

**MEETING****HEALTH & WELLBEING BOARD****DATE AND TIME****THURSDAY 26TH JULY, 2018****AT 9.00 AM****VENUE****HENDON TOWN HALL, THE BURROUGHS, NW4 4BG****TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)**

Chairman: Councillor Caroline Stock (Chairman),  
 Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Kay Matthews	Andrew Fraser	Ceri Jacob
Dr Tamara Djuretic	Fiona Bateman	Dr Clare Stephens
Dr Charlotte Benjamin	Councillor Sachin Rajput	Dawn Wakeling
Chris Munday	Councillor Richard Cornelius	Selina Rodrigues

**Substitute Members**

Danny Batten	Councillor Shimon Ryde	Dr Murtaza Khanbhai
Helen Petterson	Councillor David Longstaff	Mathew Kendall
Julie Pal	Bernadette Conroy	Ben Thomas
Elizabeth Comley	Dr Barry Subel	Dr Jeffrey Lake

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**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

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 14
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Joint Health and Wellbeing Strategy Review 2015-2020 and Next Steps (Proposed timing: 1h 15min)	15 - 56
7.	Whole system approach to Healthy Weight (Proposed timing: 45 min)	57 - 74
8.	Forward Work Programme (Proposed timing: 10 min)	75 - 78
9.	Update report on progress of Barnet Children's Services Improvement Action Plan (Proposed timing: 5 min)	79 - 120
10.	Pharmaceutical Needs Assessment (PNA) Report (Proposed timing: 5 min)	121 - 126
11.	Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group (Proposed timing: 5 min)	127 - 154
12.	Any Items the Chairman decides are urgent	

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# Decisions of the Health & Wellbeing Board

8 March 2018

Board Members:-

AGENDA ITEM 1

Chairman: \*Cllr Helena Hart  
Vice-Chairman: \*Dr Debbie Frost

*Kay Matthews	Cllr Sachin Rajput	*Cllr Reuben Thompstone
*Dr Charlotte Benjamin	Ceri Jacob	*Dawn Wakeling
*Chris Munday	*Dr Clare Stephens	*Selina Rodrigues
*Dr Andrew Howe	*Dr Jeff Lake (substitute)	*Andrew Fraser

\* denotes Member Present

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

The Chairman, Councillor Helena Hart welcomed all attendees to the March meeting of the Health and Wellbeing Board. Speaking on behalf of the Board, the Chairman placed on record the gratitude and appreciation to Dr Andrew Howe for all his sterling work as Director of Public Health for the Council and the CCG and wished him every happiness and success in the future.

The Board was informed by the Chairman that all the actions from the previous minutes were taken including the requested amendments to the Smoking Cessation Strategy and to the Update on the Delivery of the Prevent Agenda in Barnet.

Ms Kay Matthews Chief Operating Officer for Barnet CCG, noted a correction on page 7 of the minutes to read: *Ms Matthews spoke about the work delivered and noted that the CCG as a statutory body will review the proposal at its Governing Body meeting and take the decision on next steps.*

It was **RESOLVED** that subject to the correction referred to above, the previous minutes of the Health and Wellbeing Board be approved as a correct record.

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

Apologies for absence were received from:

- Councillor Sachin Rajput
- Ms Ceri Jacob

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

Dr Debbie Frost made a joint non-pecuniary declaration on behalf of Barnet CCG Board members; Dr Clare Stephens, Dr Charlotte Benjamin and herself, in relation to Agenda Item 11, by virtue of being impacted through their respective GP practices.

Councillor Helena Hart declared a non-pecuniary interest in relation to Care Closer to Home - which is referred to under Item 11 and includes reforms to Secondary Care, by virtue of her son being a Consultant at the Royal Free Hospital which could be affected in the future by any such reforms.

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

None.

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

None were received.

**6. SCREENING UPDATE (Agenda Item 6):**

The Chairman introduced the item which had previously been requested by the Board. She emphasised the importance the Board places on screening and the vital role it plays in early detection and prevention of disease.

The Board noted the importance of this message being disseminated to all sections of the Barnet community and the necessity to try and ensure far greater take up. To this end, the Chairman welcomed the work currently being done with the Communities Together Network to address take up – particularly in the diverse communities in Barnet.

The Chairman referred to her previously expressed concerns regarding the range, availability, accessibility and take up of cancer screening.

Bearing in mind the pivotal role that cancer screening plays in identifying the early signs of this devastating disease in otherwise healthy people and the opportunities thereby presented for suitably effective treatment, the Chairman expressed her concerns that approximately one third of eligible patients for breast and cervical screening and over a half of patients eligible for bowel screening are not being screened. The Chairman also noted that the true figures are not known as there is a real lack of clear reporting arrangements.

