Mental Wellbeing' – was presented in depth in the 2015 Annual Director of Public Health Report. The Five Ways approach was publicised at a Barnet Council member's event in July 2016, and will be further promoted via an e-newsletter and a BarnetTV (digital video broadcast) short feature. The report is publically available at https://barnet.gov.uk/citizen-home/public-health.html
Making Every Contact Count (MECC) (PH8)	Green-amber	Making Every Contact Count (MECC) seeks to embed brief health improvement and health protection messages in front line services. Development of a Barnet MECC project was led in 2015/16 by the Health and Social Care Integration Steering Group. A preferred delivery mechanism was identified and procurement initiated. However, implementation of the Barnet MECC project was delayed because the formal tendering exercise received no applications, despite previous, informal interest from prospective providers. Following this, all organisations which had shown initial interest were contacted (to determine their barriers to application), delivery options were reconsidered, specifications were rewritten, and new potential providers approached. A provider was subsequently commissioned and training will begin in September 2016.
Alcohol Intervention and Brief Advice (IBA) (PH9)	Green-amber	In October 2015, alcohol Intervention and Brief Advice (IBA identifies an individual whose drinking might be impacting on their health and delivers simple structured advice or signpost/refer to treatment services if required) was included in the new Adult Substance Misuse Service integrated treatment and recovery pathway delivered by WDP. IBAs are now delivered in a broader range of settings than before i.e. A&E Department, Criminal Justice System (CJS). All clients who transferred from previous Substance Misuse Services to the new treatment and recovery pathway

Commissioning Intention	End-of-year RAG	Commentary
		received a full assessment - in line with best practice. As a result, IBAs were undertaken for all existing and new clients and therefore the Substance Misuse Service exceeded its target for 2015/16 (1662 interventions occurred; the target was 1400). The new Substance Misuse Service provide: a) a more time-intensive but potentially more effective IBA technique (i.e. face-to-face initial assessment rather than relying solely on scratch-card completion). b) a new alcohol intervention service within the Royal Free/Barnet Hospitals (including an A&E alcohol care pathway and a hospital alcohol liaison nurse), (c) enhancing joint working relationships with Police and the Safer Communities partnership (i.e. sharing intelligence, tackle street drinking) and (d) developing new pharmacy contracts which integrate IBA provision with other substance misuse interventions. Because of this initial mobilisation work, no recorded activity occurred within pharmacies in Q3 or Q4; this affected Q4 performance especially. Activity is expected to improve from Q1 2016/17 onwards as new eligible IBA clients will be identified from a broader range of settings. On-going contract monitoring will target and address performance issues as they arise.
Residents with mental health needs are supported to retain/return to employment (PH10, PH11, PH12)	Red-amber	People with mental health problems are less likely to find and keep employment, compounding the inequalities they face. In 2015/16 Barnet Public Health commissioned employment support for jobless people with mental health problems via two innovative, targeted programmes: Motivation And Psychological Support (MAPs) for people with common mental illness; and Individual Placement and Support (IPS) for people with severe mental illness. These two programmes support clients to access mental and physical health services, increase their employability, and find and keep jobs they want. The MAPS and IPS programmes were provided by Future Path and Twining, respectively, as part of the West London Alliance Mental Health & Employment Trailblazer project. The two programmes worked in partnership with: Job Centres; employers and social investors; Barnet, Enfield & Haringey Mental Health Trust; Mental Health Key Workers; Housing and Benefit Task Force; and Youth Offending and Troubled Families Teams. The two programmes were very popular with clients, and waiting lists were established. Monitoring reports showed that the MAPS and IPS schemes were far more successful in securing client jobs than were existing employment support services. The achievements of both schemes were externally acknowledged during the year: the MAPS scheme attracted a visit from the Public Health England Chief Executive Duncan Selbie, and the IPS scheme was awarded Centre of Excellence status by the Centre for Mental Health Excellence. Over the financial year, the MAPS scheme (KPI PH/S9) achieved exactly its yearly performance target: 204 people accessed the scheme. The IPS scheme (KPI PH/S10) fell short: 87 people accessed the scheme, less than the target of 146; this was mainly due to a two-month delay in commencement. An IPS recovery plan has been developed

Commissioning Intention	End-of-year RAG	Commentary
		which aims to redress the shortfall by March 2017. We are confident that the future performance target will be met, as current performance conforms to national benchmarks and the programme adheres closely to an (evidence-based) operational model which is proven to deliver cost-effective results. Regarding broader employment support, in 2015/16 Barnet Council received London Healthy Workplace Charter (LHWC) accreditation after implementing a staff health promotion programme and receiving a Gold HCC award. These achievements, led and supported by the public health team, completed the 2014/15 public health KPI PH 007 (target: five businesses signed to LHWC).
Ensuring robust sexual health services (PH13, PH14, PH15, PH16, PH17)	Green	Sexual health performance improved over 2015/16, and by Q4 all sexual health services had achieved their key KPIs and exceeded their quarterly targets. The Public Health Team have worked with sexual and reproductive health providers to ensure good performance of the existing service is maintained. Challenges have included: (a) the delayed integration of the Barnet and Chase Farm Hospitals and Royal Free Hospital GUM database systems, which took longer than expected after the merger; (b) Inaccurate coding of GUM activity (addressed through extra training and enhanced performance monitoring); (c) and lost to follow up of patients who attend sexual health clinics and those who did not consent to HIV testing even though there is 97% of patients eligible to the test are offered. Sixty GPs attended a training event that was delivered by the Contraceptive and Sexual Health Service; providing general update on sexual and reproductive health, including guidance on Intrauterine Device (IUD) (also known as the coil). GPs to deliver up-to-date, high quality CaSH services to Barnet residents. A Barnet Sexual Health Network has been set up, in response to service review recommendations, and was formally launched in April 2016. This network will support implementation of the Barnet sexual health strategy. In addition, the Barnet Sexual Health Steering Group has been revived to support strategic aims and ensure that future services respond to Barnet residents' needs. Since November 2015, Barnet Public Health team signed up to a National HIV Home Sampling Service delivered by a company called Preventx; the home sampling service aims to reduce new HIV infections and late diagnoses. This service replaces the Terrence Higgins Trust (THT) service which was commissioned as a local pilot by the Public Health Team last year. The THT service supplied HIV home testing kits and outreach via Boots and Superdrug pharmacies, in order to make HIV home testing kits available to Barnet residents who prefer not to receive kits at

Commissioning Intention	End-of-year RAG	Commentary
		their home address. Participation in National HIV Testing Week gave public health staff the opportunity to raise HIV awareness and promote community testing; these events were well received by Barnet residents. During the HIV testing week from 21st -28th November 2015, 100 HIV testing kits were collected and 87 returned; 1,200 condoms were distributed. Public Health Team have played a central role in the London Sexual Health Transformation Programme (LSHTP), which involves all London Boroughs. LB Barnet, as part of the North Central London Sub-region, aims to commission a new model of clinical service delivery which will be fully integrated with the new London on-line self sampling (STI) service, which will commence in April 2017. In response to the service review that was undertaken in 2015, the new service will provide an accessible and effective local integrated sexual and reproductive health system, which will respond with flexibility to changing needs, in partnership with primary care and other providers.
Adult Drug and Alcohol Treatment and Recovery pathway focusing on providing early treatment, harm minimisation and full recovery (PH18, PH19)	Green	A new Adult Substance Misuse Service commenced in October 2015, delivering an integrated treatment and recovery pathway with a focus on health, wellbeing and recovery. The Lead Provider are WDP who deliver in partnership with Central & North West London NHS Foundation Trust (CNWL) and Air Sports to provide specialist clinical and recovery practitioners who work with individuals and their families to achieve recovery and reintegration into community i.e. education, training and employment. The new Service works within a multi-agency setting i.e. children and family services, mental health services, domestic violence agencies, primary and secondary healthcare, Criminal Justice Service (CJS) , housing, education and employment. Due to the geography of Barnet, there are two Treatment and Recovery Hubs to keep care closer to home and reduce risk of client drop-out. The Service also delivers in co-locations such as the CJS and A&E. The overall approach of the new Service is early intervention, promoting welfare of children and vulnerable adults, safeguarding, harm minimisation, full recovery and relapse prevention. The joint work across the Substance Misuse Service and Barnet Council partners reflects a number of joint actions within the new Substance Misuse Strategy to ensure collaboration to maximise opportunities for substance misuse prevention and treatment/recovery. Due to the in-year transition from three Substance Misuse Service Providers to one Provider, as a failsafe - a number of clients were not discharged from the Service prior, during and following transition. This process ensured a full clinical and holistic re-assessment of each client, review of care plans and multi-agency support around the client and family. This failsafe process will have impacted on the activity for successful completions during the mid to end of 2015/16. A new Substance Misuse Service database was also introduced which provides a more detailed individual

Commissioning Intention	End-of-year RAG	Commentary
		assessment and following transfer of previous Providers' caseloads to the new database, a number of historic cases were found that should have been closed. The closure of these cases reflected a decrease in caseload however this must not be seen as an 'unsuccessful discharge' as the individuals may have left the Service a long time ago and their case had not been closed by a previous Provider. The Substance Misuse Service Commissioner continues to closely monitor activity and service pathway compliance. By Q4, 6 of the 10 substance misuse treatment KPIs were showing improved activity. In Q4, the new Service continued Barnet's better employment outcomes than the national average for clients treated for opiate use: 39% had worked more than 10 days in the previous 28 days at exit from the Service (national average of 24%). Clients with no record of completing a course of HBV vaccination and clients with no record of a HCV test (as a proportion of eligible clients in treatment) were lower than the national average.
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm (PH20)	Green-amber	Following a Young People's Barnet Drug and Alcohol Needs Assessment which informed a new Service Specification, a procurement exercise was undertaken for a new Young People's Drug and Alcohol Service (Barnet YPDAS). The procurement process was extended to allow appropriate time to review tenders' submissions and the anticipated start date for the new Barnet YPDAS (1st April 2016) was extended to 1st September 2016 when the new Service delivered by WDP commenced.
People with a long-term condition are encouraged and supported to self-manage their condition (PH21, PH22, PH23)	Red-amber	In 2015/16, a range of creative new joint working projects were investigated (or continued), with the aim of supporting and encouraging people with long-term health conditions to better manage their health. These included 'Healthy Living Pharmacies' (i.e. working with pharmacy partners to monitor medication, dispense expert health advice and provide some health assessment services), 'Health Champions' (volunteer GP patient liaison workers; this project was later renamed 'Community Centred Practices'), structured education for diabetes and respiratory health education, and 'Visbuzz' (provision of simple video calling tablet devices to reduce social isolation and caring costs among elderly and vulnerable people who previously had not used IT devices). The Visbuzz scheme was successfully launched after Barnet was selected as a London Ventures pilot borough (together with four other London boroughs). Funding for 100 tablets was secured from the London Council's Capital Ambition programme, supplemented by investment grants and additional public health funding over 2 years. Training was held in March 2016 and referrals began in the same month. The overall pilot has had several implementation problems, which the pilot boroughs and Visbuzz coordinators have been working through. The Community Centred Practices (originally 'Health Champions') project is underway with a full compliment of 8 pilot practices following enthusiastic expressions of interest. MECC training commences in Sept 2016.Options for structured education investments were proposed – expanding current provision for diabetes, developing an offer for those with prediabetes or established disease and for COPD were identified. These have not progressed and the CCG has developed a specification for a multidisciplinary community diabetes team including structured education so

Commissioning Intention	End-of-year RAG	Commentary
		alternative investments are under consideration, particularly in relation to digital based self care support. The Winter Well project continued on from 2014/15 activity, led by Regional Enterprise, supported by the public health team, and working in partnership with the Red Cross. This project aimed to reduce the harmful effects of cold weather on the health of Barnet residents, primarily vulnerable people living in owner-occupied or privately rented accommodation, and especially those discharged from in-patient hospital treatment. A total of 241 professionals and 895 residents were briefed on how to stay warm and well over winter (including managing increased fuel bills), and on the health impact of this. Forty-nine Winter Well packs were distributed to vulnerable residents. There were 39 service requests for advice and assistance, and in 8 cases Winter Well Grants were completed. The Winter Well scheme was awarded funding from National Energy Action (an independent UK charity) for its Winter 2015/16 work, and this funding will continue over the next 12 months. Issues arose due to Red Cross referrals of clients to the scheme upon hospital discharge; discussion between affected parties led to partial improvement of the situation. Healthy Living Pharmacies (HLPs) were established in 2014/15 and continued operation in 2015/16. The Council and CCG held an engagement session for HLPs in September 2015 to discuss health promotion opportunities, particularly regarding respiratory diseases. Unfortunately, the HLP programme did not align with public health contracting opportunities, and several alternative models are currently being considered including long-term conditions, medicines management and carer support.
Health and lifestyle checks are offered and taken up (PH24, PH25, PH26, PH27, PH28)	Red-amber	A new data management system was procured in April 2015 to provide live information based on existing GP data systems and to make payment and activity reporting more accurate. Four training sessions for GP Practice Managers and staff were held in August and September 2015, and a GP assistance helpline was made available. The introduction of this new data system has presented a number of challenges; which PH is currently resolving in consultation with Barnet LMC and Barnet CCG. Due to numerous data issues, an estimate of Q4 activity has been provided; based on their Q1 and Q2 submissions. In Q4 an estimate of 1600 Health Checks were completed, representing 72% of that quarter's target figure. This is a great improvement on activity in Q3 (902 Health Checks; 41% of the quarterly target) and Q2 (889 Health Checks; 40% of the quarterly target). We have recruited a new Health Check/Smoking Cessation Coordinator, due to start in September, to improve communication and performance management for both the Health Checks and smoking cessation contracts. Ten point-of-care (POC) glucose and cholesterol testing units were distributed in September 2015 to selected GP

Commissioning Intention	End-of-year RAG	Commentary
		practices (based on evidence-based selection criteria). These units supply quick, cheap testing with immediate, on-site results, and help provide faster, more efficient, more accessible Health Checks to those population groups at greatest need. General practice staff training took place during August and September 2015, and staff use of the POC units was regularly monitored thereafter. A new Post Health Checks Lifestyle Intervention Programme was introduced in 2015/16, as a partnership between the public health team, the NHS, Barnet Council, Greenwich Leisure Ltd, Age UK and volunteer nutrition students, and has developed extremely well. The programme comprises activity sessions, cooking lessons and nutritional advice, accessed on a referral basis. It is overseen by a newly recruited Senior Health Trainer who engages, manages and supports clients through the programme, and who also collects GP referrals and liaises with GP staff.

