MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 10TH NOVEMBER, 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

Councillors

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		

In line with the Constitution's Public Participation and Engagement Rules, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on 7 November 2016. Requests must be submitted to Salar Rida 020 8359 7113 salar.rida@barnet.gov.uk.

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

Andrew Charlwood – Head of Governance

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

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 12
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.	Joint Health and Wellbeing Strategy Implementation plan (2015 - 2020) annual report	13 - 46
7.	North Central London Sustainability and Transformation Plan Update	To Follow
8.	Update on childhood immunisations 0-5 years	47 - 72
9.	Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (SAB) Annual Reports	73 - 184
10.	Adults and Communities Engagement Strategy Update	185 - 210
11.	Care Homes Project Progress Report	211 - 222
12.	Health and Social Care Integration Board minutes	223 - 234
13.	Forward Work Programme	235 - 254
14.	Any Items the Chairman decides are urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES
Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Health & Wellbeing Board

15 September 2016

Board Members:-

AGENDA ITEM 1

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

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

Substitute(s):
*Dr Ahmer Farooqui *Elizabeth Comley

* denotes Member Present

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

Councillor Helena Hart, Chairman of the Health and Wellbeing Board welcomed all attendees to the meeting and noted that the actions arising from the previous minutes have been taken forward and covered under the business items of this agenda.

RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 21st July 2016 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Mr Chris Miller, Dr Clare Stephens who was substituted by Dr Ahmer Farooqui and Ms Ceri Jacob who was substituted by Ms Elizabeth Comley.

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

Dr Debbie Frost, Dr Charlotte Benjamin 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. NHS BARNET CLINICAL COMMISSIONING GROUP - PRIMARY CARE PROGRESS REPORT (Agenda Item 6):

The Chairman and Board Members commended the efforts of Dr Charlotte Benjamin for her work towards initiating various innovative projects to transform mental health services in Barnet with a focus on direct involvement of patients. Dr Benjamin's initiatives have also been recognised by Pulse Magazine who named her a "Local Hero" following her work on the Reimagining Mental Health Programme to transform the way mental health services are delivered in the Borough.

Dr Debbie Frost, Vice-Chairman, introduced the Patient's Story and the Chairman invited a local resident to join the meeting and tell the Board about her experience The Board heard about the speaker's experiences of the tissue viability service and the support received from staff. The Chairman thanked the speaker for sharing her story with the Board and noted the importance of specialist training for nursing staff.

The Chairman welcomed the Primary Care progress report and the regular updates that had previously been brought to the Board regarding Primary Care. She said this truly reflected a real desire to work together across the CCG and Barnet Council. She particularly welcomed the commitment to improve the Service Specification for Looked After Children following previous discussion by the Board. She also drew attention to the the patient leaflet regarding Health Records at Appendix 1 of the report which is currently being put out by Islington Council. Barnet CCG'S version would be broadly similar but updated and specifically tailored for Barnet and under the Barnet CCG logo. Mr Leigh Griffin, Interim Director of Strategic Development and Mr Neil Snee, Interim Director of Commissioning, Barnet CCG joined the meeting to present the paper.

In reference to the Practices inspected by the Care Quality Commission referenced at section 1.19 of the report, Dr Ahmer Farooqui informed the Board that a future update will be reported to the Board following release of further information.

Mr Michael Rich, Head of Barnet Healthwatch welcomed the progress update report and noted the service improvements delivered as evidenced through patient feedback.

The Board noted the importance of the continued improvement of services around Looked After Children.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board noted the progress made by Barnet CCG on Primary Care issues related to the Strategic Framework.**

2. **That the Health and Wellbeing Board noted 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 noted the additional activity related to the Sustainability and Transformation Plan across North Central London CCGs.**

7. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES - CAMHS TRANSFORMATION (Agenda Item 7):

The Chairman welcomed the report which she said patently demonstrated the willingness and ability of the Council and the CCG to work together so closely to improve

this vital service for children and young people in Barnet. The joint approach taken by LBB and the CCG towards the commissioning of CAMHS services will ensure that the CAMHS service is specifically tailored to the mental health and wellbeing needs of Barnet children. The Chairman also mentioned Hendon School's very successful and well attended Stamp Out Stigma Day on the problems experienced by young people regarding mental ill health and the many and various ways of combatting them. The Board also noted the positive achievements delivered through the Crisis Service and CAMHS provision in schools.

Ms Collette McCarthy, Head of Children's Joint Commissioning, Mr Eamann Devlin, CAMHS Joint Commissioning Manager and Mr Neil Snee, Interim Director of Commissioning, Barnet CCG joined the table.

The Commissioning Director for Children and Young People, Chris Munday, presented the report and informed the Board that the purpose of the approach set out in the paper is to enable further joined up commissioning of integrated services. This includes the opportunity to develop further joined up working outside of clinical settings.

Board Members welcomed the approach and the opportunity for further partnership working with a focus on engagement with children and young people in community and social media settings.

In response to a query from the Board, Mr Munday noted that an update report will be brought to a future HWBB meeting in addition to regular reporting through the Joint Health and Wellbeing Strategy Implementation Plan.

The Chairman thanked the Board for the discussions, it was **RESOLVED**:

1. **That the Health and Wellbeing Board noted the progress made by Barnet CCG on Primary Care issues related to the Strategic Framework.**

2. **That the Health and Wellbeing Board noted 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 noted the additional activity related to the Sustainability and Transformation Plan across North Central London CCGs.**

8. REPORT ON SHISHA COMMUNICATION CAMPAIGN (Agenda Item 8):

The Chairman welcomed the report which sets out a communication campaign to inform residents about the health risks associated with Shisha smoking, following the formation of a Task and Finish group. She pointed out that this communication campaign was part of the Action Plan for tackling the growing problem of Shisha which had been approved by the Board in March.

The Chairman again re-iterated that this Campaign was not about banning Shisha but rather ensuring that all Barnet residents - of all ages - were made aware of the health implications of smoking Shisha and that the Council was doing everything it could to

minimise the health risks, including the stringent application of the smoking legislation as it applies to Shisha.

The Director of Public Health, Dr Andrew Howe presented the report and briefed Board Members about the consultation and engagement that has taken place with young people and other community and stakeholder groups about Shisha smoking.

Ms Chimeme Egbutah, Public Health Strategist joined the meeting and informed the Board about the dialogue taking place through visits to Shisha outlets. The Board also noted the plans for a comprehensive Survey on Shisha which will be developed in consultation with the Chairman and circulated to schools and colleges. The results and review of the Survey will be shared with partners and reported to the Board.

The Board noted the posters attached at Appendix 1, 2 and 3 of the report. In response to a query about distribution of the posters, Ms Egbutah noted that these will be promoted through social media and placed around approximately 250 sites across the Borough including colleges, libraries and bus shelters to reach as many people as possible.

Ms Gritzner requested that information about the health risks associated with Shisha smoking could be disseminated to A&E staff. Dr Farooqui also asked whether GP's could be instructed to pro-actively discuss shisha smoking with patients in respect of patients' smoking history.

In response, Dr Howe stated that both initiatives could be supported.

The Chairman commended the efforts by all those involved to minimise the health risks to residents as much as possible.

RESOLVED:

1. **The Board approved 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 approved and supported the art work and health messages related to the campaign as part of the communications campaign.**

3. **The Board approved the distribution of campaign materials to relevant and appropriate sites.**

4. **The Board approved that the communications campaign is launched in October 2016 .**

9. PUBLIC HEALTH ANNUAL PERFORMANCE REPORT FOR 2015/16 (Agenda Item 9):

The Chairman welcomed the report which sets out the annual performance for Public Health for 2015-16. Ms Rachel Wells, Consultant in Public Health, Ms Audrey Salmon, Head of Public Health Commissioning and Ms Bridget O'Dwyer, Senior Commissioning Manager joined the meeting.

The Board received a presentation highlighting the key achievements delivered and changes which have taken place, in particular the 'Healthy places' approach, a public health intelligence team and a successful recruitment programme.

Ms Salmon provided an update in relation to smoking cessation. She informed the Board about the social media communication campaigns taking place across London and noted the newly created post for a joint Smoking Cessation/Health Checks Coordinator.

The Chairman expressed concerns over lack of intervention and prevention with reference to excess consumption of alcohol. A request was made to consider options for disseminating information about the health risks of excessive social drinking.

Ms O'Dwyer welcomed the comment and informed the Board about the intention to deliver a training programme and highlighted the importance of involvement of Family and Children's Service.

The Chairman of the Children, Education, Libraries and Safeguarding Committee, Councillor Reuben Thompstone welcomed the report and requested that the data from the Mayor's Programme is included within the Public Health Commissioning Plan and KPI information sheet.

The Board noted that this information will be included within the Public Health Commissioning Intention PH2 and PH3 (Children and adults who are overweight and obese are encouraged and supported to lose weight) for 2016-17. (**Action**)

Following discussion, the Chairman moved a motion which was seconded and agreed as an additional recommendation to read:

That the Health and Wellbeing Board agrees that the Barnet CCG, London Borough of Barnet including Adult Social Care and Children' Social Care Services and Public Health develop a shared approach to care closer to home, that incorporates health prevention work that includes services such as Stopping Smoking and substance misuse services.

The motion was agreed and became the substantive motion.

It was therefore **RESOLVED**:

1. **That the Health and Wellbeing Board noted and commented as above on the report and its appendices.**

2. **That the Health and Wellbeing Board agreed that the Barnet CCG, London Borough of Barnet (including Adult and Children's Social Care Services) and Public Health develop a shared approach to care closer to home, that incorporates health prevention work including services such as smoking cessation and substance misuse services.**

10. SERVICES FOR PEOPLE WITH LEARNING DISABILITIES INCLUDING WINTERBOURNE VIEW - TRANSFORMING CARE (Agenda Item 10):

The Chairman introduced the item which provides an update on discharge of a cohort of patients from hospital, subject to the Winterbourne View Concordat and the progress made by the NCL Transforming Care Partnership. Mr Snee and Ms Sue Tomlin, Joint

Commissioning Manager Learning Disabilities informed the Board about the contents of the paper.

The Commissioning Director for Adults and Health, Dawn Wakeling briefed the Board about the update report. She noted that the cohort of patients is currently 10 which is the lowest it has been.

It was **RESOLVED:**

That the Board noted 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.

11. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE (Agenda Item 11):

The Chairman noted the update report which sets out the progress of the North Central London - including the London Borough of Barnet - Sustainability and Transformation Plan.

Ms Gritzner noted the contents of the report and highlighted the importance of transformation of health and social care services towards a sustainable system for the benefit of service users and tax payers. The Board also noted that the Sustainability and Transformation Fund can be accessed following the submission of an effective and credible Sustainability and Transformation Plan.

The Chairman asked about plans to ensure that there is no shortfall of services between cross-running community and hospital services. Mr Leigh Griffin, Interim Director of Strategic Development noted the challenges around minimising the limitations and risks involved with the transfer from hospital to community care services.

The Head of Healthwatch Barnet, Michael Rich's request for engagement with resident and patient groups was welcomed by the Board. Ms Wakeling informed the Board about the importance of engagement with harder to reach community and patient groups and to utilise the opportunities for input from service users about the future of health and social care services.

The Chairman informed the Board about a public meeting to discuss the development of the Sustainability and Transformation Plan in Barnet, being held on 27th September 2016, 6pm-8pm, at St Paul's Centre in Finchley Long Lane N3 2PU.

RESOLVED:

That the Health and Wellbeing Board noted and commented as above on the summary Update Presentation for North Central London Sustainability and Transformation Plan.

12. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (Agenda Item 12):

The Chairman introduced the report which provides a progress update against the JHWB Strategy Implementation Plan which was approved by the Board in January 2016.

The Board noted the key highlights as set out under section 1.2.3 of the report and Ms Wakeling briefed the Board on the efforts to improve mental health and wellbeing – she noted that the Barnet Wellbeing Centre is to open in early October 2016 at the Meritage Centre which will help to improve and expand the Barnet mental health network.

Dr Benjamin welcomed the progress and noted the importance of involvement of social workers. She noted that the Voluntary and Community sector's involvement will play a key role alongside social workers who could be best placed in different settings to be most accessible to residents.

Mr Munday requested that future progress reports on the JHWB Strategy Implementation Plan include information about the direction of travel against the key actions, marked with arrows for ease of reference. (**Action**)

Mr Munday noted the progress made to increase the percentage of children in care in Barnet with a focus on making more placements available locally. It was further noted that the report states that 60% of placements are made locally, although there has been a shift to making more local placements, 60% refers only to new placements that have been made. For the whole cohort local placements is at 43.3%. He also noted the importance of clear agreement about the way data is collected and the impact on the cohort as a whole.

The Chairman thanked the Board for the discussion and it was **RESOLVED**:

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

13. MINUTES OF THE HEALTH AND WELLBEING BOARD WORKING GROUPS - JOINT COMMISSIONING EXECUTIVE GROUP (JCEG) (Agenda Item 13):

The Board noted the standing item on the minutes of the JCEG as set out in the appendix to the report. It was noted that the Group is due to receive regular finance reports on the BCF and that actions in response to the S75 agreements have been taken forward. Ms Wakeling provided an update noting that the JCEG didn't receive a finance report for the BCF but that she and Mr Neil Snee had been provided with one and that following the signing of the overarching deed, all of the actions from the Section 75 audit report have been completed.

It was **RESOLVED that:**

That the Health and Wellbeing Board commented on and approved the minutes of the Joint Commissioning Executive Group meeting of 23 August.

14. FORWARD WORK PROGRAMME (Agenda Item 14):

The Board noted the Forward Work Programme which is a standing item on the agenda and lists the business items for the period 2016-2017.

The Board agreed to receive an update item on 'Care Closer to Home' and an update report on CAMHS at its future meeting.

It was **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):

There were none.

The meeting finished at 11.55 am

AGENDA ITEM 6

	Health and Wellbeing Board **10 November 2016**
Title	**Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual report**
Report of	Commissioning Director – Adults and Health, LBB Commissioning Director – Children and Young People, LBB Director of Public Health – Barnet and Harrow Public Health CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Barnet Health Profile 2015 Appendix 2: Barnet Health Profile 2016 Appendix 3: Implementation plan progress
Officer Contact Details	Zoë Garbett, Commissioning Lead, Health and Wellbeing Email: zoe.garbett@barnet.gov.uk, Tel: 020 8359 3478

Summary

In November 2015 the Health and Wellbeing Board (HWBB) approved the Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020. The HWBB has received regular updates on progress to deliver the JHWB Strategy at each meeting through the JHWB Strategy Implementation Plan. The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.

This report –

- Reviews Barnet's Health Profile (as produced by Public Health England) for 2015

and 2016
- Reviews progress to deliver the JHWB Strategy over the past year
- Outlines the revised areas of focus for the next year.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the analysis of Barnet's Health profile for 2015 and 2016.**
2. **That the Health and Wellbeing Board notes and comments on progress and performance to deliver the Joint Health and Wellbeing Strategy (2015-2020).**
3. **That the Health and Wellbeing Board comments and agrees the revised areas of priority for the year 2016-2017 (section 1.5 of the report).**
4. **That the Health and Wellbeing Board agrees to receive progress reports, covering the implementation of the JHWB Strategy, at its meetings at every other meeting with an annual report in November.**

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 Primary Care Strategy, Better Care Fund plans and the Children's and Young People's Plan 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

[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

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). The minutes of the JCEG meetings are approved by the Health and Wellbeing Board.

1.1.6 The Health and Wellbeing Board have received progress reports at each meeting, the progress reports have highlighted key achievements, concerns and remedial action and provide the Board with an opportunity to review and comment on the progress to deliver the JHWB Strategy.

1.1.7 The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.

1.2 Policy context

1.2.1 Since the Joint Health and Wellbeing Strategy was agreed the following national policy drivers have emerged which need to be considered when reviewing progress and deciding priorities for the next year:

- In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to NHS planning to 2020. Every health and care system has been working to produce a Sustainability and Transformation Plan (STP), showing how local services will become sustainable over the next five years. Local systems have been working in STP 'footprints' with Barnet included in the North Central London sub-regional area
- Work on five devolution health pilots commenced in December 2015 with Barnet leading the estates devolution Barnet for the North Central London region.

1.3 Barnet's Health Profile

1.3.1 Public Health England has annually produced Health Profiles since 2006, providing a snapshot overview of health for each local authority in England. The aim of the Health Profiles has been to improve the availability and accessibility of health and health related information whilst helping local

government and health services make plans to improve local people's health and reduce health inequalities.

1.3.2 The Health Profiles for Barnet in 2015 and 2016 are attached at appendix 1 and 2 respectively. The table below provides a comparison of the profiles; the profiles attached provide a comparison to the England average for each indicator.

Comparison outcome	**Indicators**
Improved in the 2016 profile, compared with 2015	Not statistically significantly different • Smoking status at time of delivery • Obese children (Year 6) Significance could not be calculated • Long term unemployment • Percentage of physically active adults • Incidence of TB • Life expectancy at birth (Female) • Life expectancy at birth (Male) • Killed and seriously injured on roads • Smoking related deaths • Under 75 mortality rate; cardiovascular • Under 75 mortality rate; cancer
Remained the same in the 2016 profile, compared with 2015	Not statistically significantly different • Recorded diabetes
Worsened in the 2016 profile, compared with 2015	Not statistically significantly different • Breastfeeding initiation • Under 18 conceptions Significance difference • Violent crime Significance could not be calculated • Alcohol specific hospital stays (under 18) • Excess weight in adults • Hospital stays for self-harm • Hospital stays for alcohol-related harm • New sexually transmitted infections (STI) • Hip fractures in people aged 65 and over • Excess winter deaths
Cannot be compared with 2015, because they are new indicators or different from the previous year	• Deprivation score (IMD 2015)(New) • Statutory homelessness (Changed) • GCSEs achieved (Changed) • Smoking prevalence in adults (Changed) • Cancer diagnosed at early stage (New),

	• Infant mortality (Changed) • Suicide rate (Changed) • Deaths from drug misuse (New)
Not included due to outdated data (from 2013)	• Children in low income families (under 16s)

1.4 **Progress against the Joint Health and Wellbeing Strategy Implementation plan**

1.4.1 Building on the regular reports the Board has received, appendix 3 provides an overview of the progress made in the last year to deliver our Joint Health and Wellbeing Strategy implementation plan. The report (appendix 3) highlights areas of achievement and areas where planned progress was not made.

1.5 **Priorities going forward**

1.5.1 In light of the Health Profile (point 1.3) and progress update (appendix 3) the following areas have been highlighted as areas of focus for the Health and Wellbeing Board for the next year.

1.5.2 The areas detailed below have been identified as they areas of concern due to performance and/or areas where there is the potential for a large improvement for residents. The vision, themes and overarching objectives remain the same but the priorities and focus areas have been refined.

1.5.3 The rationale behind the priority areas can be found in the progress report at appendix 3).

Vision	To help everyone to keep well and to promote independence			
Themes	*Preparing for a healthy life*	*Wellbeing in the community*	*How we live*	*Care when needed*
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we will do to achieve our	Focus on early years settings and providing	Focus on improving mental health and wellbeing for all	Focus on reducing obesity and preventing long term	Focus on identifying unknown carers and

objectives (2015 – 2020)	additional support for parents who need it		conditions through promoting physical activity	improving the health of carers (especially young carers)
		Support people to gain and retain employment and promote healthy workplaces	Assure promotion and uptake of all screening including cancer screening and the early identification of disease	Work to integrate health and social care services
Priorities for November 2016 – November 2017	Improve the health and wellbeing of Looked after Children	Focus on improving mental health and wellbeing for all – through redesign of mental health provision including CAMHS	Reduce excess weight in children and adults	Care closer to home – earlier intervention supported by risk stratification and population segmentation for those with long term conditions
	Increase the uptake of childhood immunisations	Support people with disabilities to gain and retain employment	Increase screening uptake	Carers (including young carers)
	Review early years provision			

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.

2.2 The annual report allows a review of process to ensure that we deliver the JHWB Strategy and meet its targets and gives the Board the opportunity to review and refine the priorities for the coming year.

2.2.1 The Implementation Plan enables the Health and Wellbeing Board to monitor performance, 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 Joint 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.

4. POST DECISION IMPLEMENTATION

4.1 The implementation plan will be developed with and agreed across the partnership.

4.2 JCEG will receive detailed activity updates and escalate any concerns to the Health and Wellbeing Board.

4.3 The Board will receive a progress reports at every other meeting and an annual report in November 2017; with exceptional reports as requested.

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. To explore partnership work across North Central London where appropriate.

- 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 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

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.

5.7.4 The HWBB works closely with the Voice of the Child Strategy, Adults Engagement Structures and Patient and Engagement to ensure that the voice of residents feed into the development of services and activities.

Individual programmes will consult during development.

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 15 September 2016, item 12: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4

6.2 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

6.3 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

6.4 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

6.5 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

6.6 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

Public Health England

Protecting and improving the nation's health

Barnet

Unitary Authority

This profile was produced on 2 June 2015

Health Profile 2015

Health in summary
The health of people in Barnet is generally better than the England average. Deprivation is lower than average, however about 17.4% (12,700) children live in poverty. Life expectancy for both men and women is higher than the England average.

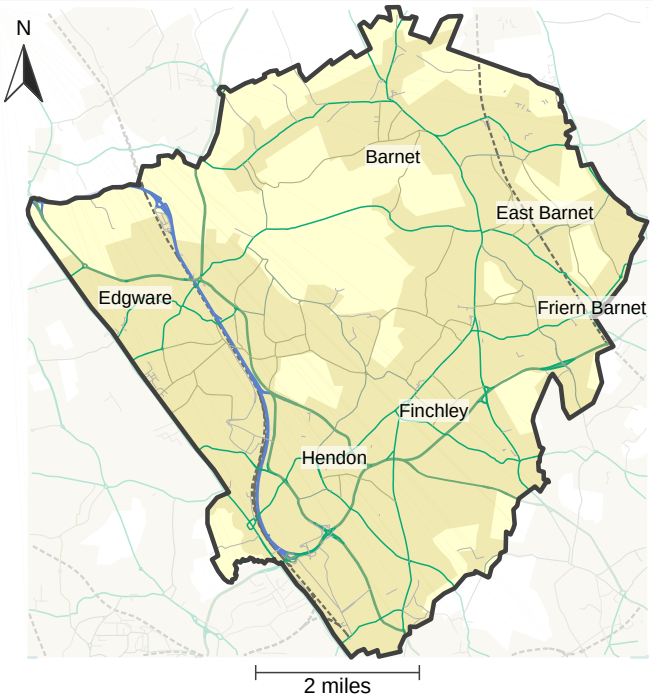
Living longer
Life expectancy is 7.0 years lower for men and 6.0 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

Child health
In Year 6, 19.4% (609) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 23.1*, better than the average for England. This represents 20 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

Adult health
In 2012, 20.5% of adults are classified as obese. The rate of alcohol related harm hospital stays was 470*, better than the average for England. This represents 1,494 stays per year. The rate of self-harm hospital stays was 94.8*, better than the average for England. This represents 355 stays per year. The rate of smoking related deaths was 205*, better than the average for England. This represents 337 deaths per year. Estimated levels of adult excess weight and smoking are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, new cases of malignant melanoma, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities
Priorities in Barnet include mental health and wellbeing, obesity in children and adults, and improving outcomes for people with substance misuse problems. For more information see www.barnet.gov.uk

* rate per 100,000 population



Population: 369,000

Mid-2013 population estimate. Source: Office for National Statistics.

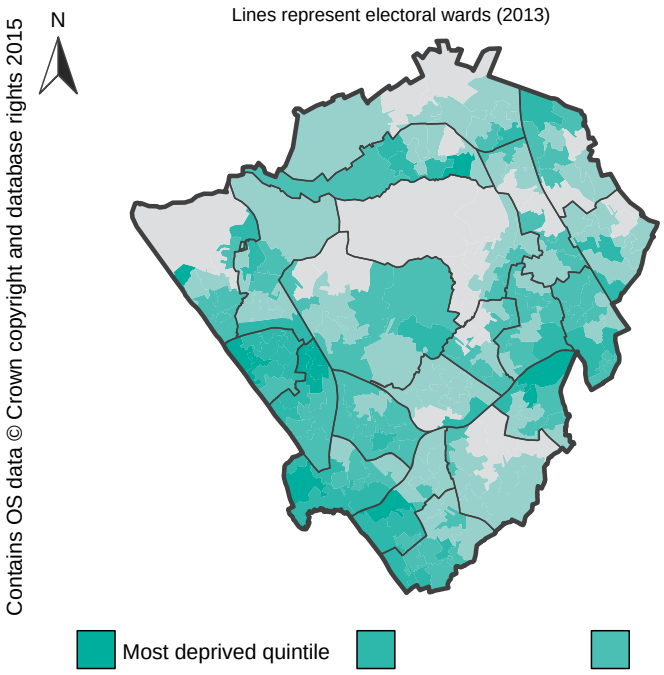
This profile gives a picture of people's health in Barnet. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

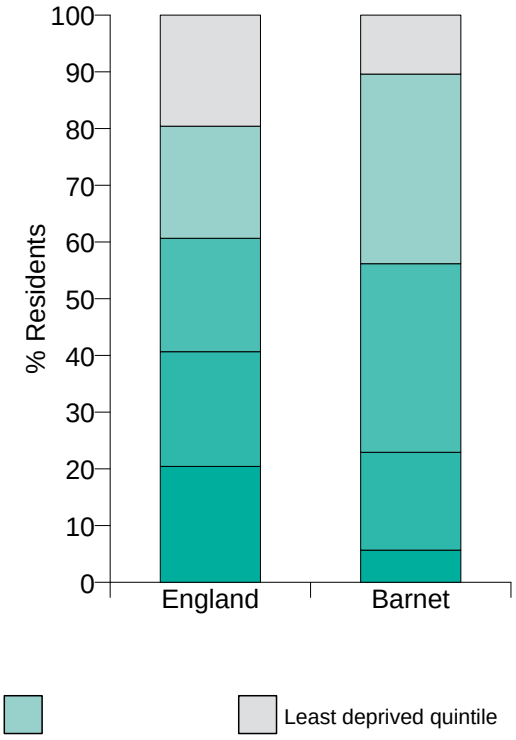
Follow @PHE_uk on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

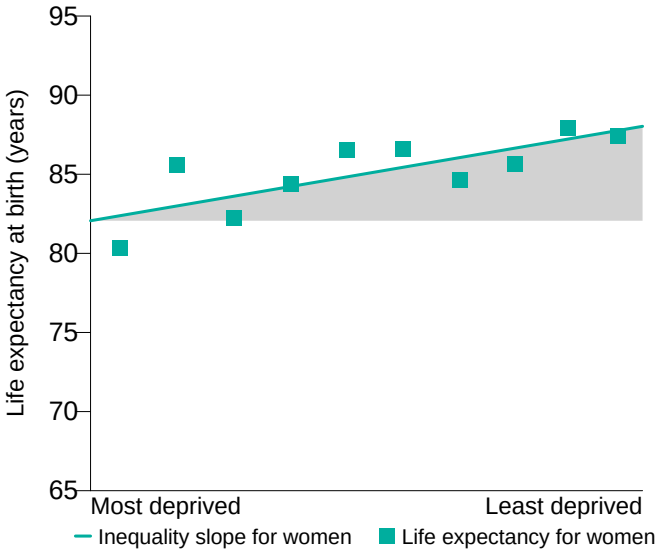


Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 7.0 years

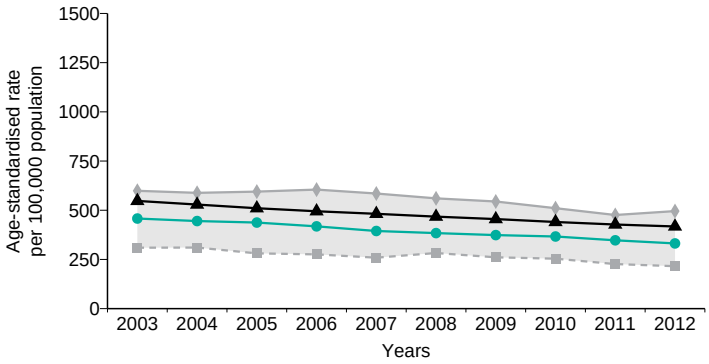
Life expectancy gap for women: 6.0 years



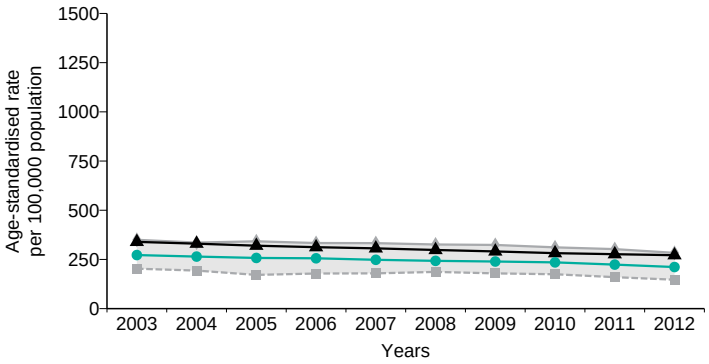
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

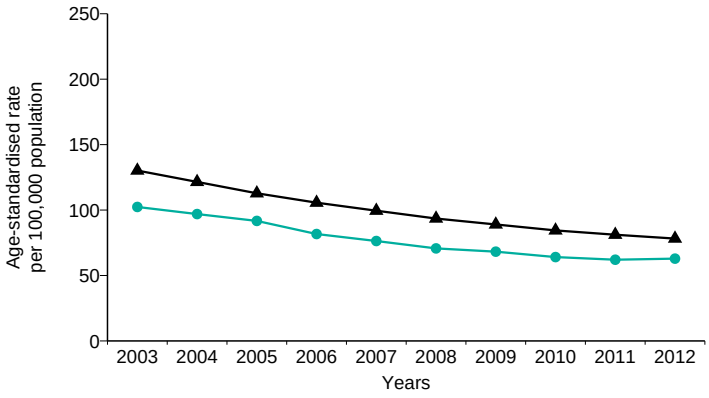
Early deaths from all causes: MEN



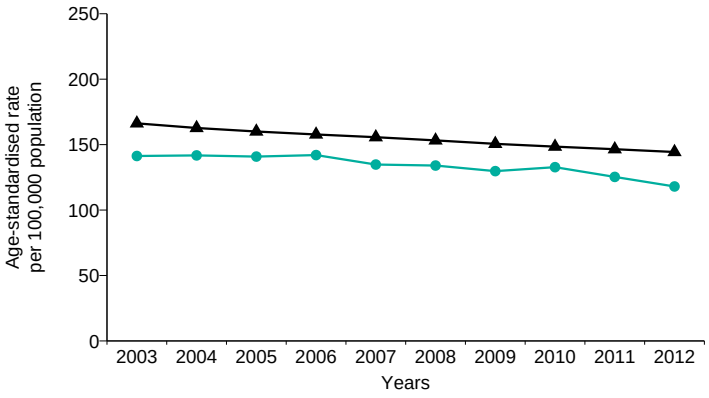
Early deaths from all causes: WOMEN

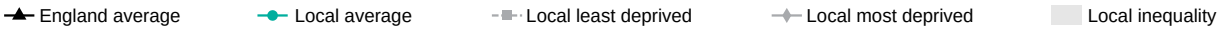


Early deaths from heart disease and stroke



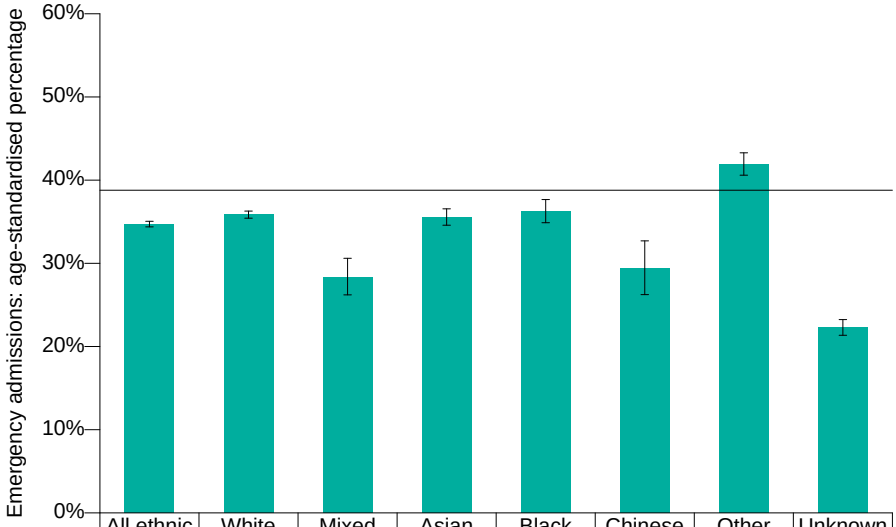
Early deaths from cancer





Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Barnet

England average (all ethnic groups)

95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
27,184	17,812	475	3,153	1,670	219	2,199	1,656	Local number of emergency admissions
34.7	35.9	28.4	35.6	36.3	29.4	41.9	22.3	Local value
38.8	39.2	38.3	43.0	42.5	35.2	44.9	30.1	England value

Health Summary for Barnet

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Regional average^ | England Average | England Worst | England Best | 25th Percentile | 75th Percentile | England Range

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	20,920	5.7	20.4	83.8	0.0
	2	Children in poverty (under 16s)	12,695	17.4	19.2	37.9	5.8
	3	Statutory homelessness	674	4.7	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)*	2,309	67.5	56.8	35.4	79.9
	5	Violent crime (violence offences)	3,811	10.5	11.1	27.8	2.8
	6	Long term unemployment	1,167	4.8	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	214	4.4	12.0	27.5	1.9
	8	Breastfeeding initiation	4,476	89.3	73.9		
	9	Obese children (Year 6)	609	19.4	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)*	20.0	23.1	40.1	105.8	11.2
	11	Under 18 conceptions	63	10.2	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	15.0	18.4	30.0	9.0
	13	Percentage of physically active adults	255	55.1	56.0	43.5	69.7
	14	Obese adults	n/a	20.5	23.0	35.2	11.2
	15	Excess weight in adults	479	55.6	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma*	33.0	12.5	18.4	38.0	4.8
	17	Hospital stays for self-harm	355	94.8	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm*	1,494	470	645	1231	366
	19	Prevalence of opiate and/or crack use	1,492	6.2	8.4	25.0	1.4
	20	Recorded diabetes	17,970	6.0	6.2	9.0	3.4
	21	Incidence of TB*	94.3	25.9	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	2,180	899	832	3269	172
	23	Hip fractures in people aged 65 and over	301	504	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	130.8	17.6	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	81.9	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	85.0	83.1	80.0	86.4
	27	Infant mortality	14	2.6	4.0	7.6	1.1
	28	Smoking related deaths	337	204.9	288.7	471.6	167.4
	29	Suicide rate	19	5.7	8.8		
	30	Under 75 mortality rate: cardiovascular	149	62.9	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	283	118.0	144.4	202.9	104.0
	32	Killed and seriously injured on roads	128	35.2	39.7	119.6	7.8

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2013 **2** % children (under 16) in families receiving means-tested benefits & low income, 2012 **3** Crude rate per 1,000 households, 2013/14 **4** % key stage 4, 2013/14 **5** Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 **6** Crude rate per 1,000 population aged 16-64, 2014 **7** % of women who smoke at time of delivery, 2013/14 **8** % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 **9** % school children in Year 6 (age 10-11), 2013/14 **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) **11** Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 **12** % adults aged 18 and over who smoke, 2013 **13** % adults achieving at least 150 mins physical activity per week, 2013 **14** % adults classified as obese, Active People Survey 2012 **15** % adults classified as overweight or obese, Active People Survey 2012 **16** Directly age standardised rate per 100,000 population, aged under 75, 2010-12 **17** Directly age sex standardised rate per 100,000 population, 2013/14 **18** The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 **19** Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 **20** % people on GP registers with a recorded diagnosis of diabetes 2013/14 **21** Crude rate per 100,000 population, 2011-13, local number per year figure is the average count **22** All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 **23** Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 **24** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13, aged 65+ **25, 26** At birth, 2011-13 **27** Rate per 1,000 live births, 2011-13 **28** Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 **29** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 **30** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **31** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **32** Rate per 100,000 population, 2011-13

* - Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info

Please send any enquiries to healthprofiles@phe.gov.uk

Public Health England

Protecting and improving the nation's health

Barnet

Unitary Authority

This profile was published on 6 September 2016
Revised 9 September 2016

Health Profile 2016

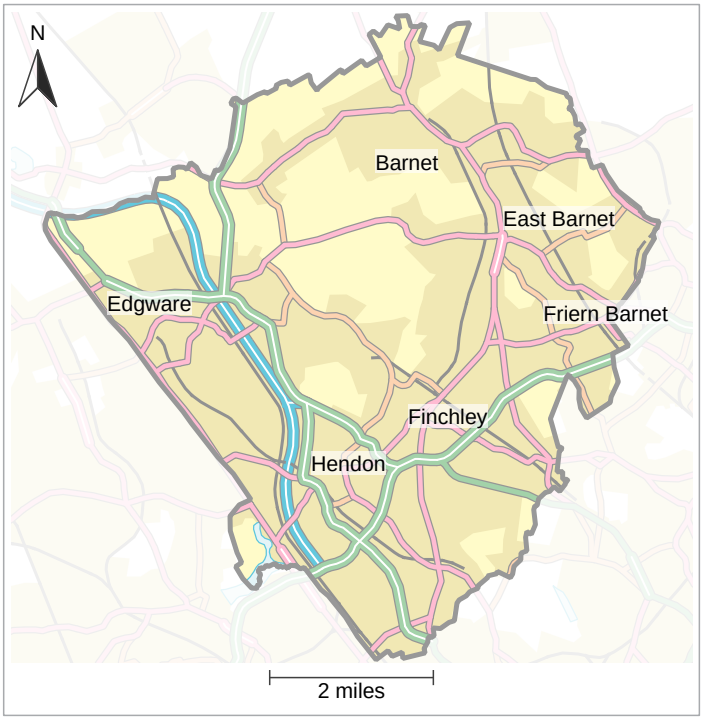
Health in summary
The health of people in Barnet is generally better than the England average. About 16% (11,500) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities
Life expectancy is 7.6 years lower for men and 5.6 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

Child health
In Year 6, 18.0% (609) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 25.0*, better than the average for England. This represents 22 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 488*, better than the average for England. This represents 1,593 stays per year. The rate of self-harm hospital stays is 99.0*, better than the average for England. This represents 379 stays per year. The rate of smoking related deaths is 203*, better than the average for England. This represents 340 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average. Rates of long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities
Priorities in Barnet include early years, mental health and wellbeing, encouraging healthy lifestyles and care when needed. For more information see www.barnet.gov.uk



Population: 375,000
Mid-2014 population estimate. Source: Office for National Statistics.