The Board welcomed Dr Jeff Lake, Public Health, Dr Shona Ash, Commissioning Manager Antenatal & New born Screening, NHSE.

The Chairman asked Ms Shona Ash, NHSE to outline the actions they are taking to improve take up and the dates those actions will be completed. She also asked Dr Jeff Lake to comment on the actions and set out when the reporting problems will be resolved.

The Chairman also asked Dr Lake to comment on childhood and new born screening and whether there were any recommendations as to how these might be taken further.

Ms Shona Ash delivered a presentation to the Board and spoke about the Antenatal & New born (ANNB) KPIs. Ms Ash referred to the processes put into place and noted that there are some challenges within certain groups in Barnet with regards to uptake. She spoke about the work being done to work with various groups in Barnet to improve uptake in screening.

The Strategic Director for Children and Young People, Mr Chris Munday referred to the information in the appendix to the report and noted that data refers to the NCL area.

It was requested that in the future where possible, data be included for Barnet specifically across all indicators so that comparisons can be made in relation to any improvements and changes in uptake figures. **(Action)**

Dr Lake referred to the previous discussions held by the Board which have emphasised the need for consistent reporting and addressing of low take up figures.

The Chairman invited Dr Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services to the table. She noted that data tends to be very high at programme level rather than at borough level.

She emphasised that in comparison to other areas, London is good in terms of uptake and coverage but that performance at national level has not been as good. Dr Heffernan spoke about the work done to improve bowel screening uptake and noted the ambition to continue the upward direction of travel.

She informed the Board about the work and focus around cancer screening and the consultation on bowel scope screening.

In relation to the Breast Screening Programme, she noted that coverage has been good but improvements are needed. In respect of this programme, she noted the importance of ensuring that facilities are available not just in General Practice, but also in sexual health clinics and family planning clinics.

In respect of sending text reminders on screening, Dr Heffernan notified the Board about the hurdles which have been worked through including provisions of the Information Governance rules.

It was noted that this service is to be rolled out across London and that currently discussions are held regarding STPs and what can be done collectively.

Dr Clare Stephens, Barnet CCG noted currently a review is taking place around the information that is included in letters on cervical cancer screening. The Board requested that the timescale for the letter producing process be shared with the Director of Public Health and the Health and Wellbeing Board. **(Action)**

The Chairman emphasised the need to seek input from Healthwatch and the Health and Wellbeing Board in relation to the information contained in the letter. It was suggested that input be sought from Healthwatch and Community Barnet. **(Action)**

Ms Selina Rodrigues, Barnet Healthwatch welcomed the suggestion to have further discussions with Public Health and the CCG.

The Strategic Director for Adults, Health and Communities noted the main challenges around cancer programmes and the need to see what can be done differently at an operational level to improve reporting mechanisms.

In respect of the concerns expressed previously by the Board on numerous occasions, Ms Wakeling made a suggestion to include additional recommendations to receive the recovery plan in relation to adult cancer screening targets.

The Board agreed to include additional recommendations to read:

- *That the Board receives an item at its July meeting setting out the recovery plan in relation to adult cancer screening, with clear actions and a schedule to improve performance against adult screening target.*
- *That NHSE supply Public Health and Barnet CCG with details of availability of sexual health clinics across Barnet and London, with performance and uptake information on cervical cancer screening.*

It was therefore **RESOLVED** that:

- 1. That the Health and Wellbeing Board noted the NHSE Report on screening programmes.**
  - 2. That the Health and Wellbeing Board sought assurance that a clear reporting cycle is established.**
  - 3. That the Health and Wellbeing Board sought assurance that a recovery plan is in place setting out clear actions and schedule to improve performance against screening uptake targets.**
  - 4. That the Board receives an item at its July meeting setting out the recovery plan in relation to adult cancer screening, with clear actions and a schedule to improve performance against adult screening target.**
  - 5. That NHSE supply Public Health and Barnet CCG with details of availability of sexual health clinics across Barnet and London, with performance and uptake information on cervical cancer screening.**
- 7. UPDATE REPORT ON PROGRESS OF BARNET CHILDREN'S SERVICES IMPROVEMENT ACTION PLAN (Agenda Item 7):**

The Chairman welcomed the update report on the progress of the Barnet Children's Services Improvement Action Plan. Referring to the second monitoring letter, she noted that it stated that "the Local Authority is continuing to progress and consolidate recent improvements to services for children and young people seen during the first monitoring visit. Senior leaders and managers are appropriately focused to improve and embed good quality social work practice".

Whilst this was a positive message in the right direction, the Chairman noted that there still remains a lot of work to do and she was concerned that while OFSTED found that "Strategy discussions are timely – although the quality of these remains variable. While inspectors note improvements in police attendance at strategy meetings, the attendance of health professionals is still inconsistent".

