MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 14TH SEPTEMBER, 2017

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)

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

Board Members

Dr Charlotte Benjamin	Dawn Wakeling	Councillor Reuben Thompstone
Dr Andrew Howe	Councillor Sachin Rajput	Selina Rodrigues
Chris Munday	Ceri Jacob	Chris Miller
Kay Matthews	Dr Clare Stephens	

Substitute Board Members

Julie Pal	Councillor Richard Cornelius	Dr Ahmer Farooqui
Elizabeth Comley	Councillor David Longstaff	Dr Barry Subel
Helen Petterson	Bernadette Conroy	Mathew Kendall
Ben Thomas	Dr Jeffrey Lake	

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 Monday 11 September. Requests must be submitted to Salar Rida at 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.	Public Health Annual Performance Report for 2016/17	13 - 52
7.	Update on childhood immunisations 0-5 years	53 - 84
8.	Better Care Fund Plan 2017-2019	To Follow
9.	Volunteering in public services: promoting health and wellbeing	85 - 94
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12.	Forward Work Programme 2017-2018	131 - 144
13.	Any Items the Chairman decides are urgent	

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Decisions of the Health & Wellbeing Board

20 July 2017

Board Members:-

AGENDA ITEM 1

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

* Kay Matthews	* Chris Munday	* Cllr Reuben Thompstone
* Dr Charlotte Benjamin	* Cllr Sachin Rajput	* Dawn Wakeling
* Dr Andrew Howe	* Dr Clare Stephens	* Selina Rodrigues

* denotes Member Present

Apologies for Absence:
Ceri Jacob
Chris Miller

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

The Chairman of the Health and Wellbeing Board, Councillor Helena Hart welcomed all attendees to the meeting. She particularly welcomed Ms Kay Matthews, the recently appointed Chief Operating Officer at Barnet CCG and said how much the whole Board looked forward to working with her in the future. Councillor Hart also welcomed Ms Selina Rodrigues back to the Board as Head of Healthwatch Barnet.

The Board noted that Ms Helen Pettersen, Accountable Officer at Barnet CCG and the Leader, Councillor Richard Cornelius have now joined the Board as substitute Members replacing Ms Cathy Gritzner and Councillor Wendy Prentice respectively.

The Chairman recorded the HWB Board's heartfelt thanks to Ms Cathy Gritzner for all the progress that they had made together and looked forward to building on these achievements in the future together with colleagues across the partnership.

RESOLVED that the minutes of the previous meeting held on 9th March 2017 be agreed as a correct record with all necessary actions having been taken forward.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Mr Chris Miller (Independent Chairman, Adults and Children's Safeguarding Boards)
- Ms Ceri Jacob (NHS England)

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

Councillor Helena Hart declared a personal non-pecuniary interest in relation to agenda item 7 by virtue of her son being a Consultant at the Royal Free Hospital.

Dr Debbie Frost made a joint declaration on behalf of Barnet CCG Board members, Dr Clare Stephens, Dr Charlotte Benjamin and herself, in relation to agenda items 7 and 8 by virtue of being impacted by STP proposals through their respective GP practices.

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

None.

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

None received.

6. BARNET FAMILY NURSE PARTNERSHIP (Agenda Item 6):

The Chairman introduced the report and noted that early intervention and prevention is a key priority of the Children and Young People's Plan and the Joint Health and Wellbeing Strategy. She stressed its importance in pregnancy and in the early years for young families, especially vulnerable teenage mothers and their children and leaving care clients up to the age of 24.The Board was asked to note that the Family Nurse Partnership (FNP) is one of the evidenced based programmes that is commissioned by the London Borough Barnet and provided by Central London Community HealthCare Trust and is provided on a home visiting basis.

Angela Cody, Supervisor FNP at CLCH and Tunde Adewopo Senior Joint Children's Commissioner, LBB/Barnet CCG joined the table and presented the FNP report. The Chairman also welcomed parents who addressed the Board from the residents' perspective of the Service and spoke most movingly about their positive experiences with the Family Nurse services. The Board was told how the programme had helped the entire family, both mother and father and that as a result they had improved both their mental and physical health, progressed on smoking cessation and employment opportunities.

The Board heard about the many benefits of the programme and the Chairman highlighted the work to address the six early years high impact areas of transition to parenthood, maternal mental health, breastfeeding, healthy birth weight and nutrition, managing minor illness and reducing accidents, and supporting child development.

Dr Clare Stephens welcomed the report and queried whether the service users could be supported through a formal support group. Ms Cody informed the Board about the informal support groups in place and that the process could be overseen by a formalised support network.

The Board thanked all the residents for attending and sharing their experiences with the HWB Board and particularly commended their achievements – including the very fine behaviour of their very young sons who attended with them.

It was **RESOLVED:**

That the Health and Wellbeing Board noted the ongoing work of the FNP Programme Board and the long term benefits to young people and their babies across Barnet, recognising the benefits and long term cost avoidance when considering future commissioning plans.

7. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE (Agenda Item 7):

The Chairman introduced the report and reminded the Board that the Sustainability and Transformation Plan is not a London Borough of Barnet Plan nor that of any of the other 4 Local Authorities affected by it. STPs across the Country are an NHS England requirement and have been put together by the NHS with some limited input from LA officers.

The Chairman reiterated the concerns expressed previously about the lack of public and democratic engagement and input into the development of the Plan. She also drew particular attention to - and voiced her concern over - the statements in the Forward to the Plan which drew attention to the lack of financial balance and the necessity for the Plan to redress this and the warning that difficult choices would have to be made.

She again expressed her very grave reservations as to any possible changes in services which could adversely impact on their safety and accessibility for Barnet patients.

The Strategic Director for Adults, Communities and Health, Ms Dawn Wakeling noted the challenges in relation to achieving a financial balance which will require partnership working as part of the Capped Expenditure Process.

Dr Charlotte Benjamin highlighted the practical concerns facing health partners in terms of delivery of services with a small budget and small team.

Dr Debbie Frost, Chair of Barnet CCG noted the importance of partnership working and bringing health services commissioners together. She reiterated the benefits around CC2H plans and expressed concerns over the lack of engagement.

The Strategic Director for Children and Young People, Mr Chris Munday noted the need to reiterate the message around partnership working of different service areas. He also noted the need for a multi-disciplinary approach to jointly tackle issues early on.

The Board requested that Exhibit 2 on page 38 of the agenda be amended to highlight the partnership approach between the Local Authority and the CCG. In addition, the Board requested a change in the wording from ‘Local Authority Cabinets’ with ‘Local Authority Executives’. (**Action**)

Following discussion, it was agreed that a joint letter be sent from the Chairman and Vice-Chairman setting out the feedback from the Board about the challenges for service users and providers, lack of democratic engagement and capacity issues around the STP. (**Action**)

RESOLVED:

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

8. BETTER CARE FUND PLAN FOR 2017/18 (Agenda Item 8):

The item was introduced by the Chairman who noted that the BCF plan has been a key mechanism for delivering our vision for an integrated health and social care system for Barnet's frail and older population since its inception in 2013.

She reiterated the overarching aim of the Plan to jointly provide integrated care and support which intervenes early, prevents crises, responds quickly and helps people stay independent for longer.

The Board noted that HWBBs this year are required to submit 2-year BCF plans. The Chairman invited Ms Wakeling and Ms Matthews to jointly present the report.

In relation to national conditions, Ms Wakeling noted that for the period 2017-19 there has been a reduction in comparison with previous years with an updated and new condition. She noted that the number of key BCF performance metrics have also been reduced.

It was noted that local areas are asked to set out in their BCF plan how they will achieve further integration by 2020 and to set out the local vision for integrated care. It was noted that this will enable each HWBB to determine the best approach to integration for their residents and patients.

The Board also noted the increased emphasis on reducing delayed transfers of care and the submission of the plan to address this.

Ms Wakeling noted that an updated draft plan will be circulated to Board members prior to submission.

Following endorsement, it was **RESOLVED that the Health and Wellbeing Board:**

1. **Noted the BCF requirements 2017-19; including amended national conditions and financial requirements.**

2. **Noted the progress made on implementing the integrated approach to BCF and Care closer to home.**

3. **Endorsed the Barnet Council and Barnet Clinical Commissioning Group summary shared position on integrated care.**

4. **Considered and supported the scope of the BCF plan (care strategy).**

5. **As the submission date for the BCF plan is before the next Health and Wellbeing Board meeting on 14th September, the HWB delegated its agreement to the BCF plan being approved for submission to NHSE by the Chairman and Vice-Chairman on behalf of the full Board.**

9. TACKLING HEALTH INEQUALITIES IN BARNET INCLUDING SUICIDE PREVENTION (Agenda Item 9):

The Chairman welcomed the report which the Board had previously requested from Public Health for a detailed analysis following an item which had seemed to suggest that life expectancy gaps were increasing.

Having noted the improvement in the employment profile for young people, the Chairman commended the work of all agencies involved in supporting residents into work, particularly the BOOST teams in Burnt Oak and Childs Hill.

Dr Jeff Lake, Consultant in Public Health joined the table and presented the report. Dr Lake briefed the Board about the issues set out in the report and noted that there has been a steady improvement in life expectancy. The Board noted the drivers for health inequality which includes circulatory diseases and cancer.

Following a query from the Board about screening uptake, Dr Lake noted that the broader agenda needs to be considered which includes early screening uptake.

Dr Frost emphasised the need for a partnership approach to disseminate information about cancer screening and to improve uptake using technology and sources.

Ms Wakeling noted that Communities Together Network are in the process of launching communication to raise awareness of cancer screening.

The Head of Barnet Healthwatch, Ms Selina Rodrigues welcomed the comments and noted that information could be disseminated through Healthwatch networks. Dr Benjamin also noted that health champions within communities can be used to disseminate information.

Dr Jeff Lake briefed the Board about the work undertaken in relation to suicide prevention including the Thrive LDN Programme. He noted that work has commenced to review the pathways that respond to suicide and the follow up on that with health partners.

Councillor Sachin Rajput welcomed the comments and also suggested making use of social and digital communication channels. He also raised awareness of the issues around different forms of cyber bullying and online harassment and intimidation which also need to be taken into account.

The Chairman thanked Members of the Board for their comments. It was **RESOLVED**

1. **That the Health and Wellbeing Board noted the analysis of life expectancy inequality (at Appendix 1).**

2. **That the Board approved the 2017 suicide prevention report and action plan (at Appendix 2).**

3. **That the Board noted the launch of the Thrive London mental health programme.**

10. JOINT HEALTH AND WELLBEING STRATEGY (2015 - 2020) PROGRESS UPDATE INCLUDING CARE CLOSER TO HOME (Agenda Item 10):

The Chairman welcomed the update report and noted that in November 2016 the Board had received its first Annual Report on the updated Strategy and had agreed a list of nine priority areas, as set out on p.191 of the agenda.

Throughout this year colleagues across the partnership have been working to deliver the actions set out in the Strategy's implementation plan. She noted the good

progress made in most areas but expressed her continuing concerns around screening and immunisation.

Ms Wakeling briefed the Board about the work streams being delivered and the progress made. The Board noted the actions being taken around improving employment opportunities for disabled people. She recognised that there are still some challenges around the area of screening.

Mr Munday informed the Board about the initial health assessment conducted for children and noted that 100% of the assessments have been completed in time. He noted the progress made in relation to the CAMHS programme and that a report will be coming to the Board about immunisation.

It was **RESOLVED:**

That the Health and Wellbeing Board noted and commented as above on the progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) including Care Closer to Home.

11. ADULTS ENGAGEMENT STRATEGY UPDATE (Agenda Item 11):

The Chairman introduced the Report and commended the actions that have been taken to ensure that services are both responsive and accessible for all residents. She also welcomed the Guide to Good Engagement, appended to the Report, which she found to be clear, informative and extremely readable and invited all partners to support its use. The Chairman also thanked everyone involved in organising the Annual Engagement Summit on 6th July which she had attended together with Cllr. Alison Cornelius and Cllr Graham Old, Chairman and Vice Chairman of the HOSC.

The Chairman welcomed the Assistant Director for Community Wellbeing, Mr James Mass and Ms Ella Goschalk, Engagement Lead Community Wellbeing, to present the Report. Mr Mass noted the transfer to the new structure and the positive reception of the engagement events both by service users and their carers. Ms Wakeling also noted the work streams which serve residents across the system and encouraged participation from all interested colleagues

RESOLVED:

1. **That the Health and Wellbeing Board noted the progress made to date as part of the Adults and Communities Engagement Strategy.**

2. **That the Health and Wellbeing Board continues to support and champion engagement activity in social care and health.**

3. **That the Health and Wellbeing Board noted and commented as above on the completed Guide to Good Engagement and support with its dissemination and use.**

12. THE GROWING ISSUE OF SHISHA SMOKING IN BARNET (Agenda Item 12):

The Chairman introduced the item and noted the extremely positive reception given to the HWB's public awareness campaign to reduce the prevalence of Shisha smoking in the Borough.

She congratulated the Public Health and Communications teams on the success of this programme - which included 35% of respondents reporting that they had stopped smoking Shisha as a result of seeing the campaign.

It was noted that over 4000 students had engaged in this Campaign and that over 80% felt more aware of the risks, with just under 80% saying they would consider not smoking Shisha in the future.

The Board noted that the Shisha Awareness Campaign 'The Truth Behind the Smoke' has been shortlisted for a Public Sector Communications Award.

The Chairman welcomed Ms Natalia Clifford, Consultant in Public Health to join the table. Ms Clifford presented the report and spoke about the extensive coverage of the campaign and the substantial level of engagement.

Following a query from the Board about visits to Shisha premises, Ms Clifford also noted that repeat visits to premises will continue and that all available tools will be utilised to ensure that legislation and licensing objectives are complied with.

The Chairman commended the report. It was **RESOLVED:**

1. **The Health and Wellbeing Board noted the successes of joined up activities to highlight the health risks associated with smoking shisha to the target audience.**

2. **The Health and Wellbeing Board acknowledged the findings of the shisha evaluation report and supports the implementation of key recommendations.**

3. **The Health and Wellbeing Board noted that further work on shisha will be taken forward by Smoking Prevention Working group for Barnet.**

13. REVISED TERMS OF REFERENCE AND MINUTES OF THE JOINT COMMISSIONING EXECUTIVE CARE CLOSER TO HOME PROGRAMME BOARD (Agenda Item 13):

The Chairman noted the standing item on the agenda and the minutes from the meetings of JCEG in February and April as well as the updated Terms of Reference for the JCE CC2H Programme Board and minutes from its meeting in April and May.

The Board agreed and approved an amendment to recommendation 1 to read:

That the Health and Wellbeing Board, *subject to the agreed amendments to procedure and CCG personnel updates, to be inserted by the Strategic Director for Adults, Communities and Health and Barnet CCG COO,* approve the Joint Commissioning Executive Care Closer to Home Programme Board Terms of Reference (appendix 1).

RESOLVED:

1. **That the Health and Wellbeing Board, subject to the agreed amendments to procedure and CCG personnel updates, to be inserted by the Strategic**

Director for Adults, Communities and Health and Barnet CCG COO, approved the Joint Commissioning Executive Care Closer to Home Programme Board Terms of Reference (appendix 1).

2. **That the Health and Wellbeing Board approved the minutes of the Joint Commissioning Executive Group meetings of 20 February 2017 (appendix 2) and 25 April 2017 (appendix 3).**

3. **That the Health and Wellbeing Board approved the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 27 April 2017 (appendix 4) and 18 May 2017 (appendix 5).**

14. FORWARD WORK PROGRAMME (Agenda Item 14):

The Board noted the items on the Forward Work Programme for 2017-18. The Board agreed to include an item for the November meeting on:

- The Development of Care Closer to Home Integrated Networks (CHINs) in Barnet

RESOLVED:

That the Health and Wellbeing Board considered and commented on the items included in the Forward Work Programme (see Appendix 1).

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

None.

The meeting finished at 12.00 pm

AGENDA ITEM 6

	Health and Wellbeing Board 14 September 2017
Title	**Public Health Annual Performance Report for 2016/17**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Public Health Commissioning Plan – Annual Performance Report 2016/17 Appendix B: Barnet Public Health Commissioning Outcomes: London context Appendix C: Public Health Activity Report: Summary of recent patient/client contacts with public health services
Officer contact details	Rachel Wells, Consultant in Public Health Rachel.Wells@harrow.gov.uk Lisa Colledge, Senior Public Health Analyst Lisa.Colledge@harrow.gov.uk

Summary

The Barnet and Harrow public health team report on performance quarterly through Council performance management systems and produce an annual report for the Health and Wellbeing Board. 2016/17 has been a successful year for the team. This report outlines the progress made against the agreed Key Actions and Management Agreement, and the innovative work undertaken by the team.

In 2016/17, the public health service worked on child obesity, healthy schools, sexual health services redesign, health coaches, practice health champions, and adult substance misuse treatment.

The new Barnet Sports and Physical Activity (SPA) leisure services procurement has been carried out with public health outcomes embedded as a central component of provider requirements, due to the public health team's central involvement. This development of added public health value is believed to be unique within English local authority leisure

services procurement.

Ongoing challenges regarding smoking cessation and NHS Health Checks received strong input from service redevelopment, new staffing and new data provision.

Partnership working schemes were developed to address shisha smoking, healthy eating, workplace health, family and child health, mental wellbeing and winter health.

The public health team further developed its 'Healthy Places' approach, developing new working relationships with planning, housing, transport, open and green spaces, and growth and regeneration teams, as well as external community and professional partners.

The health intelligence team expanded its data resource base and provided in-depth data analysis, research and Health Impact Assessment, strengthening public health support for broader Barnet Council and Clinical Commissioning Group (CCG) work.

The Barnet shisha campaign, jointly developed by the public health and communications teams, was shortlisted for a national communications award in July 2017.

Recommendation

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

1. WHY THIS REPORT IS NEEDED

1.1 Public health services are now well integrated with other Barnet Council functions, and deliver cost-efficient health and wellbeing interventions with long-term benefits for Barnet residents. Public health team members also work collaboratively with other Council staff to add social, economic and environmental value to non-health initiatives that affect the 'wider determinants of health'. The Council is committed to preventative health measures, in order to support Barnet residents and workers to live long, healthy and independent lives, and to manage health and social care demand.

1.2 This report collates public health performance outcomes for 2016/17. It summarises activity using narrative description, Key Performance Indicator (KPI) statistics, and red/amber/green (RAG) ratings (indicating commissioners' satisfaction or concern regarding their programmes).

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

Key Actions

1.4 In 2016/17, Barnet Public Health worked to deliver 24 Key Actions, falling under 5 headings: (1) Supporting children, young people and their families to be physically, mentally and emotionally healthy; (2) enabling all children, young people and adults to maximise their capabilities and have control over their lives; (3) creating fair employment and good work for all, which helps ensure a healthy standard of living for all; (4) healthy and sustainable places

and communities; and (5) ill health prevention. Some of the most successful public health Commissioning Intentions in 2015/16 were as follows.

1.4.1 Sport and physical activity (SPA) leisure procurement: public health outcomes have been embedded as a central component of provider requirements. This is the result of Public Health's central involvement in this procurement process; contributions included sitting on tender review panels and writing parts of the specification and the Memorandum of Understanding. Due to this collaborative working, the SPA leisure procurement should add extra public health value at no extra cost to Barnet Council, an achievement believed to be unique within English local authority leisure services procurement.

1.4.2 A Shisha educational campaign was developed and run in 2016/17 by public health working in partnership with Barnet Council's corporate communications team colleagues. Evidence-based health messages were developed, independently tested on various audiences (including young people, and black, Asian and minority ethnic residents) and revised. After consultation with partners, messages and images were approved by the Health & Wellbeing Board. Shisha smoking establishments were engaged and informed of their responsibilities under the Smoke free law (working in partnership with Regional Enterprise and Environmental Health), and supporting literature was developed. School pupils received shisha workshops. An extensive communications campaign was conducted, including bus shelter and High Street posters, website material, social media posts, a video blog, Twitter polls, digital advertising, press releases, and content in relevant publications. In July 2017, the Barnet shisha campaign was shortlisted for a national communications award.

1.4.3 Healthy schools: At the time of Q4 reporting, Barnet had the highest number of schools registered with the Healthy Schools London scheme, of all London boroughs (101 schools), and the second highest number of schools winning a Gold award (10 schools).

1.4.4 Child obesity: Two tier two (i.e. targeted) school obesity programmes operated successfully, targeting both overweight children and their families. As the year progressed, a growing proportion of overweight child participants either lost weight or stopped gaining further weight. A tier three (i.e. specialist) programme was provided for very overweight children.

1.4.5 Sexual health services redesign: The Barnet public health team took a leading role in the London Sexual Health Transformation Programme. Working with Camden colleagues, Public Health agreed the new genito-urinary medicine contract and tariffs on behalf of London commissioners (including a reduced tariff for 2016/17); the team also worked with sub-regional partners in Camden, Islington and Haringey to complete procurement of the sexual and reproductive health service. This work proceeded alongside ongoing delivery of sexual and reproductive health education and services to Barnet young

people, improving sexual health and reducing the risk of unplanned pregnancy.

1.4.6 Mental health employment support: The Motivation and Psychological Support (MAPS) scheme (for residents with common mental illness) successfully recovered from the previous year's below-target results, and went on to consistent achievement over the year. Results for the Individual Placement and Support (IPS) scheme (for residents with severe mental illness) improved over the course of the year, despite the loss of three staff members.

1.4.7 Adult substance misuse treatment: Barnet Public Health has worked with the lead provider to embed the comprehensive new Adult Substance Misuse Treatment and Recovery Pathway, using a broad-reaching recovery plan to address initial low performance. Data mis-reporting issues were resolved, and the public health team worked with regional counterparts and the provider to resolve concerns. Public Health England commented on the resulting improvements, stating its belief that this positive trajectory would continue.

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

1.5.1 Smoking cessation: A new Smoking Cessation and Health Checks Coordinator began work in September 2016, reporting to the new senior Public Health Commissioning Manager (who began work in March 2016). The new Coordinator engaged with GPs and pharmacies to secure new smoking cessation service contracts. In addition, new Smoking Advisors were trained, and specialist smoking cessation staff support was delivered, targeting the most under-performing GP surgeries. Barnet Public Health and Clinical Commissioning Group (CCG) established a formal Smoking Strategy Development Group.

1.5.2 NHS Health Checks: A new senior Public Health Commissioning Manager began working in March 2016, and a new Smoking Cessation and Health Checks Coordinator began work in September 2016 covering all 50 Barnet GP surgeries. All participating practices received a monthly Health Checks performance report enabling benchmarking against peers, producing an immediate impact. A new contract for Health Checks data support was finalised, with significant savings obtained (enabling management of very significant budget cuts for this work). Monitoring and delivery structures were developed. Training was delivered to 44 practice staff responsible for delivering Health Checks.

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

1.6 The Post Health Checks intervention project continued to operate successfully in 2016, working in partnership with Better (Greater London Leisure, or GLL, the Council's current leisure services provider) and Age UK Barnet. The Post Health Checks project is run by a Senior Health Trainer, who is part of the public health team. The Senior Trainer takes referrals from GPs, after Health Checks have been completed, and then coordinates an interventions programme that includes motivational interviewing and referral for a 12-week physical activity programme plus cooking classes; the Senior Trainer also delivers regular, one-to-one follow-up meetings.

1.7 In addition, the public health team has been working with Regional Enterprise Ltd (Re) on winter wellbeing and the Healthier Catering Commitment, as follows.

1.7.1 The 2016/17 winter wellbeing scheme ('Keep Well and Warm in Winter') included introduction of an online, tailored information service ('Joule Tool'), which prompted positive feedback from partners and residents.

1.7.2 The Healthier Catering Commitment (HCC) aims to encourage local food outlets to provide a healthier choice on their menus, and is managed by Public Health in partnership with Regional Enterprise food team colleagues.

1.8 In 2016/17, the public health team continued to wholly fund the Barnet Joint Commissioning Unit to provide breastfeeding, child oral health, Family Nurse Partnership, School Nursing and Home Visiting programmes, working with relevant lead commissioners in other teams. Public Health also continued to contribute funding to the Better Together (Ageing Well) scheme.

1.9 Other public health joint working projects included: Community Centred Practices (with local GPs); family and perinatal health coaching; 'Making Every Contact Count' (MECC) training (to deliver opportunistic health promotion); structured diabetes education (with Barnet CCG); and Healthy Living Pharmacies.

2. REASONS FOR RECOMMENDATIONS

2.1 The report sets out the performance of the Barnet Public Health Service, as part of the Council's agreed performance management and assurance processes.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST-DECISION IMPLEMENTATION

4.1 No immediate action is required.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan 2015–2020 sets out the Council's vision, strategy and plans for Barnet, including its plans to improve health and wellbeing for Barnet residents. The Public Health performance report shows how the Public Health Service has contributed to the achievement of the Council's corporate plan.

