

**MEETING**

**HEALTH & WELLBEING BOARD**

**DATE AND TIME**

**THURSDAY 28TH MARCH, 2019**

**AT 9.00 AM**

**VENUE**

**MERITAGE CENTRE, CHURCH END, HENDON, NW4 4JT**

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

Chairman: Councillor Caroline Stock (Chairman),  
Vice Chairman: Dr Charlotte Benjamin (Vice-Chairman)

Kay Matthews  
Dr Tamara Djuretic  
Chris Munday  
Caroline Collier

Fiona Bateman  
Councillor Sachin Rajput  
Councillor Richard Cornelius

Dr Clare Stephens  
Dawn Wakeling  
Selina Rodrigues

**Substitute Members**

Julie Pal  
Councillor Shimon Ryde  
Dr Barry Subel

Councillor David Longstaff  
Dr Jeffrey Lake

Dr Murtaza Khanbhai  
Ben Thomas

In line with Article 3 of the Council's Constitution, Residents and Public Participation, 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 25 March. Requests must be submitted to Salar Rida at [salar.rida@barnet.gov.uk](mailto: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](mailto:salar.rida@barnet.gov.uk)  
Media Relations Contact: Gareth Greene 020 8359 7039

**ASSURANCE GROUP**

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## ORDER OF BUSINESS

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# Decisions of the Health & Wellbeing Board

17 January 2019

Board Members:

AGENDA ITEM 1

\*Cllr Caroline Stock (Chairman)  
\*Dr Debbie Frost (Vice-Chairman)

* Kay Matthews	* Chris Munday	* Dawn Wakeling
* Dr Tamara Djuretic	* Fiona Bateman	* Caroline Collier
* Dr Charlotte Benjamin	* Dr Clare Stephens	
* Cllr David Longstaff (Substitute)	* Julie Pal (Substitute)	

\* denotes Member Present

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

The Chairman of the Health and Wellbeing Board, Councillor Caroline Stock welcomed all attendees and opened the meeting which was held at Underhill School.

It was **RESOLVED** that the minutes of the previous meeting of the Health and Wellbeing Board held on 15<sup>th</sup> November 2018 be agreed as a correct record.

## 2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Councillor Richard Cornelius
- Councillor Sachin Rajput who was substituted by Councillor David Longstaff
- Selina Rodrigues who was substituted by Julie Pal

The Chairman requested that, where possible, substitution on behalf of Healthwatch be communicated at an earlier stage.

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

None.

## 4. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 4):

None were received.

## 5. MINUTES OF THE CARE CLOSER TO HOME PROGRAMME BOARD AND JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 5):

It was **RESOLVED**:

**That the Health and Wellbeing Board approved the minutes of the Care Closer to Home Programme Board meeting of 6 September 2018; and noted that no meeting had taken place of the Joint Commissioning Executive Group meeting since the last Health and Wellbeing Board.**

**6. FORWARD WORK PROGRAMME (Agenda Item 6):**

The Chairman noted the standing item on the agenda.

**RESOLVED that the Health and Wellbeing Board noted the items on the Forward Work Programme for 2019.**

**7. CORPORATE PLAN 2019-2024, BUSINESS PLANNING: MEDIUM TERM FINANCIAL STRATEGY (MTFS) 2019-2024 AND PROPOSED SAVINGS (Agenda Item 7):**

Upon invitation of the Chairman, the Director for Public Health Dr Tamara Djuretic presented the report to the Board.

The Board noted the allocated ring-fenced Grant budget for Public Health. In respect of the savings target for Public Health, Dr Djuretic informed the Board about the identified efficiency savings to help deliver the target over the next five years. Dr Djuretic explained that, since Public Health Grant is ring-fenced, identified savings will be redeployed across the Council and re-invested in preventative interventions aimed at reducing demand in social care.

Dr Djuretic also explained that the budget will be formally agreed each year as part of the council budget as well as national Public Health Grant allocation, and therefore could be subject to change.

In response to a query from Dr Clare Stephens on the Family Nurse Partnership programme, it was noted that the offer will be mainstreamed into a new model of care to include training for all workforce on supporting at risk families. The Board agreed to include an annual update report on the HWBB Forward Work Programme (**Action: FWP**)

Dr Debbie Frost welcomed the report and requested that reference is made within the Priorities document to NHS Five Year Plan and if possible to include HWBB partnership logos to illustrate partnership working.

The Board noted that online services would be seen as a welcome addition to the sexual health services currently on offer and that savings have been achieved through efficiencies and contract re-procurement.

It was **RESOLVED:**

- 1. That the Health and Wellbeing Board considered the Corporate Plan (Appendix A) and the Health and Wellbeing Priorities in Appendix B for referral to Policy and Resources Committee before adoption by Full Council.**
- 2. That the Health and Wellbeing Board approved the additional Health and Wellbeing Priorities as set out in Appendix B.**
- 3. That the Health and Wellbeing Board considered the MTFS proposals that relate to the Board as set out in Appendix C after having considered the initial equalities impacts and refer their comments to Policy and Resources Committee before decision by Full Council.**

4. That the Health and Wellbeing Board considered the savings proposals for the next financial year as set out in appendix C subject to the initial equalities impacts and refer them to Policy and Resources Committee for consultation and before decision by Full Council.
5. That the Health and Wellbeing Board receives delivery plan on agreed priorities, at March meeting.

**8. IMPROVING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING (Agenda Item 8):**

The Chairman welcomed verbal representations from a number of service users as well as children from Underhill School who spoke about their experiences with physical and mental health and the support provided by the School.

The Board received a presentation from Dr Djuretic and Dr Charlotte Benjamin. Dr Benjamin highlighted the importance of:

- understanding of mental health and the role it plays in children's lives
- improving patient experience for children
- promoting and improving early help offer through various provisions such as hubs and Children's centres
- working towards a single access point system to avoid confusion amongst service users

The Board heard about the improved offer through 0-19 Hub and community based provisions involving schools, families and various health professionals such as clinicians and Family resilience workers.

Dr Benjamin informed the Board about KOOTH online counselling services which enables issues to be referred to local services. The Board also noted that work is underway to launch a website for parents to access online support.

The Board welcomed the comments and noted the benefits of linking and imbedding Children's Mental Health into areas such as Housing, Leisure and Community Cohesion.

Councillor Longstaff noted a correction to section 1.4 of the report which should refer to the date 2022 instead of 2020.

Ms Julie Pal CEO of CommUnity Barnet welcomed the report and informed the Board about the Patient Reference System and Counselling services for children and young people which has been commissioned to support health and social care colleagues in their work.

It was **RESOLVED:**

1. That the Health and Wellbeing Board approved the CAMHS Local Transformation Plan 2018/19 for submission to NHS England and publication of partner websites.
2. That the Health and Wellbeing Board agreed to support the system wide CAMHS Transformation.

3. That the Health and Wellbeing Board agreed to consider children and young people's mental health and emotional wellbeing across portfolios and service provision.

**9. UPDATE REPORT ON THE PROGRESS OF BARNET CHILDREN'S SERVICES IMPROVEMENT ACTION PLAN (Agenda Item 9):**

The Strategic Director for Children and Young People, Mr Chris Munday presented the report to the Board.

The Board received an update on the progress of the Improvement Action Plan and noted that the sixth monitoring visit is scheduled to take place in February 2019 and will focus on the leaving care service.

Mr Munday updated the Board on the full Inspection of Local Authority Children's Services (ILACS) which is due to take place this year around April-May period.

The Chairman noted the update and invited Ms Fiona Bateman to provide an update on her role. Ms Bateman informed the Board of her new additional role as Chair of the Safeguarding Children's Partnership to ensure that the Partnership Board supports the Improvement work.

Following a query from the Board on care leavers, Mr Munday spoke about the care leavers inspection the work around Health Passports for all care leavers. The Board welcomed the comments and noted that feedback is encouraged to lead to better outcomes and as well as strengthening partnership working.

It was **RESOLVED:**

1. That the Board noted the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.9 to 1.45.
2. That the Board noted the Self-Assessment and Improvement Plan of the Council's children's social care function set out at Appendix 1 and Appendix 2 respectively.

**10. BARNET CHILDREN AND YOUNG PEOPLE PLAN 2019-2023 (Agenda Item 10):**

The Chairman introduced the report which sets out the draft Children and Young People Plan for 2019-2023. Mr Munday presented the item which has been developed by key partners including the council, children and young people, Police, CCG, schools and the voluntary sector.

Dr Djuretic welcomed the report as well as the outcomes and vision set out within the Plan which identifies health and wellbeing as an important area. She expressed support towards the Plan and encouraged the integration of health outcomes.

The Board agreed to include an update report on the CYPP at a future meeting. (**Action:** FWP)

It was **RESOLVED:**

**That the Health and Wellbeing Board considered and commented as above on the draft Children and Young People Plan 2019-2023 including the vision and key outcomes.**

**11. FAMILY FRIENDLY BARNET (Agenda Item 11):**

The Chairman introduced the report which was presented by Mr Ben Thomas, Strategic Lead for Children and Young People.

Mr Thomas spoke about the aim to make Barnet the most Family Friendly Borough by 2020, where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

The Board noted that the ambition is to be recognised by UNICEF as a UNICEF Child Friendly Community in 2020. Furthermore, the Board heard that as part of the partnership with UNICEF over the next 3 years Barnet Council will be working with UNICEF to embed child-rights' in policies, procedures and decisions.

Mr Thomas spoke about the development of the Barnet Youth Zone which is a facility for young people being built in Burnt Oak and due to open in summer 2019.

The Strategic Director for Adults, Communities and Health welcomed the update and noted that once completed, Barnet will host one of approx. 15 Youth Zones across the country.

The Board welcomed the report and the opportunity for Youth Zone to link with health and social care services.

It was **RESOLVED:**

**That the Board noted the progress of the Family Friendly Barnet Programme and discuss how to support imbedding its principles across the whole Council system.**

**12. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):**

The Chairman thanked all attendees, guest speakers and Board Members for their contributions to the discussions. She also thanked Underhill School and Principal Mr Jack Newton for hosting this HWBB meeting at their school.

The Chairman welcomed Ms Caroline Jenkins, Senior Operations Manager ISS Catering services who spoke about the ongoing work in reducing sugar content in foods where possible and promoting fresh food and healthy eating.

In reference to the discussion on Children and Young People's Plan, Councillor David Longstaff - Chairman of the Children, Education and Safeguarding Committee – highlighted the importance of tackling obesity amongst children and young people to improve health outcomes.

The Chairman, on behalf of the Health and Wellbeing Board, gave special thanks to Dr Debbie Frost who has chaired the Barnet CCG Governing Body since 2012 and has been the Vice-Chair of the HWBB since its inception. She thanked Dr Frost for the tremendous amount of work towards improving health outcomes for residents and

wished her all the best for the future. The Board noted that Dr Charlotte Benjamin will be the new Vice-Chair of the HWBB going forward.

The meeting finished at 12.30 pm

## Health and Wellbeing Board abbreviations

<b>AOT</b>	Adolescent Outreach Team
<b>ASC-FR</b>	Adults Social Care Finance Return
<b>ASD</b>	Autism Spectrum Condition
<b>BAS</b>	Barnet Adolescent Service
<b>BCF</b>	Better Care Fund (NHS and local government programme which joins up health and care services so people can manage health, live independently and longer)
<b>BEH MHT</b>	Barnet, Enfield and Haringey Mental Health Trust
<b>BOOST</b>	Burnt Oak Opportunity Support Team (multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team)
<b>CAW</b>	Case Assistant Worker
<b>CC2H</b>	Barnet Care Closer to Home
<b>CCG</b>	Clinical Commissioning Group
<b>CCS</b>	Concepts care solutions
<b>CEPN</b>	Barnet Community Education Provider Networks
<b>CHIN</b>	Care and Health Integrated Networks
<b>CETR</b>	Care, Education and Treatment Reviews
<b>CLCH</b>	Central London Community Healthcare
<b>CRAT</b>	Carer Recruitment and Assessment Team
<b>DCT</b>	Disabled Children's Team
<b>DPR</b>	Delegated Powers Report
<b>CWP</b>	Children and Young People Wellbeing Practitioners
<b>DSH</b>	Deliberate Self Harm
<b>DIT</b>	Dynamic Interpersonal Therapy
<b>DOT</b>	Direction of Travel status
<b>DRP</b>	Disability and Resource Panel
<b>DToC</b>	Delayed Transfer of Care
<b>EHC</b>	Emergency Hormonal Contraception
<b>EET</b>	Education, employment and training
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Electronic Prescription Service
<b>GLA</b>	Greater London Authority
<b>HCA</b>	Health Care Assistants
<b>HEE</b>	Health Education England
<b>HEP</b>	Health Education Programme
<b>HLP</b>	Healthy London Partnership
<b>HSL</b>	Healthy Schools London Programme
<b>IAPT</b>	Improving Access to Psychological Therapy
<b>iBCF</b>	Improved Better Care Fund (Additional money given directly to local government)
<b>IPS</b>	Individual Placement Support
<b>IPT</b>	Intensive Psychotherapy Treatment
<b>JCEG</b>	Joint Commissioning Executive Group

AGENDA ITEM 6

<b>JOY</b>	Joining Old and Young
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>Kooth</b>	Online Counselling and Emotional Wellbeing
<b>KPI</b>	Key Performance Indicators
<b>LGA</b>	Local Government Association
<b>LGD</b>	Local government declaration of sugar reduction and healthier eating
<b>LOS</b>	Length of Stay
<b>MTFS</b>	Medium Term Financial Strategy
<b>MASH</b>	Multiagency Safeguarding Hub
<b>MHST</b>	Mental Health Support Team
<b>MOMO</b>	Mind of my own app
<b>NCL</b>	North London Clinical Group: Barnet, Camden, Enfield, Haringey and Islington
<b>OT</b>	Occupational Therapist
<b>PBS</b>	Positive behaviour support
<b>PSR</b>	Priorities and Spending Review
<b>PMHW</b>	Primary Mental Health Worker
<b>RAG</b>	Red Amber Green rating
<b>REACH</b>	Resident, Engaged, Achieving Children Hub
<b>SEAM</b>	Sexual Exploitation and Missing
<b>SENCO</b>	Special Educational Needs Coordinator
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>QAM</b>	Quality Assurance Monitoring Panel
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention Plan
<b>QIST</b>	Quality Improvement Support Team
<b>QWELL</b>	Online support for professionals and parent/carers/staff
<b>S7</b>	Significant Seven Training to support staff in early identification of deterioration of patients
<b>SAC</b>	Safeguarding Adult's Collection
<b>SALT</b>	Short and Long Term support
<b>SARG</b>	Safeguarding Adolescents at Risk Group
<b>SCAN</b>	Service for children and adolescents with neurodevelopmental difficulties
<b>SEND</b>	Special Educational Needs and Therapy
<b>STP</b>	Sustainability and Transformation Plan
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>VARP</b>	Vulnerable Adolescents at Risk Panel
<b>VAWG</b>	Violence Against Women and Girls
<b>VCS</b>	Voluntary and Community Sector
<b>YCB</b>	Your Choice Barnet
<b>YOT</b>	Youth Offending Team
<b>WDP</b>	Westminster Drug Project

**Health and Wellbeing Board  
Work Programme**

**2019**

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
<b>28 March 2019</b>				
<b>NOTE</b>				
HWBB Abbreviations	For noting, standing item.	Director of Public Health	Director of Public Health	Non-key
Forward Work Programme	The Board to note the FWP	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health	Non-key
Update on Delivery of Prevent Duty	The Board is asked to note the presentation.	Prevent Coordinator	Prevent Coordinator	Non-key
Health and Wellbeing Board response to Housing and Homelessness Strategy	The Board to note response	Director of Public Health	Members of the Health and Wellbeing Board, Public Health Strategists	Non-key
Pediatric Asthma Plan	The Board to note the report.	Assistant Director, Children and Young People's Commissioning	Assistant Director, Children and Young People's Commissioning	Non-key
<b>DISCUSSION</b>				
Corporate Plan update: Delivery Plan and Performance for the Health and Wellbeing Board	The Board to note and comment on the report	Director of Public Health	Director of Public Health	TBC
<b>DEEP DIVE: Mental Health and Wellbeing of Adults and Older People</b>				
Maintaining mental health and wellbeing and building resilience	The Board is asked to note and discuss how to champion mental wellbeing across the borough	Director of Public Health	Consultant in Public Health	Non-key

\*A **key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards

Prevention, enablement and self-reliance services in Barnet	The Board is asked to note progress and discuss how to support local model	Strategic Director for Adults, Communities and Health, Chief Operating Officer, Barnet CCG	Head of Integrated Care, Mental Health Services	Non-key
Mental Health – the crisis pathway and developments	The Board is asked to note developments and discuss how to support strengthening the pathway across the whole system	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG and Director of Public Health	Lead Commissioner, Mental Health and Dementia and Consultant in Public Health	Non-key
Care Closer to Home – Development of a dementia focused Care Home Integrated Network (CHIN)	The Board is asked to note developments and discuss integrated working	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG	Lead Commissioner Mental Health and Dementia and CCG Clinical Lead	

Suggested future and standing agenda items	
Suggested future items	Standing agenda items
Health and Care Integration – feedback from simulation exercise	Minutes of the Health and Wellbeing Board Working Groups (where available): Joint Commissioning Executive Group
Healthy Weight update (to include Food secure action plan update) – July	Forward Work Programme
Annual Public Health Report - July	Improvement Action Plan – Ofsted (same paper as reported to CE&S Committee)
Physical activity in Barnet (FAB, open space strategy and parks)	Local Plan
Annual Safeguarding Report for Children and Young People – Independent Chair Report	Local Implementation Plan
Annual Safeguarding report for Adults – Independent Chair Report	
Healthwatch (July 2019): <ul style="list-style-type: none"> <li>- Healthwatch Activity Update (July 2019)</li> <li>- Barnet Mencap / Healthwatch Update</li> </ul>	

AGENDA ITEM 8

	<b>Barnet Health and Wellbeing Board</b>  <b>28 February 2019</b>
<b>Title</b>	<b>Update on delivery of the Prevent Duty</b>
<b>Report of</b>	Sam Rosengard (Prevent Coordinator)
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Prevent Presentation Appendix – Summary Update on Prevent Action Plan
<b>Officer Contact Details</b>	Sam Rosengard Prevent Coordinator 0208 359 3323 Sam.Rosengard@barnet.gov.uk

<b>Summary</b>
<p>This paper provides the Health and Wellbeing Board with:</p> <ul style="list-style-type: none"> <li>• A summary of the London North Counter Terrorism Local Profile;</li> <li>• A summary of progress made in delivery of the Prevent Multi-Agency Action Plan;</li> <li>• Update in relation to delivery of Prevent training from local health providers.</li> </ul>

<b>Recommendations</b>
<ol style="list-style-type: none"> <li>1. That the Board comment and support the actions identified following the recent publication of the Counter Terrorism Local Profile (CTLP).</li> </ol>
<ol style="list-style-type: none"> <li>2. That the Board inform the Prevent Coordinator of any third sector organisations that would benefit from an offer of Prevent Training and advice.</li> </ol>

## 1. WHY THIS REPORT IS NEEDED

In December 2017, the Barnet Prevent Strategy (2017-2020) was launched with the overriding objective:

*‘To keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguarding children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity’*

This report will specifically update the Barnet Health & Wellbeing Board on the following:

- An overview of Barnet’s local counter terrorism risk profile.
- An update on delivery of the local multi-agency action plan (See Appendix A).
- Performance in relation to Prevent training delivery.
- Update on Barnet Channel Casework.
- An overview of practice guidance provided to staff and teams in Family Services to complement the advice provided in the London Safeguarding Children Procedures.

### **Update on local risk issues**

- 1.1 International terrorism continues to pose a range of threats - most seriously from Daesh. Threat from international terrorism to the UK is currently assessed as **Severe (meaning a terrorist attack is highly likely) as assessed by the Home Office.**

### **Daesh / Al Q’aeda Inspired extremism**

- 1.2 While there is no evidence of any known organisations promoting Daesh/ISIL or Al Q’aeda inspired extremism in Barnet.
- 1.3 It is worth noting the arrest and conviction of a Finchley resident, for planning to detonate a bomb at the gates of Downing Street and attempt to kill the Prime Minister. Media reports indicate he attempted to make

contact with ISIL recruiters via social media. While this appears to have been a lone actor operation, a method promoted regularly in ISIL publications online, his lawyer alleged in court that he was inspired by his Uncle who was later killed in a drone strike while fighting for the Islamic State group in Syria.

- 1.4 An increase in Prevent referrals has been observed with young people accessing extremist material on social media. This suggests that images and isolated literature can be easily accessed, viewed and shared. This is clearly a safeguarding issue which will require monitoring over the next 12 months.
- 1.5 Increased access to Smart Phones and other electronic devices are creating improved and encrypted ways of sharing extremist material online. The difficulty for professionals in identifying vulnerable people engaged in this activity may cause a decrease in the amount of Prevent referrals being received.
- 1.6 The threat posed by individuals viewing Islamist extremist material is heavily focused around Lone Actors, some of whom may suffer with mental health (MH) issues and have become fixated on the violent content as opposed to those using it to affirm existing ideologies ideology.
- 1.7 In 2018 Al-Qaeda released a video in Arabic titled “Our Duty Towards Our Quds”. The video calls for global attacks including threats against the UK and USA, targeting Jewish populations. The video calls for attacks with any available weapon, including vehicle ramming, stabbing or arson attacks. The CST have highlighted concerns about this issue. While Barnet is not mentioned specifically, Barnet hosts the largest Jewish community in the UK and is therefore a potential target.

### **Extreme Right Wing**

- 1.8 Over the past 12 months there has been an increase in Prevent referrals from individuals expressing support for Extreme Right Wing (XRW) groups and ideologies.
- 1.9 It is assessed that as the UK continues through the process of departure from the EU, protests held by extreme right wing and extreme left-wing groups may increase, potentially resulting in increased community tensions.

### **Mental illness and Learning Difficulties**

- 1.10 Mental Health (MH) and Autistic Spectrum Disorders (ASD) are the most significant drivers within Prevent referrals. However, most cases are due to a fixation on violence within material related to extremism rather than evidence

of a radical mind-set.” In Barnet, there is a significant proportion of individuals referred into the Channel process have presented with a mental health issue, learning difficulty or both.

## Barnet Multi-Agency prevent Action Plan

- 1.11 An update on delivery of the Barnet Prevent Multi-Agency Action Plan can be found in Appendix A. The Action Plan is reviewed quarterly and addresses risks identified in the Barnet local risk assessment.