She invited Mr Munday to comment on this and highlight some of the discussion points held at the previous Children, Education, Libraries and Safeguarding Committee meeting on 7<sup>th</sup> March.

Mr Munday presented the fourth Update report on the progress of Barnet Children's Services Improvement Action Plan. He noted the significant improvements made in various areas. The update on progress is divided into the seven improvement themes in the action plan.

He informed the Board about the monitoring visit which focussed on the 'front door' arrangements in the Multi-Agency Safeguarding Hub (MASH), the Duty & Assessment Teams and Intervention and Planning Teams.

In response to the query raised by the Chairman, Mr Munday noted that further work is needed to improve the quality of strategy discussions which remains variable as social workers are not consistently inviting health professionals to participate.

He updated the Board about the health discussions held in January which involved health and noted the importance of ensuring that staff realise the need to involve health in strategy discussions. He emphasised the need to reinforce with social workers the regulatory requirement that health workers are involved.

In addition, he noted the importance of participation by health workers and making use of technology solutions to enable debates to happen, such as Skype for Business. He noted the improvements made and noted that further improvement is needed.

It was **RESOLVED** that:

- 1. That the Board noted the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.4 to 1.50.**
- 2. That the Board noted details of Ofsted's monitoring visit set out in paragraphs 1.11 to 1.19 and the monitoring visit feedback letter received from Ofsted attached in Appendix 1.**
- 3. That the Board noted the performance information provided in paragraphs 1.51 to 1.61 and Barnet Children's Services Improvement Plan Data Dashboard attached in Appendix 2.**

#### **8. SEND STRATEGY AND JSNA (Agenda Item 8):**

The Chairman introduced the report and noted that the Board is being asked to endorse this important Strategy, which aims to help children and young people with special educational needs – and disabilities achieve their full potential.

The Strategy sets clear goals for supporting children and families through integrated working, with health, education and the local authority working together. She very much welcomed the focus on integrated commissioning, inclusive education and the ambition for the best outcomes possible for children and young people with special needs.

The Chairman invited Mr Simon James, Assistant Director, SEND & Inclusion to join the meeting. She asked Mr James to comment on the lessons learnt from SEND inspection by the CQC and Ofsted that need local attention to improve outcomes for this particular group of children.

Mr James noted spoke about the preparation for the inspection and the importance of ensuring that robust governance and leadership is in place. He spoke about work done in other critical areas such as working with families and to ensure that a child's and their family's voice is at the centre of decision making.

Following a query from Mr Munday about the quality of the plans in place for improvement – Mr James spoke about the steps needed to improve participation and co-production with key partners, parents, families, children and young people in decision making. In relation to SEND reforms, Mr James noted that the statutory assessment system is now replaced by a 0-25 education, health and care plan. In relation to waiting times, it was noted that an update will be brought to the Board on whether waiting times have come down. **(Action)**

Following a query from the Board, Mr James noted that Educational Psychology provision are also deployed through schools noting the importance of the role that school plays.

Mr Munday thanked Mr James for his efforts and engagement with partners in this area of work.

Dr Debbie Frost emphasised the need to reduce waiting times and to explore a partnership approach to work closely together. Mr James informed the Board about the monthly partnership board meetings as the relevant forum for the discussions and to consider the systematic issues.

It was **RESOLVED** that:

- 1. That the Health and Wellbeing Board endorsed the priorities outlined in the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet.**
- 2. That the Board endorsed the next steps outlined in the Special Educational Needs and Disabilities (SEND) Strategy 2017-2020 for Barnet.**
- 3. That the Board endorsed the recommendations of the SEND JSNA and notes that the findings feed into the SEND Strategy.**

#### **9. FIT AND ACTIVE BARNET (Agenda Item 9):**

The Chairman introduced the Fit and Active Barnet Programme. She stated that due to the crucial part it plays in good physical and mental health and wellbeing, her view was that the programme should be called Fit, Active and Healthy Barnet. Levels of physical activity in the Borough have been worryingly low for many years now and so helping people to be more physically active has been a core priority both for the Joint Health and Wellbeing Strategy and across the whole Council.

This Report also sets out the good progress made to expand the opportunities available to residents. The Board at its previous meeting heard about some of the results of this with levels of physical activity improving and some 77% of over 16s now taking part in sport and physical activity.

She also stated that this report highlights that Barnet is the first Council in England to make public health outcomes key performance requirements of the leisure contract, an achievement of which, as the Chairman of the Health and Wellbeing Board and Lead Member for Public Health, she is extremely proud. She drew particular attention to the truly excellent new range of services from the leisure centres for residents detailed in section 2.2 – particularly

- the generous discounts and concessions for residents,
- free swimming for under 8s,
- the weight management schemes,
- the Cancer rehabilitation scheme,
- the Carers' Pass,
- the Community programme and
- the Activate Healthy Lifestyle Schools programme to name a few.