This profile gives a picture of people's health in Barnet. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

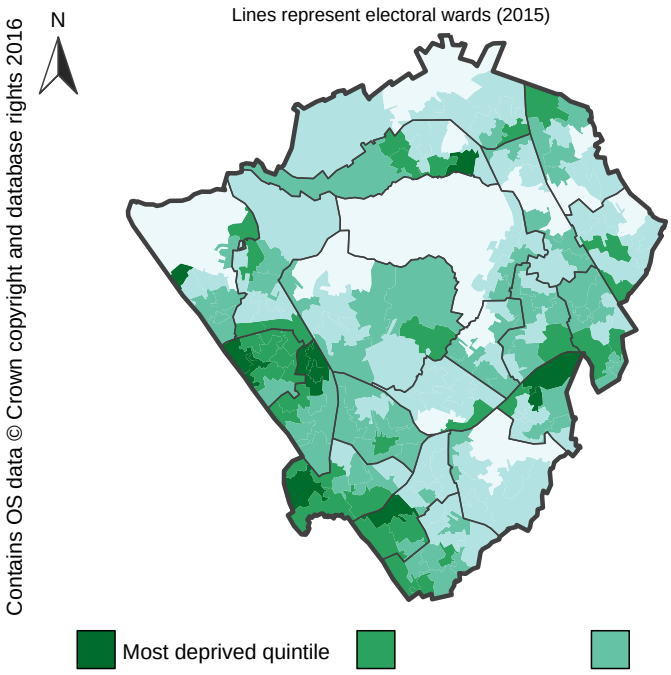
Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

Follow @PHE_uk on Twitter

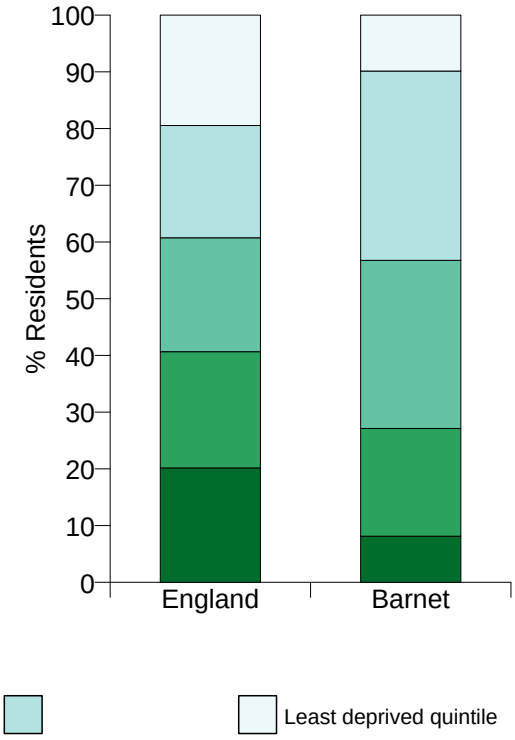
* rate per 100,000 population

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

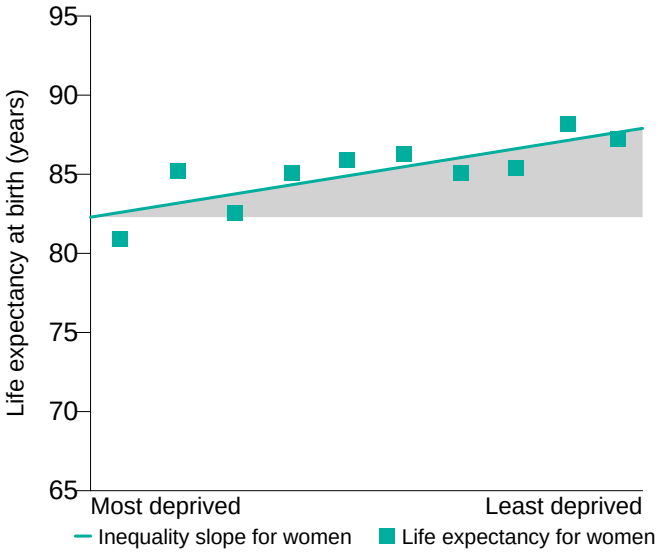


Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2010), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 7.6 years

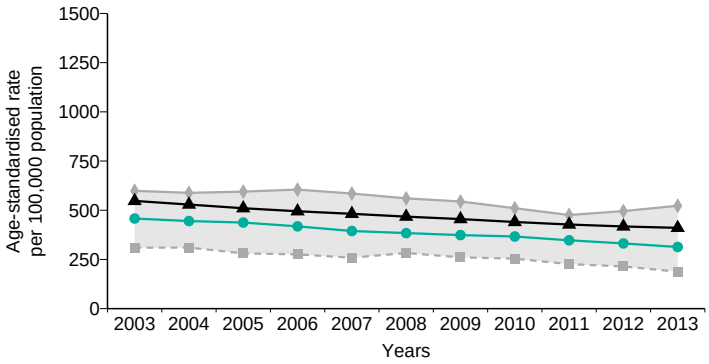
Life expectancy gap for women: 5.6 years



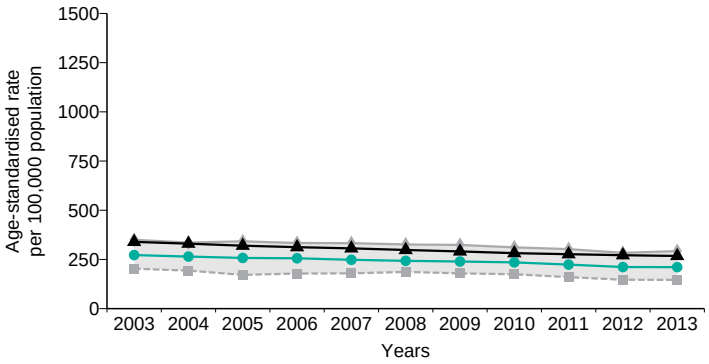
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile (IMD2010) in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

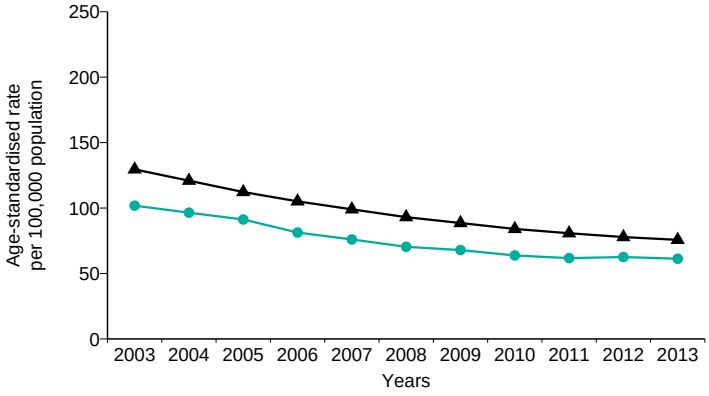
Early deaths from all causes: MEN



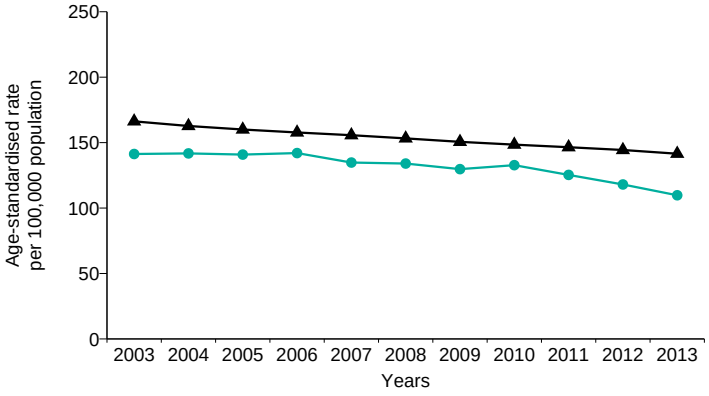
Early deaths from all causes: WOMEN

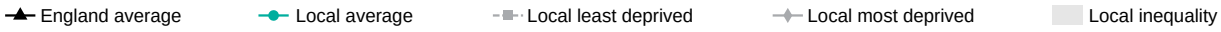


Early deaths from heart disease and stroke



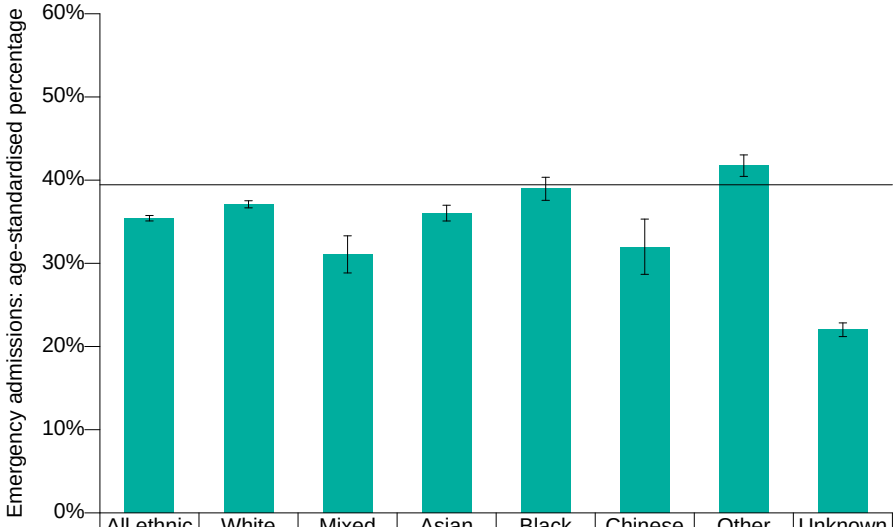
Early deaths from cancer





Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Barnet

95% confidence interval

England average (all ethnic groups)

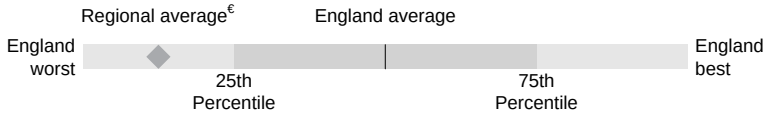
Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
29,265	18,643	532	3,486	1,856	235	2,376	2,137	Local number of emergency admissions
35.4	37.1	31.0	36.0	38.9	31.9	41.7	22.0	Local value %
39.4	39.9	38.8	44.0	43.1	35.9	44.9	30.9	England value %

Health summary for Barnet

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation score (IMD 2015) #	2015	n/a	17.8	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2013	11,510	15.8	18.6	34.4		5.9
	3	Statutory homelessness†	2014/15	143	1.0	0.9	7.5		0.1
	4	GCSEs achieved†	2014/15	2,322	68.8	57.3	41.5		76.4
	5	Violent crime (violence offences)	2014/15	4,986	13.5	13.5	31.7		3.4
	6	Long term unemployment	2015	813	3.3	4.6	15.7		0.5
Children's and young people's health	7	Smoking status at time of delivery	2014/15	181	3.7	11.4	27.2		2.1
	8	Breastfeeding initiation	2014/15	4,258	85.1	74.3	47.2		92.9
	9	Obese children (Year 6)	2014/15	609	18.0	19.1	27.8		9.2
	10	Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	65	25.0	36.6	104.4		10.2
	11	Under 18 conceptions	2014	80	12.8	22.8	43.0		5.2
Adults' health and lifestyle	12	Smoking prevalence in adults†	2015	n/a	14.6	16.9	32.3		7.5
	13	Percentage of physically active adults	2015	n/a	59.5	57.0	44.8		69.8
	14	Excess weight in adults	2012 - 14	n/a	57.8	64.6	74.8		46.0
Disease and poor health	15	Cancer diagnosed at early stage #	2014	559	52.2	50.7	36.3		67.2
	16	Hospital stays for self-harm	2014/15	379	99.0	191.4	629.9		58.9
	17	Hospital stays for alcohol-related harm	2014/15	1,593	488	641	1223		374
	18	Recorded diabetes	2014/15	18,496	6.0	6.4	9.2		3.3
	19	Incidence of TB	2012 - 14	257	23.2	13.5	100.0		0.0
	20	New sexually transmitted infections (STI)	2015	2,433	980	815	3263		191
	21	Hip fractures in people aged 65 and over	2014/15	309	516	571	745		361
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2012 - 14	n/a	82.1	79.5	74.7		83.3
	23	Life expectancy at birth (Female)	2012 - 14	n/a	85.1	83.2	79.8		86.7
	24	Infant mortality†	2012 - 14	36	2.2	4.0	7.2		0.6
	25	Killed and seriously injured on roads	2012 - 14	341	30.8	39.3	119.4		9.9
	26	Suicide rate†	2012 - 14	68	7.6	10.0			
	27	Deaths from drug misuse #	2012 - 14	14	x^2	3.4			
	28	Smoking related deaths	2012 - 14	1,020	202.9	274.8	458.1		152.9
	29	Under 75 mortality rate: cardiovascular	2012 - 14	447	61.3	75.7	135.0		39.3
	30	Under 75 mortality rate: cancer	2012 - 14	812	109.8	141.5	195.6		102.9
	31	Excess winter deaths	Aug 2011 - Jul 2014	398	18.0	15.6	31.0		2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
# New indicator for Health Profiles 2016. x^2 Value cannot be calculated as number of cases is too small

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

Appendix 3: Joint Health and Wellbeing Strategy progress report, November 2015 – November 2016

This progress report provides an overview of areas where we achieved and did not achieve our targets as set out in the Joint Health and Wellbeing Strategy (2015 – 2020) as well as providing a narrative for the Barnet Health Profile for 2016. Based on our progress, recommendations are made for areas of focus for the next year (to November 2017).

Theme	**Preparing for a healthy life**
Objectives	Improving outcomes for babies, young children and their families
Areas of focus	Focus on early years settings and providing additional support for parents who need it
What did we achieve?	**Barnet's Children and Young People Plan (CYPP)** • CYPP is a four year partnership plan setting out local priorities to improve outcomes for children and young people in the borough and represents our joint commitment to making Barnet London's most 'Family Friendly' borough, where communities thrive and build their resilience. The Plan was approved by the councils Children, Education, Libraries and Safeguarding Committee in June 2016 and endorsed by the HWBB in July 2016. **Services at centres for children** The number of families with children under 5 accessing services and Children Centres continues to increase and is on track (target of 65% for registration and attendance target): • Registration: 73%, 71% of under 5s in targeted LSOA[1]s. • Attendance: 59%, 61% in targeted LSOAs. Lower attendance in the West (49%) of the borough compared to East and Central (67%) **Oral health** • 19 Oral Health Children Centre Champions currently trained with further training planned to be delivered over next 12 months. • Excellent engagement with hard to reach groups; women's refuges, special schools, community day events and shopping mall road shows. • Workshops continue to be delivered in in children centres and primary schools to parents. • 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

[1] Lower Layer Super Output Area (LSOA) is a geographic area designed to improve the reporting of small area statistics in England and Wales.

	family experiences of dental care in Barnet. This has been completed and a report will be published in early September **Highlights** • Established the 0 – 25 service for children and young people with disabilities with the commitment to integrate health and prepare for SEND • Barnet Youth Board continues engage with a number of projects including Parks and Open Spaces, Public Health and Youth Zone. The membership on the Children in Care Council increased with 16 new people getting involved • 97% of primary schools are signed up to the Healthy Schools Programme which is the highest in London with awards as follow; 53 bronze, 22 silver and 9 gold. This means that schools have planned activities on one of the five topic areas (physical activity, healthy eating, oral health, PSHE and emotional wellbeing) and focus on improving health outcomes as a whole school • The school Health Matters website has been designed and delivered by Central London Community Healthcare (CLCH), which offers a school nursing online health and wellbeing support to young people in secondary schools in Barnet • Accredited 10 children's centres with Healthy Children's Centre status • Put in place Barnet's Corporate parenting pledge; which outlines the council's pledge to provide children in care and care leavers to support them to achieve the best in childhood, adolescence and adulthood.
Where are the gaps?	**Health and wellbeing of looked after children** • Initial health assessments are too be completed within 20 days (statutory period) for all children coming into care. Data from the end of 2015/16 and the beginning of 2016/17 showed that this was only the case for 30% of children coming into care. To rectify this, three new GP registrars have been trained across the borough and the pathway has been reviewed to reduce delay. When a child comes into care, consent is now being signed off by the Local Authority and passed to the provider who book the initial health assessment. Improvements have been seen with 72% complete in the required time • Although there has been a shift to making more local placements, 60% of placements have been made in Barnet since April 2016. However, for the whole cohort local placements is at 43.3%. **Immunisations** • Currently below England average for each vaccination; this has been a concern since

	April 2013. Report to the HWBB in May did not provide assurance and 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. **The two year old (free childcare) offer** • The council has been working to increase the supply and demand of the two year old (free childcare) offer • 23 expressions of interest received to ensure viability of new/extended provision. • Feasibility of 2 sites completed. Training to Children Centre Staff on Free Early Education (FEE)2 eligibility and application has been completed. • Online process has been streamlined and a new brokerage processes provide a robust service to families. **Breastfeeding** • 85.1% of mothers initiate breastfeeding when their baby is born in Barnet, this is 2015/16 data and the most up to date data available (June 2016). Barnet has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1% CLCH Breastfeeding peer review contract continues to is meet it's KPI's. • 8 new groups are currently running across the borough and Stage 1 UNICEF accreditation achieved, working on Stage 2 which will involve 20 staff being audited due in January 2017.
What remains a priority? (suggested areas of focus up to November 2017)	**Improving the health and wellbeing of Looked after Children** • Target o All initial health assessments completed within time frame (20 days) o Review Health assessments for children looked after for a year or more o Increase the proportion of locally placed looked after children – to at least 46% (2017/18) to 53% (2019/20) • Continue to closely monitor the provider including staff vacancies. **Increasing the uptake of childhood immunisations** • Target – Increase uptake of childhood immunisations to be above the England average • HWBB to receive an in depth analysis of GP data conducted by NHS England at its meeting in November 2016 where onward action will be agreed.

	Early years review • The council (including Public Health) will work with Barnet CCG to further integrate service offer of health-related services in early years settings improving service delivery for families.

Theme	Wellbeing in the community
Objectives	Creating circumstances that enable people to have greater life opportunities
Areas of focus	Focus on improving mental health and wellbeing for all (year one priority) Support people to gain and retain employment and promote healthy workplaces
What did we achieve?	**Adults mental health services** • Barnet CCG and the Council have embarked on large scale redesign programmes to improve mental health services in Barnet. This includes working differently with primary and secondary care • Reimagining Mental Health – Is a co-design programme facilitated by Barnet CCG. 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 pilot, voluntary sector collaborative, opened 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 • Barnet is part of the London Digital Mental Wellbeing is a two year programme to develop, test and evaluate a 24/7 digital mental wellbeing service. The service is expected to launch at the end of October 2016 • Community Centred practice – aims to improve community wellbeing through community champions in General Practice. 8 practices have been identified and the programme is underway. **Employment and healthy workplaces** • Individual Placement and Support (IPS): since January 2015, the IPS service helped 50 residents with severe mental illness to move into employment

	• Motivational and Psychological Support (MAPS): for unemployed residents who are suffering mild to moderate mental health problems particularly resident who are long-term sick and whose needs are so complex that they require support from more than one agency. Between November 2014 and June 2016 MAPS helped 144 residents to move into meaningful employment • The council's BOOST community support has also supported over 200 people into work and the council is working to develop this service in other areas in the borough • Barnet Council has achieved the excellence standard of the London Healthy Workplace Charter. Barnet CCG has now decided to work towards Charter accreditation. **Highlights** o Through a competitive tender that went live in September, the Council aims to improve the accommodation and support offer for adults in the borough through the development of new models to help people remain independent and avoid permanent admissions to residential and nursing provision o To improve conditions in the private rented sector, the council implemented an Additional Housing in Multiple Occupancy (HMO) Licensing scheme in July 2016. 21 HMO licences under the new scheme have been issued to date.
Where are the gaps?	**Child and Adolescent Mental Health Services (CAMHS)** • Barnet's CAMHS Transformation Plan was approved at the end of 2016 • In year investment in primary care, additional schools capacity and early intervention • additional plans are in place for 2016/17 including work to reduce waiting times **Employment for people with disabilities** • Proportion of adults in contact with secondary mental health services in paid employment was 7.2% at quarter 1 (2016/17) against a target of 7% for 2015/16 • However, the increase this is due to a reduction in the overall cohort size rather than an increase in the numbers employed • There is now significantly more mental health provision with a focus on DWP client groups but less focus on those only in contact with adult social care • Some gaps in provision have been identified as: o Specialist employment support for ASC learning disabilities clients (IQ under 70) o Supporting MH clients to retain employment o Job Brokerage at scale.

	Keeping Warm and Keeping Well • Aiming to reduce excess winter deaths • The Winterwell programme improved delivery on last year's programme supported more people to access grants (21 people supported), supporting more residents with advice and practical help (561 small scale / temporary aids) and training more staff (119). 238 people from Barnet were involved in the Big London Energy Switch which gave a total collective saving of £69,991. Furthermore, Groundwork has trained 18 volunteers to deliver Green Doctor who have completed 127 advice sessions. • 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.
What remains a priority? (suggested areas of focus up to November 2017)	**Mental health** remains a priority, as reflected in the NCL STP, with a focus on service redesign • CAMHS o In order to improve CAMHS provision, Barnet CCG and Barnet Council agreed to jointly recommission CAMHS at the HWBB in September 2016 o Public health are supporting the redesign of CAMHS; developing a programme of work that is based on the Thrive Model. The new approach will improve access to services by improving sign posting, self-management and enabling one off contact in order to improve coping mechanisms in children and young people. • Different ways of working with secondary and primary care for adults mental health services o Monitor the impact of the Barnet Wellbeing Hub and continue redesign o Improve talking therapies, IAPT services will become part of the Wellbeing Hub o Expanding the Network model to take people who do not meet the eligibility for social care and offer a six week enablement programme. **Employment** • Increase the proportion of adults in contact with secondary mental health services in paid employment. Exploring opportunities for sustaining the current offer, particularly through NCL partners and WLA. • Increase the proportion of adults with learning disabilities in paid employment • Planned actions:

	○ Developing the market and engaging with providers not yet operating in the borough and procuring an approved list by April 2017 ○ Embed employment in care plans – develop the role for brokerage in securing employment pathways, embedding strengths based practice and continue to develop the Mental Health Enablement model ○ Raising quality of provision within existing day-care – including the Your Choice Barnet transformation and hold Job Coaching and Brokerage Skills (delivered by British Association for Supported Employment) ○ The Council as a public sector leader - leverage to create job opportunities through contracting and becoming a disability confident employer

Theme	How we live
Objectives	Encouraging healthier lifestyles
Areas of focus	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
What did we achieve?	**Excess weight - children** • The child weight management pathway has been established and is working well for children and their families. Tier 2 targeted weight management services includes Alive n Kicking (AnK) and Healthy Weight Nurses (HWN). AnK saw 67 referrals and 39 completers between April 2016 and June 2016. • The STOP programme was delivered at St Mary's & St John's CE School, Queenswell Junior School and The Hyde Primary School from April – June 2016 and saw 202 children weighed and measured at week 1 and week 12. HWN saw 67 completers stating the service is a good or excellent. • Shape, part of the tier 1 offer for 14 – 19 year olds, is a Sport England funded project providing sports and physical activity opportunities to young people in Burnt Oak and Colindale. Over 1300 young people engaged in the programme since it began in January 2015. **London Youth Games** • London Youth Games run from November – July each year. For 2015/16, approximately

	150 young people participated in the games and Barnet did particularly well in Swimming Mini (Gold), Squash Female (Silver), Mini Boccia (Bronze) and Cross Country (Gold, Silver and Bronze medals achieved across the age groups). • Barnet's netball team finished 9th place which is the highest the borough have ever placed. One young person was spotted by England Netball at the finals and was invited to train with the London & South East region over the summer. **Leisure service membership and attendance** • From June - August 2016 there has been an increase by 1,813 members and a year on year increase of 356 members. The increase in members is primarily attributed by the following membership types sports courses and junior memberships. • Attendances (usage) between January - August 2016 currently stands at 812,195 (1.95% increase year on year) which can be attributed to the growth of sports (clubs/dry courses/dry sports/holiday). **Reducing the health harms from shisha** • At the Board's request, Public Health has been coordinating a project group with internal stakeholders from London Borough of Barnet including Environmental Health, Trading Standards, Community Safety, Planning, Communications and Planning. • The HWBB will receive a further report in January 2017 regarding the group's progress. • As part of a borough wide health education campaign, Public health undertook three focus groups which informed the shisha campaign. The campaign launched in October 2016. **Highlights** • In partnership with the Broadwalk Shopping Centre, Public Health put together a series of events and activities to promote awareness of early diagnosis of cancer. A total of seven events aimed at raising public awareness of signs and symptoms and early detection of cancer between June and November 2015. 598 people visited the events and 32 people referred to mammogram and other cancer screening services • A contract was awarded to Social Marketing Gateway to deliver Prevention and Wellbeing Training which is based on the Making Every Contact Count (MECC) principles. The training will be delivered to 150 staff including customer services, Barnet homes and mental health wellbeing hub staff in 6 months starting from September. The training will focus on skills to start a conversation and support behaviour change and look

	at a wide range of health and wellbeing topics. Over 30 staff trained by October 2016. Considering second phase roll out for a further 150 staff.
Where are the gaps?	**Participation in sport and physical activity** • Participation levels in Barnet have been static for the past 4 years previously reported through the Sports England Active People Survey. The most recent data (Active People 9, October 2014 – September 2015) shows a decline to 37.7% of the adults population (16+) participating in Sport at least one a week. • In Barnet, participation levels for women are low and are declining as well as participation levels for people from low income families and BAME communities. • The Sport and Physical Activity (SPA) team continue to work with partners, clubs and organisations across the borough to improve levels of physical activity. The SPA team are working with London Sport's open data portal; a rebranded Get Active London website to co-ordinate and provide a list of activities and opportunities for Barnet as well as working with our Leisure Provider to target groups to encourage participation. **Excess weight – adults** • Public Health are working to develop an Obesity Strategy that will include mechanisms to work with key stakeholders such as planners, licencing teams on utilising the built and natural environment to improve obesity levels. A draft strategy will be available in December 2016. The Fit and Active Barnet Partnership, will be re-established to oversee the delivery of the Fit and Active Barnet Framework; including recommendations from the Obesity Strategy. **Screening** • The HWBB has not received a report from NHS England regarding screening activity and therefore has not been assured that screening rates in the borough are improving. Latest available data indicates that cervical, breast and bowel screening are all failing to meet targets and are on slight downward trends (although Bowel shows a slight improvement in last reported month – January 2016). This position is consistent with other boroughs for cervical and bowel but against the NCL trend for breast screening. • NHSE has undertaken to provide an annual report which will be presented to the HWBB will in January 2017 and to the JHOSC in Feb. The report in January will be accompanied by a Healthwatch consultation report providing the value perspective from residents in the borough regarding their experiences of screening services in the borough.

	Health checks • To improve the targeting, offer and uptake of health checks in Barnet, Public Health recruited a Health Check-Smoking Cessation Co-ordinator who started in September 2016. The new GP contract drafted and issued to GPs includes a greater focus on practices carrying out health checks on patients living in more deprived areas. **Sexual health** • In Barnet provision of commissioned self HIV testing service (Home sampling) to further reduce late diagnoses and encourage HIV testing continues. Uptake of the Home sampling service indicates high acceptability. GUM services continue to offer HIV testing to all patients accessing the service. The services offered 99% of clients a HIV test with 84% accepting the offer to be tested (against a target of 80%). • The GUM and Contraception and sexual health (CASH) services provide outreach and sex relationship education to young people in various settings, signposting young people to local services according to their need. This approach has led to an increase of young people accessing GUM and CASH service for contraception needs. • Commissioners have been encouraging providers to promote Long Active Reversible Contraception (LARC) to young people as this is more reliable and long term ensuring reduced chances of unplanned conceptions. The uptake of LARC in CASH went up from 707 in Qtr.4 2014/15 to 847 2015/16 which indicates high acceptability by the young people. • The Barnet and Harrow Public Health team continues to work alongside other Local authorities in the North Central London 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 in August 2016. **Alcohol** • In October 2015, alcohol Intervention and Brief Advice (IBA) 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. 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). • A single point of access for information, advice and support with regards to substance

	misuse is in place which includes a holistic and thorough health and wellbeing assessment. Futhermore, from October 2016 there has been an Alcohol Liaison nurse at Barnet Hospital. • 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 new service, delivered by WDP, started on the 1st September 2016. • Barnet will maximise the opportunities that come from the Haringey health devolution pilot which is investigating the need for local authorities to be given new planning and licensing powers to create healthier communities.
What remains a priority? (suggested areas of focus up to November 2017)	**Reduce excess weight in children and adults** • Target: reduce excess weight in adults and children • Develop and agree an Obesity Strategy and Action plan • Establish the Fit and Active Barnet Partnership • Through a multi-agency approach (Saracens Sport Foundation, England Athletics, LBB, Barnet Partnership for School Sport and MDX University) primary schools are encouraged to increase physical activity levels by participating in the Mayors Golden KM Challenge encouraging 15 minutes of physical activity every day. Seven schools engaged with pilot phase and currently recruiting more primary schools focusing on recruiting PH 'priority schools' (schools with the highest prevalence of overweight and obese children according to the National Child Measurements Programme) • Focus on the built environment and how we can maximise the built environments role in encouraging healthy lifestyles for all residents • A new leisure management contract has been developed with an increased focus on public health outcomes. A formal procurement process commenced in October 2016, a successful bidder will be appointed in August 2017 and the new contract will commence on 1 January 2018. **Increase screening uptake** • Target: increase screening uptake • HWBB to receive a report in January 2017 and agree and Joint HOSC in February 2017 • PH is working with PC colleagues in CCG to look at local actions to improve uptake

Theme	Care when needed
Objectives	Providing care and support to facilitate good outcomes and improve user experience
Areas of focus	Focus on identifying unknown carers and improving the health of carers (especially young carers) Work to integrate health and social care services
What did we achieve?	**Carers** • The council's Carers and Young Carers Strategy 2015-20 was agreed at Policy and Resources Committee in February 2016. • Children and adults services worked together to procure a new carers support service for carers (including young carers) in Barnet which started on the 1 October 2016. Carers and Young Carers Support services include targeted support to raise awareness of employment rights of carers with local businesses and with carers and young carers. The new contract also focuses 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. • Barnet's Specialist Dementia Support Service, which launched in June 2016, works with people with dementia and their carers to support them with their care needs. The service aims to minimise the risk of carer breakdown, help provide carers with new skills to manage their own health and wellbeing, and to help support more people with dementia to be able to continue living in their own homes. The service delivers support to people with dementia and their carers over a 4 month period and works with a maximum of 28 people (carers and people with dementia) at any one time. **Barnet Integrated Local Team (BILT)** • Since BILTs inception (August 2014, seeing patients from October 2014) it has seen 529 referrals; 288 have been discharged from the service and there are 61 active cases focused in the West of the borough. BILT supports the delivery of our Better Care Fund objectives • BILT has been expanded. A pan Barnet approach has been developed and started to roll out in September 2016 aiming to improve the effectiveness of the service through further

	join up with health, social care and the voluntary and community sector. The new model will be focused on identified cohorts based on level of risk. **Palliative care** • Through partnership working with the voluntary sector and the community, 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. Training has been carried out with Care Home staff. **Stroke** • A Barnet high level review has been completed; the stroke pathway in Barnet is comprehensive. One key theme emerging to report is the high number of discharges from the Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) through the Barnet Early Stroke Discharge (ESD) service with Central London Community Health (CLCH). This demonstrates the effectiveness of ESD to support appropriate patient flow directly from a HASU and should be a priority area for additional investment and increase in capacity in response to the Five Year Forward View, and the Sustainability and Transformation Plans (STPs). ***Patient story*** *SD is a 47 year old African woman, She suffered a right sided ischemic stroke while at home. SD did not seek help immediately, eventually she presented at her nearest hospital which did not have an accident and emergency unit. She could not be treated there but an ambulance was called and she was rushed to a hyper acute stroke unit. SD was supported over a 5 month period and received 2 home visits (3.5 hours), 3 telephone meetings and 3 mailings of information to support. The Stoke service liaised with her GP, our Back to Work Team and the Neurological Rehab Service at Edgware to support her. Provided support and information about finding part-time employment, volunteering, healthy lifestyle as well as reassurance about her appearance following the stroke.* **Dementia** • 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. The re-commissioned dementia support services, provided by the Alzheimer's Society, commenced on 1 April

	2016. (Day Opportunities Service, Dementia Advisor Service, Dementia Cafés and carer support). A launch of the new service is being planned for later in the year. • The Alzheimer's Society ran a successful event: 'Dementia Friendly Barnet' on 18 May 2016. 54 people attended from 31 organisations in the borough with 18 organisations committed to joining the Dementia Action Alliance. • University College London (UCL) Partners have confirmed they will be giving further delivery of dementia awareness sessions as part of ambition to create dementia friendly GP practices. These are due to take place in late 2016/early 2017. • Work continues on the commissioning of an innovative dementia focused extra care housing scheme comprising 51 flats opening in Spring/Summer 2017. **Transforming Care** • North Central London (NCL) Transforming Care Partnership (TCP) between Barnet, Camden, Enfield, Haringey and Islington CCGs was established in early 2016. 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. • Barnet's Winterbourne Concordat cohort is currently 10 patients which is the lowest it has ever been.
Where are the gaps?	**Personal Health Budgets** • 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. **Identification of atrial fibrillation(AF)** • Following initial delays, work is underway to improve AF identification in Primary Care. The programme to go live in autumn and aims to reduce rate of emergency hospital admissions due to stroke. **Reduce injuries due to falls** • The Falls Service will continue to be delivered from Finchley Memorial Hospital. However, to provide a more holistic service, it will become embedded within the Older People's Assessment Service (OPAS), which is currently being developed. • Falls do not happen in isolation and this new method of delivery will ensure the full range

	of service user needs are met. Review to explore making our falls pathway NICE compliant is underway.
What remains a priority? (suggested areas of focus up to November 2017)	**Care closer to home** Barnet CCG is establishing executive support to a programme of work designed to radically enhance the delivery of appropriate Care Closer to Home. A number of projects and service developments have been identified from local and national strategies from the Five Year Forward View (NHS England, 2014), GP Forward View (NHS England, 2016), CCG commissioning intentions & NCL Sustainability and Transformation Plan (STP). In order to develop a new Care Closer to Home approach a key requirement is to create a major shift of balance from avoidable hospital admissions to integrated health, social care and third sector models delivered in community and primary care settings. In order to become effective this work must be aligned to four core values. These four values are aligned to the national best practice New Care Models (NCM) programme and can be identified as: • Prevention and Health lifestyles. • Supportive Self-Managed Care. • Integrated First Point of Access and; • Integrated Community Model of service. The implementation of the care closer to home vision will be overseen by a sub-committee (or group), managed through a programme management approach and will become more comprehensive over time. The committee will consist of: • CCG GP colleagues • CCG Primary Care Transformation Lead • CCG Director of Strategy • CCG Commissioning • Public Health Lead • GP Practice Manager • Social services • CCG Finance

	• Health watch • CCG Quality Lead. • CCG Communications • PMO A multi-agency stakeholder forum will also need to be established to enable cross-sectorial inputs and oversight, and it may be that the recently revamped Health and Social Care Integration Board could be used for this purpose. Next steps: In collaboration across the local health economy and STP footprint Barnet CCG will commence an intensive, focussed and directed programme of work around a number of prioritised initiatives which will deliver on the vision. **Carers (including young carers)** Delivering the Carer and Young Carer Strategy – • Focus on identifying unknown carers • Improving the health of carers (especially young carers)

AGENDA ITEM 8

	Health and Wellbeing Board **10 November 2016**
Title	**Update on childhood immunisations 0-5 years**
Report of	Dr Andrew Howe - Director of Public Health Catherine Heffernan - Principal Advisor, NHS England (London) Amanda Goulden - Population Health Practitioner Manager, NHS England (London)
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Barnet Update for Health and Wellbeing Board 0-5 immunisations. Appendix 2 – Barnet Immunisation Action Plan 2016/17
Officer Contact Details	Natalia Clifford Consultant in Public Health Natalia.clifford@harrow.gov.uk 020 8359 6299

Summary

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

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

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

This report provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the Health and Wellbeing Board meeting on 21 July 2016. An action plan for 2016-17 is attached (Appendix two) to this

report to show planned activities to improve immunisation rates.

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

Recommendations

1. **That the Health and Wellbeing Board notes the work done by NHS England, since the HWBB in July on childhood immunisation in Barnet.**
2. **That the HWBB notes that the levels of coverage of childhood immunisations in Barnet are comparable to London although noting that this is below the threshold for herd immunity and requests a further action plan from NHS England in six months.**

1. WHY THIS REPORT IS NEEDED

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

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

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

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

1.5 The NHSE report in Appendix one, provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the Health and Wellbeing Board meeting on 21 July 2016.

2. REASONS FOR RECOMMENDATIONS

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

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

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

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

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

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

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

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

5.2.1 Commissioning of immunisation services is the responsibility of NHS England.

There are no financial implications for the council.

5.3 **Social Value**

5.3.1 Not applicable.

5.4 **Legal and Constitutional References**

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

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

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

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

further health and social care integration.

5.5 **Risk Management**

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

5.6 **Equalities and Diversity**

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

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

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

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

5.7 **Consultation and Engagement**

N/A

5.8 **Insight**

N/A

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 21 July 2016, Agenda item 6, Update on childhood immunisations 0-5 years
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4

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

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

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

NHS England

Barnet

Update for Health and Wellbeing Board: 0-5 Immunisations

10th November 2016

Childhood Immunisations in Barnet

Prepared by:

Amanda Goulden, Immunisation Commissioner

Final version:

Classification: OFFICIAL

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

1 Summary

- This report has been requested to build on the assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for 0-5 year olds, in order to protect the health of people in Barnet. It gives an update to work that has been done since the meeting in July.

2 Background to 7a immunisation programmes

- Immunisation is the most effective method of preventing disease and maintaining the public health of the population. Immunisation protects children against disease that can cause long-term ill health and in some cases even death.

- Vaccine preventable diseases have markedly declined in the UK, largely due to the efforts of the national immunisation programme. A negative output has been that many members of the public and health professionals have forgotten about the severity of these diseases and can become complacent about vaccinations. In addition, the complexity of the immunisation schedule and the increasing volume of vaccine-related information – some of which may be misleading or inaccurate – can make it challenging to achieve the 95% herd immunity level.

- Throughout England, the National Routine Childhood Immunisation Programme is delivered in a variety of settings by a large number of professionals from different disciplines. In London, immunisation uptake rates remain below the 95% levels required to achieve herd immunity. Reasons for the low coverage include:

    - the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
    - London's high population mobility
    - Recent changes in data collection systems
    - difficulties in data collection particularly as there is no real incentive for GPs to send data for Cohort of Vaccination Evaluated Rapidly (COVER) statistics
    - large numbers of deprived or vulnerable groups.

These reasons are all applicable to Barnet's ever changing population.

3 Actions

- Only one practice now does not routinely upload to QMS (Quality Medical Solutions). This is the tool that is used to transfer practice level immunisation data to the child health information service which is then responsible for collating this data and reporting to Public Health England. The CCG are aware of this practice.

- CLCH have now got access to QMS data and the quarterly COVER report is submitted directly from this to allow a more accurate picture of coverage.

- Concerns regarding the ongoing issues with TTP System One continue to be raised nationally as this affects other parts of the country, including several other London boroughs and is the subject of discussion with TPP via the NHSE lead on IT.

- Barnet has improved uptake across 4 signifiers and is also above the London average for Q1 2016/17 across ages 1 and 2.

Table 1

Difference between COVER and real time data

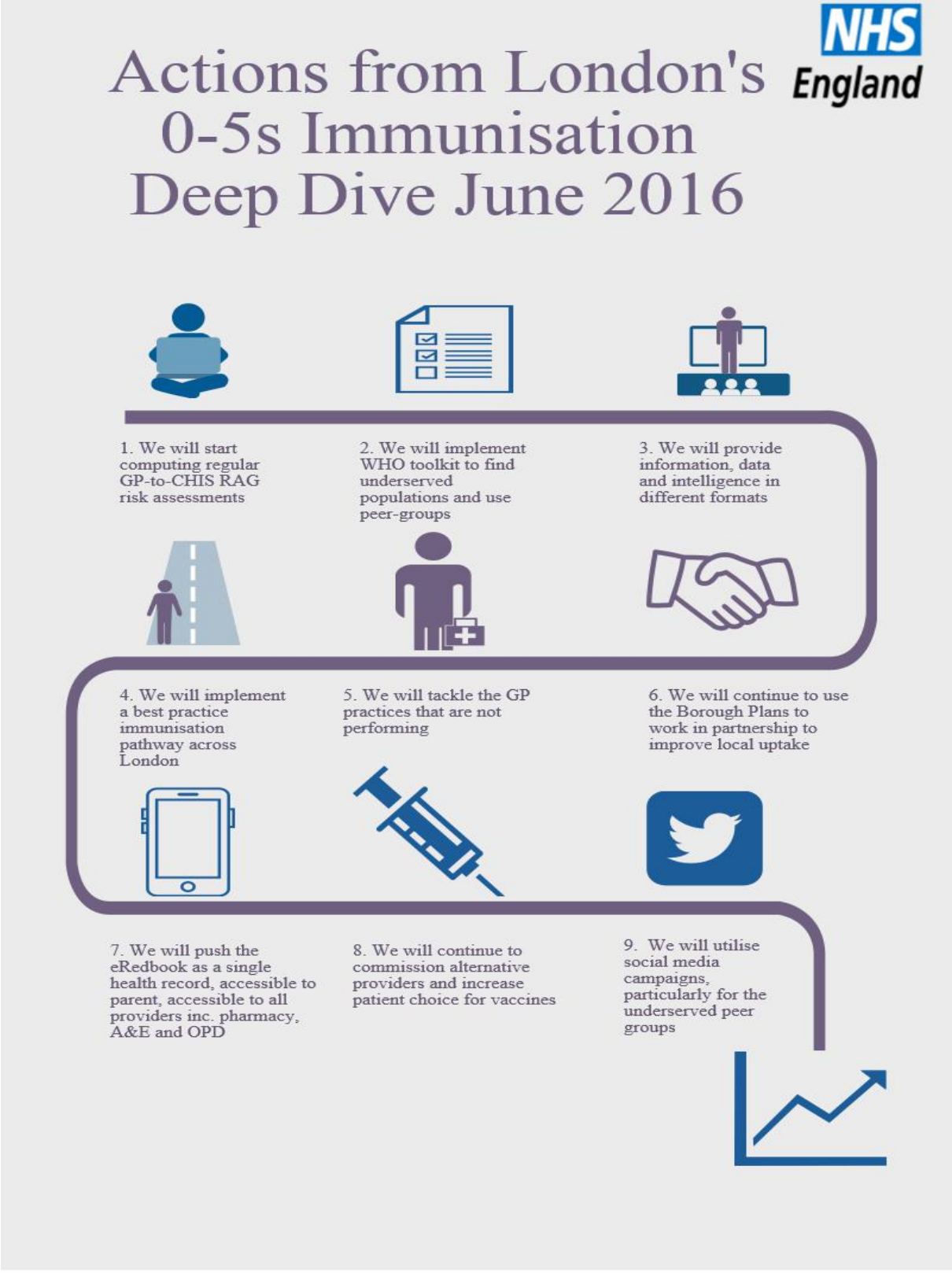
PCT/ CCG	Age 1 COVER	Age 1 QMS Q415/16	Age 1 QMS Q116/17	Age 2 MMR1 COVER	Age 2 MMR1 QMS Q4	Age 2 MMR1 QMS Q1	Age 2 Hib/M en C COVER	Age 2 Hib/M en c QMS Q4	Age 2 Hib/Me n c QMS Q1	Age 2 PCV COVER	Age 2 PCV QMS Q4	Age 2 PCV QMS Q1	Age 5 MMR2 COVER	Age 5 MMR2 QMSQ 4	Age 5 MMR2 QMSQ1	Age 5 Presch ool COVER	Age 5 Presch ool QMSQ 4	Age 5 Presch ool QMSQ 1
Barnet	64.9%	88.8%	89.7%	81.0%	85.3%	86.2%	80.6%	84.5%	85.1%	79.6%	83.6%	84.2%	68.0%	79.6%	79.5%	58.2%	76.6%	73.8%
London			88.80%			84.40%			84.80%			83.70%			80.20%			77%

Source: QMS (2016)

- In June 2016, London Immunisation Board hosted a 'deep dive' into the issues around the data collection for COVER and the other factors contributing to the published figures. This was chaired by Professor Yvonne Doyle, Public Health England's Regional Director for London and attended by represenatives from Clinical Commissioning Groups (CCGs) and local authorities. With presentations from the national NHSE and PHE leads for immunisations on what is happening nationally, the workshop focused on the current issues with the collation of COVER data for London and resulted in a nine point action plan for NHSE to implement in 2016/17 (see figure 1).

- Work has already commenced on the triangulation of data from CHIS submissions for COVER with the data extracted from GP systems (QMS for Barnet) for the submssion of Q2 for COVER. The COVER and CHIS standard operating protocols (SOPs) have been updated with monthly checks of data with providers now included. The team are also meeting with national COVER team to work on identifying common data errors and finding solutions earlier. A recent example is that data extracted from GP systems in a North West London borough shown the numbers of 5 year old with primaries (DTap/IPV/Hib) as being lower than those with preschool boosters (i.e. completed courses). The latter number should be smaller as it is included in the former number. This highlighted that GP practices were not aware of which indicators to use when recording the preschool booster and now work is being done with the CCG to alert practices to which codes to use.

Figure 1


Actions from London's 0-5s Immunisation Deep Dive June 2016
NHS England
1. We will start computing regular GP-to-CHIS RAG risk assessments
2. We will implement WHO toolkit to find underserved populations and use peer-groups
3. We will provide information, data and intelligence in different formats
4. We will implement a best practice immunisation pathway across London
5. We will tackle the GP practices that are not performing
6. We will continue to use the Borough Plans to work in partnership to improve local uptake
7. We will push the eRedbook as a single health record, accessible to parent, accessible to all providers inc. pharmacy, A&E and OPD
8. We will continue to commission alternative providers and increase patient choice for vaccines
9. We will utilise social media campaigns, particularly for the underserved peer groups
powered by Piktochart
make information beautiful

4 Conclusion

- The current low vaccination rates in Barnet are primarily due to data issues and not that children are missing vaccinations. As stated in the report this has been a national issue and has also affected other areas in London. Published data for Q1 2016/17 shows some improvement as these issues are being addressed, however, overall improvement is reliant on TTP System One who NHSE does not commission but with whom there is ongoing discussion.