## Update on Prevent Training Delivery

- 1.12 Performance in relation to Prevent training coverage of Barnet based staff in Barnet Enfield and Haringey Mental Health Trust (BEH-MHT) can be seen below in table 1:

**Table 1**

	Workshop to Raise Awareness of Prevent (WRAP) compliant	eligible	% compliant
June 2018	422	480	88
September 2018	402	479	84
December 2018	400	482	83

- 1.13 Table 2 below shows the WRAP training coverage for Central London Community Healthcare (CLCH) Trust since the beginning of the financial year:

**Table 2**

Quarter	Does not meet requirement	Meets requirement	Grand total	%Compliant
1 (April – June 2018 )	41	495	536	92 %
2 (July – Sept 2018 )	41	498	539	92%
3 (Oct – Dec 2018)	36	496	532	93 %

It is positive to note that CLCH continues to meet the 85% target for WRAP training coverage set by NHS England.

- 1.14 The Royal Free Trust which delivers services at Barnet Hospital delivers Basic Level Prevent Training to staff as well as the more in-depth Workshop to Raise Awareness of Prevent. Performance is positive as demonstrated in the tables below, and the Trust is on course to meet NHS England target by April 2019.

**Table 3**

	<b>Basic Awareness of Prevent compliant</b>	<b>eligible</b>	<b>% compliant</b>
<b>March 2018</b>	10119	11944	85
<b>June 2018</b>	10201	11988	85
<b>September 2018</b>	9729	11412	85
<b>December 2018</b>	10169	11900	85

**Table 4**

	<b>Workshop to Raise Awareness of Prevent (WRAP) compliant</b>	<b>eligible</b>	<b>% compliant</b>
<b>March 2018</b>	880	1162	76
<b>June 2018</b>	928	1161	80
<b>September 2018</b>	927	1138	81
<b>December 2018</b>	1007	1201	84

- 1.15 Table 5 below highlights progress in delivery of WRAP sessions to local authority staff within Adults & Communities and Children and Young People's Services between 01 November 2017 and 01 January 2019.

**Table 5**

<b>Responsible department/organisation</b>	<b>Number of Staff requiring training</b>	<b>Number of staff trained</b>	<b>Number of WRAP3 sessions delivered.</b>
Children and Family Services	462	228	27
Adults and Communities	290	251	28

1.16 The Prevent Coordinator remains in contact with the Workforce Development leads and has offered places at monthly WRAP sessions to new starters in both departments. The Prevent Coordinator and Prevent Education Officer are available to deliver WRAP sessions within Children’s and Young People’s Services to add capacity should this be required to train the remaining identified staff group within a shorter timeframe.

1.17 WRAP delivery plans have now been submitted from Barnet Homes and the Prevent Education Officer and Prevent Coordinator will be delivering sessions to frontline staff. The Barnet Homes Workforce Leads have developed a training programme running until 31 March 2019. In addition, four Barnet Homes managers have been trained to deliver WRAP sessions. They will initially observe sessions delivered by the Prevent Coordinator and Prevent Education Officer before delivering sessions to their teams. It is envisaged that these Barnet Homes managers will then take responsibility for delivery of WRAP to Barnet Homes staff from April onwards. Four sessions have been delivered since 1<sup>st</sup> January 2019, with 10 sessions booked for March.

1.18 In 2018 the Prevent Coordinator delivered sessions to the following organisations in Barnet:

- 11 sessions to local authority staff including social workers from Children and Adults services and substance misuse recovery workers. (127 attendees)
- 1 session to the Barnet Youth Offending Service (9 attendees)
- 2 sessions to Westminster Drugs Project including frontline staff and managers (21 attendees)
- 2 sessions delivered to frontline staff and managers within the National Probation Service and London Community Rehabilitation Company (CRC) operational teams (23 attendees)

- 3 sessions delivered to staff and managers at Barnet MENCAP (26 attendees).
  - CTLP briefing to the Prevent Delivery Group – 10 attendees.
  - A briefing was delivered by the SO15 Police Unit to Heads of Safeguarding and other frontline functions including Street Scene and CCTV operations, on the Al-Muhajiroun extremist organisation.
- 1.19 The Prevent Coordinator delivered a session a session with the Violence Against Women and Girls (VAWG) partnership forum on 21<sup>st</sup> January. A further session is scheduled for March 2019. Attempts are also being made to arrange WRAP training for Barnet MIND staff and managers. The Health and Wellbeing Board are requested to advise the Prevent Coordinator if there are other community organisations / groups that would benefit from an offer of Prevent training for staff.
- 1.20 The Prevent Education Officer continues to reach out to Barnet Schools for bespoke briefings to safeguarding staff and offering WRAP sessions to teaching staff within schools

### **Update on Prevent Channel Casework**

- 1.21 The Barnet Channel Panel continues to meet monthly with positive levels of contribution from all core members. Core members include The Channel Police Practitioners from the local Police Counter Terrorism Unit, the Prevent lead from the Multi-Agency Safeguarding Hub (MASH), the Adult Safeguarding Lead from Barnet CCG, the Head of Non-Clinical Risk from Barnet Enfield Haringey-Mental Health Trust and the Approved Mental Health Practitioner Service Manager.
- 1.22 Case managers from relevant departments, organisations and schools/educational institutions regularly attend to contribute to case discussions as part of the Channel process.
- 1.23 The Barnet Prevent Delivery group, a subgroup of the Barnet Safer Communities Partnership Board meets quarterly with high levels of participation from key internal and external partners. Standing agenda items include a review of local risk/CTLP, updates on project delivery, Channel performance and problem-solving discussions as required.
- 1.24 Channel Panel performance data including referral numbers, types of concern being referred (i.e. type of extremism), types of vulnerability appearing in individuals referred are reviewed quarterly at Prevent Delivery Group

Meetings. Emerging trends are monitored and this information feeds into local action planning.

## **2. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 2.1 Barnet Community Safety Team have considered how to respond to situations where a Channel referral is assessed as low, or no risk in terms of radicalisation, but where other safeguarding concerns (including mental ill-health) persist and impact upon the individual's level of risk and vulnerability.
- 2.2 A decision has been made locally by the Channel Panel Chair, supported by the Prevent Delivery Group, to remove such cases from the Channel process with the management ownership returning to the most appropriate organisation, or local authority department. This is often the referring agency/department.
- 2.3 In such cases, should specific evidence emerge of a radicalisation concern in the future, the case should be re-referred to Channel via the Prevent Coordinator.
- 2.4 This decision is in alignment with Office for Security and Counter Terrorism and SO15 guidance.

## **3. Progress in relation to delivery of Prevent Training**

- 3.1 All health partners have received notification from NHS England regarding WRAP Training compliance. Those providers who are at present not achieving required compliance levels have sent action plans to NHS England which are being monitored by the CCG and NHS England.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Barnet Channel Panel processes are to continue as currently being implemented as they are in line with recent guidance from NHS England.
- 4.2 WRAP delivery plans are to be implemented in Barnet Enfield & Haringey Mental Health Trust and the Royal Free NHS trust.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Council's Corporate Plan 2019-24 sets out the following strategic objectives:

That Barnet Council, working with local, regional and national partners, will strive to make sure that Barnet is the place:

- Of opportunity, where people can further their quality of life.

- Where responsibility is shared, fairly.
- Where people are helped to help themselves, recognising that prevention is better than cure.
- Where services are delivered efficiently to get value for money for the taxpayer.

Progress made in relation to delivery of the Prevent duty as outlined above is consistent with the strategic objectives of Barnet's Corporate Plan 2019-24.

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

5.2.1 None identified.

## 5.3 **Social Value**

5.3.1 None identified at the time of this report being submitted.

## 5.4 **Legal and Constitutional References**

### 5.4.1 **The Counter- Terrorism and Security Act 2015**

5.4.2 The Counter-Terrorism and Security Act received Royal Assent on 12th February 2015. The Act will disrupt the ability of people to travel abroad to engage in terrorist activity and then return to the UK, enhance the ability of operational agencies to monitor and control the actions of those who pose a threat, and combat the underlying ideology that feeds, support and sanctions terrorism.

5.4.3 The 2015 Act has made the delivery of 'PREVENT' a legal requirement for statutory agencies. It:-

- creates a new duty on certain bodies to have due regard to the need to prevent people from being drawn into terrorism. The duty applies to bodies including local authorities, police forces, some NHS bodies, schools, further and higher education providers, prisons and young offender institutions and providers of probation services;
- allows the Secretary of State to issue guidance to those bodies on how the duty should be fulfilled;
- gives the Secretary of State power to direct a body to take certain action, which would be used to enforce compliance where the Secretary of State is satisfied that the body has failed to discharge the duty. These directions would be enforceable by a court order.

5.4.4 All local areas need to ensure that, as a minimum, they understand the local threat and judge whether activities underway are sufficient to meet it.

5.4.5 The duty does not confer new functions on any specified authority. The term “due regard” as used in the Act means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions. Statutory guidance has been issued to assist authorities to decide what this means in practice.

5.4.6 The *Prevent Strategy* is a key part of the Government’s overall counter terrorism strategy CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to “prevent people from being drawn into terrorism”.

#### 5.4.7 **The Government Counter- Extremism Strategy - CONTEST**

5.4.8 CONTEST aims to reduce the risk to the UK and its interests overseas from terrorism so that people can go about their lives freely and with confidence. CONTEST deals with all forms of terrorism and continues to be based on four strands:

- Pursue: the investigation and disruption of terrorist attacks
- Prevent: work to stop people becoming terrorists or supporting terrorism
- Protect: improving our protective security to stop a terrorist attack
- Prepare: working to minimise the impact of an attack and to recover as quickly as possible

#### 5.4.9 **The Governments Prevent Strategy**

5.4.10 The Governments Prevent strategy was explicitly changed in 2011 to deal with all forms of terrorism and with non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit.

5.4.11 It also made clear that preventing people becoming terrorists or supporting terrorism requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups. The strategy also means intervening to stop people moving from extremist (albeit legal) groups into terrorist-related activity.

5.4.12 Prevent is the only element which operates in the pre-criminal space i.e. before an illegal act has been committed. It aims to prevent people from becoming terrorists or supporting terrorism and covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. The work is prioritised according to the risks identified and is set out in three objectives around ideology, individuals and institutions.

5.4.13 Article 7 of the Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes the following responsibilities.

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

## 5.5 Risk Management

5.5.1 No issues of concern to report.

## 5.6 Equalities and Diversity

5.6.1 None identified.

## 5.7 Corporate Parenting

5.7.1 Prevent training is currently being rolled out to teams across Children and Young People Services, including teams responsible for supervising looked after children. In recent months, WRAP sessions have been delivered to staff in the Onwards and Upwards (corporate parenting) team, the Fostering & Adoption Team and Children in Care teams to ensure staff are aware how to refer concerns where a child is assessed to be vulnerable to radicalisation. In recent months, cases of concern have been referred appropriately which indicates that the process is embedded.

## 5.8 Consultation and Engagement

5.8.1 None identified.

## 5.9 Insight

5.9.1 No data has been identified as relevant to this report at the time of submission.

## 6. BACKGROUND PAPERS

6.1 HM Government "Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. *Statutory guidance for Channel panel members and partners of local panels*" 2015

<https://www.gov.uk/government/publications/channel-guidance>

- 6.2 HM Government, 'Revised Prevent Duty Guidance for England and Wales', 2015

<https://www.gov.uk/government/publications/prevent-duty-guidance>

- 6.3 NHS England 'Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation' November 2017

<https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf>

# Barnet Health & Well-being Board

28th March 2019

## **Update on Delivery of the Prevent Duty in Barnet**

Barnet Community Safety Team

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# Barnet Prevent Strategy

The overriding objective for of the Barnet Prevent Strategy 2017-2020 is:

***‘to keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguarding children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity.’***

# Prevent

## Key actions

### Partnerships

A multi-agency response to Prevent is in place, and is coordinated through The Safer Communities Partnership Board.

- Prevent Delivery Group – quarterly meetings oversee operational and strategic delivery.
- Barnet Channel Panel – satisfactory levels of representation and engagement from CCG & BEH-MHT at monthly panel meetings.

# Prevent

## Local Risk Assessment

We will ensure the regional Counter Terrorism Profile (CTLP) will be communicated appropriately to the required stakeholders.

- No evidence of extremist groups operating out of Barnet.
- Increased risk in relation to lone actors.
- Increased threat posed by online radicalisation.

## Prevent Local Risk cont'd

London North CTLP identifies a high instance of mental health issues being prevalent in cases referred to Channel and this presents some complex challenges.

Currently, a significant volume of cases being supervised by the Channel Panel have a mental health concern, or a learning difficulty.

# Prevent

## Process for management of Channel cases with mental health concerns.

Barnet Channel Panel has representation and input on assessment and case management from:

- Barnet Clinical Commissioning Group Adult Safeguarding Lead.
- BEH Prevent lead who is the Head of Non-Clinical Risk/Local Security Management Specialist.
- Barnet AMPH Manager.

# Process for management of Channel cases with mental health concerns

These representatives assist:-

- With referrals to mental health services where required.
- Oversight of information sharing between the Channel Panel and local mental health services.

# Staff Training

- There are three NHS trusts delivering services to Barnet residents.
- Each Trust is responsible for ensuring staff are trained to identify people at risk of radicalisation.
- All three trusts are on course to meet their 2018-2019 training targets.

# Prevent Training cont'd

Local Authority Prevent Training is delivered through a cascade 'Train the Trainer' model.

- Family Services (over 200 staff trained).
- Adults and Communities (over 200 staff trained).
- Other local authority departments (over 150 staff trained).

# Prevent Training across the partnership

The Prevent Coordinator has delivered training sessions to:

- National Probation Service and London CRC
- Barnet MENCAP
- Barnet Violence Against Women and Girls Network
- Westminster Drugs Project

# Training in the Education Sector

## The Prevent Education Officer:-

- Delivers Prevent training to teaching staff in Primary and Secondary Schools.
- Provides teaching staff with resources to promote community cohesion within schools.
- Offers guidance to designated safeguarding leads in relation to cases of concern.

## Prevent duty embedded in safeguarding children and adults procedures:

- We must ensure that the Prevent duty is integrated into existing safeguarding strategies, policies and procedures to ensure that vulnerable young people or adults are protected from the risks of radicalisation.
- Pan London Safeguarding Procedures adopted which provides guidance re: risk of radicalisation.
- Supporting local guidance documents have been produced for Family Services and Adults & Communities.

# Our Approach to challenges posed.

- Barnet Approach is consistent with:-
  - The Prevent Duty
  - National Channel Guidance
  - NHS England's Prevent Guidance recently published in Nov 2017

# Any Questions



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## Appendix: Update on the Prevent Action Plan – January 2019

The over-riding objective of the Barnet Prevent Forward Strategy 2017-2020 is:

**‘to keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguarding children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity’.**

	Priority Action	Update summary as of 08 June 2018
<b>Action 1</b>	<p><b>Partnerships</b> We will ensure that a multi-agency response to Prevent will be in place, supported by an evidence base and co-ordinated through The Safer Communities Partnership Board (SCPB), where partners fully own and fulfil their role in delivery of Prevent locally.</p>	<ul style="list-style-type: none"> <li>• SCPB has received an update on Prevent Training delivery on 12 April 2018. The SCPB will monitor delivery of Workshop to Raise Awareness of Prevent (WRAP3) training across the partnership.</li> <li>• An annual update on delivery of the Prevent Action Plan is scheduled for 27 July 2018.</li> <li>• In addition, the Assistant Director for Community Safety and Regulatory Services has received bi-monthly briefings on Prevent delivery locally, along with the Chief Executive Officer, Chief Operations Officer and Deputy Chief Officer.</li> <li>• Prevent Delivery Group meets quarterly and has a satisfactory level of commitment from key partners.</li> <li>• A refreshed terms of reference document which identifies the required participants for the group has been devised and agreed by the Delivery Group. This was signed off on 30 May 2018.</li> <li>• Channel panel has the required commitment from statutory partners and this is reflected in routine attendance at Channel Panels.</li> <li>• Prompt information sharing between local authority and external partners takes place when required.</li> </ul>
<b>Action 2</b>	<p><b>Risk Assessment(s)</b> We will ensure the regional Counter Terrorism Profile (CTLP) will be communicated appropriately to the required stakeholders. This will be used to inform the risk</p>	<ul style="list-style-type: none"> <li>• 2018 – LBB Senior Management Team briefed on the current CTLP.</li> <li>• The Chief Executive and Deputy Chief Executive have been briefed on the Barnet CTLP as has the Director and Assistant Director of Family Services. Further briefings are planned for the Senior Management Team.</li> <li>• Key partners contribute to risk assessment by providing information re: changes observed in the local Counter Terrorism (CT) threat picture.</li> </ul>

	<p>assessment and action plans locally in order to effectively reduce the risk of individuals being drawn into terrorism or violent extremism in Barnet.</p>	<ul style="list-style-type: none"> <li>• Lead members of partnership agencies were briefed via the CTLP briefing at the Safer Communities Partnership Board in January 2019. Chief Executive Officer was briefed in November 2018. Council Leader briefing to be arranged for April 2019.</li> <li>• The Assistant Director for Community Safety and the Chief Executive Officer were briefed on Barnet’s CTLP submission for 2018 and the submission was sent the SO15 command on time.</li> </ul> <p><u>Specific Actions relating to CTLP:</u></p> <ul style="list-style-type: none"> <li>• A local authority drive to rollout the Workshop to Raise Awareness of Prevent (WRAP) is being implemented. Case studies used in the training include scenarios of individuals affected by mental ill-health and this should prompt frontline staff to be more acutely aware of the link with vulnerability to radicalisation and it is intended that this will result in increased identification of such concerns and appropriate referrals to Channel.</li> <li>• There are several recommendations in the CTLP which have been reviewed by the Prevent coordinator has engaged with other boroughs to in the London North cluster to identify Best practice in relation to the recommendations.</li> <li>• An assessment meeting has been held with the Council’s Equalities Lead to develop a bespoke plan for engaging the Communities Together Network (CTN) to assess how the local authority can support communities in Barnet affected by terrorist attacks abroad.</li> <li>• In addition, the CTLP highlights risk in relation to online radicalisation. Successful bids were submitted to the Home Office for projects to support families and education advisers in reducing this risk. These projects are on course to be delivered within the pre-agreed timescale.</li> </ul>
<p><b>Action 3</b></p>	<p><b>Prevent Action Plan</b>  The Action Plan will be owned and delivered through the partnership to reduce the risk(s) identified in Barnet.  We will ensure records will be</p>	<ul style="list-style-type: none"> <li>• A multi-agency action plan has been produced. The action plan is reviewed quarterly at the Prevent Delivery Group.</li> <li>• The Barnet Prevent Strategy has been produced and has been available online from 15th January 2018.</li> </ul>

	<p>maintained to show Barnet Council's compliance with the statutory Prevent duty. This will include the strategy, action plans, minutes of meetings such as the Channel Panel, Prevent Delivery Group meetings, Prevent briefings, WRAP training records and Prevent performance reports.</p>	<ul style="list-style-type: none"> <li>• Bi Monthly performance updates have been provided to the CEO. Most recent briefing was submitted in January 2019.</li> <li>• The Council Management Team (CMT) receive quarterly updates on progress of delivery of the Action Plan.</li> <li>• The Barnet Safer Communities Partnership Board, Safeguarding Children Board, Safeguarding Adults Board and Health and Wellbeing Boards receive annual updates on delivery of the Action Plan.</li> </ul>
<p><b>Action 4</b></p>	<p><b>Staff Training</b>  We will ensure Barnet Council will have a fully trained work force (including those contracted by Barnet Council) who can recognise Prevent issues or concerns, support successful collaborative partnership working, identify the early signs of radicalisation taking positive action to manage those potentially at risk.</p>	<ul style="list-style-type: none"> <li>• The Prevent Coordinator maintains central register of all staff trained within each Delivery Unit and agency. Evaluation forms implemented to ensure annual evaluation of training used to improve training where required.</li> <li>• Significant progress has been made within Adults &amp; Communities and Family services. Data is held internally and can be accessed on request via the relevant workforce teams.</li> <li>• <b>Barnet Homes</b> submitted a draft training plan on 11 May 2018 full stop Several managers within the Barnet Group have been identified to attend a WRAP Train the Trainer session to enable them to rollout sessions to frontline staff. A training programme is currently being delivered to Barnet Homes staff. The training programme will be supported by the Prevent Coordinator and Prevent Education Officer.</li> <li>• <b>National Probation Service and London CRC</b> training sessions were delivered to frontline staff by the Prevent Coordinator on 06 June 2018 and 13 June 2018. These were delivered as planned and a total of 28 Probation staff have been trained.</li> <li>• <b>Corporate Anti-Fraud Team (CAFT)</b> – WRAP session was delivered by the prevent Coordinator on 05 June 2018. 15 out of 15 staff were trained. The remaining staff member has been invited to attend a future session delivered by the Prevent Coordinator.</li> <li>• Since January 2018, the Prevent Coordinator has been delivering monthly WRAP3 sessions which have been attended by staff from all departments. To</li> </ul>

		<p>date over 100 staff have been trained including a number of Educational Psychologists, Libraries staff, Benefits Advisors and Planning Officers and Managers.</p> <ul style="list-style-type: none"> <li>• The Prevent Coordinator continues to provide advice and support to WRAP3 trainers across the partnership.</li> <li>• Prevent Coordinator delivered a Prevent Briefing to Central London Community Hospital Trust safeguarding leads on 16 April 2018.</li> <li>• Sessions have also been delivered by the Prevent Coordinator to Barnet MENCAP and Westminster Drugs Project who provide services to vulnerable people in the borough.</li> </ul>
<b>Action 5</b>	<p><b>Use of Local Authority Resources</b> We will ensure venues owned by Barnet Council are not providing a platform for extremist's views. This includes ensuring IT equipment available to the general public uses filtering solutions that limit access to inappropriate terrorist or extremist material.</p>	<ul style="list-style-type: none"> <li>• The Prevent Co-ordinator has met with officers responsible for local authority buildings and green spaces which are hired out to the public.</li> <li>• A review of booking procedures has taken place with the Facilities Manager to ensure that systems in place support an assessment of the purpose of bookings to ensure that local authority resources are not used for the purpose of promoting extremism.</li> </ul>
<b>Action 6</b>	<p><b>Safeguarding Children and Adults from radicalisation</b> We will ensure that the Prevent duty is integrated into existing safeguarding strategies, policies and procedures to ensure that vulnerable young people or adults are protected from the risks of radicalisation and being drawn into violent extremism.</p>	<ul style="list-style-type: none"> <li>• A review of the local authority safeguarding procedures has been undertaken by the Prevent Coordinator.</li> <li>• Both Family Services and Adults and Communities have adopted the relevant Pan-London Safeguarding Procedures. Both procedures include relevant guidance in relation to identifying concerns regarding radicalisation and extremism. While both documents articulate the purpose of Prevent/Channel referrals, local procedural guidance has been developed by the Prevent Coordinator and provided to both departments with process maps.</li> <li>• The Assistant Director for Family Services has confirmed that there are no actions specific to Prevent Delivery in the recent Ofsted Action Plan.</li> </ul>

		<ul style="list-style-type: none"><li>• While the Prevent Education Officer is responsible for engaging schools and delivering awareness raising training to schools, there remains outstanding actions in relation to ensuring the Prevent duty is to be implemented and monitored within non-local authority/education sponsored settings such youth clubs, scout halls, after school clubs. The Prevent Coordinator is working with the Prevent Education Officer to ensure a local register of supplementary education providers is developed and maintained.</li><li>• The Prevent Co-ordinator is to continue to support and develop a Prevent Action Plan for information and training opportunities for frontline clinical staff across Barnet NHS and Mental Health Trust in partnership with Barnet CCG. The Safeguarding Lead for the CCG is in regular contact with the Prevent coordinator and training needs are reviewed every 6 months.</li></ul>
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AGENDA ITEM 9

	<b>Health and Wellbeing Board</b>  <b>28<sup>th</sup> March 2019</b>
<b>Title</b>	<b>HWB Board response to Housing Strategy and Homelessness and Rough Sleeping Strategy consultation</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix I – HWB Board Consultation response
<b>Officer Contact Details</b>	Rachel Hodge, Public Health Strategist  Linda Somerville, Public Health Strategist

### Summary

The council has launched a consultation on its new draft Housing Strategy to take account of major changes in the housing sector and wider demographic and economic changes, including rising housing costs, a shift in tenure from owner occupation to private renting, the impact of the Grenfell Tower fire disaster and legislative changes.