The Chairman invited Ms Cassie Bridger, Strategic Lead, Sport and Physical Activity to deliver the presentation and expand on the points raised about and the significant capital investment.

Ms Bridger delivered a presentation on the Fit and Active Barnet Programme and the new leisure service contract to promote health and wellbeing. She emphasised that the leisure service contract will achieve £1.5million of average annual payment to the council and includes innovations and operator investment. The income achieved will enable the construction of the two new leisure centres.

Following a comment from the Board, Ms Bridger noted that discussions will be held to consider roll out of the Golden Kilometre initiative for adults as well as children and young people.

Ms Bridger informed the Board that the collaboration with Middlesex University will include a cross-departmental team who will evaluate the effectiveness of GLL's programmes in supporting Barnet residents to get fitter and healthier.

The Chairman of the CELS Committee, Councillor Reuben Thompstone welcomed the report and queried when residents can apply for the 30% or 50% discounts. The Board noted that this is likely to become available from May this year.

The Board welcomed the report and requested to receive an update in 6 months and/ or 12 months depending on the availability of data. (**Action: Forward Work Programme**)

It was **RESOLVED that the Health and Wellbeing Board considered and discussed the progress made to encourage healthier lifestyles.**

#### **10. A MULTI-AGENCY SAFEGUARDING HUB FOR ADULTS IN BARNET (Agenda Item 10):**

The Chairman welcomed this report which is being reported to the Board at her request, following the decision of the Adults and Safeguarding Committee to progress the establishment of an Adults MASH in Barnet. This MASH is a key priority for the Barnet Safeguarding Adults Board and should be a priority for the Health and Wellbeing Board.

The Chairman invited the Board to discuss how to ensure that the health and care system in Barnet will work with the MASH and how the Board as a partnership can help the MASH be a success.

Ms Dawn Wakeling, Strategic Director for Adults, Health and Communities presented the report and noted that the MASH will go live as the Council moves its offices to Colindale. She noted that this will help the Council provide much better safeguarding services working with partners to tackle abuse and neglect.

In terms of different ways of providing services, the Board welcomed the report and expressed interest in the option to work as a virtual and a co-located team with a central coordinator linked to contacts in each organisation, facilitating the sharing of information.

It was **RESOLVED** that:

**That the Health and Wellbeing Board commented on and endorsed the approach to developing the Adults MASH as set out within the report.**

**11. MINUTES OF THE CARE CLOSER TO HOME PROGRAMME BOARD AND JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 11):**

Ms Wakeling introduced the standing item on the agenda. The Board noted the details of the discussions and actions covered in the minutes of the Care Closer to Home Programme Board meetings as well as the Joint Commissioning Executive Group meeting.

It was **RESOLVED** that:

**That the Health and Wellbeing Board approved the minutes of the Care Closer to Home Programme Board meetings of 16 November 2017 and 18 January 2018; and the Joint Commissioning Executive Group meeting of 5 December 2017.**

**12. FORWARD WORK PROGRAMME (Agenda Item 12):**

It was **RESOLVED** that the Board noted the items of business on the Forward Work Programme for 2018.

**13. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):**

Councillor Helena Hart, Chairman of the Health and Wellbeing Board made the following closing statement:

*As this is not only the last HWBB Meeting of the municipal year but also of this current Council with a new HWBB to be approved at the Annual Meeting of the Council perhaps I could be permitted to make a few closing personal remarks.*

*As most of you already know after a total of some 20 years on the Council and a great deal of heart searching I have finally decided to stand down – and in this case, it really is a question of spending more time with my family. There are many things I will miss but most of all the work we have managed to do together to improve the real quality of life in Barnet.*

*Virgil said that the greatest wealth is health but improving that health does take money and commitment and dedication. I think the work we have done as a Council, as a CCG, as Healthwatch and as individual members of this HWBB from its very inception bears testament to what can really be achieved if we all work as one. Thinking back over the last 16 years in , I remember as a newly re-elected Councillor in 2002 I had a Members Policy item to Council asking for us to institute a Healthy Catering and Eating Certification Scheme across the Borough. Well it only took about 10 years to institute our Healthy Catering Commitment Awards but we got there in the end and it has given*

*me the very greatest pleasure to be able to present certificates to so many different establishments over the last 5 years.*