This page is intentionally left blank

2016/17 Barnet Immunisation Action Plan

Background:

Immunisation is the most effective method of preventing disease and maintaining the public health of the local population and vaccination and immunisation service exists to ensure the safe and effective delivery of all vaccine programmes. Barnet Immunisation Plan sets out actions to be undertaken by all key stakeholders in support of coordinated immunisation activities thereby ensuring that vaccines are available and given to the eligible groups at the recommended times.

NHS England, Public Health England, Clinical Commissioning Groups (CCG) and Local Authorities all have defined role to play, with NHS England assuming the lead commissioning role in line with Section 7A mandate.

The roles and responsibilities of the partners are:

NHS England (NHSE):

- Commissioning of all national immunisation and screening programmes described in Section 7A of the mandate
- Commission immunisation and vaccination services from primary care, community providers (e.g. school nursing teams) and other providers which are specific to national standards
- Monitoring of provider's performance and for supporting providers in delivering improvements in quality and changes in the programmes when required
- Accountable for ensuring local providers meet agreed population uptake and coverage levels against the national service specification and as specified in the Public Health Outcome Indicators and KPIs
- Work with the Department of Health and Public Health England in national planning and implementation of immunisation programmes and in quality assurance
- Emergency Planning Responses and Resilience (EPRR) where this involves vaccine preventable diseases.

Public Health England (PHE):

- Lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHS England in cases of immunisation incidents. PHE will provide access to national expertise on vaccination and immunisation queries.
- Professional support to the PHE staff embedded in the NHSE Area Teams including access to continuing professional appraisal and revalidation system

- Provide information to support the monitoring of immunisation programmes
- Publishes Cohort of Vaccination Evaluated Rapidly (COVER) data

Clinical Commissioning Groups (CCGs):

- Have a duty of quality improvement and this extends to primary medical care services delivered by GP practices (such as immunisation and screening) – as such, they should be able to provide support where NHSE need to liaise or contact specific primary care facilities.
- CCGs have a crucial role in commissioning pathways of care that effectively interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards
- CCGs hold the contracts for maternity services, and are providers of antenatal and new-born screening (neonatal BCG and infant Hepatitis B). Barnet CCG have contracts with Central London Community Health (CLCH) who are commissioned by NHS E to provide the local Child Health Information System (CHIS) service.

Local Authorities:

- Leader of the local public health system and is responsible for improving and protecting the health of local population and communities.
- Provide information and advice to relevant bodies within its areas to protect the population's health (whilst not explicitly stated in the regulations, this can reasonably be assumed to include immunisation)
- Provide local intelligence information on population health requirements e.g. JSNA
- Independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- Local authorities will need to work closely with Area Teams including arrangements for the NHS response to the need for surge capacity in the cases of outbreaks.

General Practitioners (GPs):

- General practices are contracted by NHSE to deliver the Childhood Routine Immunisation Schedule to their registered child population. They are the main mode of delivery in England.

Community Services Providers:

- Child Health Information System (CHIS) is housed within community service providers and incorporates the child health records department which holds clinical records on all children and young people. COVER data is submitted from CHIS to PHE.
- The community provider may have an immunisation team that provides outreach or 'catch-up' for childhood immunisations (e.g. for unregistered populations) and for BCG.

- Health visitors have a role to play in promoting the importance of vaccinations to parents.
- Many community services providers have immunisation clinical leads or coordinators who provide clinical advice and input into immunisation services locally.

Barnet Immunisation Action Plan

- Achieving high levels of immunisation coverage in London remains challenging.
- This action plan has been developed as part of NHS England's ongoing work to improve immunisation coverage in London and outlines ways in which partner organisations could contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Barnet. This is in recognition of the key elements and partnerships that are essential to the delivery of an effective, equitable and quality assured immunisation service.

- The 2016/17 Barnet Immunisation Action Plan is underpinned by NHS England's immunisation strategic objectives which are:

    1. To achieve improved immunisation coverage across London.
    2. To reduce inequalities in immunisation uptake between GP Practices and populations.
    3. To improve patient choice and access to immunisations across London.

To achieve 85% for MMR2 Barnet only needs to vaccinate an average of another 69 children per quarter, across all practices.

To achieve 40% for child flu this season each practice needs to vaccinate between 8 and 16 more children for 2, 3 and 4 year olds.

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
Commissioning & Performance Management	All practices are signed up to QMS to improve the recording of immunisation data	COVER submissions reflect an accurate increase in recorded uptake rates. Stabilisation of reported immunisation rates in Barnet	Ensure Barnet GP Practices have access to I.T. for support. Follow up practices monthly who fail to upload immunisation data to CHIS. There is now only one persistently non submitting practice each month of which the CCG are aware.	Monthly	Barnet NHSE/Barnet CCG Beverly Wilding	Practices do not submit data to CHIS monthly therefore there are gaps in published data.

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
	Reduce the variation in immunisation performance between best performing and worst performing GP Practices.	Improved immunisation data quality resulting in accurate reporting of immunisation coverage	Work with practices to improve uptake of childhood immunisations in Barnet. Inform CCG when visiting practices. Identify what works in the best performing practices and share work with poor performing practices in troubleshooting the barriers to increasing uptake. Continuing national meetings to improve TPP System reporting	August 2016	NHS England / Barnet CCG/Barnet Amanda Goulden/ Beverly Wilding	GP practices may not record the data accurately. E.g. correct coding

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
	Performance data sent to CHIS for COVER reporting to PHE on a quarterly basis Children moving in/out of Barnet are managed effectively to ensure they do not miss out on public health interventions	Accurate reporting of immunisation coverage for Barnet	CHIS service will send Cover data 4-6 weeks prior to the final submission. Currently reports are being sent directly from GP practices via QMS due to national issues with TTP System One. Continuing national meetings to improve TPP System reporting Ensure CHIS follow movers in/movers out Standard Operational Procedure	Quarterly	CLCH- CHIS Manager Joy Gayle	Reports not accurate. Continue to work with CHIS. Full audit of every practice not achievable by NHSE.
	To deliver roll out of child flu to years 1,2 and 3 and achieve 40% minimum	Maximum coverage of cohort	Delivery by school immunisation provider	September – December 2016	NHSE/LA	Capacity of immunisation and admin team

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
	To deliver and oversee measurable improvements in quality and performance for Barnet immunisation services	Improved immunisations uptake and data quality in Barnet	Set up PH Work plan meetings NHS England to liaise with CCGs, LA, Primary care commissioners and PHE CLCH to access QMS data and look for root causes of misaligning data Continued escalation of TTP issues nationally	Next meeting Oct 2016 Ongoing work National time constraints	NHSE/LA CLCH Kenny Gibson	No progress on national TTP programme
	Work with maternity to set up hospital services to deliver the neonatal BCG immunisation programme	100% of babies offered BCG immunisation at birth	Move to universal delivery. Preparing to roll out service at Barnet and Royal Free following training on October 13th	October 2016	NHSE/CCG Amanda Goulden Maternity services	The provider not delivering the service Unable to recruit long term

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
	Implement recommendations to improve the Hep B antenatal and neonatal immunisation pathways	To monitor coverage by ensuring all babies have completed the programme (including 1st dose in hospital) Ensure missed/DNA/ lost to follow up are followed through. Ensure data is captured. Link in with the London Hep B Plan.	Ensure the correct pathways are followed to target at risk babies.	Barnet already delivers through GP	CCG/CHIS Joy Gayle/ Judy Mace	Neonatal programme not completed and babies lost to follow up.
	NHSE commissioned Flu vaccinations delivered and promoted throughout primary care providers	Increase in reported rates on flu vaccine uptake. Increased reported flu vaccine uptake across named at risk groups, focussing this season on 2,3 and 4 year olds	Work with GP practices to improve flu vaccine uptake, particularly in 2-4 year olds. Visits carried out to worst performing practices and action plans completed. Follow up telephone/email conversations to assure call and recall processes are being adhered to. Promote vaccination	September – December 2016	NHSE/CCG	NHSE doesn't communicate winter strategy in timely manner NHSE will inform all stakeholders re delays

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
			to carers. Commission the flu pharmacy scheme to improve access for patients.			
	Commission hospital to offer the flu and pertussis vaccinations to pregnant women	Increase in reported rates on flu and pertussis vaccine uptake.	Recruited nurses for delivery on 2 sites, Barnet and Royal Free Hospitals	October 2016	Maternity services	Unable to recruit long term
Communication, Stakeholder & Community Engagement (Including Voluntary Sector)	Information relating to immunisation programmes are disseminated to all key stakeholders e.g. changes to the schedule and introduction of new programmes across the health care system	Improved communications with all stake holders	NHSE, LA, CCG and PHE will liaise. Any communications to go out can be sent to CCG for bulletin. LA to insert links to NHS Choices from the council website.	As required	NHSE/LA-Natalia Clifford , CCG-Robin Sandler	NHSE doesn't communicate winter strategy in timely manner

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation
	Flu immunisations, shingles and pneumococcal vaccinations are promoted in all care homes and included as a requirement in LA contracts with providers of social care services.	Contributes to increased uptake of winter vaccination uptake i.e. flu , shingles and PPV within these populations	Leaflets promoting immunisations are included in information packs. Immunisations are promoted to care homes	Sep 2016	LA	Information is not disseminated in a timely manner
	All Ofsted registered child care providers, nurseries and preschools promote and check immunisation status of the children they care for. Children's Centres engaged in promoting immunisations and vaccinations for families	Increased numbers of children have completed the childhood immunisation programme by age 5 Greater awareness about the childhood immunisation programmes and other vaccination programmes.	LA to work with childcare providers on the importance of having children immunised and mechanisms to remind parents of the childhood immunisation programme schedule to ensure it is completed before starting school. Information sessions on immunisation; staff trained to provide information with parent/baby groups and other users.	Ongoing	LA public health	Childcare managers and providers do not see the importance – this can be mitigated by regular information sessions through existing communication mechanisms used by LA. Immunisation not high on the agenda for children's centres - availability of informal training of staff in understanding the benefits of immunisation

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion & Mitigation

This page is intentionally left blank

	Health and Wellbeing Board **10 November 2016**
Title	**Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (SAB) Annual Reports**
Report of	Independent Chair of BSCB and SAB
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Barnet Safeguarding Children Board Annual Report 2015/16 Appendix 2 – Safeguarding Adults Board Annual Report 2015/16
Officer Contact Details	Ronit Green, BSCB Business Manager ronit.green@barnet.gov.uk / 0208 359 4540 Emma Coles, BSAB Business Manager emma.coles@barnet.gov.uk / 0208 359 5741

Summary

The Health and Wellbeing Board is asked to note and comment on the annual reports of the Barnet Safeguarding Children Board and of the Barnet Safeguarding Adults Board.

The Barnet Safeguarding Children Board (BSCB) Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Barnet. National guidance states that the annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.

The report provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action (HMG Working Together to Safeguard Children 2015). The BSCB annual report was formally accepted by the BSCB at the meeting on 20th October 2016.

The Barnet Safeguarding Adults Board (BSAB) is a statutory multi-agency group that

meets four times a year and reports annually on its work. The Board was established in 2002 to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet. Following the passing of the Care Act 2014[1], the Barnet Safeguarding Adults Board became a statutory body with a number of legally enforceable duties from April 2015.

The Board's vision is for all adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live.

The BSAB Annual Report was formally accepted by the BSAB at the meeting on 21st July 2016 and was also presented to the Adults and Safeguarding Committee on 19th September.

The Care Act 2014 [2] prescribes that 'For each financial year, the Safeguarding Adults Board must publish a strategic plan in accordance with Schedule 2 of the Care Act 2014.

The Board's governance arrangements ensure that the Board reports on its work to the Council through the Adults and Safeguarding Committee and, due to the important multi-agency arrangements and the role of health, the Board's Annual Report is noted by the Health and Wellbeing Board as well as each partners executive Board. The report documents the work of the Safeguarding Adults Board in 2015-16. It outlines membership of the Board, work of the Safeguarding Adults Service User Forum and partner agencies, work plan progress and analysis of safeguarding alerts received 2015-16.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the Annual Reports of the Barnet Safeguarding Children Board (BSCB) and Safeguarding Adults Board (BSAB) attached at Appendix 1 and 2.**

1. WHY THIS REPORT IS NEEDED

1.1 Barnet Safeguarding Children Board (BSCB) Annual Report

1.2 The annual report of the BSCB and bringing it to this Board fulfils the statutory requirement under the Children Act 2004 to:

- Report on safeguarding and promoting the welfare of children;
- Provide a rigorous and transparent assessment of the performance and effectiveness of local services;
- Identify areas of weakness, causes of those weaknesses and action plans for improvement.

1.3 Safeguarding activity is a core element of the Council's responsibilities. Section 19 of the Children Act 2004 states that the Lead Member of Children's Services (LMCS) has political responsibility for the leadership, strategy and effectiveness of Local Authority children's services. The LMCS is responsible

[1] The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

[2] The Care Act 2014 – Schedule 2 - www.legislation.gov.uk/ukpga/2014/23/schedule/2

for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. Safeguarding plays a key role here. This Committee is responsible for ensuring that safeguarding responsibilities are properly taken into account by the Council.

1.4 There are three statutory roles: the LMCS, the Director for Children's Services (DCS) and the Chair of the Local Safeguarding Children Board (LSCB). The Chair of the LSCB is an independent appointment charged with holding all agencies to account. The LMCS has political responsibility for the leadership, strategy and effectiveness of local authority children's services. The Director for Children's Services (DCS) post has the professional responsibility for children's services. Together they are responsible for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed, and ensuring that there are clear and effective arrangements to protect children and young people from harm.

1.5 The Barnet Safeguarding Children Board (BSCB) Annual Report must also be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chairman of the Health and Wellbeing Board.

1.6 **Safeguarding Adults Board (BSAB) Annual Report**

1.7 The Care Act 2014 (the Act) places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1). The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 it adopted the following terms of reference.

1.8 The statutory objective of the SAB, prescribed in Section 43(2) of the Act is to help and protect adults in its area (whether or not ordinarily resident there) who:

(a) Have needs for care and support (whether or not the local authority is meeting any of those needs),
(b) Are experiencing, or at risk of, abuse or neglect, and
(c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

1.9 The SAB has to report on its work, via its annual report, to elected members via the Adults and Safeguarding Committee and then to partners and members at the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the business plan to their agency executive Board. The Annual Report was presented to the Safeguarding and Adults Committee 19th September

1.10 The Barnet Safeguarding Adults Board Annual Report was formally accepted at the BSAB 21st July 2016; it provides details about Safeguarding work

carried out by the Board and partners from 1st April 2015 to 31st March 2016. The report outlines membership of the Board, analysis of safeguarding alerts received 2015-16, work of the Safeguarding Adults Service User Forum and partner agencies and work plan progress. There were no Safeguarding Adults Reviews conducted or concluded during this reporting year.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Board with the opportunity of considering the safeguarding of children and adults at risk in Barnet and the work of the Children's Board and Adults Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The annual reports provide details of each Boards priorities and challenges which will be progressed through the business arrangements during 2016/17. The report will be circulated to the Leader of the Council, the local police and crime commissioner and the LBB Chief Executive.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council, working with local, regional and national partners, will strive to ensure that Barnet is a place of opportunity, that people are helped to help themselves and where services are delivered effectively. The table below demonstrates how activity taking place within safeguarding contributes to these corporate priorities.

Corporate priority	
Transforming Services As we focus on how to transform services, we will take the opportunity to make them as efficient as possible to drive out savings.	Effectively safeguarding children and young people and intervening at as early a stage as possible helps to reduce the need for higher tier, more expensive services.
Managing demand for services Step change in the council's approach to early intervention and prevention, working across the public sector and with residents to prevent problems rather than just treating the symptoms.	This report details preventative activity taking place across Family Service, which helps to ensure that children are safeguarded from harm.
More resilient communities Invest in the infrastructure of the Borough to ensure Barnet continues to be a great place to live and work	Safeguarding plays a key role in ensuring that children and young people in Barnet are able to enjoy a safe childhood and reach their potential

5.1.2 The Corporate Plan 2015-20 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse.

5.1.3 The Corporate Plan strategic objectives 2015-20 states that the Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:-

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

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

5.2.1 The Annual Report of the Barnet Safeguarding Children Board (BSCB) has been produced as part of the work of the Board and outlines the resources available to the Board to co-ordinate and manage the Board's business. The current annual budget of the BSCB is £156,000, which includes the contributions made by partner agencies, of which the Local Authority contribution is £98,000. The budget covers staffing requirements including the Independent Chair of BSCB

5.2.2 The current annual budget for the BSAB is £102,261, which covers the post of Independent Chair and Safeguarding Adults Business Manager as well as the delivery of the Board priorities including training and communications. Each partner has been asked to provide a contribution towards Board costs; so far the following contributions have been agreed:

Table 1: BSAB Partner Financial Contributions 2016/17

Statutory Partner	**Contribution**
London Borough of Barnet	£61,761
Barnet Clinical Commissioning Group	£20,000
Barnet Enfield Haringey Mental Health Trust	£5,000
Metropolitan Police	£5,000
Central London Community Health	£5,000
Royal Free Hospital Trust	£5,000
Non-statutory Partner	**Contribution**
London Fire Brigade	£500

5.3 **Legal and Constitutional References**

5.3.1 The Commissioning Director, as the statutory Director of Children's Services, is a member of Board. The Lead Member for Children's Services also attends the Board as a participating observer, in accordance with the statutory guidance for this role. This is in order to ensure that the BSCB can properly hold the Council to account and that the Lead Member can hold the Independent Chair to account for the effective working of the Board.

5.3.2 The Childrens Act 2004 Section 13 requires a Local Authority to establish a local safeguarding children board, including prescribed statutory partner agencies. Section 14A requires that at least once every 12 months, a report is prepared and published about safeguarding and promoting the welfare of children in the local area. The Working Together 2015 guidance provides further detail on the recommended content of this report which was approved by the Safeguarding Children Board on 2 September 2016.

5.3.3 As in the Annex A of the Responsibility for Functions, in the Council's Constitution, the Adults and Safeguarding Committee has responsibility for

ensuring that the Council's safeguarding responsibilities are taking into account.

5.3.4 The Care Act 2014 (the Act)[3] places on a statutory footing some of the adult safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).

5.3.5 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The plan will be published on the Council's website.

5.3.6 The responsibilities of the Health and Wellbeing Board are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Its terms of reference includes the following resposbilities:

- 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.

5.4 **Risk Management**

5.4.1 Not receiving this report would present a risk to the Committee in that they would not be providing a mechanism for the Independent Chair to present the annual report to the Council. Without sight of the report, the Committee could not be satisfied that the Council is properly prioritising and effectively safeguarding children within the Borough, whilst at the same time promoting the welfare of children.

5.4.2 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council.

[3] The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

5.5 Equalities and Diversity

5.5.1 Equalities and Diversity considerations are a key element of safeguarding work.

5.5.2 Barnet's diverse population of children and young people is taken into account in the design and delivery of services to safeguard children. There are more children from all Black and Minority Ethnic groups in the 0– 9 age group, than there are White children in Barnet. Children and young people in the 10 – 19 age groups are predominantly White. The highest proportion of people from BAME groups is found in the 0-4 age group (55.4%). In terms of religious diversity, Jewish and Muslim population make up over a quarter of the total population of Barnet. The Board considers the diverse needs of the Borough's population in carrying out its work. There is faith school representation on the Board in addition to representation of a national faith-based charity which works to support vulnerable children and their families.

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

5.4.3 The annual report provides progress against the business plan 2014 - 2016 which aims to ensure that adults at risk are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

5.5.4 The Care Act Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion

5.5.6 The tables below show a breakdown of all our safeguarding concerns by reported primary care need and age of the vulnerable adult. As in previous years, most concerns we receive relate the abuse of older people.

5.5.7 The way in which we categorise an adult's care needs has changed and so the following tables have been designed to enable comparison with previous years.

Table 2: Primary Client Group Referred

Primary Care Need	**2013/14**	**2014/15**	**2015/16**
Learning Disability	20%	20%	13%
Mental Health (Inc. Support with Memory & Cognition)	15%	16%	22%
Physical Disability & Sensory Support	64%	63%	61%
Social Support	1%	1%	4%
Client Age Group (where known)	**2013/14**	**2014/15**	**2015/16**
18-64	40%	40%	38%
65+	60%	60%	62%

5.5.8 As in previous years, concerns raised about adults over the age of 65 are higher than any other group. This largely reflects the age profile of Barnet service users receiving a care package.

5.5.9 In 2015/16, where known, 55% of adults at risk had dementia; this is a substantial increase of 31% on the previous year; however, in over 2 thirds (71%) of all cases, it was unknown whether the adult at risk did or didn't have dementia and this may account for the increase, as in 2014/15 this was unknown in only 16% of cases.

5.6 Consultation and Engagement

5.6.1 This paper provides an opportunity for the Committee to be engaged in the direction of the Barnet Children Safeguarding Board. The Board's Business Plan is informed by the views of lay members and the views of children and young people through the work of Youth Shield.

5.6.2 The report will assist us in identifying any improvements that need to be made to our services or, to policy and procedure. This will be done in full consultation with relevant groups before any changes are recommended and implemented.

5.6.3 The BSAB reported on its work to elected members via the Adults and Safeguarding Committee 19th September and then to partners and members at the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the annual report to their agency executive Board.

5.7 **Social Value**

5.7.1 The BSAB and BSCB support the Public Services (Social Value) Act 2012 by ensuring that robust safeguarding procedures are in place throughout the borough. The council ensures that care providers commissioned to work with adults accessing social care services have the required skills and training to

support effective safeguarding throughout the borough and the Board aims to publicise the key issues surrounding safeguarding within the Borough to strengthen the public's awareness of safeguarding issues.

5.8 Insight

5.8.1 Data has been used to inform the understanding in the Annual Report presented in Section 2 'Local Demographic Context', and Section 3 'Safeguarding Context' uses insight from the Joint Strategic Needs Assessment and Barnet Council's Corporate Plan

5.8.2 The BSAB annual report was developed using insight from the Local Authority Safeguarding Adults database and contributions from the SAB partners.

6 BACKGROUND PAPERS

6.1 Working Together to Safeguard Children March 2015: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

6.2 Annual Report of Barnet Safeguarding Board, Children, Education, Libraries and Safeguarding Committee, 21 September 2016, item 8: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=8686&Ver=4

6.3 Barnet Safeguarding Adults Board Business Plan 2016-18 – Adults and Safeguarding Committee 16th June 2016 – Item 10 Barnet Multi-Agency Safeguarding Adults Board Business Plan 2016-18

6.4 Barnet Safeguarding Adults Board Annual Report 2014/15 – Adults and Safeguarding Committee 16th September 2015 – Item 7 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15

Barnet Safeguarding Children Board

Making safeguarding everybody's business

Barnet Safeguarding Children Board

Annual Report

2015/16

Making Safeguarding Everybody's Business

Table of contents

1. Foreword and Executive Summary

Independent Chair – Chris Miller

The Barnet Safeguarding Children's Board (BSCB) is a group of senior professionals, whose organisations bring them into contact with children. Our role is to ensure coordination and scrutiny of those local services that are designed to protect children and promote their welfare. It is my duty as chair to hold the agencies that comprise the BSCB to account. These arrangements, which are established by law have been in operation since 2006 but are unlikely to persist beyond 2017.

Since my last report on the Barnet Safeguarding Children's Board (BSCB) the Government has undertaken a thorough review into safeguarding boards and has recently published its recommendations for change. Parliament is currently overseeing a legislative programme that will see the current system reformed. Arrangements to protect children will change in the next year or so but whatever new structures emerge the fundamentals will need to stay the same. Well trained staff who are effectively led and motivated to achieve and who are supported by good processes will protect children from harm and help them to thrive.

In the past year I have met many dedicated staff in Barnet whose determination to improve the lives of children gives me confidence that children and young people are well served in the borough.

Good staff need clear goals and well-defined priorities to help them achieve. There is also evidence that those safeguarding boards that focus on a small number of important issues have the most impact. Over the past two years BSCB has followed a two-year plan which has prioritised four issues that impact children's safety and well-being. These are issues that we as partners decided to concentrate our efforts on.

In the past twelve months in each of our priority areas we have made progress and while there is still work to do we believe that children's lives have been improved as a result of what we have achieved as a partnership. In relation to child sexual exploitation, child neglect, domestic violence and e-safety we have improved our understanding of the problem, offered new services and developed new ways of consulting and communicating with children, parents, and staff.

We have mapped our understanding of child sexual exploitation, involved young people in the design of our services, improved the way we interview children who go missing so as to get more information from them and we have increased the range and type of interventions against those who are the exploiters.

The neglect of children acts as a significant impediment to their development. This will continue as a priority, given the momentum over the past year and the commitment to implementing the Graded Care Profile as an assessment tool for

neglect across the partnership. We have agreed to adopt a consistent way of profiling cases of neglect; we have developed a two year strategy and have developed an understanding of how child deaths, deprivation and referrals to social care connect.

In relation to domestic abuse we have improved our response to victims, their children and those who perpetrate the abuse by recruiting specialist advisors, sharing better information with schools and children's centres and by extending the use of police powers to restrain offenders.

Screens, keyboards and apps make up a significant element of children's lives. We know that the online world is a place of opportunity but is not always benign. We want children to enjoy the fruits of technology but in safety. Our e-safety group helps parents, their children and professionals to achieve that. It has fostered strong partnerships between schools and the police, has run conferences and has provided newsletters and information for schools and improved our website.

What we really want though is to reduce the need for excess intervention in children's lives and for that reason we have taken a keen interest in the early help services offered by partners. The significant increase in early referrals to Barnet's Multi Agency Safeguarding Hub (MASH) over the past year suggests that our concentration on this may be paying some dividends.

Of course most children in Barnet are safe and well and thrive in their families. We seek to provide early help and light touch intervention for those children in Barnet whose families struggle to care appropriately for them. Sometimes our intervention needs to be decisive to ensure children's safety. And sometimes the situation is so serious that the only safe thing to do is to remove children from their families. In the past year, while the number of child protection plans has increased the number of children who are looked after in care has remained stable; and has done so for some years.

BSCB this year published a serious case review (SCR). SCRs are required when a child is seriously harmed or dies and there are concerns that abuse or neglect was part of the child's history. We are determined that our future performance will be improved through the lessons that we have learned from this review.

We have a refreshed set of priorities for 2016-18 and the SCR we commissioned has helped inform our new focus on adolescent mental ill health and self-harm.

Adolescent mental health is a new priority for us but we retain domestic abuse, e-safety and neglect as priorities. We have also added to our priorities information sharing and resilience.

Failure to share information is a finding in most SCRs and the SCR we have published is no different. We found that there were occasions when professionals'

understanding of how information should be shared was lacking. Our new priority will address this.

Resilience in families, among children and indeed among professionals is a quality that we want to promote. The ability to cope with difficulty, bounce back from detrimental situations and stand tall in the community will help with the safety, health and well-being of children and their families. That too will be a priority for us over the next two years.

Although there is still much to do we have made progress over the past year in our efforts to coordinate what we do to protect children from harm and to help them thrive. I am grateful to the dedicated professionals and volunteers in Barnet that have contributed to this. I would also like to thank the unpaid lay members of the BSCB who bring a community perspective to our discussions and Youth Shield, who as a junior safeguarding board give their time freely to help us hear their voice and respond better to their needs.

Safeguarding is a work that is never done. However I can report good progress in the past year against our priorities and over the next year we will build on what we have already accomplished and strive restlessly for continuing improvement.

2. Local Demographic Context

With 367,265 inhabitants, Barnet has the largest population of any London borough. Its growing and diverse community includes 93,590 children and young people aged 0 – 19[1]. Children and young people account for one quarter of the overall Borough's population. More than 50% of all 0-4 year olds in Barnet are from a Black, Asian or Other Minority Ethnic (BAME) background and the proportion of BAME children in our community is forecast to continue to increase.

Population Projections

Barnet's children and young people population is projected to grow by 6% between 2015 and 2020 when it will be 98,914, with Barnet continuing to have the second highest children and young people's population of all London boroughs.

The highest rates of growth are forecast to occur in the west of the Borough, with over 113% growth in Golders Green and 56% in Colindale by 2030. This growth will be due to significant regeneration and residential development in these areas.

Deprivation and Child Poverty

Inequality of outcomes

Children who live in poverty and suffer deprivation tend to be vulnerable to educational under-achievement, ill health, involvement in crime and social exclusion. Significant numbers of children in Barnet are vulnerable due to poverty, with the greatest number in the west of the Borough. In 2015, the Government updated its indices of deprivation. This revision led to a small increase in the number of communities (known as Lower Super Output Areas) in Barnet that are categorised as deprived.

Health

Live Births and Rates

Figure 1 below shows that since 2002, Barnet's birth rate has increased faster than London and England although in 2013 birth rates declined in Barnet, London and England.

[1] Barnet, Children and Young People Profile 2015

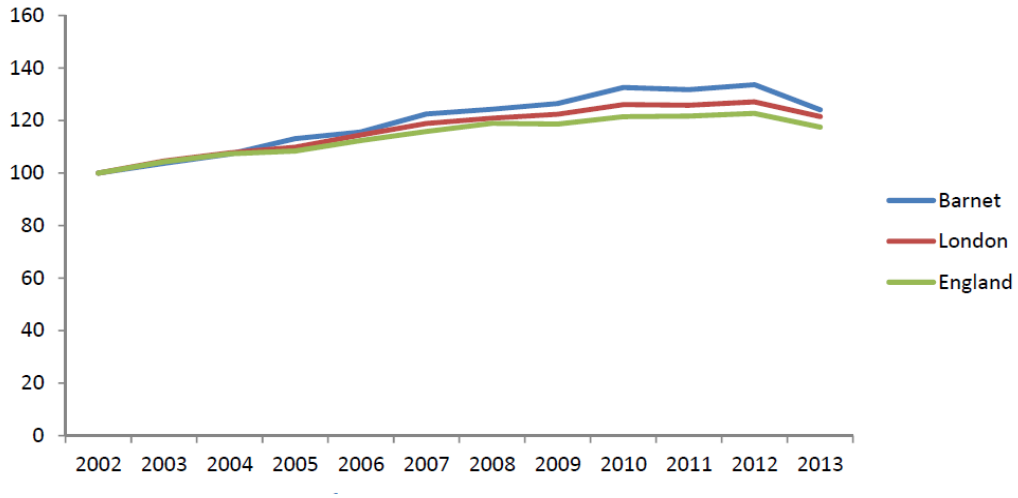


Figure 1: Births Indexed for Barnet, London and England, *GLA datastore*

Infant Mortality

Barnet's infant mortality rate, at 3.5 per 1,000 live births, is slightly lower than that of London or England.

Conclusion

While Barnet's position compared to the rest of London and England is relatively good we are aware that there are pockets of deprivation where we need to be vigilant and where we need to focus our resources; paying close attention to areas with high numbers of young children and high deprivation levels.

3. Safeguarding Context – Key Data Trends

Referral to and Assessment by Children's Social Care

The process through which a child becomes known to Children's Social Care (CSC) begins when the service receives a 'contact'. This is when any agency or individual contacts CSC with information, concerns or a query about a child or family. Since 2013 all of these contacts are received by the Multi-Agency Safeguarding Hub (MASH) which is staffed by the partners whose services have a role to play in the lives of children. The MASH has access to up to date information which helps with decision making. Following a contact, relevant information is pooled within 48 hours (or more quickly if the situation is higher risk) so that rapid, effective decisions can be made which assist in protecting children.

Increase in contacts to Barnet MASH

Between November 2013 and October 2015, there has been a 14% overall increase in contacts to the Barnet MASH. This has resulted in 10% more referrals to Children's Social Care, a significant increase in cases being subject to CAF (see below for the definition of CAF) and 33% fewer referrals being subject to no further action.

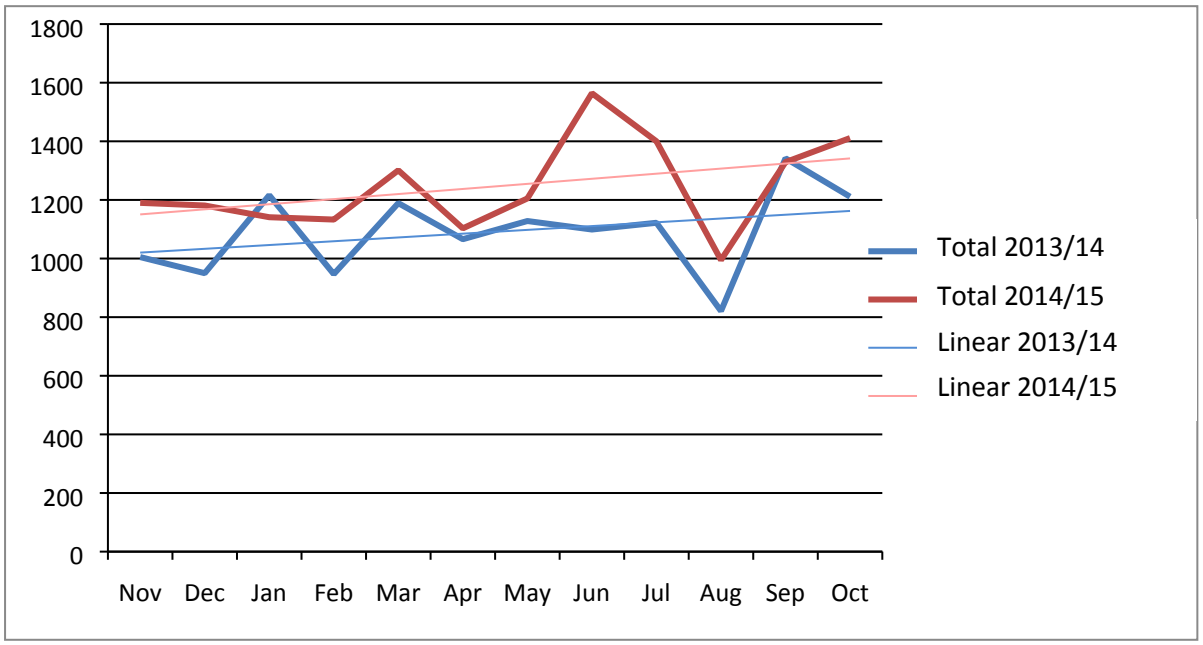


Figure 2: Contacts to the MASH between Nov 2013-Oct 14 and Nov 2014-Oct15

Other Local Authorities have also seen increases in contacts and referrals to Children's Social Care. National figures suggest children's services experienced an 11% increase in referrals between March 2013 and March 2014[2]

[2] Community Care website: http://www.communitycare.co.uk/2014/03/31/child-protection-services-buckling-pressure-demand-outstrips-funding-report/

Why is this happening in Barnet?

We are keen to ensure that children who need help get it and we want all of our partner services to be aware of their responsibilities in helping to keep children safe. We also want them to be able to pass on concerns easily. Figure 3 below shows how over 20 months our partners referred more cases.

The development of the MASH has certainly helped with this. As a result, police colleagues have significantly increased the numbers of referrals they make, as have those involved in early years provision. When a child or young person is showing early signs of need, partner agencies complete a form that is known as a Common Assessment Framework Form (CAF). It is alternatively known as the Early Help Assessment in some areas. The introduction of this assessment in 2007 and its relatively recent routing through the MASH has also led to a noticeable increase in contacts.

We also have a growing population of children and young people. Those wards with the greatest amount of regeneration and housing development have seen the largest increases in referrals.

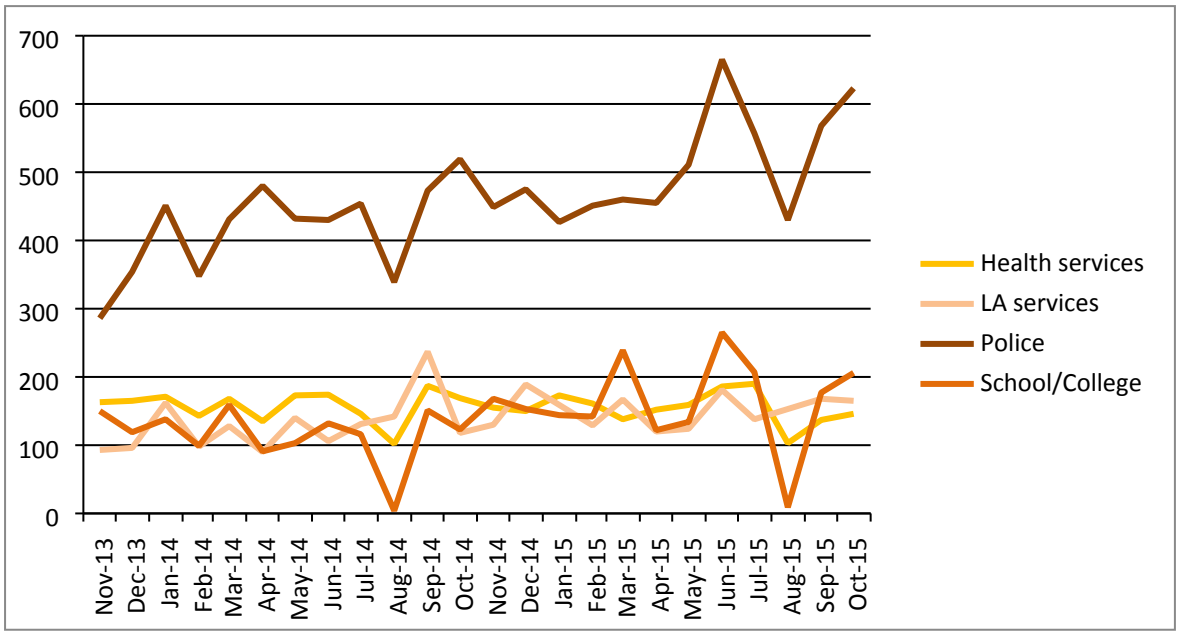


Figure 3: Main Contact Sources Nov 2013 to Oct 2015

Contacts and Referrals

Following receipt of a contact to the MASH the case generated by that contact may be progressed in a number of ways. There may be need for a child or family to receive further support to prevent issues from escalating which we call early help and prevention. In a more serious case London Borough of Barnet will conduct a full social care assessment.

Children and Families Assessment

Children being supported by Early Help and Preventative Services – Common Assessment Framework (CAF)

Because the completion of the Common Assessment Framework (CAF) is the starting point for early help provision we tend to equate early help with the CAF acronym. The CAF is the gateway for many families to access early help services. Over the past twelve months there has been a significant rise in the use of Early Help (CAF) services.

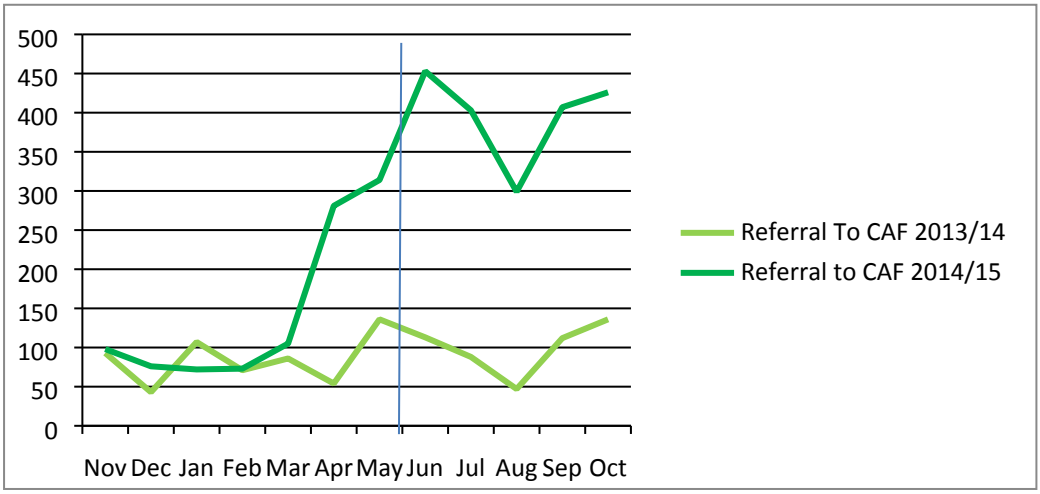


Figure 4: Referrals to CAF Nov 2013-Oct 2014 and Nov 2014-Oct 2015

While we are keen to ensure that every child and family needing help receives it the growth in CAFs can be seen as encouraging and positive, however we are also keen to ensure that CAFs do not endure for too long because that signals a lack of progress. Therefore it is gratifying to see that the increase in the number of CAF cases opened is accompanied by a parallel reduction in the number of CAFs open for longer than nine months. There has also been an increase in the number of CAFs initiated and led by schools. However, the number of CAFs initiated and led by Health services remains low and we are keen to see this number increase.

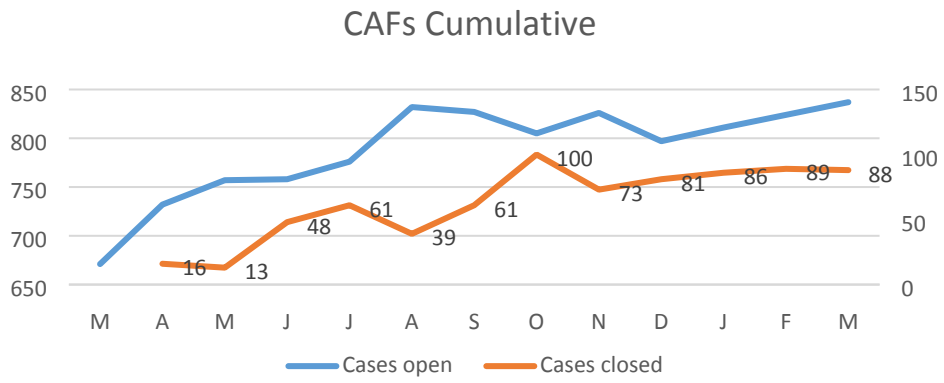


Figure 5: CAFs Cumulative, April 2015 – March 2016

Children in Need (CIN)

A Child in Need (CIN) refers to a child who has been assessed as being unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes disabled children**.**

Barnet's CIN numbers have increased steadily over the course of the past twelve months. Figure 6 below shows the level of children assessed as children in need over the last three years.