The council has also launched a consultation on its draft Homelessness and Rough Sleeping Strategy. The Homelessness Reduction Act 2017 requires the council to carry out a review of homelessness and produce a strategy based upon this evidence base. The Homelessness and Rough Sleeping Strategy summarises the findings of the review and sets out the councils approach to tackling and preventing homelessness and rough sleeping in Barnet over the next five years, from 2019-2024.

This report is Health and Wellbeing Board’s formal response to the consultations.

### Recommendations

- 1. That the Health and Wellbeing Board note the formal consultation Response report on behalf of the Board, co-ordinated and prepared by Public Health**

## **Team in consultation with the HWB Board members.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 The council's Housing Strategy dates from 2015, and a number of changes have occurred since then which mean that the council's approach to housing needs to be reviewed and updated. These changes include:
- changes in Government Policy,
  - a new London Mayor with a new London Housing Strategy,
  - new legislation including the Housing and Planning Act 2016, and
  - the Homelessness Reduction Act 2017, and
  - the updated Homelessness Code of Guidance for Local Authorities.
- 1.2 The council's Homelessness Strategy also requires an update to take account of the Homelessness Reduction Act 2017 (HRA 2017). Barnet's Homelessness Strategy is currently a component of the Housing Strategy but it is proposed the two are separated to reflect the increased focus on tackling homelessness.
- 1.3 Officers have conducted health impact assessment and reviewed detailed evidence on both, housing and homelessness strategy and collated consultation views and responses from relevant members of the Health and Wellbeing Board. Consultation response (Appendix I) was submitted in February 2019.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 It was agreed at the Health and Wellbeing Board in November 2018 to formally respond to the public consultation taking place, and that following this, further draft will be brought back to the Housing Committee to be considered for adoption at its meeting on 1 April 2019.
- 2.2 A safe and secure home is a key determinant of health and wellbeing of the borough's residents, and there is a wide range of evidence demonstrating housing sector impact on social, physical and emotional wellbeing. It is therefore crucial for the Health and Wellbeing Board to consider the impact of housing policy on health going forward.
- 2.3 A Health Impact Assessments have been undertaken on the homelessness strategy and is being undertaken on the housing strategy. The findings from these assessments were included in to the consultation process.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 The Housing Committee has already instructed officers to draft new strategies, at the meeting in June 2018, so alternative options have not been considered further.

#### **4. POST DECISION IMPLEMENTATION**

4.2 Housing Committee will be asked to consider and approve a final version of the strategy in April 2019 which will have considered the outcome of the consultation exercise.

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

5.1.1 The Housing Strategy and Homelessness and Rough Sleeping Strategy contributes to the council's Corporate plan 2019-2024.

5.1.2 Both strategies contribute to key priorities identified in the council's Corporate plan priorities including *Increasing the housing supply, including Colindale, Building compliance and fire safety and Tackling homelessness*.

5.1.3 Impact of housing on health is recognised as an important factor in the Health and Wellbeing Strategy.

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

5.2.1 All proposed actions in the consultation response are envisaged to be funded through existing council budgets and plans.

##### **5.3 Social Value**

5.3.1 Not applicable

##### **5.4 Legal and Constitutional References**

5.4.1 The council's Constitution, Article 7 - Responsibility for Functions, sets out the terms of reference of the Health and Wellbeing Board which includes responsibility – 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. The HWBB has responsibility for overseeing public health and developing further health and social care integration.

##### **5.5 Risk Management**

5.5.1 There is a risk that the housing requirements of the Borough are not met if the Housing Strategy is not updated. This would have direct impact on the overall wellbeing of Barnet residents.

5.5.2 There is a risk that homelessness will increase if the Homelessness and Rough Sleeping Strategy is not agreed, which as well as being a poor outcome for people becoming homeless, could increase pressure on council budgets.

## 5.6 Equalities and Diversity

5.6.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not
- foster good relations between persons who share a relevant protected characteristic and persons who do not

5.6.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil Partnership

5.6.3 The Corporate Plan 2015 – 2020 sets the Strategic Equalities Objective, which is: that citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the tax payer.

5.6.4 Changes to policies and services are analysed in order to assess the potential equalities impact and risks and identify any mitigating action possible, through an equalities impact assessment, before final decisions are made. Consideration will also be made to the equalities and data cohesion summary.

5.6.5 A full equalities impact assessment of both strategies will be carried out after consultation and prior to reporting back to the Housing Committee on 1 April 2019.

## 5.7 Corporate Parenting

5.7.1 Promoting independence is proposed to be a central theme of the Housing Strategy. This includes ensuring that care leavers make a successful transition to independent living.

5.7.2 Youth homelessness is a particular focus of the Homelessness and Rough Sleeping Strategy. This includes ensuring that care leavers make a successful transition to independent living and young adults are supported to stay if safe to do so in their existing accommodation.

## 5.8 Consultation and Engagement

5.8.1 Initial consultation has been undertaken with some of the council's stakeholders, including the Children and Young Person's Partnership Board, the Performance Advisory Group comprising tenant and leaseholder representatives and the Barnet Housing Association Liaison Group.

5.8.2 A six-week online consultation exercise was carried out over the summer inviting members of the public and stakeholders to comment on matters relating to homelessness which has helped to shape the development of this draft strategy.

5.8.3 A wider public consultation took place during November 2018 to February 2019. Health and Wellbeing Board response was submitted mid-February.

## 5.9 Insight

5.9.1 Health and Wellbeing Board's response to consultation was informed by an extensive evidence review.

5.9.3 Barnet's Joint Strategic Needs Assessment recognises that there has been a long-term shift in housing tenure towards renting and away from owner occupancy (either outright or with a mortgage) reflecting a sustained reduction in housing affordability and an imbalance between housing demand and supply and that Housing affordability is the second highest concern for residents according to the 2015 Residents' Perception Survey.

## 6. BACKGROUND PAPERS

6.1 Housing Committee 10 October 2018 – Item 7 Housing Strategy 2019-2024  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=699&MId=9487&Ver=4>

6.2 Housing Committee 10 October 2018 – Item 8 Homelessness and Rough Sleeping Strategy  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=699&MId=9487&Ver=4>

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## **Consultation Response from Barnet Health and Well-Being Board on draft Housing and Homelessness Strategy 2019- 2024**

The Health and Wellbeing Board (HWB) is supportive of the overarching priorities included in the Housing and Homelessness Strategy and members of the Board welcome governance proposal strengthening a link between HWB Board and Housing and Homelessness agenda.

As the consultation questions for each strategy (Housing and Homelessness) were separate, we have structured separate responses on housing and homelessness.

### ***Executive summary for Housing Strategy response (detailed references enclosed in Appendix I)***

Raising PRS standards:

- We support targeting licensing efforts in areas of the borough with older housing stock or with higher rates of overcrowding, as these tenants are most at risk of poor health resulting from poor housing conditions.
- Include signposting information on health and wellbeing services in tenants' rights information on the Barnet housing website.
- Consider offering Making Every Contact Counts (MECC) training to frontline housing and environmental health officers to increase awareness of the signs of poor physical and mental health.
- Barnet Public Health and Barnet CCG will assess current referral processes to determine whether there are more effective ways of integrating the housing referral system and health referral systems (e.g. placing housing referral forms onto the GP system called Bar Global).

Delivering more homes people can afford:

- Support prioritising homes for those who live and work in Barnet and prioritise those on low incomes, insecure tenancies, first-time buyers and care-leavers.
- Support ambition to provide family-sized accommodation.
- In terms of developing affordable housing, we welcome the creation of opportunities for the use of surplus NHS land in the borough for the creation of more affordable housing for NHS staff, in line with the London Estates Board strategy.

Safe and secure homes:

- Health and Wellbeing Board is supportive of proposed areas for action.

Promoting independence:

- Adding a direct reference to Joint Health and Wellbeing Strategy in this section would add value.
- Welcome lifetime standards for all new homes. The standard of housing that older people currently live in is critical to promoting independence amongst those who already own their homes.
- We recommend including refreshed projections on specialist accommodation needs in the review of the Housing and Accommodation commissioning plan. Public health intelligence team can support this process.

- An explicit reference to the unique needs of those with dementia could be included.
- Ensure early planning for care leavers across care and housing services, so that care leavers have secure accommodation plans when they turn 18.

***Executive summary for Homelessness Strategy response (detailed reference enclosed in Appendix II)***

We are supportive of the four and suggest further consideration points below:

- We suggest that consideration is given to the development of an Annual Rough Sleeper Action Plan.
- Given the great impact that homelessness has on health, wellbeing and life expectancy we suggest that consideration is given to an additional priority relating to health and well-being within the strategy. This could relate to ensuring that all rough sleepers have a full assessment of health needs, is supported to be registered with a GP and has access to primary care services in Barnet. We would request that as a minimum, information is added to the strategy in relation to the list of safe GP practices across Barnet, which people can use to ensure that they easily register with a GP practice.
- We would like to see further development around pathways for residents with physical disabilities, mental health problems, substance misuse clients, care leavers and individuals with no access to public funds and other residents at increased risk of homelessness and/or already homeless.
- All available evidence demonstrates that interventions to reduce rough sleeping are only effective if they can secure cross sectorial support including from housing, primary health care, social care and mental health services, substance misuse, policing and offender management agencies. On this basis, we welcome the establishment of the Homelessness Forum.

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## **Appendix I – Evidence on Housing Strategy response**

### **Raising standards in the private rental sector (PRS)**

#### **Introducing Selective Licensing which would require all landlords in a specified area to obtain a licence from the council and ensure that their property meets the required standards:**

The Health and Wellbeing Board supports the review of evidence and consultation to determine the feasibility of selective licensing in Barnet for high risk areas. A selective licensing scheme would introduce additional enforcement powers which LBB could use to ensure landlords meet existing and additional PRS required standards introduced by the Home (Fitness for Human Habitation) Act 2018. However, it may be challenging to enforce additional licensing requirements in practice<sup>1</sup>. In the interim, it would be best to incentivise landlords to obtain London Landlords Accreditation Scheme (LLAS) accreditation, as the strategy already states.

#### **Focusing licensing efforts on areas where there are a lot of renters, poor renting conditions or social problems:**

Primary care staff could be used to identify key household's whose private rental accommodation is contributing to poor health outcomes<sup>1</sup>. This may help identify private landlords who would benefit most by joining London Landlord Accreditation Scheme (rather than facing prosecution). The CCG will run Pan-Barnet education session for GP's in June on the importance of housing for health, helping frontline care providers recognise the signs of poor housing on health sooner.

#### **Using new enforcement powers to deal with rogue landlords:**

When updating resources on the Barnet website about tenant rights, we recommend also including referral information and signposting to mental health services and primary care, as poor housing conditions often contribute to poor mental and physical health.

#### **Offering additional housing support and guidance:**

To further promote joint-working, it would be useful if frontline housing staff and environmental health colleagues could refer vulnerable residents onto partner agencies and services too. Public health can support this process by providing MECC training to frontline staff so that they are confident when referring people onto health services, easily recognising the signs and symptoms of poor mental and physical health<sup>2,1</sup>.

#### **Providing family sized accommodation:**

Housing suitability for family needs is important for health. Overcrowded conditions in childhood are associated with increased risk of respiratory illness and meningitis, while insecure housing is associated with poorer educational attainment and absenteeism, missing immunisations and emotional, behavioural and mental health problems<sup>1</sup>.

It would be beneficial to prioritise affordable family accommodation.

### **Safe and secure homes**

#### **Is there anything further the council should consider to make sure residents feel safe and secure in their homes?**

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The council has reviewed its fire safety arrangements and carried out work to increase safety of our residents following the Grenfell tragedy. The council has also been involved in discussions with private sector landlords about improvements to safety in their buildings. Public health, through the Head of Safety Health and Wellbeing, have contributed to this review and consideration has been given to wellbeing of residents both relating to fire safety and effective insulation solution, which as well as having environmental benefits directly the wellbeing of residents by improving thermal comfort in hot and cold conditions.

### **Promoting independence**

The Health and Wellbeing Board welcomes the recognition that housing can contribute to other council objectives. The role that housing plays in promoting mental and physical wellbeing, particularly amongst our vulnerable populations cannot be underestimated. Locally, promoting independence is considered vital to the success of our approach to health. As such, it is referred to in the vision of the Joint Health and Wellbeing Strategy 2015-2020:

*To help everyone to keep well and to promote independence.*

As the link between housing, health and promoting independence is critical to the success of multiple council strategies, this theme of the Housing Strategy will be referenced within future public health and primary care documents that are relevant, eg. Falls prevention pathway. It would be useful for future housing documents and supplementary strategic documents to do the same for related health and wellbeing strategies.

### **Older people:**

Time spent at home increases in older age. Older people are more likely than other age groups to live in homes that are in a poor state of repair, that lack reasonable bathroom and/or kitchen facilities, that are not sufficiently warm in winter and that pose a significant risk to health<sup>i</sup>. This section of the strategy emphasises that all new builds must meet standards which promote healthy ageing. In addition, it would be useful to acknowledge the important role that handy person services and falls prevention programmes play in promoting independence amongst older populations and reducing admissions to hospital<sup>i</sup>.

### **Adults with disabilities, vulnerable adults in need of care/support, adults with substance misuse problems, adults with mental health problems:**

Since Barnet has a largest population of dementia residents in London, it is our ambition to become a Dementia Friendly Borough and therefore, it would be useful if the housing strategy acknowledged the importance of neighbourhood design in addition to housing accessibility, in the promotion of independence<sup>i</sup>. We note that the council is building 150 units of extra care accommodation for people with dementia.

The Health and Wellbeing Board welcomes the recognition of the need for wheelchair accessibility within new developments.

*Learning disabilities (LD) and autism* → As the strategy states, Barnet is beginning to recognise the benefits and capacity to improve independence for adults with LD. As these opportunities continue to be realised, they should naturally decrease specialist housing requirements.

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**Appendix II – Detailed response to Homelessness Strategy**

**4&5. To what extent do you agree or disagree with the priorities from the draft Homeless and Rough Sleeping Strategy?**

Evidence shows that single homeless people are particularly affected by poor physical and mental health:

- 73% of homeless people report a physical health problem, and for 41% this is a long-term problem compared to 28% of the general population.
- 45% have been diagnosed with a mental health issue compared to 25% of the general population.
- Factors which contribute to unhealthy lifestyles such as smoking, and drug and alcohol use, are also more prevalent than the general population.
- Research also highlights higher rates of communicable health diseases such as TB; and higher rates of premature mortality among people experiencing single homelessness.

Preventing homelessness has obvious benefits for people's housing outcomes and improving individual's quality of life.

**8&9. To what extent do you agree or disagree with the council's priorities in reducing the number of households in temporary accommodation?**

It will be important that residents in temporary accommodation can register with local primary care services and that there is structured collaborative working with Children's Services to prevent and tackle homelessness amongst young people and families.

**10&11. To what extent do you agree or disagree with the council's priorities to support those at risk of homelessness due to the following reasons?**

The proposed Homeless (Partnership) forum is supported.

There are issues reported by Homelessness Action Barnet (HAB) of hospital discharged patient attending HAB in ambulances. Whilst more detail needs to be gathered on the extent of this issue, the strategy could explore pathways for homeless people who are to be discharged from hospital.

We are supportive of the other priority groups of Care Leavers (and Young Adults excluding care leavers) and households impacted by benefit changes. Consideration and more information on the access needs of individuals with mental health issues and physical disabilities would be a useful addition the strategy.

**11. To what extent do you agree or disagree with the councils plans to establish a homelessness forum to work with partners to tackle and prevent homelessness?**

We are supportive of this and would like to see the experience and knowledge of key partners, such as HAB incorporated into this forum as well as wider voluntary and community sector.

**12&13. To what extent do you agree that the council works well with different partner groups, especially within the council to prevent homelessness?**

We agree that the council works well with partners and could explore further development around pathways for residents with physical disabilities, mental health problems, substance misuse clients and other residents at increased risk of homelessness and/or already homeless.

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***Valuing the role of the Community (including voluntary sector)***

On Pg. 24 under objective 3, please add in additional details relating to partners to work with, such as the CCG, Barnet Hospital, BEH MHT etc

On Pg. 35 – Please add the NHS, BEH MHT (for mental health issues) and Barnet CCG (for GPs, access to other primary care services and the safe practices scheme)

***14. To what extent do you agree or disagree with the council's approach on the following issues?***

We agree with increasing outreach and floating support in general and to increase support to sustain tenancies. We support the working with partners element of the strategy to provide advice and support to rough sleepers around health, benefits, education and employment. We are aware of the re-commissioning of the primary care service at HAB which will see attendees being offered services from a GP and a nurse but this is limited to two sessions per week and the services offered are limited. For example, they are unable to take bloods or complete full urinalysis due to issues around storage and transportation of samples. We would welcome the promotion of this service to rough sleepers/homeless groups across Barnet. We also support the procurement of 9 temporary accommodation units and the 12 units for rough sleepers with low to medium support needs. To assure the success of these units, a partnership working approach will be necessary to ensure that the service users access all appropriate services (including health) to sustain their tenancies.

***15. To what extent do you agree or disagree with the existing support services offered to rough sleepers?***

We feel that improvements could be made in relation to registering with a GP and weekend support for homeless people in Barnet. HAB is not open at weekends, so homeless people can struggle with access to food and maintaining hygiene at the weekends. A report by Crisis noted that, to resolving chronic homelessness, hostel and night shelter provisions 'are generally ineffective interventions. They conclude that shelters should only have a role if stays could be limited to exceptionally short periods of time and lead directly into permanent housing.'<sup>i</sup>

AGENDA ITEM 10

	<h2>Health and Wellbeing Board</h2> <h3>28 March 2019</h3>
<b>Title</b>	Sustainability and Transformation Partnership (STP) Update Barnet's Paediatric Asthma Plan
<b>Report of</b>	Director of Commissioning, Barnet CCG Director of Public Health, LBB
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix A: Designing and delivering system-wide asthma improvement in Barnet – PowerPoint presentation. This paper contains the outcomes and objectives of the overall NCL Paediatric Asthma Plan which are being delivered in Barnet Appendix B: Barnet local plan
<b>Officer Contact Details</b>	Zoë Garbett Assistant Director, Children and Young People's Commissioning, Barnet CCG <a href="mailto:zoe.garbett@nhs.net">zoe.garbett@nhs.net</a>  Samantha Rostom Programme Director, Children & Young People, North Central London STP <a href="mailto:sam.rostom@nhs.net">sam.rostom@nhs.net</a>

## Summary

Asthma is the most common long-term medical condition among children in the UK affecting three children in every classroom. There are currently 8,447 children (and their families) living with asthma in Barnet. Asthma is the most common cause of emergency hospital admissions for children and young people, with a significant proportion (up to 75%) thought to be avoidable if care and support was provided earlier and as part of a more integrated approach.

In 2016, 13 children under 14 years old died from asthma in the UK, which has the third highest risk of childhood asthma amongst developed nations. Within North Central London, there have been a number of recent child deaths related to asthma leading the partnership to agree for asthma to be a priority across the North Central London's Sustainability and Transformation Partnership (STP).

The recently published NHS Long Term Plan has also committed to focus increasingly on

respiratory illness and acknowledged the complexity of issues related to asthma, including the effective use of medicine, the impact of air pollution and the risk associated with smoking, amongst other factors.

This report outlines our approach to improving the health and care of children and young people in Barnet who suffer from asthma and how Barnet's plan contributes and is in line with the North Central London approach.