*16 years ago, our only real focus on children's health was based on how many children were registered with an NHS dentist and how many decayed or missing or filled teeth they had – today our concentration on all aspects of Children's Mental and Physical Health and Wellbeing is embedded across the Council. 16 years ago we seemed to deal solely with the effects of poor mental and physical health – and all too often just recording them. Today it is universally accepted that it is the role of every one of us to do everything in our power to educate and empower residents to avoid ill health.*

*When the then Leader of the Council Mike Freer appointed me as Barnet's very first Cabinet Member for Public Health in 2006, I had no Budget whatsoever and only goodwill for backup – hence my alternative title as Cabinet Member for nagging and spending other people's money. Nagging I have to say which came in very useful when negotiating for our nigh on £3 million uplift in our transferred Public Health budget.*

*In closing, may I thank each and every one of you for all your patience, help, support and sheer goodwill towards me both as Chairman of the Health & Wellbeing Board and in my previous role as Cabinet Member for Public Health.*

*We have achieved so much together. So I end with a final plea to keep on working together, keep on fighting and keep on believing that with a bit of give and take on both sides we really can make things better for all our residents in Barnet.*

The Vice-Chairman of the Board, Dr Debbie Frost moved a motion of thanks. Dr Frost expressed her gratitude to the Chairman for all her work on behalf of the Board and particularly for her work towards the Shisha smoking Communications campaign and the Dementia Manifesto.

The meeting finished at 11.40 am

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AGENDA ITEM 6

	<b>Health and Wellbeing Board 26 July 2018</b>
<b>Title</b>	<b>Joint Health and Wellbeing Strategy Review and Next Steps</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 I – Three Years On: Achievements and Way Forward
<b>Officer Contact Details</b>	Dr Tamara Djuretic (tamara.djuretic@barnet.gov.uk) Director of Public Health  Helen Cavanagh (Helen.Cavanagh@barnet.gov.uk) Health and Wellbeing Commissioner

**Summary**

This report provides a review on the delivery of Joint Health and Wellbeing Strategy 2015 - 2020, describes its main achievements thus far as well as challenges and proposes next steps for remaining two years. The Strategy refresh includes information emerging from updated Joint Strategic Needs Assessment, Health Profile for 2018 and Child Health Profile 2018. This evidence will aim to inform discussion on priorities setting over the next two years.

The report proposes to the Board three overarching priorities: Mental Health and Wellbeing – A life-course approach; Healthy Weight – Health in All Policies approach and Health Care Integration – A place based approach to prevention. (Appendix I).

**Recommendations**

- 1. That the Health and Wellbeing Board notes achievements of the Joint Health and Wellbeing Strategy implementation over the last three years, discuss and agree high level priorities for 2018/19 and 2019/20.**
- 2. That the Health and Wellbeing Board delegates responsibility to Senior Officers across partnership to develop specific objectives and delivery plans under the agreed priorities and update the Board on progress at the next meeting.**

## 1. WHY THIS REPORT IS NEEDED

### Background

- 1.1 The Health and Wellbeing Board developed its Joint Health and Wellbeing Strategy 2015-20 that identified the following themes:
  - Preparing for a healthy life (Focus on early years settings and provide parenting support)
  - Wellbeing in the community (Improving mental health for all and support people to gain and maintain employment and promote healthy workplaces)
  - How we live (Reducing obesity and long-term conditions through physical exercise and ensure promotion and uptake of screening and early detection of illness)
  - Care when needed (improving the health of carers and improve health and care integration)
- 1.2 The Board has overseen implementation of the Strategy since 2015 and it was felt appropriate to now take the stock of where we are at, take a moment to celebrate its achievements and redefine the whole system priorities for the remaining two years of the life of the Strategy.
- 1.3 Over the last three years, the Board has overseen a delivery of a number of initiatives across the lifecourse and this report presents some of the successes. It also describes some of the challenges experienced across the system and proposes a set of actions under each objective, that will be a focus of a delivery for the next two years.
- 1.4 Barnet Health profile published in July 2018 and refreshed Joint Strategic Needs Assessment suggested overall good health for local Barnet residents with life expectancy increasing in both, men and women. However, there are marked health inequalities across the borough reflected in life expectancy gap of approximately 7 years for males living in most deprived areas compared to those living in most affluent areas and 5 years for women.
- 1.5 The main public health challenges still include:
  - Smoking prevalence in Barnet has been increasing in recent years, and there are marked inequalities for specific population groups in smoking prevalence,
  - One in three children in Year 6 are overweight or obese,
  - A proportion of inactive adults is high,
  - Rates of sexually transmitted infections and tuberculosis are higher in Barnet than England's average,
  - Immunisation and screening coverage is low,
  - There are approximately 35, 000 adults and 4, 500 children in Barnet with mental ill health. Over 4, 800 adults are in receipt of unemployment benefits due to mental ill health,

- Barnet has the highest number of people with dementia in London,
- Diabetes detection rates are low.