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

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

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

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

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

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

5.3 Social Value

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

5.4 Legal and Constitutional References

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

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

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

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

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

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

5.5 Risk Management

5.5.1 No issues identified.

5.6 Equalities and Diversity

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

5.7 Consultation and Engagement

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

5.8 Insight

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

6. BACKGROUND PAPERS

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

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Appendix A: Public Health Commissioning Plan – Annual Performance Report 2016/17

The tables below review the Public Health Commissioning Plan for 2016/17, by Key Action and Key Performance Indicator (KPI).

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
PH1617/001 Childhood obesity: PH funding and commissioning of childhood obesity and nutrition investment via a tier 2 weight management programme	Green	The Alive & Kicking (ANK) tier 2 child obesity programme delivered successfully across the borough throughout 2016/17. Most children attending the programme were self-referrals; the programme also accepted referrals from GPs, schools nurses, and family support nurses. Over the three term-time quarters (Q1, Q3 and Q4), 113 children completed the course, and a progressively greater proportion of completers' body mass index (BMI) Z scores (comparing individuals with their national peers for height and weight) fell or rose no further (i.e. they lost weight or gained no further weight relative to their height, compared with their national peer group) (77% in Q1, 83% in Q3, 85% in Q4). Almost all children rated the ANK programme as good or excellent (Q1, 97%; Q3, 100%; and Q4, 100%). For the first time, the ANK scheme ran two summer holiday programmes. Forty per cent of children who completed the summer programme reduced their BMI Z score or prevented it from rising higher, and nearly all (94%) rated the programme as good or excellent. The School Time Obesity Programme (STOP) tier 2 child obesity programme also ran successfully during term time, delivering general nutrition workshops and physical activity sessions to a total of 22 classes (Year 3 and Year 5). A total of 543 children were weighed and measured before and after the programme; 148 were above a healthy weight. Of these, there was an overall upward trend in the proportion who reduced or maintained their BMI Z score (Q1, 65%; Q3, 80%; Q4, 74%). As in previous years, the Barnet public health team used National Child Measurement Programme (NCMP) data to target schools with the greatest need for tier 2 obesity intervention, in order to maximise cost-effectiveness. In 2017/18, development plans for child obesity work will include redefinition of the tier 2 healthy weight pathway, to ensure that all children above a healthy weight (i.e. those at the 91st BMI centile and above) are managed seamlessly by both the weight management programme and the Healthy Weight Nurse Team.
PH1617/002 Commission 5-19 Wellbeing programme: 5-19 Wellbeing program - ongoing commissioning of support to the Healthy Schools programme	Green-amber	At the close of 2016/17 Barnet topped all 33 London boroughs for the number of schools registered with the Healthy Schools London (HSL) programme: 101 schools. The borough also had the second highest number of HSL Gold awards of all London boroughs: a total of 10 Gold awards. A special Barnet HSL celebration event was held in June 2016 to celebrate all the awards gained by Barnet schools in that school year. Over the year, targets were exceeded for Gold and Silver awards, but not met for Bronze awards or primary or secondary school registrations. Only nine Barnet primary schools are yet to register with HSL. These remaining schools are harder to engage, but the provider continues efforts to engage with these schools. A drive to increase secondary school registrations is also under way, with increased

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		promotion of those schools that achieve awards. There is a new service specification under development which will focus on specific targets for secondary schools. In addition, the provider has sent many reminders to unregistered secondary schools about the HSL programme and the free support available. As a result of this new outreach, one new secondary school has registered with HSL (Mill Hill County High), and several secondary schools which had initially engaged but subsequently lost contact have been re-engaged (e.g. The Archer Academy). Forthcoming, updated NCMP data will be used to produce a new schools prioritisation list, to aid targeting of remaining schools and encourage HSL uptake by those schools.
PH1617/003 Commission Health Coaches: Development of health coaches in support of the families first agenda and those affected by peri/post natal depression to contain demand and assess sustainability	Green	Both the Family Health Coach and Perinatal Mental Health Coach services over-achieved their contract targets in 2016/17. There was a steady rise in families receiving both services throughout the year. By Q3 the annual target for both services had been exceeded, and many new referrals for both services were being received (127 for the Family Health Coach service and 96 for the Perinatal Mental Health Coach service). These services will continue to run in 2017/18 until 31 March 2018. Evaluation of the Perinatal Mental Health Coach service is underway. Based on lessons learnt from this evaluation, the Family Health Coaches service will also be evaluated.
PH1617/005 Physical activity and healthy diet: Develop and commission adults weight management offer, and engage in the development of the SPA strategy	Green-amber	In 2016/17, a specification was developed for a targeted adult weight management service and went out to procurement. This was a service aimed at people from black and minority ethnic groups, people from low income wards, and people with diabetes and pre-diabetes. A pilot programme serving a maximum of 520 clients was planned to run until March 2017, with information from the pilot to be analysed and used to inform future procurement. Unfortunately this procurement process was unsuccessful; however, this prompted discussion with potential bidders on what would make the tender more attractive. We left 2016/17 with a positive discussion with one of the bidders and intend to encourage them to take this forward. Staffing changes have also influenced the speed at which this is being developed. The public health components of the Sport and Physical Activity (SPA) procurement have been developed throughout 2016/17. The public health team have written method statements and a section of the Memorandum Of Understanding, and have agreed the weighting status of services for public health.
PH1617/006 Mental health: Develop a community centred practices programme to build capacity in practices in identifying and referring to community resources to support patients	Green	Development of the community centred practices programme has progressed as planned in 2016/17. The initial target was that a total of eight general practice (GP) surgeries would participation in the pilot. In Q2, initial meetings between practices, partners and receptionist teams were completed in all eight GP surgeries, engagement of volunteer Practice Health Champions began, and in two surgeries trained Health Champions commenced their activities. In Q3, trained Champions were active in five surgeries, and a surgery without capacity to continue was replaced by a residential home. By year-end, over 500 inquiries had been received across five GP surgeries, indicating the significant interest of citizens to become

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		volunteers in Barnet. Champions had been trained across six surgeries. One participating surgery (St Andrew's Medical Centre) planned to invite their patients to become Health Champions with a view to helping Roseacres Residential Home, to which they provided medical services, and with which they were keen to build further links via the Champions scheme.
PH1617/007 Mental health: Expand digital based resources available for residents with common mental illness	Green	The London Digital Mental Wellbeing service is a London-wide initiative. During 2016/17, plans for the scheme became increasingly ambitious, and its launch was delayed. The service will now be implemented in September 2017.
PH1617/008 Reduce smoking: Develop options appraisal for targeted service	Green	Over 2016/17, smoking reduction work progressed in Barnet. This was despite notable challenges to the development of an options appraisal paper for a targeted service, namely the Sustainability and Transformation Plan (STP) restructuring of sub-regional local authorities, significantly reduced budgets, and the nascent Pan-London Smoking Channel Shift project. In Q2, a new Health Check and Smoking Cessation Co-ordinator started in post. He has since worked hard to ensure that more general practitioners (GPs) and pharmacies sign a contract to deliver smoking cessation services. Also in Q2, a training session was held for new Smoking Advisers in GP surgeries and pharmacies. In Q3, given the delays in smoking strategy development, it was decided to let a contract for specialist smoking support, as an interim solution. The team requested quotes for 6 days of specialist smoking support, to address performance in individual practices and pharmacies, and with a view to informing the community services strategy. The successful training provider began work and delivered 2 rounds of level 2 smoking cessation (training 20 new practitioners) and carbon monoxide monitor calibration training (20 attendees); work also included annual update training. Learning from these events fed into the development of the specification for interim specialist support, and the new 2017/18 contracts for pharmacies and GP practices. Also in Q3, Public Health met with Barnet CCG to establish a Barnet Smoking Cessation Strategy Development Group. In Q4, interim specialist smoking support work continued, targeting the most under-performing practices (starting with those which had higher numbers of patients setting a quit date but low numbers of quitters at four weeks). In conjunction with these positive developments, significant challenges were encountered in 2016/17. Progression of London sub-regional STP restructure plans led to exploratory discussions about smoking services collaboration with other local authorities in Barnet's new STP 'footprint' area. These discussions meant that proposed work (e.g. intended collaboration with pharmacies over Stoptober activities) was placed on hold. Significant budget reductions became apparent in Q2, and by Q4 the overall budget had been reduced very significantly, prompting discussions with the Barnet Clinical Commissioning Group (CCG) over future plans. However, financial modelling for smoking cessation work

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		proceeded under the oversight of the responsible public health consultant.
PH1617/009 Reduce smoking: Work with partners on wider tobacco control issues such as shisha	Green	The 2016/17 shisha campaign began in May 2016 with development of health promotion messages by the corporate communications team. These messages were tested by an independent facilitator with: young people; black, Asian and minority ethnic participants; and the general public. Feedback was collected and messages and imagery revised. 'Operation Wagtail' began in June, targeting shisha businesses, in partnership with Regional Enterprise and Environmental Health. Seven shisha establishments were engaged and informed of their responsibilities under the Smokefree law. In Q2, following extensive feedback from partners (including responses on the appropriateness of images), and with support from the lead councillor Cllr Hart, the Health & Wellbeing Board considered a paper presented jointly by the public health and corporate communications teams. Recommendations included the approval of three key, evidence-based health messages, as well as providing shisha establishments with online information and guidance on compliance prior to launch of the poster campaign. A Barnet Council shisha webpage was developed, and a guidance leaflet on shisha businesses' compliance was created to support further site visits by Environmental Health. By the close of Q3, most Barnet secondary schools had received shisha workshops, and given positive feedback on campaign imagery and messages. Campaign images were finalised, and a script for a video blog was developed. The shisha communications campaign was re-launched in January 2017, and included bus shelter panels, six High Street posters, a campaign webpage, video blogs with a general practice (GP) registrar, social media posts, Twitter polls, digital advertising, content on the Middlesex University intranet, an advertisement in *Barnet First* magazine, press releases, and content in the School Circular and the *First Team* council staff e-newsletter. Following recommendation by the Health & Wellbeing Board, all Barnet secondary schools were invited to participate in a poster competition, although none were able to take part. The final report on the shisha campaign was due for completion in June 2017, after which no further action is planned for this project. In July 2017, the Barnet shisha campaign was shortlisted for a national communications award.
PH1617/010 Create fair employment: PH support of contract monitoring, service development and assessment of options for sustainability and/or mainstreaming of service	1/2 green (MAPS) 1/2 red (IPS)	In 2016/17 the public health team continued their Motivation and Psychological Support (MAPS) and Individual Placement and Support (IPS) schemes, which support employment for people with common and severe mental health problems, respectively. The MAPS service started the year by successfully recovering from previous below-target results, and then went on to consistent achievement throughout the rest of the year. The number of residents engaged by the MAPS service increased from 75 in Q1 and 73 in Q2 to 161 in Q3 and 216 in Q4, while the number of residents commencing jobs consistently increased from 20 in Q1 and 23 in Q2 to 51 in Q3 and 64 in Q4.

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		The IPS service started strongly, achieving its previous year recovery plan, but encountered challenges as the year progressed. Despite this, the four quarters showed improvement in the number of residents engaged in the IPS service: 22 in Q1, 20 in Q2, 59 in Q3 and 78 in Q4, while quarterly activity for the number of residents commencing jobs likewise improved, from 11 in Q1 and 6 in Q2 to 30 in Q3 and 46 in Q4. Suboptimal results were due to the loss of three employees over the summer. Although IPS performance recovered somewhat in Q3 and Q4, the provider warned that they could no longer deliver the contract within the existing financial envelope. Discussions about revision of quarterly targets are anticipated. However, it should be noted that the Barnet IPS programme activity compares well against national benchmarks. In 2017/18 the IPS provider will enter a Social Impact Bond arrangement under which the service is expected to recover.
PH1617/011 Create fair employment: PH expertise support for workplace health promotion and the London Healthy Workplace Charter amongst local businesses including approaches for managing long term sickness	Green	In 2016/17, 4 new businesses registered for the London Healthy Workplace Charter, taking the total to 10 registrations. Barnet Council attained accreditation as 'excellent' in October, bringing the total to four accredited Healthy Workplace Charter businesses in Barnet. A successful Health & Wellbeing at Work event was held in November. This event gave local organisations information and resources to support implementation of health and wellbeing initiatives in the workplace; they were also encouraged to sign up to the London Healthy Workplace Charter, and given the opportunity to network. In Q3 and Q4, the public health team engaged the Entrepreneurial Barnet Board to seek their views on potential opportunities for supporting local businesses around workplace health, and on working in partnership with public health to achieve this. A paper on this initiative was prepared for the May 2017 Board. Also in Q4, the public health team approached the Barnet procurement team to explore whether businesses commissioned by London Borough of Barnet could be encouraged to sign up to the London Healthy Workplace Charter via the procurement process, as part of the social value requirement.
PH1617/012 Investing in facilities: PH lead on the PH outcomes component of the leisure procurement	Green	In 2016/17, the public health team continued their central involvement in the sports and physical activity (SPA) leisure procurement process. This work is believed to be a unique approach to leisure procurement, with public health outcomes forming the central component of provider requirements. In Q1, the public health team wrote method statements and a section of the Memorandum of Understanding, as well as agreeing the weighting status of public health outcomes services. The procurement process went 'live' in Q2. The first stage of the tendering process began, with questions and requests for clarification received from bidders. In Q3, public health contributed to the development and evaluation of method statements submitted by potential leisure services providers. Ongoing support for procurement and ISOS (tendering stage) evaluation were provided in Q4, together with preparation for the ISDS procurement stage and ongoing supply of information and

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		clarification to applicants. The public health team engaged in dialogue with partners over how the public health outcome requirements would work in practice and what the likely implications would be. In 2017/18, the procurement process enters the final dialogue stage, addressing any outstanding issues and reviewing amended method statements, ahead of a final review and decision in August 2017.
PH1617/013 Access to health facilities: PH contribution to the continuing SPA strategy	Green	The sports and physical activity (SPA) strategy is led by the commissioning team, with the public health team responding when requested. Action in 2017/18 included: attendance at consultation events; contribution of comments on the Fit and Active Barnet (FAB) strategy; and providing input into SPA strategy development.
PH1617/014 Access to health facilities: Support with healthy places, planning support and PH expertise	Green	In 2017/18, the public health team developed its working methods and project alliances regarding healthy places and planning work. Public Health continued to sit on the Green Places Board, contributing insight and expertise. The team also further developed its Healthier Catering Commitment work (working with Barnet restaurant establishments to promote healthy eating). Throughout the year, the public health team engaged with the planning team to explore the planning process, to devise a method of integrating Health Impact Assessments (HIAs) into this process, and to develop pre-planning advice which would address public health concerns. The public health team also worked to develop the concept of a healthy Local Plan, establishing an evidence base and liaising with London Borough of Barnet partners. The team successfully joined the Town & Country Planning Association national pilot project aiming to enhance relationships and work more effectively with developers; work to develop relationships with local developers is ongoing. By the end of 2016/17, Public Health had succeeded in joining the Community Investment Levy (CIL) group, working together with colleagues in housing, transport and strategy to enhance public health outcomes within the development process. The team had contributed research to the Local Plan, influencing changes in working and actions, with particularly positive developments around food and business. Contribution to planning applications had been trialled, including methods of integrating HIAs into planning decisions. Anticipated challenges in 2017/18 include working to enhance the public health impact of the Brent Cross development, and further contributions to the Local Plan, the Barnet planning process, and the Town & Country Planning Association National Developers Project.
PH1617/015 Access to health facilities: PH expertise contribution to the Parks and Open spaces strategy	Green	The public health team have become part of the Green Spaces Board, contributing ideas, insight and expertise on public health outcomes. Their contribution has included addressing healthy catering and toilet provision in parks, to enhance park accessibility. These developments build on previous work around outdoor gyms and marked and measured routes. Further challenges have included engaging with parks redevelopment in the west of the borough, but the public health team is looking forward to ongoing engagement in

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		this area.
PH1617/016 Integrated and sustainable sexual health service: PH funding & monitoring of sexual health services	Green	Sexual health Key Performance Indicators (KPIs) performed well against their quarterly targets throughout 2016/17. Of the two new KPIs introduced at the beginning of the year, one increased its outturn every quarter, and the other had the maximum possible achievement (100%) in Q2, Q3 and Q4. Throughout the year, the Barnet and Harrow (shared service) sexual health commissioners continued to monitor sexual and reproductive health services regarding budget, spending, activity, delivery schedule and contract performance. In Q2, extra funding was awarded to provide: (1) Sex and Relationship Education (SRE) to young people in various Barnet settings (using an approach ensuring SRE availability to young people not in education or employment); and (2) HIV awareness and HIV testing to targeted high risk groups in Barnet (including people who do not access sexual health services), helping avoid late HIV diagnosis. The contraception and sexual health (CaSH) service (with incorporated outreach service) has been well accepted by colleges and schools. The number of people accepting HIV testing within the main CaSH service increased from 436 in Q1 (prior to service commencement) to 596 in Q4.
PH1617/017 Integrated and sustainable sexual health service: To agree GUM contracts as part of the London collaborative commissioning programme	Green	Barnet public health sexual health commissioners worked with commissioning colleagues in Camden local authority to agree the 2016/17 genito-urinary medicine (GUM) contract for the Royal Free Hospital London, on behalf of London commissioners. New tariffs for sexual health service attendances were negotiated and agreed by all collaborating London commissioners. In addition, commissioners successfully negotiated a reduced tariff price for 2016/17 the impact of which was quickly seen. Despite higher activity than anticipated at the local GUM service, the negotiated price reduction helped to restrain costs. By the end of 2016/17, Barnet council plus Camden, Islington and Haringey partners (working as the North Central London sub-region) had successfully completed collaborative procurement of the new sexual and reproductive health service. This new service will be provided by the Central North West London NHS Trust.
PH1617/018 Integrated and sustainable sexual health service: Development of local specification and tender; sub regional procurement partnership	Green	Quarter one saw substantial progress in the sexual health service tendering process, including development of the sexual health services specification for the sub-region, with agreement on the specification by collaborating sub-regional commissioners. The Barnet public health team continued to collaborate with other boroughs and partners to design better, more cost-effective sexual health services for the North Central London sub-region. In Q2, the specification was finalised and agreed by collaborating sub-regional commissioners, working in partnership with other boroughs. Invitations to tender were published in Q3 (via the London Tenders Portal, an electronic procurement system used by London councils). Thereafter, bids were submitted via the Portal, commencing a

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		competitive process between providers.
PH1617/019 Integrated and sustainable sexual health service: Work with key partners to reduce teenage pregnancies and to promote sexual health e.g. health education, social services, youth support services and the voluntary sector	Green	In 2016/17, the Barnet public health team continued to work to reduce teenage pregnancies and to promote sexual health via health education, working with key partners in social services, youth support services and the voluntary sector. The contraception and sexual health (CaSH) service worked proactively with Children's Services to support young people requiring safeguarding and counselling support. In Q2, outreach sessions were held at Barnet Families' Service Contact Centre and at two different sites of Barnet College. These outreach sessions contributed to an increase in young people accessing Barnet CaSH services due to contraception and sexual health needs. Also in Q2, the current CaSH services provider was awarded extra funding to provide Sex and Relationship Education (SRE) to young people in various Barnet settings, including ensuring that SRE was available to young people not in education or employment. Quarter three saw increased outreach provision in schools and colleges, with 80 young people registering for condom access and at least 20 coming back for repeat collection of condoms through the Barnet condom distribution scheme, locally known as BU21. In addition, young people received information on contraception and sexual health (including HIV). Feedback from young people (via comment cards) was overwhelmingly positive and indicated their great grasp of the topics discussed. The CaSH service also engaged in outreach to the youth offender team and the looked-after children team, promoting safer sex and contraception. In clinics, the CaSH service actively encouraged young people to use Long-Acting Reversible Contraception (LARC) due to its long term benefits in preventing unplanned pregnancies. In 2016/17 LARC uptake amongst young people under 25 years was higher than uptake of user-dependent contraception methods, and had increased compared with the previous year: 3301 out of 5691 (58%) contacts chose LARC in 2016/17, compared with 2905 out of 5467 (53%) in 2015/16. This was a very positive development, as LARC is the most reliable form of contraception for young people (as it has long-term efficacy and is not user-dependent).
PH1617/020 Improve treatment outcomes in drug & alcohol services: PH funding & monitoring of service	Green	In Q1, the Barnet public health team pursued further engagement with Children and Family Services in order to provide a Hidden Harm Service. The team also engaged with Barnet general practitioners (GPs) to identify further opportunities to support practice patients with alcohol and drug dependencies. In Q2, investigation into previous decreases in successful substance misuse treatment completion rates identified a number of historical, inactive cases which had erroneously reduced statistics for successful completion rates. There was on-going, close monitoring by the Substance Misuse Service (SMS) Commissioner. In addition, the Public Health England (PHE) Programme Manager and SMS Commissioner met with the new provider to identify other possible

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		reasons for decreased treatment completion rates. Data for the quarter showed an improvement in successful completions across all categories of care. In Q3, PHE noted that "Barnet's rate of successful completions for drugs has improved over the year by 3.9% and is currently at 16.1%, which is now greater than the national average. Given the progress, it is easy to believe that Barnet will continue to improve to equal or exceed the London rate. At the same time, the outcomes for alcohol users in Barnet have also increased and the outcomes being achieved continue to exceed both the national and London average". In Q4, nationally published statistics for successful treatment completions showed an increase in performance for opiate and non-opiate clients, with performance for alcohol clients higher than the national average.
PH1617/021 Promotion of self-management of health: PH funding of Better Together (Ageing Well)	Green	Throughout 2016/17, Public Health continued to contribute funding to the Better Together scheme, supporting community activities which were incorporated into wider prevention planning. The public health team also reviewed programme priorities and delivery of the scheme, alongside Adult Social Care colleagues, to ensure that the programme promoted health and wellbeing and contributed to the demand management challenge. Staff departures presented a challenge in Q3, but there was a positive community response and the scheme continued.
PH1617/022 Promotion of self-management of health: PH funding of long term conditions. Development and continued implementation of tier 1 including Healthy living pharmacies, MECC, Visbuzz social isolation initiative, community centred practices. Consider options for structured education and social prescribing	Green-amber	The public health team worked to support several substantial projects targeting long-term conditions, over the course of 2016/17. Progress was mixed in Q1: some components of planned work progressed well and others less so, with resources diverted accordingly. Following a failed tender exercise for the 'Making Every Contact Count' (MECC) scheme, the specification was revised, a new delivery approach developed, and quotes sought from two providers, with a view to commission a provider and roll out the training from September 2016. An initiative for pharmacists to provide behavioural change interventions to individuals with pre-diabetes was explored. However, in the absence of a full proposal or a clear evidence base, this proposal was not taken further. Public Health worked with potential providers (Central London Community Healthcare; CLCH) and Barnet Clinical Commissioning Group (CCG) to develop communications around the diabetes structured education programme. Data on the number of referrals to the programme from Barnet GPs was analysed and shared with the CCG to support tailored communication with GPs. Champions' training for Visbuzz was held in Q1, training 18 people. However, this product proved unreliable and time-consuming for the project lead and volunteers. Although voluntary sector engagement was good for the VisBuzz project, the extent of future public health team commitment to the project was reviewed. On a more positive note, the Community Centred Practice scheme recruited a full set of eight practices in Q1. Q1 also saw successful development of a model for the Social Prescribing scheme, as part of reimagining mental health with

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		voluntary sector partners. In Q2, Social Marketing Gateway was commissioned to deliver MECC training. Training sessions were scheduled for September and October 2016. Options for digital, structured type 2 diabetes education support were explored. Visbuzz 'champion' training events continued to be held in Q2, and referrals received. The product continued to be time-consuming and unreliable; however, there was good voluntary sector engagement and a successful promotional event with care homes. Internet connection procurement was unsuccessful, delaying distribution of Visbuzz units, with consequent delays in central funding. Communication was sent to all participating organisations and individuals to preserve engagement. Other boroughs piloting the project also experienced similar delays. Priorities for self-care were shifted in Q2 to align with CCG priorities. The CCG and the public health team worked together to develop a strategic approach to promoting self-care in primary care, and to provide formal input into the Care Closer to Home programme. By Q3, the MECC training provider had trained 103 people in 8 sessions. Clinical Commissioning Group work on structured type 2 diabetes education continued, supported by the provider CLCH. Visbuzz continued to be problematic for the four boroughs piloting the scheme, and distribution was stopped. At the completion of Q4, 147 people had received MECC training (44 new trainees in Q4), and it was decided to move to phase 2 of training. The HeLP Diabetes online structured education programme was commissioned by the CCG and promoted by CLCH. Sixteen Visbuzz volunteer champions had been trained, various promotional activities conducted, and six units distributed to residents. In addition, the Healthy Living Pharmacies scheme continued in 2016/17, with local pharmacies receiving information relating to self-care and health promotion. However the offer was not extended wider than the initial training phase as no schemes were available to incentivise wider engagement.
PH1617/023 Develop a more targeted Health Checks programme: PH funding and monitoring of Health Checks	Green	Throughout 2016/17, all general practice (GP) surgeries participating in Health Checks work received a monthly individual performance email with a comparative league table of overall Health Check numbers and the percentage of fully completed Health Checks. This had an immediate impact on performance, through peer pressure. In Q1, the new specification for NHS Health Checks was drawn up and sent out to practices; this included more focus on patients living in deprived areas. Monitoring and delivery structures were further developed, and data issues resolved or managed. June saw the first round of NHS Health Checks training to 21 GP practice staff responsible for delivering Health Checks. In Q2, improvements in data provision were noted, and a new data format was agreed, facilitating accurate and effective performance monitoring. Discussions were held with the Barnet GP Federation regarding delivering a targeted programme on a reduced budget. In September, the new Health Check and Smoking Cessation Co-ordinator began work, covering all 50 Barnet GP practices.