## **Recommendations**

- 1. That the Health and Wellbeing Board note the North Central London objectives and approach.**
- 2. That the Board endorse the proposed Barnet plan to improve the outcomes for paediatric asthma and note that Public Health agreed to oversee delivery of the plan jointly with the CCG.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 Asthma is a local, regional and national priority. The causes of asthma are often complex and interrelated but there is significant acknowledgement of the links and 'triggers' for asthma and the impact of wider determinants of health, such as housing and air quality.
- 1.2 As a co-ordinated, multi-agency approach to tackling asthma across Barnet is being taken – with a focus on both local needs-led and borough-based integrated solutions – it is appropriate that the plan is endorsed by the Health and Wellbeing Board.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 In May 2018, the North Central London (NCL) Children and Young People Programme board agreed that in order to fundamentally address this long-term condition for children and young people, a holistic whole-system response to asthma was required. Therefore a co-ordinated, multi-agency approach is being taken to tackle asthma across Barnet and North Central London – with a focus on local solutions and strategic approaches across NCL, where it makes sense to do so.
- 2.2 System leaders across NCL came together at the end of last year to develop and agree our strategic outcomes and objectives, which have formed the basis of the NCL plan (see appendix A):
  1. Young People & Families informed and empowered to manage the condition more effectively into adulthood
  2. Enable healthy environments, which support children and young people with asthma to remain as well as possible

3. Enable all children to have access to a full education and activities unhindered by asthma
  4. All children have access to high quality asthma care
  5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.
- 2.3 These strategic outcomes and associated objectives have been shared with a number of key stakeholder groups across North Central London including public health and other local authority services and teams, secondary, primary and tertiary care and community services, all of whom have validated our aspirations and are in agreement with the approach.
- 2.4 It is recognised that significant work had already been underway across Barnet to support children and young people with asthma. This good practice has been incorporated into the plan and aligned to the agreed strategic outcomes and objectives and will form the basis for this work.
- 2.5 More recently, at the end of February 2018, a group of Barnet colleagues from health (health visiting, school nursing, GP clinical leads, pharmacy), family services, public health, education and housing came together to discuss current plans to support the delivery of the NHS asthma plan.
- 2.6 Whilst the integration and refinement of the plan across the five boroughs is still underway (due for completion by April 2019), it is clear that whilst there are a number of pieces of work that can be delivered across NCL, there are others that are better placed to be progressed at borough level. Although Barnet is part of the STP NCL plan, local support is needed to tackle wider determinants of health such as housing conditions and air quality.
- 2.7 Local work is detailed within the plan (appended B) and includes a range of intervention initiatives which are already in place in Barnet which include;
- Barnet Early Years initiatives
  - Continued provision of inhaler technique training for pharmacy and other professionals
  - Care Closer to Home Networks (CHIN) with focus on Children and Young People asthma and one CHIN focused on diagnostics and spirometry (decision to be made by GP Federation in March)
  - Smoking cessation 'Baby Clear' across maternity pathway
  - Royal Free Clinical Pathway Group (CPG) 'end to end' pathway developed for asthma/wheezy child
  - Map asthma and air pollution hotspots (public health).
- 2.8 Barnet plan includes further details on areas the group felt further work could be undertaken to support the objectives of the NCL plan. Three key areas were agreed:

- Explore feasibility of introducing Asthma Friendly Schools using existing 'Healthy Schools' mechanisms (Public Health / Education)
- Increase joint efforts to reduce tobacco dependence by (CCG / Public Health/Acute Trusts):
  - a. Providing consistent advice around harm reduction (i.e. electronic cigarettes)
  - b. Consider C02 measure campaign in clinic
  - c. Review smoking cessation offer across Barnet in order to focus in areas of most need
- Training and education for all professionals (including non-health professionals)

2.9 Engagement with partners in Barnet and across NCL has confirmed that there is also value in delivering some elements of the strategic work at a North Central London level, including:

- A shared approach to training and development of workforce in relation to asthma
- A networked learning approach across the system to support continuous improvement in outcomes for children and young people with asthma
- A consistent approach to engaging with and communicating to children, young people and families in relation to asthma awareness and education
- A system-wide asthma dashboard to monitor progress against our shared outcomes across the partnership
- A coherent NCL-wide approach to addressing wider social and environmental triggers, such as air pollution, smoking, poor housing, to dovetail with both borough and London regional work on these issues.

2.10 The plan will be monitored through the North Central London Asthma Network which meets on a quarterly basis and also through the CYP Programme Board as part of the NCL STP. Locally, the plan will be overseen and delivered via oversight from Public Health and the CCG, bringing colleagues together as necessary.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Imposition of a NCL-wide plan on all boroughs – this was rejected because it is not insightful, helpful or warranted.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 Many of the activities contained within the plan are already on going or have been agreed for implementation in 2019/20.
- 4.2 Review of local planning outputs to reconcile and agree strategic NCL deliverables (February-March/April)
- 4.3 NCL leads to development of asthma dashboard to track and measure delivery against plan (February-March)
- 4.4 Continued engagement with families and young people to inform development of plan (February-March)
- 4.5 Seeking endorsement across the system for the plan and ensuring alignment across organisational priorities (March-April)
- 4.6 Formal launch of plan on World Asthma Day – 7th May 2019

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 The plan supports Barnet's Health and Wellbeing Strategy Priorities and is in line with the Corporate Plan 2019-2020 outcome for residents to live happy, healthy, independent lives with the most vulnerable protected and encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing.

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

- 5.2.1 Currently the local plans build on existing programmes, any resource implications will be considered by individual agency

#### **5.3 Social Value**

- 5.3.1 The plan brings together many of the agencies tasked with securing the wider social, economic and environmental determinants of health and wellbeing and improves collaborative working between these agencies and the health and wellbeing of children and young people (and their families) who are living with asthma.

#### **5.4 Legal and Constitutional References**

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

## 5.6 Risk Management

5.6.1 Risks will be managed by the NCL Network.

## 5.7 Equalities and Diversity

5.7.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

5.7.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

5.7.3 This approach will have a positive impact on children and young people, and in particular those who are likely to develop asthma. There are no other equalities concerns relating to the delivery of this plan.

## 5.8 Corporate Parenting

5.7.1 This will have a positive impact on children in care by strengthening inter-agency working and collaboration. Programmes will include reach to CYP in care and people who support them.

## 5.9 Consultation and Engagement

5.9.1 To ensure that the plan is meaningful and informed by the children, young people and families we serve, in February and March engagement commenced with children, young people and families through workshops and questionnaires to ensure that their views underpin the NCL plan and inform the way it is delivered.

5.9.2 Consultation and engagement will be undertaken as local plans develop.

## 5.9 Insight

5.9.1 Barnet's Joint Strategic Needs Assessment, Barnet Joint Health and Wellbeing Strategy and the NHS Long Term Plan informed the development of the NCL and local plans.

## **6. BACKGROUND PAPERS**

6.1 None.

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# Whole System Paediatric Asthma Plan: Improving outcomes for children and young people across Barnet and North Central London (NCL)

**Barnet Health and Wellbeing Board**

28<sup>th</sup> March 2019

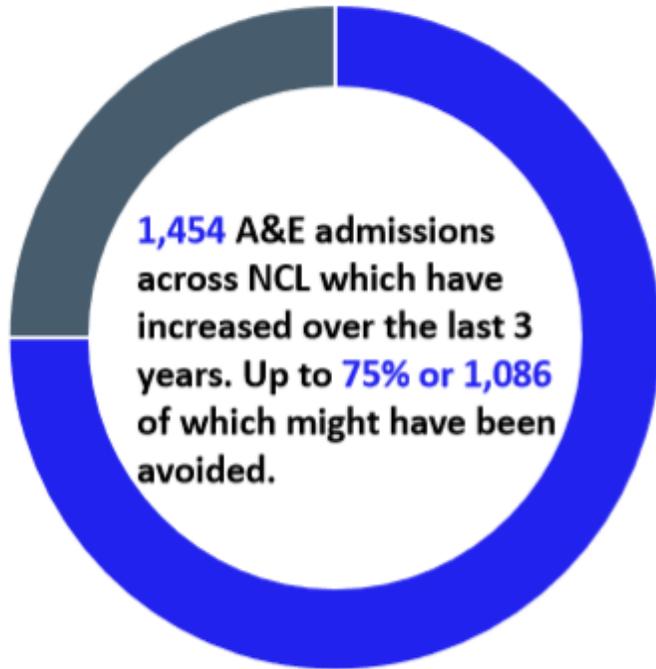


# Contents

- Scale of the challenge
- Vision for children and young people in NCL
- Local Context
- Why do we need a system response?
- Overarching outcomes
- Outcomes & objectives
- Development & delivery roadmap
- Delivery mechanism

Scale of the challenge  
in London

Proportion of potential avoidable admissions (17/18)



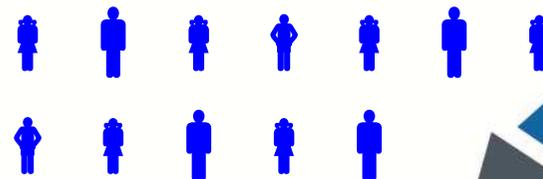
Poorer children **2.5 times** more likely to be admitted.

**3** in every classroom, or 10% have asthma



Children living in damp, mouldy accommodation are between one and a half and three times more likely to suffer symptoms of respiratory illness than those in dry homes

**12** London children die every year from asthma



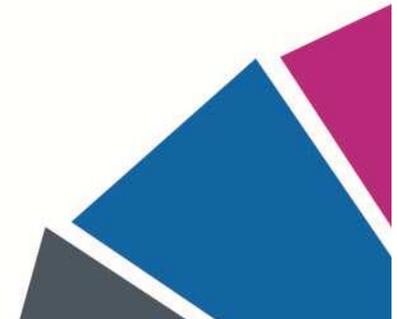
*'Right care, right place, right time'. Transformed health and social care services which are equitable, accessible, efficient and deliver improved outcomes for children, young people and families. Enabling high quality and responsive services for children, young people and their families, delivered locally where possible, with a shared focus on promoting wellbeing, reducing health inequalities and improving health and social outcomes.*

To support children, young people and their families with asthma to receive the appropriate treatment, at the right time and right place and enable them to remain as well as possible

*NCL Asthma Vision*

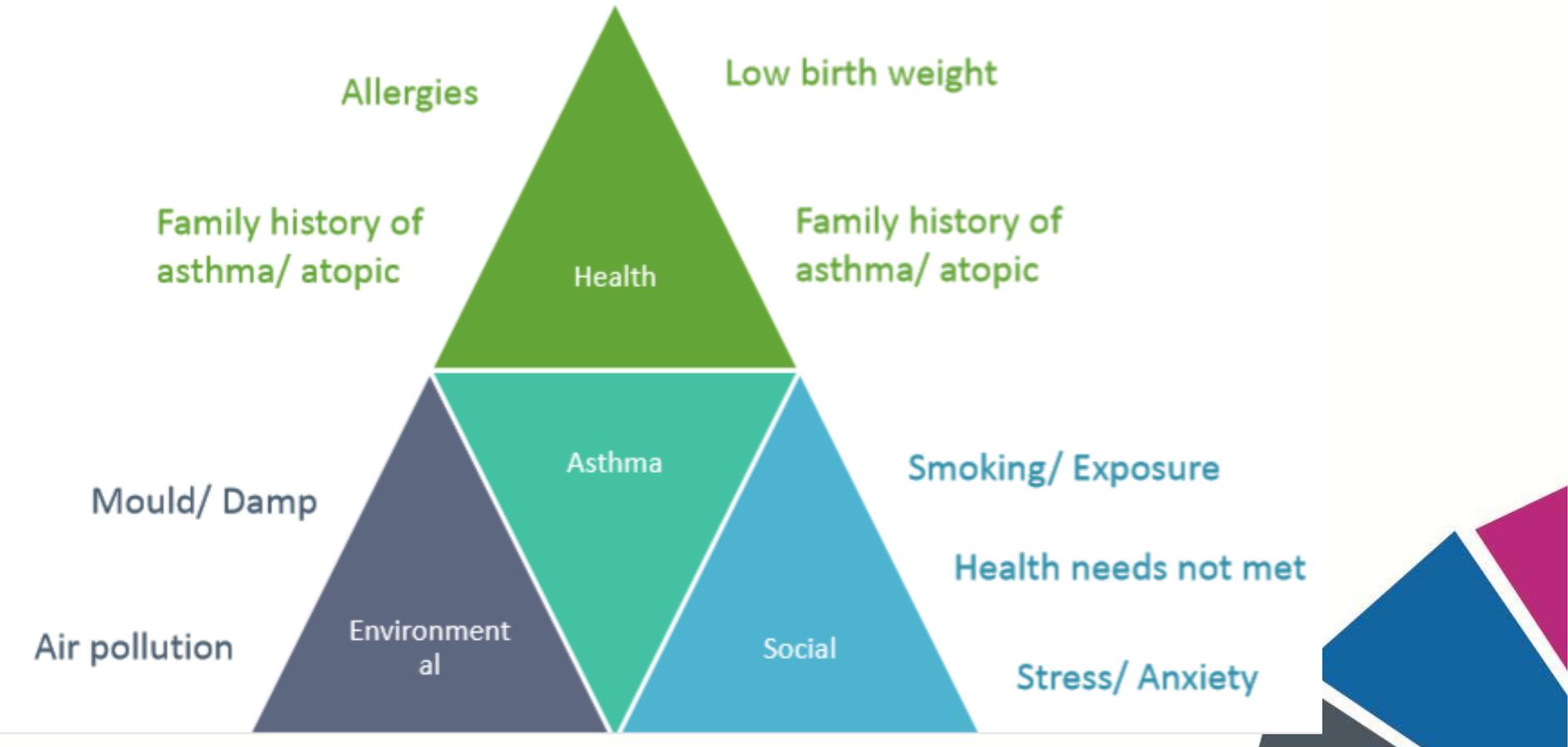
## Local data

- Children and Young People Population: 92,912
- Demographics: White British (56.9%), Black African/Caribbean (10.9%), Mixed multiple (10.1%), Asian British (16.3%), Other (5.7%)
- Deprivation Indices of Multiple Deprivation (IMD): 176/325 boroughs (2015)
- GPs per 1,000 registered patients: 0.71 (62 Practices)
- A&E Admissions for children with asthma in 2014/15 per 100,000 population were high with 135 per year
- Hospital admissions for asthma in younger children (under 9 years of age) were low in 2016/17 with 76 children admitted in 2016/17 (140.4 per 100, 000 population) and were higher in children 10 – 18 years of age with 46 children admitted (114 per 100, 000 children)



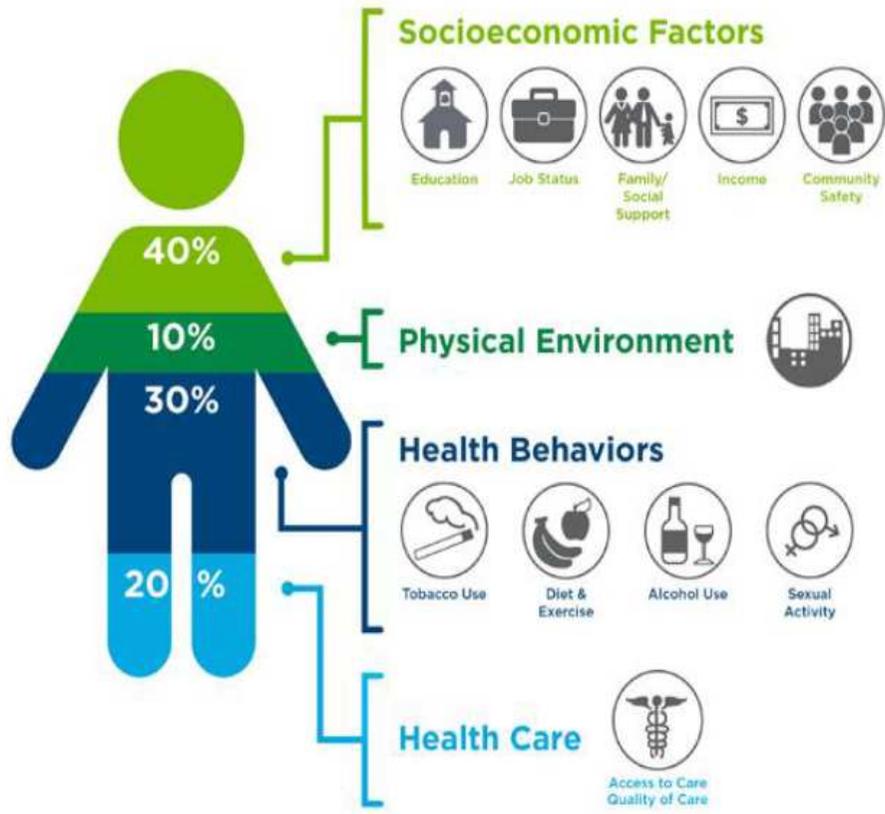
Why we need a system response

Asthma is a long term condition that affects the airways, causing difficulty in air reaching the lungs. Whilst the causes of asthma are not clear, there is significant research around both the links and 'triggers' of asthma, which can be understood across a system of health, social and environmental agencies.



Why we need a system response

It is clear that asthma is a complex and multi-faceted challenge, affected and impacted by a number of challenges across a wide system of agencies. It follows that a system response is required, which is able to take a holistic approach that addresses 'the causes of the causes'.



The range of factors that affect an individual's health and wellbeing requires a collaborative approach

\*Robert Wood Johnson Foundation, Standford Social Innovation Review 2014

## What we want to achieve for children, young people and families in North Central London

1. Young People & Families informed and empowered to manage the condition more effectively into adulthood

2. Enable healthy environments, which support children and young people with asthma to remain as well as possible

3. Enable all children to have access to a full education and activities, unhindered by asthma

4. All children have access to high quality asthma care

5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.

**1. Young People & Families informed and empowered to manage the condition more effectively into adulthood**  
CYP & Families are able to take care of themselves and remain well

1. Raise awareness about the risks of asthma for Children, young people and families
2. Focus on positively influencing behaviours which trigger asthma (i.e. smoking cessation)
3. Reduce the stigma associated with asthma for young people to support them in accessing and receiving appropriate care (Inc. links to mental health)
4. Empower young people and families by providing a clear and understandable care and support offer across NCL
5. Utilise technology solutions to enable greater patient empowerment
6. Ensure that young people are enabled to manage their asthma effectively into adulthood and referred to services seamlessly where appropriate

**2. Enable healthy environments, which support children and young people with asthma to remain as well as possible**  
Reduction in CYP exposed to pollutants

1. Improve the health of young people by reducing the number who smoke themselves and those exposed to secondhand smoke in the home
2. Empower families to prevent or reduce damp, mould and other environmental triggers in the home and know how to access advice and support when needed, across all tenure types
3. Increase awareness in the housing workforce of the impact of poor housing conditions on asthma in children and young people, and increase awareness amongst health professionals of the advice and support available to residents to prevent or mitigate environmental triggers in the home
4. Support action to improve air quality

**3. Enable all children to  
have access to a full  
education and activities,  
unhindered by asthma**

Increase percentage of time  
that CYP are able to attend  
school and time spent  
participating in recreation  
and sport

1. Reduce the number of school days missed due to asthma
2. Improve the awareness of professionals working within an education setting the risks and impact of CYP with asthma (Inc. links to Safeguarding)
3. More effectively target and engage YP with asthma in sports and recreation

**4. All children have access  
to high quality asthma  
care**

CYP will be seen in the  
right place at right time

1. Implement a more consistent pathway across North Central London for CYP asthma
2. Develop a mechanism which enables continued learning and improvement across asthma work in NCL
3. Improve the consistency of training/education for staff working in front line services
4. Agree consistent tools and methods for delivering asthma care across NCL
5. Develop a clear and cohesive offer for asthma care for CYP which includes the role of Community, Pharmacy, Primary and Secondary across NCL
6. Services are accessible and effectively address health inequalities

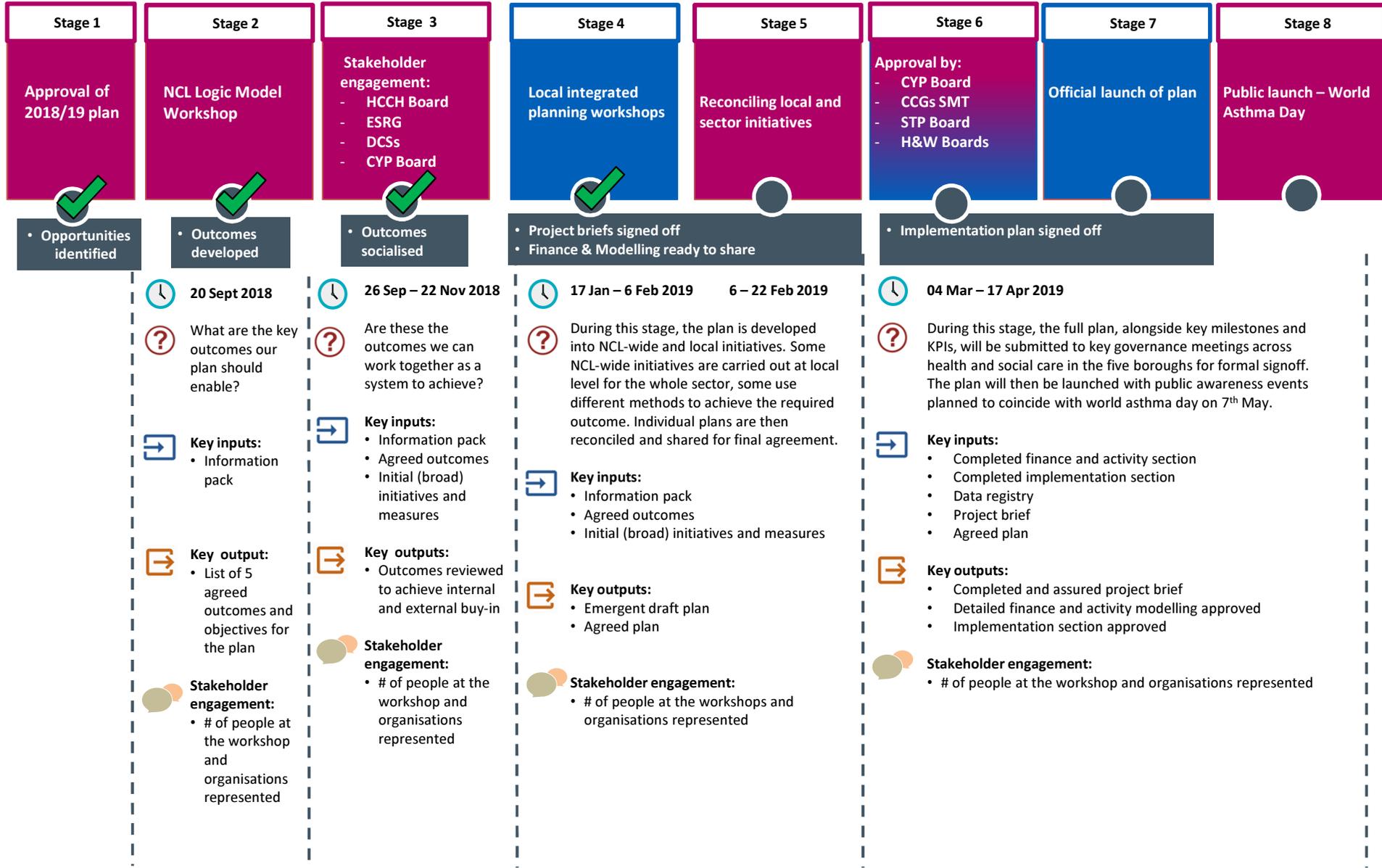
**5. Earlier identification of  
children at risk of life  
threatening asthma attack  
or those with poor  
control.**

*"Asthma Sentinel: Keeping  
children with Asthma safe"*

1. Ensure that all staff working with children and families are aware of the risks of asthma and the support available to signpost/refer
2. Develop digital solution which supports earlier identification of those at risk by sharing intelligence across the partnership and utilising a risk management tool
3. Deliver care and preventative interventions to CYP and families before needs become acute
4. Effectively target population groups and reduce health inequalities
5. Ensure that professionals understand their safeguarding responsibilities in relation to health management and know how to refer to safeguarding services where there are concerns about a child.