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/S1	Smoking status at time of delivery	Apr 2015 – Mar 2016	3.7%	5.0%	3.7% (G)	Same	England = 11.4% London = 4.8%
PH/S2	Excess weight in 4–5 year olds (overweight or obese)	Apr 2015 – Mar 2016	20.8%	21.0%	19.9% (G)	Improving	England = 21.9% London = 22.2%
PH/S3	Excess weight in 10–11 year olds (overweight or obese)	Apr 2015 – Mar 2016	34.4%	36.7%	32.6% (G)	Improving	England = 33.2% London = 37.2%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Apr 2015 – Mar 2016	404.78	458.76	425.00 (G)	Worsening	England (DSR) = 641 per 100,000 London (DSR) = 526 per 100,000
PH/S5	Smoking prevalence	Apr 2015 – Mar 2016	15.0%	15.0%	13.2% (G)	Improving	England = 18.0% London = 17.0%
PH/S7	Physical activity participation	Apr 2015 – Mar 2016	55.1%	54.0%	58.5% (G)	Improving	England = 57.0% London = 57.8%
PH/S8	Eligible population aged 40–74 who have received an NHS Health Check	Apr 2015 – Mar 2016	7711	9000	5020 (R)	Worsening	England = 2.4% London = 2.8% [Barnet = 1.1%]
PH/S9	Number of people with mental health problems who have accessed the MaPS employment support programme	Apr 2015 – Mar 2016	N/A[a]	204	204 (G)	N/A[b]	Not available for England or London
PH/S10	Number of people with mental health problems who have accessed the IPS employment support	Apr 2015 – Mar 2016	N/A[a]	146	87 (R)	N/A[b]	Not available for England or London

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
	programme						
PH/C1	Prevalence of 4-5 year olds classified as overweight	Apr 2015 – Mar 2016	11.6%	11.1%	11.0% (G)	Improving	England = 12.8% London = 12.0%
PH/C2	Prevalence of 4-5 year olds classified as obese	Apr 2015 – Mar 2016	9.4%	9.4%	9.0% (G)	Improving	England = 9.1% London = 10.1%
PH/C3	Prevalence of 10-11 year olds classified as overweight	Apr 2015 – Mar 2016	15.2%	20.8%	14.6% (G)	Improving	England = 14.2% London = 14.6%
PH/C4	Prevalence of 10-11 year olds classified as obese	Apr 2015 – Mar 2016	19.4%	19.4%	18.4% (G)	Improving	England = 19.1% London = 22.6%
PH/C5	Number of people setting a quit date with smoking cessation services who successfully quit at 4 weeks	Apr 2015 – Mar 2016	606	604	302 (R)	Worsening	Not available for England or London

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/C6	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	Apr 2015 – Mar 2016	100.0%	98.0%	99.7% (G)	Worsening but exceeded annual target	Not available for England or London
PH/C7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive)	Apr 2015 – Mar 2016	N/A[a]	97.0%	95.7% (GA)	N/A[b]	Not available for England or London
PH/C8	Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive)	Apr 2015 – Mar 2016	90.5%	80.0%	77.8% (GA)	Worsening	Not available for England or London

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/C9	Clients with no record of completing a course of HBV vaccinations as a proportion of eligible clients in treatment at the end of the reporting period (replaces: "Percentage of eligible new presentations YtD who accepted HBV vaccinations")	Apr 2015 – Mar 2016	N/A[c] (Q4 = 82.8%)	90.0%	N/A[c] (Q4 = 85.1%)	N/A[d]	National = 90.0%
PH/C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	11.2%	N/A[c] (Q4 = 6.4%)	N/A[b]	National = 6.9%
PH/C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	36.2%	N/A[c] (Q4 = 31.5%)	N/A[b]	National = 40.3%

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	35.8%	N/A[c] (Q4 = 37.8%)	N/A[b]	National = 39.2%
PH/C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	35.5%	N/A[c] (Q4 = 24.0%)	N/A[b]	National = 35.3%
PH/C14	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	14.0%	N/A[c] (Q4 = 28.6%)	N/A[b]	National = 19.3%

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/C15	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	0.0%	N/A[c] (Q4 = 0.0%)	N/A[b]	National = 5.8%
PH/C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	13.6%	N/A[c] (Q4 = 5.4%)	N/A[b]	National = 9.3%
PH/C17	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate and alcohol users (as per DOMES report)	Apr 2015 – Mar 2016	N/A[a]	8.1%	N/A[c] (Q4 = 19.0%)	N/A[b]	National = 8.6%

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/ C18	Number of people receiving brief advice about alcohol (IBA)	Apr 2015 – Mar 2016	148	1400	1662 (G)	Improving	Not available for England or London
PH/ C19	Number of schools registered for the Healthy Schools London Awards - a) primary	Apr 2015 – Mar 2016	N/A[a]	9	19 (G)	N/A[b]	Not available for England or London
PH/ C20	Number of schools registered for the Healthy Schools London Awards - b) secondary	Apr 2015 – Mar 2016	N/A[a]	6	6 (G)	N/A[b]	Not available for England or London
PH/ C21	Number of schools reaching bronze award	Apr 2015 – Mar 2016	N/A[a]	9	18 (G)	N/A[b]	Not available for England or London
PH/ C22	Number of schools reaching silver award	Apr 2015 – Mar 2016	N/A[a]	6	5 (GA)	N/A[b]	Not available for England or London
PH/ C23	Number of schools reaching gold award	Apr 2015 – Mar 2016	N/A[a]	3	4 (G)	N/A[b]	Not available for England or London
PH/ C24	Number of healthy eating workshops provided in children centres	Apr 2015 – Mar 2016	230	78	483 (G)	Improving	Not available for England or London
PH/ C27	Number of professional/ community representatives in contact with vulnerable groups training in recognising and tackling self-harm/suicide prevention	Apr 2015 – Mar 2016	N/A[a]	300	239 (RA)	N/A[b]	Not available for England or London

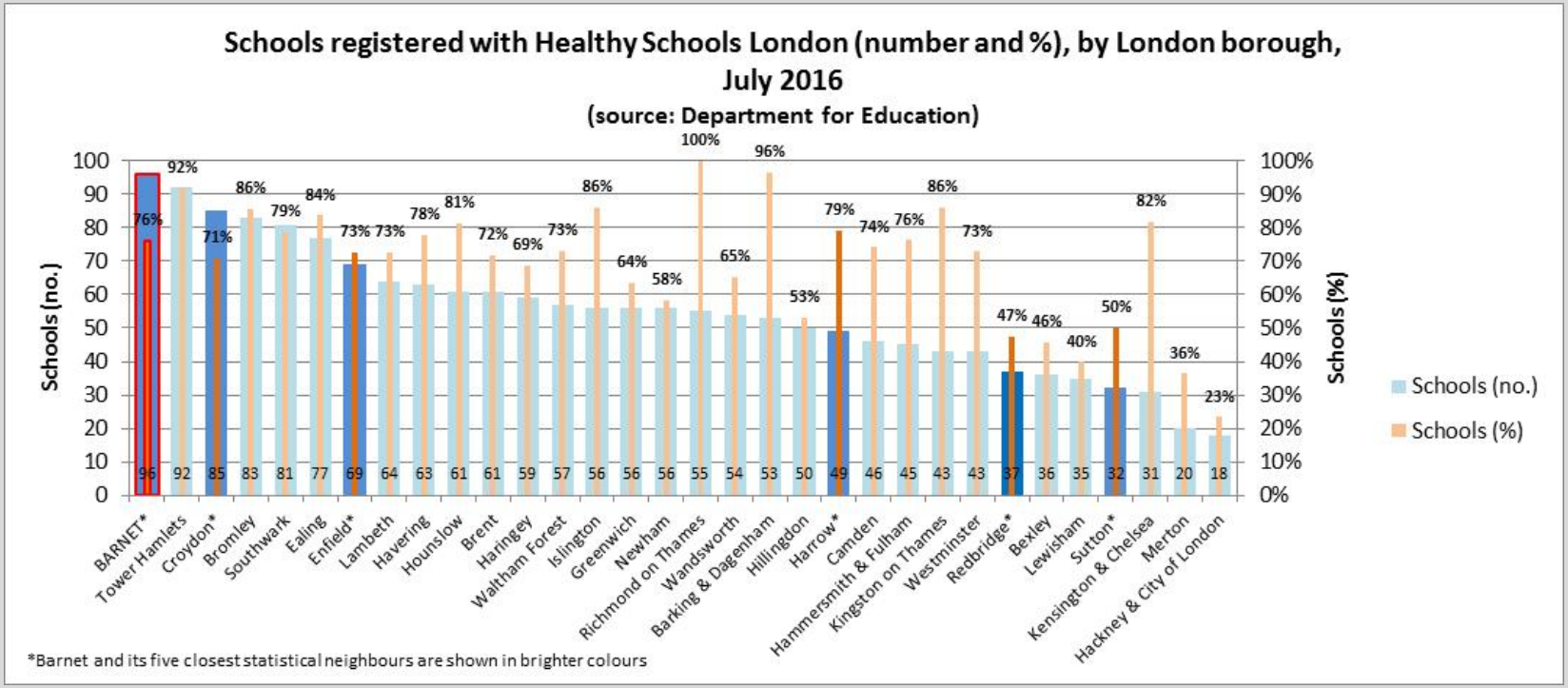
Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2014/15 result**	**2015/16 target**	**2015/16 result**	**Direction of travel**	**Benchmarking**
PH/C28	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15i) – opiate users	Apr 2015 – Mar 2016	N/A[c] (Q4 = 10.0%)	10.0%	N/A[c] (Q4 = 7.3%)	N/A[d]	England = 6.8%
PH/C29	Proportion of all in treatment who successfully completed treatment and did not re-present within 6 months (PHOF 2.15ii) – non-opiate users	Apr 2015 – Mar 2016	N/A[c] (Q4 = 27%)	27.0%	N/A[c] (Q4 = 28.6%)	N/A[d]	England = 37.3%

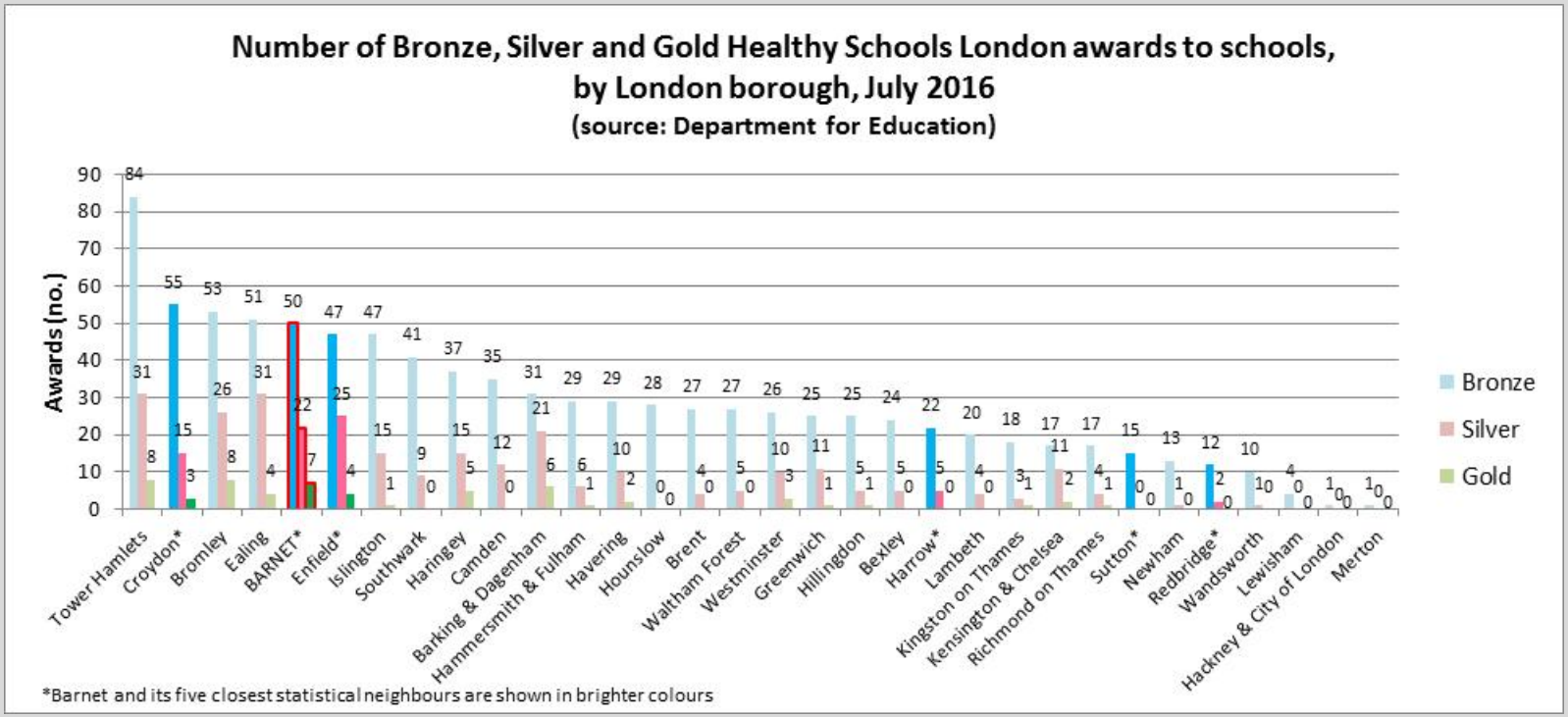
[a]Key Performance Indicator (KPI) was not reported in 2014/15
[b]Direction of travel (2015/16 vs 2014/15) cannot be calculated because KPI was not reported in 2014/15
[c]Year results cannot be calculated, because Q1 to Q4 cannot be summed as they are drawn from overlapping periods. Q4 results are given to indicate recent activity.
[d]Direction of travel cannot be calculated because whole-year results cannot be calculated for 2014/15 or 2015/16.
G = green rating
GA = green-amber rating
RA = red-amber rating
R = red rating
DSR = directly standardised rate

Appendix B:

Barnet Public Health Commissioning Outcomes: London context

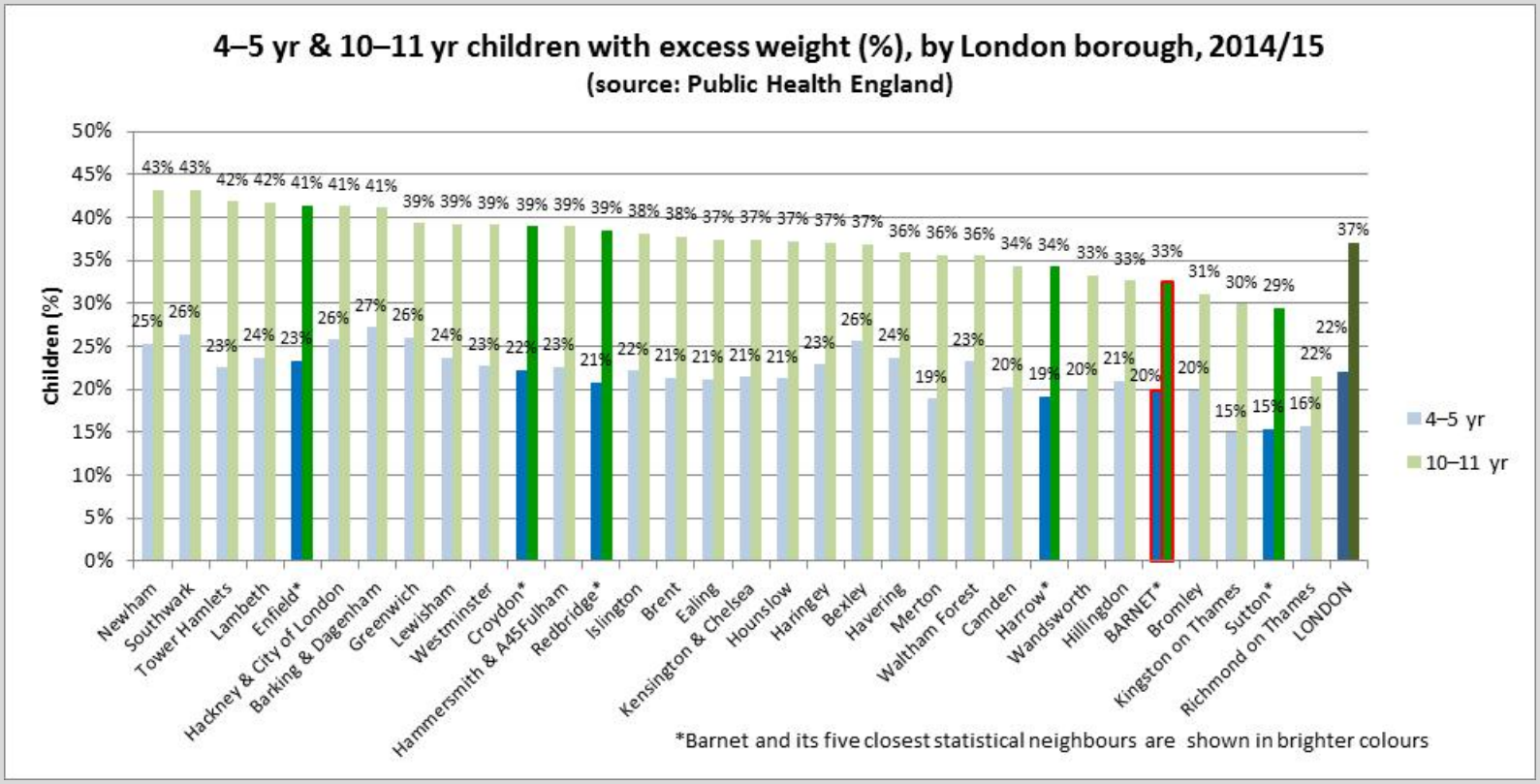
The charts below compare Barnet's public health commissioning outcomes with statistical neighbours' and London-wide activity, where relevant data is available.

Public Health	
Commissioning Intention	**London context**
Barnet Schools Wellbeing Programme	 BARNET RANKING: In July 2016, Barnet had the most schools registered with Healthy Schools London, of all London boroughs, and ranked 14th for proportion of schools registered. Compared with its five closest statistical neighbours, Barnet had the largest number of schools registered and ranked second for proportion of schools registered.

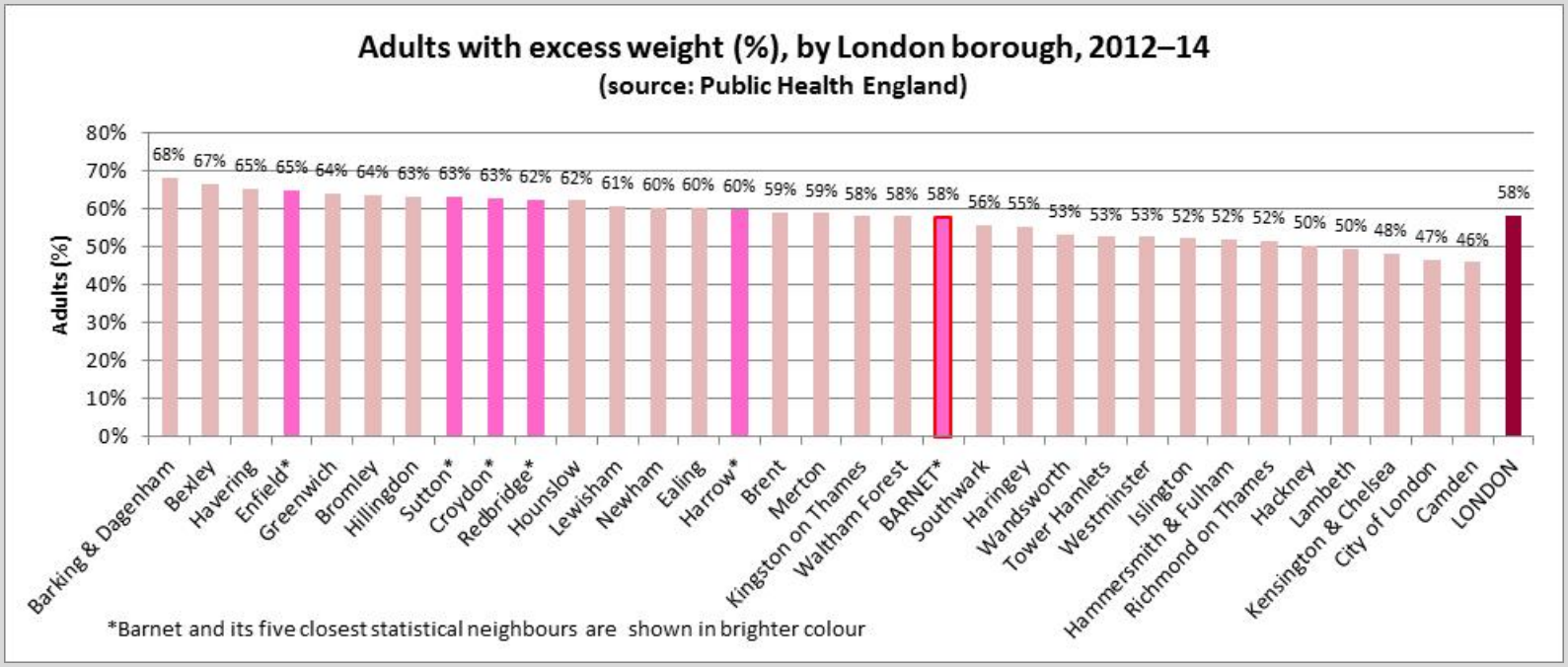


BARNET RANKING: In July 2016, Barnet ranked fifth for Bronze awards (50 awards), fifth for Silver awards (22 awards) and third for Gold awards (7 awards), of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked second for Bronze awards, second for Silver awards and first for Gold awards.

Children and adults who are overweight and obese are encouraged and supported to lose weight

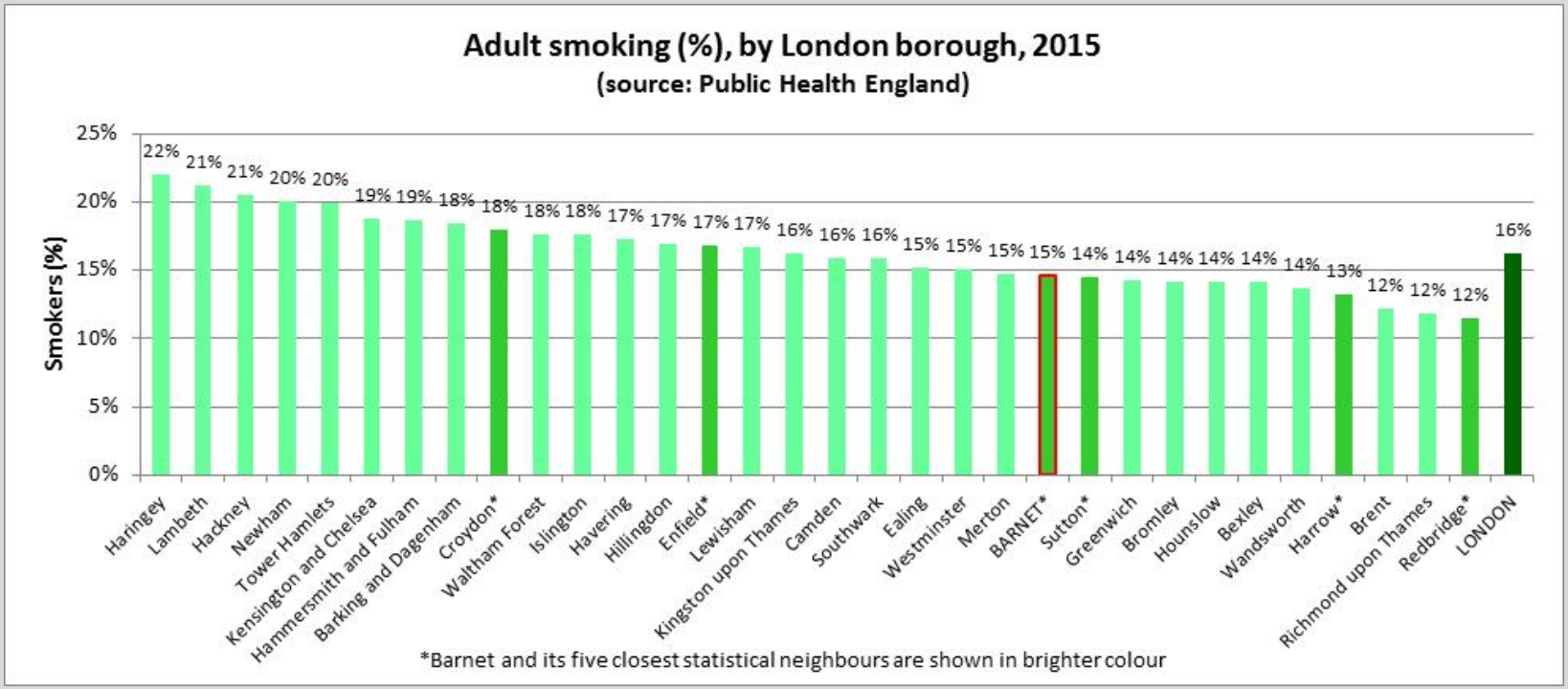


BARNET RANKING: In 2014/15, Barnet ranked seventh lowest for the proportion of 4–5 year olds with excess weight (i.e. overweight or obese), and fifth lowest for the proportion of 10–11 year olds with excess weight, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway for 4–5 year excess weight and second lowest for 10–11 year excess weight.