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		Previous work with Barnet GP surgeries facilitated his rapid impact in the role. Tender advertisements went out in Q3 for a replacement to the Health Checks 'Health Intelligence' data monitoring system (submission deadline: 3 March 2017; operational deadline: 1 April 2017). The successful tender is expected to resolve data issues as well as be significantly cheaper and more fit for purpose. By Q3, significant performance improvements were noted, and the service was on track to exceed its internal target. In Q4, the new data contract had been finalised, with considerable savings secured particularly in years 2 and 3; this will deliver very significant reduction in the NHS Health Checks budget over the next 2 years. To round off 2016/17, February saw a further 23 Health Check trainees complete their training.
PH1617/024 Develop a more targeted Health Checks programme: Develop options appraisal for future Health Checks service delivery	Green	Options for future NHS Health Checks delivery were relatively clear, namely: (1) continue with existing contracts with each individual general practice (GP) surgery; (2) have a single contract with the federation of GP practices; or (3) engage a third party provider. An additional concern was to target NHS Health Checks at residents living in the most deprived areas. The initial approach in Q1 was to inform practices of their performance and discuss with them what they could do better to target patients living in more deprived postcodes; a year-end evaluation of this approach was also planned. By Q2, the public health team had begun to receive deprivation data on completed Health Checks. It was anticipated that full year-to-date data would be available by December, with the goal of communicating this data with practices on a monthly basis in order to support targeted invitations to patients in the most deprived postcodes, as well as producing personalised performance reports enabling practices to compare themselves to other Barnet practices. In Q3, consultations were conducted with the Local Medical Committee and the Barnet Clinical Commissioning Group (CCG) regarding moving to a federation model (i.e. option 2). Advice was obtained from the legal service and procurement team on the procurement process and timetable. A specification was drafted; this placed a focus on NHS Health Check offers to residents in more deprived areas (an approach recommended by Public Health England, given the evidence on links between poverty and cardiovascular disease), but reserved a small number of Health Checks for any eligible resident, to meet statutory requirements. By Q4, the tender documents had been prepared and a lead GP had been chosen. The new Health Checks scheme was planned to go out to tender in Q1 2017/18.
PH1617/025 Maintain Winter Well investment: PH funding of winter well	Green-amber	The Keep Warm and Well scheme operated only in Q3 and Q4, as it is a seasonal project. In Q3 and Q4, in addition to running the Winter Well programme, contacts were made and plans prepared for engaging individual carers and organisations (e.g. Barnet Carers Centre, Home Instead, North London Hospice and High Barnet Good Neighbour Scheme), in order to facilitate awareness and joint working so that Keep Warm and Well services could be delivered to the most vulnerable and house-bound

Public Health Key Actions		
Key Action	**End-of-year RAG**	**Commentary**
		residents. The Joule Tool (an online advisory service producing tailored advice) received positive feedback from partners and residents. A successful Keep Warm and Well steering group meeting was held in May 2017. Participants agreed on actions to promote the Warm and Well scheme, improve partnership working and increase referral numbers, namely: (1) more liaison between the Project Officer and Barnet Council staff, partners and providers, to raise awareness of the scheme; (2) training for home visit partners (planned for August and September 2017) on recognising signs of cold housing; (3) direct engagement with vulnerable residents, including families with young children, from September 2017 onwards; (4) provision of the Joule Tool online service to providers and residents via tablets; and (5) investigation of better ways of working with general practitioners, carers and homecare providers.

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2015/16 result**	**2016/17 target**	**2016/17 result**	**Direction of travel**	**Benchmarking**
PH/S2	Excess weight in 4–5 year olds (overweight or obese)	Apr 2016 – Mar 2017	19.9%	21.0%	19.2% (G)	Improving	England = 22.1% London = 22.0%
PH/S3	Excess weight in 10–11 year olds (overweight or obese)	Apr 2016 – Mar 2017	32.6%	32.0%	34.4% (R)	Worsening	England = 34.2% London = 38.1%
PH/S4	Rate of hospital admissions related to alcohol (per 100,000)	Apr 2016 – Mar 2017	425	400	421 (RA)	Improving	N/A
PH/S5	Smoking prevalence	Apr 2016 – Mar 2017	13.2%	13.0%	14.8% (4)	Worsening	England = 15.5% London = 15.2%
PH/S7	Physical activity participation	Apr 2016 – Mar 2017	58.5%	59.0%	59.5% (G)	Improving	England = 57.0% London = 57.8%
PH/S11	Excess weight in adults	Apr 2016 – Mar 2017	N/A[a]	56.8%	56.8% (G)	N/A[a]	England = 64.8% London = 58.8%
PH/S12	Percentage of women accessing emergency hormonal contraception (EHC) within 48 hr	Apr 2016 – Mar 2017	N/A[a]	80.0%	99.8% (G)	N/A[a]	N/A[b]
PH/S13	Percentage of new attendances of all under 25 year olds tested for chlamydia	Apr 2016 – Mar 2017	N/A[a]	70.0%	78.6% (G)	N/A[a]	N/A[b]
PH/S14	Number of people engaged or supported by Winter Well	Apr 2016 – Mar 2017	N/A[a]	1200	144,461 (G)	N/A[a]	N/A[b]
PH/C6	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	Apr 2016 – Mar 2017	99.7%	98.0%	99.7% (G)	Worsening	N/A[b]

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2015/16 result**	**2016/17 target**	**2016/17 result**	**Direction of travel**	**Benchmarking**
PH/C7	Percentage of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive)	Apr 2016 – Mar 2017	95.7%	97.0%	98.5% (G)	Improving	N/A[b]
PH/C8	Percentage of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive)	Apr 2016 – Mar 2017	77.8%	80.0%	87.9% (G)	Improving	N/A[b]
PH/C10	Percentage of drug users successfully completing drug/alcohol treatment - opiate users (as per DOMES report)	Apr 2016 – Mar 2017	6.4%	8.0%	N/A[c] (Q4 = 8.7%)	N/A[d]	National = 7.1%
PH/C11	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate users (as per DOMES report)	Apr 2016 – Mar 2017	31.5%	33.0%	N/A[c] (Q4 = 29.3%)	N/A[d]	National = 40.2%
PH/C12	Percentage of drug users successfully completing drug/alcohol treatment - alcohol users (as per DOMES report)	Apr 2016 – Mar 2017	37.8%	42.0%	N/A[c] (Q4 = 33.5%)	N/A[d]	National = 40.1%

Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2015/16 result**	**2016/17 target**	**2016/17 result**	**Direction of travel**	**Benchmarking**
PH/C13	Percentage of drug users successfully completing drug/alcohol treatment - non-opiate and alcohol users (as per DOMES report)	Apr 2016 – Mar 2017	24.0%	32.0%	N/A[c] (Q4 = 25.0%)	N/A[d]	National = 37.5%
PH/C14	Percentage of service users re-presenting to the drug/alcohol treatment services - opiate users (as per DOMES report)	Apr 2016 – Mar 2017	28.6%	12.0%	N/A[c] (Q4 = 14.3%)	N/A[b]	National = 17.8%
PH/C15	Percentage of service users re-presenting to the drug/alcohol treatment services - non-opiate users (as per DOMES report)	Apr 2016 – Mar 2017	0.0%	8.0%	N/A[c] (Q4 = 6.3%)	N/A[d]	National = 5.2%
PH/C16	Percentage of service users re-presenting to the drug/alcohol treatment services - alcohol users (as per DOMES report)	Apr 2016 – Mar 2017	5.4%	11.0%	N/A[c] (Q4 = 9.5%)	N/A[d]	National = 8.7%
PH/C19	Number of schools registered for the Healthy Schools London Awards - (a) primary	Apr 2016 – Mar 2017	19	6	3(R)	Worsening	N/A[b]
PH/C20	Number of schools registered for the Healthy Schools London Awards - (b) secondary	Apr 2016 – Mar 2017	6	4	3 (R)	Worsening	N/A[b]
PH/C21	Number of schools reaching bronze	Apr 2016 – Mar 2017	18	10	7 (GA)	Worsening	N/A[b]

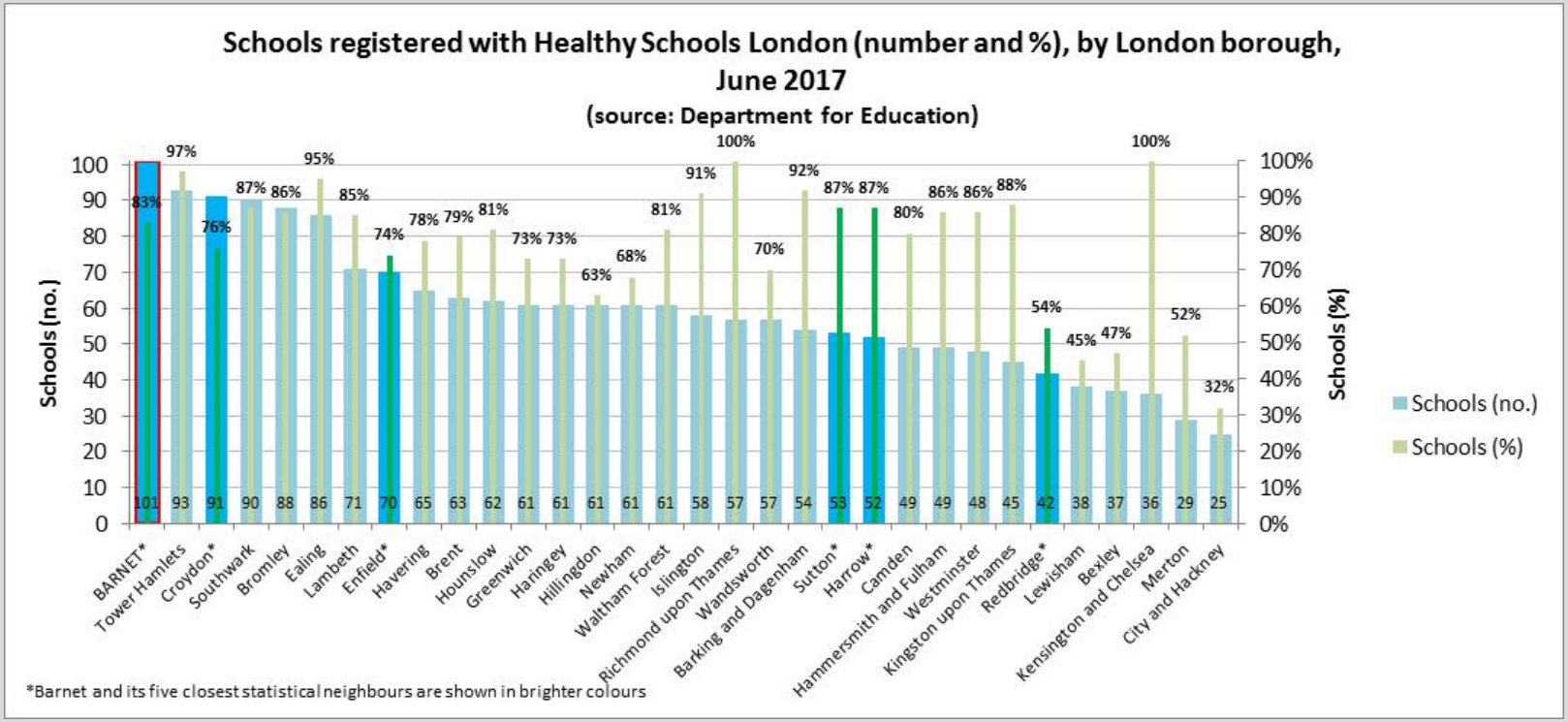
Public Health Key Performance Indicators							
KPI ref	**Indicator**	**Period covered**	**2015/16 result**	**2016/17 target**	**2016/17 result**	**Direction of travel**	**Benchmarking**
	award						
PH/ C22	Number of schools reaching silver award	Apr 2016 – Mar 2017	5	6	10 (G)	Improving	N/A[b]
PH/ C23	Number of schools reaching gold award	Apr 2016 – Mar 2017	4	5	6 (G)	Improving	N/A[b]
PH/ C24	Number of healthy eating workshops provided in children centres	Apr 2016 – Mar 2017	483	570	871 (G)	Improving	N/A[b]

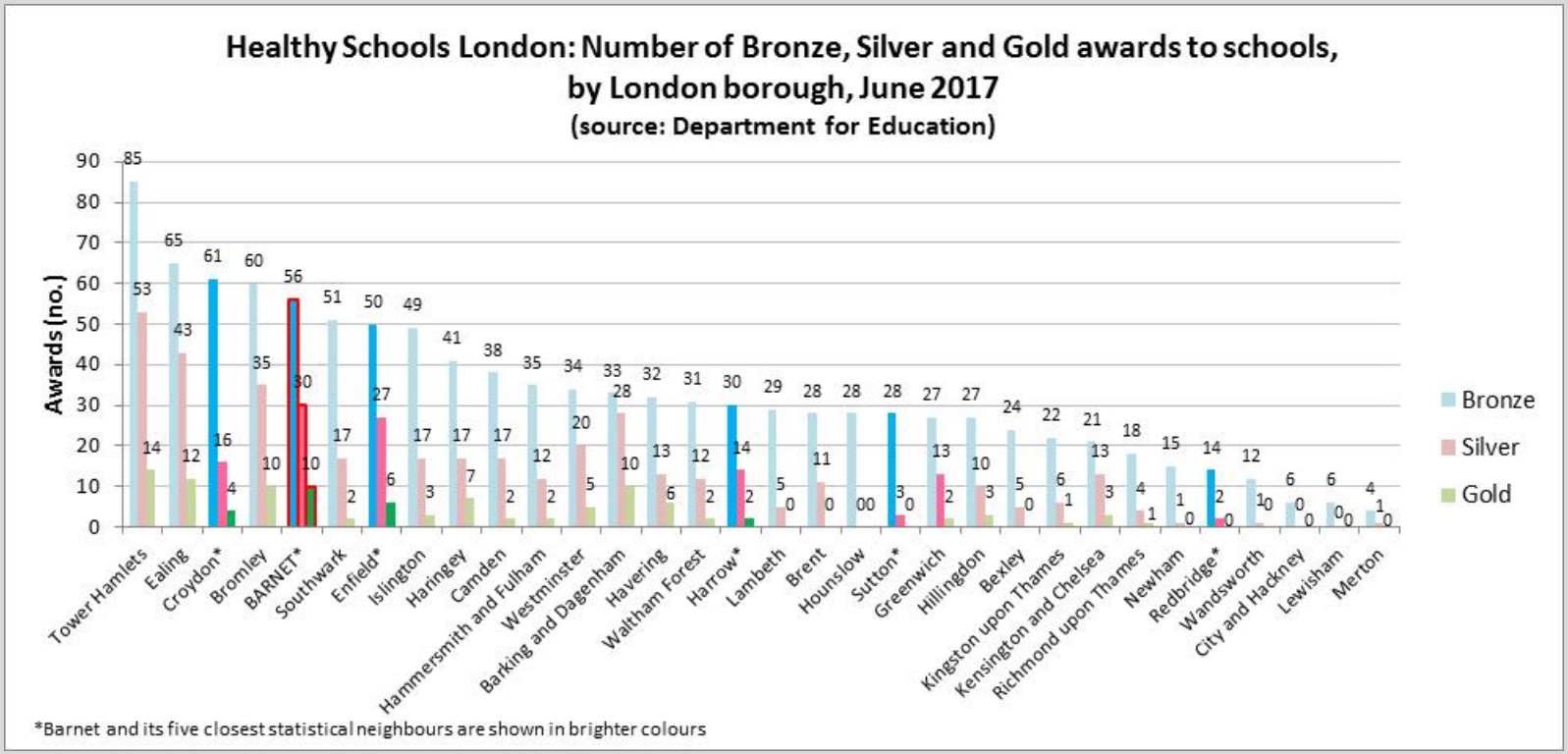
[a]Key Performance Indicator (KPI) was not reported in 2015/16
[b]No equivalent regional or national data
[c]Year results cannot be calculated, because Q1 to Q4 cannot be summed as they are drawn from overlapping periods. Q4 results are given to indicate recent activity.
[d]Direction of travel cannot be calculated because whole-year results cannot be calculated for 2015/16 or 2016/17.
G = green rating
GA = green-amber rating
RA = red-amber rating
R = red rating

Appendix B:

Barnet Public Health Commissioning Outcomes: London context

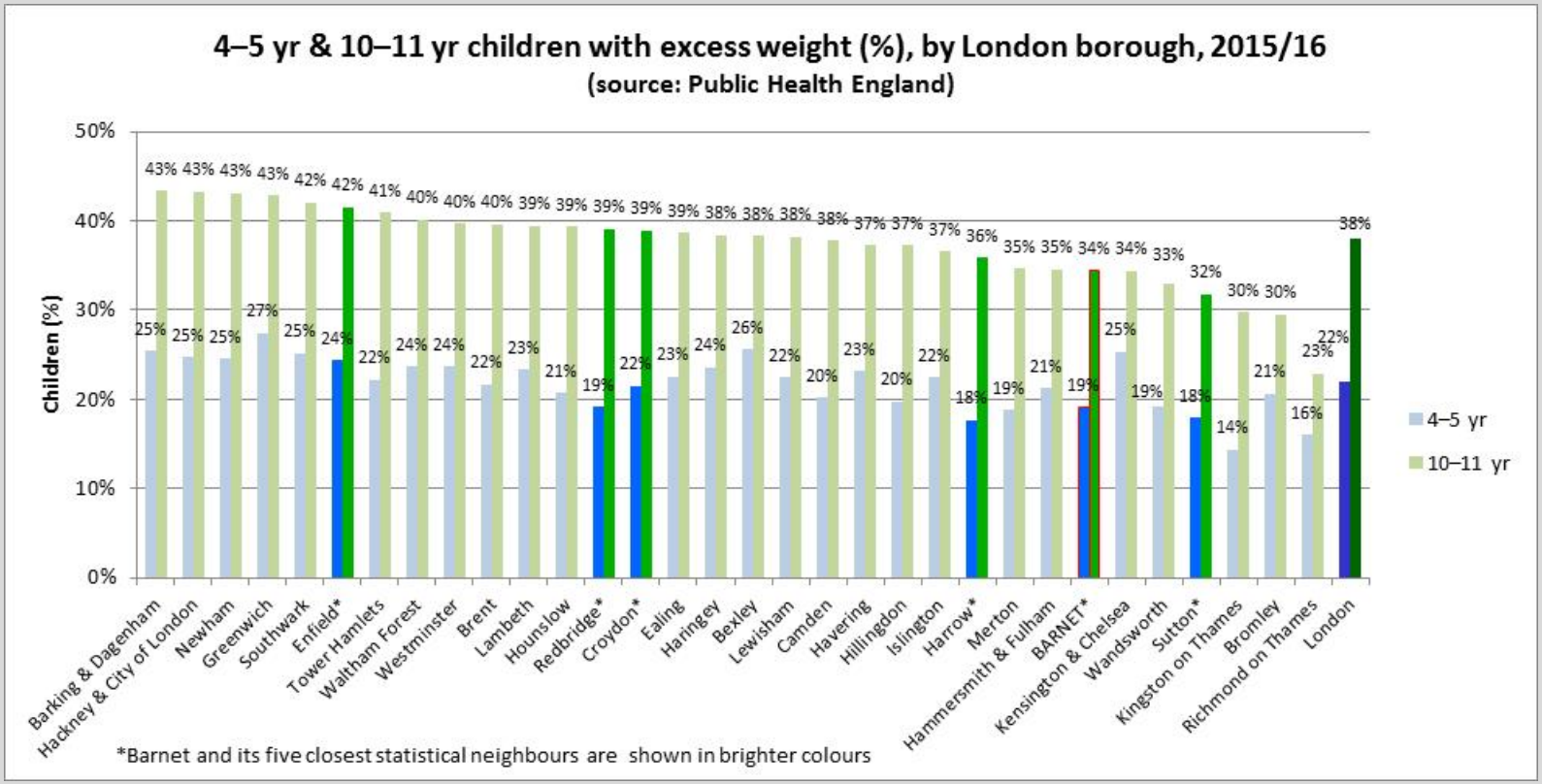
The charts below compare various Barnet public health commissioning outcomes with statistical neighbours' and London-wide activity, where relevant data is available.

Public Health	
Commissioning area	**London context**
Barnet Schools Wellbeing Programme	 BARNET RANKING: In June 2017, Barnet had the most schools (101) registered with Healthy Schools London, of any London borough, and ranked midway for proportion of schools registered. Compared with its five closest statistical neighbours, Barnet had the largest number of schools registered and ranked midway for the proportion of schools registered.

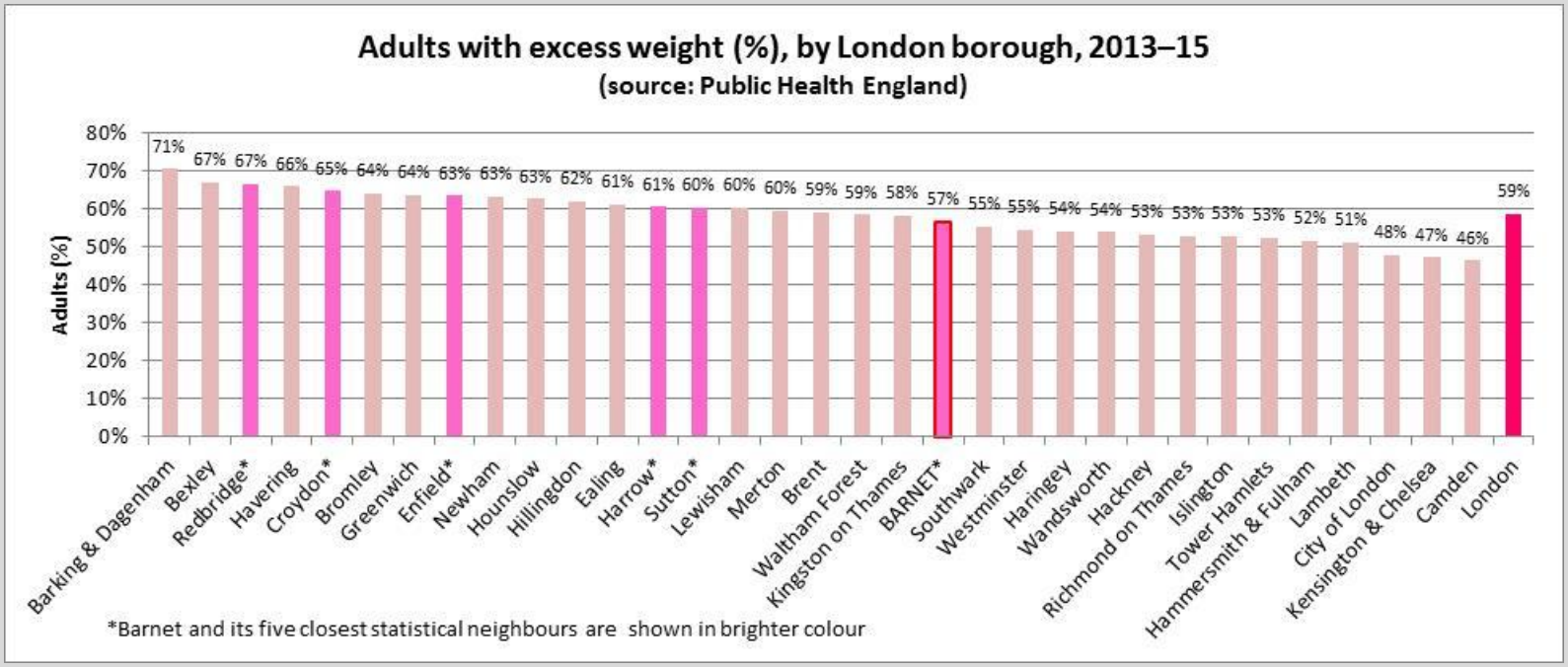


BARNET RANKING: In June 2017, Barnet ranked fifth for Bronze awards (56 awards), fourth for Silver awards (30 awards) and third for Gold awards (10 awards), of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked second for Bronze awards, first for Silver awards and first for Gold awards.