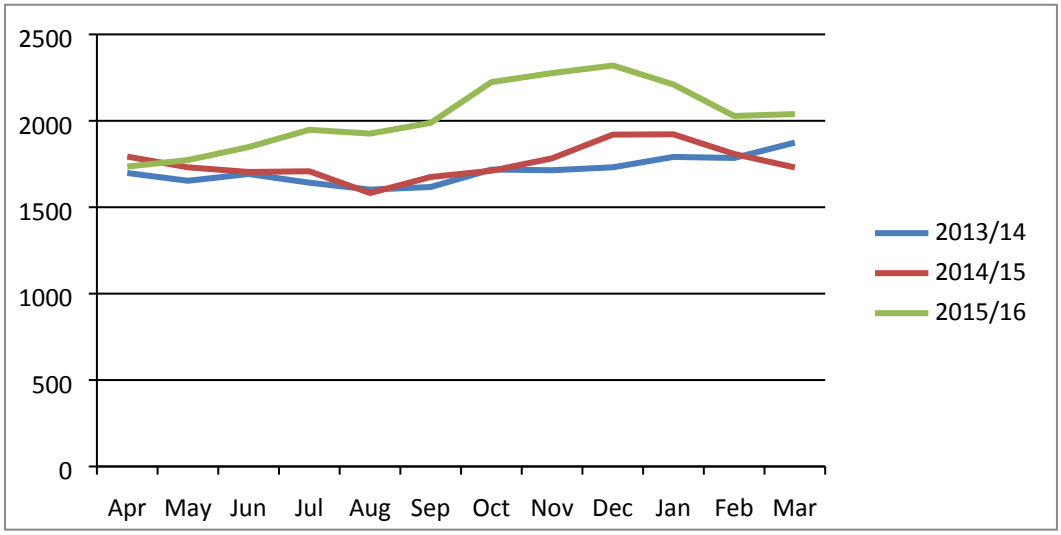


Figure 6: Number of Children assessed as CIN 2013/14-2015/16

Children with a Child Protection Plan (CPP)

Where issues for concern are significant a joint agency conference is held. If that conference concludes that a child or young person is at risk of abuse, s/he becomes a child subject of a child protection plan (CPP). The CPP must identify tasks for different agencies to ensure that such children become and are kept safe.

Over the past twelve months there has been a small increase in the number of children subject to a CPP in Barnet.

At 31st March 2016, 280 children were subject to a CPP. This compares to 258 children on a CPP at 31st March 2015. Each CPP has to be given one of six categories.

The chart below set out CPPs by category. Physical abuse and neglect are the most prevalent categories.

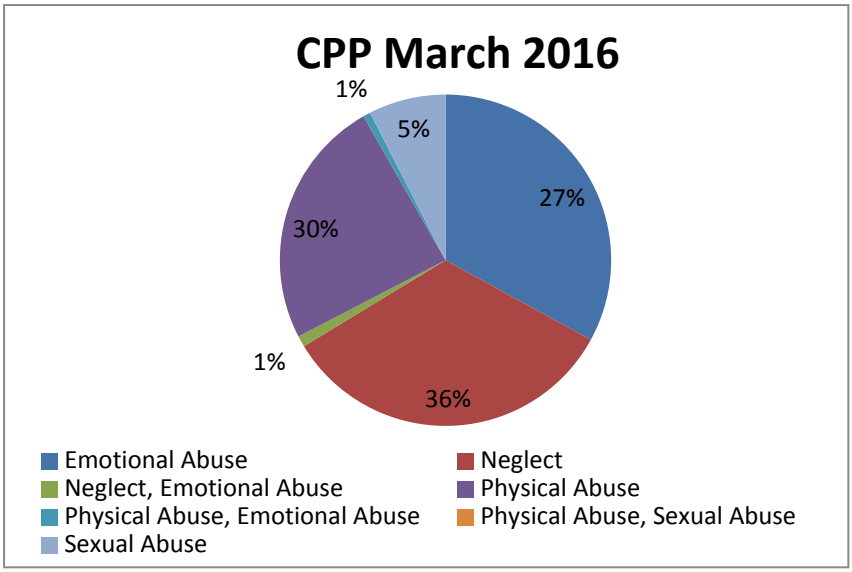


Figure 7: Categories of Child Protection Plans at March 2016

Children in Care

When families for whatever reason are unable to care properly for their children they are taken into care. They are looked after by the Local Authority. This only happens after significant work has been undertaken with them and their families. There is a delicate balance to be struck between removing children promptly from a home where they suffer harm while at the same time working with families to help them become safe and protective places in which children may grow up. Children can only become looked after either with a parent's consent or following a court decision.

The number of Children in Care fluctuates month by month as some children come into care and others leave but broadly the numbers have been stable over the past two years, as the graph shows.

The Barnet Safeguarding Children's Board (BSCB) is particularly concerned about the lives of those that we have taken into care. In a number of well-known cases nationally, children have been sexually exploited while being looked after in the care system. We are determined that our oversight of the processes in place in Barnet that tackle child sexual exploitation and other issues such as children going missing are resolutely protective of these most vulnerable children. We also review the stability of care leavers' lives, the risks that may arise from children being placed away from the local authority area as well as the risk and impact of neglect.

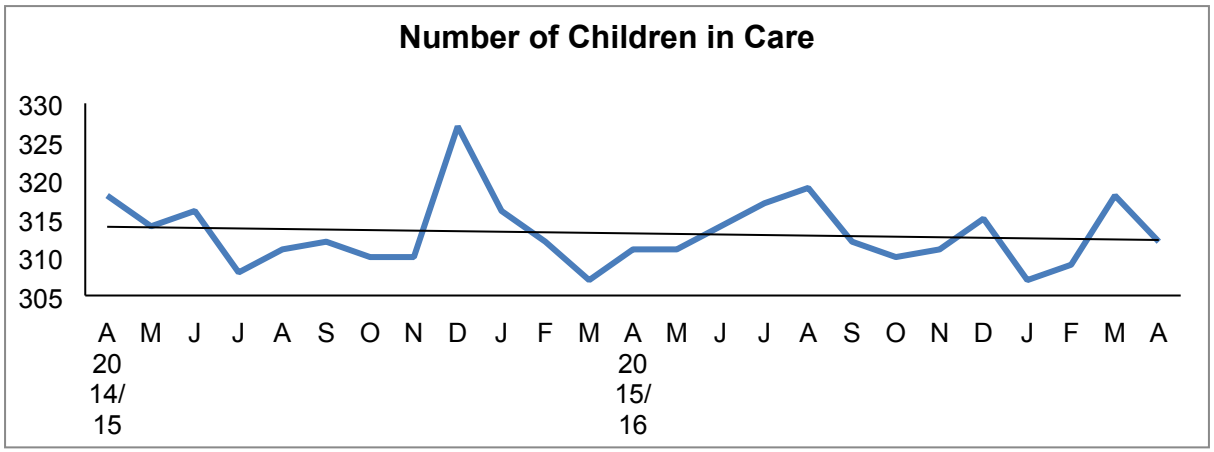


Figure 8: Number of Children in Care in Barnet in 2014-15 and 2015/16

Conclusion

Increase in demand for services: The BSCB has worked with partners to understand and help them manage increases in demand. Given the 42% increase in contacts seen from schools and colleges at all levels of risk, the Board has emphasised the need for strong education representation in the MASH and as of September 2016 education representation at the MASH will increase to a full time post.

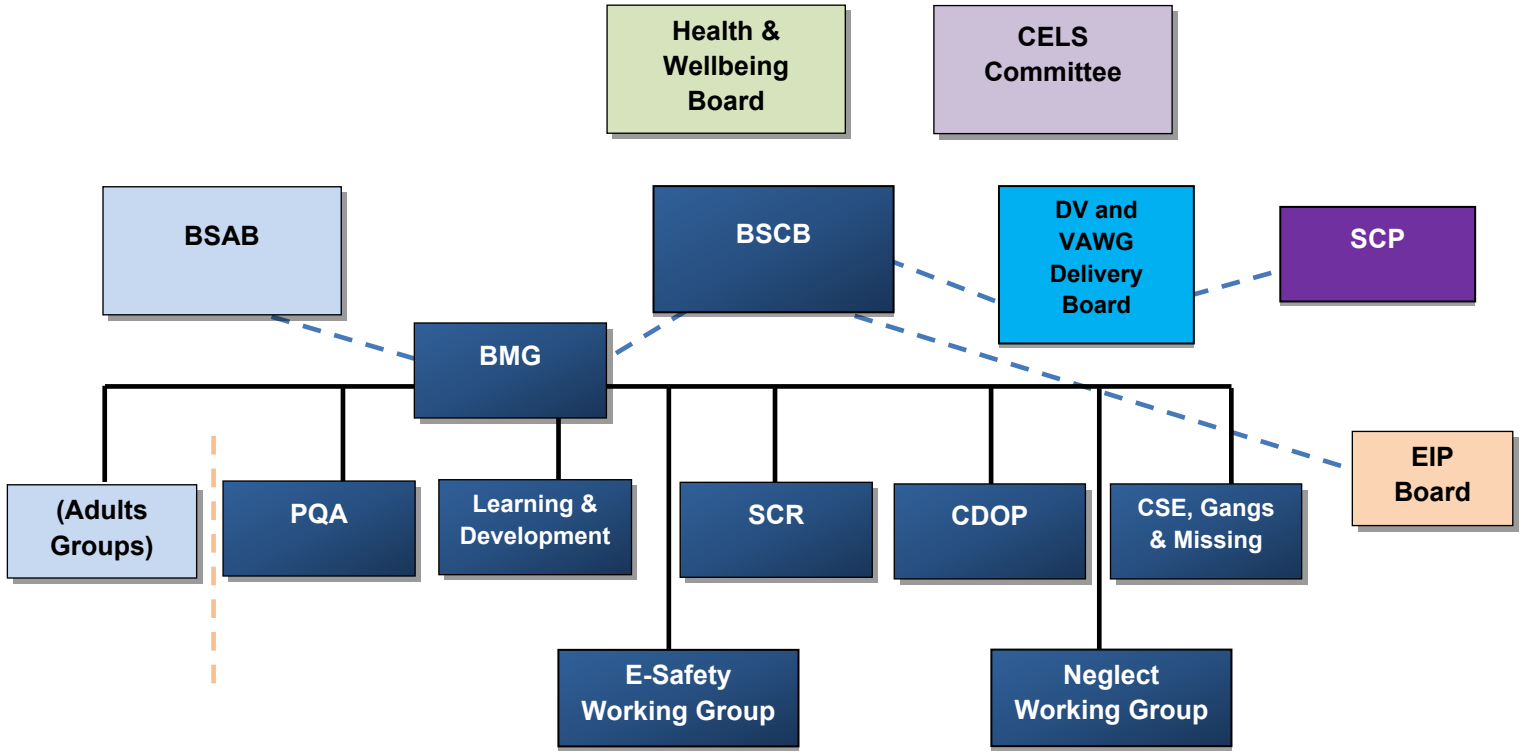
Increase in use of early help services: The BSCB has challenged the partners to increase the number of CAFs they complete, to shorten their length and to increase their use across the partnership, because we want to intervene early and lightly rather than later and more intrusively. There has been good progress in this area but we will work with our partners to increase the number of CAFs and in particular the number of CAFs initiated by children centres and health visitors.

CIN/CPP: Significant work has taken place in London Borough of Barnet to understand these trends and review practice where required**.** Neglect remains a prevalent category for children on a plan and for this reason the BSCB, through its neglect working group, has worked with partners to raise awareness and increase understanding of it. One of the problems experienced by professionals working with families and children where neglect is an issue is to have a common understanding of what constitutes 'good enough' care as opposed to care which is neglectful. The BSCB has agreed to support the use of an objective, data-driven tool called the Graded Care Profile 2. This will help professionals to reach an objective measure of the care of children across all areas of need where there are concerns about neglect. Multi-agency training on neglect and the Graded Care Profile 2 will be rolled out over 2016/17.

4. Board Structure, Sub-Groups and Key Meetings

The Safeguarding Children Board has an Independent Chair and it meets four times a year. In addition to the quarterly meetings, the Board holds special events to provide opportunities for active learning.

Much of the business of the Board is taken forward by its sub-groups which meet between Board meetings. The structure of the Board and it's sub-groups in 2015/16 was as follows:



Key

BSAB – Barnet Safeguarding Adults Board
BSCB – Barnet Safeguarding children's Board
CELS – LB Barnet Children Education Libraries and Safeguarding Committee
EIP Board – Early Intervention & Prevention Board
DV and VAWG Delivery Board – Domestic Violence and Violence Against Women and Girls Delivery Board
SCP – Safer Communities Partnership
PQA – Performance & Quality Assurance
BMG – Business Management Group
SCR – Serious Case Review
CDOP – Child Death Overview Panel

A brief summary of the sub-groups is set out below:

The Business Management Group (BMG) is made up of a small number of senior officers from the main Children and Adult Boards and its job is to ensure that the strategy laid down by both boards is being delivered by partners. It also agrees and monitors budget spend.

The Performance and Quality Assurance sub-group (PQA) scrutinises partner data and ensures that the BMG and the main Board is aware of any performance issues and emerging trends. It also receives reports from the sub-groups and oversees audit and review.

The Child Death Overview Panel scrutinises all deaths of children normally resident in Barnet, with a view to establishing whether a death was preventable. The overall principle of the child death review process is to learn lessons and reduce the incidences of preventable child deaths in the future.

The Serious Case Review sub-group assesses cases to determine whether the criteria for a serious case review (SCR) are met and makes a recommendation to the BSCB Chair on whether or not a SCR should be undertaken. It oversees reviews of complex cases which could provide learning for Board partners, and monitors and drives progress of action plans from reviews or learning events. It also liaises with the Learning and Development sub-group to ensure learning is disseminated and embedded. It highlights learning from national or other reviews or thematic audits.

The Learning and Development sub-group oversees and ensures the effectiveness of multi-agency safeguarding learning and development on behalf of the Board. It is responsible for devising a training work programme. The programme is informed by the guidance in 'Working Together to Safeguard Children' (2015) which recommends inter-agency training as an effective means to helping

professionals understand their respective roles, in developing a shared understanding of assessment and decision-making practice and increased confidence in making referrals across the partnership.

CSE, Missing and Gangs multi-agency board was set up by London Borough of Barnet in recognition of the Board's CSE priority, which is identifying the strategic themes in these three areas, developing synergies and preventing silo working.

The Child's Voice is secured in all activities of the Board and sub-groups through representatives from a number of forums, including Youth Shield, Barnet Youth Board and the Child in Care Council (Role Model Army). This ensures that that we have a child-centred approach to everything the Board does. Youth Shield representatives attend the main board meetings, and have informed and influenced the priorities and action plans for the year ahead. The Council has recently developed a new Voice of the Child strategy, which features Safeguarding strongly and is included in this annual report.

Key Relationships

Children, Education and Safeguarding (CELS) Committee
CELS Committee leads on the Council's responsibilities under the Children Act 2004 and Education and inspection Act 2007 to oversee effective support for children and young people. The Committee is made up of Councillors and co-opted Members. BSCB presents its annual report and business plan to CELS.

Health and Wellbeing Board
The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health. The Board is are responsible for developing and overseeing the implementation of the Joint Health and Wellbeing Strategy and JSNA. The Independent Chair of the BSCB is a non-voting member of the Health and Wellbeing Board increasing the influence of the BSCB by strengthening the relationship with this key strategic group.

Domestic Violence and Violence Against Women and Girls (VAWG) Board
Barnet Domestic Violence and Violence against Women and Girls Delivery Board (BDV & VAWG DB) exists to ensure a robust, coordinated response to domestic violence across the key strategic partnership agendas and drive continuous improvement in the Barnet multi-agency response to domestic abuse and VAWG. The BSCB Chair is a member of the DV and VAWG Board.

Safeguarding Adults Board (SAB)
The BSCB Chair also chairs the Safeguarding Adults Board, thus ensuring collaboration between both Boards and joint working where appropriate.

5. Business as Usual

Board membership, Governance and Attendance

The BSCB aims to ensure agencies work effectively together to promote children and young peoples' welfare and to keep them safe. We work with partners to encourage and challenge a range of organisations to raise their profile. We want to ensure that safeguarding is everyone's business. We continue to have short-life focus groups to learn and improve and to disseminate learning and knowledge. We ensure our work is informed by the voice of the child and the experience of our looked after children.

The work of the Local Safeguarding Children Board (LSCB) is governed by statutory guidance in *Working Together 2015.*

In Barnet, all partners realise the importance of participating and engaging in the business of the Board. To that end, we continue to work on ensuring we achieve a high level of attendance in the wide variety of meetings, through which we do our business.

The membership list at Appendix A consists of named Board members as at the end of 2015/6. As a result of changes to membership and substitutions, members are marked as present if a different representative from their agency attended that meeting.

Next steps:

- Take steps to widen the range of BSCB partners who lead sub-groups or short life work groups.
- Develop the profile of the Board and its activities through key messages communicated to all staff via newsletters and the website.
- Ensuring adequate Business Support to facilitate effective working of the Board

6. Improving Practice

Child Sexual Exploitation (CSE) and Missing Children

In Barnet we recognise that all partners have a contribution to make in identifying children and young people at risk of sexual exploitation. We have tackled this both operationally and strategically.

In 2014/15 an operations group (called the Missing and Sexual Exploitation Group) (MASE) was set up[3]. Realising its importance the BSCB funded the coordinator post for the MASE [4] . Over the course of 2015/16 monthly MASE meetings have taken place, attended by the strategic CSE lead for each agency. The meetings are designed to provide a forum in which to share information and intelligence to help develop an understanding of individual cases where CSE has been identified and to identify trends, perpetrators and hotspots. In 2015/16 the MASE caseload was between five and nine cases per month.

In 2015/16 a Strategic Group (CSE/Gangs/Missing Strategic Group) linking CSE to Missing Children and Gangs was established and in 2015/16, the Group has worked towards an integrated strategy to identify, address and reduce the incidence of children subject to CSE. Closely allied to this work is reducing the number of children and young people who go missing or run away and those who are involved in gang activity.

Disruption and prevention

There are a range of measures that the police can take which can lessen the risk of CSE perpetrators continuing uninterrupted. Some of these measures require a high degree of knowledge to progress and they all require good partnership links. To improve the effectiveness of police tactics they have appointed a dedicated post to enable an increase in activity to curb the criminality of the perpetrators. The police have used a range of tactics. They have pursued prosecutions where possible. Where not possible they have used civil restraining orders, letters of warning and have also worked with partners to remove children from harmful situations.

Prosecution

In a number of cases there has been an opportunity to prosecute serious offenders. Two perpetrators were prosecuted in 2015 and on conviction were sentenced to a total of 17 years imprisonment.

Missing Children

When children go missing it is a matter of serious concern. It can signal that there are issues in their life which point to risk, unhappiness or danger. Further the very

[3] See 'Progress on Priorities and Key Achievements' section, page 35 for more detail about the role of the MASE
[4] Now funded by Barnet as a permanent post.

act of going missing places children at risk; while missing they may encounter circumstances they are ill equipped to handle. In Barnet we take pains to ensure that as a partnership we understand better the risks that children take or face and to deal with them effectively.

All children who go missing are referred for a Return Home Interview (RHI). Where a risk relating to the child is not understood or an additional risk is identified through information sharing, a strategy meeting is arranged. Actions are taken to reduce episodes such as intensive family focus, where a child is regularly going missing from home, and use of the 'be wise' Barnardo's tool kit with the child in order to reduce episodes and risk

Independent Domestic Violence Advocates (IDVAs) in Acute Trust

Children who grow up in homes where there is domestic violence and abuse are at risk of suffering detrimental emotional, physical and health consequences and the disadvantage they suffer can persist into their adult lives. That is why the BSCB is keen to improve partnership services where there is domestic violence and abuse. Health providers are key partners in this work. We are keen to help staff in hospitals recognise and refer domestic violence and abuse cases. Over the last year, we have worked to increase the quantity and improve the quality of domestic violence and abuse referrals from hospitals by supporting the introduction of independent domestic violence advocates (IDVAS); professionals who help with case work and training in a variety of settings.

The Royal Free London NHS foundation Trust has worked with Camden Safety Net to develop a post for an Independent Domestic & Sexual Violence worker based at the Royal Free Hospital to work with patients and staff where DVA has been identified. Where those adults have children the safeguarding team are informed and Children's Social Care is notified.

In August 2015 two more IDVA posts were created at the Barnet Hospital site, within Maternity and Accident and Emergency. This introduction has led to an increase in the number and quality of referrals from these settings and as a result we are confident that the lives of a number of children are likely to have been impacted for the better by this innovation.

Training on absent fathers

During 2015 a social care audit identified that social work practice was inconsistent in relation to the involvement of fathers, in particular those not residing in the family home. For example the views of these fathers were not always included in assessments, fathers were not routinely involved in plans nor consistently invited to multi-agency meetings such as child protection conferences. The BSCB challenged partners about this.

A series of workshops have taken place with team managers and social workers concluding in May 2016 to re-enforce and embed good quality work with fathers. In particular child protection conference chairs have been reminded of the need to be proactive in relation to the role of fathers supporting best practice in this area. Chairs now complete a monitoring sheet which captures attendance at conferences by fathers.

Probation improvement as evidenced in Section 11 Audits

Section 11 challenge panel audits have identified some good practice across our partner agencies. The BSCB noted in particular the work carried out by the National Probation Service in London (NPS) to improve its approach to safeguarding. Since the last S11 audit, NPS has appointed two safeguarding champions in each borough. Their role is to attend quarterly meetings at which changes are discussed and feedback is given. The champions then cascade this information to their teams in the borough. Safeguarding champions also attend London NPS champion courses which facilitates knowledge transfer between organisations.

NPS has also arranged work shadowing between itself and London Borough of Barnet's Children's Social Care. The objective is to gain a good understanding of internal processes to improve working relationships between the two organisations.

7. Deliver and improve the Quality Assurance and Challenge role

Quality Assurance

Section 11 Audits

Section 11 of the Children Act 2004 requires a number of agencies to cooperate with local safeguarding arrangements. Biennially we conduct safeguarding audits of the BSCB partners to see how well they do this. These audits provide reassurance that agencies have effective and robust arrangements in place. They also highlight good and improved practice.

Each agency completes an audit template and is then invited to attend a challenge panel chaired by the BSCB independent Chair. At the panel areas of strength and weakness are highlighted. At the conclusion of the meeting a short summary of the discussion is drawn up along with some key challenges for the respective agencies to progress over the coming year.

This process has been well received by partners. Examples of challenges include:

Probation:

- Develop a process by which information relating to a parent known to London Probation is shared with the child's school where there are safeguarding concerns.

Barnet Clinical Commissioning Group:

- Work with private GPs to ensure mechanisms are in place to share information with health providers and other agencies where there are safeguarding concerns.

Central London Community Healthcare NHS Trust:

- Increase CLCH involvement with the team around the child and CAFs, to ensure needs are identified early in the life of a child and the life of a problem.

WDP Barnet Recovery Centre:

- Work to develop a better understanding of why the proportion of adult clients in structured treatment in Barnet reported to be living with children is considerably lower than the national average.

Progress against the Board's challenge to partner agencies will be reviewed at the next round of audits.

Multi-Agency Audits

In order to monitor and evaluate the quality of partnership working the BSCB draws on a variety of audits, including its own Quality Assurance Audit Programme.

Two audits that we have completed this year are:

1) Monitoring the effectiveness of Child in Need and Child Protection Plans

The audit identified that there was a need to improve:

- The identification and management of risk
- Parental engagement
- Timeliness of casework planning

2) A review of Child Sexual Exploitation (CSE) cases

The audit identified that there was a need to improve:

- How to pursue more SHPOs (Sexual Harm Prevention Orders)
- Information sharing between sexual health clinics and ensuring they are fully engaged in MASE
- Consistency of social work allocation
- The way that GP Practices oversee the care of large complex families the recommendation being that one practitioner should oversee the whole family

Action plans to deliver on the audit findings are in place and progress against all multi-agency audits is overseen by the Board's Performance and Quality Assurance sub-group.

A key challenge for 2016/17 will be to ensure capacity to audit topics and cover other areas requiring audit as identified through the performance framework.

Challenge

Reports to the Board

During 2015/16 the Board has received annual reports from partners and taken the opportunity to challenge safeguarding practice. Any actions are captured and included in the Board's 'action tracker' to ensure that there is a systematic audit trail.

Additional areas of Challenge

In addition to the challenge opportunity offered through the Annual Reporting process described above and challenges set for each organisation through the S11 process, there are other avenues of support and challenge available to partners through its full board discussion and through the BSCB sub group work.

The following is a sample of the challenges we have set.

We challenged:

- The MASH to share more information with other agencies, particularly schools and children's centres when the police on answering a call identify that a child is living in a home where there is domestic abuse.

- Child Protection Conferences to increase their ability to hear the voice of the father, particularly in cases where the parents were living apart.

- The Metropolitan Police Service to be more systematic in its approach to supporting local authorities in managing unaccompanied asylum seekers taken into care, where there was suspicion that the children were victims of child trafficking.

- The Early Intervention Programme to reduce the average age at which children became subject to a CAF and to increase the numbers of CAFs being completed.

- Agencies to find ways of capturing the voice of children under the age of 12.

- London Borough of Barnet to provide the National Probation Service with access to their computer system for the purposes of improving pre-sentence reports.

Certain issues that prevent effective working locally are not resolvable at a borough level, because the solution sits with a pan-London provider. The BSCB and its Independent Chair have been active in taking forward pan-London issues. In particular:

- The Metropolitan Police Service's low level of funding for the two safeguarding boards compared with other large urban forces.

- Access to the Police National Computer information in hospitals where unaccompanied children present for treatment and the acute trusts suspect that the child may have run away.

- The lack of secure accommodation in London for children taken into secure care by the local authority.

Development of a performance framework for the BSCB

The refreshed multi-agency dataset was agreed by Barnet Safeguarding Children Board at the September 2015 meeting. The performance framework helps the Board

monitor partners and ensure they are working collaboratively to deliver against the Board's priorities and identify emerging issues. During each quarter members of the Performance and Quality Assurance Sub-Group ensure the appropriate data from their agency is provided as well as a summary of key trends being seen, highlighting any areas where greater partnership working could help to improve outcomes for children and young people.

Next steps:

- Ensure capacity to audit topics
- Strengthen the system by which the Board tracks progress against audit actions through the PQA sub-group.

8. Voice of Children and Young People:

BSCB recognises the importance of hearing the voice of children and young people in Barnet and has been seeking different ways of ensuring that their voice is heard and that views of children and young people inform the Board's priorities. Youth Shield have a standing item at Board meetings, with a more recent introduction of video questions from Youth Shield challenging Board members on specific topics. This makes the BSCB's take account of what young people say and think. This will be a regular feature over the course of 2016/17.

Voice of the Child

Voice of the Child's vision is that all children and young people have the opportunity to participate in decisions that affect their lives. The Voice of the Child (VOTC) Strategy Action Plan 2015 - 17 and its progress is overseen by a multi-agency Voice of the Child Strategy Group, chaired by the Head of Service for Libraries, Workforce Development and Community Engagement.

Achievements:

The work of the VOTC Coordinator is split across Universal Participation that is open to all children and young people aged up to 25 (Barnet Youth Board, UK Youth Parliament, Young Commissioners and newly formed Youth Assembly) and Targeted Participation open to Children in Care and Care Leavers (London Borough of Barnet's Children in Care Councils - the Role Model Army and Junior Role Model Army). These collective 'Youth Voice Forums' are delivered by the Voice of the Child Team.

As a result of the VOTC Strategy there has a steady increase in numbers and broadening of reach of young people attending in the last year.

Taking both 2015 and 2016 UK Youth Parliament elections into account, just under 20,000 votes were cast by children and young people across over 20 schools, colleges and organisations – thus providing large numbers of children and young people experience of democratic processes.

Voice of the Child successfully delivered Barnet's Youth Convention, which was recognised with a gold award from the Children's Commissioner to acknowledge London Borough of Barnet's approach to embedding the views of children and young people within a strategic priority setting.

Barnet Youth Convention also led to new priorities, as identified by children and young people, being laid down within Barnet's Children and Young people's Plan and the creation of a new Charter for Children and Young People.

Voice of the Child also saw UKYP members being selected for the government's Youth Select Committee two years in a row – directly informing the government's response to mental health provision and tackling racism and discrimination.

Youth Shield

Youth Shield is Barnet's Young People's Safeguarding Board. Facilitated by CommUNITY Barnet and resourced by BSCB, Youth Shield aims to introduce the child's voice into the heart of the Board's business.

Achievements:

Over the past 12 months, Youth Shield has

- Delivered 30 Peer to Peer Healthy Relationships Workshops, to 298 young people in six schools, youth clubs and a hospital school in Barnet. Using youth peer educators, the workshops supported participants in being able to:
    - Identify healthy and unhealthy behaviour in a relationship
    - Understand early warning signs of controlling behaviour
    - Identify different types of abuse
    - Develop an increased sense of self-awareness and how to support friends
    - Know where to go for help
- Run two focus groups on Domestic Violence and e-safety
- Created two short animation films about healthy relationships which can be used as a resource in Youth Shield's healthy relationship workshops funded by the Mayor's Office on Policing and Communities
- Conducted surveys on a range of issues such as police powers and behaviour, and self-harming
- Helped with the design of the CAF process
- Produced a video for the BSCB about an issue it was taking action on

9. Interagency Focus on Key Vulnerable Safeguarding Risk Groups

Children who go missing

When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk whether they go missing from their family home or from local authority care.

Between 1st April 2015 and 31st March 2016 there were 1060 episodes of a child going missing in Barnet. The number of children who actually went missing is 758. Some children go missing more than once and a small number go missing a lot. The average age at which children in Barnet go missing is 15 years old.

To understand better why children run away and what we can do to reduce the risk to them, we have been working with Barnardo's to conduct Return Home Interviews (RHIs). These provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing, or from risk factors in their home.

In the first six months of the scheme, a total of 101 referrals for Return Home Interviews (RHI) were received. The RHIs suggest that most children and young people go missing in order to go and see their family or friends without disclosing their whereabouts and did not consider themselves to be at risk of harm throughout their missing episode. However, all of the young people seen by the practitioner were identified as being at risk of one or more factors, with the most prevalent risk being around personal safety.

The BSCB is working to ensure partners from children's social care, police, health, education and other services work effectively together to prevent children from going missing and to act when they do go missing.

Next steps:

- Ensure all children and young people reported missing are being referred for a Return Home Interview.
- Streamline the referral process to improve the speed that referrals are being sent to Barnardo's and work to improve awareness of the importance of 72 hours deadline.
- Work in partnership to address patterns identified in the report compiled from analysis of RHIs.

Private Fostering

Children and young people who go to live with adults outside of their immediate family following an arrangement made by their parent or carer are 'privately fostered'. It is important that these private arrangements are made in the best interest of the child and that they are made openly. There has been a significant reduction in the number of notifications of children in these arrangements over recent times.

We are concerned to ensure that CSC is notified of private arrangements in place and so a range of initiatives have been undertaken in Barnet to highlight the importance of this to existing and potential private foster carers. The BSCB is concerned to ensure privately fostered children are known about and that they are safe.

Next steps:

- Partners and agencies need to be responsible for awareness raising with their staff and ensure that children in these arrangements that are known to them are referred for assessment.
- The BSCB will work with partners to produce publicity material.
- Private Fostering will feature as part of Safeguarding Month 2016.
- Children's Social Care and Education will be working together to raise awareness through the Head teachers forum, school admissions team and through the work of Children Centres.

Managing Allegations against Professionals – the Local Authority Designated Officer (LADO)

When an allegation is made against a professional or a volunteer who works with children, whatever sector they work in, it is important to ensure that that allegation is dealt with speedily and properly. It is the role of the LADO to ensure the effectiveness of the allegation handling process. Sometimes members of the children's workforce outside of their work become the subject of concern in relation to working with children. The LADO also deals with these matters.

There has been a steady increase in referrals to the LADO year on year since 2012 and in 2015/6 there was an increase in referrals by 12.2% (179 to 218) compared to last year.

The BSCB has run a programme of awareness-raising about the role and function of the LADO and that may be the cause of some of the increase as organisations better understand how to refer cases.

Referrals are categorized by type, and physical abuse is the highest category followed by neglect. Most referrals are made by schools and other educational establishments. The referring agency is not always the setting of the allegation. Most referrals are not serious. Those that are substantiated following a thorough enquiry will lead to a disciplinary process which will then determine whether and to what extent an employee or volunteer is safe to continue working with children.

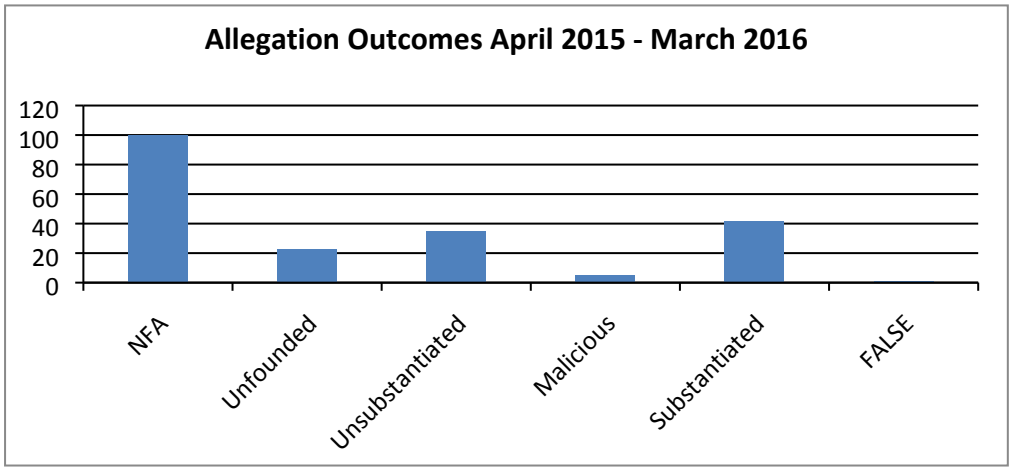


Figure 9: LADO referred allegation outcomes, April 2015 – March 2016

Barnet Young People's Drug and Alcohol Service (YPDAS)

YPDAS is a borough-wide service for under 18 year olds who have, or may be at risk of having problematic drug or alcohol use. It delivers a range of services from information provision to treatment and family work.

All young people assessed at YPDAS are offered a family intervention. Wherever possible, families are involved in the process. Parents are also offered the opportunity to attend a parenting programme and on completion are offered a monthly support group.

A recent review of the service identified some gaps which YPDAS is working to address:

- A need to improve the knowledge of both specialist and mainstream staff to identify and address low-level drug and alcohol issues including new psychoactive substances.
- Young people attending Accident and Emergency departments for alcohol or drug related issues should be systematically followed up with an offer of support and intervention to reduce risks, and prevent further attendances.

- Transition between young people's and adult treatment services can be difficult and adult services are often felt to be inappropriate. Based on individual assessment, the age range of YPDAS is to be extended to 24 years.

The new service which begins on 1st September 2016 will address these issues.

CAMHS

High-quality and accessible mental health support for children and young people offered early and developing resilience can both improve life chances for individuals. They also reduce reliance on costly public services later in life. This has been sharply brought into focus for Barnet in the past year following the publication of the serious case review into the death of child A; a young person who had mental ill-health issues.

In the past year 2807 children and young people were referred to Barnet CAMHS, compared to 2139 in 2014-5. This is an increase of 31%.

1913 children and young people were accepted for assessment in the past year, compared to 1775 children and young people during 2014/15. This is an increase of 8%..

In addition to this, 160 Barnet children attended hospitals as emergency patients where they were suffering from mental ill health issues. In the previous year it was 144. Two thirds of these attendees are aged 16 - 19.

The BSCB wants children who are referred to CAMHS to be seen quickly. The agreed waiting times are for children and young people to be assessed within 13 weeks of referral. Last year 98% of children and young people were assessed within 13 weeks.

In October 2015, the Clinical Commissioning Group published the Barnet CAMHS transformation plan for 2015 - 2020. This outlines practical steps toll improve mental health support to young people. New funding has been allocated over this period to develop work in a range of areas. Schools and pupil referral units will receive nearly £600,000 to help them manage the demand that they experience in their sector. There will also be more funding to help manage eating disorders among children and young people. Better communication with young people and work to improve IT and website functioning will also receive funding.

Next Steps:

The BSCB recognises the importance of effective multi-agency services for children and young people with mental health issues, and children and young people who self-harm. This has been agreed as a BSCB priority for 2016/18.

10. Progress on Priorities and Key Achievements

The BSCB has been following a two year work plan concentrating on four priorities:

- Child Sexual Exploitation (CSE)
- Child Neglect
- Domestic Violence and Abuse
- E-safety

Over the past year we have made good progress through our partnership working in delivering improvement and change against each of our priorities. We still have a way to go in a number of areas. Achievements and continuing aspirations relating to each priority area are outlined below.

Priority 1: Child Sexual Exploitation

Multi-agency Sexual Exploitation Panel (MASE)

The MASE is a monthly gathering of experienced operational and intelligence staff from all the main agencies whose role is to ensure effective action is taken to protect children from CSE and to deal with those who perpetrate CSE crimes. It has oversight of all CSE cases whatever the risk level[5]. Its role is to develop prevention strategies, identify emerging trends, and to encourage and promote disruption strategies. It also secures support for victims and works closely with the police to prosecute perpetrators.

In 2015/16 it dealt with between five and nine cases per month. To ensure that the right cases are referred properly we also have a CSE/Missing surgery.

Much CSE is hidden and so identification has been a focus on the work of the MASE in the past twelve months. We now believe that there is a good understanding of those who are subject to CSE. MASE is particularly keen to monitor and take quick action in cases where the subject becomes a repeat referral.

Council officers are currently profiling the roles and responsibilities of MASE members i.e.; what it is they and their agency can offer in the way of contribution to disruption and protection of children at risk of CSE.

CSE Champions

.Each agency now has at least one CSE champion and there are now 45 trained leads across partner agencies.

Each champion:

- Keeps up to date with developments, policy and procedures in relation to CSE

[5] Each case is given a risk level, with one being low and three being high.

- Acts as a point of contact for disseminating information from the BSCB
- Provides advice and signposting in relation to individual cases

The CSE champions meet quarterly and are continuing to work on producing a resource pack for all primary and secondary schools in Barnet.

Intensive schools approach

The intensive schools approach has been taken up by five secondary schools. This involves groups undertaking healthy relationships workshops. These cover consent, staff workshops for early identification of CSE and sexually harmful behaviour, and review of policy and guidance. Engagement from all the safeguarding leads at these schools has been excellent and the programme has been taken up with enthusiasm.

Young People's Views

As part of CSE audits, young people were interviewed with particular focus on what they felt about CSE interventions, what did not go so well and what would they advise should be done differently. The views of Looked-After children who have been victims of CSE have also been sought.

Summary of Key Achievements:

- Effective CSE and Missing procedures are in place and operational.
- The voice of young people has been used to inform prevention strategies.
- CSE multi-agency audit conducted with input from all partner agencies, highlighting good partnership working.
- 45 CSE Champions working across partner agencies.

Next Steps:

- Develop preventative strategies which will work to ensure young people have a good understanding of the risks of CSE and what constitutes healthy relationships.
- Ensure young people have forums at which to air their concerns.
- Consider additional services to CAHMS to support victims of CSE.
- Further develop the Early Intervention and Prevention offer relating to peer on peer abuse.
- Work to ensure all young people who go missing are offered a Return Home Interview.

Priority 2 – Neglect

Nationally neglect is the most common of the four categories of child abuse (which include physical, sexual and emotional abuse), and in Barnet in 2014/15, 49% of children were under a Child Protection Plan as a result of neglect by initial category.

Neglect of a child can be identified by staff in universal and targeted services across a range of organisations and members of the public.

Using insight data and expertise from across the partnership, a Neglect Strategy 2016-19 was developed by the neglect sub-group and signed off by the Board in January 2016, in order to determine the vision and key areas of focus for this agenda. The aim for the Neglect Strategy is:

- To improve outcomes for children suffering from neglect in Barnet by partners intervening as early as possible.

This encompasses three objectives:

1) Raise awareness and increasing understanding of neglect.
2) Apply correct thresholds and use agreed assessment and monitoring tools.
3) Recognise, assess and support children at the earliest possible opportunity.

A number of the strategy's aims have been advanced over the past year:

- An insight exercise has been undertaken, using audit, data and expertise from across the partnership, to understand the extent and nature of neglect in Barnet, which informed the strategy.
- Following an options appraisal of neglect assessment tools, the Graded Care Profile 2 (GCP2) was recommended by the sub-group and signed off by the Board. London Borough of Barnet is liaising with the NSPCC around this and intends to join phase three of the GCP2 pilot.
- The multi-agency specification for neglect has been refreshed to reflect contemporary research, and the refreshed training will be rolled out from Autumn 2016.

Summary of Key Achievements:

- Insight: increased understanding of prevalence of neglect across the borough, with particular attention to Colindale, Burnt Oak, Oakleigh and East Barnet wards which have higher number of neglect cases.
- Neglect strategy has been put in place.
- Adoption of the Graded Care Profile.

Next Steps:

- Developing a clear menu of interventions for practitioners to assist them once neglect has been identified.
- Recruitment of Neglect Champions from across the partnership to champion Neglect and provide training and support for the GCP2.
- Roll out refreshed multi-agency training on Neglect and the Graded Care Profile

Priority 3 – Domestic Violence and Abuse

Domestic Violence and Abuse is a priority for the BSCB because living with parental interpersonal violence and abuse does so much damage to the long term prospects for children. Their physical and mental health suffers and their ability to learn at school is diminished.

Domestic Violence and Abuse is present in all communities and among all age groups. There is a strategic group in Barnet which oversees all aspects of service delivery in relation to this problem but the BSCB ensures that the needs of children are kept to the fore.

Across the partnership we want to identify Domestic Violence and Abuse early, provide support to victims, manage the perpetrators of abuse and protect children from any harm that they may suffer.

Early Identification

We have supported the establishment of new independent domestic violence advocate (IDVAS) posts in our local hospitals. This has seen a significant rise in cases identified in our hospitals. We have established a project (known as IRIS) for delivering training to local GPs to help them identify more cases earlier.

Victim Support

We continue to work with our multi-agency risk assessment conferences (MARAC) where the cases of high risk domestic violence and abuse victims are managed by a number of agencies. The number of cases discussed this year was 278 which was less than 2015 (306) but the number of repeat cases (where a further incident occurs within a 12 month period) rose from 8% to 12% of cases. We have increased the number of refuge places for women with children where domestic violence and abuse is of such a nature that the victims need to relocate.

Managing Perpetrators

Barnet police recorded 11% more domestic violence and abuse crimes in the past year compared with the previous 12 months, which is higher than the Metropolitan Police Service's overall rise of 8%. They have increased their use of their powers to ban perpetrators from the family home. The numbers of men completing perpetrator programmes remains lower than we would like to see, but we have commissioned a new service for 2016 with a view to improving this.

Protecting Children from Harm

Children identified as being present in a home where there is domestic violence or abuse are flagged up in the MASH and their cases assessed. A Domestic Violence worker now sits within the MASH and there are Safer Families (DV) workers within the CAF team to undertake early intervention work.