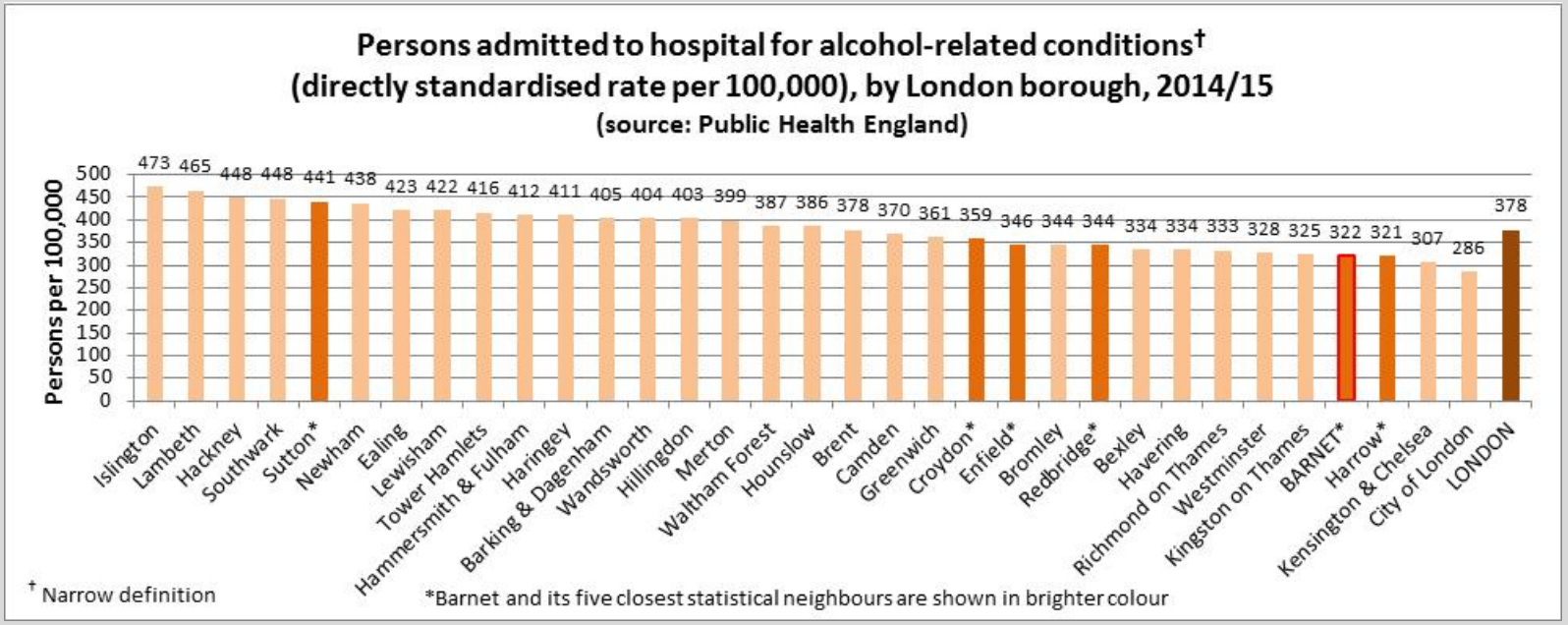


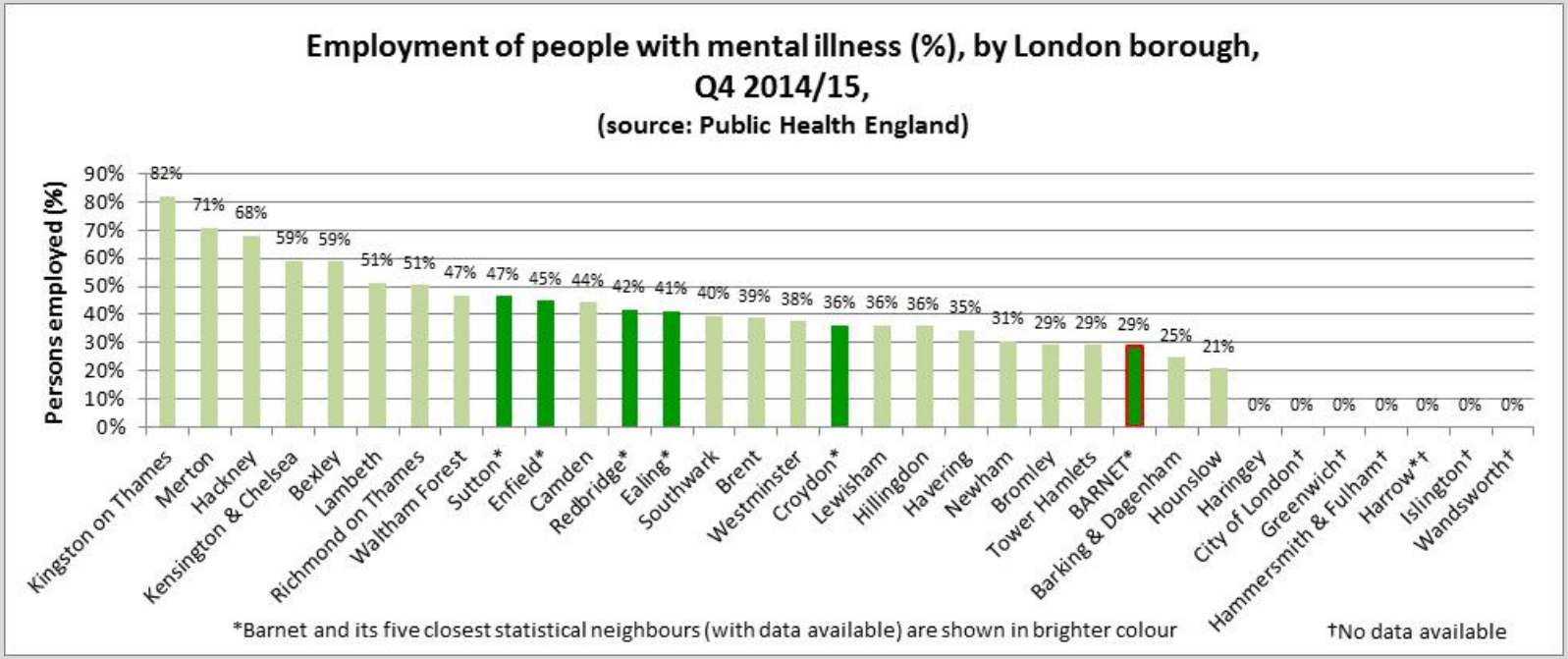
BARNET RANKING: Over 2012–2014, Barnet ranked 14th lowest for the proportion of adults with excess weight, of all London boroughs. Compared with its five closest statistical neighbours, Barnet had the lowest proportion of adults with excess weight.

People are encouraged and supported to quit smoking

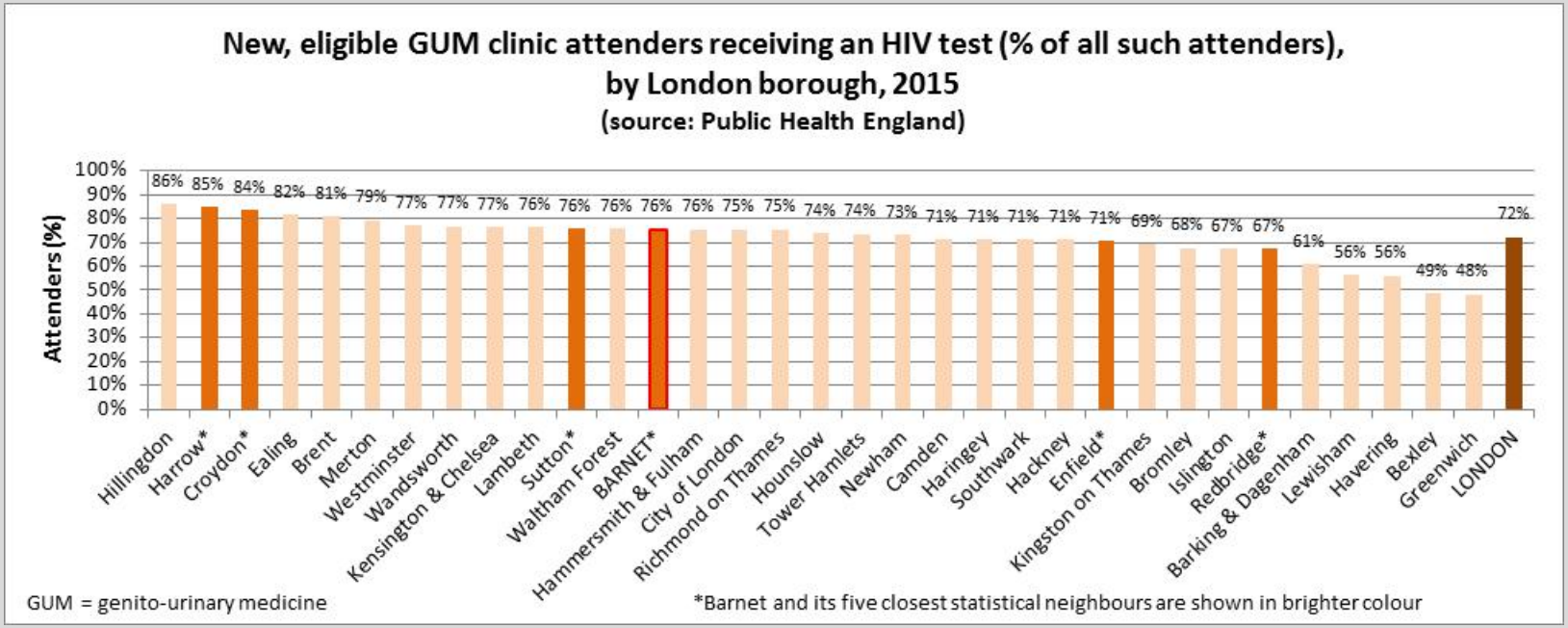


BARNET RANKING: In 2016, Barnet had the 11th lowest prevalence of adult smoking, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway for smoking prevalence.

Alcohol brief intervention	 BARNET RANKING: In 2014/15, Barnet had the fourth lowest rate of persons admitted to hospital for directly alcohol related conditions, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked second lowest for persons admitted to hospital for directly alcohol related conditions.

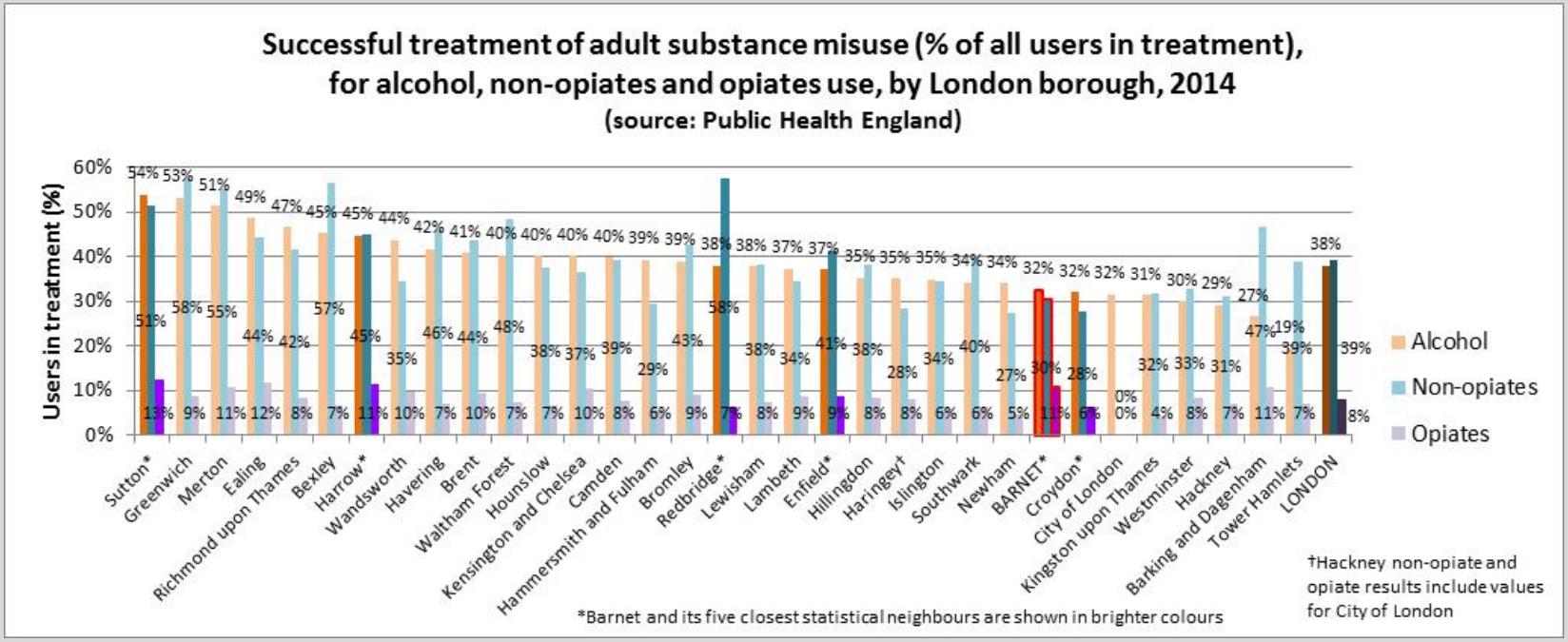
Residents with mental health needs are supported to retain/return to employment	 BARNET RANKING: In Q4 2014/15, Barnet ranked third lowest for employment of people with mental illness, of all London boroughs with data available. Compared with its five closest statistical neighbours, Barnet ranked lowest.

Ensuring robust sexual health services

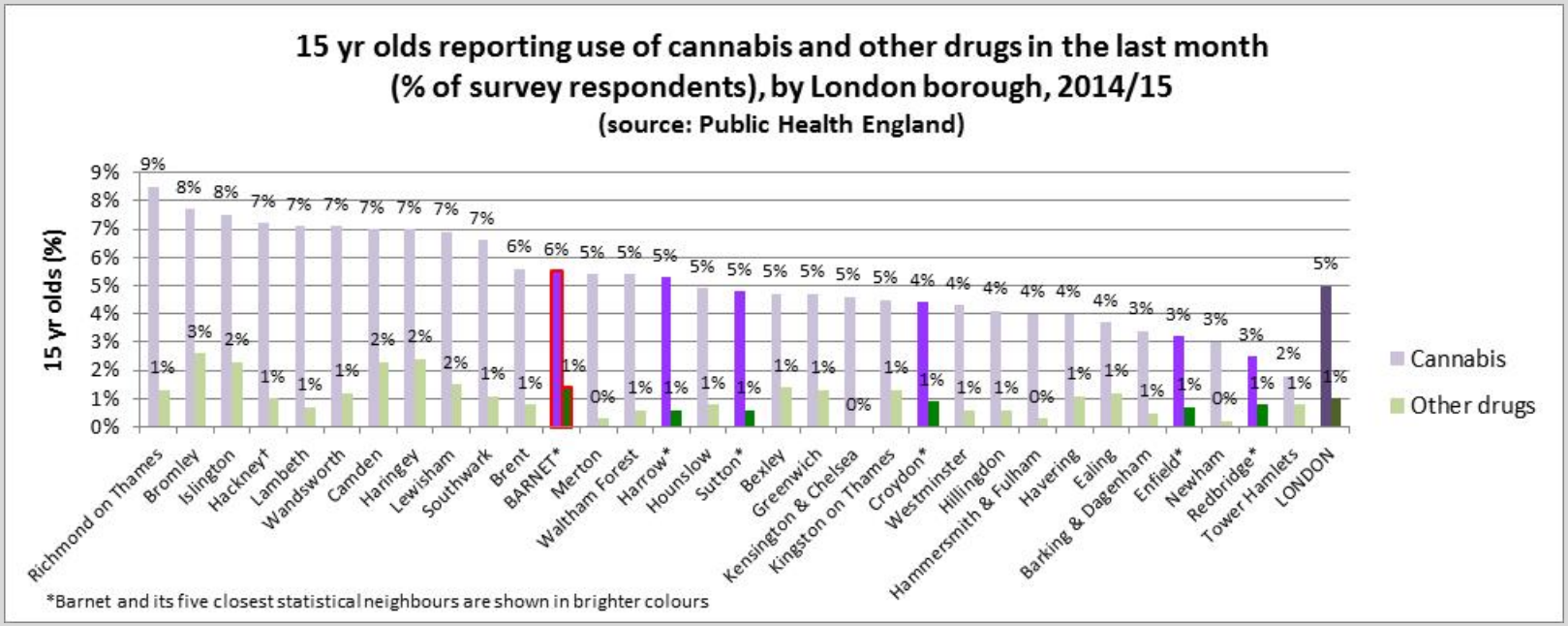


BARNET RANKING: In 2015, Barnet ranked 13th for the proportion of new GUM clinic attenders receiving an HIV test, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway.