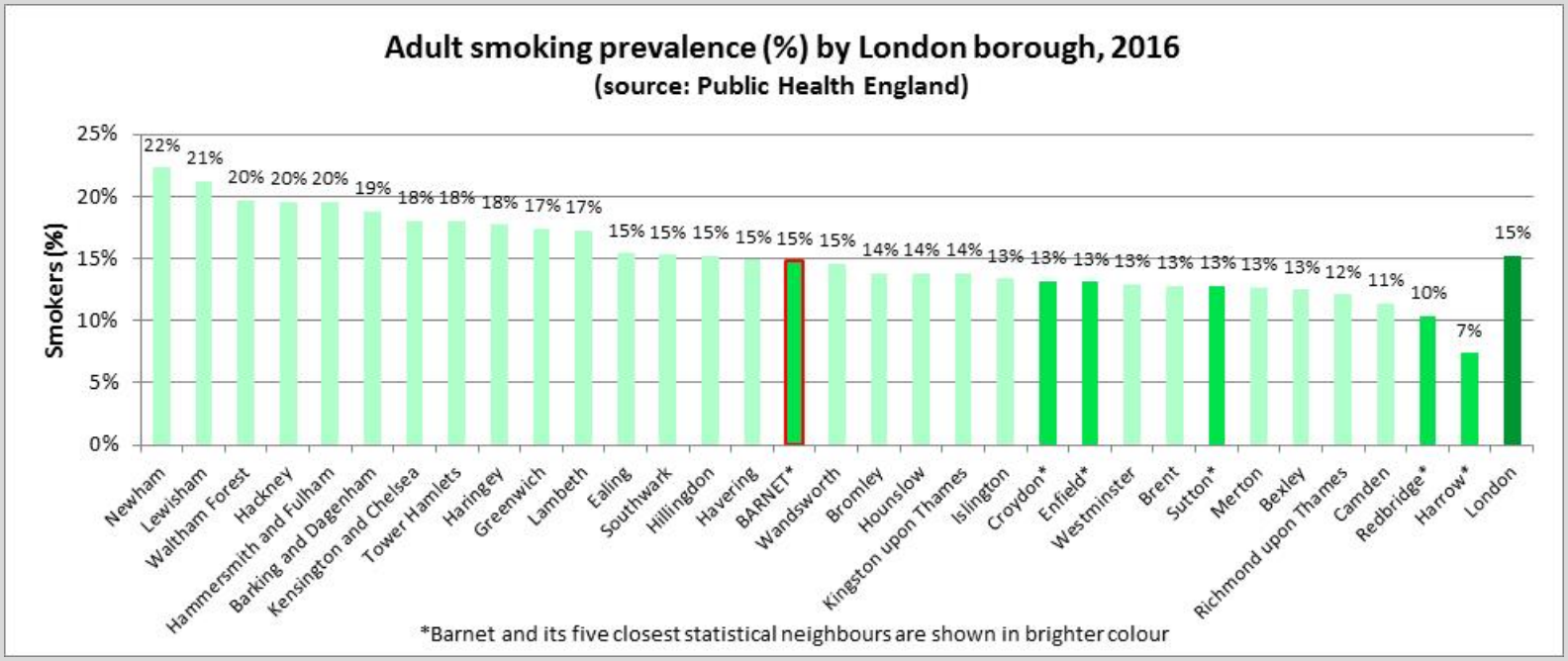
Child and adult healthy weight

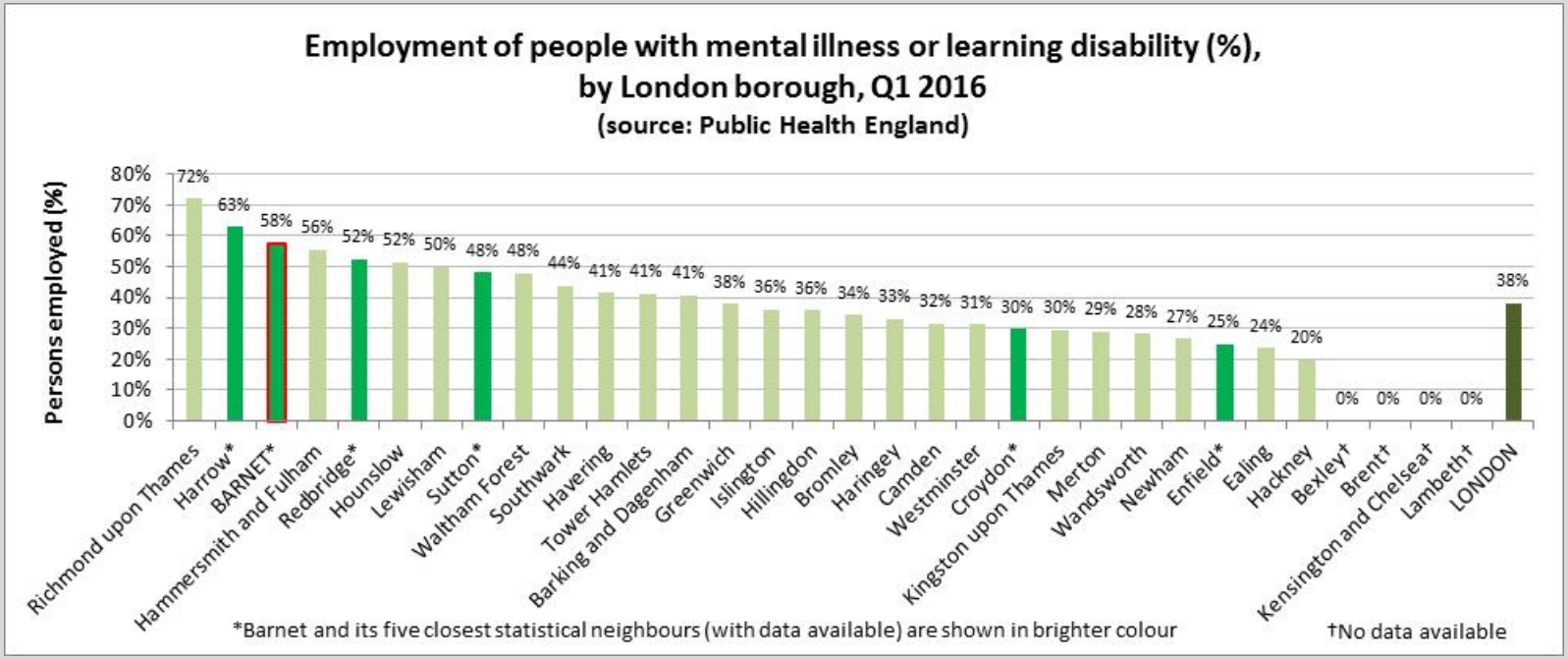


BARNET RANKING: In 2015/16, Barnet ranked seventh lowest for the proportion of both 4–5 year olds and 10-11 year olds with excess weight (i.e. overweight or obese), of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway for 4–5 year excess weight and second lowest for 10–11 year excess weight.

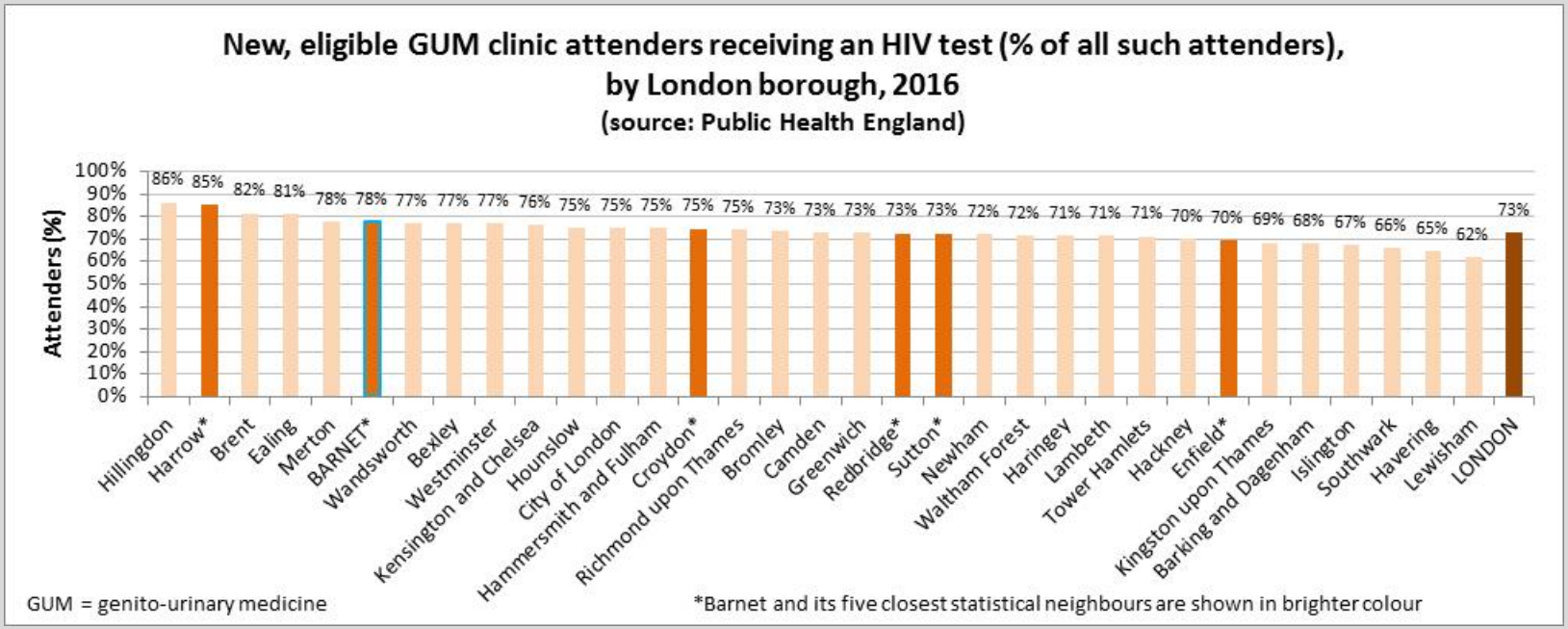


BARNET RANKING: Over 2013–2015, Barnet ranked 14th lowest for the proportion of adults with excess weight, of all 33 London boroughs. Compared with its five closest statistical neighbours, Barnet had the lowest proportion of adults with excess weight.

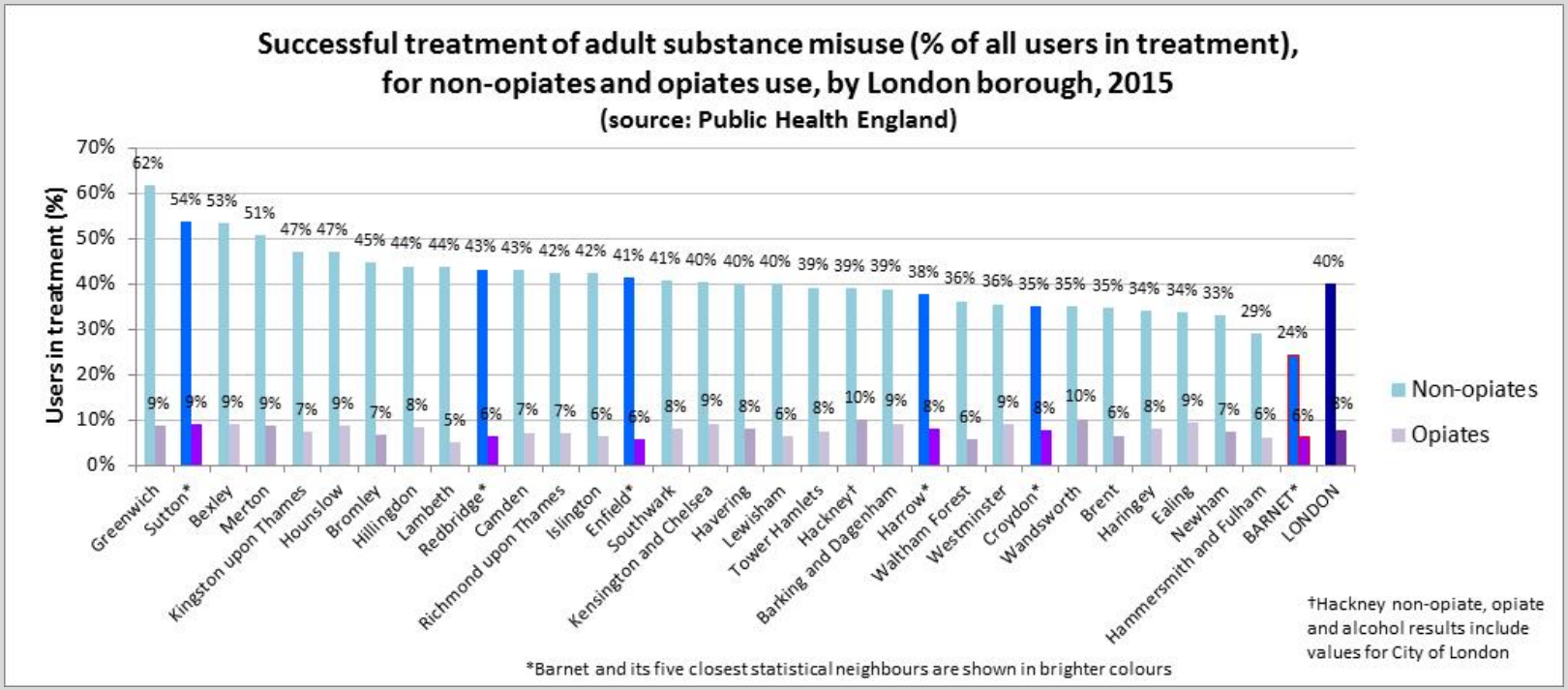
Smoking cessation	 BARNET RANKING: In 2016, Barnet ranked midway for adult smoking prevalence, compared with other London boroughs. Compared with its five closest statistical neighbours, Barnet had the highest smoking prevalence.

Support for employment of residents with mental health needs	

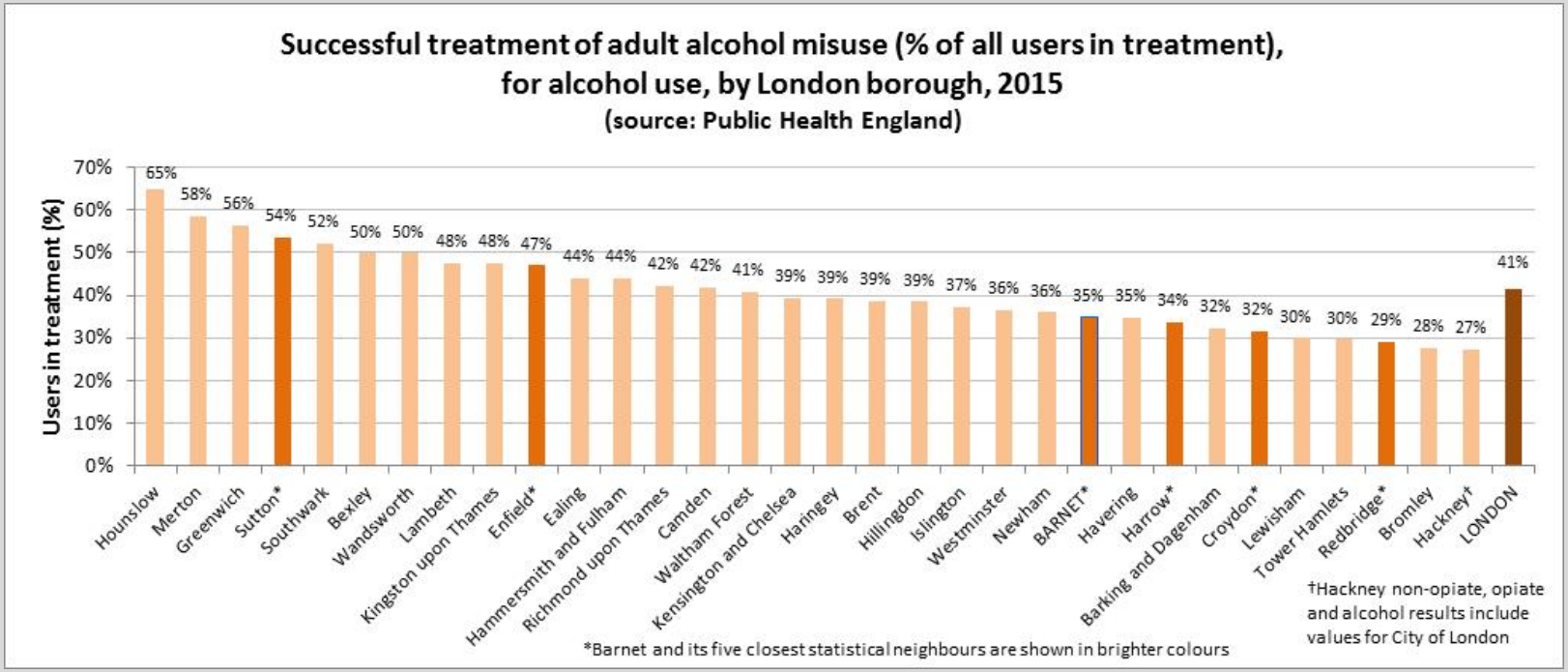
BARNET RANKING: In Q1 2016, Barnet ranked third highest for employment of people with mental illness, of all London boroughs with data available. Compared with its five closest statistical neighbours, Barnet ranked second highest.

Sexual health services	 BARNET RANKING: In 2016, Barnet ranked sixth for the proportion of new GUM clinic attenders receiving an HIV test, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked second.

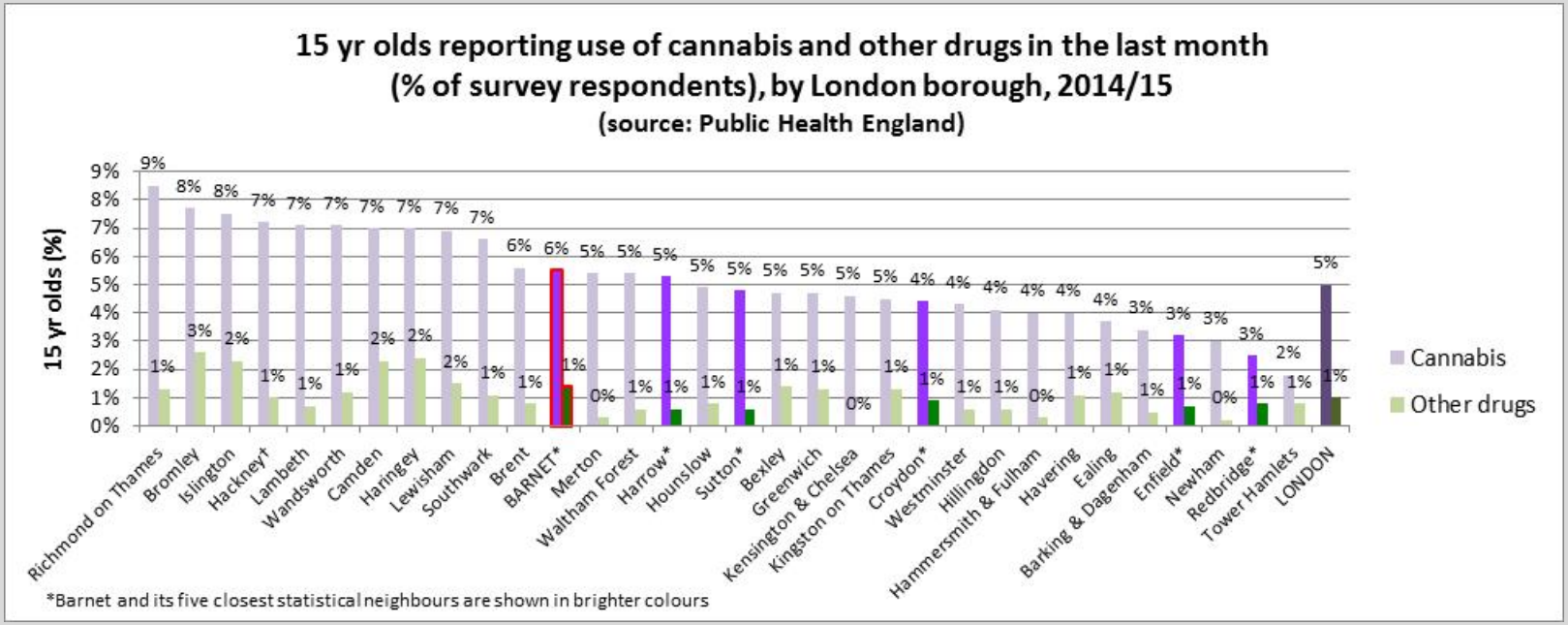
Adult Drug and Alcohol Treatment and Recovery Pathway



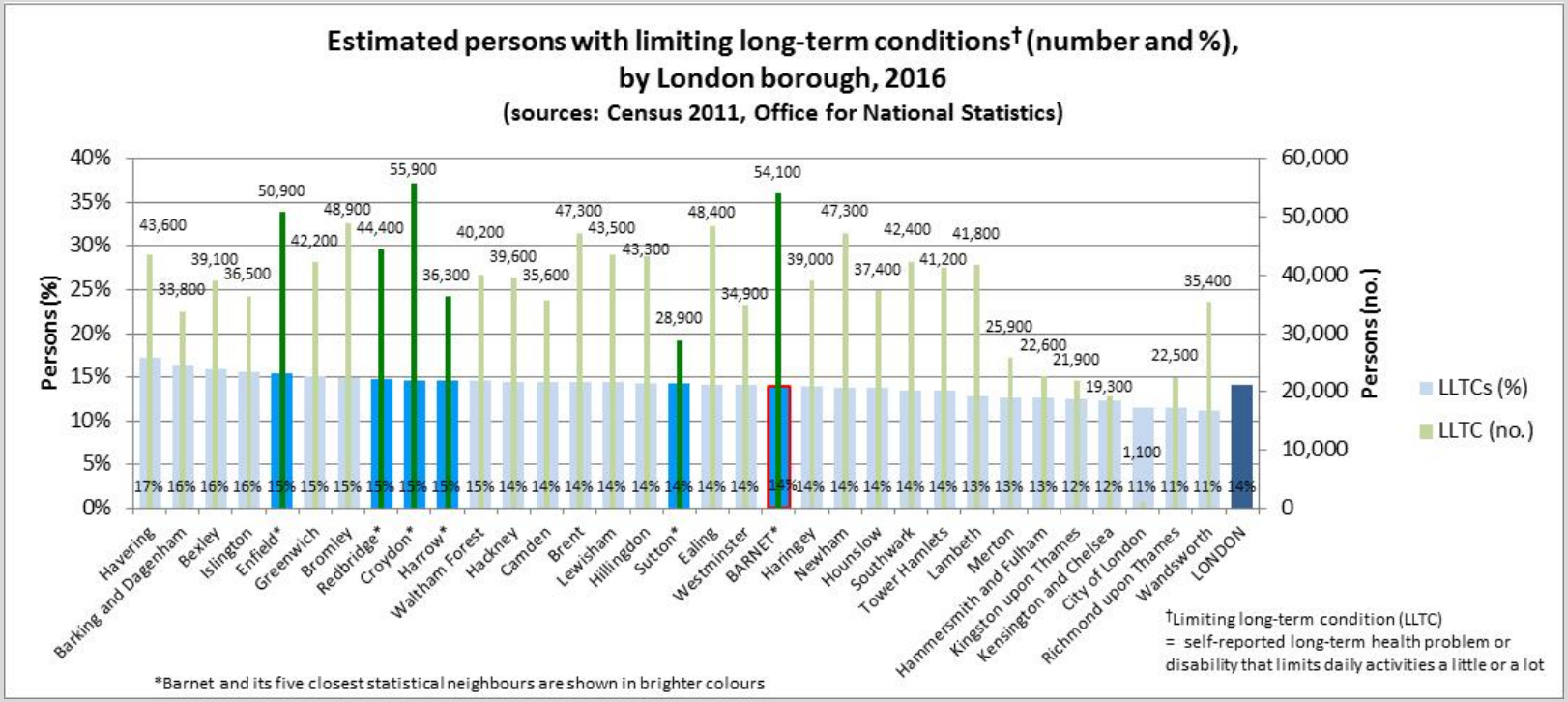
BARNET RANKING: In 2015, Barnet ranked lowest for non-opiates treatment success and fourth lowest for opiates treatment success, of all London boroughs. Compared with its five closest statistical neighbours, Barnet ranked lowest for non-opiates treatment success and second lowest for opiates treatment success.



BARNET RANKING: In 2015, Barnet ranked 10th lowest for alcohol treatment success. Compared with its five closest statistical neighbours, Barnet ranked midway for alcohol treatment success.