Summary of Key Achievements

- Increased Use of Independent Domestic Violence Advocates (IDVAS)
- Improved Child focused approach at the MARAC
- IRIS programme agreed and funding secured
- Increased use of police powers to ban perpetrators from the family home

Next Steps

- Increase the number of referrals to and completion of perpetrators programmes.
- Ensure perpetrator programmes collect information on dependent children.
- Support further increase in IDVAs in the Mental Health Trust.
- Improve the engagement with fathers in child protection planning meetings.
- Improve information sharing with schools.

Priority 4 – E-safety

In response to the e-safety priority identified by the Board, we have created an e-safety group, which has been running for the past 18 months to support the work on schools in developing e-safety practices.

The e-safety group includes head teachers; school based computing leads and e-safety advisors along with colleagues from children and family services. Recently the

group has benefited from the involvement of the Barnet Prevent coordinator and the Schools Safeguarding officer from the Education Welfare Team.

The group has produced e-safety newsletters for schools and over the course of the year has gained feedback from schools which has sharpened the focus of communication.

E-safety advice for young people and professionals is available on the BSCB website, offering tips on how to stay safe online, how to report behaviour that makes a young person feel uncomfortable and links to useful websites as well as online safety guidance for schools.

Summary of Key Achievements

- Raised awareness and understanding of e-safety issues amongst schools, parents and carers through pollicisation of e-safety policy resources and online training through school circulars and e-safety resources on BSCB website.

- E-safety conference for schools to raise awareness of latest e-safety issues.

Next Steps:

- Collection of data on child abuse cases where internet facilitates abuse.
- Delivering training on effective coping strategies for children and young people and peer support for online bullying.

11. Partner Contributions to Safeguarding Children

London Borough of Barnet Family Services

Family Services implemented a service transformation at the start of 2015-16 year to provide a better model of delivery. Work has been undertaken since to embed the structure and streamline processes.

During 2015-16, there was a 14% increase in contacts to the MASH, 10% more referrals to social care, a 191% increase in Common Assessment Framework Assessments (CAF), and 33% fewer outcomes of NFA (No Further Action) at the point of contact. This increase had a significant impact on many Family Services teams.

The number of cases proceeding to court for orders or care proceedings has risen. This reflects the national trend. Changes to Family Services' establishment has enabled us to manage this extra demand. Caseloads are now smaller and the timeliness of assessments has improved. Discussion at the BSCB identified that similar demand increases were evident in other partner agencies during the same time period.

During 2015-16, Family Services identified a number of key themes for improvement:

- Developing a clear social work practice framework to improve consistency of practice
- Recruiting and retaining sufficiently skilled and experienced social workers
- Ensuring sufficient strategic partnership working is in place
- Increasing the voice of the child in strategic planning
- Engaging councillors in delivering their corporate parenting responsibilities
- Improving the availability and quality of performance management information
- Verifying quality assurance frameworks
- Addressing underperformance in specific teams
- Addressing the relatively high number of children and young people placed at distance from the authority
- Ensuring that key partners of universal provision are participating effectively in managing early help within their settings

There has been significant improvement work taking place in Family Services in recent months. The launch of the Children and Young People Plan 2016-2020 sets out the vision for Family Friendly Barnet, to develop resilient families and children.

The theme of resilience[6] reflects Family Services' ambition for strong communities in which children can thrive and achieve. Resilience involves looking for strengths and opportunities to build on, rather than for issues or problems to treat. Staff have

[6] Resilience is the ability to bounce back from stress and adversity and take on new challenges, leading to better outcomes (Pearson & Hall 2006, adapted)

attended workshops to embed the resilience based practice model. The BSCB has added resilience as an additional priority for 2016-17.

A recent review of corporate parenting arrangements (Barnet's parenting of those children it has taken into care) has led to a recent joint motion by councillors to adopt and launch an ambitious pledge to children in care and care leavers.

MOMO (Mind Of My Own) is a new app to allow children and young people to tell us their views and opinions at a time of their choosing. This has been tested and approved by Barnet children in care. It will provide a smart way for children and young people both in and leaving care to make their views known to us.

The quality of both of Barnet's children's homes has always been strong, with Ofsted ratings of Good, but recently one of the homes has been rated Outstanding by Ofsted.

Learning from Reviews

Family Services have in the past twelve months revised the way Family Services quality assure (QA) work. The annual review of this for the period May 2015 - April 2016 has identified signs of improvement. The practice evidenced through audits has also shown some improvement although there is a lack of consistency. This will remain an audit theme for Family Services.

Family Services now have a practice improvement plan. Family Services will be concentrating on this over the next twelve months so that the Family Friendly Barnet vision.

Areas for further development

Family Services have three development priorities

1. Workforce development – purposeful social work practice in Barnet

The objective is to empower and equip the social care workforce to understand the importance and meaning of purposeful social work in Barnet.

2. Consistency of quality and process

The objective is to ensure that Barnet's organisational culture, systems and tools support the delivery of high quality social work, through:

3. Workforce development – growing effective social workers

The objective is to retain, attract and grow a cadre of effective social workers who are child focused, curious and inquisitive about what they are seeing and assessing through:

- More effective recruitment and retention methods

- Instilling more rigorous and robust performance management
- Implementing tools to better understand workforce performance
- Commissioning a learning and development core programme
- Developing a Practice Academy

Barnet Police

Missing and CSE

Barnet Police have increased the number of officers working within the Missing Persons' Unit. The Metropolitan Police Service has revised its policy for dealing with missing persons. This requires closer scrutiny of the initial investigation and enhances the supervision requirement of on-going investigations.

There is a link with the progress of the CSE work undertaken with partners. Barnet Police is keen to deploy police powers and civil orders to safeguard children at risk from CSE and other abuse. Local training and corporate training has been completed to develop this work.

Neglect

The numbers of children and young people placed under emergency police protection continues to grow. Officers on attending an address where children are in significant need recognise the need to safeguard children from harm. This aspect of police safeguarding capacity has also been the subject of corporate and local training.

Mental Health and Wellbeing

60 officers from Barnet have undertaken a City and Guilds qualification for the Mental Health Awareness and Safeguarding programme. The training was funded by the Home Office Innovation Fund and was aimed at staff based in Borough gangs Units, Safer Schools, Community Safety Units, Missing persons, Youth engagement, Young offending and the Multi-Agency Safeguarding Hub.

Gangs

The Borough has developed and progressed work within the gangs unit alongside partners, to safeguard individuals involved in gang activity.

Female Genital Mutilation (FGM)

All front line officers have been trained in FGM matters, working with partners to investigate such allegations and to take preventative actions where possible. All leads are progressed following any allegations made.

Domestic Abuse (DA)

Barnet Police continues to work with a wide range of partners in relation to DA issues and to tackle the impact of such offences on individuals. This has seen improved referral pathways thorough the MASH and clarity around the referral thresholds with an agreed way forward with partner agencies.

The MPS has developed with NHS England and London Councils an information sharing agreement to cover a wide range of safeguarding issues.

Learning from Reviews

Barnet and Harrow police Boroughs joined their CID departments in June 2015, with Community Safety Unit matters being progressed at Harrow and general investigative functions at Barnet. A review of these arrangements has led to a reversion to the previous structure. This is due to be in place by the start of September 2016.

This change in the Barnet Police structure will assist to ensure that good practice from Serious Case Reviews and Domestic Homicide Reviews can be better cascaded to Barnet staff.

Police Child Abuse Investigation Team (CAIT)

CAIT deals will all allegations of sexual, violent or abuse crime where there is a child victim and the perpetrator is known or suspected to be a family member or some other person who has a duty of care towards the child, such as a teacher or a church volunteer.

In the past year Barnet has recorded 449 allegations of this type of crime. The officers and staff who deal with these matters cover Enfield as well as Barnet. Both boroughs have had an increase in reported crimes and as a result additional resources have been allocated to the two boroughs. In 27% of Barnet's crimes the police gathered enough evidence to lead to a prosecution or a caution. This compares with the London-wide average of 25.5%

Areas for further development:

CAIT have London-wide staffing concerns. Investigating child abuse requires expertise, which it takes time to acquire. CAIT has a lot of inexperienced officers at this time. This is not solely a Barnet problem. It will take some time for the MPS to deal with this issue.

London Fire Brigade (LFB)

The Deputy Head of Community Safety is now the appointed lead officer for safeguarding and has conducted fire related safeguarding training for a number of partners and is supported by members of the Community Safety team in discharging this function.

The Brigade's on-going commitment to safeguarding has been demonstrated through an audit of staff which has concluded that all staff, including senior staff, have a good understanding of safeguarding.

The LFB is currently updating a number of procedures and means of working. These include

- Establishing a new database of both historic and current safeguarding referrals
- Reviewing LFB policies
- Commissioning a new programme of safeguarding training for the LFB

The LFB has a dedicated safeguarding mailbox which is monitored daily by the Community Safety Team for the purpose trend identification and ensuring safeguarding compliance

Learning from reviews

Many LFB Borough Commanders (BCs) are a member of their local Safeguarding Children's Board. Each BC reports any safeguarding concerns through their LSCB and engages in multi-agency partnerships as appropriate. Any learning is shared by the BC within the LFB through the process of 'Family Group' workshops where groups of boroughs discuss good practice and issues. These are then shared out across all boroughs in the LFB.

Areas for further development:

The newly commissioned safeguarding training has been rolled out less quickly than expected. LFB will also be looking into the use of level one training through the local authority computer-based training packages to complement this.

The community safety team monitor all child safeguarding referrals for the LFB across London and look to identify trends and to ensure that policy and training reflect these trends.

Community Rehabilitation Company (CRC)

The CRC supervises all adult offenders in London who have been released from prison to prison or are on a community penalty following a court conviction but are not high risk. A child safeguarding performance framework was launched in 2015, to measure and evidence the performance of routine tasks. The four key practice areas measured are as follows:

- Initial check to social services
- Response received to initial check
- Management oversight
- Home visits

A lot of work has been undertaken in the past 12 months to raise awareness of frontline staff regarding London CRC's safeguarding responsibilities:

- Regular safeguarding children practice messages on subjects such CSE, Missing children, violent extremism, gang affiliation, the impact of parental mental ill health and substance misuse and guidance on making referrals to children's social care
- Implementation of the safeguarding children performance framework
- Internal conferences held for children's champions
- Briefings to middle managers regarding safeguarding policies and procedures

In addition, London CRC commissioned an independent audit of safeguarding practice across the organisation to inform future improvement plan.

In December 2015, following an organisational re-structure, CRC launched a new central MASH process intended to increase the quality of information provided in cases where the adult is actively managed by the LCRC.

Areas for further development

- Performance framework will be reviewed and refined to increase effectiveness
- Deliver action plan to improve safeguarding practice, as set out in the London CRC Safeguarding review in May 2015
- Raise awareness of safeguarding responsibilities to all frontline staff

London Probation

The National Probation Service (NPS) manage offenders who pose a high/very high risk of harm to the public many of whom are subject to Multi Agency Public Protection Arrangements (MAPPA).

Whilst NPS London works directly with adult offenders, a lot of the work NPS does impacts on the children and families of adult offenders. For example:

- Approximately 200,000 children are affected by parental imprisonment each year.
- 25% of men in Young Offender Institutes are, or are shortly to become, fathers.
- More than 60% of women prisoners are mothers and 45% had children living with them at the time of imprisonment.

These children are often adversely affected through no fault of their own and the outcomes for children of prisoners are poor. In addition, many of these children have complex needs and are from socially excluded families.

NPS London revised its safeguarding children policies and procedures in March 2015 to better support staff with prompt identification of the additional vulnerabilities of some children: e.g. race and disability.

NPS's current procedures emphasise the need to pay particular attention to safeguarding children issues throughout the offender's journey in the Criminal Justice System and the NPS works with a number of statutory and other partners to achieve this.

At the first point of contact with an offender the NPS explores their social and family circumstances. Sometimes information requests can be made to Children's Social Care (CSC) departments as part of fulfilling their safeguarding statutory duty. Given NPS's presence in the Courts, NPS is well placed to identify children that may be at risk and offenders who pose a direct risk of serious harm to them.

Probation officers routinely undertake home visits, sometimes in conjunction with social workers, through which the NPS is able to ensure the safety of children.

A network of safeguarding children champions is in place, locally and pan-London, that are the first points of contact for advice and support for practitioners working with cases where there are safeguarding or child protection concerns.

Child Sexual Exploitation (CSE)

The NPS contributes to the work to tackle CSE by working with adults convicted of sexual offences – both while they are in prison and on release. The NPS delivers Sex Offender Programmes to reduce the risk of a perpetrator going on to offend again. In January 2016, the NPS launched the Offender Manager's Guide for working with CSE cases and this is being disseminated across the organisation.

As part of the NPS's Children and Families work it has recently developed a set of specific services for female offenders.

Management Oversight

Annually NPS conducts two audits which assess the quality of risk assessments and risk management and sentence plans. These assessments must include any identified risks to children and NPS audits check compliance with this requirement. Any learning from these audits is then disseminated to NPS staff at individual, local and London-wide levels.

Areas for further development

- Develop a better understanding of the value of home visiting and engaging not only with the offender but their wider family network.
- Improve the way the NPS uses powers to request information from offenders. This will enable the identification of any children within the family. Furthermore the NPS needs to be more effective at identifying safeguarding concerns when the offence of which the offender has been convicted is not related to children.
- Increase collaboration between Offender Managers and allocated Social Workers in the assessment of family circumstances.

Barnet Clinical Commissioning Group (CCG)

The CCG has throughout 2015/2016 continued to work with the BSCB to embed the Board's priorities across healthcare in Barnet.

In response to these issues CCG in conjunction with Barnet Public Health ran two multi-agency conferences in March 2015 and April 2015 on Child Sexual Exploitation; Female Genital Mutilation and the impact of Domestic Violence on Families .

Some medical professionals take on specific responsibilities for safeguarding. The CCG is responsible for ensuring that there is in place a team of designated professionals who can provide strategic leadership and professional expertise to safeguard children. The Designated Nurse, Designated Doctor and Named General Practitioner are all members of Barnet Safeguarding Children's Board and its sub-groups. The CCG also ensures those providing health services are also represented on these boards at the appropriate level of expertise.

Health practitioners are best placed to identify Female Genital Mutilation (FGM), and for that reason the CCG's Designated Nurse and Doctor and Named GP have worked with the BSCB to ensure that health professionals are following Department of Health guidance in respect to how professionals should support women who have experienced FGM. This work also identifies female children who are or who may be at risk. Risk assessments have been developed within maternity units to include plans to inform General Practice and health visitors of a woman's FGM status on birth notifications.

In November 2015 the CCG was assessed by NHS England as good in relation to its safeguarding procedures, oversight and management.

Learning from reviews

Safeguarding was a key element of the CCG Annual General Meeting in September 2015 and Dr Danya Glaser presented on Factitious Illness and Perplexing Presentations to the General Practice membership in attendance

At least two multi-disciplinary meetings regarding families with children with perplexing presentations have subsequently taken place.

Areas for further development

The NHSE safeguarding deep dive identified that some providers are not meeting training requirements. For children's safeguarding this applies mainly to Prevent training and also Level Three Safeguarding Children training. The CCG safeguarding team will monitor this situation and the action plans for improvement of the providers concerned.

Towards the end of 2015 children being taken into care were not all receiving a timely medical assessment. This has been improved by the CCG commissioning team collaborating with the Looked After children's team to recruit additional doctors to provide medicals for these children. This will receive continued monitoring.

Royal Free London NHS Foundation Trust (the Royal Free)

Safeguarding remains one of the fundamental components of all healthcare provided by the Royal Free. As a healthcare provider the Royal Free is required to demonstrate that it has strong safeguarding leadership and a commitment to safeguarding at all levels of the organisation. All safeguarding activity is monitored each quarter by the integrated safeguarding committee which is chaired by the Director of Nursing.

Over the last 12 months, the Royal Free has recruited two safeguarding children advisors (SCAs) who support the frontline workers undertake their safeguarding responsibilities. One SCA is based at the Royal Free Hospital and one is based at Barnet Hospital and also covers Chase Farm.

The Royal Free has also introduced:

- Greater rigour in the departmental weekly multi-disciplinary meetings in relation to documentation of actions and outcomes for cases discussed
- A weekly audit of safeguarding compliance in the emergency department
- An increase in safeguarding supervision for staff, including the paediatric consultants at Barnet Hospital
- Improved working with the paediatric liaison health visiting service at Barnet Hospital
- Increased training figures
- Training for CSE champions
- Three independent Domestic & Sexual Violence Advisors are now in post supporting patients and staff where domestic violence is identified
- Areas of policy development including female genital mutilation, allegations against staff and the Prevent Duty – in relation to Prevent this is now the subject of mandatory training

- A routine for ensuring accurate data on children flagged on the system who are subject to child protection plans

Learning from reviews

The following points have been developed as a result of learning from SCRs:

- When a child or young person is a patient on the paediatric ward and they are under the care of another specialty, such as orthopaedics or surgery, the paediatric team must still discuss the case on the daily round.
- Need to understand the impact of social networking for children and young people and to ensure that this is considered in nursing and clinical assessments
- Need to support staff to understand the significance of deliberate self-harm in children and young people
- Review the arrangements for initial booking appointments in community midwifery

Areas for further development

Following an internal audit it was apparent that the Royal Free did not always identify when children attending for scheduled outpatient appointments where subject to child protection plans. The Royal Free's systems have been reviewed to ensure:

- It is clear which staff member is responsible for checking for flags
- How and where it is recorded in the notes
- That clinicians seeing the child must copy the clinic letter to the allocated social worker

The Royal Free will re-audit in the next quarter and progress will be monitored by the integrated safeguarding committee and the Clinical Commissioning Groups.

Central London Community Healthcare NHS Trust (CLCH)

During 2015/16 CLCH has significantly increased resourcing for the purposes of children's safeguarding and has contributed fully to the work of the BSCB. CLCH not only attends all full Board meetings but also contributes to its sub-groups. CLCH also values the multi-agency audit processes of the Board and participates in them.

In addition to the BSCB and its sub groups CLCH also participates in a number of other multi-agency partnerships where risk to children is assessed and managed such as MARAC which manages risk to domestic abuse victims and the MAPPA, which manages violent and sexual offenders.

CLCH health visitors, school nurses and therapists are in frequent contact with children at risk and they refer cases of concern to CSC.

The CLCH safeguarding team provides advice, support and safeguarding supervision to Barnet health visiting and school nursing staff, the Dental service, the Family Nurse Partnership service, the Children with Disabilities Team, the Complex Care Nurse team, the Physiotherapy and Occupational therapy service, the MASH health team, the Looked After Children's nurse, Paediatric Liaison health visitor and the Sexual Health team. CLCH staff are required to have regular supervision of their safeguarding cases and this is monitored closely. The 2015/16 CLCH audit of safeguarding supervision found good levels of compliance and quality.

The high levels of child safeguarding cases in Barnet involve a lot of CLCH's health visitors and school nurses. Their contribution to multi-agency conferences is critical and CLCH works hard to develop staff to undertake this function and ensure attendance. CLCH staff have mentors and input from the dedicated CLCH safeguarding team and as a result have become skilled in this difficult area of work.

The safeguarding team have not only delivered important general safeguarding training but they have also ensured that staff are aware and skilled at identifying and reporting cases where they have a statutory duties to make referrals:

- Female Genital Mutilation (FGM)
- Prevent
- Child Sexual Exploitation

Learning from reviews

As a result of the Serious Case Review into Child A published by Barnet in the past year CLCH has undertaken to:

- Ensure the SCR report has been shared with CLCH staff
- Include in the school nursing questionnaire a question about bullying and cyber bullying
- Develop work to engage seemingly absent fathers and understand how this impacts on children
- Support young people who self-harm or suffer neglect.

Areas for further development

Training: As the CLCH did not achieve the 90% target for safeguarding training at either level one or level three in 2015/16, a new compliance monitoring processes have now been introduced, through which CLCH aspires to achieve the target in future.

Policies: *Signs of Safety* is a relatively new way of enabling professionals to consistently assess whether a child is at risk of harm. CLCH believes that it is a good model and it is now in use to help staff make good decisions in difficult cases. Policies are being updated accordingly.

Early Help: CLCH staff are often the first to spot signs of family problems. CLCH wants staff to understand better how early help and good partnership cooperation can prevent bigger difficulties arising. CLCH will therefore be developing new and better ways for staff to identify, refer and cooperate early on to help families thrive and move on.

Barnet, Enfield and Haringey Mental Health Trust (the Trust)

In the last 12 months, the Trust has strengthened its safeguarding arrangements including the recruitment of a full-time Head of Safeguarding. The Trust's aim is to ensure there is a whole organisational approach to the safeguarding of service users and their families.

The Trust has developed an Integrated Safeguarding Committee, chaired by the Executive Director of Nursing, Quality and Governance who provides strategic leadership and oversight. The work of the committee is informed by the newly developed Safeguarding Strategy:

- To ensure safeguarding is everyone's business across the Trust
- Promote early help to prevent abuse from happening in the first place
- Develop a culture of learning with robust internal systems to support this
- Develop seamless pathways that promote joined up working at every level
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes

Examples of safeguarding children work undertaken and key achievements in 2015/2016:

<u>Policies</u>

- The Domestic Violence and Abuse Policy has been updated. All staff on joining receive domestic violence and abuse training, because of the frequency with which it occurs as a factor within safeguarding adults and children.
- The Trust's Safeguarding Children Policy has been reviewed and ratified.

<u>Training</u>

- A safeguarding training strategy has been implemented.
- Prevent Training has been included in the corporate induction for all Trust staff.
- Child sexual exploitation training is included in all levels of training and is offered as a specific topic through the work of Safer London and Children's Services and NHS e-learning.

Staff Support

- The Trust has developed a series of safeguarding surgeries. These offer help and advice to staff confronted with safeguarding problems. Adult and child review lessons are shared in these forums.
- The role of the Trust's team safeguarding champions has been refreshed. More opportunity is now given to them to keep teams up to date in their safeguarding knowledge and to discover barriers to effective work.

Learning from reviews

The Trust has been involved in a number of reviews of serious cases in the past year in Barnet and also conducts its own reviews of aspects of the service. In the past year the Trust has found and achieved the following:

- Meetings between social workers and the Child Adolescent Mental Health Service are working well in resolving challenges with individual cases.
- Designed a safeguarding poster which explains how to escalate appropriate cases.
- Ensured that the safeguarding team is fully staffed. This includes ten specialist nurses and doctors.
- The quarterly supervision audit shows that 89% of staff audited have had supervision on their safeguarding cases.

Areas for further development:

- Improvement of data capture and analysis.
- Developing consistent and appropriate approaches to attending and supporting the three LSCBs to which the Trust is responsible.
- Improving from 80% to 85% the number of staff who are appropriately trained in safeguarding.
- Developing a way of supporting and working better with the children of the mentally ill parents that the Trust cares for. The Trust also wants staff to involve other professionals and to do so earlier on in processes.
- Increase the number of referrals of children who live or are in contact with parents who suffer mental illness, where those children may be at risk of suffering harm or detriment.
- A safeguarding inbox has been set up to allow improved monitoring of the number and quality of safeguarding referrals by the safeguarding team.
- A safeguarding dashboard has been designed to enable the monitoring of safeguarding activity in a way that simplifies data collection and gives an earlier warning of any indicators that good practice may be less likely to be achieved.

Norwood

Norwood is a leading Jewish charity supporting vulnerable children, families and people with learning disabilities.

In the last year Norwood has worked in partnership with children subject to child protection, child in need plans and CAFs. Referrals to Norwood come both from families directly and from schools or other educational settings. Norwood also receives CAMHS and CSC referrals. Norwood also works in partnership with CSC to engage families from the Orthodox Jewish Community.

Most cases referred to Norwood involve family breakdown which involve domestic violence, mental health issues and substance misuse.

Norwood has also identified some children at risk of sexual exploitation, and has passed on this information to the CSE strand of CSC.

Partnership working and practice improved over the year 2015/16, as senior and other practitioners attended the CAF Practitioners meetings, liaised more closely with the Early Intervention teams. Norwood staff also became registered on the Barnet E-CAF system.

Areas for further development

- Continue to develop the service's evidence base by measuring outcomes effectively.
- Enhance monitoring of referrals to collect accurate data on referral routes.
- Develop understanding of individual local authority demands by collecting and analysing information on children Norwood has involvement with on CP/CIN Plans and CAFs.

Children and Family Court Advisory and Support Service (Cafcass)

Cafcass is a non-departmental public body sponsored by the Ministry of Justice. Its role within the family courts is to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. Cafcass has met all of its Key Performance Indicators despite a budget reduction.

The following are examples of work by Cafcass in the past year:

- Completion of a service user feedback survey, which looked at the interim outcomes of children 6 to 9 months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court

had lasted; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests
- Contributing to the government review of Special Guardianship Orders.
- Extending the child sexual exploitation strategy introduced in 2014/15 to include trafficking and radicalisation.
- Developing new ways of supporting the family justice reform, in particular:
    - Piloting the provision to family court advisers of consultations with a clinical psychologist
    - The extension of family drug and alcohol courts
    - The supporting separated parents in dispute helpline (a pilot aimed at promoting out-of-court settlements of disputes where safe to do so).

Barnet and Southgate College

Barnet and Southgate College is a further education college with over 21,000 students. It delivers more than 20 subject areas across three main campuses and two learning centres in London Borough of Barnet and London Borough of Enfield and is a member of the 157 Group of colleges.

In the last year Barnet and Southgate College has improved the effectiveness of its practice in relation to safeguarding and promoting the welfare of children and young people and in November 2015, Ofsted rated the College Safeguarding and Prevent strategy as Effective. In addition:

- As at June 2016, retention rates for those with safeguarding issues were in line with 2014/15 figure of 96%
- As at June 2016, the Safeguarding team have received 257 referrals
- 84 referrals have been referred on to statutory services and 87 cases have been referred on to alternative external support
- The largest presenting issue is mental health
- The Safeguarding team is trained and accredited to deliver Home Office WRAP training which has now been rolled out to all staff
- In September 2015 the College's policies, leaflets and guidance were updated to meet the requirements of Prevent Duty and Keeping Children Safe in Education
- In July 2015 Learner Induction; tutorials and Learner Forums were updated to include safeguarding and Prevent; Freedom of Expression; Equality and Diversity; E-safety; British Values

<u>Learning from reviews</u>

- Staff are now confident as to internal recording and referral processes.
- Dedicated safeguarding staff are aware of contacts and referral agencies for advice or to report concerns.
- On-going networking with Prevent Coordinators and FE/HE London Network to continue best practice as new 'Duty' develops and to keep up to date.

Areas for further development

- Keeping up to date with support service criteria changes:
    - Attend Network meetings i.e. Barnet Youth Practitioners
    - Building links with service managers and practitioners i.e. Prevent coordinator; Barnet Young Carers; Virtual School Head
    - On-going staff training particularly for Agency; new staff; volunteers and training to meet Designated Lead Officer requirements

12. Activity of Sub-Groups

Serious Case Review (SCR) Sub –Group

This sub-group examines cases of child death or serious harm to decide whether it is appropriate to conduct a serious case review. It also makes recommendations to BSCB about lessons that can be followed up from cases that fall short of the threshold requiring an SCR.

In the event of an SCR the sub-group will ensure that the action plan and lessons learned from the review are pursued and completed.

In the past year the panel has examined five cases. It has commissioned and published one review, and has recently commissioned another review (for a case that was first examined in the reporting year).

The published review can be found here.

This involved the death of a 12 year old girl by hanging. There are six recommendations as to improved process and tactics and the SCR sub-group will ensure that these are followed up. There will also be a training event for multi-agency staff later this year.

More generally it has been decided to have a priority concerning adolescent self-harm and mental illness for the BSCB 2016 -18 plan.

In relation to the other cases examined the SCR sub-group has decided as a result of them to conduct an awareness campaign among teenagers and professional staff about the dangers of inhaling gas.

Performance and Quality Assurance

The Performance and Quality Assurance (PQA) sub-group scrutinises LSCB partner performance data to establish what is working well and what needs to improve. The PQA subgroup also conducts some joint audits as well as examining audits of individual organisations. The PQA objective is to ensure that a real difference is made to children's lives, especially against the business plan priorities, and that this can be evidenced by progress in terms of performance and quality.

During 2015/16 the key activity carried out and impact on outcomes included:

- Developing a new dataset based on the Board priorities to highlight key trends and areas for in-depth analysis. Alongside this each agency now gives a short verbal report on key areas of interest and concern. This has resulted in greater shared understanding of the challenges faced across the partnership. For example:

- The sharing of intelligence at PQA about an increase in MASH activity identified more school exclusions due to sexualised behaviour and knives, notable increase in reporting of e-crime to the police and an increase in historic sexual abuse allegations

- An increase in self-harm referrals to health was also noted, which has helped to inform priority setting for next year.

- The Royal Free reported a significant increase in domestic violence identifications and referrals as IDVAs are now embedded and an anti-natal DV screening at Chase Farm for high risk cases is in place.

- Strengthening PQA membership with a new education representative.

- Focusing on the police use of disruption tactics to deter and prevent CSE perpetrators from operating.

- Auditing Child Protection Conferences. This uncovered much good work but some weaknesses in multi-agency follow up and parental engagement. This has led to a focus on getting feedback from families and professionals with enhanced review and analysis.

- Auditing on a multi-agency basis six cases. This has led to more systematic distribution of CP conference notes and increased focus on ensuring fathers are appropriately engaged in assessment and planning.

- Scrutinising multi-agency data analysis on neglect. Children subject to a CP Plan with an initial category of neglect. Discussion around the spread of neglect by age (primarily 0 to 4 and 10 to 15) prompted challenge around the importance of intervening as early as possible.

- Developing a revised multi-agency tool and methodology for future audits. As well as audit meetings, the PQA Sub-Group will conduct telephone and in person interviews with practitioners, engaging children and parents as appropriate, and reviewing files from last six months.

Next steps:

- Improve follow up of actions between meetings to drive forward improvements, including tracking multi-audit actions delegated to respective partners.

- Clearer alignment with other multi-agency forums including BSCB sub-groups, Business Management Group, Early Intervention Board and CSE, Missing, Gangs strategic group.

- Analyse findings from e-safety survey of schools proposed by the e-safety sub-group.
- Refine dataset to align to new Board priorities and ensure it provokes professional curiosity and facilitates challenge.
- Multi-agency audit exploring the effectiveness of early help/early intervention services in safeguarding children subject to domestic violence.

Child Death Overview Panel (CDOP)

Child Death Analysis for all cases reviewed 1st April 2015 – 31st March 2016

Informative comparison of Barnet child deaths with other areas, including England as a whole is hampered by the lack of a well-designed national data analysis system. The annual CDOP statistics published by the Department for Education (DfE) focus on the administrative or process reporting of CDOP work or adopt a different format of reporting, and are of limited value as comparators from a local epidemiological perspective. However, where comparisons can be made they are.

This panel has the responsibility for reviewing all deaths of children in Barnet. Between April 2015 and March 2016, CDOP was notified of a total of 19 child deaths. The number of child deaths that were actually reviewed[7]during this period, which were 17 of which eight were unexpected. Nine were males and eight females.

The majority of child deaths were expected. Over the last six years around a third of cases were unexpected deaths (except in in 2013/14, where it was 19%).

7 In keeping with the terms for DCSF Data Collection, a 'review' is defined as being complete when the CDOP has discussed the child's death and agreed a decision about whether the death was preventable and this decision has been agreed and signed off by the chair of the CDOP. These discussions may vary in the time taken and their depth. This means the review may be completed in a different financial year to that which the child died.

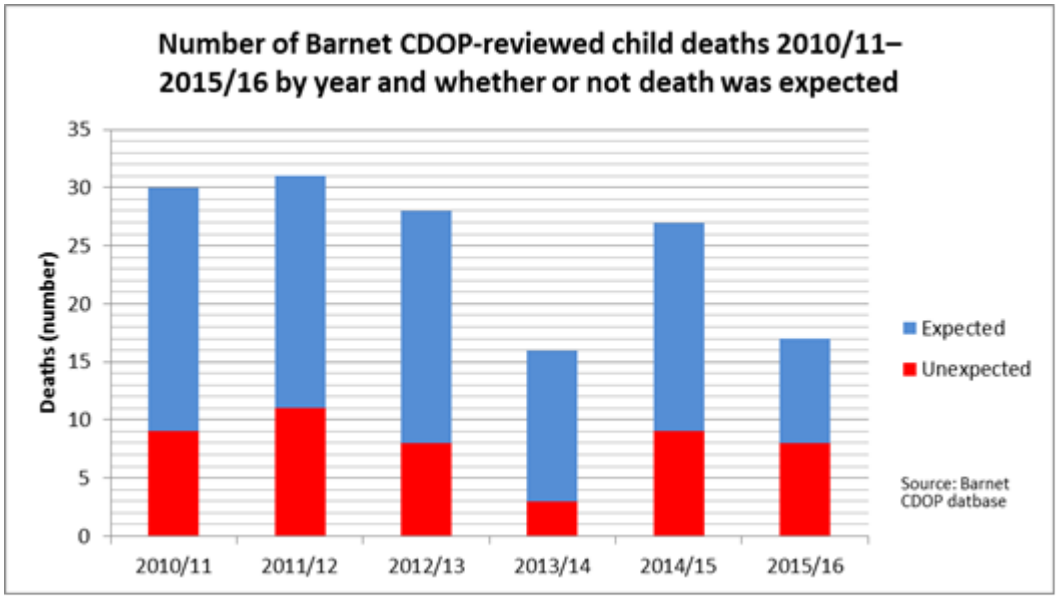


Figure 10: Number of Barnet CDOP reviewed child deaths, 2010/11 – 2015/16, *Barnet CDOP Database*

Category of Death

Barnet CDOP panel uses the nationally agreed classification for categorising the cases it considers. The main category of death was chromosomal, genetic and congenital abnormalities (four) followed by perinatal/neonatal event (three). Nationally, the main category is perinatal/neonatal event, followed by chromosomal abnormalities. This is not surprising as two thirds of deaths are usually in the first year of life.

Modifiable Factors

CDOPs are required to look at whether there were any modifiable factors amongst the deaths. This is where there are factors which may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

Only one case had modifiable factors.

- Age: Most deaths are in the first year of life and this has been the trend in Barnet, as it has been nationally (66%). 47% of deaths in Barnet were in the first year of life, followed by 35% in age group 1-4 years.

Aggregated data 2010/11 – 2015/16

Following last year's CDOP report, there was a recommendation to carry out an analysis of pooled data from 2010/11 to 2015/16 to give a bigger sample to draw

inferences from and reduces the effect of year on year variation. This analysis complements the year on year analysis from successive annual reports.

Findings from a Larger Sample

- 32% of child deaths reviewed were unexpected
- Cause of death chromosomal/ genetic (36%), perinatal/neonatal (27%) and malignancy (11%)
- 20% of child deaths reviewed had modifable factors
- There was some correlation between incidence of child death and the deprivation index realted to the area in which the child lived

These findings demonstrates some support for the proposal currently being developed in London that larger data sets are required to improve trend identification and help with analysis.

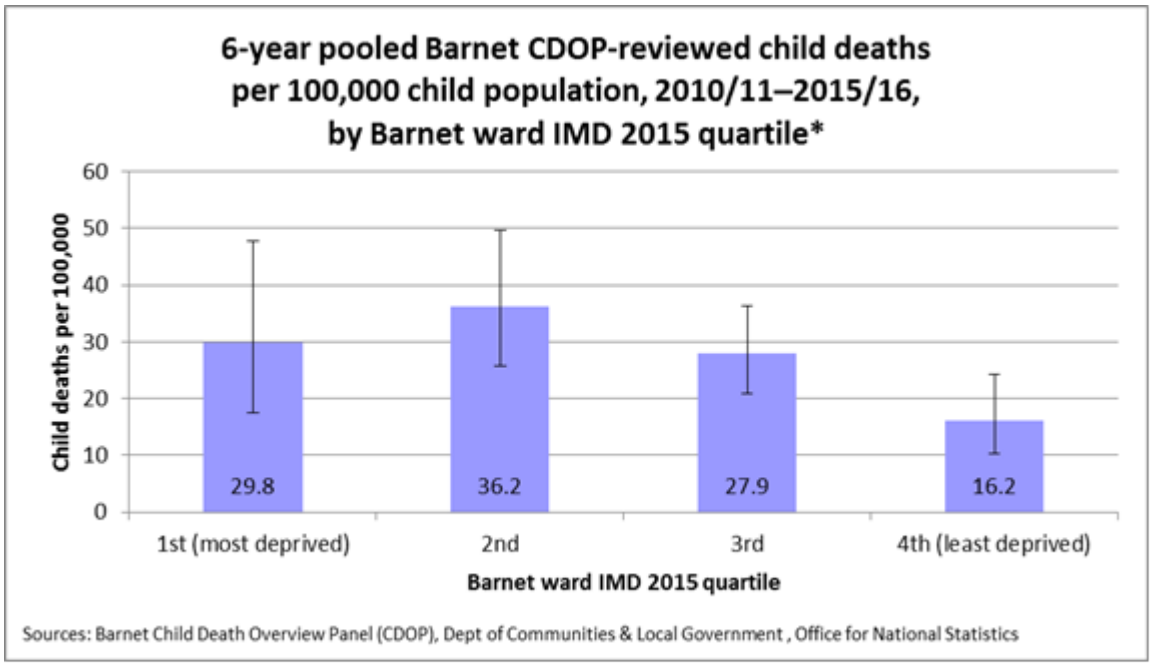


Figure 11: Number of Barnet CDOP reviewed child deaths per 100,000 child population, 2010/11 – 2015/16, *Barnet CDOP Database, DCLG, ONS*

Next Steps:

- Continue to feed into London –wide CDOP work to explore regional data collection and sharing of learning.
- Continue working closely with the coroner's office to obtain timely information on inquests and post mortems.
- To continue to raise awareness of specific issues arising from the review of cases.

Learning and Development (L& D) Sub-Group

The BSCB L& D programme for 2015/16 was commissioned by the sub-group. The L&D sub-group worked closely with the LBB Children's Workforce Development Team in planning and commissioning a range of training aligned to the needs of the Barnet workforce. It also evaluated the impact of training to ensure that research, audits, reviews and training events inform, develop and improve day to day safeguarding practice.

Findings from serious case reviews (SCRs) and other reviews inform the training programme as does the need to provide core safeguarding learning.

The following key issues have been included in the L&D sub-group programme:

- The development of improved Child Sexual Exploitation (CSE) procedures to identify and tackle CSE in Barnet
- Developing understanding of gang related issues and links to CSE and children going missing
- Increasing awareness of self-harm among children and suicide prevention measures
- Understanding thresholds of neglect across the partnership
- Sharing information to safeguard children
- Learning from Serious Case Reviews

Accountability and reporting arrangements

The L&D sub group is accountable to the BSCB and is responsible for ensuring that it's Term of Reference (ToR) and work plan are compliant with the BSCB Business Plan. It has a good representative core group from across the partnership.

Learning Events/Courses

A range of multi-agency safeguarding training was delivered in 2015/16. A table of attendance is below. Barnet has a very active voluntary sector which has been very well represented at multi-agency training events

Service Area	No of attendees	Service Area	No of attendees
Adults	2	Housing	16
CAMHS	15	police	0
Education	376	Private	169
Children centres	33	Probation	10
Fire Service	0	EIP & youth	167
CLCH	60	Social care	174
Higher Education	24	Voluntary	177
Hospitals	41	Education & skills	16
Total	**1280 staff from across the partnership**		

Figure 12: Multi-agency attendance of BSCB delivered safeguarding training in 2015/16

Evaluation and Impact

The L&D sub-group currently assesses effectiveness in two ways:

- Through self-assessment by participants as to their satisfaction with the session they have attended. This includes an assessor of the session leader.
- Through multi-agency audits overseen by the PQA

Evaluating the impact of training on operational practice is difficult. As of April 2016, follow up evaluations for selected courses will be sent after six weeks to help develop an understanding of how the learning events impact on work with children and families and thereby improve outcomes for children.

Next steps:

In the coming year the key priorities for the L&D sub group will be to:

- Review ToR and membership of the group
- Develop a robust and flexible work programme linked to BSCB's two year business plan and to SCR learning
- Improve the sub-group's ability to evidence the impact of training
- Collate and analyse information emerging from Section 11 audits to inform assessment of training effectiveness

13. Effectiveness of the Board

Independent Chair – Chris Miller

An effective LSCB is a:

Strong enquirer and challenger of effective frontline practice with children, young people and families and can describe the features

We have a programme of regular reports to the BSCB from partner organisations. Members question each other about the effectiveness of their practice and the impact they have on those they serve. We also conduct challenge panels following the completion of section 11 audits where BSCB members challenge each other about their policies and delivery. We have a lay members section and a Youth Shield section in BSCB and these create opportunities for enquiry and review.

Understands the intended and actual impact of practice

We, through the performance and quality assurance group, audit and enquire into practice and procedure, praise what is good and seek to change what is not. We have challenged and changed note taking practice in some child protection plan meetings and have challenged agencies on their information sharing procedures. This has led to a review of information sharing in Barnet and a new priority for 2016-18.

Understands performance information and uses it to understand the story behind the data – it is a questioner

We are on a journey of improvement and have made progress in 2016. We have built on our mapping of CSE and now have prevalence maps for domestic violence and a better understanding of neglect and a refreshed set of performance indicators are in place. The Child Death Overview Panel has also managed to improve its understanding of the links between deprivation and infant mortality in Barnet. BSCB members support my personal drive to continue our improvement in this respect.

Understands early help and child protection thresholds but accepts the importance of professional judgment in assessing risk for children and families – it is adaptive in response

We receive twice yearly reports on the early intervention strategy. We continue to challenge those involved with preschool children to complete more CAFs, because we believe that the good work of schools completing CAFs may be making up for a lack of understanding by those working with the under-fives. We have adopted the Graded Care Profile to better deal with neglect and will support multi-agency training in this in 2016-8. We are supporting on a partnership basis the adoption of resilience as a BSCB priority.

Is deeply searching for system feedback and learning from that knowledge.

Our challenge panels, serious case review panel and audits have identified issues that have led to learning and change. We now have better information sharing processes following domestic violence cases attended by police, better interviewing of missing children once they return and better management of offenders with children. However we are not yet as good as we would like to be at assessing the effectiveness of our training.

Understands and works strategically with the Health and Wellbeing board (HWB) in respect of the shared agenda for helping and protecting children, young people and families

As BSCB chair I sit on the HWB. I also sit on the Strategic Domestic Violence and Violence Against Women and Girls Group (DV&VAWG). This enables the BSCB priorities to be known to and to be influential in the HWB and the DV&VAWG.

Understands the impact and quality of supervision for professional frontline staff

This is area of development for us. We receive information through our audit processes and from occasional personal visits. The level and type of supervision that each agency has for their staff varies so much that it is not easy to make straightforward comparisons or recommendations. In general terms we are satisfied that staff in Barnet do a good job and that supervision levels are appropriate. However with continuous financial pressure on agencies this may change over time.