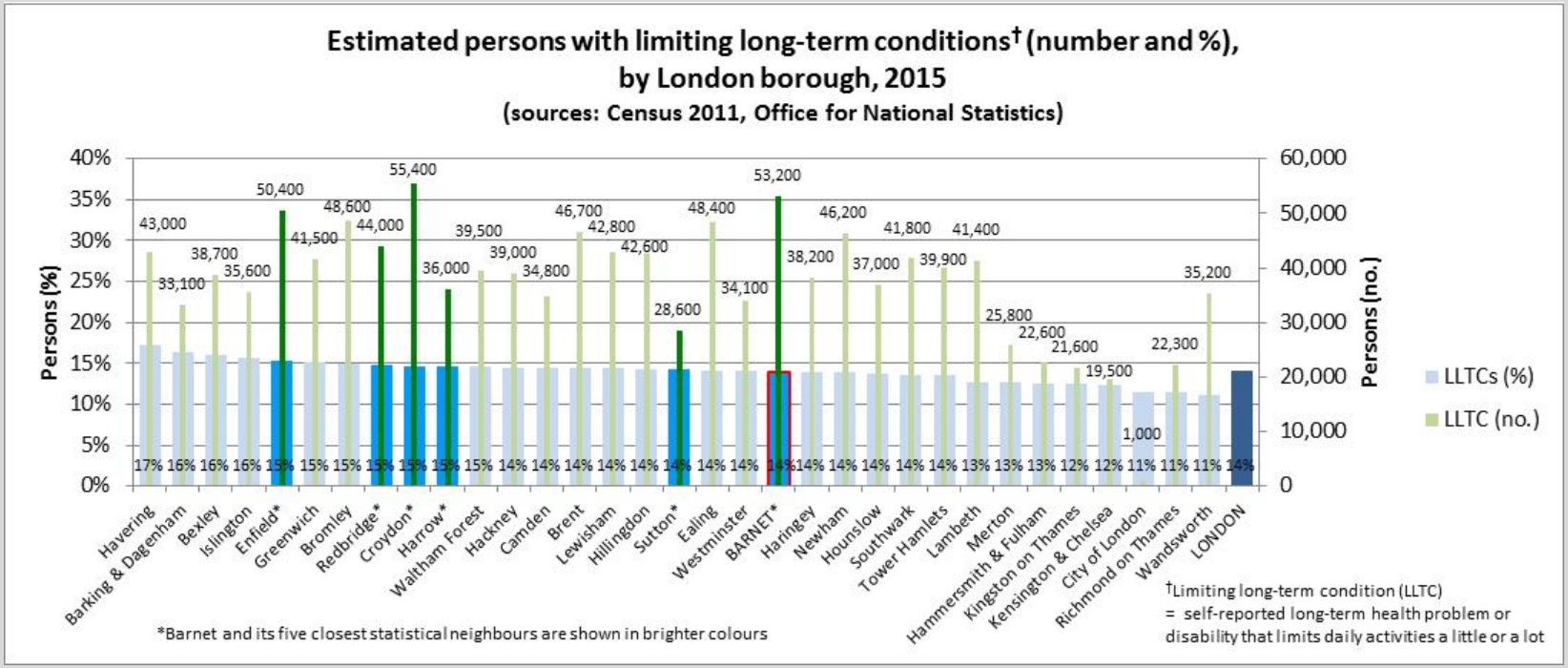
Adult Drug and Alcohol Treatment and Recovery Pathway focusing on providing early treatment, harm minimisation and full recovery



BARNET RANKING: In 2014, Barnet ranked eighth lowest for alcohol treatment success, fifth lowest for non-opiates treatment success and sixth highest for opiates treatment success, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked second lowest for alcohol treatment success, second lowest for non-opiates treatment success, and midway for opiates treatment success.

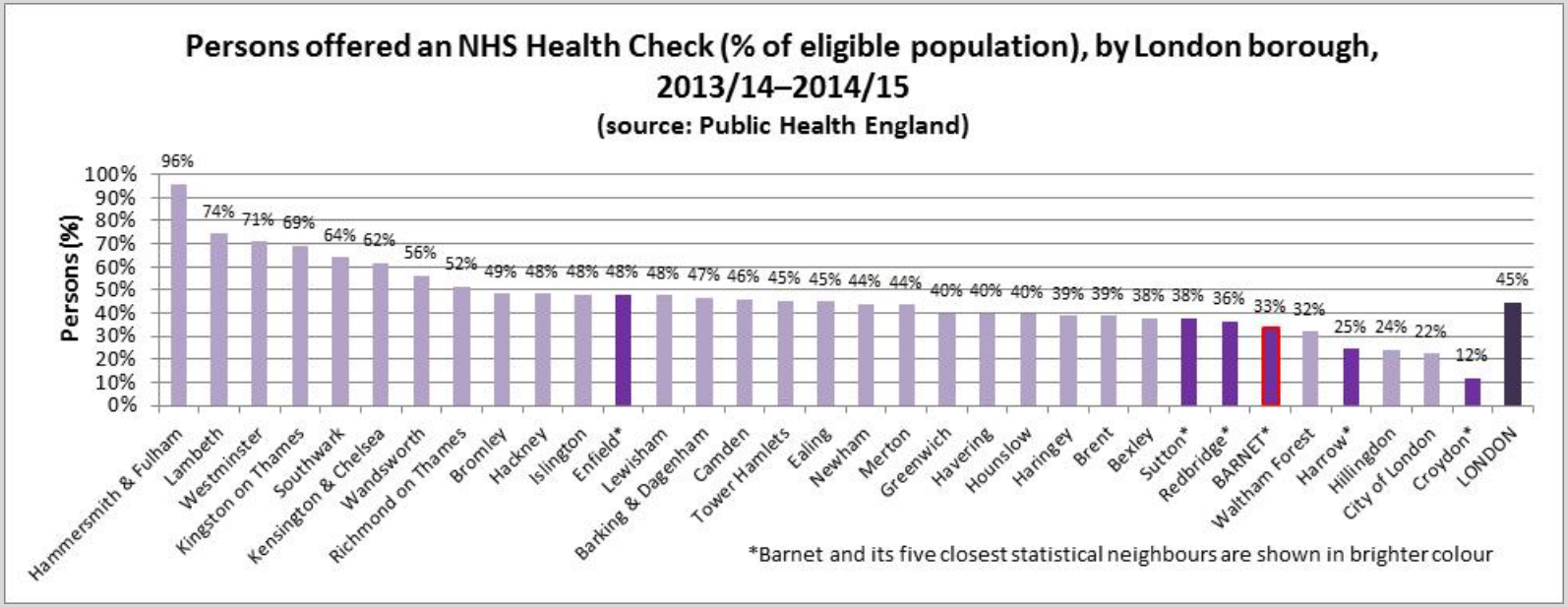
Young People's Drug and Alcohol Service focusing on prevention of substance misuse and escalation of misuse and associated harm	 BARNET RANKING: In 2014/15, Barnet ranked 12th for self-reported cannabis use by 15 year olds, and sixth for use of other drugs, of all London boroughs. Compared to its five closest statistical neighbours, Barnet had the highest levels of self-reported cannabis use and self-reported other drugs use by 15 year olds.

People with a long-term condition are encouraged and supported to self-manage their condition



BARNET RANKING: In 2015, Barnet ranked 20th for the estimated proportion of residents with a limiting long-term condition, of all London boroughs. Compared with its five closest statistical neighbours, Barnet had the lowest estimated proportion (14%; 53,200 people).

Health and lifestyle checks are offered and taken up



BARNET RANKING: Over 2013/14 to 2014/15, Barnet had the sixth lowest proportion of NHS Health Check offers, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway for Health Check offers.

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Appendix C:

Public Health Activity Report: Recent patient/client contacts with public health services

Lisa Colledge, Senior Public Health Intelligence Analyst, Barnet & Harrow Public Health, 13/5/16

Overall

- The Barnet Public Health Team works to improve and protect the health of all Barnet's 375,000 residents, through partnership working with Barnet Council, Barnet Clinical Commissioning Group (CCG), and Barnet voluntary and community groups.

Child health

- Targeted group programmes supported 484 overweight school children to lose weight and maintain a healthy weight in 2015/16.
- 84 obese school children received one-to-one sessions with a specialist Healthy Weight Nurse in 2015/16, to help them lose weight and maintain a healthy weight.
- Children's healthy eating workshops were run 268 times in Barnet Children's Centres in 2015.
- Barnet Children's Centres ran 32 supervised children's toothbrushing sessions in 2015/16.
- Barnet schools ran 23 supervised children's toothbrushing sessions in 2015/16.
- Eight trained breastfeeding support workers helped Barnet mothers to continue breastfeeding in 2015/16.
- 308 new mothers were supported to continue breastfeeding in 2015/16.

Adult health

- 'Health MOTs' in local venues helped 656 Barnet people check their health status in 2015/16, reducing their risk of long-term health problems.
- Cancer 'Pop-up Shops' (in local Barnet shopping centres) were visited by 2606 people in 2014/15, helping them to access potentially life-saving treatment.
- 5541 Barnet adults had an NHS Health Check in 2015/16, reducing their risk of long-term health problems.
- Sexual health clinics enabled 13,445 people to have an HIV test at their very first clinic visit in 2015, reducing individual and community HIV-related harm.
- The Barnet Winter Well scheme allocated 21 individual grants to help with heating and insulation costs over Winter 2015-2016.
- The Winter Well scheme helped 238 Barnet households to switch to cheaper energy over Winter 2015-2016.
- The Winter Well scheme distributed 180 free radiator panels to Barnet residents over Winter 2015-2016.
- The Winter Well scheme distributed 561 items (e.g. radiator panels, Thermos flasks and warm clothing) to warm up Barnet residents in need over Winter 2015-2016.

Mental health and emotional wellbeing

- 274 adults working with young people were trained to prevent suicide and self-harm in 2015/16.
- Specialist employment support programmes helped 39 Barnet residents with mental health needs to gain employment, between Nov 2014 and Mar 2016.
- Specialist employment support programmes helped 501 Barnet residents with mental health needs to move towards employment, in 2015.

Substance misuse

- Barnet Stop Smoking Services helped 841 people to decide to quit smoking in 2015/16.
- Barnet Stop Smoking Services helped 370 people to quit smoking in 2015.
- Specialist substance misuse services enabled 209 opiate-using clients to successfully complete drug treatment in 2015.
- Specialist substance misuse services enabled 135 non-opiate drug users to successfully complete treatment in 2015.
- Specialist substance misuse services enabled 540 alcohol misuse clients to successfully complete treatment in 2015.
- Specialist substance misuse services enabled 236 non-opiate and alcohol using clients to successfully complete drug treatment in 2015.
- Scratchcard screening enabled 1877 people to easily assess their alcohol risk level in 2015.

AGENDA ITEM 10

	Health and Wellbeing Board **15 September 2016**
Title	**Services for people with learning disabilities including Winterbourne View – Transforming Care**
Report of	Commissioning Director – Adults and Health Interim Director of Commissioning – Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 NCL Transforming Care Plan - Milestone Report – Summary Appendix 2 NCL TCP Performance Summary – Patient figures
Officer Contact Details	Sue Tomlin – Joint Commissioning Manager Learning Disabilities sue.tomlin@barnet.gov.uk 0208 359 4902

Summary

This report provides an update on information on the work of the North Central London Transforming Care Partnership and the draft plan to deliver alternative services to meet health and support needs outside hospital settings for people with learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

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

Recommendations

1. **That the Board notes and comments on the contents of the report and progress being made by the North Central London Transforming Care Partnership, patient discharges and the update on patients subject to the Winterbourne View Concordat.**

1. WHY THIS REPORT IS NEEDED

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

1.2 In March 2016 the Board received a report on establishment of the North Central London (NCL) Transforming Care Partnership (TCP) between Barnet, Camden, Enfield, Haringey and Islington CCGs and the draft plan to deliver increased community and crisis support and a reduction in use of Assessment and Treatment beds. This report updates the Board on progress in developing and implementing the plan which is to be delivered by March 2019.

1.3 The Senior Responsible Officer for the NCL partnership is now the CO Haringey CCG. The NCL Transforming Care Board is providing close oversight on delivery of the plan which has yet to receive assurance on delivery from NHSE.

1.4 Reflecting National Transforming Care plans the key priorities for the North Central London TCP are a reduced reliance on inpatient services (closing hospital services and strengthening support in the community) and improved quality of life for people in both inpatient and community settings. Appendix 1 attached shows the plan milestones and current status.

1.5 Service area priorities which underpin realisation of the plan are community service development including family support, crisis intervention, positive behaviour support and additional community capacity to avoid hospital admission when crises arise. Project work stream groups have been established to develop the detail and Barnet CCG/LBB officers are leading on the Long Stay and Admissions Avoidance groups. Officers are also working closely in the other themed groups including the commissioning of Crises services and the Community LD Service specification. The Integrated Learning Disability Service (S75) funding agreement between the Council and Barnet CCG and the associated health contracts has been extended to February 2018 to enable the services to be reconfigured to meet the requirements of the plan.

1.6 Developing the crisis intervention service is the immediate priority and a bid to NHSE for transformation funding has been successful, matched funded is required by CCGs and further conditions will need to be satisfied. This has been prioritised by the TCP board and the implementation group. To progress this workshop for clinicians and other stakeholders will take place in September 2016. The workshop will focus primarily on the design of local crisis intervention services including out-of-hours rapid response, enhanced crisis planning and positive behavioural support.

1.7 A local implementation group to manage progress locally has been established, this is chaired by the Barnet CCG board level representative and will ensure that commissioners, clinicians and relevant professionals and experts and local service user/carer involvement and participation.

1.8 Patient discharges

The number of Barnet patients who meet the criteria of the Assuring Transformation programme (Winterbourne cohort) is currently 10. Appendix 2 shows the current patient cohort across NCL including those who have been the responsibility of NHSE specialised commissioning (patients with high needs in secure settings).

1.9 The Barnet number includes 8 patients in a long stay hospital setting who are subject to residence restrictions through the Court of Protection. The patients, who are funded jointly by the council and the CCG, are subject either to consent orders or residency restrictions through the Court of Protection ruling. The orders and ruling state that the service should continue to accommodate the residents and that this should continue unless there are exceptional changes circumstances for any of the patients. The patients cannot be moved therefore without agreement of the Court.

1.10 The board were informed at the last meeting that because of the apparent conflict between the Court of Protection Order and the national Transforming Care programme, NHSE had been working to develop a co-ordinated and consistent approach with all local commissioners. This was to ensure person centred care and support planning is in place and up to date and that the quality of services is being monitored consistently and so that any changes in individual patients' circumstances can be appropriately planned for with the current provider. In the event that a move from the service is found to be in the best interest of the patient agreement of the Official Solicitor would then be sought to take the matter back to the Court of Protection for a new Order to allow a move.