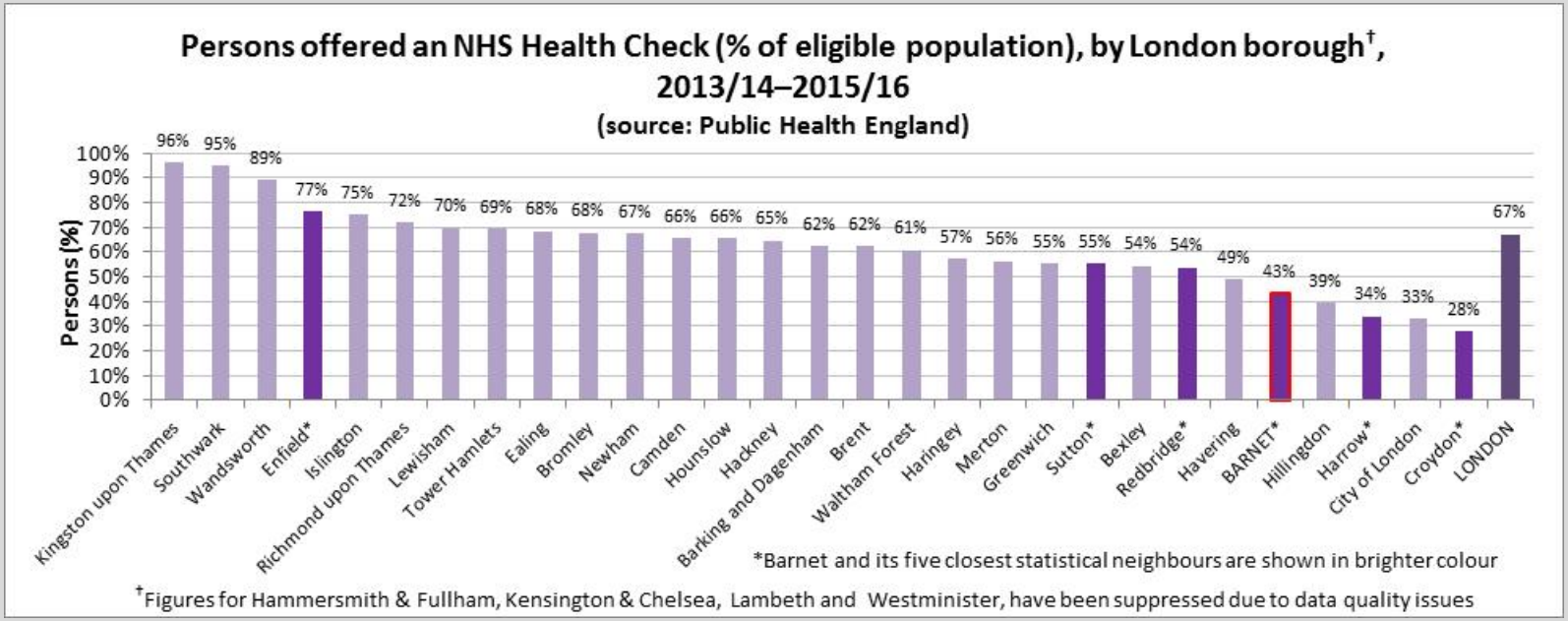
Young People's Drug and Alcohol Service	 BARNET RANKING: In 2014/15 (the most recent data available), Barnet ranked 12th for self-reported cannabis use by 15 year olds, and sixth for use of other drugs, of all London boroughs. Compared to its five closest statistical neighbours, Barnet had the highest levels of self-reported cannabis use and self-reported other drugs use by 15 year olds.

Support for self-management by people with long-term health conditions



BARNET RANKING: In 2016, Barnet ranked 14th lowest for the estimated proportion of residents with a limiting long-term condition, of all London boroughs. Compared with its five closest statistical neighbours, Barnet had the lowest estimated proportion.

NHS Health Checks



BARNET RANKING: Over 2013/14 to 2015/16, Barnet had the fifth lowest proportion of NHS Health Check offers, in reporting London boroughs. Compared with its five closest statistical neighbours, Barnet ranked midway for Health Check offers.

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Appendix C:

Public Health Activity Report: Examples of patient/client contacts with Barnet public health funded services in 2016/17

Saiyeshen Naidoo, Public Health Intelligence Analyst, Barnet and Harrow Public Health Team

Overall

- The Barnet Public Health Team works to improve and protect the health of all Barnet's 386,000 residents[1], through partnership working with Barnet Council, Barnet Clinical Commissioning Group (CCG), and Barnet voluntary community groups.

Child Health

- Targeted group programmes provided support to 693 overweight school children, helping them to lose weight and maintain a healthy weight[2].
- As of June 2017, 101 Barnet schools were registered on the Healthy Schools London awards programme (the highest number in London), supporting pupil health and wellbeing[2].
- Forty-seven shisha workshops were delivered to Barnet school children in the shisha campaign, raising awareness of, and helping prevent, smoke-related harms[2].
- Shisha posters placed around Barnet's high streets and bus stops had over 27 million potential opportunities to be seen[2].
- A total of 2,238 Barnet young people had contact with the contraception and sexual health (CaSH) service. Twenty-six sessions of sex and relationships education and sexual health awareness were delivered to young people across six school sites, helping reduce the risk of unplanned pregnancy and sexually transmitted infections[2].

Adult Health

- A total of 6,498 Barnet adults received an NHS Health Check in 2016/17, reducing their risk of long-term health problems[2].
- The Barnet CaSH service was used by 12,638 patients (an increase of 1,561 patients from 2015/16)[2].
- A total of 15,974 Barnet residents attended the genito-urinary medicine (GUM) service[2].
- Over 10,600 volunteer hours were given to Ageing Well projects, with Barnet residents taking part in over 44,700 hours' worth of new activities (2015/16 figures)[3].

- Over Winter 2016, the Barnet Winter Well scheme[2]:
    - Allocated 22 individual grants to help with heating and insulation costs.
    - Distributed 68 winter warm packs and 13 emergency heaters to vulnerable residents.
    - Engaged with over 142,000 residents via borough-wide advertisements (e.g. in *Barnet First* magazine and the resident's e-newsletter).

Mental health and emotional wellbeing

- Family health coaches supported 81 families, aiding their mental health and emotional and physical wellbeing, and 78 families received support from perinatal mental health coaches through Barnet Home-Start[2].
- The Making Every Contact Count (MECC) programme trained 147 frontline staff members and volunteers, enabling them to provide health and wellbeing support to residents[2].

Substance misuse

- Barnet Stop Smoking Services helped 785 people to decide to quit smoking (i.e. setting a quit date); 232 people successfully quit.
- Specialist adult substance misuse services[4] enabled:
    - 533 opiate-using clients to complete treatment, with 47 clients successfully quitting.
    - 70 non-opiate-using clients to complete treatment, with 22 clients successfully quitting.
    - 81 alcoholic clients to successfully quit.
- Each quarter, an average of 65 children and young people were in treatment in Barnet Young People's Drug and Alcohol Service[4].

[1] Office for National Statistics, 2017. 2016 mid-year population estimates.
[2] Barnet Public Health Team, 2017.
[3] Barnet Adult social care, 2017. Available at: https://www.barnet.gov.uk/citizen-home/adult-social-care/Barnet-Ageing-Well-programme.html
[4] National Drug Treatment Monitoring System, Adult Partnership Activity Report. Report generated on 06/07/2017.

AGENDA ITEM 7

	Health and Wellbeing Board **14 September 2017**
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 Public health Immunisation Action Plan 201718 Appendix 3 - London two year Immunisation Plan for 2017/19
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 issue.

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 a following 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 10 November 2016.

Appendix 1 is the Barnet Childhood Immunisations Report for 2017/18.

Appendix 2 is the NHS E London Immunisation 2 year plan. This has superseded the Barnet action plan, as following an audit it was found that the majority of issues were London wide.

Appendix 3 is a summary of local Public Health activity to support increased immunisation coverage.

Recommendations

1. **That the Health and Wellbeing Board notes the update on the work done by NHS England and Barnet Public Health, since the HWBB's request in November 2016**
2. **That the Board notes that Child Health Information Systems (CHIS hubs) have now been mobilised and the next update will provide more accurate data.**
3. **That the Board notes that a further update will be presented in early 2018.**

1. WHY THIS REPORT IS NEEDED

1.1 In November 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 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.

1.3 The NHSE report in (appendix 1), 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 10 November 2016.

1.4 The London two year Immunisation Plan for 2017/19 (appendix 2) outlines the sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations and the implementation of a 0-5s best practice pathway (currently out for consultation). The London Immunisation Board will be monitoring the impact of these pathways over the next year.

1.5 The Barnet Childhood Immunisation action plan (appendix 3) provides an update to work that has been done by local authority Public Health and CCG), NHS England screening and immunisation team and Public Health England.

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.

2.2 In response to previous NHS England reports about the inaccuracy of some childhood immunisation data, NHS England reports London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided 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, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Barnet's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Barnet has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population). Additionally, under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services including better data linkages between Child Health Information Systems (CHIS) and GP systems (Appendix 1).

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, 10 November 2016, Agenda item 8, Update on childhood immunisations 0-5 years
https://barnet.moderngov.co.uk/documents/g8715/Public%20reports%20pack%2010th-Nov-2016%2009.00%20Health%20Wellbeing%20Board.pdf?T=10

6.2 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

6.3 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

6.4 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

Report to Health and Well-Being Board on Childhood Immunisation Programmes in Barnet

14th September 2017/18

Report on Section 7a Immunisation Programmes in London Borough of Barnet

Prepared by: Amanda Goulden, Senior Immunisation Commissioning Manager
Dr Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services
Presented to: Health and Wellbeing Board.

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.

Contents

1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood immunisation programmes in the London Borough of Barnet for 2017/18. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and the 17 programmes include:
    - Antenatal and targeted new-born vaccinations
    - Routine Childhood Immunisation Programme for 0-5 years
    - School age vaccinations
    - Adult vaccinations such as the annual seasonal 'flu vaccination
- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Barnet.

2 Headlines for London

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

2.1 Universal BCG vaccination

- The BCG vaccine is offered to neonates (up to one year) to protect them against progression to severe disease if exposed to TB.
- Since April 2015, NHSE (London) has been rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This action had been recommended by the London TB Board and the London Immunisation Board in 2014. This offer is commissioned to be given in all maternity units in London with a community offer for those parents who missed out on the vaccine in maternity hospitals or who have recently moved into London.
- However, in April 2015, a global shortage of the BCG vaccine resulted in vaccine supply issues within Europe. As a result, the roll-out of the universal offer of BCG was temporarily stalled in London. Once stock was made available again in October 2015, NHSE (London) continued to work with providers across London to deliver the universal offer. As per PHE guidance, infants most at risk were prioritised.
- The global shortage continued into 2016 and in June 2016, PHE national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK and as a result has to be offered under a Patient Specific Directive (PSD), i.e. to named patients. Stock supplies were also restricted. Within London about 20 maternity and community providers were able to order one box of vaccine per fortnight (each box contains about 200 doses). Throughout July and August 2016, NHSE (London) team held fortnightly teleconference calls with these providers to support them to deliver BCG vaccine to those babies up to the age of 3 months who were most at risk of TB meningitis, i.e. those babies living with parents or grandparents from high risk countries.
- At the end of August 2016, NHSE (London) team audited the stock situation and delivery process and developed an interim London Intervax BCG protocol that has been in operation in London since November 2016. This sets out the referral process and eligibility criteria for BCG, mainly a universal offer in maternity units with a targeted follow up by community providers covering the named priority groups in the Section 7a BCG service specification.
- Barnet babies should all be offered BCG vaccination at birth. For those babies who fit the criteria as set out in the London Intervax BCG protocol and not immunised at birth, Central London Community Healthcare NHS Trust (CLCH) are providing a community clinic.
- There is no longer a shortage of BCG vaccine and all eligible babies can now be vaccinated .

2.2 Neonatal Hep B vaccination

- The aim of the immunisation is to prevent babies born to mothers with hepatitis B, from contracting the disease at delivery or in the first year of life.
- Babies born to mothers who are Hepatitis B positive should receive a course of 4 doses of Hepatitis B vaccine and a serology/dried blood test by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Barnet. At risk babies are monitored by the London Immunisation Team with monthly reports to the NHSE Quality, Safety and Performance Group.

- Since April 2017, delivery of neonatal Hep B immunisation programme is provided through GP practices. Work has been ongoing with the Barnet CCG to have Barnet practices enabled to deliver the 2nd, 3rd and 4th doses with dried blood spot (DBS) testing or serology. From August 2017, GP practices will only need to focus on the 2nd dose and 4th as the new 6-in- 1 programme that is replacing the 5-in -1 vaccine in routine childhood immunisation programme will mean all children will receive Hep B vaccine.

What are we doing to ensure protection?

- Prior to 2017, London had five models of Hepatitis B vaccine delivery - GP, hospital based, community based or combination models and following the inclusion of payment for delivery in GMS contract of neonatal Hep B immunisations, NHSE worked with the 11 boroughs who did not have a primary care model onto GP practice delivery. Failsafes have been commissioned from the CHIS hubs to track infants, including the unregistered, to ensure completion of the course and to support this model of delivery. The new pathway and model is in line with national guidance and directives and its development being monitored by the internal Quality, Safety and Performance Committee in NHS England (London) and by the London Immunisation Board. Following the agreement of a pharmacy with a wholesale licence ordering and stocking the DBS kits for GP practices, the protocol will be released in September 2017.

3 Routine Childhood Immunisation Programme (0-5 years)

- The routine vaccinations in COVER protect against:
  - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (give as the '5 in 1' DTaP/IPV/Hib vaccine)
  - Pneumococcal disease, (PCV)
  - Meningococcal group C disease (Men C) and
  - Measles, mumps and rubella (MMR)
  - Rotavirus
  - Meningococcal B

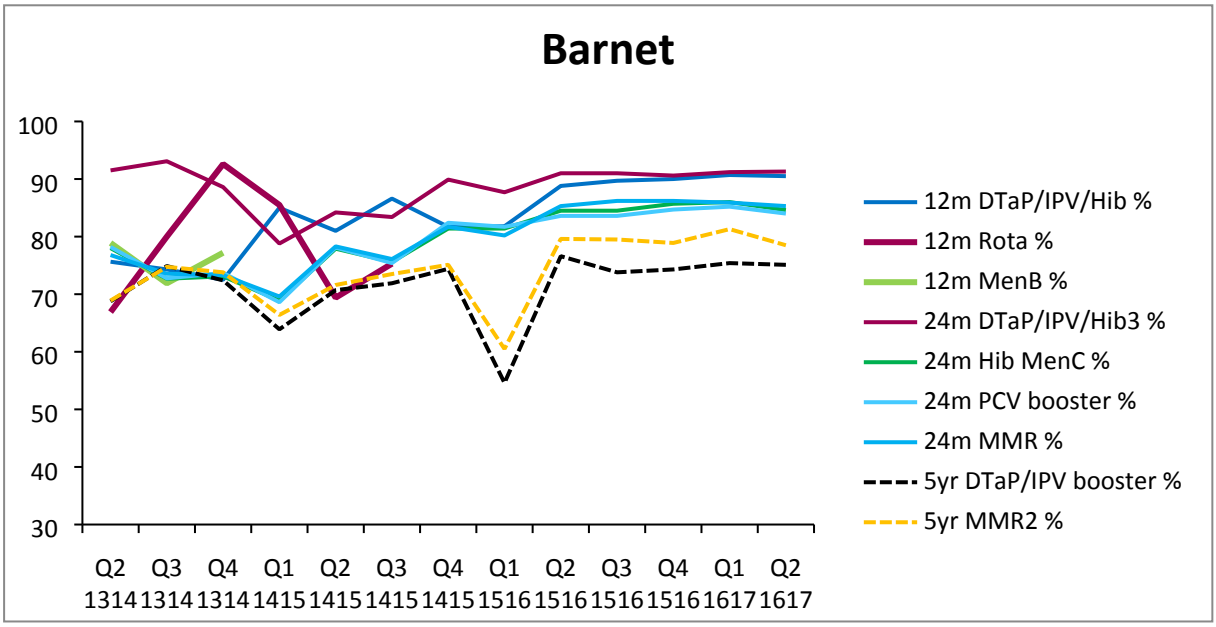
- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in the UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided 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, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Barnet's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Barnet has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- Figure 1 illustrates the main indicators of the Routine Childhood Immunisation Programme as measured in COVER. It can be seen that as age group increases the proportion of uptake decreases – e.g. age 1 vaccinations hover around 90% whilst age 5 vaccinations are below 80%. There are considerable fluctuations throughout the quarters.

Figure 1
COVER rates for Age 1, Age 2 and Age 5 cohorts in Barnet (2011-2016)

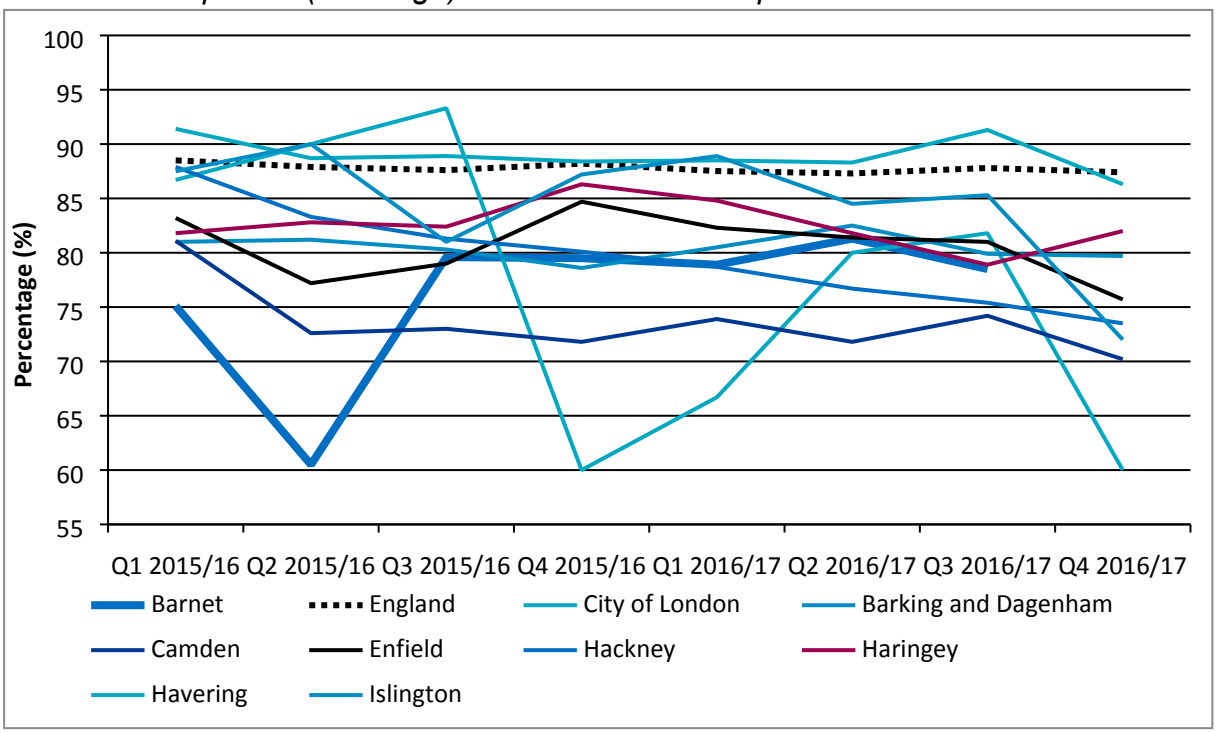


Source: PHE (2017)

- When looking at 'COVER' rates, it is important to look at coverage and drop out rates. Vaccine coverage is the proportion of eligible children receiving all doses of the recommended schedule – e.g. both doses of MMR. Drop-out rate measures the perceived quality of services. For Barnet, 72% of 5 year children had both doses of MMR for 2015/16 with a drop out rate of 16.2%. Figures 2 and 3 compared Barnet with neighbouring local authorities. Again there are considerable fluctuations for all boroughs and all boroughs perform below England averages.

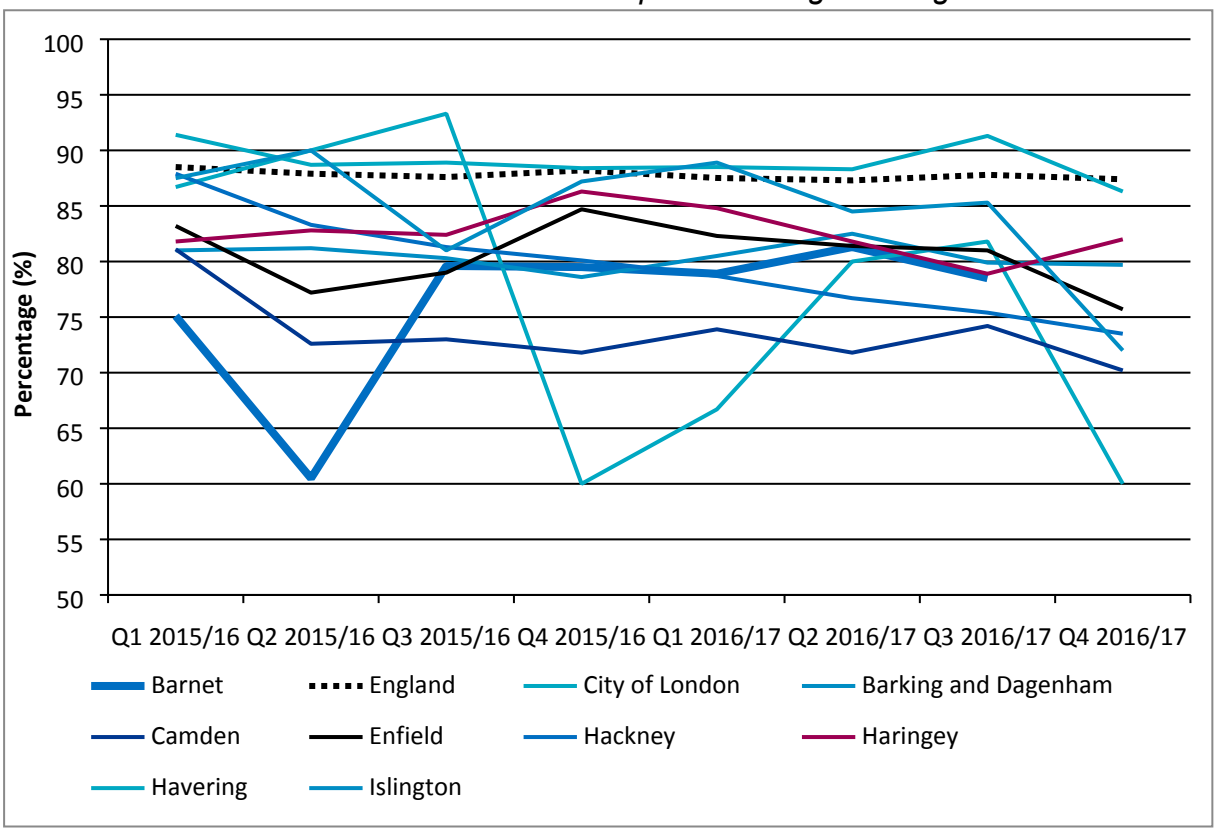
Figure 2

MMR completion (coverage) rates for Barnet compared to similar local authorities



Source: PHE (2017)

Figure 3
Preschool booster rates for Barnet compared to neighbouring local authorities



Source: PHE (2017)

What are we doing to increase uptake of COVER?

- Barnet like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Barnet is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake. These actions take the form of local immunisation steering groups with local annual action plans and are accountable to local governance structures.

- The London two year Immunisation Plan for 2017/19 includes sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations and the implementation of a 0-5s best practice pathway (currently out for consultation). There is also a dedicated subplan for 0-5s programme. The London Immunisation Board will be monitoring the impact of these pathways over the next year.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London who have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

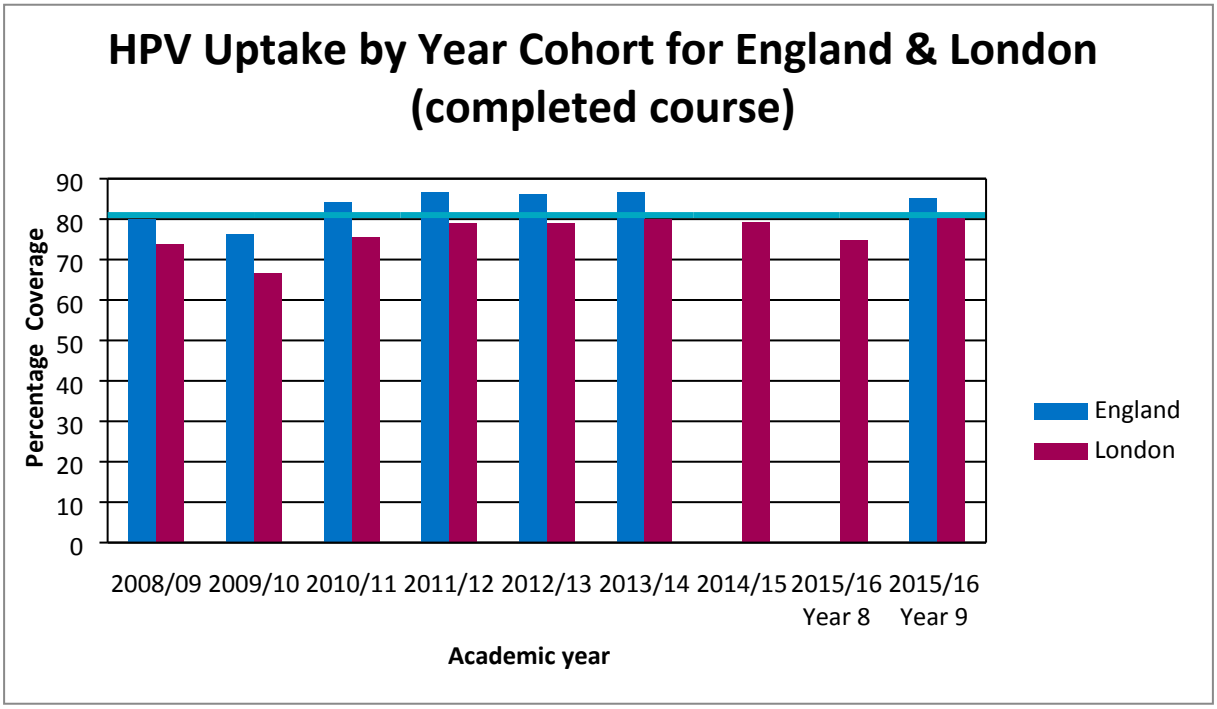
4 School Age Vaccinations

School age vaccinations include HPV vaccine for 12-13 year old girls, tetanus, diphtheria and polio booster and Meningitis ACWY at age 14 for boys and girls.