1.6 Focus on prevention across the whole system as well as ensuring access to good quality care, when needed, is crucial for the improvement of our resident's health and wellbeing. Barnet's Health and Wellbeing Board is committed to redefining its priorities and to ensure that they are strategic, transformational and deliverable through the partnership.

## **2 REASONS FOR RECOMMENDATIONS**

2.1 Health and Wellbeing Implementation Plans are considered by the Board annually. As we are now half way through the delivery of the Strategy, it felt like a good time to review commitments made at the start of this journey and align them with refreshed needs of local population to ensure next two years of delivery are focused on the right priorities and are transformational.

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

3.1 Not applicable.

## **4 POST-DECISION IMPLEMENTATION**

4.1 Following the agreement and feedback of HWBB, agreed priorities will be discussed in more details at the Joint Commissioning Executive Group. It is proposed to integrate any future work into existing governance however it maybe necessary to convene specific working groups to ensure delivery plans are developed and aimed at supporting the implementation of redefined priorities.

## **5 IMPLICATIONS OF DECISION**

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

5.1.1 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 a particular 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)**

5.3 In recognition of the financial situation, priorities to be discussed and agreed for the next two years will need to be affordable and funded within existing budget.

### **5.4 Social Value**

5.4.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. A whole systems approach to prevention considers the ways that their service areas can promote healthier communities, contributing to each of these wider benefits.

### **5.5 Legal and Constitutional References**

5.5.1 Article 7 Committees, Forums, Working Groups and Partnerships of the

Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To 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
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- Specific responsibilities for overseeing public health and developing further health and social care integration

## **5.6 Risk Management**

5.6.1 None identified.

## **5.7 Equalities and Diversity**

A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. By consulting and engaging with appropriate stakeholders, it is expected that a whole systems approach to prevention will prevent unintended harms against marginalised groups and promote health equity.

## **5.8 Consultation and Engagement**

5.8.1 Consultation and engagement activities planned will contribute to the development of a specific action plan underpinning agreed priorities.

## **5.9 Insight**

5.9.1 The data in this report was gathered from Public Health England's national data sources and publications, latest Health Profile 2018 and updated Joint Strategic Needs Assessment.

# **6 BACKGROUND PAPERS**

## **6.1 Barnet's Health and Wellbeing Strategy**

<https://services-for-schools-uat.barnet.gov.uk/citizen-home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html>