1.11 Through this targeted work NHSE have also developed good practice guidance and an external organisation (Changing Our Lives) is being commissioned (funded by NHSE) to undertake person centred plan reviews of all of the patients at the service. The Hertfordshire Transforming Care Partnership is establishing a working group with a reporting line to a new NHSE executive group to ensure additional oversight and support. This will also link to the NCL long stay working group.

1.12 Outside this service there has been one discharge of a long stay patient (over 5 years) with complex needs from a private hospital to supported living in the borough. Detailed planning and preparation for the patients move was undertaken and the care and support provider report that the patient's transition is going well.The Barnet cohort of patient nevertheless is now 10 as there have been two recent discharges and one new admission earlier in the summer. Following Care & Treatment Reviews the patient's discharge plans are now being developed and an early discharge subject to the correct

placements being identified are anticipated. The remaining patient has a firm discharge plan in place and discharge is expected in October.

1.13 Any new admissions are scrutinised through the Care & Treatment Review (CTR) process and community CTRs including 'Blue Light' reviews are now being carried out and planned for those identified at risk of hospital admission.

2.0 REASONS FOR RECOMMENDATIONS

2.1 The Winterbourne Concordat and Transforming Care - Next Steps[1] recommend that Health and Wellbeing boards provide support and have oversight of Winterbourne activity. The NCL Transforming Care Partnership governance structure also includes the Health and Wellbeing board to ensure consistency with the Health and Wellbeing Strategy and other programmes.

3.0 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4.0 POST DECISION IMPLEMENTATION.

4.1 Further reports will be brought to the Board to update and approve as required.

5.0 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

5.1.2 The plan supports the aims of the Joint Health and Wellbeing Strategy 2015-2020 – prevention and promoting independence and the care when needed theme by continued integration of health and social care services for people with learning disabilities.

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

5.2.1 It is expected that the cost of the future model of care will be met from the total current envelope of spend on health and social care. Using the total sum of money as a whole system (CCGs, Local Authorities & NHSE Specialised Commissioning) and shifting money from some service such as inpatient care into community health or packages of support. There is recognition that transformation of this scale will mean transition costs including temporary double running of services. Barnet CCG is considering the resources currently allocated and how this can be aligned with the plan and NHSE requirements on the admissions avoidance process (CTRs). The Transforming Care Board will also be considering how matched funding can be identified.

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

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

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

5.2.4 It is anticipated also that there will be significant growth in personalised funding and the plan will link to the local offer for Personal Health Budgets.

5.3 Social Value

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

5.4 Legal and Constitutional References

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

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

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

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

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

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

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

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

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

5.5 Risk Management

5.5.1 Further development of the transformation plan which received initial largely positive feedback from NHSE has been necessary. New programme management resources have been secured by the NCL CCGs. However there is a continued risk that individual projects are not delivered within the deadlines. The TCP Board is now monitoring a risk register and will take collective action to ensure delivery.

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

5.6 Equalities and Diversity

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

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

5.6.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. It applies to people with protected characteristics which include disabilities such as learning disabilities and autism.

5.6.3 To meet these duties, equality assessments are undertaken for each patient as part of their person centred planning process and service designs. The assessment includes consideration of the individual's particular needs to

ensure any proposals for a move from hospital or other setting do not disproportionately affect them and complies with the equality duty. This is of particular relevance to people with learning disabilities and autism to help them live as ordinary lives as possible within the community.

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

5.7 Consultation and Engagement

5.7.1 Patients, their advocates and/or family members and carers are involved in care and support planning. Patient and resident involvement is a key theme of the transformation plan and progress reports will be made to this Board and/or any other engagement structures established across the partnership to involve people with learning disabilities and / or autism and their families and carers. An engagement strategy is being developed by the TCP.

5.8 Insight

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

5.8.2 The NCL plan has identified gaps in data which are being addressed through the partnership. The annual self-assessment processes for Learning Disability services are being reviewed and the Autism SAF is currently underway.

6.0 BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 10 March 2016– Winterbourne View Assuring Transformation, item 12
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8392&Ver=4

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

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

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

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

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

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

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

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

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

Milestone Report – Summary Version			
Objectives	**Tasks**	**RAG**	**Actions taken in last period**
A - Co-production	Establish robust governance arrangements		Engagement plan and invitation letter prepared
	Analyse patient data		Funding agreed for Public Health Analyst to support collection, analysis and presentation of demographic information & patient data
	Have a robust engagement plan and ensure patient/family reps are engaged at all levels & stages		Engagement plan and invitation letter finalised
	Engage providers		Discussions underway with NHS England about pan-London/NHSE Coordination of provider engagement
B - Bed Closure	Reduce use of hospital beds		Number of in-patients reduced from 79 to 71 (including some patients removed from cohort due to not matching the definition)
C - Developing a new service model (avoidance of admissions)	Develop service model & business case		LD Commissioner and Practitioner/Clinician workshop scheduled for 27 September
	Community CLDT Team		LD Team staff resources audit underway
	Positive Behaviour Support		
	Enhanced Crisis Intervention Service		Outline crisis intervention service model drafted
	Crash Pad(s)		
D - Developing a new service model (moving individuals back to the community)	Plan and implement discharge of current patients		Discharge planning & CTRs underway and ongoing
E - Developing a new service model (Establishing the infrastructure to deliver the changed service model)	Develop an accommodation strategy		
F - Funding Arrangements	Financial modelling & cost sharing arrangements		Financial modelling and cost sharing proposal underway for report to CCG Chief Officers in September.

Appendix 2
NCL TCP Performance Summary

		15th July	12th August
Haringey			
NHSE patients		14	13
CCG patients		10	9
Total		24	22
Barnet			
NHSE patients		3	2
CCG patients		12	12
Total		15	14
Enfield			
NHSE patients		4	3
CCG patients		5	5
Total		9	8
Camden			
NHSE patients		7	5
CCG patients		7	9
Total		14	14
Islington			
NHSE patients		10	9
CCG patients		7	4
Total		17	13
NCL			
NHSE patients	40	38	32
CCG patients	41	41	39
Total	81	79	71

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AGENDA ITEM 11

	Health and Wellbeing Board **15 September 2016**
Title	**North Central London Sustainability and Transformation Plan Update**
Report of	Commissioning Director – Adults and Health, LBB CCG Accountable Officer
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Summary Presentation NCL STP Update
Officer Contact Details	Denise Shaw, Communications and Engagement Lead North Central London Sustainability and Transformation Plan (NCL STP) Email: Denise.Shaw@camdenccg.nhs.uk Tel: 0203 688 2765

Summary

This is an update on the progress of the North Central London Sustainability and Transformation Plan (NCL STP) which covers five of the London boroughs of Barnet, Camden, Enfield, Haringey and Islington. The plan will continue to develop and we are committed to engaging with public bodies as it continues to go forward.

Recommendations

1. **That the Health and Wellbeing Board note and comment on the summary Update Presentation for North Central London Sustainability and Transformation Plan.**

1. WHY THIS REPORT IS NEEDED

1.1 To update the Health and Wellbeing Board on the progress of the NCL STP.

2. REASONS FOR RECOMMENDATIONS

2.1 At its previous meeting on 21st July 2016, the Board noted that an update will be presented to the Health and Wellbeing Board in September to describe the progress made to develop the NCL STP.

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 will receive further progress update reports at future meetings.

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 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 Under the Council's Constitution, Responsibility for Functions, Annex A, 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.

5.5 **Risk Management**

5.5.1 N/A.

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 A programme of public engagement is already underway and there will be 5 public meetings, one in each borough, in the month of September.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 21 July 2016, Agenda Item 12: NCL Sustainability and Transformation Plan: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4

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North Central London
Sustainability and
Transformation Plan

North Central London
Sustainability and Transformation plan

Progress update
September 2016

NHS England
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
BARNET LONDON BOROUGH
Camden
ENFIELD Council
Haringey LONDON
ISLINGTON
Barnet, Enfield and Haringey NHS Mental Health NHS Trust
A University Teaching Trust
Camden and Islington NHS Foundation Trust
Central and North West London NHS Foundation Trust
Central London Community Healthcare NHS Trust
Your healthcare closer to home
Moorfields Eye Hospital NHS Foundation Trust
North Middlesex University Hospital NHS Trust
Royal Free London NHS Foundation Trust
The Tavistock and Portman NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Whittington Health NHS

Reminder: Sustainability and Transformation Plan (STP) background

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

2. 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.

Current position

North Central London Sustainability and Transformation Plan

Case for change and vision

- The NCL STP case for change will be published in September 2016
- This identifies the gaps in health and wellbeing, and care and quality in NCL in order address priority areas and provides the foundation for our STP
- The clinical cabinet has been working to co-produce the overarching outcomes that we aim to achieve through the STP and quantify these

Understanding our financial position

- Having established the do nothing financial position in NCL in 2020/21, we have been working to quantify the impact of the 13 workstreams that make up the scope of the STP programme with a view to closing the financial gap
- We have also identified some key local priorities in specialised commissioning that we will align with the pan-London specialised commissioning priorities to resolve the specialised commissioning financial gap

Further developing the STP

- Over the summer, work has been underway to accelerate progress in developing propositions and quantifying the impact of priorities
- The outputs of this work will be reviewed and discussed by system leaders in September, including the Chief Executives of both health and local authority organisations, Medical Directors and Finance Directors from NHS organisations
- The June submission strategic narrative will be updated based on these developments, and this will be submitted to NHS England in October
- In addition, we are developing delivery templates for each of the key areas of work which will also be submitted to NHS England in October

Communications and engagement plan

North Central London Sustainability and Transformation Plan

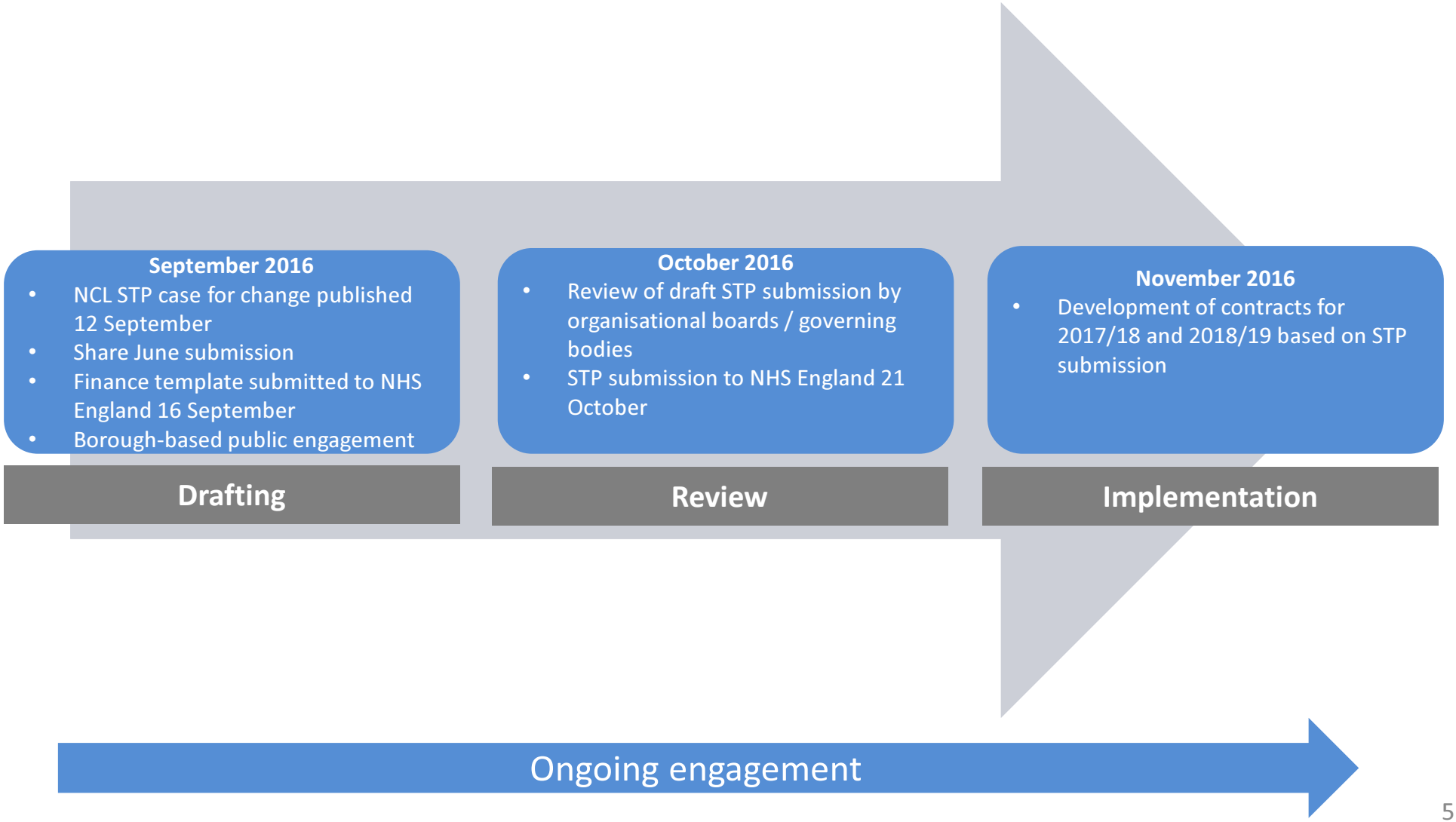
A programme of engagement and channels have been established to take forward both external and internal communications around the STP and ensure that a wide range of stakeholders are involved in the development of the STP as it progresses

External Stakeholders	Channels
CCG Governing Bodies	Regular Programme update, CCG websites, STP newsletter
Provider Trust Boards	Regular Programme update, CCG websites, STP newsletter
Local Authority leaders and CEOs	Local CCG briefing mechanisms, briefings with local CCGs/providers
Health and Well Being Boards	Regular Programme update, collaborative leadership to guide
JHOSC	Standing item on the quarterly agenda
Local Overview & Scrutiny committees	Regular Programme update (JHOSC has formal scrutiny for STP)
GPs	Local CG briefing mechanisms
MPs and local politicians	Letter form David Sloman, CCG briefing mechanisms
Patients and public	Programme of public meetings starting September 2016
Healthwatch	Working in partnership to co-produce communications using their channels(meetings, website and other digital
Community and Voluntary Sector	Patient Participation Groups (CCGs, providers etc)
Campaigning organisations	Invited to Sept meetings and on-going meetings/comms as needed
Media	Led by NHS England: briefing, interviews etc. Locally by NCL and partner organisations

Internal Stakeholders	
CCG staff	Regular updates: internal newsletter and website mechanisms
Provider Staff	Regular updates: internal newsletter and website mechanisms
	Regular updates: internal newsletter and website mechanisms

Next steps

North Central London Sustainability and Transformation Plan



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AGENDA ITEM 12

	Health and Wellbeing Board **15 September 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 June - September 2016. 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: 67% green, 29% amber, 2% red and 2% grey. Compared to performance reported in July 2016, a number of actions have moved from amber to green with a similar proportion moving from green to amber. Updates should be viewed alongside other items of the HWBB agenda, namely the strategic framework for primary care, Public Health Annual Report and the CAMHS report.