4.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014,two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. As a result a national average could not be computed for 2014/15. For 2015/16, London was the only region to commission both doses to be given within one academic year (hence why there are two year groups displayed in Figure 6). It can be seen that London's completed dose schedule has remained stable at 80% since 2013/14, despite the re-procurement of school age vaccination services across London.
- For Barnet, rates have increased for completed schedule of HPV for the last two years until end 2015/16.

Figure 6



Source: PHE (2016)

Figure 7

Table of completed HPV courses for 2013/14 – 2015/16 for London boroughs

Name of Organisation	% 2015/16	% 2014/15	%2013/14
BARKING AND DAGENHAM	49.8	83.5	79.2
BARNET	74.3	72.6	69.5
BEXLEY	81.3	80.5	76.6
BRENT	68.4	81.0	81.1
BROMLEY	80.8	84.5	86.8
CAMDEN	65.2	73.5	77.0
CITY OF LONDON	77.4	85.1	85.4
CROYDON	73.1	79.2	76.4
EALING	67.3	81.3	77.0
ENFIELD	65.7	72.7	68.3
GREENWICH TEACHING	72	79.7	77.6
HACKNEY	78.1	64.1	68.2
HAMMERSMITH AND FULHAM	48.8	75.1	73.3
HARINGEY	77	80.5	76.4
HARROW	76.5	77.6	83.2
HAVERING	75	86.3	86.2
HILLINGDON	87.6	86.7	86.5
HOUNSLOW	77.5	83.5	86.2
ISLINGTON	71.3	84.1	87.1

KENSINGTON AND CHELSEA	47.4	62.6	78.9
KINGSTON	85.1	85.3	81.6
LAMBETH	79.2	78.9	80.9
LEWISHAM	66.7	73.4	82.9
MERTON	84.5	85.4	87.6
NEWHAM	83.5	90.9	92.3
REDBRIDGE	75.9	79.2	69.2
RICHMOND	76	76.0	81.8
SOUTHWARK	84.2	77.3	85.7
SUTTON	88.3	87.7	90.4
TOWER HAMLETS	76.8	74.1	75.6
WALTHAM FOREST	65.6	73.3	86.8
WANDSWORTH	91.9	82.7	79.1
WESTMINSTER	63.1	74.7	77.9

Source: PHE (2017)

4.2 Men ACWY

- This vaccination protects against four types of Meningitis
- This is the first year that statistics have been gathered on Men ACWY uptake in schools. In London, 63.1% of the routine cohort Year 10 were vaccinated (compared to England's 77.2%), 76% of routine cohort Year 9 (England had 84.1%) and 55.9% of the catch up Year 11 (compared to England's 71.8%).
- In Barnet the uptake rate was 71.8% for Year 10 and 64.4% for Year 11.

What are we doing to improve uptake?

- During 2017/18, NHSE immunisation team are monitoring performance monthly and a school aged immunisation workshop was held in July 2017 with arising actions to improve returns of consent forms and a pathway to facilitate with accessing schools. This action plan will be reviewed in 6 months.
- In partnership with LSHTM, NHSE are conducting a London focused piece of qualitative research on service and demand barriers to uptake of Men ACWY for school leavers and school attenders. This research will be completed by September 2017 and is expected to inform future direction of Men ACWY commissioning.

4.3 Childhood Influenza

- Figure 9 illustrates the uptake of seasonal 'flu vaccine for each of the identified Childhood groups for Barnet CCG compared to London and England averages for the winter 2016/17. It can be seen that London performs lower than

England across the groups but that Barnet CCG performs better than London averages for school aged children.

- This year the child 'flu vaccine (Fluenz) programme for 2-3 year olds will be given in general practice whilst the school age programme will be delivered by community providers to reception and Years 1-4.
- Uptake of flu vaccine increased this season across the at risk groups including child 'flu vaccine groups with London, England and Barnet exceeding the lower threshold of 40% for uptake for children in the school programmes. Uptake in preschool children remains low but after a huge audit of poor performing practices during the summer of 2016 in London with follow up action plans, London demonstrated a big increase on the previous year.

Figure 9
Uptake of Childhood 'flu for Barnet CCG compared to London and England for Winter 2015/16 compared to 2016/17

	2015/16					2016/17					
CCG	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of year 3
Barnet	27.4	32.1	22.7	43	41.7	29.8	31.5	24.8	50.9	48.2	44.1
London	**26.5**	**28.8**	**21.8**	**42.4**	**39.9**	**30.3**	**32.6**	**24.9**	**45.8**	**43.6**	**42**
England	**35.4**	**37.3**	**30.1**	**55.6**	**54.3**	**38.9**	**41.5**	**33.9**	**57.6**	**55.3**	**53.3**

Source: PHE (2017)

What are we doing to improve uptake?

- Following the decline in 'flu uptake in London during the 2015/16 season and the continual fall in uptake amongst 2, 3 and 4 year olds, NHSE carried a large number of evaluations which fed into the London Influenza Vaccination Plan for 2017/18. This plan was signed off by the London Immunisation Board and was delivered through a weekly Immunisation business group co-chaired by PHE London and NHSE London. This group monitored progress against the plan and operated remedial plans when necessary.
- 2017/18 also saw the consolidation of the delivery of school age vaccinations by community providers and the second year of delivery of the child 'flu programme has seen increases in uptake across the city.
- NHSE London has now commenced the evaluation of this plan with the intention to improve uptake rates again next 'flu season (2017/18).
- Lowest performing practices in Barnet will be visited by commissioners again this year.

5 Next Steps

- A new regional Immunisation Plan was signed off by the London Immunisation Board in May 2017. This includes closer partnership working across London.

- A new health protection forum meeting was recently set up and the first meeting held on the 9th March 2017.
- An evaluation of local partnership arrangements for immunisations is under way with initial findings presented to the London Immunisation Board and a final report due in July 2017. NHSE looks forward to implementing the recommendations with local partners in tackling health inequalities pertaining to immunisations and new ways of working together as STPs on the preventive agenda, which includes immunisations.

NHS England

NHSE London Immunisation 2 year Plan

2017/18 – 2018/19

July 2017

Vision

Empower and protect Londoners from vaccine preventable diseases

Outcome One

Improved patient experience and empowerment, measured through the MIMO and patient feedback

Outcome Two

Increased uptake and coverage across London (value dependent on service)

Outcome Three

Responsible, flexible and integrated services to maximise coverage across programmes, measured through coverage rates

Empowering people

- Engage patients and the public in their own healthcare needs; service design and delivery (e.g. self administration)

Communications and education

- Profile of the immunisations programmes across the life course
- Education of general population including health literacy in schools
- Making immunisations a part of everyday life

Evidence based

- Integrated information systems
- Targeted interventions for specific communities who are unserved by vaccination services
- Access to good quality on-line training
- Comprehensive stakeholder engagement

Integration across services

- Within imms services and across other frontline services
- Widening access and choice where possible
- Links with alternative providers, including non healthcare providers

Technology

- To effectively utilise new vaccines as they become available
- To maximise utilisation of new evidence of at risk groups
- To enable different forms of delivery

Overseen through the following governance arrangements

- London Immunisation Board
- NHSE (London) Quality, Safety &Performance Group & Public Health Management Board
- National Public Health Oversight Group
- Health and Wellbeing Boards & HSOCs

Measured using the following success criteria

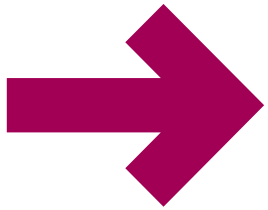
- No annual reported rate to drop below 2016/17 levels
- No serious incident reported for Neonatal Hep B
- Annual audits and evaluations – e.g. MMR offer to women of childbearing age & quarterly audits of BCG

Barriers to Success

- Compliancy amongst health professionals to discuss immunisations
- Vaccine hesitancy
- Shortage of vaccination appointment slots
- Highly mobile population
- Variation in uptake by practice and across London
- Shortage of trained immunisation workforce

Aims

1. Improvement of information management systems across London (in particular CHIS single platform)
2. Improvement of provider performance in delivery of vaccination services
3. Increasing patient choice and access to vaccination services
4. Systematically capturing patient views and experience and adapt services to meet their needs
5. Implementing best evidence & practice such as call/recall best practice pathway across London



Delivery Mechanism

Deliver on the 17 Section 7a programmes on regional and on STP levels using:

1. Commissioning and contracting arrangements with our providers
2. Partnership work with PHE HPTs, STPs, CCGs and LAs involved in placed based commissioning, driving awareness and demand for vaccinations and reducing health inequalities
3. Building and applying evidence based approaches for London (through Evaluation, Analytics and Research Sub-group of the Board)
4. Quality of care improvements with NHSE nursing, medical, communications and patient engagement

2017/18 Specific Objectives

1. Achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
2. Ensure 100% universal offer of InterVax BCG to newborns and improve uptake in the community of the two named priority groups in Section 7a programmes
3. Improve uptake rates of MMR 2nd dose for 0-5s and universal offer of MMR to all new adult patients at GP practices and MMR check of adolescents and women of child bearing age
4. Work to standardise the delivery of MMR across London in line with national recommendations
5. Continue to implement new neonatal Hep B pathway across London with fail-safes to ensure increased coverage of 4 doses (and booster) and DBT
6. Increase seasonal influenza uptake in clinical at risk group to 50% & HCW uptake to 60%
7. Achieve HPV uptake of 90%, 80% of Men ACWY & Teenage Booster and 20% of freshers/year 13 for Men ACWY
8. Achieve 60% uptake of Shingles vaccine in age 70 (routine) and 78 year olds (catch up)
9. Work collaboratively with all providers to reduce immunisation incidents across London, promoting safe, quality driven services

Targeted Neonatal Vaccinations

Lead:	Catherine Heffernan/Debbie Green
Expected Outcome	• 100% of at risk Hep B babies have serology test and complete schedule by 12 months • 100% offer of BCG to all newborns in maternity across London • >75% uptake of BCG in the 6 high risk boroughs by 12 months
Enablers:	• London TB Board, London Immunisation Board • Maternity SLA • Support of GPs and CCGs in providing neonatal Hep B vaccination in general practice • Implementation of the BCG Intervax Protocol and Neonatal Hep B pathway • Community providers commissioned to provide 'mop up' BCG in the community • CHIS to CHIS and data linkage between maternity, CHIS and GP systems • CCGs support of universal BCG in acute trusts
Barriers to success?	• Lack of vaccinating workforce in maternity and need for newly training vaccinators to be supervised • Infants at risk of Hep B are part of a highly mobile population and can be difficult to trace • Acute trusts unwilling or unable to provide universal BCG
Investment costs: (financial and non financial)	Budget needed for universal BCG outside maternity tariff & for community delivery

0-5s Vaccinations

Lead:	Catherine Heffernan/Kenny Gibson
Expected Outcome	• 40% uptake of child flu for age 2 and 3 • 95% uptake at 12 months of Men B & 95% uptake of Rotavirus • 95% uptake at 12 months of primaries • 90% uptake at 24 months of MMR 1st dose and PCV booster • 85% uptake at 5 years of MMR 2nd dose • 90% uptake of Hib/MenC
Enablers:	• London Immunisation Board • CHIS platform with active management of movers in and out • E-redbook • Support of GPs and CCGs in providing neonatal Hep B vaccination in general practice • Implementation of the 0-5s best practice pathway • Implementation of the call-recall pathway • Data linkage between CHIS and GP systems & triangulation of data with COVER and CHIS SOPs • CCGs support of improving quality of vaccination services • Local authorities support in working with underserved populations • GP practice staff proactively having annual immunisation updates • PHE support in promoting immunisations
Barriers to success?	• Poor alignment of patient information on GP practice systems and CHIS systems • Immunisers' competencies are not maintained in line with PHE training standards for immunisations • Practices not proactively calling patients and discussing immunisations
Investment costs: (financial and non financial)	New CHIS system embedment

School Age Vaccinations

Lead:	Matthew Olley
Expected Outcome	• 40% uptake of child flu in Reception and school year 4 • 50% uptake of child flu in school years 1,2, & 3 • 90% HPV uptake in Year 9 • 80% in routine cohorts for Men ACWY • 80% for teenage booster (DTaP/IPV) • 20% for 'freshers'/Year 13 for Men ACWY
Enablers:	• London Immunisation Board • CHIS platform with active management of movers in and out • Roundtable discussion with providers on improving 2017/18 action plans and implementation of actions • Commissioning and contract monitoring arrangements with providers • EAR research on service barriers to HPV uptake and on incentives to improve consent form returns • Implementation of better means to return consent – e.g. HRCH's pilot to use electronic invites • Partnership work with local authority school nursing commissioners • PHE support in promoting immunisations
Barriers to success?	• Pressures of increasing child 'flu vaccination programme on existing workforce • High percentage of non-returned consent forms • Workforce dealing with increasing numbers of school age children, schools and home--schooled adolescents
Investment costs: (financial and non financial)	Delivery of Men ACWY via pharmacy; investment in improving return of consent forms

Adult Vaccinations

Lead:	Amanda Goulden
Expected Outcome	• >50% uptake of seasonal 'flu vaccination in clinical at risk group • >60% uptake of seasonal 'flu vaccination for health care workers • >60% uptake of Shingles • >75% uptake of PPV in over 65s (cumulative total of programme to March 2019) with an annual uptake rate of 4-5% • 70% for pertussis in pregnancy
Enablers:	• London Immunisation Board • Wash up and implementation of lessons learned from evaluation of 2016/17 London Seasonal Flu Vaccination Plan • Weekly Flu working group and NHSE senior management interest in vaccination rates • Partnership work with CCGs for improving quality of performance in GP practices • Community pharmacies • Partnership work with PHE, acute trusts & CCGs for increasing 'flu vaccination uptake in health care workers • Targets for 'flu vaccination rates in CQUINs with acute and community providers trusts • Flu Fighter Campaign work • PHE winter wellness campaign
Barriers to success?	• Traditional low uptake of seasonal 'flu amongst pregnant women • Complacency amongst HCW to be vaccinated • Poor transfer rates of vaccinations given in pharmacy onto GP records (so in turn appear on ImmForm and PHE collection of data)
Investment costs: (financial and non financial)	Extending pharmacy offer to carehome staff and morbidly obese

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2017/18 Barnet Public Health Immunisation Action Plan

Key Area	Output	Outcome	Actions	Completed	Due	Led by
Communication, Stakeholder & Community Engagement (Including Voluntary Sector)	Increase awareness of the local immunisation rates among healthcare professionals and encourage them to increase uptake	Increased awareness of the local childhood immunisation picture among GPs. Increased knowledge and confident around the topic of childhood immunisation among children centre staff, other frontline staff and some volunteers in Barnet.	- To inform GP practices about the national and local targets and also to encourage them to increase uptake- through GP bulletin - to arrange two childhood immunisations trainings for children centre staff - to share information and campaign resources with children centres through quarterly news letters - To utilise MECC to train the front line staff and volunteers in Barnet to identify appropriate opportunities to have very brief conversation about childhood immunisation and signpost them to services.	June 2017 April 2017 Every quarter On-going		Health Improvement officer Led by Health improvement officer and Delivered by PHE representative Summer term lead by health improvement officer – Moving forward by Health Educations Partnership Health improvement officer

Key Area	Output	Outcome	Actions	Completed	Due	Led by
	Increased MMR 2 coverage in Barnet	Each GP practice will be aware of their MMR2 immunisation coverage and also the number of children they need to immunise to reach the target.	-To share practice level data with practices and inform them about the number of children they need to immunise with MMR2 to reach 95% target		Septem ber 2017	Heath improvement officer Public Health Analyst
	Support the national and international immunisation campaigns to increase awareness of the importance of childhood immunisation amongst Barnet residents.	Increased awareness of the importance of all immunisations among Barnet residents – with a focus of MMR 2	-To promote the immunisation week through CCG social media channels -To make GPs aware of the immunisation week through GP bulletin	24th – 30th April 2017		CCG communications Manager and Health Improvement officer
	Increase awareness of the importance of immunisation amongst residents throughout the year	Parents can access the full immunisation schedule as well an immunisation leaflet on Barnet council webpage. Schools leavers are aware of their immunisation schedule before they leave school.	-To add a section on Childhood immunisation to the Barnet Public, Health Children's Health webpage. -to send a school levers immunisation letter to all schools in Barnet.	May 2017 May 2017		Health Improvement officer Consultant in Public Health Consultant in Communicable Disease Control

AGENDA ITEM 9

	Health and Wellbeing Board 14 September 2017
Title	Volunteering in public services: promoting health and wellbeing
Report of	Sophie Leedham, Strategy Officer, Community Participation and Engagement
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Sophie Leedham, Strategy Officer, Community Participation and Engagement sophie.leedham@barnet.gov.uk

Summary

This report provides an update of work undertaken by the borough's registered volunteer centre, Volunteering Barnet, including action taken to recruit volunteers in care homes.

This report also provides some case studies of where volunteers are furthering Joint Health and Wellbeing Strategy priorities. This report asks Board members to consider what the further opportunities are for volunteering in Health and Wellbeing Board priority areas to help keep people well and manage demand on services.

Recommendations

1. **That the Health and Wellbeing Board notes the areas where volunteering is working well in Barnet.**
2. **The Board to consider and advise how volunteering could be developed in partnership, in order to further Joint Health and Wellbeing Strategy priorities and as set out under section 1.10 of this report.**

1. WHY THIS REPORT IS NEEDED

1.1 The Health and Wellbeing Board requested an update on progress since the consideration of a report on volunteering in care homes.

1.2. BACKGROUND

1.2.1 At the March 2017 Health and Wellbeing Board, a motion which was referred from Full Council. The Health and Wellbeing Board identified actions to be taken in response to the motion, which identified a need for specific language skills in care homes and recommended a register of volunteers with language skills be developed to address this.

1.2.2 Barnet Council does not directly manage any care homes in the Borough and therefore it is not appropriate or within the Council's power to enforce the use of volunteers – this is at the care home's discretion. However, the Council's Community Participation Strategy does seek to:

- Increase the level of community activity across the borough
- Build stronger partnerships between the community and the Council
- Coordinate and improve the support the Council gives to communities
- Help the Council take more account of community activity when making decisions about how to deliver against the Borough's priorities.

1.2.3 As part of its commitment to support community participation and engagement, Barnet Council commissions Groundwork London to provide a volunteer brokerage service known locally as Volunteering Barnet.

1.3. UPDATE ON ACTIONS TAKEN SINCE MOTION WAS PASSED

1.3.1 Volunteering Barnet have taken the following steps since the March 2017 motion was passed:

1.3.2 Recruitment of volunteers

- Volunteering Barnet attended the care home forum at Hendon Town Hall on 20 April 2017 to inform care homes of the support that Volunteering Barnet can provide to help care homes recruit and manage volunteers.
- Attendees were advised to register their care home with Volunteering Barnet's 'Volunteer Connect' platform and were informed that Volunteering Barnet is able to support them to develop their volunteer role profiles and put frameworks in place to ensure that they are adhering to best practice in volunteer management.
- Care homes were also advised to place their volunteer opportunity advertisements in local libraries, cafes and charity shops to reach out to people who may not digital/IT communications.

- Volunteering Barnet offered to promote the volunteering opportunities through their mailing list and their volunteer drop in centres, which take place fortnightly in Burnt Oak (BOOST employment support team) and North Finchley (Arts Depot).
- Volunteering Barnet's workshop on 20 April was followed up by a mail out to the care homes with the information provided at the workshop.

1.3.3 Recruiting volunteers with language skills

- Volunteering Barnet can support matching volunteers with language skills to care homes in the following ways:
  - When volunteer opportunities in care homes are live on the system, Volunteering Barnet can contact all their registered volunteers who stated in their sign up form that they have 'language skills' to invite them to apply for the position.
  - Volunteering Barnet can put care home volunteering opportunities and opportunities for volunteers with language skills as 'featured opportunities' on their home page.

1.3.4 Register of volunteers with language skills

- Volunteering Barnet's online register of volunteers is part of a national platform called 'Volunteer Connect'. Volunteering Barnet is one of many parties that use the platform and they need to make a business case to make adaptions to it. This includes adapting the sign up form to allow the volunteer to specify what language skills they have.
- Once more care homes have registered their volunteering opportunities with Volunteering Barnet, they will conduct a survey of their existing volunteers to capture data on their language skills. They will then be able to signpost suitable volunteers to opportunities within Barnet's care homes.

1.4. VOLUNTEERING IN PUBLIC SERVICES: PROMOTING HEALTH AND WELLBEING

1.4.1 Barnet's corporate plan has a vision to build resilient and cohesive communities, which take on more responsibility for their local area and are involved in the design and delivery of services. The aim is to build genuine partnerships with the community. By opening up public service institutions to people who want to use their time to support the community, the Council will be able to access residents' local knowledge and ability to access hard to reach groups. Volunteers will have the opportunity to contribute to their local area, while developing their skills, diversifying their social networks promoting greater social integration and enhancing their general sense of wellbeing.

1.4.2. Barnet is home to a thriving voluntary, community and faith sector and involved, socially responsible residents where 30% of residents say that they

volunteer regularly and 42% say that they have given unpaid help to an organisation in the last 12 months[1]. These figures do not reflect those that perhaps do not see themselves as volunteers per se but still play a critical role in supporting members of their community through more informal, ad hoc demonstrations of community participation like dropping in on an elderly neighbour for a chat or coaching a local sports team.

1.4.3. According to Nesta, voluntary contributions to public services in England can be currently costed at an estimated £34 billion per annum[2]. However, this impressive figure points towards the formal, organised volunteer placements and not necessarily less formal examples of community participation and social action. Considering this, and the fact that volunteering is not yet embedded in the design and delivery of public services, Nesta suggests that we are only scratching the surface of what is possible from opening our public servicers to those who want to offer their time and skills to support those in need.

1.4.4. NHS England and Public Health England produced a guide on community-centred approaches for health and wellbeing[3]. It states that "The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health. Many people in England already contribute to community life through volunteering. Participation is also about representation, community leadership and activism. There are important roles for NHS, local government and their partners in fostering community resilience and enabling individuals and communities to take more control over their health and lives".

1.4.5. The guide, like the following case studies, points to the diversity of community-centred working and volunteering and the different forms it can take. The guide was intended to "stimulate partnership working and, above all, put communities at the heart of what we do".

1.4.6. The following section provides some examples where communities are playing a valuable partnership role in supporting our public services and service users, helping to manage demand while also promoting health and wellbeing for the service user, and the volunteer themselves.

1.4.7. The final section of this report poses questions for the Health and Wellbeing Board to consider how we can build upon the following case studies and continue to improve our joint approach to community-centred working and use of our residents local knowledge, time and skills in Barnet across Health and Wellbeing priority areas and borough-wide services.

[1] Resident Perceptions Survey, Spring 2017
[2] http://www.nesta.org.uk/publications/people-helping-people-future-public-services
[3] https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

CASE STUDIES

1.5. CASE STUDY: Community Centred Practice: Practice Health Champions

1.5.1. Barnet Public Health Team commissioned a pilot - Community Centred Practice - where residents through training are empowered as “Practice Health Champions”. Champions use their social skills and knowledge to connect people to community resources and practical help to enable themselves, their families, friends and neighbours to live well.

1.5.2. By using the phrase ‘Champion’ rather than ‘volunteering’ people who may not perceive themselves as formal volunteers still feel that they have a contribution to make to their community. Indeed, the language of ‘volunteering’ can be a barrier to those who may not think that they have the time to make that level of formal, structured commitment. More informal models of volunteering, that are rooted in and driven by the community themselves can help to mobilise a wider cohort of citizens to get involved with their local areas.