# NCL Asthma plan development and approval process

■ Borough led governance  
■ STP led governance





## Barnet Paediatric Asthma Plan Activities

Activity/initiative to deliver the outcome	1. Young People & Families informed and empowered to manage the condition more effectively into adulthood	2. Enable healthy environments, which support children and young people with asthma to remain as well as possible	3. Enable all children to have access to a full education and activities, unhindered by asthma	4. All children have access to high quality asthma care	5. Earlier identification of children at risk of life threatening asthma attack or those with poor control.	So What?
Existing work in Barnet						
Barnet Healthy Schools & Early Years initiative						My school and early years setting supports my health and wellbeing and enables me to remain healthy and well.
Barnet LBB advice and guidance on safe medication storage						I am confident that medicine is safely stored and that I can access it should I need to with help from professionals
Ensuring asthma plans are in place in line with guidance						I know what to do to manage my asthma and have a clear plan in place if my asthma escalates which is shared with everyone involved in my care
Continued provision of inhaler						I know that when I am taught how to use my inhaler, it is correct and I am

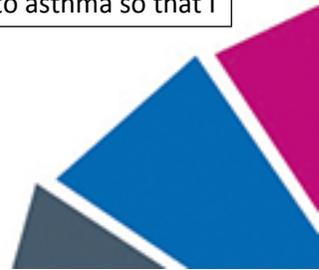


<b>technique training for pharmacy and other professionals</b>						able to get the medicine to my airways appropriately so that I remain well.
<b>Smoking cessation 'Baby Clear' across maternity pathway</b>						My parents are supported to understand the impact of smoking on my Long Term Conditions (LTC) and are supported to quit so that my home environment is healthier
<b>CHIN with focus on Children and Young People (CYP) asthma in place</b>						In my borough, health professionals work together to support me to remain well in the community with my LTC
<b>Royal Free Clinical Practice Group (CPG) 'end to end' pathway developed for asthma/wheezy child</b>						Services in my area work together effectively so that everyone is clear about how to access the services I need to support me to remain well and get support if I need help
<b>Map asthma and air pollution hotspots (public health)</b>						Professionals in my borough use information to better target support and interventions related to asthma
<b>Opportunities</b>						
<b>Develop network</b>						First aiders support each other to





of school's first aiders						provide me the best care and advice in school.
Introduce Asthma Friendly Schools using existing 'Healthy Schools' mechanisms						My school understand how to keep me safe and support me to remain well with my asthma
<b>Increase efforts to reduce tobacco dependence by:</b> <ul style="list-style-type: none"> <li>- Providing consistent advice around harm reduction (i.e. E-Cig)</li> <li>- Consider C02 measure campaign in clinic</li> <li>- Review smoking cessation offer across Barnet</li> </ul>						My borough is working hard to reduce the number of people that smoke so that my environment is as healthy as possible and doesn't impact negatively on my asthma.
Maximising use of existing communications channels to deliver						Professionals that work with children and families are able to provide me and my family with consistent information and guidance related to asthma so that I





<b>key messages to professionals (i.e. GP and schools bulletins)</b>						remain as well as possible
<b>Build on role of community pharmacy to co-deliver inhaler technique training in schools/Early Years settings and Early Help locality hubs</b>						Professionals in my school, children's centre or community hubs know how I should be using my inhaler and support me to do so if I need help, so that I remain well.
<b>Utilise Personal, Social, Health and Economic Education lessons for asthma health promotion (using existing LA toolkit)</b>						My school teach me and my friends about asthma so that there is less stigma. I feel safer that my friends understand how to help if I need it and don't treat me differently.
<b>Identify links with obesity work in borough (i.e. healthy weight work)</b>						Professionals don't treat my asthma in isolation but work with me on other aspects of my health which might be impact on my LTC
<b>Promote the use of AirText to Young</b>						People involved in my care, including my parent/carers are provided with



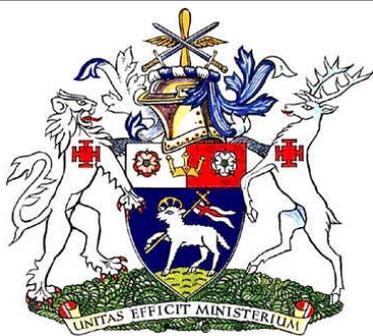


<b>People, parents/carers and schools/EY settings</b>						information about air quality so that they can make the best decisions for my LTC
<b>Ensure Public Health included in borough Air quality action plan</b>						My borough is working to improve air quality so that I can breathe clean air and not worry about the impact on my asthma.
<b>Review existing Asthma Inhaler policy within schools</b>						My school has an up to date asthma inhaler policy in place so that I remain safe whilst accessing my education
<b>Recommissioning of School nursing and health visiting training could include something specific about asthma</b>						School nurses and health visitors are all equipped to support me and my family with my LTC
<b>Consider including asthma as a strand within the Resilient Schools work, linking mental and physical health (i.e. stress triggers)</b>						My school helps me understand the links between my mental health and my asthma so that I know how to remain well.
<b>Consider training all relevant staff in</b>						All professionals will offer advice to me,



<b>Very Brief Advice (VBA) across whole pathway</b>						my parents and carers about smoking so that my environment is as healthy as possible
<b>NCL Wide</b>						
<b>Develop NCL wide asthma toolkit for non-health front line practitioners working with families (i.e. Early Help and Housing services)</b>						All professionals who help me and my family are aware of the risks of asthma and are able to offer advice or signposting to other services if I need them.
<b>Develop NCL wide asthma toolkit for YP and parents/carers, informed by their needs</b>						I have all the information I need to remain safe and well and understand how to access help if I need it





## Health & Wellbeing Board

AGENDA ITEM 11

28<sup>th</sup> March 2019

<b>Title</b>	<b>Health and Wellbeing Board Delivery Plan 2019/20</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A: One page for HWB Board Priorities – final version Appendix B: Delivery Plan 2019/20
<b>Officer Contact Details</b>	Dr Tamara Djuretic, Director of Public Health, <a href="mailto:Tamara.Djuretic@barnet.gov.uk">Tamara.Djuretic@barnet.gov.uk</a>

### Summary

The development of the council's Corporate Plan and Medium Term Financial Strategy (MTFS) have been aligned to cover the next five years (2019-2024). A business planning paper was taken to Health and Wellbeing Board on 17<sup>th</sup> January which set out these documents in draft, alongside the priorities for Committees over the next five years (Appendix A). This includes corporate priorities that Committees are responsible for, as well as Committee specific priorities.

This paper sets out an annual Delivery Plan for 2019/20 which shows specific actions for how the priorities for this Board will be delivered over the next year, and how progress and performance will be measured (Appendix B). It also identifies any risks to delivery. The plan will be refreshed on an annual basis. Committees will receive a performance report each quarter updating on progress, performance and risk against the priorities.

A final Corporate Plan and MTFS for 2019-2024 were approved by Full Council on 5<sup>th</sup> March 2019.

## **Officers Recommendations**

**1. That the Health and Wellbeing Board approve the Delivery Plan 2019/20 as set out in Appendix B and note the final version of the HWBB Priorities at Appendix A.**

### **1. WHY THIS REPORT IS NEEDED**

1.1 This report is required as part of the business planning process in order for the Board to discuss and approve the annual Delivery Plan for 2019/20.

### **2. STRATEGIC CONTEXT**

2.1 Like all councils, Barnet is facing an increasingly difficult financial challenge with demand for services increasing and funding from central government decreasing, with an uncertainty around what future funding will look like. Therefore, the council must now make decisions to prioritise its limited resources effectively and develop plans for the next five years to deliver both statutory duties and ambitions for Barnet within these financial constraints.

2.2 To ensure the council has a plan that reflects local priorities, as well as a financial strategy that will support a financially sustainable position, the development of the Corporate Plan and MTFs have been aligned to cover the next five years (2019-2024). This will help to ensure there is a medium-term plan in place of how limited resources will be allocated in line with what we want to achieve for the borough.

2.3 The Corporate Plan, known as Barnet 2024, has been refreshed to reflect the priorities of the new administration who were elected in May 2018, and resident feedback on what matters. Feedback has been captured through public consultation and engagement that took place over the summer of 2018. The Corporate Plan sets the strategic direction of the council, including outcomes for the borough, the priorities we will focus limited resources on, and how we will approach delivery.

2.4 The three outcomes for the borough, as set out in the Corporate Plan, focus on place, people and communities:

- A pleasant, well maintained borough that we protect and invest in
- Our residents live happy, healthy, independent lives with the most vulnerable protected
- Safe and strong communities where people get along well

2.5 To support delivery of these outcomes, Health and Wellbeing Board will be responsible for delivering any corporate priorities that fall within its remit, as well as any additional priorities that relate to matters the Committee is responsible for under its Terms of Reference. These were approved by Health and Wellbeing Board on 17<sup>th</sup> January and can be seen in Appendix A.

2.6 These priorities will inform an annual Delivery Plan which sets out the key activities, performance indicators/targets and risks in relation to delivery of the corporate and the Board priorities. Delivery Plans will be refreshed on an annual basis. The Board will

receive a performance report each quarter updating on progress, performance and risk against the priorities.

- 2.7 The draft Delivery Plan for 2019/20 can be seen in Appendix B for approval by the Committee.

### **3. REASONS FOR RECOMMENDATIONS**

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

### **4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 4.1 The alternative option is to not have long-term plans in place which could expose the council to significant risks. In addition, the absence of a Delivery Plan would make it difficult for progress against our outcomes to be measured.

### **5. POST DECISION IMPLEMENTATION**

- 5.1 The priorities for the Board will be delivered in accordance with the Delivery Plan 2019/20 set out in Appendix B.
- 5.2 The Delivery Plan will be refreshed on an annual basis. The Board will receive a performance report each quarter updating on progress, performance and risk against the priorities.

### **6. IMPLICATIONS OF DECISION**

#### **6.1 Corporate Priorities and Performance**

- 6.1.1 The council's Corporate Plan, which sets out the outcomes, priorities and strategic approach, has been refreshed for 2019 to 2024. The Delivery Plan set out in this report supports delivery of the Corporate Plan and includes performance indicators/targets to monitor progress.

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

- 6.2.1 The Delivery Plan 2019/20 for Health & Wellbeing Board supports the savings programme that was approved by Health & Wellbeing Board on 17<sup>th</sup> January. This will enable the council to meet its savings target as set out in the MTFs.

#### **6.3 Social Value**

- 6.3.1 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.

## 6.4 Legal and Constitutional References

6.4.1 The council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees. The responsibilities of the Health & Wellbeing Board are:

(1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population 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 whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

(4) To provide collective leadership and enable shared decision making, ownership and accountability

(5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

(6) To explore partnership work across North Central London where appropriate.

(7) Specific responsibilities for:

- Overseeing public health and promoting prevention agenda across the partnership
- Developing further health and social care integration.

## 6.5 Risk Management

6.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks will be reviewed quarterly (as a minimum) and any high-level risks will be reported to the relevant Theme Committee and Policy and Resources Committee.

6.5.2 An integral part of the Delivery Plan (Appendix B) is the identification of any risks to delivering the corporate or committee priorities and key activities.

## 6.6 Equalities and Diversity

6.6.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty, requires elected

Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

6.6.2 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

## 6.7 Corporate Parenting

6.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the refreshed Corporate Plan reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does.

## 6.8 Consultation and Engagement

6.8.1 Public consultation and engagement on the Corporate Plan took place between 16 July 2018 and 23 September 2018. The findings from this have been considered and incorporated into the document.

6.8.2 Public consultation with residents and businesses on the 2019/20 budget took place between 12 December 2018 and 16 January 2019.

## 5.8 Insight

5.8.1 Not applicable.

## 7. BACKGROUND PAPERS

7.1 Business Plan for HWB Board, 17<sup>th</sup> January

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=9592&Ver=4>

7.2 P&R Report on 11<sup>th</sup> December

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=9460&Ver=4>

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## Health and Wellbeing Board

The Health and Well-being Board plays a key role in the local commissioning of health care, social care and public health through developing and overseeing a Joint Strategic Needs Assessment (JSNA) and Health and Well-being Strategy.

Barnet's Health and Wellbeing Priorities have been developed to reflect the NHS Long Term Plan ambition for prevention and early help.

### Introduction:

The Health and Wellbeing Board represents a strategic partnership across local health and care economy and, as such, has a responsibility for collective leadership, joint decision-making, shared responsibilities and accountability. This partnership's role is to provide strategic oversight of the health and care offer locally, promote joint working, joint commissioning, as well as a joint bidding process for external resources.

Specific responsibilities for the Board include:

- Addressing health inequalities across the borough
- Overseeing public health and promoting prevention agenda across the partnership
- Developing further health and social care integration

### Committee Priorities for 2019-2024

Corporate priority	How we will deliver this by 2024
Integrating health and social care and providing support for those with mental health problems and complex needs	<ul style="list-style-type: none"> <li>• Embedding prevention in primary care with a focus on pre-diabetic screening, diabetes, childhood asthma, cardiovascular diseases and dementia</li> <li>• Implementing 'the whole borough' social prescribing model for referring people to interventions in the community (such as exercise classes, reading clubs etc.)</li> <li>• Developing joined up services for those with complex mental health needs to prevent crisis and to enable residents to fulfil their potential</li> </ul>
Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	<ul style="list-style-type: none"> <li>• Supporting people to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business</li> <li>• Providing a digital offer of interventions for residents (such as OneYou, health checks and smoking cessation services)</li> <li>• Implementing the Healthy Weight Strategy taking a life-course approach</li> </ul>
Improving services for children and young people and ensuring the needs of children are considered in everything we do	<ul style="list-style-type: none"> <li>• Improving the social, emotional and mental health and wellbeing of children and young people</li> <li>• Preventing children and young people from getting involved in violence, crime, exploitation and anti-social behaviour</li> <li>• Improving the health and wellbeing of those children and young people who are in need (Looked After Children, Children with Special Educational Needs)</li> </ul>
Additional committee priority	How we will deliver this by 2024
Creating a healthy environment	<ul style="list-style-type: none"> <li>• Tackling unhealthy advertising and sponsorship around our schools</li> <li>• Promoting healthy food and restricting access to sugary drinks on our premises by providing access to drinking water</li> <li>• Supporting local businesses to improve workplace health and offer healthier food options</li> <li>• Promoting cycling and walking through the 'healthy streets' approach</li> </ul>
Continuing improvements on preventative interventions	<ul style="list-style-type: none"> <li>• Ensuring that screening services meet the needs of Barnet's residents and that uptake is increasing</li> <li>• Focusing on promoting healthy sexual behaviour and preventing sexually transmitted infections amongst risk groups</li> <li>• Promoting benefits of and access to immunisation services</li> </ul>

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## Health and Wellbeing Board Delivery Plan (Year 1 – 2019/20)

### 1. Committee Context

The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through developing and overseeing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

### 2. Financial Context

Through refreshing the council’s medium term financial strategy (MTFS) the organisation now faces an anticipated budget gap of £69.9m to 2023/24. The Public Health (PH) Grant will continue to be ring-fenced until April 2020. It is anticipated that further announcement about ring-fence status and PH Grant allocation beyond 2020 will be announced at the Spring Spending Review in 2019. There is anticipated national PH Grant reduction in 2019/20 of 2.64%. The PH Grant currently funds statutory and non-statutory services such as sexual health, Healthy Child Programme, drug and alcohol, smoking cessation, healthcare public health, resilience school programme – offers targeted to local needs and aimed at improving public health outcomes.

In recent years decreases in spend in core PH Grant due to the national grant reduction have been achieved via efficiencies and contract re-procurement. Going forward, further efficiency savings will be realised as a part of London-wide sexual health transformation of services, third party funding for PH School Resilience Programme, mainstreaming Family Nurse Partnership into a new model of care, mainstreaming some of the public health initiatives into Leisure Provider contract and developing more focused, targeted approach of some intervention services to those in need of support. Efficiency savings identified from ring-fenced PH Grant will be re-directed towards supporting demand management in social care: an investment in prevention and wellbeing contracts in adult social care and investment in early help.

**Table 1: Savings proposals**

Savings ref	Service area	Description of saving	2019/20 £000
E1	Public Health	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	(83)
E2	Public Health	PH School Resilience - This programme will be funded via NHS CAMHS Transformation Fund	(250)
E3	Public Health	Staffing - Proposed restructure to centralise public health functions across the Council and increase resilience and capacity of the team	(111)
E4	Public Health	Substance Misuse - 2.5% year on year efficiency savings due to medicine prescriptions are built into contract until 2020	(65)
E5	Public Health	Health Checks - Reconfiguration of healthchecks via GP federation to focus on hub approach will result in management cost reduction	
E6	Public Health	Sexual Health Services - London-wide sexual health transformation including digital testing offer, channel shift	(489)

		and decreased attendances to clinics outside the contract as well as better focus on prevention	
<b>Total</b>			<b>(998)</b>
S1	Public Health	Healthy Child Programme	(134)
<b>Total</b>			<b>(134)</b>
<b>Overall Savings</b>			<b>(1,132)</b>

**Table 2: Delivery Plan**

Priority	How will we achieve this?	Year 1 Timescales	How will we measure this?	Year 1 Targets	What are the key risks?
Integrating health and social care and providing support for those with mental health problems and complex needs	- Refresh Local Commissioned Service in primary care to focus on enhanced screening for pre-diabetes	Apr 2019	Number of people referred to National Diabetes Prevention Programme (NDPP)	995 people a year	If the programme is not advertised and promoted across the borough this could lead to inadequate uptake amongst those most at risk of developing diabetes.
	- Improve management of patients diagnosed with Atrial Fibrillation AF* (*risk factor for developing cardiovascular disease)	Mar 2020	Proportion of patients diagnosed with AF that are treated (anticoagulated) in a timely manner	85%	NHS England transformation fund methodology could lead to local delivery challenges.
	- Develop a dementia focused Care Closer to Home Networks with residents who have dementia and their carers and implement Dementia Friendly Borough initiative	Jul 2019	We will continue to provide narrative updates until we develop key performance indicators	Establish baseline by Q1 and develop KPI by Q2	If prevention and integrated network is not in place, people with risk of developing dementia and those who already have dementia may have more complex illness and needs
	- Further strengthen social prescribing network by: increasing referrals to Mental Health Network and strengthening enablement model and establishing connectors network beyond mental health in every Care Closer to Home Network	Mar 2020	Proportion of people using mainstream leisure and community opportunities  Proportion of clients who are in education, employment, training or volunteering	65%  50%	NHS England identified resources to support development of robust model. Sustainability of the model is dependent on joined up working across health, care and voluntary and community sector.
Encouraging residents to lead active and	- Raise awareness about mental health and wellbeing working closely with voluntary and community sector and	Mar 2020	Utilisation of 'Good Thinking' platform	At least 10,000 people supported	Digital platform is managed regionally and therefore its success and implementation locally may not be tailored to local needs of

healthy lifestyles and maintain their mental wellbeing	implement digital interventions such as 'Good Thinking'			by platform and at least 30% sought further support	our residents and access to this services may be underutilised.
	- Implement Healthy Weight Strategy across the life-course from promoting breastfeeding initiatives to improving access to healthy food, promote physical activity and deliver on Local Government Declaration	Mar 2021	Proportion of infants being breastfed at 6-8 weeks (developmental target)  Proportion of physically active adults that meet Chief Medical Officer guidelines (e.g. 150 minutes of moderate activity a week or  Childhood excess weight (overweight and obesity) prevalence for Reception and Year 6 pupils.	60%  65%  19% and 30%	Improving outcomes linked to Healthy Weight requires whole system leadership and consistent, multifaceted engagement. If Healthy Weight Strategy is not delivered due to lack of partnership working, prevalence of childhood obesity will increase.
	- Support schools to implement 20 mins of extra physical activity such as Mayor Golden Kilometre (MGK), daily shake up and park runs	Sep 2020	Increase number of schools participating in MGK  Provide information, resources and signposting to all secondary and primary schools	Determine number of schools already participating in 20 mins extra physical activity (MGK) by Q1	Lack of engagement from schools due to capacity or lack of information could lead to delays in programme delivery. Mitigation actions are in place to ensure whole borough engagement.
Improving services for children and young people and ensuring the needs of children are considered in everything we do	- Support Children and Adolescent Mental Health Pathway by extending Resilient Schools Programme across the borough <ul style="list-style-type: none"><li>Expand online support to parents / school staff</li><li>Expand to further 20-25 schools</li><li>All schools have Mental Health First Aiders and support to deliver whole school mental health awareness sessions</li></ul>	May 2019  Sep 2019  Mar 2020	Number of schools participating in RS programme  Number of schools completed mental Health First Aid training  Positive satisfaction with life among 15 year olds: proportion reporting positive life satisfaction	40 schools by Q2  All schools in Barnet by Q4  90%	Capacity of schools to deliver interventions (mitigated by developing a framework, providing training and developing resources); or capacity of the Resilient Schools programme to expand into further schools (mitigated through a change in model of delivery with move to provide support through meetings for multiple schools, schools supporting each other, online resources, email/ telephone, and a framework to highlight schools where additional support is needed) could lead to delays in programme

	- Ensure that health and wellbeing of young people who are in need, is good	Mar 2020	Emotional wellbeing of looked after children aged 5-16 that is of no concern  Proportion of children in care with up to date immunisations	70%  Obtain baseline and set target by Q1	delivery  Several different factors influence emotional and physical wellbeing of looked after children and there is a risk that, despite concerted effort, health and wellbeing of young people may deteriorate.
Creating a healthy environment	- Work with business network groups to raise awareness of workplace charter and support businesses to sign up	Mar 2020	Number of businesses contacted a year personally, by newsletters and other forms of communication  Number of businesses expressed interest to progress	40/500/15,000  50% of those contacted	If not delivered, businesses may not improve health and wellbeing of their workforce.
	- Increase the number businesses who have registered for Healthy Workplace Charter which hold the Healthier Catering Commitment in their food offer to staff	Mar 2020	Number of businesses with the Charter and HCC to staff	5 new per quarter (100 in total)	If small and medium businesses lack capacity this could lead to the initiative not being implemented in full. We therefore employed Workplace Wellbeing Officer to support businesses across the borough.
	- Promote cycling and walking within the Healthy Streets approach	Mar 2020	Proportion of residents living within 400m of the London-wide strategic cycle network	4%	The proposal of Cycling Quietway is in early stages and it has not been agreed yet. There is a risk that implementation of cycling lanes across the borough is delayed or not implemented.
	- Work with advertising company to influence a choice of advertisement within an 8 minute walk/400m of secondary schools during term time	Mar 2020	Narrative on progress will be provided	Narrative	Public perception of advertising “healthy eating/physical activity on one side of advertising board whilst the other side is potentially advertising unhealthy food/drink. This may result in mixed messages and inability to influence behavioural change.
Continuing improvements on preventative interventions	- Increase uptake of cancer screening services across the borough	Mar 2020	Breast cancer screening uptake  Cervical cancer screening uptake  Bowel cancer screening uptake	75%  70%  60%	National Screening Programmes are commissioned by NHS England and local influence to these programmes have been limited. There is a potential risk of failing to influence NHS England and uptake would remain low. Local screening action group has been set-up to mitigate those risks and NHS

					England representatives are involved.
	- Implement sexual health prevention programme across the borough and reduce sexually transmitted infections in young people	Mar 2020	Chlamydia detection rate per 100,000 aged 15-24 a year	2,000	The Sexual Health Prevention Service will be implemented in July 2019 and a significant input is needed to embed services into community. There is a potential risk of failing to reach those communities that need most support.  Emergency Hormonal Contraception (EHC) provision in the community has been delayed by a provider. There is a risk of limited access to EHC resulting in unwanted pregnancies.
			Proportion of 15-24 year olds accessing sexual health services for sexual health screening	20%	
			Proportion of under 18s conceptions leading to abortion	Bellow 60%	
	- Establish a partnership approach to increase uptake in childhood vaccination e.g. establish Immunisation Forum and develop action plan	Mar 2020	Population vaccine coverage for Measles, Mumps and Rubella (2 <sup>nd</sup> dose at 5 years)	90%	Immunisation services are commissioned by NHS England and therefore there is a risk of failing to influence NHS England to improve local services. This will result in low vaccine coverage and potential outbreaks of childhood infectious diseases. Local Immunisation Forum has been established to mitigate the risk.