Evidences independence, accountability, transparency and robust challenge of the local system

Because we see this as probably the most important aspect of our work we have included a section on this elsewhere in this report, above.

Is properly resourced and financially literate

Safeguarding is a complex business and an LSCB requires resources to function. Barnet's LSCB is funded at 30% less than the London average and of London's 29 LSCBs only two have smaller budgets. Given that Barnet is about to become London's biggest borough this has consequences for our ability to carry out the wide range of duties expected of us.

The regulations that established LSCBs invite partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another. The funding for BSCB is sparse compared with other London LSCBs and furthermore is not proportionate. Barnet Council currently provides 63% of the annual BSCB

budget.

The Metropolitan Police funds LSCBs at a significantly lower level than any other urban Metropolitan Police Force and this impacts all LSCBs including Barnet. All LSCB chairs in London are concerned by this and have sought a better settlement from the Mayor's Office.

Barnet Council and Barnet Clinical Commissioning Group also fund the BSCB at levels well below the London average and may wish to review this in due course.

14. Budget

The total budget for 2015/16 from partner contributions was £156,000.

The table below shows the budget for 2016/17:

Budget Summary Table

LSCB			
Income			
Carry Forward	10000		
LBB	98,000		
MPS	5000		
Barnet CCG	12500		
CLCH	12500		
BEHMHT	12500		
Royal Free NHS FT	12500		
NPS	1000		
London CRC	1000		
NELFT	550		
CafCASS	550		
LFB	500		
	166,600		
Commitments			
Business Manager		-56000	
Administrator		-37620	
Chair		-17500	
Training		-22000	
Safeguarding Partnership Assoc		-1500	
SCR /IMR/SCIE		-10000	
Misc; Catering Printing Adverising Expenses		-3000	
Proposed Land D officer (0.25 FTE)		-11000	
	166,600	-158620	**7,980**
			91

Appendix – Attendance of BSCB Board Meetings 2015/16

Member	Organisation	May 2015	Sept 2015	Jan 2016	April 2016
Chris Miller	BSCB Chair	✓	✓	✓	✓
Ronit Green	BSCB Business Manager	✓	✓	✓	✓
Cllr Thompstone	LBB Lead Member	✓	✓		✓
Chris Munday	LBB Director of Children Services	✓	✓	✓	✓
Dawn Wakeling	LBB Adults Director				
Jo Pymont	LBB Assistant Director Social Care	✓	✓	✓	✓
Jon Dickinson	LBB Assistant Director Adults				
Duncan Tessier	LBB Assistant Director EIP	✓	✓		✓
Ian Harrison	LBB Director Education and Skills		✓		
Kate Malleson	LBB Head of Youth & Family Support				
Tony Lewis	LBB Voice of the Child Co-ordinator	✓		✓	
Elaine Atkinson	LBB Head of Safeguarding Children	✓	✓	✓	✓
Sue Smith	LBB Head of Safeguarding Adults	✓			
Neil Marlow	LBB Head of School Improvement		✓	✓	✓
Karen Pearson	LBB Head of Early Years		✓	✓	
Kiran Vagarwal	LBB Head of Community Safety			✓	
Katie Dawbarn	LBB Learning Network Inspector	✓	✓	✓	✓
Melinda Casell	Cafcass: senior service manager	✓	✓		✓
Cllr Barry Rawlings	Voluntary Sector: Community Barnet		✓		✓
Jo Domingo	Voluntary Sector: Community Barnet	✓	✓	✓	✓
Sarah Le May	Voluntary Sector: Norwood		✓		✓
Cecile Kluvitse	Voluntary: Solace Women's Aid	✓	✓		
Toni Beck	Barnet and Southgate College:	✓	✓		✓
Sara Keen	School: Beit Shvidler Head				
Marc Shoffren	School: Alma Primary	✓		✓	
Helen Morrison	School: Martin's Primary School	✓			
Joanne Kelly	School: Pavilion Study Centre	✓		✓	
Jackie Menczer	School: Menorah Primary		✓		
Nicola Dudley	School: Millbrook Park CE Primary			✓	✓
Eileen Bhavsar	School: Garden Suburb Junior			✓	✓
Colin Dowland	School: Woodridge Primary				✓

Member	Organisation	May 2015	Sept 2015	Jan 2016	April 2016
Paula Light	MPS: Barnet Police	✓	✓	✓	✓
John Foulkes	MPS: CAIT Detective Chief Inspector	✓	✓	✓	✓
Steve Leader	LFB: Borough Commander	✓		✓	✓
Alex Ewings	London Ambulance Service	✓	✓	✓	
Sam Denman	Probation: ACO	✓	✓	✓	✓
Sam Rosengard	CRC				
S. McGovern	Barnet CCG	✓		✓	✓
Dr P Desai	Barnet CCG			✓	✓
Laura Fabunmi	Public Health, AD	✓	✓		✓
Trish Stewart	CLCH :Head of Safeguarding	✓	✓	✓	✓
Helen Swarbrick	RFHT Safeguarding Lead Nurse		✓	✓	✓
Ruth Vines	BEHMT, Head of Safeguarding	✓	✓	✓	✓
Julie Riley	Housing: Barnet Group Director	✓			
Naomi Burgess	Lay Member	✓	✓	✓	
Nigel Norie	Lay Member	✓	✓		✓
Dr Paul de Keyser	Designated Doctor	✓	✓	✓	✓
Bridget O'Dwyer	Public Health, Senior Commissioner	✓		✓	

Barnet Safeguarding Adults Board

Annual Report 2015-16

What should I do if I think someone is being abused?

Everybody can help adults to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you, or another adult you know is being harmed in any way by another person, please do not ignore it. You should contact Social Care Direct:

- **Tel:** 020 8359 5000 (9am- 5pm, Monday – Friday), or
  020 8359 2000 (out of hours)

- **Email:** socialcaredirect@barnet.gov.uk

- Or the police on 101

If the danger is immediate, always call the police on: 999

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

The effective safeguarding of adults requires statutory agencies and the voluntary sector to cooperate operationally and to share information. In Barnet we have a Safeguarding Adults Board (BSAB) dedicated to ensuring that opportunities for interagency cooperation are explored and maximised and support and challenge to agencies is consistent and robust.

The past year was the first under a new set of rules established by the Care Act which made the existence of SABs mandatory for all local areas. In fact, the new rules had little practical effect on the way we operate in Barnet because we had a dedicated partnership before the law was introduced. The Care Act simply told Barnet's agencies to do what they were already doing.

In 2015 we continued to follow our two-year business plan and in 2016 we will begin with a new plan. Many issues impact the safety and wellbeing of adults in need of care and support and to be most effective in tackling these issues BSAB has identified a small number of priorities to focus on. The report will tell you in detail how we cooperated across agencies to make an impact in last year's priorities.

We have, in particular, worked across health and social care to improve our response to those susceptible to developing pressure sores. This painful and debilitating condition is not just a health matter but is also one that sometimes calls into question the quality and availability of the person's care whether in the community or in a care home or hospital setting. We have made some good progress against this priority but will continue to keep it in our new plan as we believe there is still much to do.

When those with care needs come into contact with the justice system, either (most frequently) as a victim or (less often) as an offender, the available data tell us that they do not receive the same service or outcome as those without needs. We are determined to improve on this in Barnet. We have made less good progress against this priority and will retain this in our new business plan.

We have been keen to ensure the public generally know how to spot incidents of safeguarding needs and to report them. We have sought ways over the past year of getting helpful messages to the community; about what to look for and how to get in touch. The rise in reports form the public suggest that this programme has been useful in raising awareness and increasing reports.

We are also keen for our staff to know how to apply what has recently become the law on how to assess and deal with the mental capacity of an adult to make their own decisions. The simple principle to be adhered to is that the best expert in living a life is the individual whose life it is. This requires staff to be both vigilant about a person's needs and humble in relation to the extent to which they should intervene and assume responsibility for them. We have focused on this issue in the past year.

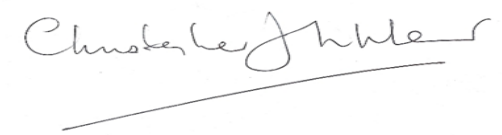
In the latter part of this report you will see what we hope to achieve in the next two years. We particularly want to improve the way that we manage our information exchange between agencies. We are aware that some cases take too long and proceed with more

difficulty than they should because we do not have in place an effective way of handling multiple sources of material. We aim to learn from our colleagues in the children's safeguarding arena and develop a multi-agency safeguarding hub.

Two recent homicide cases in Barnet, which have been reviewed, have brought into sharp focus for us that domestic abuse is present in families and relationships where one or more person is in need of social or health care or support. We intend to develop our understanding of this issue and improve our response to it in our new plan.

In order to be effective in our pursuit of these priorities we will continue to improve our analysis and understanding of agencies' performance across a range of issues. We want to ensure that the collective performance of all agencies in safeguarding is made more effective through cooperation. Our performance group will be developing this over the next year or so.

Barnet has many great statutory and voluntary organisations working in the borough to safeguard and improve the lives of those requiring support. I want to thank them for their efforts to make Barnet a more amenable place for us all. The challenges we face over the future in delivering excellent services, keeping people safe and healthy and managing a restricted budget can only be met with the continued enthusiasm and commitment of people who care. I have met many such people in Barnet in the past year and because of that I am optimistic that we can continue to build on our achievements of the past year, and make further improvements in the future.



Chris Miller
Independent Chair of Barnet Safeguarding Adults Board

Contents

1. What is safeguarding?

Safeguarding is defined as:
'*Protecting an adult's right to live in safety, free from abuse and neglect.*' [1]

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so they are:

- safe and able to protect themselves from abuse and neglect
- treated fairly, with dignity and respect
- protected when they need to be
- easily able to get the support, protection and services they need.

An adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are already receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

2. Who lives in Barnet?

Barnet is the largest borough in London by population and is continuing to grow. The most recent population projections indicate that the population of Barnet is expected to be 376,065 by the end of 2016. The overall population of Barnet will increase by 13.7% between 2015 and 2030, taking the population to 417,573.

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

Currently, the significant majority of older residents own their home and use the equity they have built up to fund the care they may need later in life. Over the coming years a declining proportion of the growing older population will own their own home, having important implications for how the health and care system works and is paid for in the borough.

Social isolation is an important driver of demand for health and care services. In Barnet social isolation is associated with areas of higher affluence and lower population density, as people in these areas tend to have weaker, less established community and family networks locally.

Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar boroughs. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention for a mental health condition is significantly higher than the London or England averages. Barnet has more than 100 care homes, with the highest number of

[1] Care and Support Statutory Guidance 14.7 - https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding

residential beds in London, leading to a significant net import of residents with health needs moving to Barnet from other areas.

As more young people with complex needs survive into adulthood, there is a national and local drive to help them to live as independently and within the community as possible. This places significant pressure on ensuring the right services, such as appropriate housing and support needs, are available to meet their requirements. There is a considerable shift in the way in which support is delivered with more people choosing to remain at home for a longer period of time. This requires effective, targeted and local based provision.

In 2011 there were 32,256 residents who classified themselves as a carer in Barnet.

The 25-49 year old age group had the largest number of carers (12,746). Without carers, many people living and working in our communities would not be able to continue to do so and we recognise the important economic contribution they make. However, on average, carers are more likely to report having poor health than non-carers, especially amongst carers who deliver in excess of 50 hours of care per week. Demand for carers is projected to grow with the increase in life expectancy, the increase in people living with a disability needing care and with the changes to community based support services.

Barnet has a higher population of people with dementia than many London Boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London. By 2021, the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide figure of 19%.

If you would like further data from the Joint Strategic Needs Assessment (JSNA) please visit the interactive web resource: www.barnet.gov.uk/jsna-home/

3. Who we are and what do we do

The Safeguarding Adults Board is a statutory multi-agency group that meets four times a year and reports annually on its work. It is chaired by an independent person, Chris Miller. The Board was established in 2002 to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet. Following the passing of the Care Act in April 2014 the Barnet Safeguarding Adults Board has become a statutory body with a number of legally enforceable duties from April 2015.

The Safeguarding Adults Board has to report on its work to the council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board. It will also be made available to the public on the Barnet Council website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adults Board membership includes representatives from:

- London Borough of Barnet
  (Adults and Communities, Children's Safeguarding, and Community Safety, Director of Adult Social Services (DASS))
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health NHS Trust
- The Royal Free London NHS Foundation Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- London Ambulance Service NHS Trust
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)
- CommUNITY Barnet

Our vision is for all adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live.

Our mission is to:

- develop prevention strategies and provide effective responses to abuse and neglect by having clarity on roles and responsibilities
- develop a personalised approach that enables safeguarding to be done with, not to, people
- raise public awareness so that our communities can play a role in preventing, identifying and responding to abuse and neglect
- providing clear and simple accessible information to residents (on what abuse and neglect is and how to seek help)
- support and examine the underlying causes of abuse and neglect
- through our learning and improvement framework we will support the development of a positive learning environment across our multi-agency partnership
- our co-ordinated approach to prevention will secure better access to community resources such as accessible leisure facilities, safe town centres and community groups to help reduce social and physical isolation.

Our Principles:
BSAB have signed up to the Government's core principles set out in their policy on safeguarding vulnerable adults, to help us examine and improve our local arrangements:

- **Empowerment:** people being supported and encouraged to make their own decisions and informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and **transparency** in delivering safeguarding

3.1 Our priorities 2014-2016

For each financial year, the Safeguarding Adults Board must publish a strategic plan in accordance with Schedule 2 of the Care Act. This plan must set out how it will achieve the statutory objective and what each member will do to implement this.

The previous business plan covered the period 2014-2016 and came to a close on Thursday 21 April 2016. The business plan had the following strategic priorities:

1. *Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers.*

   Some of the highlights for this priority are:
   A safeguarding protocol for identifying indications of neglect when assessing pressure ulcers has been adopted by the Barnet Safeguarding Adults Board. Healthcare providers across Barnet have this screening tool to support their assessments of patients. The CCG is working with providers to embed this protocol, and to review its effectiveness. This protocol is also being implemented across CLCH and the outcomes of the implementation of this tool will be reported to the SAB.

   Awareness of pressure ulcer prevention and management workshops for residential care homes were held in March 2014 and a safeguarding and pressure ulcer awareness workshop was held in November 2015.

   An analysis of pressure ulcers was presented to the SAB in March 2014 in order to understand the current demographics and prevalence of pressure ulcers within The London Borough of Barnet.

   Health providers reported to the SAB about staffing and how they are addressing complaints and whistleblowing incidents.

The Board sought assurance from Health providers regarding training awareness and good practice guidance for staff in relation to pressure ulcers and other common issues related to neglect e.g. dehydration.

2. *Improve the understanding of service providers of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)*

   Some of the achievements for this priority are:
   Reviewed and publicised material for health and social care staff, developed learning and development strategy, MCA assessment tool developed to promote best practice, partners reviewed compliance with MCA and DoLS.

   Each partner organisations reviewed their compliance with MCA and DoLS and reported progress to the SAB in January 2016.

   The CCG worked collaboratively with colleagues in Enfield and Haringey CCGs to improve awareness of the MCA and DoLs for patients and healthcare staff in 2015. Patient leaflets were developed and distributed to all hospitals and GP surgeries. The CCG commissioned bespoke training on MCA and DoLS for GPs and Practice Nurses.

   Health providers are being supported to implement MCA action plans and are providing annual audits of case records to ensure MCA assessments and referrals for DoLS are taking place.

   An MCA/DoLS audit was undertaken by CLCH Adult Safeguarding in January 2016 to assess whether patient record documentation is meeting the standard in line with the Mental Capacity Act (MCA) 2005 assessment protocol. An action plan was agreed to address results of this audit, including bespoke training. A follow up audit to monitor the action plan will be undertaken in October 2016 and reported to the SAB.

   CLCH delivers bespoke training packages for CLCH Safeguarding Champions and work has been undertaken with community teams to develop an approach so staff are aware of their responsibilities under MCA in practice including assessment, record keeping in both MCA and risk assessment pathway.

3. *Improve access to justice for vulnerable adults*

   Some of the achievements of this priority are:
   An audit of the police safeguarding alerts (Merlin reports) were carried out to ensure there is effective information sharing and response through the safeguarding system. The report was submitted to the October 2014 SAB. Following that, a task and finish group was established to review the current pathway for Merlin reports and how this could be improved.

   A report was submitted by the police to the January 2016 SAB on the number of reports, repeat referrals, investigations and prosecutions of rogue trading, disability hate crime and distraction burglary and section 44 Mental Capacity Act offences involving ‘vulnerable adults’ who are ill-treated or neglected by those caring for them”

A task and finish group was established to review the operation of third party reporting sites in Barnet. Anybody can report to the police if they are a victim of crime but people often face barriers which make it difficult to report directly to the police. Third Party reporting sites provide an alternative for people. The review was presented to the SAB in January 2016 and the recommendations were included in the 2016-18 SAB business plan.

4. *Increase the understanding among the public of what may constitute abuse.*

Some of the achievements of this priority are:
The SAB worked to increase the number of alerts from members of the public by distributing safeguarding promotional material to the community. The SAB carried out face to face activity with the public and increased the availability of the "Say No to Abuse" booklet through community channels such as service providers and the CCG. Posters of "Say No to Abuse" were produced and distributed for display. Increased outreach to elderly people via flyers with home meal services, leaflets at Dementia Cafes and through Neighbourhood Services.

Appropriate messaging was provided for Barnet Watch Alert communications for 800 Neighbourhood Watch Coordinators to disseminate. Case studies were collated and shared for service provider newsletters and the Barnet First magazine.

The CCG regularly promotes safeguarding to GPs and primary care staff, via newsletters, training and meeting presentations.

5. *To ensure that the voice of the adult at risk stay central to our partnership work.*

Some of the achievements of this priority are:
The SAB developed a policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding.

The Local Authority continued to capture the views of people who have experienced safeguarding services and report findings back to the Safeguarding Adults Board for information and action.

Partners training programmes and templates were updated in line with the Care Act and were reviewed and updated in line with the revised London Multi-Agency Safeguarding Policy and Procedures.

6. *Ensure the implementation of lessons learned from any serious case review or domestic homicide review*

Some of the achievements of this priority are:
Under the Care Act 2014 (the Act), Safeguarding Adults Boards are responsible for arranging Safeguarding Adult Reviews (SARs). SARs are about learning lessons for the future. The SAB developed a process for the SAR process and agreed the terms of reference.

A Domestic Homicide Review (DHR) monitoring group was set up for the delivery of the DHR action plan. The purpose of the DHR is to understand where there are lessons learned and to make recommendations to prevent future homicides.

4 What we have achieved in 2015/16

Each Board partner has achieved a lot in the last year and we have split our achievements into the themes below.

4.1 The Work of the Safeguarding Adults Service Users Forum

Our Safeguarding Adults Service User Forum ensures the voice of service users remain central to our safeguarding work.

The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical disabilities and sensory impairments. Their mission statement is:

"Our mission is to play a significant part in the community by raising awareness amongst the public, and training those who live and work with vulnerable adults; to protect and help them, and establish good practice throughout our community."

This year we have:

- received regular progress reports on the work of the SAB
- had discussions about how to attract new members to the forum
- helped contribute to the SAB annual reports
- reviewed the SAB easy read annual report
- reviewed and updated our mission statement
- planned a service user conference in November for Safeguarding month
- received presentations from the following agencies:
  - Central London Community Health
  - The Royal Free Hospital
  - London Fire Brigade
  - London Ambulance Service

We learnt about how they are safeguarding adults. We told them the areas where we think they are doing well and where they need to improve.

4.2 Supporting Family Carers

Carers have an essential role in supporting family and friends to remain living safely in our communities and without the support they provide Barnet would be unable to provide the level of health and social care that is currently in place.

Over the last year we have:

- carried out training with our staff to ensure they understand the importance of carrying out carers assessments, and increase their knowledge of what support is available to help carers to look after their own health and wellbeing
- worked with partners to help increase identification of carers and promote carers support services.
- updated the content on our website and our "Support for carers in Barnet" document to make it easier for carers to access useful information and increase knowledge of the wide range of support available for carers in Barnet.
- carried out a staff awareness event during Carers Week 2015 on carers and safeguarding
- co-produced our Carers and Young Carers Strategy 2015-20 with carers and young carers. This is the first time we have a joint strategy with Family Services.

4.3 Safeguarding in Health Services

In the past year our local health partners have been working hard to improve the quality and safety of local services. All our health providers have robust reporting frameworks with responsible senior officers who lead on safeguarding adults work. The Safeguarding Adults Board requires them to report regularly on the work they are doing to ensure patients are safeguarded.

4.3.1 Royal Free London NHS Trust Foundation

Barnet Hospital, Chase Farm Hospital, the Royal Free Hospital and their associated services are part of the Royal Free London NHS Foundation Trust. The trust sees about 1.6 million patients each year in three main hospitals.

This year they have continued to embed the Integrated Safeguarding Committee (ISC). This has helped bring them together as a Trust. This ISC, which is chaired by the Director of Nursing, provides the scrutiny and governance for all the safeguarding activity and process.

There has been considerable policy development. All policies are now in place to support staff to undertake their safeguarding responsibilities and raise concerns.

Over the last year the safeguarding team have pulled together policies/ guidance and supporting materials for safeguarding adults, MCA & DoLS, supporting people with learning disabilities and supporting victims of domestic violence. These have been

put into a single place known as the purple folder for staff to access. There is a hard copy on each ward and an electronic copy on the Trust Intranet.

There has been an increase in the number of referrals in all areas of safeguarding across the Trust.

During 2015/2016 the Trust have continued to be supported by the Independent Domestic & Sexual Violence advisors (IDSVA's) who are instrumental in helping meet the requirement to be compliant with the NICE guidance 'Domestic Violence and Abuse'. The IDSVA's support patients and staff who experience domestic abuse as well as contribute to staff training to raise awareness of domestic abuse.

In October 2015 the Trust hosted an integrated safeguarding conference and in June 2016 they hosted a Domestic abuse learning event.

4.3.2 Barnet, Enfield, Haringey Mental Health Trust

Over the last 12 months The Trust has strengthened its safeguarding arrangements in many ways including the recruitment of a full-time Head of Safeguarding.

During the year the Trust has set up a safeguarding e-mail inbox to allow improved monitoring of safeguarding alerts, and a safeguarding screen saver has been established to prompt staff to use the Trust safeguarding inbox. They have also included a prompt to consider safeguarding on their incident reporting system (Datix).

An Integrated Safeguarding Committee has been established with clear terms of reference. The Trust's safeguarding surgeries have been recognised as good practice and the safeguarding champions terms of reference have been refreshed and revised. A safeguarding dashboard has been designed.

The Trust has developed a safeguarding training strategy. Mental Capacity Act and Deprivation of Liberty Safeguards training has been included in the mandatory training matrix. . Prevent training and Domestic Violence and Abuse training have both been included in Corporate Induction for all staff.

A safeguarding strategy has been developed with key aims and objectives. The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant and a Domestic Violence and Abuse Policy has been developed.

4.3.4 CCG

Barnet Clinical Commissioning Group (CCG) is the NHS lead commissioner for the Royal Free Hospital and Central London Community Healthcare NHS Trust. The CCG has contracts with Barnet, Enfield and Haringey NHS Trust, and other health providers across the borough, and is the lead commissioner for the North London Hospice.

The CCG Safeguarding Lead and GP for Adult Safeguarding offer support to health providers and GPs across the Barnet health economy. Safeguarding within

healthcare is monitored via contractual arrangements and quality review meetings, including the requirement for regular reporting of Safeguarding activity.

Barnet CCG had a Safeguarding Deep Dive carried out by NHS England in November 2015. This was given an overall rating of assured as good. The work of Barnet CCG with Enfield and Haringey CCGs to improve awareness of the Mental Capacity Act 2005 was reviewed as excellent and recommended as good practice.

4.3.5 Central London Community Healthcare (CLCH)

CLCH provides community health services to around a million people across London and Hertfordshire.

In 2015/16, CLCH met its statutory requirement under the Care Act (2014) to contribute to Section 42 Enquiries, when concerns have been raised about an adult being at risk of harm, neglect or abuse.

The CLCH Safeguarding Adults Lead has been proactive in advising and supporting CLCH staff and partner agencies to assure safeguarding or quality in care issues are managed proportionately. The Lead contributed to the development of the Barnet Safeguarding Pressure Ulcer Protocol to assist practitioners in assessing the need to report a pressure ulcer as a safeguarding concern.

In 2015/16 work was undertaken to embed the recommendations from Making Safeguarding Personal (2014) to assure people accessing CLCH services are safe, empowered, informed and have their views, worries and wishes taken seriously

The implementation of a standardised electronic care record across CLCH has supported improved record keeping, information sharing and flagging of concerns to enable informed decision making and care planning by CLCH staff.

During the year CLCH has championed the needs of people with Dementia and learning disabilities who access our services, with service users, lay people and third sector organisations being key members of the CLCH Dementia Steering Group and also the Learning Disabilities Group.

CLCH contributed to the Barnet Service Users Forum and Quality Stakeholders meeting, working in partnership to ensure adults at risk are safeguarded.

4.4 London Ambulance Service NHS Trust

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation. We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

The LAS made a total of 4,331 adult safeguarding referrals across London in 2015/16, and 8,440 relating to welfare concerns for adults whom may have care and support needs. In Barnet, there were 27 adult safeguarding referrals and 79 adult

welfare referrals. The LAS is committed to ensuring information is shared to prevent and reduce the risk of harm to adults at risk.

To address safeguarding responsibilities, we have:

- a safe recruitment process that includes the vetting and barring scheme and procedure with reference to the Independent Safeguarding Authority
- processes for dealing with allegations against staff with clear links to police and local authority designated officers
- a named executive director with responsibility for safeguarding
- heads of safeguarding for adults and children who are also the named professionals
- a safeguarding officer who is first point of contact for local safeguarding boards and local authorities
- internal and external reporting mechanisms to capture safeguarding issues.

We work closely with the safeguarding lead commissioners. We continue to work with all adult safeguarding boards in response to notifications of safeguarding adult reviews. All recommendations and action plans are monitored internally and approved by the safeguarding committee for closure when appropriate.

4.5 Improving fire safety

The London Fire Brigade (LFB) carried out **3,136** free home fire safety visits to Barnet residents in 2015-16. 85% of these visits were high priority situations or people at risk due to their vulnerability.

14.6% of our time was spent on carrying out community safety activities to promote increased fire prevention knowledge and understanding in the borough.

The LFB played an active role in Project Mercury; a Police led initiative where all partners work together to raise awareness of the risks of burglary and how to prevent them.

4.6 Community Safety

The Barnet Safer Communities Partnership (BSCP) brings together the key agencies involved in crime prevention and community safety work.

Barnet is one of London's safest boroughs with a low crime rate. Barnet has the 8th lowest rate of total crime per person out of all 32 London boroughs and the 4th lowest rate of violent crime. The overall rate of crime per 1,000 population is 24% lower than the London average.

Reducing Repeat Victimisation – Residential Burglary

Reducing Burglary in Barnet is recognised as a top priority: there are now over 1,000 fewer burglaries happening in Barnet every year than there were three years ago. However, burglary is the only major volume crime which occurs in Barnet at a rate well above the London average.

The Partnership has been working to reduce the risk of residents becoming victims of burglary. The Safer Homes Project is focused on preventing individuals becoming repeat victims of burglary through home visits which assess the safety of their home and by providing them with free locks and security measures. In the last year 65 homes across the borough have benefited from 'Safer Homes' interventions. In addition there are a number of other activities which are tackling residential burglary. These include: The 'Met Trace' project which has deployed traceable liquids asset marking technology to over 10,000 households in Barnet; and Barnet Borough Watch who have over 900 watch coordinators across the borough providing crime prevention advice in their local area.

Reducing Repeat Victimisation – Anti-social behaviour

The Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) is an anti-social behaviour focused multi-agency risk assessment case conference. The Community Safety MARAC was introduced 2014/15 and has developed throughout 2015/16 taking on an increasing case load of complex multi-agency anti-social behaviour cases. The Community Safety MARAC is focused on providing a victim centred approach to victims of anti-social behaviour. The group has been receiving an average of over five complex cases per month and reduced the risk to victims by coordinating an effective multi-agency response. This has contributed to an overall reduction in ASB calls received by the police (overall ASB calls down 16% and repeat callers down 25%).

Radicalisation – Prevent and Channel

Prevent is the Government's strategy to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent prioritises using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours.

After designating Barnet as a 'tier 2 priority area' under the Prevent scheme, the Home Office have provided funding for a Prevent Coordinator who joined the authority in December 2015.

The Prevent Coordinator work is focused on:

- Ensuring that the council is fully-compliant with the statutory Prevent duty across all of its departments and functions.
- Coordinating the necessary partnership action in response to the risks and recommendations outlined in the Counter Terrorism Local Profile (CTLP).
- Providing relevant and appropriate briefings and training to council staff, elected members, and partners when necessary.

Barnet's Channel Panel meetings are chaired by the Prevent Coordinator. Channel is an early intervention multi-agency panel focused on safeguarding vulnerable individuals from being drawn into extremist or terrorist behaviour.

Learning from a Domestic Homicide Reviews (DHR)

Tragically, people sometimes die as a result of domestic abuse. When this happens, the law says that professionals involved in the case must conduct a multi-agency review of what happened so we can identify what needs to be changed to reduce the risk of it happening again in the future.

If a domestic homicide takes place in Barnet, the police inform the Safer Communities Partnership of the incident. After this initial notification, a decision will be made about whether we need to have a Domestic Homicide Review (DHR) using the Home Office guidance. The Safer Communities Partnership then has the overall responsibility for setting up a review.

Domestic homicide reviews are not inquiries into how the victim died or into who is responsible. The purpose of a DHR is to understand where there are lessons learned and to make recommendations to prevent future homicides.

The report from the review and its recommendations can be read on our website.

4.7 Safeguarding in the Police

In September 2015 the police started the recording of adults with vulnerabilities on Merlin reports and developed the Vulnerability Assessment Framework.

The Vulnerability and Adult at risk toolkits were introduced which include guidance to staff around adults coming to notice for issues related to human trafficking and self-neglect.

The Police along with NHS England and London Councils have developed an information sharing agreement which is currently out for consultation.

"Clocks, Locks and Lights" is a major campaign against burglary that took place on Monday 12 October 2015 and involved 500 Barnet Police officers. It focused on reducing burglary through crime prevention advice, improved identification of vulnerable adults and reducing risk of victimisation. There were two further operations of "Clocks, Locks and Lights" during the year.

A Borough Mental Health liaison officer was appointed (Inspector rank) to champion mental health and develop closer working relationships with strategic partners.

There was a reduction of 13.8% in the number of victims of residential burglary in Barnet and improved confidence in Police response to Domestic Abuse with an 18% increase in allegations of Domestic Abuse.

4.8 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 98 registered care homes that provide care for older adults and younger people with disabilities. Additionally, there are 32 registered supported living providers in the borough who offer services in approximately 85 different locations.

The role of the Care Quality Team is to support care home and supported living scheme managers to improve and maintain the quality of care they provide. The Team's focus is on promoting the principles of integrated working, prevention and the sharing of best practice.

An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and Reviewing Officers who regularly visit these services.

The Team also includes Quality in Care Advisors who work with providers to support best practice. Work with individual homes may result from a referral, a poor inspection report, or a request for support from the care home manager.

4.9 Training

4.9.1 Barnet Council

The Safeguarding Adults Training Programme for 2015-16 was delivered to Council staff including Adult Social Care, CLCH and Barnet, Enfield and Haringey Mental Health Trust as well as private, voluntary and independent sector organisations.

Training for social workers and partners:

Safeguarding Adults Level 1 e-learning	238 completed
Safeguarding Adults Raising awareness	**6** LBB Staff, **32** External Staff
Safeguarding Adults Policy & Procedures	**79** LBB Staff, **31** External Staff
Safeguarding Adults Investigations	**11** LBB Staff
Financial Abuse	**25** LBB Staff, **6** External Staff
Making Safeguarding Personal	30 internal staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	**91** External Staff
Mental Capacity Act	**55** LBB Staff

4.9.2 Health

CCG

All healthcare staff are required to have training in safeguarding adults, including Mental Capacity Act, Prevent and Domestic Abuse. The CCG provide training to Barnet GPs and Primary Care Staff. Healthcare services commissioned by the CCG are required to be compliant with safeguarding training, and provide quarterly training compliance figures to the CCG.

Royal Free Hospital Trust

All new starters at the Trust must complete induction training on their first day. Safeguarding training and DoLS are delivered by members of the safeguarding team during that day. Staff are then required to refresh their training every three years. Outside of this mandatory training, staff also receive extra training delivered by the Acute liaison nurses for people with a learning disability and the Independent Domestic and Sexual Violence Advisors (IDSVA). There is a dedicated safeguarding training facilitator who can support training programme development, training delivery and link in when required with external agencies.

The training figures have improved on last year:

	March 2015	April 2016
MCA/DoLS	77%	81%
Safeguarding Level 1	76%	87%
Safeguarding Level 2	70%	81%

Barnet, Enfield, Haringey Mental Health Trust

Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap is also delivered at Corporate Induction and has been mandatory since September 2015.

Staff are required to refresh safeguarding training at least every three years. The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%.

CLCH

Safeguarding training is a key performance indicator (KPI) which is reported to the CLCH Board and Commissioners on a quarterly basis. In 2015/16 CLCH did not meet the required compliance level of 90% for Level 1 safeguarding adult training. Work is underway to implement a blended learning approach to support staff to always act in the best interests of those who access CLCH services.

CLCH Adult Safeguarding Training Compliance 2015/16		
Training Level	**Compliance Level Required**	**Compliance Level Achieved**
Level 1	90%	83%
Level 2	90%	91%

Our staff have received Mental Capacity Act and Deprivation of Liberty training in line with statutory guidance. A WRaP (Prevent) training programme is underway to ensure our staff fulfil their duty to protect vulnerable individuals from being groomed into terrorist activity or supporting terrorism.

Following the publication of the Barnet Domestic Homicide Review bespoke domestic abuse training was delivered to staff in the CLCH Urgent Care Centre and Walk in Centres.

4.9.3 Police

Training was provided to all frontline Police Officers on Mental Capacity Act and Mental Health Codes of Practice during November 2015.

Between January and March 2016 all frontline Police Officers were given training on Disability and awareness of disability related hate crime.

In January 2016, 60 officers were awarded a City and Guilds qualification for the MAST programme (Mental Health Awareness and Safeguarding). This training was paid for through Home Office Innovation Fund. It was aimed at staff based in Borough gangs units, Safer Schools, Community Safety Units, Misper Units, Youth engagement, Youth Offending, CID and MASH.

4.10 The Mental Capacity Act and the Deprivation of Liberty Safeguards

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005.

The Deprivation of Liberty Safeguards provide protection for vulnerable people who are accommodated in hospitals or care homes who cannot make their own decision about the care or treatment they need, and who are unable to leave because of concerns about their safety. This might be due to a dementia or learning disability for example.

The Deprivation of Liberty Safeguards (DoLS) aims to protect such people so any decisions made about their care and treatment, are made in their best interests. The care home or hospital must notify the local authority when these circumstances exist. The local authority then must make sure this is the correct way of caring for the person, by talking to the person and everyone involved including family members. If this is agreed, the local authority authorises the arrangements and this can be for a period of up to twelve months. This is known as an authorised deprivation of liberty.

When this was first introduced the local authority received a small number of applications. However, in March 2014 there was a change in the law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who cannot make their own decision about care and who is under continuous supervision and control and not free to leave. This led to a very large increase in applications, which we have seen continue to increase this year by 112%. Despite this unprecedented increase in applications the local authority has continued to ensure that everyone is assessed under the legislation.

	2012-13	2013-14	2014-15	2015-16
Number of requests for authorisation	30	55	640	1357
Number of authorisations granted	19	27	517	965
Number granted with conditions	12	18	206	371
Number of authorisations which did not qualify	10	19	65	121
Number of authorisation requests withdrawn	1	9	58	152

2015-16 figures as of 12.07.16. NB 2015-16 figures: there are 119 requests for authorisation where an outcome is not yet known.

Number of requests for authorisation – the number of requests the local authority received from care homes and hospitals.

Number of authorisations granted – the number of requests which were assessed and authorised as in the person's best interest.

Number with conditions – the number we have granted under certain conditions, i.e. the home must ensure that the person has regular leisure activities.

Number of authorisations which did not qualify – the application could not be authorised because following assessment one of the six qualifying requirements was not met. For example, the person was found to have capacity to make their decisions, or the person was found not to be eligible because they are either are or could be subject to the Mental Health Act detention.
Number of authorisation requests withdrawn – the care home or hospital withdrew their requests because there was a change in circumstances, such as the person had left the accommodation or they had died. Or it has been found that the application should have been sent to another local authority.

4.10 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board.

4.11.1 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2015 included:

- Safeguarding Awareness Express Training

- Mental Capacity Act
- Domestic Violence
- Workshop for family carers

The month was a success with good attendance at training sessions by staff across the council.

4.11 Challenge Role

A SAB is required by the Care Act 2014 to monitor and evaluate its performance and that of its members in terms of achieving their objectives and implementing its strategic plan. SABs should also monitor and evaluate their own performance in meeting governance procedures and processes and their members' own internal safeguarding activity through an audit process.

4.12.1 Challenge and Support Event

The Safeguarding Adults Board held a Challenge and Support Event Saturday 4 April. As the end of the financial year approaches it is an appropriate time to reflect and take stock of where we are with regards to safeguarding adults. The event provided an opportunity for each partner to tell others what they have achieved through the year and for partners to ask questions as well as offer some challenge.

The outcomes of the event have been incorporated into the SAB's work plan 2016-18 and the safeguarding work of each of the partners to develop any weaknesses and build on strengths.

5. Safeguarding Stories

Below are two real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Mrs Drayton is a 60 year old lady with Multiple Sclerosis who lives with her husband. Her husband was her main carer, he looked after at home, helping her with washing and dressing, preparing food and looking after the house. Mrs Drayton contacted Adult Social Care with concerns about her relationship with her husband. She said that there was a lot of tension in the relationship and her husband was deliberately doing things to upset and provoke her like spilling water over her and shouting at her. Mrs Drayton stated that she no longer wanted him to care for her as she felt intimidated by him. Things were so bad she said she wanted a divorce.

With the social worker's support, Mrs Drayton decided that the best way forward was for the social worker to speak with her and her husband to help them work out what they wanted to happen. Mr Drayton was offered a carers' assessment. Following this a direct payment was put in place for the couple to arrange periods of care when respite was needed. Mr Drayton used some of the payments to employ a carer fortnightly to help his wife while he went to the football which was something he previously enjoyed. After a few meetings with the social worker and with this additional support, Mrs Drayton reported that the relationship had improved significantly and they wanted to stay together.

Mrs Philips is a 77 year old widow who lives in her own home in Barnet. Following her husband's death she agreed her friend of 17 years and his wife could move in with her in order to allow them to save some money for a deposit for their own property. Their relationship changed shortly after the couple moved in. They were rude and abusive to Mrs Philips and tried to claim compensation from her due to an alleged leak on the roof. Mrs Philips asked the couple to leave her property and they refused.

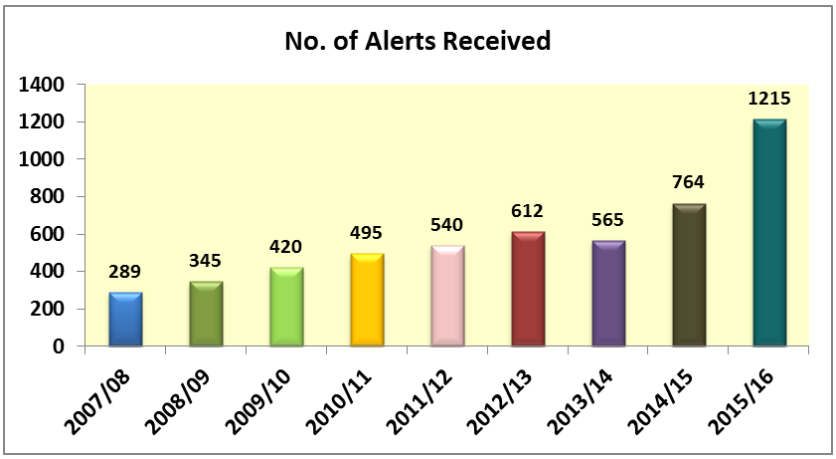
Adult Social Care received a safeguarding concern from the Police following an incident when the couple had an argument with Mrs Philips friend. The police advised Mrs Philips to seek legal advice and obtained her agreement to raise the safeguarding concern. They were concerned that she was in a position which made her very vulnerable. They had concerns that she was at risk of on-going financial and psychological abuse from the couple.

Adult Social Care worked with Mrs Philips to develop a Safeguarding plan. This included providing her with advice and regular psychological support, and a referral to the local Neighbourhood Watch Team who also visited her to provide her with support in these very difficult, distressing times. The support provided by the social worker and the Police empowered Mrs Philips to go through a court hearing where she won her case and the judge ordered the couple to leave her property within a short period of time.

6. What do the statistics tell us about safeguarding in Barnet?

6.1 How many safeguarding concerns did we receive?

This year we have seen a further considerable increase in the number of safeguarding concerns raised. During 2015/16 we received a total of 1215 concerns, representing a 59% increase on the previous year.



Raising public awareness of what abuse is and how to report it was a priority for the Safeguarding Adults Board priority during 2015/16. As a result of this work the number of concerns raised by members of the public continued to increase. This year we saw 102 concerns (8%) raised by relatives and friends, in addition to 45 self-referrals (4%).

This year saw a greater number of concerns raised by agencies such as the Police, health organisations and housing services. 12% of all concerns were raised by the Police, compared to 4.5% last year, and 11% by NHS staff.

6.2 How many concerns required further enquiry?

Not all concerns turn out to be abusive situations. They can indicate a need for increased support or other help. Where it is believed abuse has taken place, concerns are referred for further enquiry under our safeguarding procedures.

Of the 1,215 concerns received, 481 were referred for further enquiry. Although the number of concerns has increased substantially, the number of enquiries has remained similar to last year. This is likely to mean that many more people are aware of abuse and where to report it, but in most cases these concerns relate to a circumstance where a more proportionate response is warranted over a full safeguarding enquiry.

6.3 Types of abuse and those involved

The tables below show a breakdown of all our safeguarding concerns by reported primary care need and age of the vulnerable adult. As in previous years, most concerns we receive relate the abuse of older people.

The way in which we categorise an adult's care needs has changed and so the following tables have been designed to enable comparison with previous years.