1.5.3. The Community Centred Practice (CCP) model is about working with General Practices to address social needs and to reduce reliance on both NHS and Council resources. Volunteer Practice Health Champions and GP Practices work together to deliver:

- Local projects that promote wellbeing and resilience, prevent ill health and help people who struggle to live well with long term conditions, isolation and loneliness
- Reductions in consultation in primary and secondary care and a shift in the way patients use services, moving towards social rather than medical solutions
- Reductions in GP workload pressure
- Improved staff morale.

1.5.4. There are seven GP surgeries in Barnet where Practice Health Champions gift their time in a variety of ways, often at their own initiative, such as helping patients in GP reception areas, conducting campaigns or health promotion, or helping surgeries and patients to recognise and make better use of local resources and support.

1.5.5. Over 600 residents responded to a call to become Health Champions in Barnet. This shows a great willingness amongst our residents to support primary care and potential additional resource if we were able to harness this. Our intention is to build on this demonstration of interest in the further development of this model and in the expansion of our local area co-ordination service (Ageing Well, also known as Altogether Better) to a full borough wide service, with greater targeting of those with health and social care needs.

1.6. CASE STUDY: Health Coaches

1.6.1. Public Health jointly with London Borough of Barnet's Children and Families service commissioned a leading family support charity - Home Start - to deliver an innovative Health Coaches service to provide early emotional wellbeing support and practical help to families affected by mental health, domestic violence and substance misuse. As part of this service mothers who are affected by mild to moderate perinatal mental health issues are also supported. The service is delivered via home visits.

1.6.2. The service adopted an 'asset-based' approach whereby volunteer Health Coaches receive 40 hours training including safeguarding, mental health, domestic violence and child development. Volunteers also receive further training with regards to perinatal health and attachment. In 2016, the service worked with 42 volunteers and helped over 100 Barnet families. Progress is measured using a 'Radar Chart' as part of Children and Families standard outcome evaluation approach. According to this tool, the majority of families have reported positive outcomes during the 3-6 month period of support offered by Home Start. 80% of families and children supported through the project have reported improved emotional well-being as a result of good signposting, support to access benefits and better parenting.

1.7. CASE STUDY: Altogether Better (Ageing Well) and Barnet Council Adults and Communities Prevention and Wellbeing Team

1.7.1. The Council's Adults Prevention and Wellbeing Team leads on the Prevention agenda for adults with care needs. As part of this, the team acts as the strategic lead for the Council's Adults and Communities on Preventative activity by fostering, developing and strengthening collaborative relationships with the voluntary and community sector (e.g. via the Barnet Voluntary Community Sector Forum) and with other key stakeholders including health partners to deliver better outcomes.

1.7.2 Locally, the Ageing Well (or Altogether Better) project has been working for a number of years in some parts of the borough. The Health and Wellbeing Board has received reports previously about the project and how it has catalysed community action, volunteer activities and reduced social isolation. The Ageing Well service was initiated by Public Health and funded by Public Health and the Better Care Fund. The model was partly based on the Local Area Co-ordination model (LAC), which is an evidence-based model first developed in Australia. Evidence from other areas in the UK, such as Derby, suggests that full implementation of the LAC model can be successfully used to provide alternative support for people with ongoing health and care needs. Having reviewed the evidence from other areas, the Council's Prevention and Wellbeing Team is now developing and expanding the Ageing Well model into a full LAC service which works borough-wide, as part of the implementation of the Council's new strengths-based operating model for adult social care. The new Barnet LAC service will be integrated with Care Closer to Home Networks (called CHINs) and create the link between local community groups/volunteer services and the CHIN.

1.7.2. Local Area Coordination is a long term, integrated, evidence based approach to supporting people with disabilities, mental health needs, older people and their families or carers. Rather than waiting for people to fall into crisis, assessing deficits, testing eligibility and fitting people into more expensive services, it works alongside community groups and residents to:

- Build and pursue their personal vision for a good life
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

1.7.3. The objective is to support people to maintain their independence and wellbeing rather than help them get it back after they have lost it. The focus is on using people's strengths to create opportunities to build resilience and support them to participate in and develop community-level initiatives. The service is currnelty being developed and will be rolled out borough-wide later in 2017-18.

1.7.4. The Prevention and Wellbeing Team also coordinates Barnet's Silver Week (1-7th October) which is co-produced with our voluntary community sector, volunteer residents and other key stakeholders. Silver Week is an annual event to celebrate the contribution of older people to our community and build a network of sustainable community-level voluntary services to support them.

1.8. CASE STUDY: Healthwatch Barnet

1.8.1. Healthwatch's role is to be the resident's voice for health and social care and this work is supported by involving volunteers throughout the services, many of whom develop and deliver projects themselves. Two of Health Watch's key working groups, Primary Care and Enter and View, are chaired by volunteers.

1.8.2. Healthwatch Barnet delivers 30 visits to health or social care setting a year to talk to patients, carers, service-users, staff and volunteers about their experience of the quality and care. The strength of this Enter and View programme is that it is not an inspection. Healthwatch finds that patients, care home residents and service-users respond openly and honestly to "people like themselves", namely, local volunteers who understand "how it is". This approach to working in partnership and pooling strengths and resources, means that health and social care settings tend to support the constructive, patient-led feedback and two thirds have complied with the recommendations for improvements made through these visits.

1.8.3. Healthwatch's Primary Care Group of twelve volunteers is co-chaired by two volunteers. Supported with contributions from the Healthwatch Barnet Manager, this group reviewed and analysed GP websites, produced a guide on 'Alternatives to Seeing Your GP' and promoted the use of other health services to over 300 patients.

1.9. CASE STUDY: Partnership Libraries

1.9.1. Kisharon and Barnet Mencap are two local charities which run Childs Hill Library. This is one of four Partnership Libraries launched by charities and voluntary organisations in partnership with Barnet Council. As well as providing the traditional book lending service of a library, they have launched a crowd funding campaign through the borough's Barnet Together Fund to transform the library and its garden into a vibrant centre for social, cultural and educational projects. The library's activities have a particular focus on including and supporting both volunteers and service users with learning disabilities, creating a space where everyone feels welcome helping to tackle isolation and loneliness while promoting social integration and building employability skills.

1.10. OPPORTUNITIES FOR VOLUNTEERING AND SOCIAL ACTION IN BARNET

The Health and Wellbeing Board are requested to consider:

1. Are there any other examples of volunteering and community-centred practice that the Board would like to highlight?
2. How we can learn from and build upon these examples to make better use of our residents' local knowledge, time and skills to further health and wellbeing priorities?
3. What support and infrastructure do we need to provide volunteers to ensure that we are adhering to best practice in volunteer management?
4. What are the opportunities for greater use of volunteers and community participation more broadly, in health and social care to keep people well and manage demand?
5. Do we need to develop a coordinated recruitment process for a variety of volunteer roles in support of the health and social care system (including voluntary sector) with attention to volunteer interests and needs?

2. REASONS FOR RECOMMENDATIONS

2.1 This report presents an opportunity for the Board to consider opportunities for volunteering in Barnet's public services.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Further updates can be provided if required.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Corporate Plan 2015-2020 outlines its vision for resilient, cohesive communities. Volunteering is one way in which the council can form a closer partnership with communities and for them to take on more responsibility for their local area.

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

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

- 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 specific responsibility for regeneration and development as they relate to health and care, and to champion the commissioning of services and activities across the range of responsibilities of all partners, in order to achieve this.

- 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 Not applicable.

5.6 **Equalities and Diversity**

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

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 Not applicable.

5.8 **Insight**

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 9 March 2017 – Agenda Item 6 Motion from Full Council – Volunteering in Care Homes https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8717&Ver=4

6.2 Health and Wellbeing Board, 19 January 2017 – Agenda Item 6 - Ageing Well Report and Review https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8716&Ver=4

AGENDA ITEM 10

	Health and Wellbeing Board **14 September 2017**
Title	**Healthwatch Barnet Annual Report**
Report of	Head of Healthwatch Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 Healthwatch Barnet Annual Report
Officer Contact Details	Selina Rodrigues, Head of Healthwatch Barnet Selina.rodrigues@communitybarnet.org.uk 020 8364 8400

Summary

The Healthwatch Barnet Annual Report provides details of activities and projects from April 2016-March 2017.

Recommendations

1. **That the Health and Wellbeing Board note and comment on the content of the report and appendix.**

1. WHY THIS REPORT IS NEEDED

1.1 The Annual Report provides information about Healthwatch Barnet governance, project and activities. It is provides an opportunity for the health and Wellbeing Board to comment and if appropriate, make suggestions on future activity. All local Healthwatch organisations are required to produce an Annual Report, which is sent to Healthwatch England and are also publicly available on our website and promoted through our newsletter and events. The report includes details of 28 Enter and View visits to social care and hospital wards and consultation and analysis with local Barnet residents on our dentists, maternity services and home (domiciliary) care projects, amongst

others. The project reports highlight good practice and include recommendations for changes and improvement.

2. REASONS FOR RECOMMENDATIONS

2.1 To inform the Board of Healthwatch activity and for the Board to comment as appropriate.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 The Health and Wellbeing Board will continue to be updated on Healthwatch activities through Board member contributions at meetings and update reports.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Healthwatch Barnet is a department of Community Barnet, an independent legal entity, registered charity and company limited by guarantee. Healthwatch was established through the Health and Social Care Act 2012. As such, Healthwatch sets its own priorities and projects. However, we pay close attention to Corporate Priorities and those of the Joint Health and Wellbeing Strategy 2015-2020 and work in partnership where appropriate. For example, in the past year, Home-Start Barnet reviewed the experience of parents and their children using dental services, and for 2017-18 our charity partner, Barnet Mencap will review the experience of people with learning disabilities in cancer screening. Both these align with priorities of the Joint Health and Wellbeing Strategy 2015-20.

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

5.2.1 N/A

5.3 **Social Value**

5.3.1 N/A

5.4 **Legal and Constitutional References**

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

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

- To 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 N/A

5.6 **Equalities and Diversity**

5.6.1 One of the core aims of Healthwatch Barnet is to ensure the views and experiences are heard of under-represented groups and those with protected characteristic under the Equality Act 2010. Healthwatch Barnet delivers projects and targeted engagement with Barnet's under-represented communities and those that may face barriers to making their views and experiences known.

5.7 **Consultation and Engagement**

Consultation and engagement is a key element of the Healthwatch role and details of such projects, outcomes and impact are detailed in the Annual Report.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 N/A

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healthwatch Barnet

Hearing the Voice of the Unheard

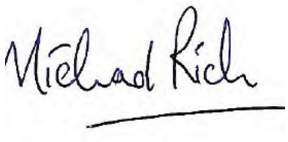
2016 - 2017 Annual Report

Introduction

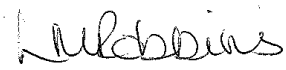
In these challenging times for local authorities, health and social care services and local patients and service-users, the role of Healthwatch is more vital than ever. Healthwatch Barnet has delivered an extensive range of activity, to support some of our most vulnerable residents and has seen our recommendations delivering improved services for local people. We would like to thank particularly our team of expert and committed volunteers and our charity partners for their time, commitment and support in our programme of work. We would also like to acknowledge the constructive way that commissioners and decision-makers in health and social care have listened to our recommendations and committed to action to improve services.

Julie Pal
CEO
Community Barnet

Selina Rodrigues
Head of Healthwatch
(Feb 2017 – Present)



Mike Rich
Head of Healthwatch
(May 2016–Jan 2017)



Lisa Robbins
Manager
Healthwatch Barnet

CONTENTS

In numbers

1,766+
hours of time given by our volunteers

2,300+
friends and social media followers

2,075
health and social care experiences of residents

99,000
local residents reached

494
people reached from seldom heard communities

32
active volunteers

28
Enter and View visits

An independent voice for Barnet residents

Healthwatch Barnet is the independent voice through which local residents can share their experiences of using health and social care services. It is delivered by a Barnet-based staff team, a partnership of Barnet's voluntary and community organisations and a team of capable volunteers.

Healthwatch Barnet is an arms-length department of CommUNITY Barnet, an independent legal entity and a registered charity and company limited by guarantee.

Healthwatch Barnet is delivered in partnership with local organisations. We have established a consortium of twelve charity partners and community organisations whose role is to promote Healthwatch, engage with our local communities, and shape the work programme around the needs of residents. These partners use their strong and vibrant networks to promote Healthwatch Barnet and to engage with local communities.

A vision for the future

Healthwatch Barnet was established through the Health and Social Care Act 2012 to give users of health and social care services a powerful voice both locally and nationally.

Healthwatch Barnet was established in 2013 and is part of a national network led by Healthwatch England. We have a seat on the Barnet Health and Wellbeing Group and the Barnet Clinical Commissioning Group (CCG) Governing Board.

We are the independent voice for residents of Barnet who use health and social care services. Our vision is of a thriving and active community of Barnet people who want to influence and contribute to the development and delivery of quality health and social care in the borough.

To achieve this, Healthwatch Barnet:

- has a powerful relationship with residents, volunteers and service users to gather their views and experiences, capturing and presenting the voices of under-represented communities
- promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services
- signposts individuals to available advice and information to help them make informed choices about their health and social care

Working in partnership

Healthwatch Barnet leads one of the largest charity partnerships in Barnet. It works with twelve of Barnet's charity, voluntary and community organisations which have been instrumental in helping us to succeed.

We were delighted to invite Barnet Voice for Mental Health (BVMH) to join our consortium this year. BVMH is a user-led group, whose members have extensive experiences of mental health services. For Healthwatch, they provide feedback on mental health and other services and also represent Healthwatch on the Barnet, Enfield and Haringey Mental Health Trust patient groups.

We would like to thank all our partners for their support in promoting and disseminating information about Healthwatch Barnet and for their work in liaising with some of Barnet's key communities.

Healthwatch aims

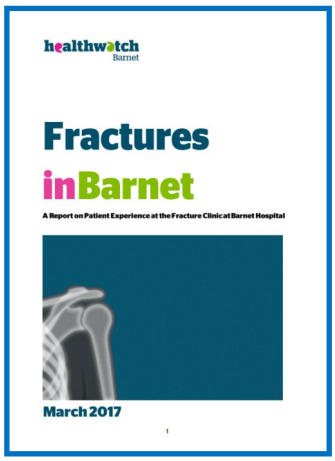
Our resources

Have you been to our website recently? We have recently updated our Resources pages, you will find lots of useful information available.

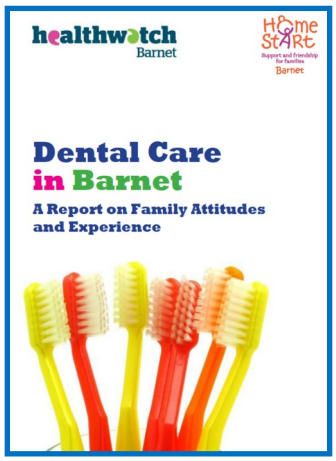
How we used your voi

Much of this year has been spent capturing the voice of Barnet residents in a syste
commissioners and to place the patient and resident voice at the heart of decision making

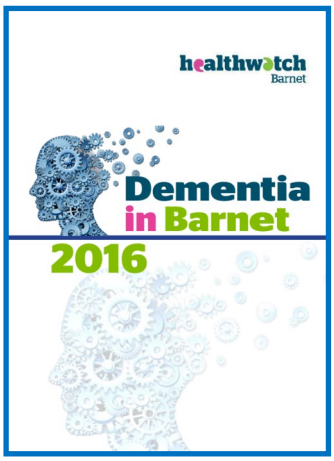
We are also working closely with other partners and providers of health and social care an



A report on patient experience at the Fracture Clinic at Barnet Hospital



A report on family attitudes and experience of dentists in Barnet



Patient experience of dementia services in Barnet

Consulting w
with learning
about their e
with blood te

Barnet Hospital Dermatology Clinic

We carried out a visit to the Dermatology Clinic at Barnet Hospital. The main aim of the visit was to talk to patients about their referral to this service.

During the visits, we spoke to 24 patients. 80% of the patients had received a referral within 4 weeks, which they were happy with. The report was presented to Barnet CCG Clinical Quality and Risk Committee.

Learning Disability Care in Barnet

Inclusion Barnet is one of Healthwatch charity partners, People's Choice, one of it's groups reviewed the quality of care provided by agencies and family and informal carers to people with learning disabilities. We were pleased to hear that respondents felt well-supported in budgeting and also in choosing and accessing leisure activity.

We are finalising this report and it will be available on the website soon.

Residential Care Transition

Advocacy in Barnet, one of the Healthwatch charity partners, talked to a small number of care home residents and relatives about their experiences of moving to older people's care homes, whether from their own home, or upon being discharged from hospital.

Phlebotomy in Barnet

Barnet Mencap is one of the Healthwatch charity partners, and it had feedback that Phlebotomy (blood test) services were not always working well for people with learning disabilities. We are finalising this report and it will be available on the website soon.

Dental Care in Barnet

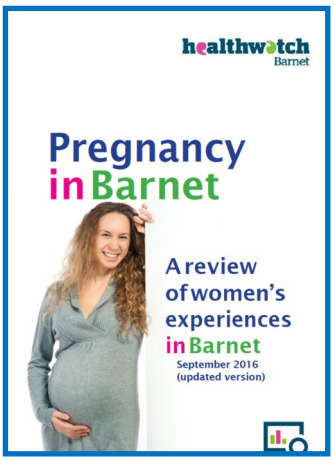
Home-Start Barnet, one of the Healthwatch charity partners, talked to parents of 96 children about their experience of dental services, including those from newly-arrived communities and also from Black, Asian and minority-ethnic and refugee communities.

ce to make a difference

matic way and presenting that information to the borough's strategic decision makers,
.
d sharing our findings with them and meeting with them regularly to monitor progress.

with patients
g disabilities
experiences
ests

A report on quality of care for people with learning disabilities



A review of women's experiences of maternity services in Barnet

A report on people using homecare services and their relatives/carers in Barnet

Barnet Hospital Fracture Clinic

We received feedback from some patients who commented that the fracture clinic was over-crowded and that waiting times were excessive but this could be due to seeing a number of specialists. The Healthwatch team visited the Clinic to observe the outpatients process and talk to patients about their experiences.

Homecare in Barnet

We sought the views of people using homecare services and their relatives, including council services and those that pay for their care privately. We received feedback from local residents who are concerned about the quality of care they, or their friends and relatives, have received through Homecare agencies, covering a number of different aspects of the services. Concern is high about this service area in particular as homecare workers generally work on their own in vulnerable people's homes.

Dementia in Barnet

Healthwatch staff and volunteer, Melvin Gamp, led a research project into the prevalence of dementia in Barnet, and listened to patients' and carers' experiences of dementia services. Melvin's report provided a useful summary of treatment and support.

Pregnancy in Barnet

Healthwatch Barnet carried out research about the experiences of women who live in Barnet, and used different maternity services across the borough in the last two years. Feedback showed that they had mixed experiences with care; some highlighted the dedication of the long-standing midwives; whereas others did not have breastfeeding support whilst in hospital.

All the reports can be found on our website: www.healthwatchbarnet.co.uk/ourreports

Community engagement

Healthwatch Barnet is responsive to the needs and experiences of local people. We also involve local people as a core part of our structure and our work. Here are just some ways we do this.

Engaging with local Barnet residents, including "seldom-heard" and under-represented groups

- Through our specific projects, we aim to work with all Barnet's communities, including people with learning disabilities, families from newly arrived and other Black, Asian and minority ethnic and refugee communities and vulnerable older people.
- Healthwatch Barnet Public meeting in October 2016 with a keynote speaker from the Campaign to End Loneliness, attracted 45 participants
- Listened to the health and social care experiences of 2,075 local residents
- Informed over 99,000 local residents of Healthwatch and how to share their experiences of services, through our newsletters and through events such as those at Stonegrove Estate Winter Festival, Silver Sunday events for older people and Green Man Centre International Women's Day event
- Listened to, analysed and reported the comments of residents, relatives and staff from 28 Enter and View visits to care services in Barnet at residential care and nursing homes, supported living homes, hospital wards and a walk-in centre
- Listened to and analysed the experiences of 494 people from "seldom -heard" or under-represented communities, including those from the Polish community and the Muslim community. We also attended the Jewish Care Insight event, the Sri Lankan Parenting Group and the Barnet Safeguarding Adults Service User Forum "Say No to Abuse". Volunteers and staff delivered 9 sessions to 500 local people on smoking 'Know your CO' and signposted people to smoking cessation support. This was delivered in partnership with Barnet Public Health
- Engaged with the Polish, Gypsy, Roma and Traveller communities and people aged over 75 to investigate their use of urgent and emergency care. This was in partnership with North London Healthwatch and our findings were presented to the North Central London Urgent Emergency Care Board to help design new services

Represented the view of local residents at the Health and Wellbeing Board, the Clinical Commissioning Group (CCG) Board, Barnet Council Health Overview and Scrutiny Committee, Barnet Adults Safeguarding Board, joint meetings with the Care Quality Commission (CQC) and Integrated Care Quality Teams (Care Homes and Supported Living), at Barnet Council Involvement Board, Central London Community Health Quality Stakeholder Reference Group.

Enter and View

All Healthwatch have a legal right to enter any health and social care premises for adults to talk to patients, service-users, relatives, carers, staff and volunteers about the quality of services. In Barnet we have an extensive programme of visits, led by our volunteer team, the chair of which is Linda Jackson. We have 17 trained volunteers who undertake this valuable work.

The team undertook 9 Enter and View visits to care homes for older people in Barnet. Many of these were seen to offer very good care and the residents and relatives were happy with the way they were run. However, recommendations were made for residents and relatives to be made aware of care plans, how they work and are compiled, as well as activities, variety of food and laundry management. Some homes have experienced difficulties in managing hospital discharges where clear instructions and medication have not been received when a resident has returned to the home. The CCG has been made aware of this and we are now working with local Trusts to improve this situation.

We had concerns about staff numbers in some homes, considering the high level of care needs for residents. In all the homes that we visited managers have responded positively to our recommendations.

We visited the Walk-in Centre at Finchley Memorial Hospital twice and received good feedback on the services. Recommendations were made to improve signage. We are working with the Central London Community Healthcare (CLCH) Trust to try and address.

We developed visits to sheltered housing units. These have been very positive visits and tenants in the main have been very happy.

A series of 8 visits to the Royal Free Hospital to observe mealtime support have also taken place and we are liaising with staff on our recommendations.

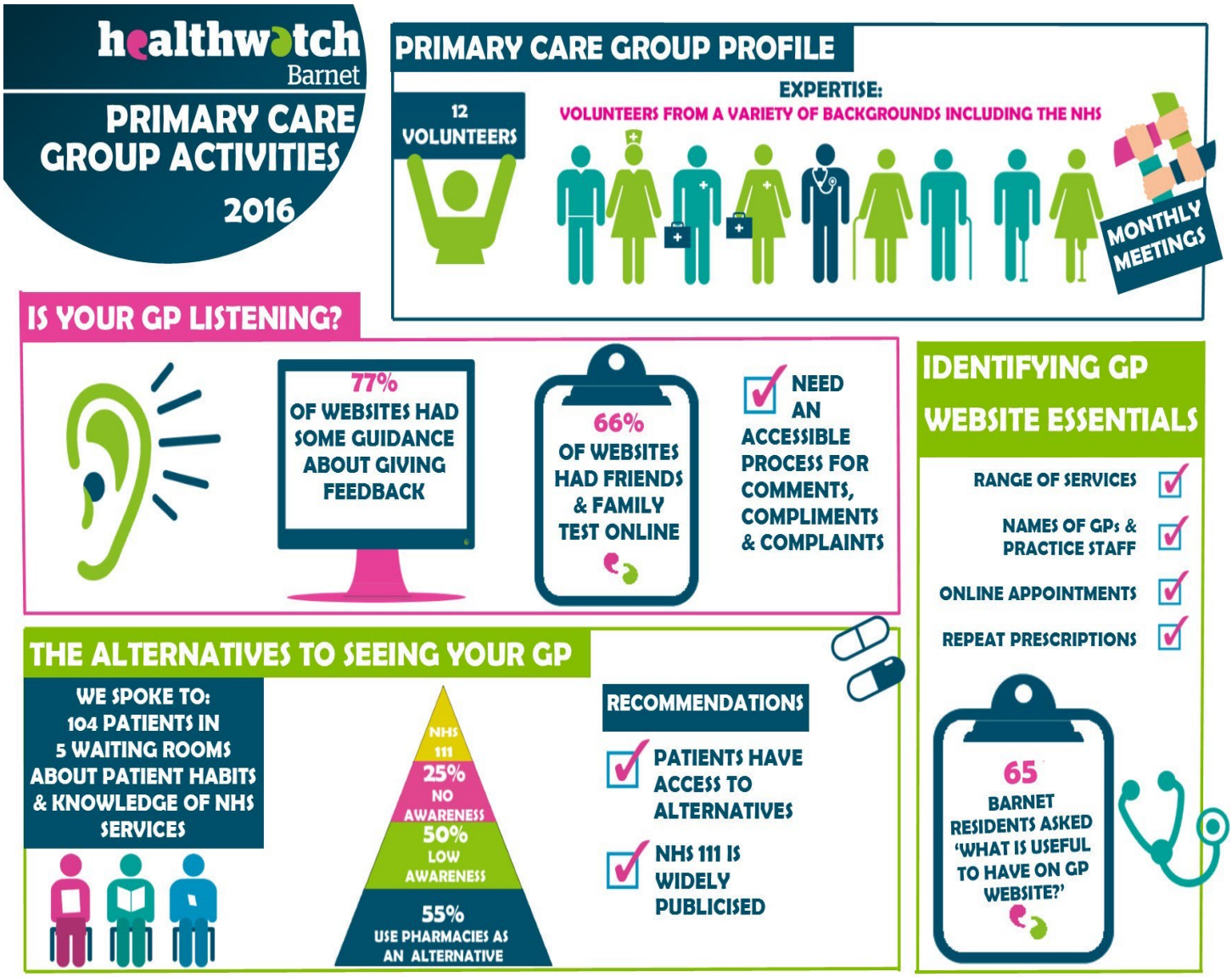
Our volunteers

Volunteers are an essential and varied part of the Healthwatch Barnet team. We have 32 active volunteers and many others who contribute their time on specific projects when they can. Our Enter and View Group and our Primary Care Group are each chaired by volunteers, and through our Hot Topics sessions, volunteers help form our projects and priorities for the coming year. We offer training and updates for our volunteers looking this year at sensory impairment awareness and working with CQC, as well as regular updates with Barnet CCG. They represent us at different forums around the city from the NHS England Dental and Pharmacy Engagement group, Pan London Cancer User Forum, Barnet Council Involvement Board, CLCH Quality Stakeholder Reference Group and GP Patient Participation Groups throughout the Borough.