## **6.2 Barnet's Joint Strategic Needs Assessment**

<https://barnet.gov.uk/jsna-home>

## **6.3 Public Health England fingertips**

<https://fingertips.phe.org.uk/>

# Barnet's Health and Wellbeing Strategy

## Three years on: achievements and a way forward

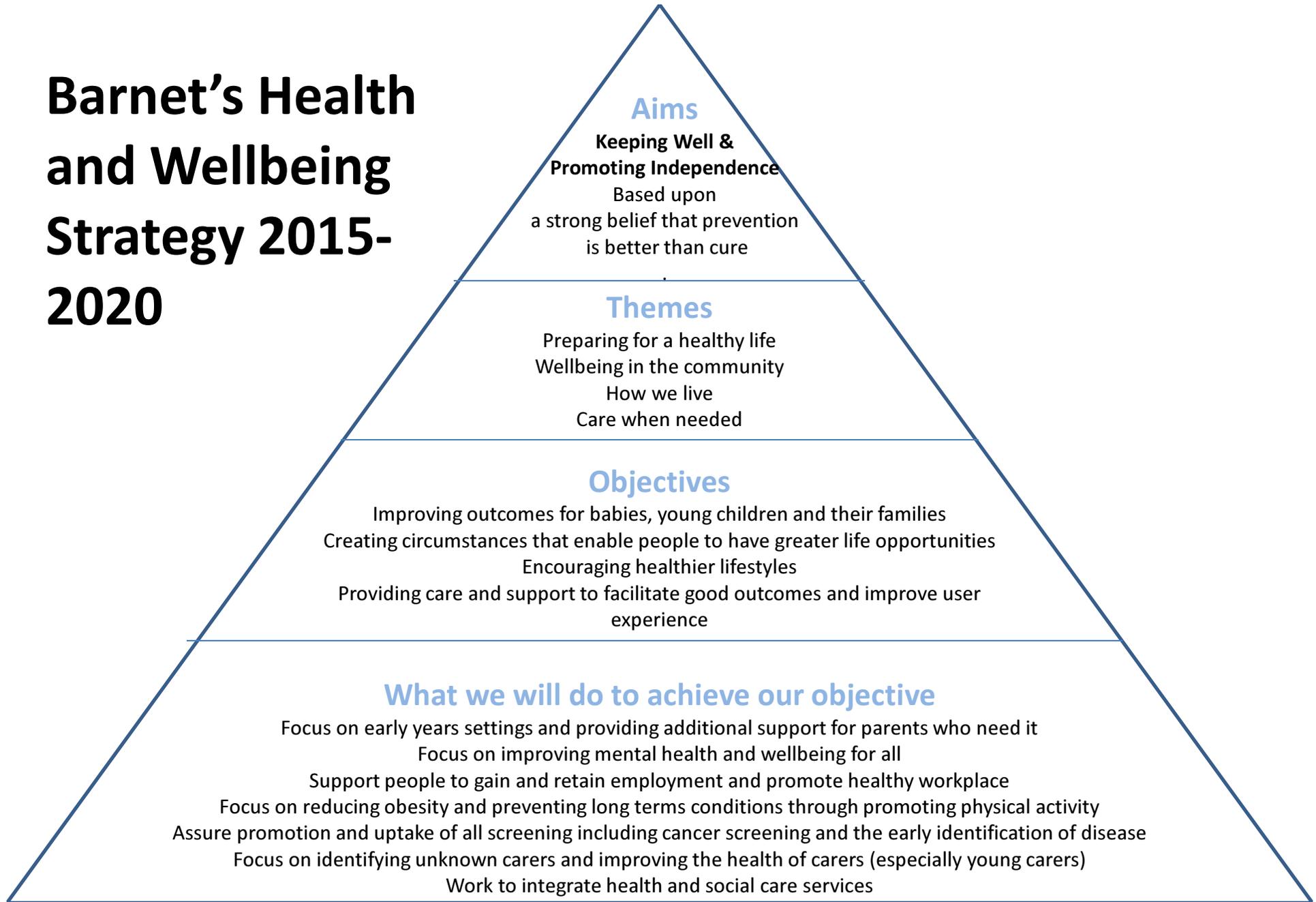
Keeping Well, Promoting Independence

**A Joint Health and Wellbeing Strategy**

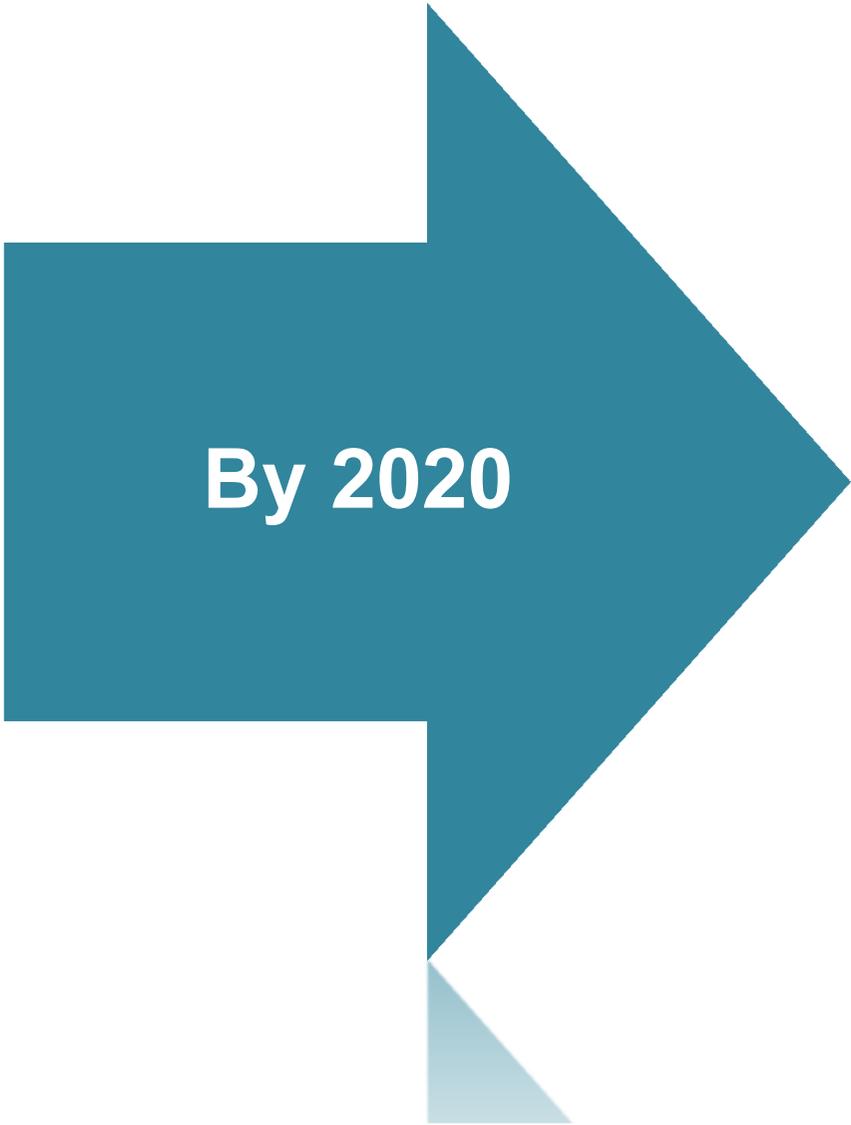