Primary Care Need	2013/14	2014/15	2015/16
Learning Disability	20%	20%	13%
Mental Health (Inc. Support with Memory & Cognition)	15%	16%	22%
Physical Disability & Sensory Support	64%	63%	61%
Social Support	1%	1%	4%

Client Age Group (where known)	2013/14	2014/15	2015/16
18-64	40%	40%	38%
65+	60%	60%	62%

As in previous years, concerns raised about adults over the age of 65 are higher than any other group. 58% of those relate to neglect and acts of omission.

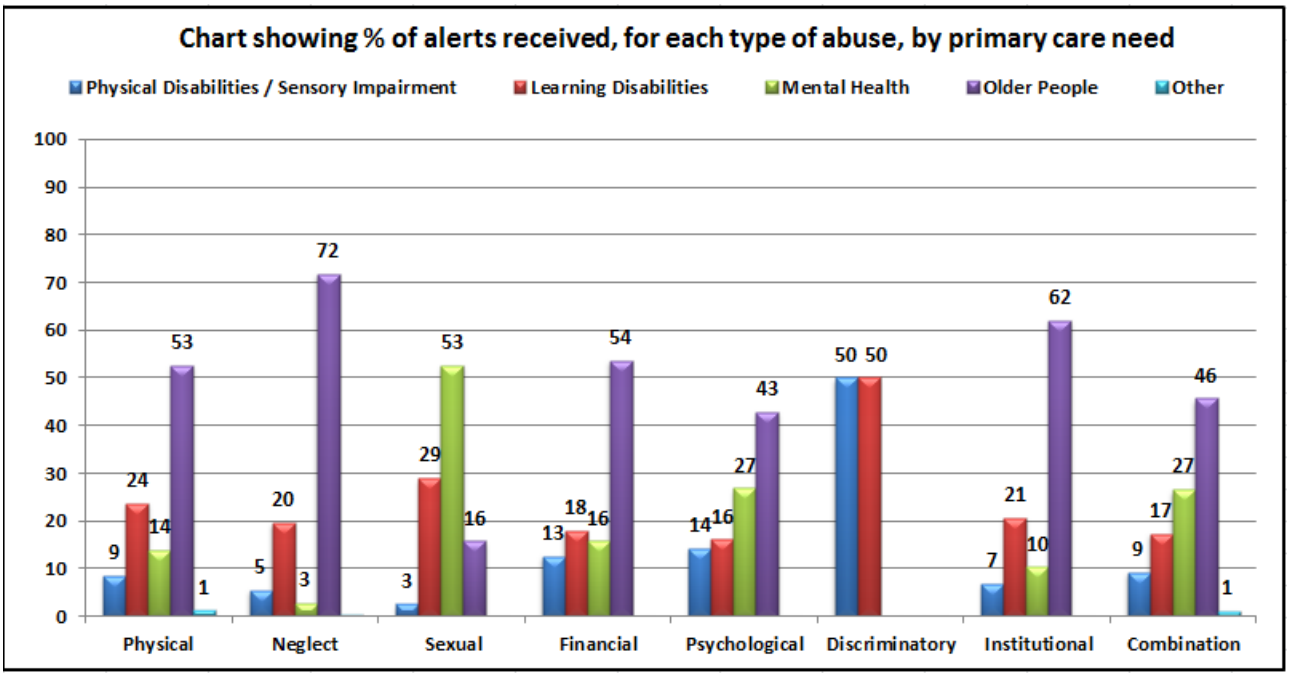
Neglect, along with physical abuse, was also a common concern raised relating to adults with learning disabilities. For those with physical disabilities or mental health needs concerns most frequently involved a combination of abuse types.

In 2015/16, where known, 55% of adults at risk had dementia. This is a substantial increase of 31% on the previous year. However, in over two thirds (71%) of all cases, it was unknown whether the adult at risk did or didn't have dementia and this may account for the increase, as in 2014/15 this was unknown in only 16% of cases.

During 2015/16, in the 1,213 applicable cases, hate crime was cited in six concerns. Four cases were investigated by the police and three were referred to a safeguarding enquiry.

Domestic Abuse and Modern Slavery are new categories of abuse reported for the first time in 2015/16. Domestic Abuse was reported to have occurred in 83 cases (including combined types of abuse).

The graph below shows the type of abuse reported for each client group. This includes situations where the adult has experienced more than one type of abuse.



6.4 Pressure Ulcers

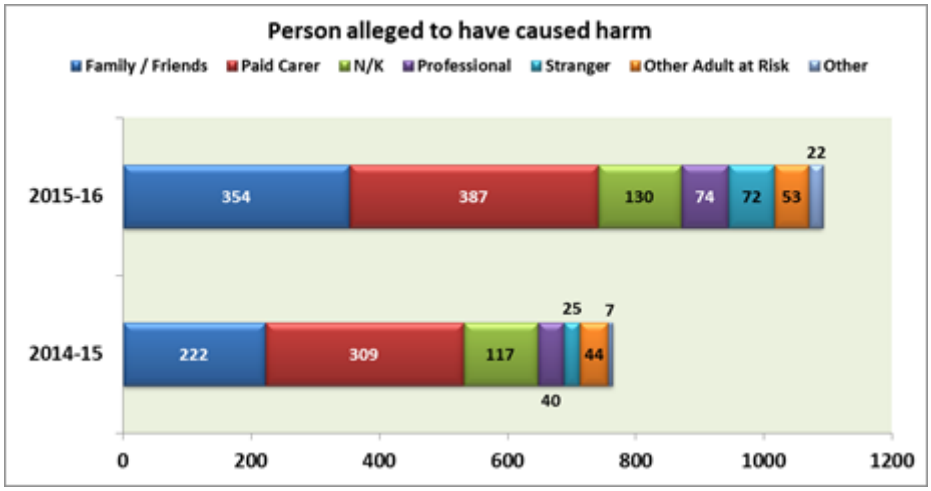
Of the total number of concerns 167 described a situation where the adult had developed a pressure ulcer. This is a 22% increase in the number reported last year. 40 of these progressed to a safeguarding enquiry as a sign of neglect. This compares to 61 last year.

At the point of publication, enquiries into 37 the 40 referrals involving pressure ulcers had been completed the table below shows the outcomes.

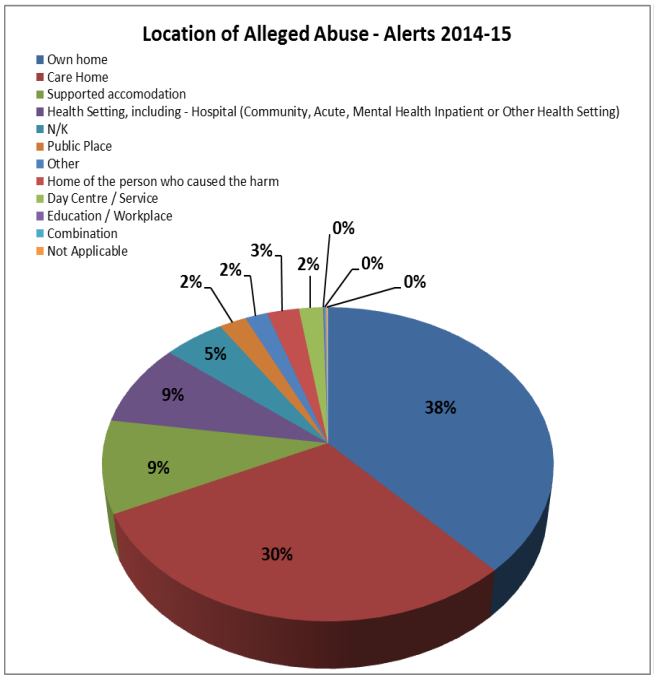
Safeguarding outcomes for referrals related to Pressure Ulcers			
Case Conclusion	**2013-14**	**2014-15**	**2015-16**
Abuse substantiated	11	11	6
Abuse not substantiated	30	25	16
Abuse partly substantiated	4	6	2
Not determined / inconclusive	8	13	13
Investigation ceased on individuals request	0	1	0
In 2013-14 'investigation ceased on in the individuals request' wasn't recorded			

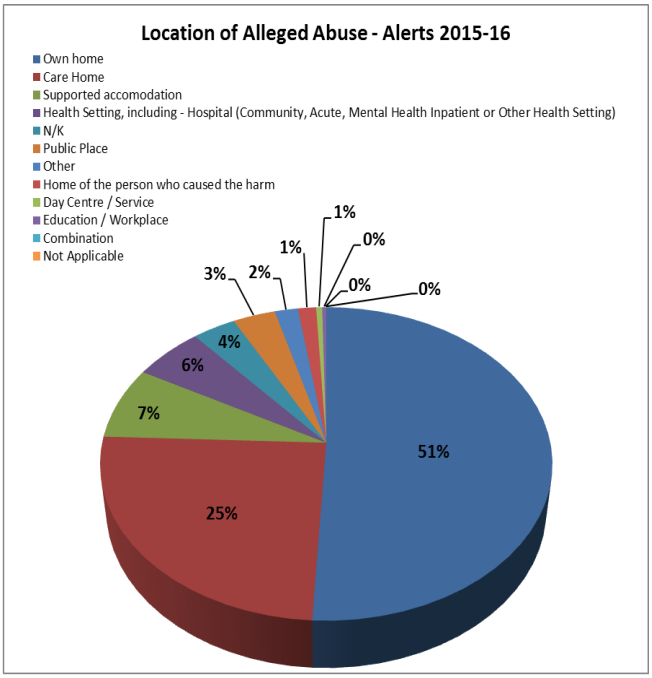
6.4.1 The person who caused the harm

2015/16 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (32%), followed by family /friends (29%). The chart below shows the total number of concerns and who the person who allegedly caused the harm. Self-Neglect was recorded in 123 cases.



In 2015/16, as with previous years, the most common location for alleged abuse/neglect was in the persons own home, with the proportion of such instances increasing by 12.5%.

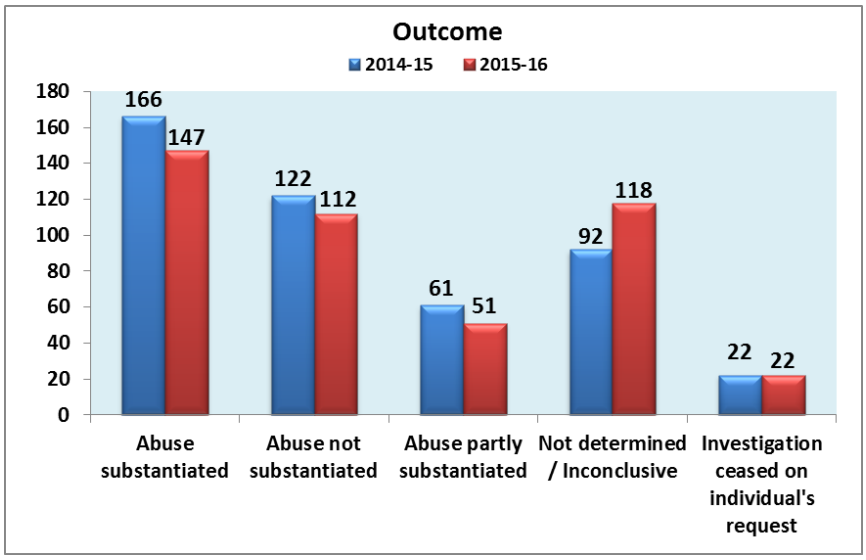




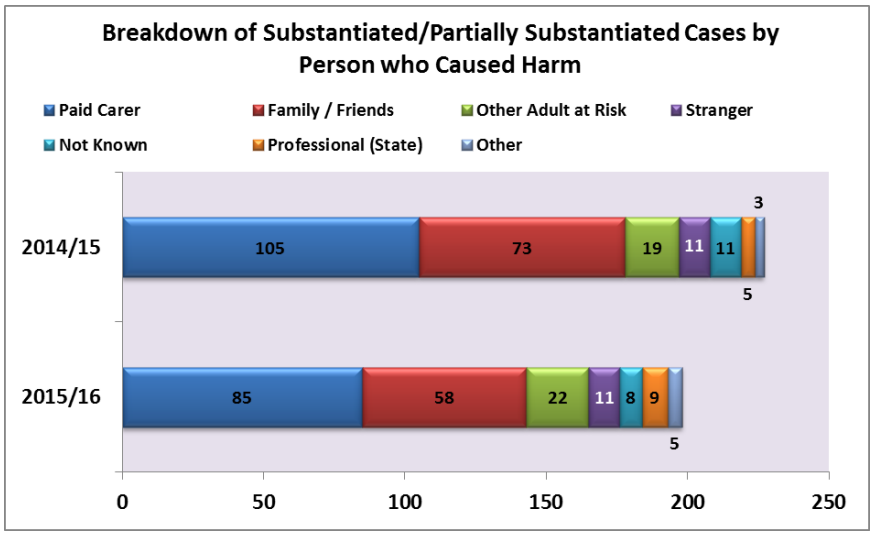
6.4.2 Outcomes of our enquiries

For every case where we have made enquiries, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

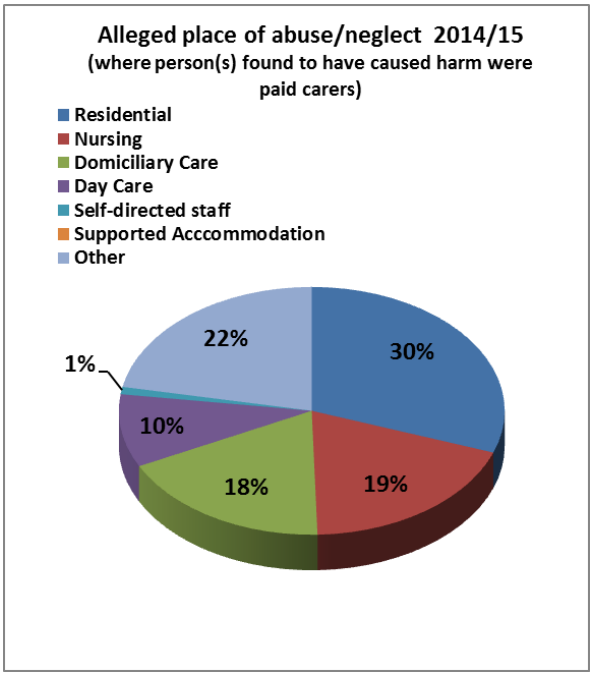
450 cases have now been completed and an outcome determined. Of these completed enquiries, 44% were fully or partially substantiated (a 5% reduction on 2014/15).

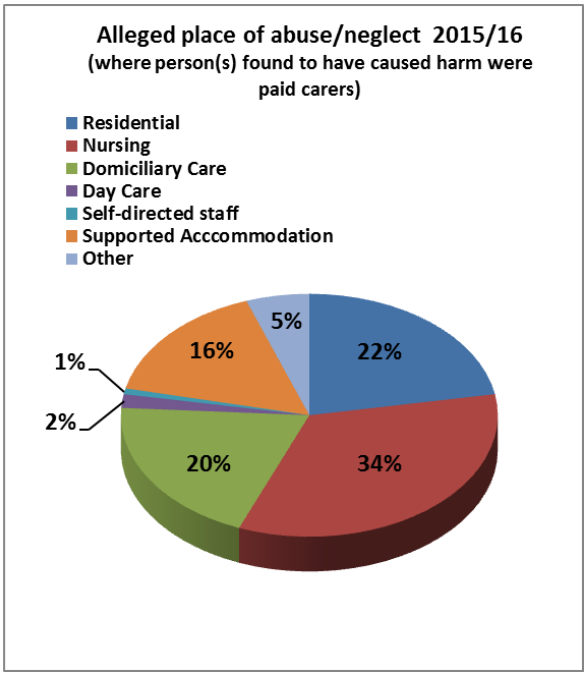


The following chart shows cases of substantiated/partially substantiated abuse/neglect, broken down by the type of person(s) who caused the harm.



During 2015/16, 43% of fully or partially substantiated abuse involved paid care staff, a reduction of 3% on the previous year. In the majority of instances involving paid carers, the alleged abuse took place in a care home setting, with a 7% increase to the proportion recorded in 2014/15. The percentage of concerns involving carers in a day care setting also increased in 2015/16, by 8%.



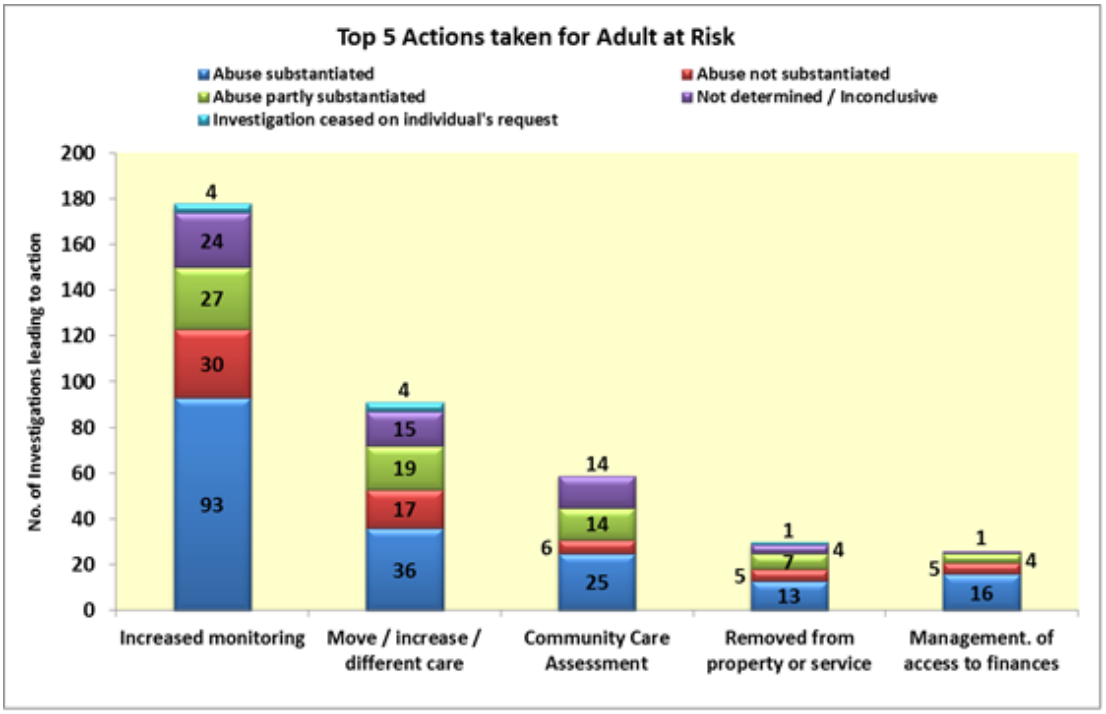


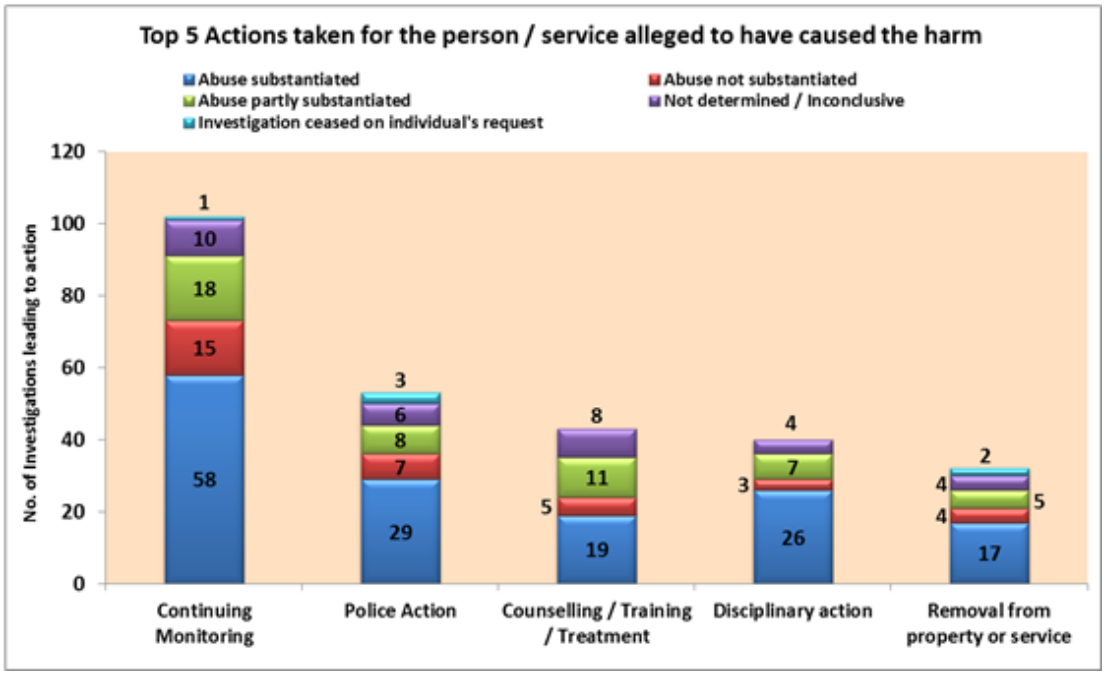
***In 2014/15 'supported accommodation' was recorded under 'other' location.**

Action Taken

In all safeguarding enquiries we try to help the adult at risk stay safe from harm. In most cases to ensure this happens, we increase monitoring of the adult at risk and change the frequency, type or location of their care. We also take action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

The following charts provide a breakdown of the five most common actions taken during 2015/16, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by enquiry outcomes.





In 2015/16, action was taken by CQC in 11 cases, compared with 17 in 2014/15 and three Criminal Prosecutions / Formal Cautions were made, compared with 14 in 2014/15.

Where applicable, during 2015/16, the desired outcome of the adult at risk was recorded and monitored. In 67% of applicable enquiries, the desired outcome was fully achieved and in a further 30% of enquiries, the desired outcome was partially achieved.

7 What we want to achieve 2016-18

In September 2015 BSAB Members and the Service Users Forum were asked for their organisations top six priorities for the next SAB business plan 2016-18. These priorities were collated and presented at a development day in December 2015 which all the SAB members were invited to attend. From this event five priorities for the next two years (2016-2018) were agreed:

1. Personalisation
   The BSAB have signed up to the Government's core principles set out in their policy on safeguarding adults at risk: empowerment, prevention, proportionality, protection, partnership and accountability. Making Safeguarding Personal supports translating those principles into effective practice, creating a person centred approach to safeguarding. This priority will also include the work required to implement the revised Pan London Safeguarding Policy and Procedures.

2. Adult Multi Agency Safeguarding Hub (MASH)
   An Adult MASH would provide a clear pathway for reporting concerns as well as triage and multi-agency assessment of safeguarding concerns in respect of adults at risk. It would bring together professionals from a range of agencies into an integrated multi-agency team.

3. Access to Justice
   This priority aims to improve the access to justice for adults at risk. To ensure adults at risk know how they can report crime with confidence, the process will aim to gain the best outcome for the victim.

4. Pressure Ulcers
   Pressure ulcers can be an indicator of neglect. However skin damage has a number of causes. Some relate to the individual person, such as poor medical condition, and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working and lack of appropriate resources. A multi-agency protocol has been developed which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to referred as a safeguarding alert. This priority aims to embed the protocol across the identified roles.

5. Domestic Abuse
   A proportion of safeguarding work relates to abuse or neglect with people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. The BSAB has worked closely with the Domestic Violence and Domestic Violence Against Girls (VAWG) Board to ensure our plans are linked.

8. Useful contacts

Questions about this report

If you have any questions about this report, please contact Emma Coles, Safeguarding Adults Board Business Manager

Tel: 020 8359 5741
Email: emma.coles@barnet.gov.uk

Safeguarding training

If you would like to access safeguarding training for organisations in Barnet, please contact the Barnet Adults and Communities Workforce Development Team.

Tel: 020 8359 6398
Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000
Email: socialcaredirect@barnet.gov.uk

This page is intentionally left blank

AGENDA ITEM 10

	Health and Wellbeing Board **10 November 2016**
Title	**Adults and Communities Engagement Strategy Update**
Report of	Adults and Communities Director
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - Adults and Communities Engagement Strategy Appendix 2 - Annual Engagement Summit Report
Officer Contact Details	Hannah Ufland, Engagement Lead, Adults and Communities Email: Hannah.ufland@barnet.gov.uk Tel: 020 8359 4712

Summary

The Council's Adults and Communities Delivery Unit leads on engagement for adult social care and health. Following extensive work over the last year to co-produce a new way of engaging with people who use adult social care and health services, their carers and the voluntary and community sector a new Engagement Strategy has been agreed. This provides improved opportunities for local residents to shape health and social care services in Barnet.

This Strategy was launched at the Annual Health and Social Care Summit which was held at the RAF Museum in Hendon. The event allowed people who use adult social care and health services and their carers to come together with members of the Health and Wellbeing Board, Barnet Council, Barnet CCG and the voluntary and community sector to prioritise subjects that they felt were most important for engagement activity in the coming year.

Prior to the Summit, working groups had been established to focus on direct payments and assessment hubs. These led improvements in Direct Payment and a new name and brand for a new way of delivering social care within assessment hubs.

These subjects collated at the Summit were then used as a basis for a workplan which has been signed off by a newly established Involvement Board which details the working group subjects for the first 6 months of the year. Regular update reports will continue to be brought to the Health and Wellbeing Board along with any pertinent recommendations from

the working groups.

Recommendations
1. That the Health and Wellbeing Board note the final Adults and Communities Engagement Strategy (Appendix 1) and the progress made to date.
2. That the Health and Wellbeing Board agrees the Annual Engagement Summit report (Appendix 2) for publication on London Borough of Barnet website and for circulation to all members of the Health and Wellbeing Board.
3. That the Health and Wellbeing agrees to receive a further report on the progress every 6 months.

1. WHY THIS REPORT IS NEEDED

1.1 In January 2016, a report was brought to the Health and Wellbeing Board outlining draft proposals of the review of the engagement structure. The Board agreed in principle the draft structure and that this would be co-produced with people who were involved with the Partnership Boards. The Board also agreed that there would be a reporting line between it and the new Engagement Structure.

1.2 This report contains details of the final strategy, the report from the first Annual Engagement Summit, and the plan of work that the Involvement Board developed from the outcomes of the Summit.

1.3 It provides a summary of the progress made since the previous report to the Board in January and sets out the work to be completed over the next six months.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board committed to developing an engagement structure which enable residents to have a powerful impact on the delivery of high quality services in Barnet within a flexible and timely fashion.

2.2 The new Engagement Strategy has been co-produced with people who have previously been involved in the former partnership boards.

2.3 Two trial working groups were held between the finalisation of the strategy and the start of the new structure to provide learning opportunities around the planned design of working groups.

2.4 Both trial working groups were able to make recommendations that have led to improvements in outcomes for service delivery including:

- Changes to the way Direct Payment monitoring is conducted to ensure that the process is reasonable for those in receipt of payments and that internal resources are directed towards those who are less compliant in reporting their use of direct payments

- Designing a name and brand for the new way of delivering social care within community hubs. Residents worked with a designer and produced the name Care Space and the logo to be used throughout the borough.

2.5 The feedback from the trial working groups was positive with 100% of working group members reporting that they were happy, very happy or extremely happy with the way the working groups ran.

2.6 The Annual Engagement Summit was held on 11 August 2016 at the RAF Museum in Hendon. The event brought together people who use adult social care and health services and their carers with members of the Health and Wellbeing Board, Barnet CCG, Barnet Council, and the voluntary and community sector.

2.7 The Summit participants worked together to develop their priorities for topics to engage on over the following year. The subjects that attendees prioritised were:

- Hospital discharge
- Employment
- Crisis intervention and prevention
- Information
- Community equipment and telecare
- Autism
- Making services accessible to everyone
- End of life care
- Dementia services
- Guide to good engagement.

The full summit report can be found in appendix 2.

2.8 These subjects were then taken to the first Involvement Board which agreed the first working groups to be run during the year as:

- Information – including improvement of the adult social care pages on the council website
- Equipment and telecare
- Crisis intervention and early intervention
- Guide to good engagement
- Stroke services

2.9 Working groups on these subjects will shortly be established.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 The working groups are due to start taking place over the next 4-6 weeks with a second meeting of the Involvement Board due to take place in December 2016.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The council has set out in its Corporate Plan 2015-2020 that "greater community participation, engagement and involvement will be an essential part of the change the council will achieve over the next five years." The proposals in this paper aim to address this whilst also ensuring "that services are of good quality, represent value for money and achieve the outcomes residents want".

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 sets out that it "aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing." The engagement strategy and the subsequent work that has been presented within this report supports these aims through the provision of opportunities to shape health and social care services.

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

5.2.1 All of the proposals documented within this report will be delivered in line with the current budget set out by Adults and Communities for the purpose of engagement.

5.2.2 By delivering a strong engagement strategy we will be able to add a value for money element to service delivery due to ensuring that services have been designed alongside the people who are using them.

5.3 Social Value

5.3.1 The proposals outlined in this report will ensure that a strong engagement structure is in place that supports, the Public Services (Social Value) Act 2012. This will be achieved through ensuring that a diverse group of people using adult social care services, the voluntary sector and key stakeholders are consulted with and able to inform decisions regarding the future development, implementation and delivery of services.

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

5.4 Legal and Constitutional References

5.4.1 The Best Value Statutory Guidance (Department for Communities and Local

Government, 2012) states that **"**before deciding how to fulfil their Best Value Duty – authorities are under a duty to consult representatives of a wide range of local persons; this is not optional. Authorities must consult representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation. This should apply at all stages of the commissioning cycle, including when considering the decommissioning of services."

5.4.2 The Care and Support Statutory Guidance that is issued under the Care Act 2014 states in section 4.50 that "Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions."

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

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

5.5 **Risk Management**

5.5.1 There is a risk that people who have worked with us for many years may feel isolated from the new approach as it is not user group specific and could then disengage from the process. This will be mitigated through co-producing solutions with people who currently engage with us. We will also work to develop improved links with existing community groups to ensure that groups of individuals are able to engage in an environment they are comfortable with.

5.6 **Equalities and Diversity**

5.6.1 The engagement structure aims to promote equality and diversity through ensuring as many people as possible are able to be engaged in a way that is convenient for them. Through the redevelopment of the database of individuals involved in engagement analysis of the current diversity of engagement can be completed in proportion to those who use social care services. Targeted outreach and community engagement will be able to work with those groups who have been identified as seldom heard to ensure engagement is representative of the population of Barnet.

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities

Duty which requires Public Bodies **to have due regard** to the need to:

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

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

5.6.4 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.

5.7 **Consultation and Engagement**

5.7.1 Following on from the previous report in January 2016 there have been several workshops to develop the proposals for engagement. Changes were made to the original proposals based on the information collected during these sessions.

5.7.2 The Involvement Board who oversee the workplan and the activity of the working groups currently has members who were voted for by their peers. There are currently 12 elected resident representatives on the Board.

5.8 **Insight**

5.8.1 Insight has been gained through the engagement and co-production as mentioned above.

6. BACKGROUND PAPERS

6.1 This paper follows on from the decisions of the Health and Wellbeing Board in January 2016. The minutes can be found at https://barnet.moderngov.co.uk/documents/g8389/Printed%20minutes%2021st-Jan-2016%2009.00%20Health%20Wellbeing%20Board.pdf?T=1

6.2 Health and Wellbeing Board, 21 January 2016, Agenda Item 10: Review of Adults Health and Wellbeing Engagement Structures https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8389&Ver=4

Engagement Strategy

Adults and Communities approach to involving and engaging with people who use our services and their carers.

2016 - 2018

Barnet Council and Barnet Clinical Commissioning Group (CCG) both recognise the immense value of effectively engaging with people who use services and their carers to provide challenge, identify improvements, co-design services and ensure that the focus remains on improving outcomes for local people.

This Adults and Communities Engagement strategy outlines our commitments, the new structure and how progress will be measured and reviewed.

This strategy was developed over an 18 month period in co-production with residents and the community and voluntary sector.

The strategy aims to:

- Involve people who use services, carers and the voluntary and community sector in the design and delivery of services at the earliest opportunity
- Provide opportunities for people who use services, carers and the voluntary and community sector to support the development of services which are good value for money and achieve strong outcomes.
- Ensure that the people who engage with the work of Adults and Communities are representative of the borough as a whole
- Ensure that the people who are engaged with the work of adults and communities feel that their input is valued and heard
- Ensure that there is a mechanism for feedback to show the developments made following engagement with people who use services, carers and the voluntary and community sector.

1. Increasing participation

It is important to make sure that the people we engage with representative the people who use social care services and their carers.

The importance of engaging with people who are seldom heard and may not be able to engage in the current format is important to overcome.

In order to address these issues we will:

a) Develop a database that holds the contact details for everyone that wishes to engage with us

This database will include:

- Names and contact details
- Subjects of interest
- Areas of lived experience / expertise
- Preferred method of contact
- Accessibility needs
- Diversity information

The database will include residents, public sector representatives and representatives of the voluntary and community sector.

This database will be used to identify people that have an interest in specific subjects and to distribute key information and the monthly update.

People who choose to be on the database will not have to commit to attending any engagement events but will able to keep informed about the work taking place and opt in if they choose.

As part of the database we will also identify organisations and providers who are willing to engage with their members on behalf of us to widen the groups of people we are able to engage with.

Every email sent to members of the database will include an option for opting out of the database which will allow people to remove themselves from the list.

The membership of the database will be reviewed annually so those who no longer wish to be included can remove themselves from the list.

b) Attending community events to promote engagement with Adults and Communities

We will work with community groups to attend community events to promote the opportunities for people to engage with Adults and Communities.

We will work with the community groups that support people to increase promotion of engagement opportunities in groups where we need to increase our diversity.

c) Ensuring people will have the skills and confidence to be able to engage effectively with Adults and Communities

We will develop a training programme for everyone who wants to be involved in engagement events so that they have the confidence to participate effectively.

We will make clear to everyone involved the roles and responsibilities of both Adults and Communities and those who engage with us.

d) Ensuring people who use services and carers are not financially disadvantaged when engaging with the work of Adults and Communities

We will provide financial reimbursement for out of pocket expenses in line with the Adults and Communities reward and recognition policy.

People who attend engagement events organised by adults and communities may be eligible to claim a reward voucher or payment in line with the Adults and Communities reward and recognition policy

2. Annual Engagement Summit

The purpose of the annual Engagement Summit will be to:

- Celebrate the work that has been completed over the previous year
- Put forward priorities for engagement for the Involvement Board to consider
- Opportunity to network with a wide range of people and organisations
- Voting resident members onto the Involvement Board.

All members of the engagement database and the Health and Wellbeing Board will be invited to attend the summit.

3. Create an Involvement Board

The Involvement Board will:

- Shortlist the priorities raised by the Annual Engagement Summit
- Set the work plan and timings for the working groups
- Oversee that the recommendations from the working groups have been incorporated into final decisions
- Support the working groups to problem solve major problems
- Hold two full annual meetings of 2½ hours and two annual half meetings of 1 hour
- Meet in venues that are accessible to as many people across the borough as possible.

There will be a minimum of 12 members on the board to include:

- 1 resident representative and 1 deputy representative for
    - Older Adults

        - Physical Disability
        - Sensory Impairments
        - Learning Disabilities
        - Autism
        - Carers
        - Mental Health
    - Assistant Director, Communities and Wellbeing
    - Senior Management from Barnet CCG
    - Healthwatch Barnet

Resident representative deputies will only be expected to attend the meeting if the main representative is unable to attend. Resident representatives will be expected to communicate with each other if they are unable to attend.

Where appropriate for the agenda, there will be an opportunity to invite others with specialisms to discuss engagement opportunities with the Involvement Board.

The Involvement Board will be chaired by Adults and Communities director or assistant director - communities and the vice chair will be a member of Senior Management from CCG.

Members will have individual communication needs met through methods that are most relevant for the individual including, but not exclusive to:

- Support meetings before and after Board meetings
- Use of conversers and hearing loops
- Use of sign language interpreters
- Support workers attending alongside members.

Agendas will be created from:

- Feedback from working groups
- Priorities from Annual Engagement Summit
- Annual Workplan
- Requests from members of the Involvement Board.

Papers for the meeting will be sent out to members of the Involvement Board a minimum of 1 week before the event.

Minutes from the meetings will be sent to all the members of the engagement database and will also be accessible on the council's website.

There will be a process for becoming a resident representative. There will be an expression of interest form where individuals will be able to express why they are interested in being on the board. These nominations will be published to members of the engagement structure as proposals and there will be a vote held at the annual Engagement Summit.

The initial term of representation will be for one year when the process will begin again. Representatives will only be able to stand for two years before taking a break.

Support to the board will be given to the board by the Engagement Lead and a Business Support Officer to minute take.

4. Working Groups

Working groups will:

- Deliver the engagement work on subjects as set out by the Involvement Board
- Develop their own terms of reference from a template provided
- Work towards a clear outcome on one individual subject
- Make their recommendations directly to the most appropriate decision making body – the Adults and Communities Senior Management Team (Barnet Council), Senior Management Team (Barnet CCG) or directly to the Health and Wellbeing Board. They will not need to go through the Involvement Board first
- Be facilitated by a relevant senior manager from Adults and Communities or Barnet CCG.

Each working group will have an initial meeting which will set out the subject for working on and to agree the terms of reference, outcome aims and a time frame for work to be completed. They will also agree mechanisms for wider engagement including the use of technology where relevant. These meeting will be supported by the Engagement Lead and by a relevant senior manager from Adults and Communities or Barnet CCG.

Depending on the level of work required there will typically be between three and five meetings to work on the subjects.

There will be a final meeting to feedback on the recommendations made and the outcome of the completed work. Facilitators of the groups will compile a report and feedback to the members of the groups.

Representative members of the group will be invited to attend the Health and Wellbeing Board or management team to present findings.

Working groups will be able to be attended by anyone who has an interest, either personal or professional, in the subject being discussed. However the group size will be limited to a maximum of 15 people to ensure that the discussions are manageable.

Invitations will be issued to everyone held on a database and places will be issued on a first come first served basis. If more than 15 people wish to attend we will hold a waiting list and provide updates and remote engagement opportunities so these people can continue to have their voice heard, even if they are unable to attend meetings.

Working groups will set out how often they need to meet and will agree the most appropriate venues for their meeting dependent on the work they are completing.

Barnet Council are committed to ensuring that the right officers are attending the working groups and also that an information pack is sent out in advance of the start of the working group.

Training would be provided for all members to ensure they are able to participate in the working groups effectively.

Members will be able to bring support workers as necessary to ensure they are fully able to participate.

5. Facilitators will be providing support to understand how to ensure a variety of disability needs can be met through a co-produced guide on how to successfully engage with people with disabilities.

6. Promote and run drop in sessions

We will:

- Provide drop in sessions around the borough for people to engage with the Council and CCG informally
- Publicise these events using community sources and partner organisations
- Hold these events in a variety of community buildings and rotate them around the borough so as many people can access them as possible.

Drop in sessions will be an opportunity for members of the public to come and tell us about areas of social care they feel that they would like to see improved, to tell us about their experience of social care services and where necessary to be signposted to relevant community services to support them.

It will also be an opportunity to work with the Prevention Team (Adults and Communities) to share information about community based activities.

7. Projects and tenders

Alongside the working groups, we will continue to involve residents on project boards and tender evaluations for Barnet Council and Barnet CCG.

8. Monthly newsletter

A monthly newsletter will provide updates to members of the engagement database on the progress of working groups, feedback on action taken as a result of recommendations and other engagement opportunities arising. Opportunities to share this more widely via other groups will be taken.

We will also update the website to ensure the content is reflective of the work that has been completed and promoting upcoming opportunities.

9. Implementation

The strategy will start implementation in August 2016 with an intended timeline of 24 months.

The first 12 months will focus on the establishment of the Annual Engagement Summit, the Involvement Board and the working groups. We will also develop a training package and good practice guidelines for engagement.

The second 12 months will focus on providing more community outreach opportunities and on continued development of the database to reach a wide range of residents.

10. Monitoring and Reviewing

In order to monitor how we meet the aims we will collate information about:

- The number of people who are engaging with Adults and Communities at the current time
- The diversity of the people who are engaging with Adults and Communities
- How satisfied people feel with the engagement process
- What changes are been made because of engagement.

This information will enable us to benchmark where we are at the current moment and so we will have something to monitor any progress against.

We will conduct reviews against this data at the 12 and 24 month points and will also include workshop sessions to gain feedback and suggestions for development with members of the database.

Appendix A

Engagement Structure – Roles and Responsibilities

1. Barnet Adults and Communities

Barnet Adults and Communities role will be to ensure that there are opportunities for people who use social care and health services, their carers and the voluntary and community sector to influence and develop work being undertaken by the delivery unit.

Responsibilities include:

- Organising and administrating engagement events
- Providing resources for planned engagement opportunities
- Ensure that all duties are met under the Equalities act
- Monitor diversity and actively recruit a wide range of participants to engage
- Work with key partners to develop joined up working
- Hold information on the database and comply with all information management requirements
- Ensure there is adequate representation from Barnet Adults and Communities at all engagement events
- Will provide training for all people who use services and their carers to support them to engage effectively
- Administer the Reward and Recognition under the current policy
- Send out a monthly newsletter to all members on the database
- Ensure papers are sent to members at least a week in advance of meetings
- Ensure agendas and reports are in a format which is accessible to those involved

2. Involvement Board

The role of the Involvement Board is to develop a workplan of subjects that will be a priority for engagement for a 12 month period. The board will also take responsibility for monitoring the progress of this workplan and developing solutions to any barriers to successful engagement.

Responsibilities include:

- Chairs will keep the meeting to time and the discussions on topic
- Members will come prepared for the meeting having read the agenda and accompanying papers
- All members will adhere to the Code of Conduct
- Items for the agenda will be brought to the attention of the Engagement Lead at least three weeks before the meeting
- Meeting dates will be set out at the beginning of the year for a 12 month period.

- Adults and Communities and Barnet CCG will commit to sending a representative or substitute to all 4 meetings
- Resident Representatives will liaise with their deputy's to ensure one person is present at each meeting

3. Working Groups

The role of the working groups will be to deliver clear recommendations of suggested improvements and changes in social care and health to support the delivery of good quality social care in Barnet.

Responsibilities include:

- Setting terms of reference at the start of each working group
- Following the requirements set out at the first meeting of a working group members will need to commit to being part of the remainder of the sessions
- A facilitator will be provided for each working group who will be a relevant senior manager from Adults and Communities or Barnet CCG
- Members will be able to bring any support they need to be fully engaged with this, including support workers and technology. British Sign Language interpreters will be provided where necessary
- Adults and Communities will provide information about the subject in advance and in an accessible format
- Members will commit to identifying issues and providing solutions to any challenges
- Members will adhere to the code of conduct.

Appendix B

Involvement Board – Terms of Reference

4. Introduction and purpose of the board

4.1 The Involvement Board is an inter-agency board. It has a strategic function and its purpose is to oversee the Adults and Communities engagement structure to ensure that there is meaningful engagement on key priorities in health and social care.