We would like to thank all the Healthwatch Barnet volunteers who freely give their time, commitment and expertise to help local Barnet residents experience better health and social care services:

Alan Shackman
Amlan Ghoshal
Ann Graham
Arati Banerjee
Asmina Remtulla
Derrick Edgerton
Derek Norman
Diana Abramova
Ellen Collins
Ganesh Dutt
Gillian Goddard
Helen Andrews
Helena Pugh
Jeremy Gold
Janice Tausig
Linda Jackson
Lyn Tobin
Margaret Singer
Margaret Peart
Marion Kafetz
Maureen Lobatto
Melvin Gamp
Monica Shackman
Nahida Syed
Surla Shah
Ranil Jayasinghe
Rifka Rhys
Rona Allado
Sarah Brown
Stewart Block
Sue Blain
Tina Stanton

Primary Care Group



This group consists of 12 volunteers and is co-chaired by Healthwatch volunteers, Sue Blain and Stewart Block. The Group meet monthly and look at many different aspects of primary care from a patient's perspective. Projects and reports include:

- Alternatives to seeing your GP. A survey of 100 members of the public at GP practices about their use of health services for routine care.
- Review of GP Wound Care and Phlebotomy and mystery shopping of 40 practices in North and West Barnet. Many websites did not provide up-to-date information. Key recommendations were that practices make provision for those less able to access services and that websites are updated with information about available services. NHS England is currently reviewing funding patterns to identify inconsistencies.
- Regular feedback with Barnet CCG has resulted in Healthwatch contributing to developing pathways for a number of services such as wound care and referral management services.

Hear your views

We want to hear your views on Barnet health and social care, contact us using the details below:

If you would like a copy of our current information literature, above please call us on 020 3598 6414

You can download this publication from www.healthwatchbarnet.co.uk/annual-report

Financial information

Healthwatch Barnet is funded to carry out statutory activities.
Funding is provided by the London Borough of Barnet.

Income

Funding received from local authority to deliver local Healthwatch statutory activities	**£128,000**
Additional Income	**£0**
Total Income	**£128,000**

Expenditure

Office costs	**£21,000**
Staff costs	**£69,993**
Direct delivery costs	**£37,006**
Total Expenditure	**£127,999**

CommUNITY Barnet supporting community organisations

CommUNITY Barnet is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association allows us to operate in this way.

Healthwatch Barnet is a borough-wide service working in collaboration with committed and passionate Barnet-focused organisations who have local knowledge, are experienced and trusted. The partnership is the eyes and ears in the community and can effectively act on complaints or concerns because it has direct access to seldom-heard and under-represented members of the community. Through existing channels the partnership engages these communities with the Healthwatch agenda.

CommUNITY Barnet's Board of Trustees reviews performance, oversees risk and contributes to the promotion of the Healthwatch agenda. It is the decision-making body responsible for approving the action plan throughout the life of the contract.

CommUNITY Barnet's Board of Trustees are: Tony Vardy, Adam Goldstein, Chris Cormie, Andrew Harper, Antony Jacobson, Jyoti Shah and Marley Obi.

Registered Charity No. 1071035

Company limited by guarantee 3554508

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	Health and Wellbeing Board **14th September 2017**
Title	**Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board**
Report of	Strategic Director of Adults, Communities and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of the Joint Commissioning Executive Group and Care Closer to Home Programme Board 15 June 2017.
Officer Contact Details	Joanne Humphreys Project Lead joanne.humphreys@barnet.gov.uk

Summary

This report provides the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 1).

Recommendations

1. **That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 15 June 2017 (Appendix 1).**

1. WHY THIS REPORT IS NEEDED

Background

1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).

1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.

1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing BCF services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.

1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017.

Minutes and meetings

1.5 Minutes of the JCEG meeting held on 15 June 2017 are presented in Appendix 1. In June the Board:

- Discussed and refined the vision for Care Closer to Home in Barnet that had been developed through a workshop sessions in the Board's previous meeting in May 2017.

- Received an update on the progress of the Care Closer to Home Programme and the implementation of Care Closer to Home Integrated Networks (CHINs).

- Reviewed and gave feedback on the proposed workstreams and resourcing requirements for the Care Closer to Home Programme.

- Agreed next steps for fleshing out the resource plan and commencing work on a Communications Plan and business case proposal.

2. REASONS FOR RECOMMENDATIONS

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

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

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 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

5.1.2 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.

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

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

5.2.1 The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

5.3 Social Value

5.3.1 Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 Legal and Constitutional References

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

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

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

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

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

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

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

5.5 Risk Management

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 Equalities and Diversity

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

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

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

5.7 Consultation and Engagement

5.7.1 The Joint Commissioning Executive, Care Closer to Home Programme Board will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive, Care Closer to Home Programme Board will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None

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Appendix 1

Joint Commissioning Executive
Care Closer to Home Programme Board

Thursday 15 June 2017

North London Business Park, Room G2

9.00 – 10.30am

Present:

(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Chair)

(JLu) Jonathan Lubin, Barnet GP Federation

(AF) Ahmer Farooqi, BCCG Governing Body

(NS) Neil Snee, Interim Director of Integrated Commissioning, BCCG

(MD) Maria Da Silva, Director of Integrated Commissioning, BCCG

(JH) Joanne Humphreys, Project Manager, LBB

(AC) Andrew Colledge, Deputy CFO, BCCG

(AD) Anisa Darr, Director of Resources, LBB

(MK) Mathew Kendall, Director of Adults and Communities, LBB

(CD) Courtney Davis, Head of Adults Transformation, LBB

(NSc) Nazia Scott, Adults Transformation Coordinator, LBB

(GP) Gill Parsons, Community Education Provider Network (CEPN)

(AP) Anuj Patel, Barnet GP Federation

(MKh) Murtaza Khanbhai, Barnet GP Federation

Apologies:

Leigh Griffin, Director of Strategic Development, BCCG

Fiona Jackson, Director of Integrated Care and Chase Farm Hospital Director, Royal Free

Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team

Selina Rodrigues, Community Barnet

Cathy Walker, Director of Divisional Ops, Central London Community Healthcare NHS Trust

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, DW welcomed attendees to the meeting and apologies were noted. AF, AP, JLu and MKh declared a potential conflict of interest as members of GP practices that have submitted expressions of interest to develop CHINs. A general conflict of interest was noted for all GPs and provider organisations (including LBB's Adults and Communities Delivery Unit) present at the meeting. JLu noted that he has an additional potential conflict of interest as a provider of GP services to care homes. **Action: Add 'declaration of conflict of interest' to future agendas as a standing item. Action before 20 July.**	**CD**
2.	**Minutes of Previous Meeting and Matters Arising** Minutes had been circulated from the 18 May JCE/CC2H Programme Board meeting. DW asked those who had been present at the meeting to confirm the accuracy of the meeting minutes and asked Board members if there were any corrections required. Board members confirmed that the minutes were accurate. Outstanding actions from the meeting were reviewed. • Action item no. 2 remains outstanding: *BCF: NS asked MA for further analysis and an expanded report on current KPIs, monitoring and services to go to CCG Executive. NS, NH, MA and DW to meet to review. Substantive paper to be taken to JCE. MA to invite CSU to the meeting.* DW said this information should be provided by Muyi Adekoya. NS confirmed that he would follow this action up with Neil Hales. • Action item no. 5 remains outstanding: *JL/MA to circulate NEAs/DTOCs paper to this Board.* DW confirmed that JL/MA (Jeff Lake and Muyi Adekoya) should circulate this information to the Board. • Action item no. 10 remains outstanding: *An adult social care representative will be identified and invited to future meetings.* DW requested that this action be made clearer – it relates to the CHIN development meetings hosted by BCCG. Beverley Wilding (BW) will be asked to take this action in Leigh Griffin's absence. DW suggested that MK or a nominated deputy would be an appropriate adult social care representative. • Action item no. 11 remains outstanding: *Share 'Right First Time' data at STP level for Social Care with Board Members.* DW sought to clarify with Board members the content and relevance of this data to the CC2H work. AF said that the NHS produces two sets of data which could be relevant; the Right Care (acute) data and the Get it Right First Time (primary care) data. He stated it	

	ITEM	ACTION
	would be useful for this group to see this data. NS said he would make further enquiries on the relevance of this data and of any opportunities it might present for the CC2H work. CD welcomed any opportunity to review the data within the business intelligence/data analytics workstream. DW advised that if the data is relevant it should be brought to the Board as a future agenda item. CD and NS to coordinate.	
	Action: Follow up with Neil Hales on the outstanding BCF report (analysis and expanded report on KPIs, monitoring and services). Action before 20 July. **Action: Circulate NEAs/DTOCs paper to this Board. Action before 20 July.** **Action: An adult social care representative will be identified and invited to future CHIN development meetings (BCCG with GP practices). Action before 20 July.** **Action: Clarify the relevance of the NHS Right Care and Get it Right First Time datasets. If they are relevant to the CC2H work, co-ordinate with CD to include as a future agenda item for this Board. Action before 20 July.**	**NS** **JL/MA** **BW** **NS**
Strategy and Planning		
3.	**CHIN update – presentation** DW explained that this presentation forms part of the work to build a comprehensive delivery plan for CC2H in Barnet. Review of the delivery plan is tabled for the BCCG governing body meeting in July. The delivery plan needs to: • Cover everything needed to deliver the full CC2H model, going beyond the first waves of CHIN implementation. • Make a case for the additional resources required. • Form a significant part of the Barnet BCF, together with the urgent care recovery plan. DW invited feedback on the summary of the workshop undertaken at the May Board meeting and the vision document created from the workshop summary, which had been circulated to and welcomed by the Barnet Chair/Chief Executives' meeting on 25 May. DW took Board members through the CC2H update and resource planning presentation. • AF said, within the slides entitled 'benefits' that reads CHINs ''will reduce secondary care referrals'' this should read "inappropriate secondary care referrals". • GP noted that within the slide entitled 'The Vision For Barnet CHINs'; 'each CHIN has a strong team ethos' – this will be extremely challenging to deliver. DW agreed and advised that a Workforce, Training & Professional Development workstream will consider how this can be delivered. • AF added that provider organisations as well as GP practices will need to work together to deliver CHINs. It was agreed that the GP lead for the Burnt Oak CHIN would be invited to attend this Board in future.	

	ITEM	ACTION
	• DW explained that CHINs will develop over time. As CHINs develop it will be important to consider different models of risk management, contracting and financial incentives. • Under 'the case for change' AP noted that it is not only NHS governance structures that need to be considered, but also the governance structures of all partner organisations. • NS advised the case for change should state joining up care requires Barnet to look at care coordination and risk stratification, and to establish formal links with other Local Authorities (where services cut across local boundaries). • JLu observed that this work has many similarities with Reimagining Mental Health, but with a much greater scope as it covers all primary care services. Patients and patient groups will need to be involved in this process and we will need to consider how we can incentivise patients to change their behaviours in order to maximise the benefits of CHINs for patients. DW agreed and advised that this work will be covered under the 'Communication and Engagement' workstream. • MD said a key outcome/benefit for CC2H should be a reduction in A&E attendances. NS advised that the urgent care STP data will have much of this information and that Shaun Ayres (BCCG) will be able to provide these metrics to the programme team (CD). • AF added that wherever patients are mentioned in the document, carers and relatives should also be mentioned. • DW said the role of prevention and early intervention needs to be reflected in this work; how health outcomes can be improved through supporting people to continue to be active members of their community, to remain socially connected and improve their employability. • DW added that the slide titled 'The Barnet CHIN model' should include a more diverse reflection of the Barnet population. It should also include the Barnet CCG and CEPN logos, and state explicitly that the CHIN includes services for children and young people. CD advised that this slide was a work in progress. • GP noted that it would be important to ensure the first CHIN was not overwhelmed by the range of long term ambitions for CHINs. AF said the first CHIN should not aim to do 'everything'. NS agreed and advised that targeting and baselining would be important as CHINs are rolled out. • JLu emphasised the importance of adequately resourcing the plans. • DW requested that all Board members contribute to the completion of the stakeholder map to assist with the development of the communication and engagement plan. <u>Workstreams - overview</u> • DW outlined the project workstreams. The work to develop CHIN business	

	ITEM	ACTION
	cases sits within the Business Model Development workstream. DW asked if Board members thought there were any workstreams missing. • AF said that ICT will be very important as an enabler to this work, and therefore in future an ICT, Information Governance and Clinical Governance may be required. • NS added a workstream is needed for developing the 'Clinical Model'. <u>Workstreams – programme management</u> • NS enquired about the programme management resourcing of this work. DW confirmed that CD and JH are currently providing this resource. Recruitment is underway to deliver capacity to provide the other resources identified. <u>Workstreams – information, advice & signposting</u> DW said this work stream will help to ensure that everyone in the system knows where to go to access relevant information and advice. CC2H presenting an opportunity to join up and improve the accessibility of information and guidance and potentially consolidating efforts and resources. <u>Workstreams – communication and engagement</u> • JLu asked how we would engage with patients to ensure they are involved in and understand the changes to the way in which they access care. He reiterated that learnings could be taken from the implementation of Reimagining Mental Health. • DW advised that to address this effectively the engagement will need to be done well and at scale. She mentioned a number of Council channels that could help with this such as the Citizens Panel, the Residents Perception Survey and engagement with Barnet Homes residents. Careful thought needs to be given to the questions we would ask. • NS advised that Stoke, Kent, Hammersmith and the Central London and West London CCGs will have learnings and outputs from their own consultations. We should contact them before we consult to identify specific pressure points/where change needs to happen. It might be that a lot of the questions we want to ask have been answered through other consultations by Local Authorities. <u>Workstreams – business intelligence / data analytics</u> • DW said on the Business intelligence/data analytics work stream we need analysis and understanding of Barnet population and sub-population demographics and health needs, health outcomes. • This work stream to be delivered through existing LBB/BCCG resource in the immediate term but in the future there may be a requirement for more specialist support. • DW asked whether other partner organisations have staff resource they would like to be involved in delivering this work stream but noted that a	

	ITEM	ACTION
	number of provider organisations, that may wish to be involved, were not represented in this meeting. • DW enquired about BCCG's risk stratification tool and its use. JLu said the tool is in place but not yet widely used by GPs and there are currently no incentives for GPs to use it. AF advised that as part of a GP's day job it is difficult to find time to work with this tool. NS stated that the CCG and other stakeholders need to review the tool and consider how it can be improved. <u>Workstreams – business model development</u> • DW said within this workstream we should add identification of what will incentivise the behavioural change that is required. • NS enquired about capitation as a feature of any new business model. DW said that the Chair/Chief Executives Group had agreed to use alternative terminology to better convey the objectives of this work stream. <u>Workstreams – workforce, training and professional development</u> • MK said that this piece of work was not a silo and that consideration of the workforce should apply to every workstream, particularly Business Model Development. Board members agreed. • DW added that she wants the CHINs to consider and recognise broader social issues such as domestic violence, modern slavery and human trafficking. <u>Delivery Plan</u> • DW advised that the delivery plan sets out how the work programme will be implemented and the BCF plan will need to align to this. • JLu expressed concerns about services having the capacity to work in different ways. For example GPs spend approx. 30-60 minutes per day on paperwork. They need to be 'freed up' for more preventive and strategic work. • AF added that the way GP practices operate is fragmented and there is duplication that needs to be addressed. • NS addressed JLu and AF concerns by describing the current stage of work as 'storming and forming'. We do have evidence which shows where interventions are working and where they are not. He cited an example from West London CCG of a hub model which transferred activity from acute settings into the community. • DW added that at this stage of the project we are describing and defining how Barnet will deliver the STP. The work presents a high level picture and there will be more 'fleshing out' to follow. <u>Next Steps</u> DW stated that the key next steps are: • Identify support for the development of the CHINs business case.	

	ITEM	ACTION
	• Flesh out the resource plan and take it to the CCG governing body. • Start communications work and the development of the business case. DW said that as it had not been possible in this meeting to quantify the resources needed to undertake this work, Board members should contact CD with suggestions and recommendations. She informed the group that JCU recruitment is underway. MKh said that he felt there was a disconnect between the discussions at this meeting and what he had experienced at CHINs meeting he attended. He said that there might be a lack of communication between the groups and there needs to be joined up thinking. DW and MD agreed that alignment was required and the meetings should be joined-up. MD said the model needs to be more defined. There is not yet sufficient clarity on what the CHINs will look like. MKh said Finance, HR need to inform how much support they can provide on this work. NS used the example of the 'Wound Care Model' and their cohorts as an analogy for the CHINs model. DW added that there is a framework for CHINs and QIPPs – however better alignment is needed.	
	<u>Action:</u> Contact BW and MD to take forward the discussion about improving alignment between CHINs development meetings and JCEG/CC2H meetings as raised by MKh. Before 20 July. **<u>Action:</u> Contact CD/JH with any further suggestions and recommendations to further develop the resource plan. Before 20 July.** **<u>Action:</u> Update the resource plan to reflect the feedback and comments received from this this meeting. Before 20 July.** **<u>Action:</u> Invite representative from CHIN to future JCEG/CC2H Programme Board meetings. Before 20 July.** **<u>Action:</u> Review the draft stakeholder map table and inform CD/JH of any gaps. Before 20 July.**	**DW** **All** **CD/JH** **BW** **All**
4.	**Work programme of JCE / CC2H** This item was not covered at this meeting.	
5.	**Health and Wellbeing HWBB work programme** This item was not covered at this meeting.	
6.	**AOB** None.	

	ITEM	ACTION
7.	**Next meeting:** • 2 – 4: 20 July (G6, NLBP) Future meeting dates: • 3 – 5: 5 September • 2 – 4: 19 October • 2 – 4: 16 November • 2 – 4: 14 December	

AGENDA ITEM 12

	Health and Wellbeing Board **14th September 2017**
Title	**Forward Work Programme 2017-18**
Report of	Strategic Director Adults, Communities 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 2017-18
Officer Contact Details	Salar Rida Governance Officer Salar.Rida@Barnet.gov.uk 0208 359 7113

Summary

This report introduces the forward work programme for the Health and Wellbeing Board (the 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 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 considers and comments on the items included in the Forward Work Programme (see Appendix 1).

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 period until the end of March 2018.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 19 January 2017 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.

1.6 There are a number of work programmes being delivered in 2017/18 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 Care Closer to Home, 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 2016 Board meeting.

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

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Wellbeing Board meetings.

5.3.2 The work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference as set out in the Council's Constitution Responsibility for Functions- Annex A, which are set out below:

*(1) To jointly **assess the health and social care needs of the population** with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.*

*(2) To **agree a Health and Well-Being Strategy** for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.*

*(3) To work together to **ensure the best fit between available resources to meet the health and social care needs of the population of Barnet** (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.*

*(4) To **consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures** to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.*

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

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

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

*(8) **Receive the Annual Report of the Director of Public Health** and commission and oversee further work that will improve public health outcomes.*

(9) Specific responsibilities for:
- ***Overseeing public health***
- ***Developing further health and social care integration.***

5.4 Social Value

5.4.1 N/A

5.5 Risk Management

5.5.1 A forward work programme reduces the risks that the Health and Wellbeing Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

5.6 Equalities and Diversity

5.6.1 All items of business listed in the forward programme and presented at the Health and Wellbeing Board will be expected to bear in mind the health inequalities across different parts of the Borough and will aim to reduce these inequalities. Individual and integrated service work plans sitting within the remit of the Health and Wellbeing Board's work will need to demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the delivery options chosen, including differential outcomes

between different communities.

5.6.2 The Public Sector Equality Duty at s149 of the Equality Act 2010 will apply to CCGs and local authorities who as public authorities must in the exercise of their functions have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.3 This is particularly essential when addressing 5.3.2. (6) above regarding health inequalities.

5.7 Consultation and Engagement

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

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

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

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Health and Wellbeing Board Work Programme

2017 – 2018

Contact: Salar Rida (Governance) salar.rida@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
14 September 2017				
DISCUSSION				
Better Care Fund Plan 2017/18 update	**The Board is asked to note the progress made since the HWBB discussions at its previous meeting.**	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG	**Commissioning Lead – Health and Wellbeing**	Yes
Childhood Immunisations update including an updated action plan	**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
Volunteering in public services: managing demand and promoting health and wellbeing	**The Board is asked to consider and shape the volunteering element of the next phase of the Council's Community Participation Strategy.**	Strategic Lead, Community Safety	**Strategy Officer, Community Participation**	No
NOTE				
Public Health and Wellbeing Performance Report - implementation of Commissioning Plan 2016/17	**The Board is asked to note the performance of the 2016/17 Public Health and Wellbeing Commissioning Plan.**	Director of Public Health	**Consultant in Public Health**	No
Barnet Healthwatch Update Report	**The Board is asked to note the report.**	Head of Healthwatch Barnet	**Head of Healthwatch Barnet**	No
Minutes of the Health and Wellbeing Board Working Groups (where available):	**The Board is asked to approve the minutes of the Joint Commissioning Executive**	Strategic Director for Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
• Joint Commissioning Executive Group	**Group and Health and Social Care Integration Programme Board**			
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
9 November 2017				
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – annual report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing** **Safeguarding Adults Board Business Manager** **Consultant in Public Health** **Head of Children's Joint Commissioning**	Yes
Children and Young People's Emotional Wellbeing and Mental Health and CAMHS Contract	**The Board is asked to comment on the progress to develop a joint Children and Young People's Emotional Wellbeing and Mental Health in Barnet and endorse the CAMHS contract to the successful bidder**	Interim Director of Commissioning Strategic Director Children and Young People Interim Director of Commissioning Strategic Director Children and Young People	**Head of Children's Joint Commissioning** **CAMHS Joint Commissioning Manager**	Yes
Public Health Nursing	**The Board is asked to endorse the future model for Public Health Nursing**	Strategic Director – Children and Young People	**Head of Children's Joint Commissioning** **Commissioning Manager for PHN**	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*
Annual Director of Public Health Report	**The Board is asked to note the report.**	Director of Public Health	**Consultant in Public Health**	No
Procurement of sexual health services	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No
Development of Care Closer to Home Integrated Networks (CHINs) in Barnet	**The Board is asked to note and comment on the progress of CHINs in Barnet.**	Strategic Director Adults, Communities and Health TBC	**TBC**	No
NOTE				
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities 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**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
25 January 2018				
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Care home development work	**The Board is asked to review and comment on the developments with care homes.**	Director of Integrated Commissioning	**Joint Commissioning Manager – Integrated Care**	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*
Consultation on the draft Pharmaceutical Needs Assessment	**The Board is asked to review and comment on the Pharmaceutical Needs Assessment**	Director of Public Health	**Consultant in Public Health**	Yes
NOTE				
Section 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all Section 75 agreements.**	Strategic Director Adults, Communities and Health Strategic 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	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities 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**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
8 March 2018				
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Screening Update	**The Board is asked to note and comment on the Screening Update report.**	Director of Public Health – NHS England	**Consultant in Public Health**	No
NOTE				

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities 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**	Strategic Director Adults, Communities 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.**	Strategic Director Adults, Communities 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.**	Strategic Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Children's Continuing Care	**The Board is asked to comment on the progress to develop the model for children's continuing care.**	Strategic Director – Children and Young People	**TBC**	No
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Strategic 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.**	Strategic Director Adults, Communities and Health Strategic Director – Children and Young People	**Carer's Lead**	No
Devolution – estates	**The Board is asked to**	Strategic Director Adults,	**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*
	comment on Barnet's roles and contribution to the developments across North Central London (NCL).	Communities and Health CCG Accountable Officer		

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

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