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AGENDA ITEM 12

	<b>Health and Wellbeing Board</b> <b>28<sup>th</sup> March 2019</b>
<b>Title</b>	<b>Maintaining mental health and wellbeing and building resilience</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A - Briefing slide deck – Maintaining mental health and wellbeing and building resilience
<b>Officer Contact Details</b>	Jeffrey Lake, Consultant in Public Health. <a href="mailto:jeff.lake@barnet.gov.uk">jeff.lake@barnet.gov.uk</a> 07849095152

<b>Summary</b>
<p>This report recognises the priority afforded to mental health in national and local policy and provides an update on the development of a local mental health campaign building on the Thrive London campaign and the Good Thinking digital support programme for mental health.</p> <p>Local campaigning is intended to raise awareness and tackle the stigma associated with mental health and promote access to sources of support. Action is also underway to make Barnet a more dementia friendly borough and to ensure the coordination of local suicide prevention activity.</p>

<b>Recommendations</b>
<ol style="list-style-type: none"> <li>1. That the board note the development of a mental health campaign to tackle mental health stigma and promote access to support</li> <li>2. That the board note planned action to make Barnet a more dementia friendly community</li> <li>3. That the board note planned action to coordinate suicide prevention activity in the borough</li> </ol>

#### 4. That board members provide advice and support to direct and maximise the impact of this work

##### 1. WHY THIS REPORT IS NEEDED

- 1.1 Improving Mental Health is identified as priority within national policy, most recently the NHS Long Term Plan (2019), and locally in the Health and Wellbeing Board Strategy.
- 1.2 One in four people experiences a diagnosable mental health problem each year and impact of mental illness on individuals, communities and society is significant.
- 1.3 Thrive London is a city-wide campaign that aims to tackle stigma and discrimination resulting from mental illness, to maximise the potential of children and young people by building resilience, promoting a happy, healthy and productive workforce and preventing suicides. As such it resonates very strongly with local action.
- 1.4 Good thinking is a digital mental health support programme that provides Londoners with access to safe, proactive early intervention tools aimed at those experiencing the four most common mental health and well-being concerns - depression (low mood), stress, sleep, and anxiety. It uses social media advertising to reach people and provides a range of online support – web and app-based, as well as links to face to face and peer-to-peer provision.
- 1.5 Data indicates that the programme has reached well over 5,000 Barnet residents and that over 1,500 have gone on to access to self-help resources.
- 1.6 Building on these initiatives, a mental health campaign is under development locally that is intended to run throughout the 2019/20 financial year with a special attention around World Mental Health Day in October 2019.
- 1.7 The planned campaign aims to adopt an approach developed by the Thrive London team delivering mental health focused events in community settings and generating social media engagement by capturing the views and experiences of local residents in short video postings which in turn create further campaign engagement.
- 1.8 Community wide action is also planned through re-establishing a Local Dementia Action Alliance to promote action on the creating a more dementia friendly community.
- 1.9 In addition to the suicide prevention activity conducted by Thrive London, an annual borough action plan is produced by a multi-agency working group and this is on the process of being reviewed and refreshed. A report was presented to the Health Overview and Scrutiny Committee in February 2019 and is expected to return in July.  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9510&Ver=4>
- 1.10 Particular progress has been made during the past year in reviewing safety planning at the point of discharge from Accident and Emergency following

self-harm. A local post-vention action plan is also in development and the expansion of bereavement support provision in being explored across North Central London. A London wide alert system that will make information available to diverse partners has also been commissioned.

## **2. REASONS FOR RECOMMENDATIONS**

The improvement of mental health awareness, prevention and care requires cultural change and the involvement of a wide range of partners. The health and wellbeing board is ideally placed to provide direction to these coordinated efforts.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 None

## **4. POST DECISION IMPLEMENTATION**

4.1 The development of a local campaign will progress informed by partners suggestions.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

5.1.1 The Barnet Health and Wellbeing Strategy 2015-20 reflected the priority of mental health and the Health and Wellbeing Board priorities for 2019-24 include - encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing, and supporting residents across the life course to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business.

5.1.2 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.

5.1.3 The Joint Strategic Needs Assessment identifies rates of mental illness, dementia and suicide in Barnet and compares these with national rates. Prevalence of mental illness and rates of suicide are below the national average but rates of diagnosed dementia are higher.

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

5.2.1 Financial resources to support London wide initiatives (Thrive London and Good Thinking) and local campaigning have been identified from within the public health grant.

5.2.2 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies. It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

### **5.3 Social Value**

- 5.3.1 Local campaign plans are being developed in consultation with local community sector organisations. It is likely that additional expertise will be required, particularly in support filming for the production of social media content and the potential to share this in order to build local capacity is being explored.

### **5.4 Legal and Constitutional References**

- 5.4.1 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- To promote partnership across all necessary areas.

### **5.5 Risk Management**

- 5.5.1 The effectiveness of different campaigns obviously varies. Thrive and Good Thinking are London wide initiatives and by developing a local campaign drawing on these existing resources we capitalise on significant regional investment and research.
- 5.5.2 The campaign concept shared above has been developed and refined in dialogue with local voluntary and community sector organisations who are supportive of its aims.
- 5.5.3 The scope and delivery of the actions outlined in the suicide prevention action plan are dependent on partners' willingness and capacity as there is no statutory authority for councils to require partners to take action. The Health Overview and Scrutiny Committee will give focused attention to local action with partner agencies invited in July.

### **5.6 Equalities and Diversity**

- 5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of Policies and the delivery of services.
- 5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual

orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.

5.6.4 Rates of mental illness vary across different groups including those as defined by protected characteristics. The campaign proposed seeks to directly challenge the stigma associated with mental health and to raise awareness and promote access to sources of support.

**5.7 Corporate Parenting**

5.7.1 No concerns identified.

**5.8 Consultation and Engagement**

5.8.1 The campaign concept outlined above has been developed and refined in consultation with local voluntary and community sector groups.

**5.9 Insight**

5.9.1 Mental health priorities are informed by local data, particularly the Joint Strategic Needs Assessment.

**6. BACKGROUND PAPERS**

6.1 The HOSC received a report on suicide prevention in February: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9510&Ver=4>

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# Maintaining Mental Health and Wellbeing and Building Resilience

Barnet Health and Wellbeing Board

28<sup>th</sup> March 2019

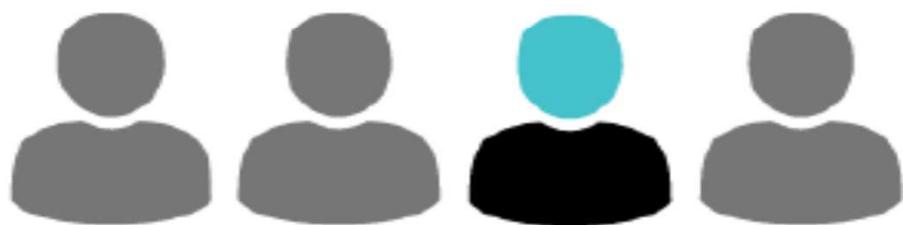
# Outline

- **Introduce the Thrive London mental health campaign and the London digital programme – Good Thinking**
- **Share local plans to build on these programmes locally**
  - **A local campaign focused on awareness of mental health, tackling stigma and promoting access to support**
  - **Suicide prevention activity**
  - **Making Barnet a more dementia friendly community**

## A HWBB priority

- Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing.
- Supporting residents across the life course to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business.

# Londoners' Mental Health



Every year 1 in 4 people will experience a diagnosable mental health problem



**18%** of adults who have mental illness met criteria for common mental disorders but are not diagnosed

## Anxious?

London has the highest proportion of the people with anxiety in all the UK



Each year the wider economic & societal impacts of mental ill health costs London billions

## £550 million

London boroughs spend millions per year on social care for supporting people with common mental health issues

“Basic and **too-often ignored problems** in our city”

# Thrive London

## Six thematic areas:

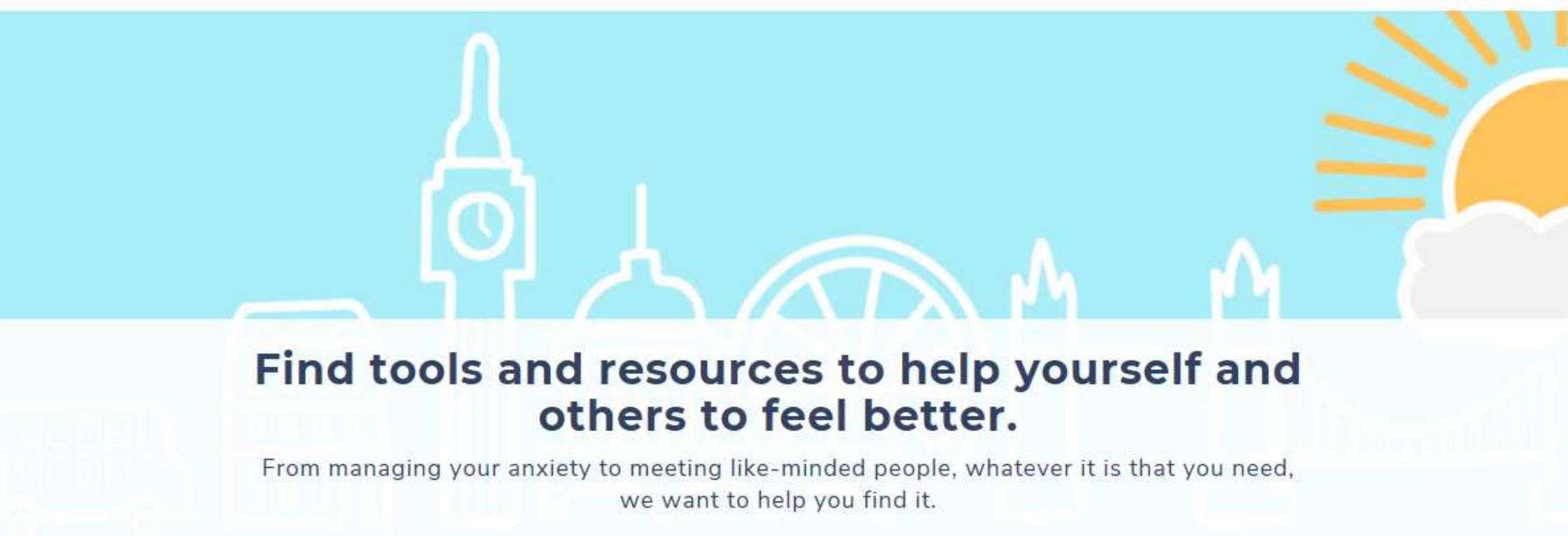
- A city where individuals and communities are in the lead
- A city free from mental health stigma and discrimination
- A city that maximises the potential of children and young people
- A city with a happy, healthy and productive workforce
- A city with services that are there when and where needed
- A zero suicide city

<https://www.london.gov.uk/what-we-do/health/london-health-board/thrive-ldn->

[Give us feedback](#) to help improve

know someone who is feeling: [Anxious](#) [Sleep Deprived](#) [Stressed](#) [Sad or Low](#)

[Self Assessment](#) [Urgent Su](#)



## Find tools and resources to help yourself and others to feel better.

From managing your anxiety to meeting like-minded people, whatever it is that you need, we want to help you find it.

### Browse our topics

# Good Thinking Usage to date

Nov '17 - Nov '18

**180,000** visitors



Good Thinking

**125,000** unique IP addresses

**55,000** repeat users

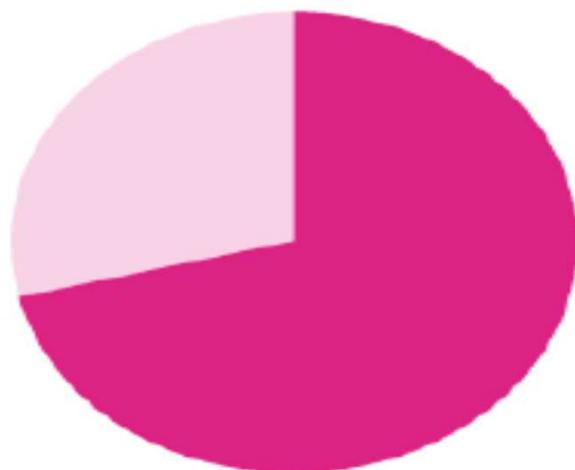
NEW USERS

**90,000**

April '18 - Nov '18

30.5% repeat users

69.5% new users



Steady user growth

★ Nov '18  
**180,000**

Apr '18  
**50,000**

☆ Goal:  
**63,000**

Stakeholder communications campaign:

NEW USERS

1 - 31 Oct '18

**20,000**

## Top 10 resources

\* free for Londoners via Good Thinking



### 1 Sleepio\*

Online programme that teaches proven techniques to fall asleep faster, stay through and wake up feeling refreshed.



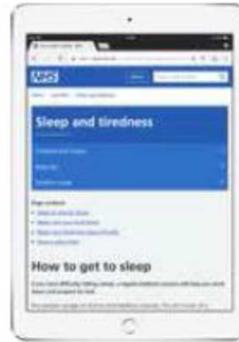
### 2 Be Mindful\*

Online mindfulness course to develop lifelong skills to help manage difficult emotions and better cope with life's stresses.



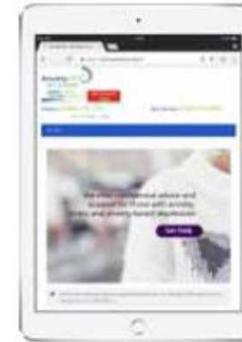
### 3 NHS Sleep and tiredness advice

Comprehensive health information and advice using videos, articles and other resources.



### 4 Anxiety UK

Support service for people living with anxiety; it provides information and support via an extensive range of services, including 1:1 therapy.



### 5 The Campaign Against Living Miserably

Free helpline and web chat support service for men feeling down or depressed for any reason.



### 6 Rethink

Charity providing expert, accredited advice and information to anyone experiencing a mental health problem.



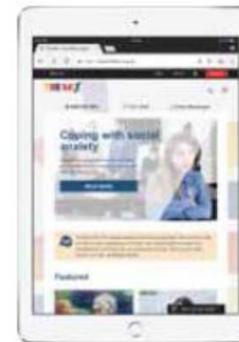
### 7 Mental Health Foundation

Website with useful tools and resources for all things related to mental health and wellbeing.



### 8 The Mix

Online support service providing free, confidential support and counselling for young people under 25.



### 9 Living Life to the Full

Free online courses based on the principles of cognitive behaviour therapy to learn skills for coping with stress.



### 10 SAM

Mobile phone app designed to help manage anxiety by building a personalised anxiety management toolkit.



## Proposed work plan for 2019/20

Scope out the use of Good Thinking to ages 13 – 16 (by 2020).

Make Good Thinking available to all schools

Further expand peer-to-peer networks.

Explore direct referral into London's digital IAPT services.

Good Thinking introduced to London's top 100 employers as part of their employee well-being support.

50% of London's universities using Good Thinking to support student wellbeing.

Further testing and introduction of apps and resources.

Exploration of mixed app and online face-to-face support.

Further development of a range of materials and resources to support the use and adoption of Good Thinking.

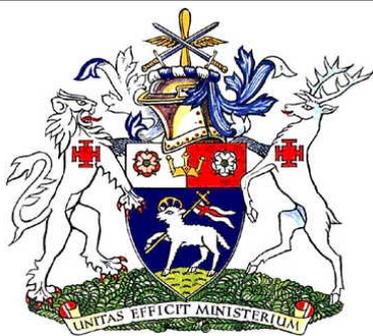
# Local plans

- **A campaign for 19/20 building on Thrive London and Good Thinking**
  - Problem solving booths and events
  - Capturing experiences and views
  - Social media postings
- **Suicide prevention actions**
  - Particularly through our schools resilience programme and through improved safety planning at the point of discharge from acute services
- **Promoting a dementia friendly borough**

# Dementia-friendly communities



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## Health & Wellbeing Board

AGENDA ITEM 13

28<sup>th</sup> March 2019

<b>Title</b>	<b>Prevention, enablement and self-reliance services in Barnet</b>
<b>Report of</b>	Director of Adult Social Care
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A: Enablement presentation
<b>Officer Contact Details</b>	Karen Morrell, Head of Integrated Care, Mental Health Services

### Summary

This report highlights the importance of supporting people with mental ill health to thrive well in the local community, have something meaningful to do, strengthen social relationships and maintain good housing. Enablement model developed and delivered by Barnet Council and Barnet, Enfield and Haringey Mental Health Trust has been extremely successful in supporting people live well in the community settings despite their mental ill health limitations.

This paper describes the main components of the model and highlights recent achievements and service users feedback.

### Officers Recommendations

- 1. The Health and Wellbeing Board is asked to note progress on mental health enablement model in Barnet and to support referrals to enablement services across partnership.**
- 2. Members of the Board are asked to champion mental health enablement model across the borough through their respective organisation.**

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 Mental health is identified as one of the four priorities in Health and Wellbeing Strategy and in the Corporate Plan approved on 5<sup>th</sup> March 2019: Develop an enablement model that would promote prevention, early intervention and recovery in mental health by tackling wider determinants (e.g. access to good housing and having something meaningful to do).
- 1.2 Significant progress has been made since Mental Health Network inception and this report provides comprehensive overview of recent achievements.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 A key element of effective mental health sustainable system that aims to improve health outcomes, social functioning and promote independence is an enablement model implemented locally. It is therefore crucial that model is utilised fully and supported by senior leadership across health and care partnership.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The alternative option is to not have enablement model in place which could expose the council to significant risks in terms of decreased independence and increase in more complex mental health and social care needs locally.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The priorities for the Board include further development of enablement model. The Board will therefore monitor its performance via Delivery Plan 2019/20.
- 4.2 The Delivery Plan will be refreshed on an annual basis. The Board will receive a performance report each quarter updating on progress, performance and risk against the priorities, including enablement model.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The council's Corporate Plan, which sets out the outcomes, priorities and strategic approach, has been refreshed for 2019 to 2024 and HWB Board's priorities include enablement model delivery and key performance indicators to measure its success.

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

- 5.2.1 It is envisaged to continue delivery of enablement model within existing Council budget resources.

### **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 (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees. The responsibilities of the Health & Wellbeing Board are:

(1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population 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 whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

(4) To provide collective leadership and enable shared decision making, ownership and accountability.

(5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

(6) To explore partnership work across North Central London where appropriate.

(7) Specific responsibilities for:

- Overseeing public health and promoting prevention agenda across the partnership.
- Developing further health and social care integration.

## **5.5 Risk Management**

5.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks will be reviewed quarterly (as a minimum) and any high-level risks will be reported to the relevant Theme Committee and Policy and Resources Committee.

## **5.6 Equalities and Diversity**

5.6.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty, requires elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

5.6.2 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

## 5.7 **Corporate Parenting**

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the refreshed Corporate Plan reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does.

## 5.8 **Consultation and Engagement**

5.8.1 Enablement model has strong residents engagement forum that shapes delivery of the model.

## 5.8 **Insight**

5.8.1 Not applicable.

## 6. **BACKGROUND PAPERS**

6.1 None

# Mental Health services

Prevention, Enablement and Self Reliance services in Barnet

# The Network- Barnet's MH enablement service

- The MDT offers a complex client centred service that focuses on promoting independence, social inclusion and recovery
- We are a Social Care, borough-wide service, with staff from Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) and Local Authority
- In line with the Care Act, our clients are at the centre of our intervention, retaining control, choice and independence throughout their journey with us and beyond
- We use self assessment tools to work collaboratively with people
- The core of the service is the Enablement groups
- To prevent escalation of need we can offer one-one support for up to 6 sessions
- There is an opportunity to build informal support, and offer feedback through a strong service user forum
- We work closely with the Wellbeing hub based at the Meritage centre and our other voluntary and third section organisations.