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
• Through Barnet Council's Internal Placement Strategy, good progress has been made to increase the percentage of children in Barnet foster care as a percentage of all children in care. Data from April 2016 to present shows that 60.5% of looked after children are in Barnet foster care placements

- The number of families with children under 5 accessing services and Children Centres continues to increase and is on track to meet the 80% target for 2016/17
- Commissioners have been assured by providers that appropriate training has been completed to ensure timely safeguarding advice and referrals made for girls who are identified as being at risk of female genital mutilation (FGM)
- Barnet's Corporate parenting pledge is in place and was distributed during June 2016; monitoring the impact of the pledge will be take place through the Voice of the Child Strategy Group
- Barnet Youth Board continues engage with a number of projects including Parks and Open Spaces, Public Health and Youth Zone
- Increase in membership in the Children in Care Council, with 16 new people getting involved
- Healthwatch has conducted an initial focus group with young people regarding their health concerns, five more focus groups are planned to April 2017. The focus group will be made into podcasts and the findings will feed into Healthwatch's feedback on services
- Healthwatch are currently following-up the issues highlighted through the dentistry mystery shopping exercise with NHS England; Healthwatch are awaiting feedback. Homestart Barnet has undertaken some survey work on behalf of Healthwatch looking at family experiences of dental care in Barnet. This has been completed and a report will be published in early September
- Two social action activities to improve community capacity have been completed with six planned by our local infrastructure partner including 'tea and texting' which involves young people teaching older people about technology.

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

- Reimagining Mental Health (CCC) – Primary Care Link Workers have been recruited to support better management of chronic illness, improved partnership working and faster access to primary care. The Barnet Wellbeing Centre, voluntary sector collaborative, is to open in early October 2016 at the Meritage Centre supported by a telephone gateway and grounded in principles of social prescribing
- Mental health social work – consultation is underway with staff. LBB are working closely with the Trust and the CCG around the changes to the Trust services and the CCG development relating to working with Primary care services
- Developing an Out of Hours Crisis Service for CAMHS - Out of Hours interim arrangements have been extended for two months and procurement of a nurse led service started in mid-August (HWBB to receive an update report at its September meeting)
- The percentage of mental health service users in paid employment has

improved and is above target for the quarter but this is due to a reduction in the overall cohort size rather than an increase in the numbers employed – this drop in numbers is under review

- At the end of July, BOOST has engaged 540 people and supported 213 people into work. Work to extend the model to other areas of the borough has started
- Community Centred Practice – full complement of 8 practices have been identified, the service has been procured and development work will start in September
- New adult social care operating model – three assessment hubs currently in operation and clients are being seen in these settings. A further hub is being developed (on course to go live in September 2016). Further work is needed to develop the prevention offer through the hubs
- Increasing employee satisfaction – mental health awareness training is being offered to LBB managers, LBB (and partners) held a health living and sports event for staff in July. Joint initiatives with the CCG have been held and are planned
- Planning for the Winter well programme (Keeping Warm and Well) for 2016/17 is underway directed by a steering group of key partners. Aspects for exploration include links with personal health budgets, joint communications, promotional links with flu vaccinations and ways of using technology as part of the programme
- 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.

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

- Following engagement sessions, the Sport and Physical Activity (SPA) Project has progressed through to the Sport England solicited stage for the Strategic Facilities Investment Fund. A formal funding application to Sport England for £2m will be submitted by December 2016, with a pending decision anticipated for January 2017.
- Attendances (usage) between January - June 2016 currently stands at 620,075 (4.5% increase year on year). Contributing factors include;
    - Growth of Sports (clubs/dry courses/dry sports/holiday) programmes.
    - A focus on half term camps and junior courses has seen an increase in usage by children and young people
    - Targeted 'Club' outreach and delivery to engage older people.
    - Increase in the number of GP's signed up to and utilising the Physical Activity on Referral Scheme and a 65.5% increase in Healthwise members
    - Notable year on year participation increases; 45+ (10.2%), Female (6.7%), Disabled (17.5%) and C&YP (9%)
- A draft SPA strategy will be presented to Adults and Safeguarding

Committee on 19 September 2016 asking for approval for a public consultation to commence. The implementation of the strategy will be governed by the Fit and Active Barnet (FAB) partnership

- The Obesity Strategy is being developed by Public Health, a selection of strategies have been reviewed and the development of the strategy (aim for completion at the end of 2016) is being overseen by a strategy group
- A Prevention and Wellbeing Training (MECC) provider has been commissioned to work with 150 LBB frontline staff in the first phase; the training aims to teach workers to be able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing, or decreasing lifestyle behaviour activities
- Work to encourage self HIV testing service (home sampling) continues. Uptake of the home sampling service indicates high acceptability and Preventx, the company commissioned to deliver this service, reports a 60%return rate of the HIV testing kits requested.
- LBB continues to work alongside other Local Authorities in the North Central Sub-Region to collaboratively procure sexual health services for the London North Central Region. Camden and Islington Local Authorities are leading on the procurement of sexual health services. The tender to procure sexual health services was issued during August 2016.
- Progression of Colindale Community Hub project, to deliver joint facility for Health, Community and Children's Services. Feasibility stage of business case has been agreed as a target for Re to deliver during Autumn 2016.
- Copthall Planning Brief was adopted on 1st September 2016, and this will kickstart a wider programme of visioning and strategy work on the proposals, together with an action plan for the area to be led by the Environment team.

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

- The procurement for carers and young carers support services has now been completed with Barnet Carers Centre being awarded the new contract. The new contract will commence from 1st October 2016. Carers and Young Carers Support services will include targeted support to raise awareness of employment rights of carers with local businesses and with carers and young carers. The new contract will also focus on increasing identification of carers, improving the respite offer for carers and ensuring that high quality individualised and tailored support is available to meet carers needs.
- The Employers for Carers Scheme, which allows employers in Barnet to access support (membership number - #EFC1588), continues to be promoted and this will also be done through the Provider for Carers and young Carers Support Services
- The Specialist Dementia Support Service is now in operation. The Team is a specialist programme of support to carers of people with dementia through assessments, support planning and facilitating a targeted training programme
- Training for all Adults and Communities Staff is scheduled for the year

focusing on carers assessments, carers support planning and the carers support offer

- The specification for the roll out of BILT agreed and business case approved. Working with GP practices to extract reports from former Risk Stratification Toll for their level 3 patients. Anticipated to go live in September 2016.
- Dementia diagnosis rate is 76.7%, which is above the national rate of 66.9% and Barnet continues to meet the 12 week target of referral to diagnosis
- Following the success of Dying Matters week, there will be a continued presence in the community through having regular pop up cafes delivering 2 by the end of October 2016 and to have a plan to deliver a series of pop up cafes in 2017
- Promotion of the importance of the identification of the end of life phase and options for support have been communicated to GPs via the GP bulletin, forum and locality meetings.

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:

- Improve early years' service offer: Increase the supply and demand for the two year old (free childcare) offer
- Review, update and deliver Barnet's DV and VAWG Strategy
- All initial health assessments for Looked After Children (LAC) completed within time frame (28 days)
- Uptake of childhood immunisations
- Undertake, collaboratively across North Central London, an end-to-end pathway redesign of existing Child and Adolescent Mental Health Services (CAMHS) as our response to the national CAMHS Transformation agenda
- Eating Disorder Services
- Procure digital mental health service (as part of pan-London programme)
- Wellbeing Campaign (Five ways to wellbeing)
- Increase the total number of leisure centre members
- Target NHS Health Checks: high risk groups to be identified
- Increase choice and control through take up of Personal Health Budgets
- Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation

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 an 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 21 July 2016, item 11: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4

6.2 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

6.3 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

6.4 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 September 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**
Improve early years' service offer: Increase the supply and demand for the two year old (free childcare) offer Previous RAG: Amber	23 expressions of interest received to ensure viability of new/extended provision. Feasibility of 2 sites completed. Training to Children Centre Staff on FEE2 eligibility and application. Online process has been streamlined and a new brokerage processes provide a robust service to families.	Commissioning Director Children and Young People	Head of Early Years and Early Help	A	Strategic links with Job Centre Place established and maintained. Social media campaigns running and scheduled to promote the offer to eligible parents. Tailored support to new and existing providers being provided to encourage increasing take up in areas of high demand.
Review, update and deliver Barnet's DV and VAWG Strategy	Strategy being developed, consultation has been completed. Strategy and action plan will run from	Head of Community Safety	DVA and VAWG Coordinator	A	Current strategy is still in operation. The new strategy is being

Previous RAG: Amber	2016 - 2020.				drafted and will be considered by a number of Boards prior to sign off by Barnet's Safer Communities Partnership Board in January. Links with the Safeguarding Adults and Safeguarding Children plans are being made.
Increase uptake of childhood immunisations Previous RAG: Red	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. HWBB received a further update in July, NHSE continue to be unable to provide assurance that immunisations are at an appropriate level.	NHS England – London Regional Lead	Public Health / Childrens JCU	R	HWBB has requested an indepth analysis of GP data and a detailed action plan to be presented to the Board in November.
All initial health assessments for Looked After Children (LAC) completed within time frame (28 days) Previous RAG: Amber	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.	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	There remains some anomalies within the current system which will be addressed by September. The interface between social services and the main

	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.				provider needs to be strengthened. This will be done by addressing the pathway for when children first enters the care system.

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 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 Previous RAG: Amber	New targets for improving waiting times to assessment and treatment agreed. Additional investment into vulnerable groups has resulted in three new satellites with Pupil Referral Units and the Youth Offending Team.	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	More ambitious waiting times targets and performance reporting starts September 2016 and CYP Outcomes reporting by 1 April 2017 CAMHS Website: development under way and to include more CYP friendly content, advice and support- November 2016 Investment to be made in prevention and tier 2 early intervention. See separate report to the HWBB in September 2016.
CAMHS: Develop school traded approach Previous RAG: Amber	BEHMHT have appointed project manager to scope new schools offer and review CAMHS services mode. BEHMHT 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	Awaiting draft proposal from BEHMHT. BEHMHT have been consulting with schools.

Eating Disorder services Previous RAG: Amber	An additional £100k investment has reduced waiting times < 4 weeks from 33.5% Q3 2015/16 to 78.6% Quarter 4 2015/16	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Continue to work with the provider to reduce waiting times.
Procure digital mental health service (as part of pan-London programme) Previous RAG: Amber	Delays at a London level; operational clarity is required.	Pan London led by 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.
Wellbeing Campaign (Five ways to wellbeing) Previous RAG: Green	Leaflet promotion was delayed and replaced with an e-newsletter.	Director of Public Health	Public Health	A	Aiming for Barnet First at the end of 2016 / early 2017. Exploring options with BarnetTV

How we live: Encouraging healthier lifestyles • *Focus on reducing obesity and preventing long term conditions through promoting physical activity* • *Assure promotion and uptake of all screening including cancer screening and the early identification of disease*					
Key action	***Update***	***Strategic Lead***	***Operational Lead***	***RAG***	***Mitigating action***
Increase the total number of leisure centre members Previous RAG: Green	Despite previously reporting increases in leisure centre membership, there has been a reduction in membership which is an unexpected direction of travel compared to previous years. Current members - 25,279 (January - June). This can be partly attributed to competition from neighbouring budget gyms. Membership numbers have also been influenced by Pay & Play (P&P) memberships requiring annual renewal. In June a significant number of P&P members expired which in turn reduced the live member number, until expired members renew their memberships. Significant membership renewals is evidenced within the July membership report, showing an increase in members (+1,722 increase month on month).	Strategic Lead Sports and Physical Activity	Commissioning Lead Sports and Physical Activity		To mitigate GLL have introduced a new pricing model which provides a dual product offering members and non-members greater flexibility with a bolt on activity option. 40% of members that currently use Burnt Oak Leisure Centre have added this option to their memberships. This will now be rolled out amongst other the other Barnet Leisure Centres. Other areas of focus to mitigate membership decline include; - Increased marketing and retention focus across all gyms, with increased number of Gym based classes being added to the timetables (+10%)

	However, aattendances (usage) between January - June 2016 currently stands at 620,075 (4.5% increase year on year).				- New junior products to increase C&YP usage / memberships - Planned improvements for changing facilities at Barnet Copthall Leisure Centre to enhance the customer experience
Target NHS Health Checks: high risk groups to be identified Previous RAG: Amber	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 health checks on patients living in more deprived Super Output Areas. Some practices still have concerns about the IT system used to upload data. Performance was very slightly below the target for health checks for Q1 (96%).	Director of Public Health	Public Health	A	The Health Check-Smoking Cessation Co-ordinator is starting in post on 1 September. Public Health is fully expecting this to be rectified by the end of the financial year at the latest. A solution has been proposed with regards to the data performance system that will be implemented and utilised for the rest of this financial year.