4.2 The boards key functions are to:

- Set the annual priorities for the Adults and Communities engagement structure
- Set the workplan and timings for the working groups
- Oversee that the recommendations from the working groups have been incorporated into final decisions
- Support the working groups to problem solve where necessary
- Ensure that the workplan's are meaningful for adult health and social care in Barnet.

5. Role of the board

5.1 The board will collate the priorities from the Barnet commissioning intentions, CCG commissioning intentions, Joint Health and Wellbeing Strategy and issues raised at the annual summit to set out the key priorities to be engaged on.

5.2 The board will ensure that the recommendations that are provided by the working groups are acted upon by the relevant agencies.

5.3 The board will ensure that progress of projects is feedback to all participants in an effective and timely manner.

5.4 The board meets the duty of co-operation between Barnet Council and NHS Barnet required under the Health Act 1999.

5.5 The board operates within the framework of the Council's Corporate Plan, Future Shape and the NHS Barnet Operating Framework and Commissioning Strategic Plan.

5.6 The Board has the power to ask for information and reports from staff from Barnet Council and Barnet CCG.

6. Governance and accountability

6.1 The Involvement Board is accountable to the Health and Wellbeing Board, Adults and Communities Senior Management Team and Barnet CCG Senior Management Team.

6.2 The board will produce an annual report to the Health and Wellbeing board to inform of key achievements over the previous year and to set out targets for the next year.

7. Chairing

7.1 The board will be chaired by a member of the senior management team from Barnet Council and a member of the senior management team from Barnet CCG.

8. Membership

8.1 The membership of the Involvement Board will be made up of the following representatives:

- One resident representative and one deputy representative for:
    - Older Adults
    - Physical Disability
    - Sensory Impairments
    - Learning Disabilities
    - Mental Health
    - Autism
    - Carers
- Senior Management Team from Barnet Council Adults and Communities
- Senior Management from Barnet CCG
- Healthwatch Barnet

8.2 The initial term of representation for resident representatives will be for one year when the process will begin again. Representatives will only be able to stand for two years before taking a break.

9. Working Groups

9.1 The Involvement Board will set the workplan for the working groups.

9.2 The working groups will be accountable to the Involvement board to meet the requirements set out for them.

9.3 The Involvement Board will be responsible for ensuring the working groups recommendations have been incorporated into the work.

9.4 The Involvement Board will be responsible for ensuring that the working groups are fed back to on the impact their input had.

10. Confidentiality

10.1 The Board will keep a record of names and contact details of everyone attending meetings. The names and contact details of people who use services and their carers will not be published in public documents without prior agreement.

11. Conflicts of Interest

11.1 Members should let the Chair or the Engagement Lead know if they are involved with anything which might affect the decisions that they make.

8.2 Areas that should be declared may include, but not be exclusive to:

- A financial interest in any organisations that may benefit from any decisions made
- A personal relationship with anyone who may benefit from any decisions made
- A personal or financial interest in any organisation that may benefit from confidential information shared within engagement opportunities

12. Meetings

12.1 The Involvement Board will hold two full meetings per year in July and January.

12.2 Full meetings will be two and a half hours in duration and will focus on

- Setting priorities for the working groups to work on
- Monitoring the progress of the working groups against the workplan

12.3 The Involvement Board will hold two half meetings in October and April.

12.4 Half meetings will be one hour in duration and will focus on

- Offering support and guidance to the working groups
- Ensuring feedback has been provided where appropriate

13. Annual Review

13.1 These terms of reference are subject to an annual review.

Appendix C

Involvement Board

Resident Representative Role Profile

Essential Criteria

Involvement board resident representatives need to:

- Live or work in Barnet, or care for a person living in Barnet
- Be over 18 years of age

Experience

In order to carry out their role effectively, resident representatives need to:

- Have experience of using social care or health services in Barnet, or
- As a family carer, have experience of supporting a person who uses social care or health services in Barnet.

Skills

In order to carry out their role effectively Involvement Board members need to be able to:

- Speak up in meetings (speaking for themselves or with support)
- Represent the views of local people who use services and family carers
- Have an interest in improving social care and health services in Barnet
- Respect confidentiality – being mindful not to disclose individual names or personal information when giving verbal contributions at meetings
- Respect others and respect difference – being mindful of how language, phrases and opinions can offend others
- Commit to attending 4 meetings per year and reading agenda papers in advance of the meeting
- Agree to adhere to the engagement code of conduct.

This page is intentionally left blank

Adult and Communities

Annual Engagement Summit

11 August 2016

RAF Museum, Hendon

Introduction

The first Adult and Communities Annual Engagement Summit was held on 11 August at the RAF Museum. This event forms an important part of the new Adults and Communities engagement structure.

The Engagement Summit brought together members of the Health and Wellbeing Board, Barnet Council officers, people who use health and social care services and voluntary and community sector organisations.

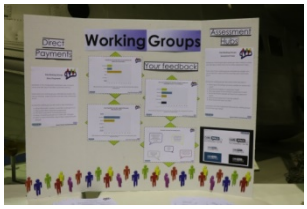
The aim of the Engagement Summit was to work together to develop a list of adult social care and health subjects that attendees felt were the most important to discuss over the next 12 months.

Lunch and Networking

Before the start of the event there were opportunities to:

- Vote for Involvement Board Resident Representatives

- See the new engagement web pages



- Find out about the trial working groups

- Vote for the new look newsletter

- Network and meet other people.

Welcomes and introductions

The Worshipful The Mayor of the London Borough of Barnet officially opened the event.

Mathew Kendall, Adults and Communities Director welcomed everyone to the event.

Councillor Helena Hart spoke about the importance of the Partnership Boards and how their work has helped us to continue to shape health and social care services together.

Workshop 1

James Mass, Assistant Director, Communities, spoke about the engagement priorities for 2016-2017.

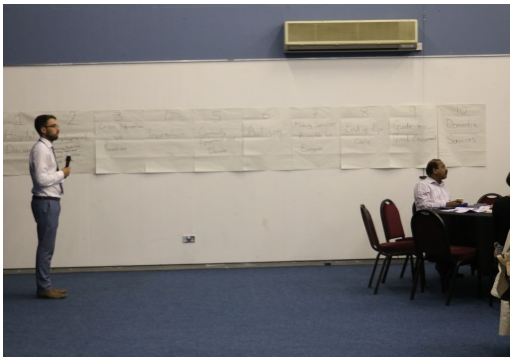
James spoke about what we want to achieve through working more closely together. He then put forward suggestions of subjects that people may want to consider for discussion.

Everybody was asked to add any subjects they felt were important to be considered for discussion.

Groups were asked to pick three subjects they would like to be taken to the second workshop for further discussion.

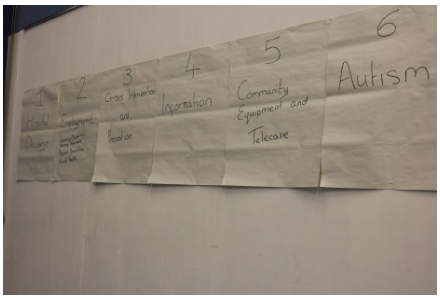
The final 10 subjects nominated by the groups were:

1. Hospital discharge
2. Employment
3. Crisis intervention and prevention
4. Information
5. Community equipment and telecare
6. Autism
7. Making services accessible to everyone
8. End of life care
9. Dementia services
10. Guide to good engagement.



You can find the full notes from the workshop in Appendix 1.

Workshop 2



During the second workshop everybody was invited to join a discussion on the subject that was of most interest to them.

Discussions were held around what areas of the subject people felt would be most helpful to work together to improve.

Attendees were asked to tell us:

- What are the issues?
- What could be improved?
- How would you investigate how to make improvements?
- What are the questions that need answers?

The full responses to these can be found in Appendix 2

Round Up

Mathew Kendall advised everyone the work completed today would be taken to the Involvement Board. This is so a final decision can be made on the subjects for the working groups.

The results of the vote for the Resident Representatives for the Involvement Board would be announced over the next two weeks.

All the members of the People Bank database would be invited to attend the engagement working groups as they are set up.

Mathew thanked everyone for all their hard work and looked forward to working with everyone over the coming year.

This page is intentionally left blank

AGENDA ITEM 11

	Health and Well Being Board **10th November 2016**
Title	**Care Homes Project Progress Report**
Report of	Dr Debbie Frost, Barnet CCG Chair
Wards	
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 Care Homes Project Update Report
Officer Contact Details	Marsha Jones, Darzi Fellow, Barnet CCG marsha.jones@barnetccg.nhs.uk/ 0203 688 1836

Summary

Barnet CCG, An Integrated Framework for the Frail and Elderly (2015) aim is to improve the experience, efficiency and quality of care home services for the frail elderly of Barnet. The strategy identified four priorities-

- Workforce, Training and Development
- Urgent Care and Resilience
- Primary Care (including Medicines Management)
- Quality and Patient Safety

This strategy focuses on facilitating whole system working in the care sector between the Local Authority and the CCG with a drive on improving quality and safety for the residents and commissioned services that are value for money.

In line with the strategy, services have been developed in addressing the priorities outlined. The Care Homes project has two schemes that are being piloted and operational since September 2016. There is a third scheme-single quality assessment framework currently being scoped by the Local Authority and the CCG.

The Care Homes project aims to improve quality of care for the residents, reduce

An Integrated Care Home Framework For the Frail and Elderly-A Barnet Strategy (2015) - available on request

unplanned admissions, reduce London Ambulance Services (LAS) conveyances, develop work force competency and provide missing evidence to support a full Business Case for a future sustainable model.

Recommendations

1. **That the Health and Wellbeing Board notes the progress made by Barnet CCG in improving quality in Care Homes through collaborative working with key stakeholders.**

1. BARNET CCG CARE HOMES PROJECT PROGRESS REPORT- INTEGRATED CARE

BACKGROUND

1.1 Barnet CCG Integrated Care Home Framework Strategy (2015) recommended enablers through integrated working with the Local Authority and support for Care Homes within the wider health and social care infrastructure.

1.2 The strategy identified areas of strengths in the health and social care system and areas that requires improvement. The report in Appendix 1 updates the Board on the schemes of work already started and the other scheme being scoped to address the areas of priorities.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board is asked to note the progress made to support implementing the work outline in the Strategy to support the wider work in the NHS around patient experience and admission avoidance.

2.2 The Health and Wellbeing Board is asked to support further development of this work following the success of the pilot.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not relevant to the content of this report. Care Homes Project is in the pilot phase and learning from previous Care Homes projects have been taken on board.

4. POST DECISION IMPLEMENTATION

4.1 The schemes will be evaluated in January 2017 to support the development of a full Business Case. This will be submitted through the CCG Project Management Office (PMO) Process.
The work programme will consist of:

- Developing the detailed Implementation Plan of the schemes.
- Engagement Plan with all key stakeholders
- Linking service within Transformation of Primary Care and Urgent Care.

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.

5.1.2 Barnet CCG Integrated Care Home Framework Strategy supports the overarching aims of the Council's Corporate Plan 2015-2020. The Care Homes Project is focused on improving health outcomes.

5.1.3 The CCG continue to build good relationships with the Local Authority through collaborative working in addressing the gaps in the health and social care needs of our residents. This also includes Healthwatch and our providers through regular contacts and forums.

5.1.4 The report helps to assure the Health and Wellbeing Board of the progress made in implementing the intentions of the Joint Health and Wellbeing Strategy.

5.1.5 The report supports the outcomes of Better Care Fund (BCF) around the effective delivery of integrated care that places the people and their carers' at the heart of the service

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

5.2.1 Funding of £300k was made available from the CCG to pilot this programme of work. This project does not require additional funding at this time as the project is in its pilot phase. To further scale up and sustain this model of care, additional funding will be required and will be accessed through Barnet CCG PMO process.

An Integrated Care Home Framework For the Frail and Elderly-A Barnet Strategy (2015) - available on request

5.2.2 The sustainable model of this scheme will have a direct impact on reducing spend on LAS and Hospital Length of Stay (LOS).

5.2.3 The QAF tool currently in scope will enable Barnet CCG and the Local Authority to merge resources and work collaboratively in ensuring quality assurance for commissioned services.

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 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 Health Watch, Care Sector and the Local Authority Care Quality Advisors and other key stakeholders.

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 the 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 workforce challenges-workforce planning and the restrictions of agency staff for the providers. This has now been rectified as the pilot is fully operational with the adequate workforce required.

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 All staff are up to date with equality and diversity training in ensuring services developed have an inclusive approach in meeting the diverse needs of our residents.

5.7 **Consultation and Engagement**

5.7.1 The CCG recognises that it is important that we improve engagement with the Care Sector, General Practitioners and other key stakeholders. The CCG has engaged with the Care Sector through Local Authority Forums for Care Staff and Managers in March, May and June 2016. A GP and Care Homes event has been scheduled for the 1st December 2016. In addition, Telephone contacts have been made with all GP's involved with the pilot. Further engagement will include LAS.

5.8 **Insight**

5.8.1 Barnet CCG welcomes further input and thanks Health Watch and the Local Authority Care Quality Advisors. For wider engagement, a resident forum will be arranged. The CCG has been invited to a Care Home Forum, dates to be agreed.

6. BACKGROUND PAPERS

6.1 An Integrated Care Home Framework For The Frail and Elderly- A Barnet Strategy (2015)-available on request.

Appendix 1

Barnet Clinical Commissioning Group

MEETING	Health and Wellbeing Board
DATE	10th November 2016
REPORT	Care Homes Projects Update
LEAD DIRECTOR	Dr Debbie Frost, Barnet CCG Chair
AUTHOR	Marsha Jones, Darzi Fellow
CONTACT DETAILS	marsha.jones@barnetccg.nhs.uk

Background:

1.0. National Context:

There are now 11.4 million people aged 65 or over in the UK (Office of National Statistics, 2015). There are an estimated 5,153 nursing homes and 12,525 residential homes in the UK (Age UK, 2013; Laing and Buisson, 2014). One in Six persons over the age of 85 lives permanently in care homes, hence the Care Sector is an essential part of care provision (Five Year Forward View, 2014). There are more beds in care homes, with and without nursing for older people than the National Health Service (NHS) (Care Quality Commission, 2012). These homes are owned by a range of commercial, not-for-profit or charitable providers and their residents with increasingly complex health care needs. The importance of this care provision is recognised in the Five Year Forward View (2014) with the focus on new care models to enhance health in care homes.

A recent report by Spilsbury et al (2015) on the current state of practise, pertaining to care home nursing, highlighted poor staff knowledge and competence usually led to poorer patient outcomes. The current National Institute of Clinical Excellence (NICE) (2015) guidelines assert the importance in the development of the care sector workforce (qualified and unqualified staff) in ensuring the workforce have the right knowledge and clinical skills to be competent in the care they provide to their residents.

2.0. Local Context

Barnet has one of the largest numbers of care homes in Greater London (84 residential and 19 nursing homes) with a total of 2,921 beds (CQC, 2015). This leads to the borough having capacity in Care Homes with health needs from other areas. The table provides a comparison of Care Homes within North Central London.

North Central London Care Homes Provision

	No of Homes	No. of Beds
Barnet	84 residential 19 nursing homes as well as a handful of care homes for Physical and learning disabilities	2,921
Camden	11 care home 4 extra care schemes	460 125 flats
Enfield	49 care homes for older people and a total of 104 care homes overall	2,029
Haringey	10 residential 2 nursing homes	436
Islington	9 care homes	505

Despite the challenges, London Borough of Barnet (LBB) and Barnet Clinical Commissioning Group (CCG) are jointly committed to developing services for older people in line with national strategies and statutory requirements - The Care Act, (2014); The NHS Outcomes Framework 2015/16; A Vision for Adult Social Care: Capable Communities and Active Citizens (2010); Putting People First (2007); Care Services Efficiency Delivery (2011) and the NHS Five Year Forward View (2014).

As a result of the high number of care homes, Barnet has an increased level of activity being seen by London Ambulance Services (LAS) and Accident and Emergency Services. This is partly due to fragmented care and the complexity of the patients health needs. This presents itself with both quality and financial challenges for the health and social care system. The CCG Finance Performance and Quality (FPQ) and Quality Improvement Productivity and Prevention (QIPP) Committee agreed to fund these schemes out of the funding reserves to deliver benefit to both patients and the organisation.

3.0 Care Homes Project

The Care Homes Project has the following schemes of work and has been operational since September 2016

SCHEME 1: **Care Homes Enhanced Support Service (CHESS)**

CHESS-is an integrated care model to deliver timely care to older people in care homes, to reduce avoidable hospital admissions, use of unplanned care and improve the quality of care for the patients.

CHESS is made up of a multi-disciplinary team: Geriatrician, Pharmacists, Nursing, Therapist and the GP as the accountable clinician.

This model of care is being piloted in 10 homes with the highest LAS conveyances and the smallest amount of admission conversion. The cohort of patients are identified through clinical decision risk assessment audit tool and will be supported through the use of the RISC stratification tool when implemented in identifying the patients most at risk through preventative pathway management as well as early identification of the deteriorating patients.

SCHEME 2: **Rolling Programme of Training to trained and untrained staff.**

2a Workforce Training and Development, a key deliverable in the Barnet Integrated Care Home Strategy (2015), highlighted the issues of high turnover in the Care Sector workforce. A training needs analysis was carried out in Quarter 1 in collaboration with London Borough of Barnet and resulted in key training identified to be delivered. The areas identified are: Dementia Awareness, End of Life Care (including Advanced Care Planning), Dementia and Communication skills. The training program is delivered to all staff in the Care Sector in Barnet in improving their competence in care delivery.

2b Significant Seven (S7), a training tool implemented in Barnet to support staff in the early identification of the deteriorating patient. Barnet CCG, through collaborative working with the Local Authority-Integrated Quality Team in Care Homes is piloting the tool in 10 Care Homes (different homes to the homes in Scheme 1). This training tool has the potential to further scale up to include other Care Homes once the evaluation is completed in December 2016/January 2017 to develop the full Business Case for the Care Homes Project.

4.0 Progress to Date

Scheme 1-CHESS has been operational since September 2016. The CHESS team are currently working in 7 homes and will be fully operational in all 10 homes by the ending of October. Evaluation will be completed in January 2016 to develop a full business case.

Pharmacists in care homes were tested in April-July 2016- the findings highlighted the medicines management interventions made; prevented patients going to hospital. The report also identified the knowledge and competency gaps of the workforce which is already known.

Provisional feedback through the provider:

Patient story 1: A 72yrs old gentleman with a history of prostate cancer and long term catheter. The catheter regularly gets blocked, this leads to LAS call out and a short stay Accident and Emergency admission for a blocked catheter. This happens on a weekly basis. Since the implementation of CHESS, this gentleman now sees the urology nurse in an outpatient clinic resulting in no further use of LAS or A&E attendance for a blocked catheter.

Patient story 2: An elderly lady on palliative care regularly uses LAS when staff deem her unwell, this happens on a weekly basis. Since CHESS has started, a Multidisciplinary Team Meeting was held, Do Not Attempt Resuscitation (DNAR), Advanced Care Planning completed. All staff are now aware and best supported to care for this lady as she approaches the end of her life.

Care Home Manage Feedback: 'I welcome the support the team has provided, otherwise we would have called LAS'.

Key Performance Indicators: These will be monitored through monthly reporting as per contractual obligations.

Scheme 2: Rolling Programme of Training to trained and untrained staff.

2a **Suite of Training:** Good uptake from the Care Sector reported. Training is delivered each month until the ending of March 2017 to support and develop the workforce clinical competency in improving quality of care.

2b **S7:** Five Care Homes have completed the training with over 90% of the workforce trained. This training tool is embedded in research methodology and focuses on staff knowledge base. The Care Advisors in the Local Authority provides additional support to each Care Home already trained. One training session attended by the project lead-staff reported this tool will support them in raising concerns in ensuring patients receive timely care. Overall feedback, Care Home managers have positively received the support in developing the competency in the staff.

The additional homes will complete the training by ending of November 2016. The evaluation will commence in December 2016 for completion in January 2017 to support the development of a full business case and to complete the staff six weeks post training evaluation.

5.0 Conclusion

The overall view is, the two schemes of work are having a positive impact. It is difficult to fully assess its full impact at this stage. Full evaluation is scheduled for January 2017 to support the development of a full business case. This intelligence supports the need for the CCG and the Local Authority to jointly implement a single quality assessment framework (QAF) tool. The QAF tool was presented at the Joint Commissioning Executive Group (JCEG) on 24th October 2016. The use of this tool will ensure services commissioned are of a high quality whilst we continue our commitment in supporting the Care Sector.

This page is intentionally left blank

AGENDA ITEM 12

	Health and Wellbeing Board **10 November 2016**
Title	**Health and Social Care Integration Board minutes**
Report of	Commissioning Director Adults and Health, London Borough of Barnet Director of Strategic Development, Barnet Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Health and Social Care Integration Board minutes 20 September 2016
Officer Contact Details	Zoë Garbett, Commissioning Lead Health and Wellbeing Zoe.garbett@barnet.gov.uk / 0208 359 3478

Summary

The Health and Social Care Integration Board plays a significant role in driving forward health and social care integration in Barnet. It oversees and provides strategic direction for the development of integrated health and social care services and is a platform for discussion between providers and commissioners.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the minutes of the Health and Social Care Integration Board meeting of 20 September 2016.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet HWBB on 13 November 2014 agreed to receive the minutes of the Health and Social Care Integration (HSCI) Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.

1.2 The HSCI Board provides an opportunity for providers (including the primary care, secondary care and the voluntary and community sector) and commissioners to come together to discuss and drive forward the integration agenda in Barnet. The HSCI Board has a key role in shaping and implementing the Better Care Fund, Sustainability and Transformation Plans (including Care Closer to Home) and other local integration activities.

1.3 Over the last year the HSCI Board has been reviewed and its membership refreshed to ensure that the Board is able to operate at the appropriate level. The minutes attached at appendix 1 are from the HSCI Board's meeting on 20 September 2016.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board has the responsibility of overseeing health and social care integration developments. Receiving the minutes of the HSCI Board provide the Health and Wellbeing Board with the opportunity to comment on activity in Barnet.

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 HSCI Board to take forward its programme of work, the group will progress its work as scheduled in the areas of the Better Care Fund, the STP (including Care Closer to Home) and prevention.

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 Not applicable.

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

5.4.2 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.*

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 Equality impact assessments will be completed for individual projects overseen by the HSCI Board.

5.7 **Consultation and Engagement**

5.7.1 The HSCI Board allows a platform for engagement between providers and commissioners.

5.7.2 The HSCI Board will factor in engagement with users and stakeholders to shape its decision-making.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Minutes from the Health and Social Care Integration Board
Tuesday 20 September 2016
North London Business Park, Boardroom
9.30 – 11.30

Present:

(AC) Andrea Clare, Head of Service, LBB (for item 6 – 0-25 Service)
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(CB) Chris Baxter, Medical Director and Consultant in Palliative Medicine, North London Hospice
(CW) Cathy Walker, Director of Operations, CLCH
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Chair)
(FJ) Fiona Jackson, Director of Integrated Care, Royal Free
(EW) Emma Walmsely, Volunteer Services Coordinator, Groundwork
(GA) Gerald Alexander, Chair, Local Pharmaceutical Committee
(JD) Jon Dickinson, Assistant Director, Adults and Communities, LBB
(JP) Julie Pal, Chief Executive, Community Barnet
(JS) Jonathan Stephen, Assistant Director of Community Services Barnet Enfield Haringey Mental Health Trust
(LG) Leigh Griffin, Director of Strategic Development, CCG
(MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
(MK) Mathew Kendal, Director of Adults and Communities, LBB
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:

(AS) Amit Shah, Pharmacy Lead, Barnet CCG
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(CMc) Collette McCarthy, Head of Children's Joint Commissioning, LBB/CCG
(DF) Debbie Frost, Chair, Barnet CCG
(FG) Fran Gertler, Head of Integrated Care, Royal Free
(JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
(MC) Mandy Claret, Project Manager, Barnet Community Education Providers Network (CEPN)
(PC) Pam Clinton, Chief Executive, North London Hospice

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, DW welcomed the attendees to the meeting. Apologies were received as noted above.	
2.	**HSCI Board TOR** DW provided an introduction and brief history of the Board which met initially to develop the borough's Better Care Fund (BCF). The HSCI Board had agreed a memorandum of understanding and a concordat. Barnet is now in the third iteration of our BCF plan. DW went on to explain that the BCF is very much established in Barnet with new integrated care services being delivered. The Adults Joint Commissioning Unit has developed and managed the following services – care navigators, rapid response, the risk tool and BILT. Public Health and ZG have overseen the prevention and early intervention aspects of the BCF plan. In terms of service development updates, BILT, which was previously just operating in the west of the borough, has been developed into a borough wide service. The risk tool will be used in a new way to identify people at high risk and support them proactively. For prevention, we have commissioned a provider to deliver local Making Every Contact Count (MECC) training, developed and focused our Ageing Well programme and started to develop the principles around social prescribing linked with the CCG's Wellbeing Hub pilot. DW went on to describe the national policy context citing the A+E pressures and targets as well as targets to reduce delayed transfers of care. DW explained that the Sustainability and Transformation Plan (STP) for North Central London, in which Barnet is involved, is being developed and a senior level group has been developed to proactively address issues coming out of this process. DW stated that this Board is the opportunity to bring people back together at a Barnet level to look at what is needed following the regional and national developments. LG added that the STP will be submitted on the 21 October following a draft in June. The Case for Change has been well stated and includes an NHS 'do nothing' scenario of an £876m gap to 2021 (this does not include adults and children social care financial gap). Case for Change and STP updates can be found here - http://www.barnetccg.nhs.uk/about-us/sustainability-and-transformation-plan.htm Key aspects of the STP: • Productivity – such as sharing back office functions, improving workforce management (e.g. a nurse bank, HR processes) and medicine management • Consolidation – fewer settings, this needs to be explored further at an NCL level for strong clinical outcomes and financial benefits • Care closer to home – collaboration and integration to deliver more care in the community, this is not always cheaper but more accessible and cost effective • Better use of our estate (DW leading on this for NCL) • Service specific – cancer and mental health	

	Public meeting on the STP will be held on the 27 September in Barnet. CW thanked DW and LG for the update and went on to question the high level assumptions. CW stated the need for robust plans that demonstrate how we will reduce the gap. CB asked if end of life care is in the STP. DW stated that it is included in the Case for Change and in relation to A+E and delayed transfers of care. AH spoke about the prevention element of the STP and how this has been challenging to pin down. AH went on to state that to make a real difference, plans needed to move away from a short term, 5 year focus and look longer term. Barnet is a healthy borough but has specific challenges and these need to be reflected in the plans. LG stated that a national transformation fund will be made available to STP footprints dependant on the quality of the submission on the 21 October 2016. If NCL are able to access this it would mean that would be investment, up front, for the Care Closer to Home programme. The Board went on to comment on the Board's TOR and had the following feedback: • Primary care representation needs to be stronger including representation from the CCG Board as well as from the GP Federation • NCL leads should be invited as required • The Integration Concordat should be reflected in the aims • Childrens should also be represented in the TOR • Should include the key role this group will play in the development of the Care Closer to Home programme. AH asked about links with other Boards. ZG explained that the HSCI Board reports (with its minutes) to the Health and Wellbeing Board and will work closely with other project Boards. **TOR to be updated.**	**ZG**
3.	**Care Closer to Home** LG described the Care Closer to Home programme which aims to bring together community, social care and mental health and to fundamentally improve care and bring it closer to home. The programme will look at strengthening services in the community. From the CCG's perspective this is linked with the Primary Care Strategy developments and acknowledges that primary care does not operate in a vacuum and that wider transformation is needed. Primary care in this context is wider that GPs. The GP Federation is a vehicle for delivery but it is not enough and the Care Closer to Home programme will look at what more we can be doing for older people and older people with frailty. LG went on to explain that the CCG is developing a thought piece on the programme which will be reported to the Health and Wellbeing Board (HWBB) and that Dr Ahmer Farooqi is leading this work and should be a member of the HSCI	

	Board. JD acknowledged that this is a huge task and wanted to know how fragmentation was being avoided and how we are building on work that is already going on; some of this work in the community is already happening. CW echoed JD's joint to build on work that is already happening. DW mentioned that some mapping work has been done by the Council / Joint Commissioning Unit. MK stated that locally we should also take this as an opportunity to review what is not working. JP asked how the resident voice was being heard as part of the STP and developing work streams. DW agreed that there is significant work to do around engagement as plans become public. DW explained that there is one Healthwatch representative from Enfield on the NCL Board but we do need to think about what local engagement looks like; building on the involvement of JP and EW in the HSCI Board. The Board agreed to meet again before December and agreed to work as a virtual group in between meetings.	
4.	**Accountable Care** DW introduced the topic of Accountable Care. Early discussions have started to take place around a new model of care for NCL and the Board needs to think about what accountable care would look like for Barnet residents and how we can shape NCL thinking. Broadly, accountable care means one system, with one set of outcomes and one set of transactions – systems which are currently different with varying accountability structures. DW went on to explain that this links with the population health discussion and the original aims of the BCF to remove problems with payments and information sharing. LG stated that the CCG would be considering learning from other areas of the country (e.g. Yeovil in Somerset) and having initial discussions about what this means for Barnet at the CCG AGM on the 22 September. FJ asked, considering the range of models, was there a conclusion of a model across NCL? CW explained that there was no recommendation and that it is up to the local area to decide and explore. CW briefly described the single borough system developing in Camden. JP asked for the residents view to be included in the developments. **ZG to talk to JP and EW about resident engagement in accountable care.**	**ZG**
5.	**Population Health and the STP** AH introduced the topic of population health, referencing Barnet's Joint Health and	

	Wellbeing (JHWB) Strategy. AH mentioned the annual review and report of the JHWB Strategy going to the Health and Wellbeing Board on the 10 November, which continues to highlight prevention as a priority for the system. AH gave an overview of population health in Barnet, stating that overall the borough is healthy but there are some challenges and inequalities including population expansion. AH stated that is key to work with the CCG to embed prevention. AH went on to give an overview of the following priority prevention areas: • Alcohol: return on investment is strong for early intervention and prevention, brief intervention is effective; Barnet has established a local Making Event Contact Count training offer which has started to provide Council front line staff with skills and knowledge to maximise health promotion opportunities with residents. • Tobacco: inequalities are increasing and there is a need to focus on particular groups such as pregnant mothers and people with mental health conditions and the need to do more in acute and community settings. • Employment: lots of activity in Barnet including specific support for people with mental health conditions and learning disabilities and working with employers to improve recruitment and retain of employment practices. • Fast track into psychological support: good return on investment and good work across NCL in happening. • Physical activity: more needs to be done in Barnet; Public Health is working with the Sports and Physical Activity team as well as Regeneration. • Digital mental health support: coming online in October across London. • Sexual health: procurement activity is underway with a vision for electronic services across London. AH stated that investment in Barnet, focused on these areas would be beneficial. AH also stated that there are a lot of exciting opportunities and welcomes work with providers. AH would welcome mapping of what we are doing and how we can build on this and see where we are against new models and standards. AH asked DW how this links with the devolution pilots. DW stated that in December 2016 an agreement will be signed by the devolution pilot areas which will give them the devolution powers for one year in shadow from Spring 2017 with the rest of London following with full powers in place from April 2018. **AH and ZG to ensure that the JHWB Strategy reflects that Barnet will maximise the opportunities that come from the Haringey health devolution pilot** which is investigating the need for local authorities to be given new planning and licensing powers to create healthier communities. GA added that community pharmacy is a vital resource which is often forgotten in these discussions. The discussions about primary care and prevention need to include pharmacy. GA explained that pharmacy provides a highly skilled workforce and infrastructure which could contribute to the boroughs plans. GA went on to	**AH/ZG**

	describe the 78 pharmacies in Barnet which the Pharmaceutical Needs Assessment (produced in 2015) gives a good overview of the pharmacy offer in Barnet. The PNA can be found here - https://www.barnet.gov.uk/citizen-home/public-health/pharmaceutical-needs-assessment.html LG welcomed GA's comments and stated that pharmacy would be included in the Care Closer to Home developments. DW stated that primary care commissioning from NHS England to CCG's does not include dentistry, pharmacy or optometry. FJ added that there is work to do to increase resident perception of pharmacy and improve awareness and understanding of the offer as well as when it is appropriate to use different settings (e.g. pharmacy, A+E, GP). **JP and GA to meet to discuss Healthwatch's role in this.**	**JP/GA**
6.	**0 – 25 Programme** AC joined the meeting and presented the item. The aim of the programme works with children and young people aged 0-25 to avoid the cliff edge at aged 18 transitioning into Adult Services. The programme has achieved this through joined up working between Education to address the principles of Education Health and Care Plans (EHCP) and SEND legislation. The programme aims to improve forward planning with families to enable us to intervene earlier to avoid escalation into high cost unplanned provision. AC described the current joint working with health which includes: • A process for considering joint funding for complex cases-using continuing care application framework. • Commissioning of CAMHS (under review) • Pediatric occupational therapists placed within the service who work alongside health colleagues AC highlighted the following integration opportunities: • Development of an autism strategy e.g. adolescence resource centre • Targeted service for those on the autistic spectrum as highly expensive in teenage years • Lack of respite for those with behavioral problems as opposed to physical • Most complex children have no access to local resource and have to go out of Borough DW stated that we do not want people to be placed out of borough or have to have multi appointments where they are telling story a number of times; we are continuing to improve the offer. JP welcomed the presentation and stated that there as a clear role for the voluntary and community sector in supporting the development of the programme including providing services that can be purchased through Personal Health Budgets. **AC and JP to discuss.** JD added that after 18 the Autism Spectrum Disorder (ASD) pathway needs to be	**AC/JP**

	standardised. JD stated that he had raised this with the Joint Commissioner for Metal Health. JD felt that service from 0 – 18 are clearly defined but 18 plus are not clearly defined as part of the 0 – 25 programme. **JD and AC to discuss.** LG would like to look at extending the approach into health if there is evidence to support this as an approach. **LG and AC to discuss.** LG wanted to ensure that we are not transferring problems from 18 to 25 in terms of the cliff edge of services. AC is aware of this issue and the service is looking at processed so that planning start a lot earlier and that there is a good handover to adults. FJ noted the references to employment and further education and wanted to know the opportunities offered by providers as large employers. DW mentioned Project Search which targets young people at college between the ages of 16 – 25, to support them into employment. **AC to link with Caroline Glover.**	**JD/AC** **LG/AC** **AC**
7.	**AOB** None.	
Next meeting – TBC, November 2016		

This page is intentionally left blank

AGENDA ITEM 13

	Health and Wellbeing Board **10 November 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 eight month period until the end of June 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.

This page is intentionally left blank

Health and Wellbeing Board Work Programme

November 2016 – June 2017

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
10 November 2016				
DISCUSSION				
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
NCL Sustainability and Transformation Plan	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Commissioning Director – Adults and Health		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
NOTE				
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
Adults and Communities Engagement Summit and Engagement Strategy.	**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
Care homes development work	**The Board is asked to review and comment on the**	CCG Chair	**Darzi Fellow**	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*
	developments with care homes.			
Minutes of the Health and Wellbeing Board Working Groups (where available): • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
19 January 2017				
DISCUSSION				
Draft CCG Commissioning Intentions 2017/19	**The Board is asked to comment on the update of the CCG Commissioning Intentions.**	CCG Accountable Officer	**TBC**	Yes
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
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
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

***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*
NOTE				
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				
Care Closer to Home	**The Board is asked to consider and discuss the progress to implement care closer to home.**	Director of Strategic Development		No
Annual Director of Public Health Report	**The Board is asked to note the report.**	Director of Public Health	**Consultant in Public Health**	No
Public Health Commissioning Plan 2015 – 2020	**The Board is asked to approve the revised PH commissioning intentions (2015-2020) in light of changes to the public health grant. This report will include how PH will contribute to the JHWB Strategy priority to improve mental health and**	Director of Public Health	**Consultant in Public Health**	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*
	wellbeing.			
Update on creating healthy places with the Local Plan	**The Board is asked to note progress.**	Director of Public Health	**Consultant in Public Health**	No
CAMHS	**The Board is asked to comment on the progress to develop a joint children and adolescent mental health service (CAMHS) in Barnet and are asked to endorse service specification.**	Interim Director of Commissioning Commissioning Director Children and Young People	**Head of Children's Joint Commissioning CAMHS Joint Commissioning Manager**	Yes
NOTE				
Joint Health and Wellbeing Strategy Implementation plan – performance report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Commissioning Director – Adults and Health	**Commissioning Lead – Health and Wellbeing**	No
July 2017 (TBC)				
DISCUSSION				
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

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Update on Substance Misuse services for Adults and Young People	**The Board is asked to note the progress made to deliver substance misuse services.**	Director of Public Health	**Head of Public Health Commissioning**	No
Employment and healthy workplaces	**The Board is asked to consider and discuss initiatives supporting people to gain and retain employment.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**TBC**	No
NOTE				
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
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**	Commissioning Director – Children and Young People	**TBC**	No

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
	develop the model for children's continuing care.			
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Commissioning Director – Children and Young People	**TBC**	No
Implementing Barnet's Carers' Strategy	**The Board is asked to comment on the progress made to implement the Carer's Strategy.**	Commissioning Director – Adults and Health Commissioning Director – Children and Young People	**Carer's Lead**	No
Devolution – estates	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Commissioning Director – Adults and Health CCG Accountable Officer	**TBC**	No

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

This page is intentionally left blank

November Corporate Forward Plan

Adults and Safeguarding Committee	Report of	Officer Board	Clearing
10 November 2016			
Annual Fees and Charges	Resources Director	TBC	TBC
Business Planning	Dawn Wakeling	TBC	TBC
Your Choice Barnet: Consultation Findings	Dawn Wakeling	TBC	TBC
Prevention Services	Dawn Wakeling	TBC	TBC
Extension of Extra Care Services	Dawn Wakeling	TBC	TBC
Next meeting: 23 January 2016			

Children, Education, Libraries and Safeguarding Committee	Report of	Officer Board	Clearing
17 November 2016			
Children's Health Performance Report	Chris Munday	TBC	TBC
Youth Strategy / Youth Service Review	Chris Munday	SCB 25/10/16	SCB 25/10/16
Business Planning Report 2017/18	Chris Munday	TBC	TBC
Council response to Education Green Paper	Chris Munday	TBC	TBC
Adoption Reforms	Chris Munday	TBC	TBC
Review of Special Guardianship Policy and Support	Chris Munday	TBC	TBC
Next meeting: 9 January 2016			

Community Leadership Committee	Report of	Officer Board	Clearing
23 November 2016			
Business Planning 2017/18	Jamie Blake	TBC	TBC
Community Participation Strategy	Stephen Evans	TBC	TBC
Update on Barnet Partnership Plan to respond to Domestic Value (minutes, 9 March 2016, Item 6a)	Jamie Blake	TBC	TBC
Update on Commissioning Plan – progress on performance 2016/17 (TBC)	Stephen Evans / Jamie Blake	TBC	TBC
London Community Rehabilitation Company – Offender Management Review (possibly move to Nov 16 - TBC)	Jamie Blake	TBC	TBC
Nomination for Assets of Community Value (if any)	Stephen Evans	TBC	TBC
Domestic Violence and Violence Against Women and Girls Strategy 2017-2020	Jamie Blake	TBC	TBC
Grants (standing item)	Patricia Phillipson	TBC	TBC
Forward Work Programme	Andrew Charlwood	TBC	TBC
Next meeting: 8 March 2017			

Environment Committee	Report of	Officer Board	Clearing
8 November 2016			
Fees and Charges	Jamie Blake	TBC	TBC
Green Spaces – Capital Bid Update	Jamie Blake	TBC	TBC
Regulatory Service – Service Update	Jamie Blake	TBC	TBC

November Corporate Forward Plan

Parking Services - Annual Report	Jamie Blake	TBC	TBC
Streetscene Enforcement	Jamie Blake	TBC	TBC
Moving Traffic Contraventions – Update Report	Jamie Blake	TBC	TBC
Barnet Group – Street Scene – Verbal Update	Jamie Blake	TBC	TBC
Highways Work - Quarter 2 Update	Jamie Blake	TBC	TBC
Q2 2016/17 Performance Report	Jamie Blake	TBC	TBC
Next meeting: 11 January 2017			

December Corporate Forward Plan

Adults and Safeguarding Committee	Report of	Officer Board	Clearing
Next meeting: 23 January 2017			

Assets, Regeneration and Growth Committee	Report of	Officer Board	Clearing
12 December 2016			
West Hendon Compulsory Purchase Orders - Quarterly Community Engagement Update	Cath Shaw	TBC	TBC
Brent Cross Cricklewood - Quarterly Update	Cath Shaw	TBC	TBC
Daws Lane - Outline Business Case	Anisa Darr	TBC	TBC
Tarling Road –lease heads of terms and management approach	Anisa Darr	ACB	TBC
Youth Zone - lease and consideration of any planning objections			
Colindale Highway Junctions Programme	Cath Shaw	TBC	TBC
Tranche 2 Meadows Close Children's Centre	Anisa Darr	TBC	TBC
Barnet Development Pipeline - Upper and Lower Fosters	Cath Shaw	TBC	TBC
Community Assets Strategy	Cath Shaw	TBC	TBC
Donoghue Skip Hire and Waste Management Company	Cath Shaw	TBC	TBC
136 – 142 Colindale Avenue NW9 5HU	Cath Shaw	TBC	TBC
Barnet Museum and Friern Barnet Library	Cath Shaw	TBC	TBC
Granville Road New Housing Development	Cath Shaw	TBC	TBC
The Graham Park Community Hub	Cath Shaw	TBC	TBC
Next meeting: 13 March 2017			

January Corporate Forward Plan

Adults and Safeguarding Committee	Report of	Officer Board	Clearing
23 January 2017			
Adults and Safeguarding Performance Report	Dawn Wakeling/ Mathew Kendall	SCB	SCB
Next meeting: 6 March 2017			

Children, Education, Libraries and Safeguarding Committee	Report of	Officer Board	Clearing
16 January 2017			
Culture and Arts	Chris Munday	TBC	TBC
Fees and Charges	Chris Munday	TBC	TBC
Next meeting: 1 March 2017			

Environment Committee	Report of	Officer Board	Clearing
11 January 2017			
Playing Pitch Strategy – Final Approval	Jamie Blake	TBC	TBC
LiP – 2016/17	Jamie Blake	TBC	TBC
The Vale' was referred to the Environment Committee form the Finchley and Golders Green Area Committee	Jamie Blake	TBC	TBC
Network Recovery Plan 2016/17	Jamie Blake	TBC	TBC
Cemeteries and Crematoria	Jamie Blake	TBC	TBC
Public Realm arboriculture – future policy implications	Jamie Blake	TBC	TBC
Footway Parking Review Update	Jamie Blake	TBC	TBC
Next meeting: 15 March 2017			

This page is intentionally left blank