# What does the Network provide

- The Network is the front door for all new MH safeguarding referrals in Barnet – supporting people with MH difficulties who have care and support needs.
- We also offer group and or individual one to one strengths based sessions
- Community Access Workers support people to engage with education, employment, voluntary work and accessing community resources
- We have developed the opportunity to be part of a thriving allotment community, started by the Network Forum and developed and facilitated by our Peer Support Worker
- We have developed a pocket wellbeing maintenance manual and have gone on to provide a programme designed around this
- We promote a strong collaborative practice, working in partnership with other agencies, including the Early Help Panel
- Drawing partners from secondary care, primary care and third sector through our Dream Team work

# Education training, raising Mental Health awareness with other teams and services.

- We have hosted two cohorts of Think Ahead Mental Health Social Workers over two years. This exchange has increased a flow of information, theory and skills in the team supporting a whole service change
- We take part in the Early Help Panel
- We visit other teams and services to share information and to increase mental health awareness
- We are part of a multi agency referral process
- We offer brief awareness sessions to our Social Care colleagues

# Some facts and figures

- The Barnet MH services were restructured in April 2018#
- BEHMHT changed from a diagnostic pathway to a locality pathway
- Primary care link workers were introduced to work closely with GP practices (and are now responsible for approximately 50% of referrals to the Network)
- Voluntary service collaborative was developed and we now work closely with our partners at the Wellbeing hub
- Adult social care developed a stronger social care model by increasing the capacity of the enablement staff, in our team for example, we took on Social Workers in April 2017. This complements the Enablement and Assessment Officers, Occupational Therapist, Community Access Workers, and a Peer Support worker as well as staff from a variety of backgrounds including psychotherapy and psychology, employment, art therapy and counselling). Staff utilise their broad range of skills to inform our model of creative practice

# Some data and outcomes

Between April the 1<sup>st</sup> 2018 and January 31<sup>st</sup> 2019 we received 667 referrals to our service

Our safeguarding referrals for the same period stand at 86 (approximately a 20% increase from last year). We have noticed that our busiest time starts with the onset of winter, when safeguarding referrals double

Safeguarding in general requires intensive amounts of work

Since taking on all the new safeguarding for the borough in April 2017, we have applied and evaluated a process for managing the referrals, this has contributed to good feedback from the external live audit process

# Some data and outcomes

**For the period 1.04.18-28.2.19** The Network staff completed:

- 1033 assessments;
- 460 reviews;
- 35 Enablement groups were facilitated;
- 92% of clients who engaged with the service achieved one or more outcomes
- 57% of clients who engaged with the service made use of mainstream community and leisure opportunity
- 11 % of clients who engaged with the service are in education in training
- 9 % of clients who engaged with the service are in volunteering
- 22% of clients who engaged with the service are in employment

# Looking after the MH of people supporting people with MH

- ▶ In line with supporting staff wellbeing, we introduced a wellbeing forum in 2018, to support all aspects of their own wellbeing, enabling them to be their best selves at work
- ▶ We have also introduced a staff gratitude book
- ▶ To enable staff to manage their cases we have a structured approach to clinical meetings in the form of mandatory weekly clinical discussions. For safeguarding we have clinical fortnightly meetings, debriefs take place after all groupwork sessions, and we use a supervision audit tool with all staff
- ▶ At the network we encourage learning by inviting specialists to visit and contribute to our team thinking
- ▶ More recently we have invited a specialist from another service to introduce to us a reflective model to support staff with challenging cases.

# Sharing some stories

- ▶ Michelle and Deborah will share some stories with you relating to 3 people who have been through the service, include a safeguarding, someone with complex long term needs and someone at the beginning of their mental ill health journey, this will help you to understand how the service works for real people

# Linking mental health with physical health- The allotment



# Allotment continued.....

The community allotment project is for people in Barnet who have experienced mental health difficulties.

The aims are to provide:

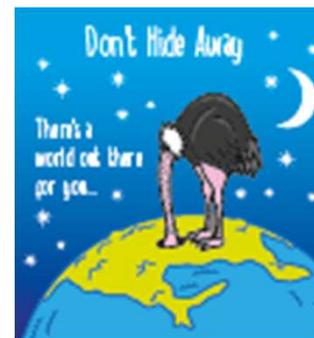
- A safe space for users to rebuild and maintain social skills
- Regain structure in life
- To experience the therapeutic benefits of gardening, physical activity and co-production

The allotment is run by present and post mental health service users who volunteer their time.

Our project is very much in its infancy but has proven increasingly popular.

Our project allows for people to experience a group setting without feeling overwhelmed, to grow in confidence through learning new practical skills, and to improve their wellbeing by being physically active and eating good fresh organic produce.

# The Wellbeing Maintenance Manual: The Journey



# The Community Access Worker (CAW) role at the Network

We promote social inclusion and Mental Health Awareness, by being visible in the community.

Networking with voluntary and non-voluntary organisations through community engagement, partnerships and innovation. We can deliver more joined up working opportunities and smoother pathways that make life better for our clients. We also work alongside the keyworker to empower clients to achieve their goals.



# CAW Projects and Collaborations

2018 Community access worker community Engagements			
Collaborations	Event	when	
Heartreach	Silver week	Oct	Ongoing
Public Health - Suicide prevention	Manual		Ongoing
Wellbeing Hub	Wellbeing Café	May	Ongoing
Multicultural Centre	Silver Week	Oct	
Outreach Barnet	BHM	Oct	
NLBP	BHM	Oct	
Bread Of Life Face Muswell Hill (St James Church )	Silver Week	Oct	
Copthall and Burnt Oak Leisure Centre (Better Gyms)	Planning MH Awareness info Moring	Oct	
City Lit	Mental Wealth Festival to showcase Manu	Sep	
Prevention & Wellbeing	MH Suuport meetings		Ongoing
<b>Meetings</b>			
Community advisory meeting		Jan	Southgate college
Black History month planning event		July	Outreach Barnet
Employability group meeting		July	Barnet House
Silver week planning meeting collaborating with Heartreach		July	Barnet House
Communities Together Network meeting		August	West Hendon Hub
Prevention and wellbeing Network forum		August	Colindale
NLBP equalities team		Sept	NLBP
Collaboration meeting with Wellbeing Hub re development of community café		Oct	Wellbeing Hub
VCS Barnet & community cesector conference		Dec	Anne Owen centre
<b>Events</b>			
Experts by Experience			Dugdale centre
Wellbeing event		feb	EC1
International women's day		March	Barnet House
One stop shop - reintroduction courses for men		March	Graham park
Dragon Café in the City		May	St Pauls
Mental health different ways of supporting in the community		May	EC1
Mental Health awareness day at Camden recovery college		May	Camden
Proud to be different		June	Middx uni
Understanding BME cultures in MH		June	Middx uni
Co-production forum		June	Chase farm
Recovery college co-production event		July	Camden
Mosaic Clubhouse		October	Brixton
Black History event NLBP		October	NLBP
Wellbeing focus group Pop up event		Dec	Wellbeing Hub
I am Normal Festival - Arts Depot		Sep	

# Feedback from our clients

Do you think that being at The Network has helped you?

**100 % of clients think that being at the Network helped them**

(A lot – 63.41 ; A fair bit 24.39; Average so – 7.32; A bit – 4.88; Not at all -0)

How likely are you to recommend this service to friends and family if they needed similar care or treatment?

**Approximately 98% of people who discharged from the service would recommend this service to friends and family.**

(Extremely likely 68.29; Likely 26.83 ; Neither likely or unlikely 2.44 ; Unlikely 0 ; Extremely unlikely 2.44 ; Don't know 0)

\*Feedback figures from clients discharge questionnaires between 1/04/18-28/02/19.

# Community Access Worker & Co-production at the Network

- In its simplest essence, to co-produce is to make something together
- Co-production aims to review, develop public services in a genuine partnership between those who manage and fund services and those who use them and an opportunity create innovation about how services are designed and delivered
- Why is it a useful practice?
- It is estimated working co-productively and involving the community can save up to 7% of budgets by ensuring that services are ones that are needed, wanted and will be used ([www.nesta.org.uk/project/people-powered-health](http://www.nesta.org.uk/project/people-powered-health) )

## What our clients say

“ Since attending the Network my life has been more fulfilled. The transformation from which I was when I first attended is remarkably different, others have also noticed this. My condition is more balanced, my anxiety calmer and I am happier than I have been in a long time. The enablement programme has steered me onto the right path towards a healthier, happier lifestyle. I have gained self-love and respect and in the process have started accepting who I am. The knowledge that I have learnt and will take away with me is invaluable. It will enrich me daily when I continue putting all the information into action. The groups have improved my self-esteem and confidence but also my trust in others. I have met some interesting people, a key worker and facilitators who are all genuine, kind and empathic. They have left their imprint. A group of members, which I know will become and remain good friends. The Network is a great service that is much needed in the community to help people with recovering from an illness.”

“I feel like I have been through a rehabilitation experience. It's the Priory experience for local Barnet residents. The Network has helped give structure and progress to my recovery. The Network has been a safe space and has supported in easing me back to the real world. I wish there was more of it. The Network has brought me to the pass mark for my recovery and the rest is up to me. That's credit to the work that's been done here.”

# Some happy endings

**We received more than 500 compliments over the last year.....**

“The help and information I have received at the Network has helped my confidence and improved my understanding and management techniques in regard to my mental health, the support has been very helpful and has been delivered in a way that is easy for me to understand and access. I gained a great deal of knowledge from the courses I attended. Very helpful and professional support from my keyworker and ALL those who ARE involved with providing service, information and support at the Network”

“Network has provided me with structure and tools to take control of my life and to give myself permission to move forward and succeed”

	<b>Health and Wellbeing Board</b> <b>28<sup>th</sup> March 2019</b>
<b>Title</b>	<b>Mental Health – the crisis care pathway and developments</b>
<b>Report of</b>	Head of Commissioning, Mental Health and Dementia
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A –provides an overview of the following services: - <ul style="list-style-type: none"> <li>• Primary Care Link Workers</li> <li>• Crisis Resolution Home Treatment Team</li> <li>• Mental health liaison services</li> </ul> Appendix B- provides an overview of the crisis care pathway and key developments
<b>Officer Contact Details</b>	Sarah Perrin, Head of Commissioning, Mental Health and Dementia <a href="mailto:Sarah.perrin@barnet.gov.uk">Sarah.perrin@barnet.gov.uk</a> / <a href="mailto:sarah.perrin1@nhs.net">sarah.perrin1@nhs.net</a> 020 8359 3487

## Summary

This report provides an overview of the mental health crisis care pathway and key issues, challenges and opportunities to improve the pathway for Barnet residents. This report also outlines work already in train to support improving the crisis care pathway for Barnet residents to achieve better outcomes and sets out recommendations, for the Board to support activity in this area.

## Recommendations

1. The Board is asked to note the contents of the report and developments occurring to improve the crisis care pathway for Barnet patients.
2. That Board members provide advice and support to maximise the impact of the work being undertaken and discuss how to support strengthening the pathway across the whole system.

### 1. WHY THIS REPORT IS NEEDED

1.1 Ensuring that people experiencing mental ill health have access to good crisis care that is integrated into urgent and emergency settings, and effective preventative support for adults to maintain their health and wellbeing aims to achieve:

- improved outcomes for patients
- parity of esteem between mental and physical health (equal value is placed on both physical and mental health)
- improved crisis care for people of all ages
- improved management of demand for services
- improved patient flow across the system

1.2 Urgent and emergency care, mental health services and social care are all facing significant challenges and, whilst progress has been made to improve the crisis care pathway and improve outcomes, there are clear opportunities for further improvement. Key challenges include: -

- ensuring appropriate alternative provision is in place to prevent unnecessary admission into acute settings
- increasing demand
- fragmentation in the system
- ensuring sufficient appropriate provision is in place to meet complex needs to support timely and good step down from acute settings

1.3 The crisis care pathway can be defined by four key stages: -

1. Access to support before crisis point; the provision of readily accessible support 24 hours a day 7 days a week- this is for people who are close to crisis and need quick access to support that may help prevent escalation of their problems.
2. Urgent and emergency access to crisis care - when people need emergency help related to their mental health needs when in crisis. The emphasis is on treatment being accessed urgently and with respect in a similar manner to a physical health emergency.
3. Quality of treatment and care when in crisis - the provision of support and treatment for people in mental health crisis. Effective treatment is provided by competent practitioners, who focus on the individual's recovery and is provided in a setting that best suits their needs.
4. Promoting recovery/ preventing future crises - the provision of services that will support the process of recovery for people with mental health illness and help them stay well.

A high-level overview of the main pathways for those presenting in mental health crisis is provided in the attached presentation - see Appendix B.

1.4 Barnet Clinical Commissioning Group and Barnet Council are committed to ensuring that residents experiencing mental health crisis have access to high quality support which meets their needs appropriately and work is being undertaken to support improvements. Additionally, work is occurring across North Central London and pan London to improve support for adults

experiencing mental health crisis which is linked into the work being undertaken locally. Therefore, this report aims to set out work occurring to improve the pathway and asks that the Board discuss how to support strengthening the pathway across the whole system. The key objectives to be achieved through work being undertaken are: -

- To improve the equality and accessibility of services for the four key stages of the mental health crisis pathway
- To improve outcomes for people experiencing mental health crisis

1.5 The Five Year Forward View for Mental Health set out a commitment that there should be improved access to high quality mental health care and proper funding for mental health crisis care; setting out the expectation that mental health support and services should be fully integrated within NHS urgent and emergency care to deliver parity of esteem between mental and physical health and improve outcomes for patients. The Five Year Forward View for Mental Health stipulated that by 2020/21: -

- All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions. Out of area placements will therefore essentially be eliminated for acute mental health care for adults.
- All acute hospitals will have all age mental health liaison teams in place and at least 50% of these will meet the core 24 service standard as a minimum

1.6 The NHS Long Term Plan (2019) builds upon the priorities set out in the Five Year Forward View for mental health specifically identifying a need to improve support for people with mental ill health within primary care and crisis and emergency provision to deliver better outcomes.

1.7 Mental Health has also been prioritised locally as reflected through: -

- Work delivered via the Reimagining Mental Health Programme
- The Crisis Care Concordat 2014
- The Barnet Health and Wellbeing Strategy 2015-20
- The Barnet Health and Wellbeing Priorities 2019-24
- The Barnet Corporate Plan
- The NCL Sustainable Transformation Plan and associated Barnet CCG plans.

1.8 Individuals in crisis can present in community, acute or criminal justice settings. To support improvements to the pathway a review is currently being undertaken and is due to be completed by July 2019, this will set out key recommendations and findings to inform improvements to the pathway.

1.9 The approach that is being applied to the review focuses on the following three areas which are cross cutting components to delivering improvement in crisis care: -

- Prevention of crisis
- Urgent and emergency access to crisis care
- Discharge

### **1.10 Prevention of crisis**

1.10.1 To prevent crises and support people to maintain their own health and wellbeing and prevent escalation of need there must be wide and diverse prevention offer in place and a range of alternative admission options available for people presenting in mental health crisis or who are being stepped down from acute settings.

1.10.2 Currently, the prevention offer in place for Barnet is varied and diverse for adults experiencing mental ill health and includes support via GPs, primary care link workers, the Network (social care), the Wellbeing Hub, community mental health teams, crisis resolution home treatment teams, other secondary mental health provision, commissioned Providers and the wider voluntary community sector (VCS). However, there are numerous opportunities to make improvements in this area thereby reducing the numbers of people inappropriately presenting in emergency department settings and reducing the number of mental health crises from happening. Opportunities include: -

- Developing more community and peer support resources (including diversity of accommodation and employment support)
- developing the local Improving Access to Psychological Therapies (IAPT) offer
- developing mental health support (including support for adults with dementia) within the Care Closer to Home Programme
- reviewing effectiveness of the crisis home resolution teams – considering early system wide interventions/response to mental health crisis and setting out recommendations following the review
- exploring alternative provisions to prevent unnecessary attendance and admission and developing provisions where there are gaps

### **1.11 Urgent and emergency access to crisis care**

1.11.1 Having access to timely and high quality urgent and emergency care when in crisis is key to ensuring that patients receive the right support when they need it. Access to this support is intrinsic to preventing further escalation of need, ensuring that there is parity of esteem between mental and physical health and that robust and appropriate care management is in place to deliver good outcomes for patients.

1.11.2 To ensure that individuals consistently have the ability to access timely and high quality urgent and emergency care when in crisis, several significant issues need to be addressed including improved joint working; patients are being seen by the right teams at the right time (interface), improving integration of mental health support into urgent and emergency settings, improving patient flow to ensure sufficient bed capacity to manage demand

and improving knowledge and awareness of mental wellbeing in acute settings. Key areas to focus on to ensure improvements in this area of the pathway include: -

- improving the role of adult mental health liaison services within acute settings
- identifying opportunities to improve joint working between mental health teams, urgent and emergency care teams, acute staff and social care staff (multi-disciplinary working and educational awareness)
- ensuring that staff in acute settings have a good understanding and knowledge of how to appropriately support people presenting in mental health crisis
- having sufficient alternative community provision in place to support someone in crisis to prevent admission and to ensure sufficient capacity within acute mental health settings where people need to be managed in hospital.

## **1.12 Discharge**

1.12.1 Good care co-ordination and multi-disciplinary working should ensure that good outcomes for patients are achieved and that patients are stepped down in a timely and appropriate manner. For adults with mental ill health, discharge can relate to transferring/ discharging patients to mental health beds from acute beds and vice versa and, effective and timely discharge and support back into the community when patients are both physically and mentally well enough from either acute beds or mental health beds. Therefore, when considering discharge for patients with mental ill health to support effective transfer within acute settings or, discharge back into the community, specific opportunities for improvements include: -

- improving early and high-quality care planning and coordination
- supporting effective flow through inpatient beds for mental health patients to prevent delayed transfers of care from acute settings and out of area placements wherever possible.
- ensuring sufficient high-quality step-down provision and support that appropriately meets people's needs
- improving system resilience for adults with mental health illness – joint working and supporting a reduction in delayed transfers of care

## **1.13 Supporting friends and family who care for someone with mental ill health**

1.13.1 Presently there is a range of support available for carers of someone with mental ill health. However, there are many opportunities to do more work to develop this offer. Carers of adults with mental ill health are key to supporting admissions avoidance and self-management of need. It is therefore vital that there is a range of support to help them in their caring role. This should include training, inclusion in discharge planning, peer support, information and advice and raising awareness of carer identification and support with professionals.

## **1.14 Current work to improve the crisis care pathway**

1.14.1 To support improvements to the pathway and better outcomes for residents, work is already underway. This includes: -

### **Crisis Pathway Development**

- Review of the current crisis care pathway for Barnet – to be completed by the end of Q1 2019 (extensive engagement to be carried out to inform the review and set out recommendations).
- A Mental Health Compact for London (a compact between London mental health and acute Trusts, Local Authorities, Clinical Commissioning Groups, NHS England, NHS Improvement, London Ambulance Service and Police Services) will be implemented in 2019

### **Early help and support**

Building on the engagement and service development from Reimagining Mental Health which implemented the Wellbeing Hub and improved access into mental health services through primary care link working – next phase of work includes:

- Further investment by Barnet CCG in improving access to psychological therapies (IAPT) offer for Barnet patients to meet presenting demand and deliver NHS England targets.
- Commitment to develop the mental health offer as part of CHIN delivery and CHIN 5 dementia focus.
- A Mental Health Awareness Campaign delivered by Public Health to increase awareness of mental ill health and reduce stigma
- Delivery of the Public Health Suicide Strategy Action Plan (supported by key stakeholders across the system)
- An individual placement support service (IPS) is being developed for patients in secondary mental health services for Barnet in 2019 (employment support offered through the service will be integrated into mental health services within Barnet, Enfield and Haringey Mental Health Trust)
- A review of the current Accommodation and Support offer for adults with mental ill health to ensure services can meet emerging needs

### **Mental health liaison in acute hospitals**

- North Central London (NCL) commissioners are carrying out a joint procurement for mental health liaison services to deliver an improved service model across NCL hospitals.
- A member of Barnet, Enfield and Haringey Mental Health Trust now attends the Urgent Emergency Care Boards in place within Barnet to support improved patient flow in acute settings and improve joint working

### **Discharge from mental health inpatient care**

Improved patient flow programme in place to:

- Implement the mental health System Resilience Framework (to improve system visibility of patient flow)
- Support the Trust's updated discharge policy; and
- Support continued embedding of new processes to reduce delayed transfers of care; including delayed transfer of care (DTC) meetings occurring between Adult Social Care and the Trust
- Embed resources to support improvements across Barnet, Enfield and Haringey (Resilience Officer)
- Work with Barnet, Enfield and Haringey Mental Health Trust to deliver 0% out of area placements by 2021

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Ensuring that people presenting in mental health crisis have timely access to effective intervention as an alternative to hospital or, if needed appropriate access to a health based place of safety and / or inpatient care and treatment is key to delivering good crisis care and support. This report recognises that currently inconsistent decision making and a lack of transparency around how capacity is managed and how issues are escalated can result in delays to access and the individuals care and treatment and, that there are opportunities to improve the pathway for people presenting in mental health crisis.
- 2.2 The Board is asked to provide advice and support to maximise the impact of the work being undertaken.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The review occurring of the current crisis pathway will continue informed by members and partners suggestions.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 In 2014 the Clinical Commissioning Group and Council signed up to the national Crisis Care Concordat, which emphasises the importance of achieving parity of esteem between physical and mental health.
- 5.1.2 The Barnet Health and Wellbeing Strategy 2015-20 reflected the priority of mental health and the Health and Wellbeing Board priorities for 2019-24 include - encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing, and supporting residents across the life course to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business.
- 5.1.3 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.4 The Joint Strategic Needs Assessment identifies rates of mental illness,

dementia and suicide in Barnet and compares these with national rates. Prevalence of mental illness and rates of suicide are below the national average but rates of diagnosed dementia are higher. Common mental health prevalence for Barnet (42,184) is higher than our NCL partners prevalence rates.

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

5.2.1 The Crisis Care Pathway review is being undertaken by existing staffing resource within the Joint Commissioning Unit. Recommendations from the review where additional financial resourcing requirements are identified will be considered by key stakeholders within the clinical commissioning group and the council to inform decision making.

## **5.3 Social Value**

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

5.3.2 Therefore, prior to initiating a procurement process, commissioners should consider whether and how the services they procure or the procurement methodology could secure additional value and benefits for their area or stakeholders.

5.3.3 This approach has been employed wherever possible when improving the crisis pathway and allied services and functions.

## **5.4 Legal and Constitutional References**

5.4.1 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- To promote partnership across all necessary areas.

## **5.5 Risk Management**

5.5.1 The effectiveness of work occurring to improve the crisis care pathway is dependent on several factors including local work occurring across the clinical commissioning group, council and with commissioned providers. Additionally, work is dependent on activity occurring across North Central London and pan London to improve crisis care support.

5.5.2 The scope and delivery of the recommendations that will be set out post the crisis care pathway review will be dependent on partners' willingness and capacity to implement recommendations in conjunction with available funding should recommendations include additional commissioning of services.

## **5.6 Equalities and Diversity**

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

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

5.6.2 Rates of mental illness vary across different groups including those as defined by protected characteristics.

## **5.7 Corporate Parenting**

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council.