Care when needed: Providing care and support to facilitate good outcomes and improve user experience • *Focus on identifying unknown carers and improving the health of carers (especially young carers)* • *Work to integrate health and social care services*					
Key action	***Update***	***Strategic Lead***	***Operational Lead***	***RAG***	***Mitigating action***
Increase choice and control through take up of Personal Health Budgets Previous RAG: Green	All newly eligible adults for NHS Continuing Healthcare are offered the opportunity to have a Personal Health Budget (PHB) in one of the three forms (Direct Payments; Third Party; Notional Budget) Two children with EHC plans have been provided with a PHB since April 1 2016 as part of the local offer The CCG is also supporting a service user with a PHB to take part in in a working group organised by NHS England on Personal Wheelchair Budgets. Progressing slower than expected but actions are being taken to progress.	Director of Integrated Commissioning	Project Manager	A	Pathways being developed for other schemes delivery of PHBs under the Local Offer, - including • Adults with learning disabilities, • Adults with diagnosed personality disorder and adults with diagnosis of ASD. • Adults with long term conditions who have extensive use of NHS services which hitherto have not proved effective Discussions on implementing PHBs taking place with service users, Providers, including CLCH and BEH-MHT and Voluntary Organisations. Barnet CCG in discussions about different options for brokerage, with the intention

					to procure local brokerage provider.
Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation Previous RAG: Amber	The AF programme is currently being developed.	Director of Clinical Commissioning	Head of Service, Joint Commissioning	A	Work is underway to improve AF identification in Primary Care. Programme to go live in autumn.

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AGENDA ITEM 13

	Health and Wellbeing Board **15 September 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 23 August 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 23 August.**

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 23 August 2016 are presented in appendix 1.In August the Group –

- Discussed the content of the North Central London Sustainability and Transformation plan; ensuring that this is appropriate from a Barnet perspective
- Reviewed the development of the Framework for Primary Care and discussed the link with risk stratification
- Discussed the developments to transform CAMHS
- Reviewed the BCF dashboard and agreed further actions to reduce delayed transfers of care
- Tasked the Finance Group with exploring ways to further pool BCF funding (to be discussed at the next meeting)
- Reviewed Section 75 performance and identified leads to resolve outstanding issues
- Discussed the recent progress to complete the Section 75 audit actions with all children's service actions now completed. The overarching adults agreement will be signed and sealed in August with training being delivered in October, completing all audit actions
- Suggested items for the HSCI Board agenda including improving health integration with the 0 – 25 model
- 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
Tuesday 23 August 2016
North London Business Park, Boardroom
15.30 – 17.00

Present:
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(CMc) Collette McCarthy, Head of Children's Joint Commissioning, LBB/CCG
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (items 1 – 6)
(JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
(MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
(NH) Neil Hales, Assistant Director Commissioning Development, CCG
(NS) Neil Snee, Interim Director of Integrated Commissioning, CCG
(PP) Patricia Phillipson, Interim Head of Finance, LBB
(RH) Roger Hammond, Interim Chief Finance Officer, CCG
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:
(AD) Anisa Darr, Resources Director, LBB
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
(LG) Leigh Griffin, Director of Strategic Development, CCG

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, DW welcomed the attendees to the meeting. Apologies were received from AH, LG, KH and AD.	
Policy and strategy		
2.	**NCL Sustainability and Transformation Plan (STP)** DW explained that there were no additional papers to circulate following the HWBB in July 2016. Members are able to contact ZG for copies of the papers that were circulated to the HWBB in July. DW gave an overview of the current activity to develop the NCL STP. The focus is on six key areas that will have the biggest impact in closing the three gaps alongside workforce, estates and digital as key enablers. There is a national expectation for all areas to submit the full STP by mid-October to NHS England (the precise date is currently being confirmed). Following the need to strengthen the representation of children and young people's needs in the STP, CMc explained that she was now involved in the mental health	

	work stream and looking to be involved in the CYP Task and Finish Group that a neighbouring Local Authority is looking to develop. DW welcomed CMc's update and also noted that Cathy Gritzner (Barnet CCG's Accountable Officer) is the SRO for the NCL CCGs. DW stated that Barnet are significantly involved in the development of the STP and addressing Barnet's issues to ensure that these are incorporated in the plan. JL asked about how the strategic plans will be operationalised. NS explained that Carnall Farrar have produced an analysis and assumptions and that there is considerable work to be done to change the modelling into reality.	
3.	**Primary Care Strategy** Ahead of the paper going to the HWBB, RH explained that BCCG had requested some £4m from the Estates and Technology Transformation Fund (ETTF) (NHS) for 8 schemes across Barnet, and whilst the CCG does not expect to be awarded money for all schemes, all 8 have progressed to phase 2 evaluation with NHS England. NS updated that the BCCG Governing Body had considered the developments around Primary Care and agreed the key strategic objectives. **DW asked for MA to review the paper with regards to risk stratification.** The report is to go in the names of LG and Sean Barnett (Programme Manager, BCCG).	**MA**
4.	**Mental health** DW asked for views on the paper going to the HWBB in September on mental health. NS updated on the developments around CAMHS, following a successful meeting between himself, CMc and CM. NS explained the desire to strengthen integration and to develop a Barnet centric model. The proposal, once agreed, will require the development of a Section 75 with pooled budget arrangements and the development of a detailed service specification. The Group agreed that is would be appropriate to bring a report on the transformation of CAMHS to the HWBB in September to allow for the detail of the plans to be described for the HWBB to consider and comment on. Updates on the CCG's reimagining mental health programme will be made through the main Joint Health and Wellbeing Strategy report. NS also expressed the need for a Mental Health task to finish group to form as part of the established of an updated CCG governance structure which will drive forward the implementation of the reimagining programme. NS would welcome	

	representation from colleagues in LBB. **NS to convene.**	**NS**
Performance and finance review		
5.	**BCF Finance and performance dashboard** **Dashboard** MA presented the performance dashboard and highlighted the improvements against the BCF plan. Performance targets are being met for emergency admission reductions, residential care admission and all other performance targets with the exception of delayed transfers of care. **NS and MA to report back on actions being taken.** NS asked how the referrals into the new borough wide BILT are being managed and monitored and how they link to risk stratification. MA explained that improvements are expected with the implementation of the new risk tool. **Finance** The Group noted that no finance report was received. DW asked for the reasons for this and asked MA to work with LBB and CCG finance colleagues to resolve the issue. RH provided a verbal update that the BCF spend was on track. RH went on to describe a line in the CCG's BCF contributions which might be uncommitted that the CCG are interested in using to offset other acute overspends. DW stated that the 2016/17 financial plan listed in the BCF has been approved by Barnet and NHSE and that JCEG needs to make sure that it is monitoring spend and delivering against the 2016/17 plan. MA stated that the groupings of services for 2016/17 are different to 2015/16 and therefore need to be mapped. **MA to chase and circulate an up to date BCF financial report asap.**	**MA/NS** **MA**
6.	**Section 75 – progress reports** ZG gave an overview of the Section 75 progress reports. With regards to the implementation of the audit recommendatoins: • CMc reported that the actions that were outstanding for the S75s for children's services had been completed and just need final approval from Ian Speirs • BEHMHT have signed the Section 75 and this has been sealed • Adults overarching Section 75 has been reviewed and updated and a deed of extension and variation has been prepared which also includes the revised agreements for community equipment, voluntary sector prevention and the BCF. This has been agreed by the council and is now awaiting CCG agreement. **ZG to send documents to NS, NS to review and comment by the end of the week** • ZG will be meeting with CCG governance at the start of September to develop the training for staff. MA detailed the urgent action that the CCG needs to take with regards to the	**ZG/NS**

	community equipment overspend. **MA to review the CCG's community equipment processes.** CMc stated that the Looked After Children service is a high risk area, the provider is not meeting the targets for initial health assessments and the current model is not appropriate. **BCCG are looking to review and redesign the service (CMc).**	**MA**
Business		
7.	**Minutes of previous meeting – 20 June 2016 and action log** No matters arising. The following updates, which were not covered by the agenda, were heard and actions agreed: • **Finance Group to report at the next meeting about how the pooled budget will be developed for the Better Care Fund** • **S75 training to be organised for October** • **NS to speak with CM with regards to health integration with the 0 -25 model** • **An update on the roll out of the BILT will be bought to the next JCEG**	**RH/AD** **ZG** **NS/CM** **MA**
8.	**Health and Wellbeing** • **Health and Social Care Integration (HSCI) Board** • **Health and Wellbeing Board (HWBB) – Forward Plan** <u>HSCI Board</u> ZG explained that following a discussion at the last JCEG the HSCI Board has been organised for the 20 September. **ZG to circulate the TOR and look at strengthening involvement from children's services** **ZG to work with MA to ensure that the Board is not duplicating any other Boards or discussions.** The Group suggested the following agenda items – • IAPT • BILT • 0 – 25 **ZG to develop agenda and circulate for comment.** <u>HWBB forward plan</u> The Group noted the forward work programme for the Health and Wellbeing Board.	**ZG** **ZG/MA** **ZG**
9.	**AOB** None.	
Next meeting –		

24 October 2016 14.00 – 15.30, Boardroom

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AGENDA ITEM 14

	Health and Wellbeing Board **15 September 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 2016/17 and 2017/18 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 nine 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 21 July 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 Wellbeing Board Work Programme

September 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*
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
CAMHS	**The Board is asked to consider and discuss the progress made to improve mental health and wellbeing for all.**	CCG Accountable Officer Commissioning Director – Children and Young People	**Head of Children's Joint Commissioning**	No
Shisha Campaign update	**The Board is asked to review progress to implement the shisha campaign.**	Director of Public Health	**Consultant in Public Health**	Yes
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
Transforming care	**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
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	**The Board is asked to note the**	Commissioning Director –	**Commissioning Lead –**	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*
Plan	**progress made to implement the Joint Health and Wellbeing Strategy 2015 – 2020.**	Adults and Health	**Health and Wellbeing**	
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
Childhood Immunisations update	**The Board is asked to review progress made by NHS England to improve uptake of childhood immunisations following actions given to NHS England at the HWBB in July 2016.**	NHS England – Director of Public Health Commissioning, Health in the Justice System and Military Health	**NHS England – Immunisation Manager**	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

*~~**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*
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
Finchley Memorial Hospital Transformation Plan update	**The Board is asked to review and comment on the developments at Finchley Memorial .**	CCG Chair	**Strategic Estates Director** **Director of Clinical Commissioning**	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 Accountable 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
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

***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*
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
Annual Director of Public Health Report	**The Board is asked to note the report.**	Director of Public Health	**Consultant in Public Health**	No
Screening update including a Healthwatch consultation report	**The Board is asked to review and comment on the progress made to improve screening uptake in the borough.**	Director of Public Health	**Consultant in Public Health** **NHS England: London Regional Lead** **Head of Healthwatch**	No
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
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				
Update on Substance Misuse services for Adults and Young People	**The Board is asked to note the progress made to deliver substance misuse services.**	Director of Public Health	**Head of Public Health Commissioning**	No
Procurement of sexual health services	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and**	Commissioning Director – Adults and Health Commissioning Director –	**Commissioning Lead – Health and Wellbeing**	Yes

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Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	Wellbeing Strategy.	Children and Young People Director of Public Health CCG Accountable Officer		
Section 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all Section 75 agreements.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People CCG Accountable Officer	**Strategic Lead Adults Health**	No
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG 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	**The Board is asked to approve the minutes of the Joint**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**Commissioning Executive Group and Health and Social Care Integration Programme Board**	CCG Accountable Officer		
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
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**	Commissioning Director –	**TBC**	No

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Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	comment on Barnet's roles and contribution to the developments across North Central London (NCL).	Adults and Health CCG Accountable Officer		

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Appendix 2 Work Programmes of Strategic Boards

September Forward Plan

Adults and Safeguarding Committee
19 September 2016
Revised Business Case on Adult Social Care Alternative Delivery Vehicle
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15
Sport and Physical Activity Strategy
Commissioning Strategy for Supported Living
Member's Item – Cllr Ross Houston Retirement and sheltered housing
Next meeting: 10 November 2016

Children, Education, Libraries and Safeguarding Committee
21 September 2016
School Place Planning
Annual Safeguarding Board Report
Response to Annual Safeguarding Board Report
Youth Strategy / Youth Service Review
Annual Report from Schools Forum
Children Health Performance Report
Next meeting: 17 November 2016

Environment Committee
26 September 2016
Draft Playing Pitch Strategy
Cycling in Barnet
Street Scene Alternative Business Model (ADM)
Public Realm arboriculture – future policy implications
Cemeteries and Crematoria
Silkstream and Montrose Park
Next meeting: 8 November 2016

Barnet Clinical Commissioning Group - Governing Body Meeting (Part 1)
29 September 2016
Patient Story
Performance and Quality Report
Finance Report
Practice Data on Immunisations
Safeguarding Adults Report
Safeguarding Children Report
Commissioning Intentions
Good Governance Institute Report
360 Degree Survey Action Plan
NHS 111
Children and Young People's Strategy
Next meeting:

Appendix 2 Work Programmes of Strategic Boards

October Forward Plan

Housing Committee
20 October 2016
Approval of Changes to Local Tenancy Strategy
Registered Providers Annual Performance Review
Housing Strategy Annual Report
Barnet Homes Annual Commitments Plan
Empty Properties Compulsory Purchase Orders
HRA Business Plan update
Next meeting: 8 February 2017

November Forward Plan

Adults and Safeguarding Committee
10 November 2016
Annual Fees and Charges
Business Planning
Your Choice Barnet: Consultation Findings
Next meeting: 23 January 2016

Children, Education, Libraries and Safeguarding Committee
17 November 2016
Business Planning Report 2017/18
Annual Report of Safeguarding Services
Culture and Arts
Barnet Safeguarding Children's Board Business Plan
Next meeting: 9 January 2016

January Corporate Forward Plan

Adults and Safeguarding Committee
23 January 2017
Adults and Safeguarding Performance Report
Next meeting: 6 March 2017

Children, Education, Libraries and Safeguarding Committee
16 January 2017
Fees and Charges
Next meeting: 1 March 2017

Environment Committee
11 January 2017
Playing Pitch Strategy – Final Approval
Next meeting: 15 March 2017

February Corporate Forward Plan

Housing Committee
8 February 2017
Additional Licensing Scheme for Homes in Multiple Occupation
Council Dwelling Rents and Service Charges for 2017
Empty Properties Compulsory Purchase Orders
Next meeting: 10 May 2017

March Corporate Forward Plan

Children, Education, Libraries and Safeguarding Committee (Date Might Change)
1 March 2017
Annual report from the Corporate Parenting Advisory Panel
Next meeting: 17 May 2017

May Corporate Forward Plan

Adults and Safeguarding Committee
Items to be allocated
Commissioning Strategy for Supported Living
Home care commissioning - outcomes based approach
Implementing the Care Act: Adult Social Care and Support Contributions Policy
Implementing the Care Act: Cap on Care Costs Policy
Implementing the Care Act: Appeals Policy

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