5.7.2 There are no implications for Corporate Parenting in relation to this report.

## **5.8 Consultation and Engagement**

5.8.1 Extensive engagement will be carried out to inform the local crisis care pathway review and to support work being undertaken. Key stakeholders already actively engaged with or to be engaged with include Barnet Council, Barnet Clinical Commissioning Group, Barnet, Enfield and Haringey Mental Health Trust, NCL partners, the voluntary and community sector and people with lived experience of mental health illness and their carers.

## **5.9 Insight**

5.9.1 Mental health priorities are informed by local data, particularly the Joint Strategic Needs Assessment.

## **6. BACKGROUND PAPERS**

6.1 [Barnet Joint Health and Wellbeing Strategy 2015-20](#)

6.2 Barnet Adults and Communities priorities for 2018/19 are set out in the Barnet Corporate Plan 2018/19 Addendum which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>.

6.3 [Barnet Crisis Care Concordat](#)

6.4 [Barnet Joint Strategic Needs Assessment](#)

## Appendix A

### Primary Care Link Workers

Primary Care Link Workers provide support to primary care staff to support and maintain working age adults with emotional or mental health needs in their communities (where possible). Link workers are intended to offer brief interventions and assessments to those referred to them through providing advice and support, using third sector services or referring to specialist secondary services when required. Link workers aim to support primary care colleagues to better manage those presenting with mental ill health within primary care settings and improve understand of how to manage those presenting with mental ill health. Referrals to the Primary Care Link Worker Team come via GP's.

Work to date achieved via the Link Worker Team has been positive however, there are opportunities to develop the range of interventions they offer, improve multidisciplinary working across the Link Worker Team, social care, VCS, primary and secondary care and improve how patients are supported to maintain their health and wellbeing. Additionally, work is being undertaken to improve how we monitor the impact that the link worker team is having on managing demand; preventing representation to the system or escalation of need.

### Crisis Resolution Home Treatment Team (CRHTT's)

Crisis Resolution Home Treatment (CRHT) teams help people through short-term mental health crises by providing intensive treatment and support outside hospital, ideally in their own homes. Psychotic episodes, severe self-harm and suicide attempts are examples of acute mental health crises. Because of the nature of their work, Crisis Resolution Home Treatment Teams offer a 24-hour service, and cases are often referred to them through A&E departments or the police service. Crisis Resolution Home Treatment Teams will usually review a person in their own home, but they may also see people in other community settings. CRHTTs play a vital role in preventing avoidable admissions and supporting people in crisis to remain in their own communities.

Within Barnet the CRHTTs are delivered by BEHMHT. The Teams are multi-disciplinary comprised of mental health professionals who provide intensive care and support in patient's homes as an alternative to acute inpatient admissions. If following assessment, the Team believe that the clinical risks indicate that admission is required then CRHTT's will arrange an admission within either one of the assessments wards or in the case of service users being well known to services who already have a clear treatment plan arrange admission onto one of the acute wards. The services are there to provide 24/7 support for any adult presenting with an acute mental health crisis aged 16 and over. Services can be accessed via referrals from community teams, primary care link workers, and from the intake service once it is indicated that someone is in an acute mental health crisis and may need admission to an acute bed.

### Mental Health Liaison Services

Within urgent and emergency care mental health liaison services play an intrinsic role ensuring that patients with mental ill health presenting in Accident and

Emergency Departments and/or admitted to a ward receive appropriate support and access to mental health services post their acute needs being attended to. The service includes provision of assessment for people presenting in acute settings in mental health crisis, care coordination and advice and training to other members of staff within acute settings. The outcomes to be achieved through high quality mental health liaison services include: -

- Earlier referral and identification of problem
- Reduced length of stay, improved clinical outcomes
- Improved transfer of care back into the community

Within Barnet, Mental health psychiatric liaison services operate on both the Barnet Hospital site and Hampstead site 24/7 with Barnet, Enfield and Haringey Mental Health Trust providing coverage to Barnet Hospital and Camden and Islington Mental Health Trust providing coverage to the Royal Free Hampstead site.

# Mental Health – The Crisis Care Pathway and Developments

**Barnet Health & Wellbeing Board**  
**28<sup>th</sup> March 2019**

## What is mental health crisis?



- A situation that the person experiencing the crisis or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service due to the apparent risk.
- There are many possible causes or triggers of crisis. For example some people experience adverse life events that include psychological, physical or social elements that may require an urgent or emergency response from mental health services.
- All crises will be different in their cause, presentation and progression.
- Individuals in crisis can present in community, acute or criminal justice settings.

## What does good crisis care look like..



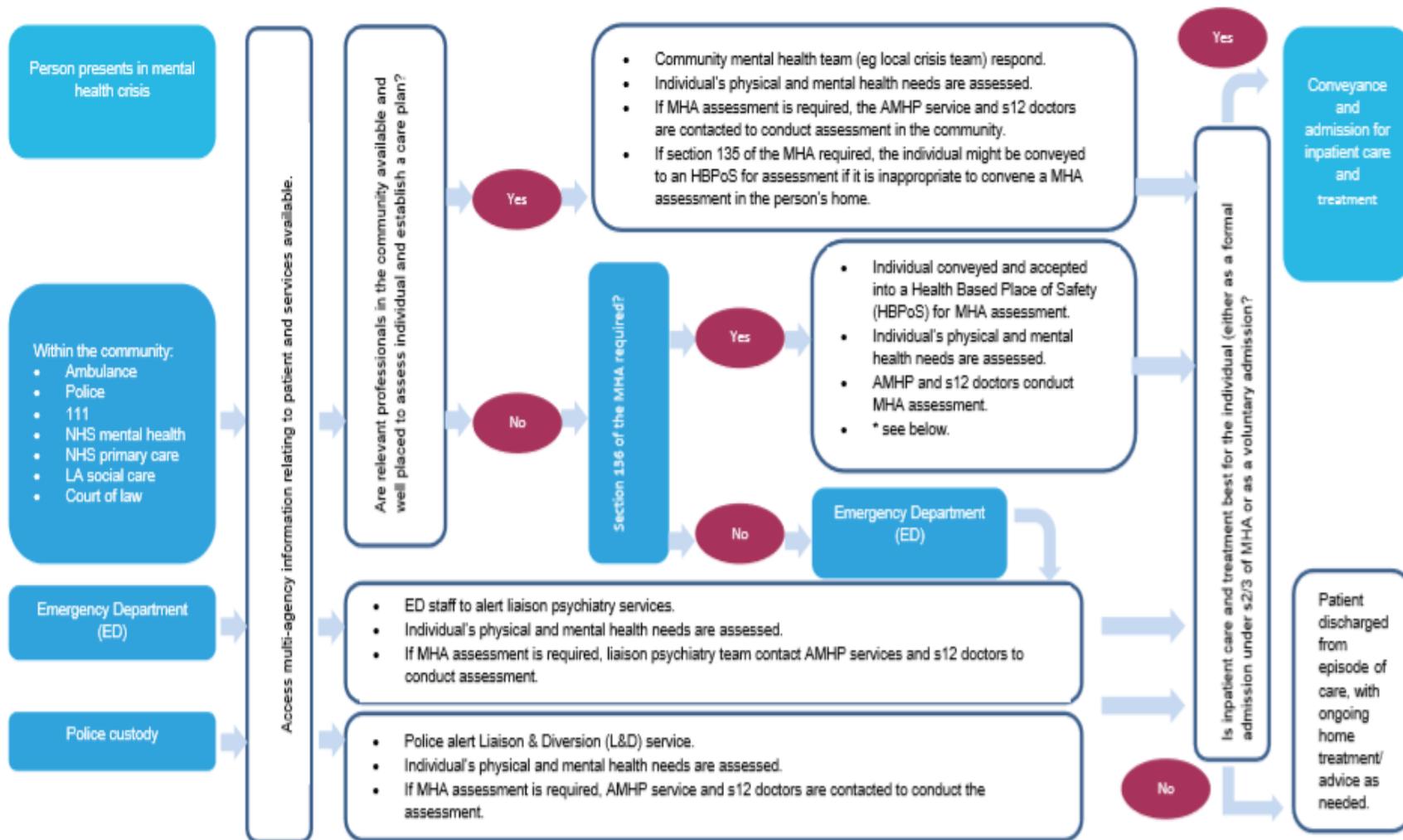
- Support is person centred, responsive, focuses on enablement and recovery
- There is parity of esteem between mental and physical health (equal value is placed on both physical and mental health)
- Support is high quality, tailored to meet an individuals needs and well co-ordinated– preventing escalation of need
- Support is accessible in a range of settings as needed by individuals (including integrated support in urgent and emergency care settings)
- There is better management of demand for services and improved patient flow across the system

# The current crisis pathway



1. Access to support before crisis point; the provision of readily accessible support 24 hours a day 7 days a week-
2. Urgent and emergency access to crisis care- when people need emergency help related to their mental health needs when in crisis.
3. Quality of treatment and care when in crisis- the provision of support and treatment for people in mental health crisis.
4. Promoting recovery/ preventing future crises

# Overview of pathway into inpatient care for individuals presenting in crisis



\* In cases where s136 is applied, the individual could still go to ED if there were emergency physical health needs.

- Experience for individuals experiencing crisis can be variable
- Sometimes emergency services related to mental health compare unfavourably with those related to emergency physical health services

*“I was experiencing a [mental health crisis](#) and it became immediately apparent to the doctors on duty that I needed to be admitted to an Acute Psychiatric Ward but, the lack of beds available in the system meant I was treated in a general ward for a number of days before transfer.”*

*“I am indebted to the doctors and nurses for treating me with genuine respect and putting me on the road to recovery. With counselling and daily monitoring by the Treatment Team I have been able to move to the Community Mental Health Team. This has given me the sense of having a lifeboat should I need it. Surrounded by a cacophony of daily life stresses I feel ‘listened to’. The long road to recovery is littered with potholes – facing reality, adapting back into work and dealing with conflict – but however long it takes, I have the basic confidence that I am facing in the right direction.”*

## Key Challenges

- Significant financial challenges
- Ensuring appropriate alternative provision is in place to prevent unnecessary admission into acute settings
- Increasing demand
- Fragmentation in the system
- Ensuring sufficient appropriate provision is in place to meet complex needs to support timely and good step down

# Development and improving crisis care support



High quality care and support focusing on enablement and recovery

Prevention of crisis

Urgent and emergency access to crisis care

Discharge

## Work to deliver improvement to the pathway..



### **Crisis Pathway Development**

- Review of the current crisis care pathway for Barnet – to be completed by the end of Q1 2019 (extensive engagement to be carried out to inform the review and set out recommendations).
- A Mental Health Compact for London (a compact between London’ mental health and acute Trusts, Local Authorities, Clinical Commissioning Groups, NHS England, NHS Improvement, London Ambulance Service and Police Services) will be implemented in 2019

## Work to deliver improvement to the pathway..



### Early help and support

- Further investment by Barnet CCG in improving access to psychological therapies (IAPT) offer for Barnet patients is occurring to meet presenting demand and deliver NHS England targets
- Commitment to develop the mental health offer as part of CHIN delivery and CHIN 5 dementia focus
- A Mental Health Awareness Campaign is being delivered by Public Health to increase awareness of mental ill health and reduce stigma
- Delivery of the Public Health Suicide Strategy Action Plan (supported by key stakeholders across the system)
- An individual placement support service (IPS) is being developed for patients in secondary mental health services for Barnet in 2019 (employment support offered through the service will be integrated into mental health services within Barnet, Enfield and Haringey Mental Health Trust)
- A review of the current Accommodation and Support offer for adults with mental ill health is being undertaken

## Work to deliver improvement to the pathway..



### **Mental health liaison in acute hospitals**

- North Central London (NCL) commissioners are carrying out a joint procurement for mental health liaison services to deliver an improved service model across NCL hospitals.
- A member of Barnet, Enfield and Haringey Mental Health Trust now attends the Urgent Emergency Care Boards in place within Barnet to support improved patient flow in acute settings and improve joint working

## Work to deliver improvement to the pathway..



**Discharge from mental health inpatient care-** Improved patient flow programme to:

- Implement the mental health System Resilience Framework (to improve system visibility of patient flow)
- Support the Trust's updated discharge policy; and
- Support continued embedding of new processes to reduce delayed transfers of care; including delayed transfer of care (DTC) meetings occurring between Adult Social Care and the Trust
- Embedded resource to support improvements across Barnet, Enfield and Haringey (Resilience Officer)
- Working with Barnet, Enfield and Haringey Mental Health Trust to deliver 0% out of area placements by 2021

AGENDA ITEM 15

	<b>Health and Wellbeing Board</b>  <b>28<sup>th</sup> March 2019</b>
<b>Title</b>	<b>Care Closer to Home - Development of a dementia focused Care Home Integrated Network (CHIN)</b>
<b>Report of</b>	Head of Commissioning, Mental Health and Dementia
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	Sarah Perrin, Head of Commissioning Mental Health and Dementia <a href="mailto:Sarah.perrin@barnet.gov.uk">Sarah.perrin@barnet.gov.uk</a> / <a href="mailto:sarah.perrin1@nhs.net">sarah.perrin1@nhs.net</a> 020 8359 3487

### Summary

This report provides an overview of work achieved to date through the Care Closer to Home Programme with a specific focus on work occurring to develop CHIN 5 as a dementia focused CHIN. The Board is asked to note developments and discuss integrated working.

### Recommendations

- 1. The Board is asked to note the contents of the report and developments.**
- 2. That Board members provide advice and support to maximise the impact of the work being undertaken and discuss how to support integrated working.**

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 The Care Closer to Home Programme is a key programme of work for both Barnet Clinical Commissioning Group and Barnet Council. The programme aims to transform how care and support is delivered so that patients receive

care and support closer to their homes and is intended to act as a foundation for development of a local integrated care system.

- 1.2 This report aims to provide an overview of work achieved to date via the Programme with a specific focus on work occurring through CHIN 5 which will be aiming to improve support for adults with dementia and their carers. The Board is asked to note the contents of this report and discuss how to support integrated working to improve outcomes for Barnet residents.
- 1.3 The Care Closer to Home Programme supports development of Care Home Integrated Networks (CHINs) which are networks of GP Practices with each CHIN having a specialist focus to inform further development and roll out across the borough following evaluation.
- 1.4 The Care Closer to Home programme has a shared vision for the implementation of **Care Closer to Home Integrated Networks (CHINs)**:
  - Each CHIN will serve a local population of adults and children, providing community health and well-being services that are integrated, holistic, person-centred and strengths-based.
  - Partner organisations work together with a shared purpose and pooled resources.
  - Each CHIN has a strong team ethos with a sense of a single team delivering highly personalised care in a local setting.
  - There are effective relationships between providers, residents and patients, both at an organisational level and between individuals who work together to provide services “on the ground”.
  - CHINs are never “finished”, they are always evolving and improving.
- 1.5 Since the Programme began in Barnet there has been significant and tangible progress in developing CHINs with population coverage being achieved at 95%. 6 Care and Health Integrated Networks have been identified with newly proposed CHINs currently going through a governance process to support delivery of their work. The aim is that all CHINs will be fully mobilised during 2019.
- 1.6 The table below sets out the intended outcomes to be achieved via CHINs: -

<b>Benefits to patients</b>	<b>Benefits to staff</b>	<b>System wide benefits</b>
Equitable access to new services and pathways	Releasing capacity within General Practice by developing innovative service models and pathways	New models of care to support Care Closer to Home
Patient centred care tailored around communities	Opportunities for cross and multi organisational working and upskilling of staff	More patients being supported within a primary and community care setting
Integrated services with wider system partners	Being part of an innovation hub and	Opportunity to bridge health and social care

to deliver Care Closer to Home	improving quality for patients and carer	closer together through project delivery
Improved access and coordination of care and support		Scale what is working well to support current and future system pressures

1.7 The current areas of focus for each CHIN to test out new models of care and support delivery are as follows: -

- CHIN 1- Paediatrics (CHIN is mobilised)
- CHIN 2: - Frailty (CHIN is mobilised)
- CHIN 3:- Diagnostics (CHIN is mobilised)
- CHIN 4: - Digital (mobilisation during Q1 2019)
- CHIN 5: - Dementia (mobilisation during Q1-2 2019)
- CHIN 6:- Diagnostics (mobilisation during Q1-2 2019)

1.8 In Barnet meeting the needs of people with dementia and their carers is one of the key challenges for both health and social care. Not only does Barnet have significantly higher numbers of people with dementia than the rest of London, with an estimated 4,000 people living with dementia but estimations also indicate that by 2021 the number of people with dementia within Barnet will have increased by a further 24% compared with a London wide figure of 19%<sup>1</sup>.

1.9 Additionally, it is worth noting that evidence indicates that carer breakdown is one of the four reasons why people access social care and in particular for why people enter residential care.<sup>2</sup> Research also indicates that people with dementia are five times more likely to enter institutional care than people without.<sup>3</sup> Therefore, development of a CHIN focused on improving localised support for adults with dementia and their carers intends to significantly impact on improving outcomes for patients with dementia and their carers and reduce pressure on the system as a whole.

1.10 CHIN 5 intends to deliver improved support through improving and strengthening support available at the following points in the dementia pathway:

- Pre- diagnosis
- Diagnosis
- Post diagnostic support

1.11 Prevention will be a core theme running throughout the offer being developed with each practice within the CHIN become a dementia friendly practice. Additional support currently being scoped includes: -

<sup>1</sup> [https://engage.barnet.gov.uk/commissioning-group/joint-hwb-strategy-2016-2020/user\\_uploads/draft-joint-health-and-wellbeing-strategy.pdf](https://engage.barnet.gov.uk/commissioning-group/joint-hwb-strategy-2016-2020/user_uploads/draft-joint-health-and-wellbeing-strategy.pdf)

<sup>2</sup> Mittelman MS, Ferris SH, Shulman E, Steinberg G, Levin B. JAMA. 1996 Dec 4; 276(21):1725-31. [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

<sup>3</sup> Mittelman MS, Ferris SH, Shulman E, Steinberg G, Levin B. JAMA. 1996 Dec 4; 276(21):1725-31. [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

- opportunities to strengthen links with the voluntary community sector
- developing an assistive technology offer within primary care for adults with dementia and their carers
- putting into place a specialist dementia nurse;
  - supporting with development of care plans and reviews
  - improving care coordination
  - supporting with advanced care planning (end of life support)
  - delivering outreach support (health checks- nutrition, hydration, blood pressure)
- developing a “keep well” pack for adults with dementia and their carers (will include urine test strips, emergency antibiotics, hydration and nutrition fact sheets)
- developing an offer with adult social care which links into the Adults and Communities Specialist Dementia Support Team
- stronger links with VCS (Barnet Alzheimer’s Society – Dementia Advisors and hub/ Age UK/ Carers Centre)
- developing practice volunteers to offer support to adults with dementia and their carers (befriending/ support with shopping/ cooking etc)

1.12 CHIN 5 is currently made up on the following practices and serves a total population cohort of 39,154: -

- St George’s Medical Centre
- Hillview Surgery
- The Phoneix Practice / Boyne Avenue
- Dr Azim & Partners Practice
- Ravenscroft Medical Centre
- Pennine Drive Surgery
- Greenfield Medical Centre

1.13 The broad outcomes to be achieved via CHIN 5 include: -

- to help support and maintain the health and wellbeing of carers
- to help support and maintain the health and wellbeing of people with dementia
- to delay admissions into residential care for people with dementia and help support them to remain in the community
- to reduce avoidable presentations for adults with dementia and carers in primary care
- to help reduce avoidable admissions into hospitals
- to help reduce and manage demand for adult social care

## **2. REASONS FOR RECOMMENDATIONS**

2.1 Dementia is a key challenge for both health and social care and therefore, the development of a CHIN focused on improving support within primary care for adults with dementia and their carers presents a unique opportunity to model

how additional interventions and joint working within primary care should improve outcomes and support health and social care to better manage demand.

- 2.2 Supporting integration of health and social care is a priority for the Health and Wellbeing Board for 2019 – 24 and as part of this the Board has signalled its support of development of the Care Closer to Home Programme. Therefore, the Board is asked to note developments occurring via the Care Closer to Home Programme; specifically work to develop a dementia focused CHIN occurring at present and provide advice and support to maximise the impact of the work being undertaken.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 CHIN 5 intends to mobilise throughout Quarter one of 2019.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 Barnet Council and Clinical Commissioning Group are committed to supporting people with dementia to live a full and active life, enabling them to maximise their independence and wellbeing and ensuring that they and their friends and family are empowered to maintain their own health and wellbeing. This commitment had been implemented through the Barnet's Dementia Manifesto (2015) and significant progress has been made towards becoming a dementia friendly borough.
- 5.1.2 In 2015 Barnet Council published its Carers and Young Carers Strategy clearly setting out our vision for improving support for carers within the borough.
- 5.1.3 The purpose of the Joint Health and Wellbeing Strategy 2015-2020 is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Priorities articulated in the Strategy link to the current Corporate Plan, with an emphasis on prevention and early help, toxic trio and health and care integration.

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

- 5.2.1 Barnet Clinical Commissioning Group and Barnet Council are delivering the Care Closer to Home Programme through existing staffing resource. The ambition is that work delivered through the programme will improve patient outcomes, better manage demand across the system, improve resource sharing and deliver savings.

#### **5.3 Social Value**

The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. A whole systems approach to prevention considers

the ways that their service areas can promote healthier communities, contributing to each of these wider benefits.

#### **5.4 Legal and Constitutional References**

5.4.1 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- To promote partnership across all necessary areas.

#### **5.5 Risk Management**

5.5.1 The effectiveness of work occurring to deliver the Care Closer to Home Programme is dependent on several factors including strong partnership working, clear communications and engagement and robust evaluation of schemes being implemented.

#### **5.6 Equalities and Diversity**

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

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

#### **5.7 Corporate Parenting**

5.7.1 No concerns identified.

#### **5.8 Consultation and Engagement**

5.8.1 Extensive engagement is being carried out to inform shaping delivery of the Care Closer to Home Programme. For CHIN 5 key stakeholders already actively engaged with or to be engaged with include Barnet Council, Barnet Clinical Commissioning Group, patients, Barnet, Enfield and Haringey Mental Health Trust, Public Health, and the voluntary and community sector.

## 5.9 **Insight**

- 5.9.1 Dementia priorities are informed by local data, particularly the Joint Strategic Needs Assessment.

## 6. **BACKGROUND PAPERS**

### 6.1 [Barnet Joint Health and Wellbeing Strategy 2015-20](#)

- 6.2 Barnet Adults and Communities priorities for 2018/19 are set out in the Barnet Corporate Plan 2018/19 Addendum which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-andperformance/corporate-plan-and-performance>.

### 6.3 [Barnet Joint Strategic Needs Assessment](#)

- 6.4 Barnet Dementia Manifesto 2015

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