2015 – 2020



# Barnet's Health and Wellbeing Strategy 2015-2020



# Aim of the strategy refresh

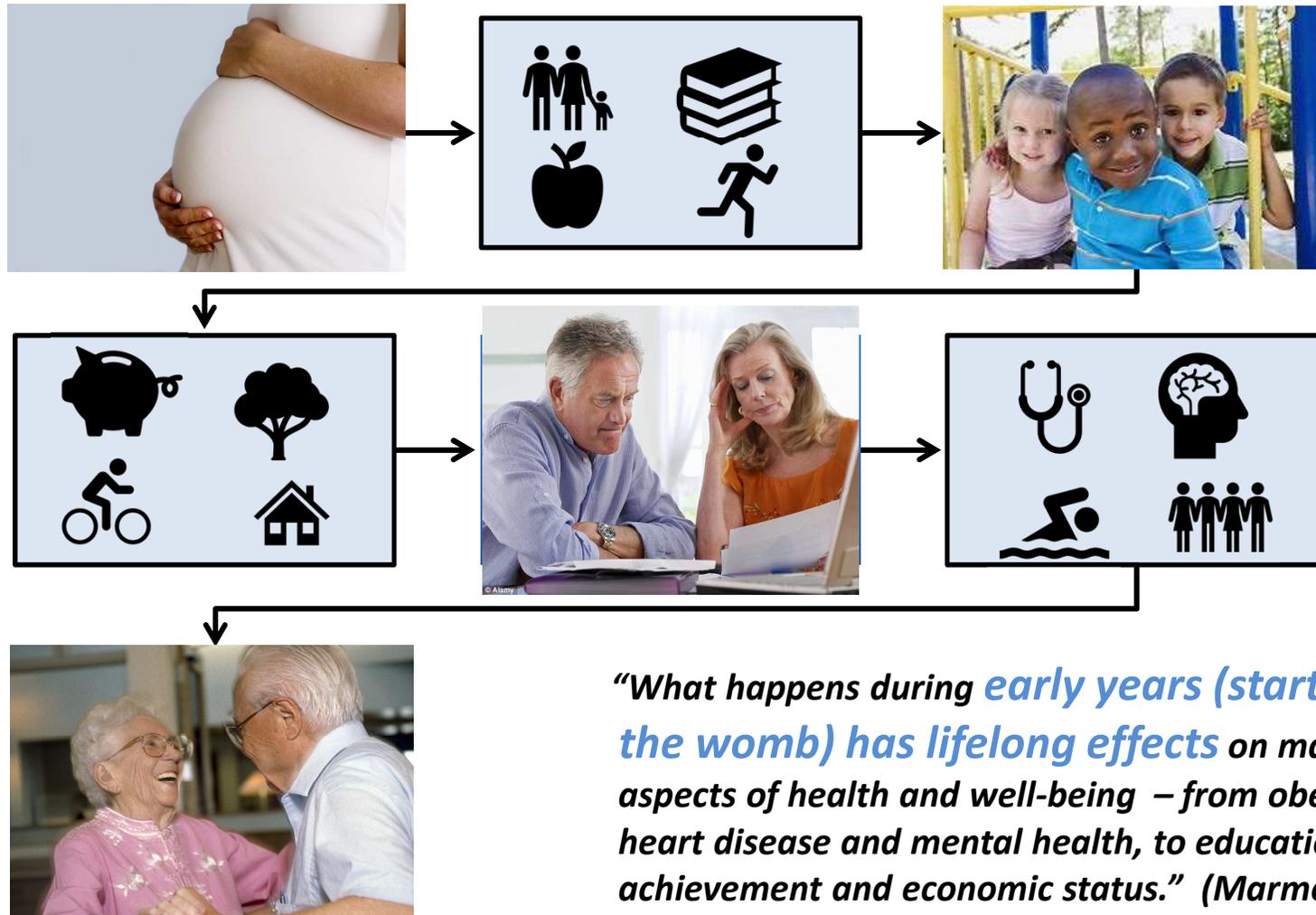


**By 2020**

**A strategy fit for the next two years that focuses on:**

- Progress made to date
- Emerging issues and priorities identified in Joint Strategic Needs Assessment (JSNA)
- Local, regional and national drivers

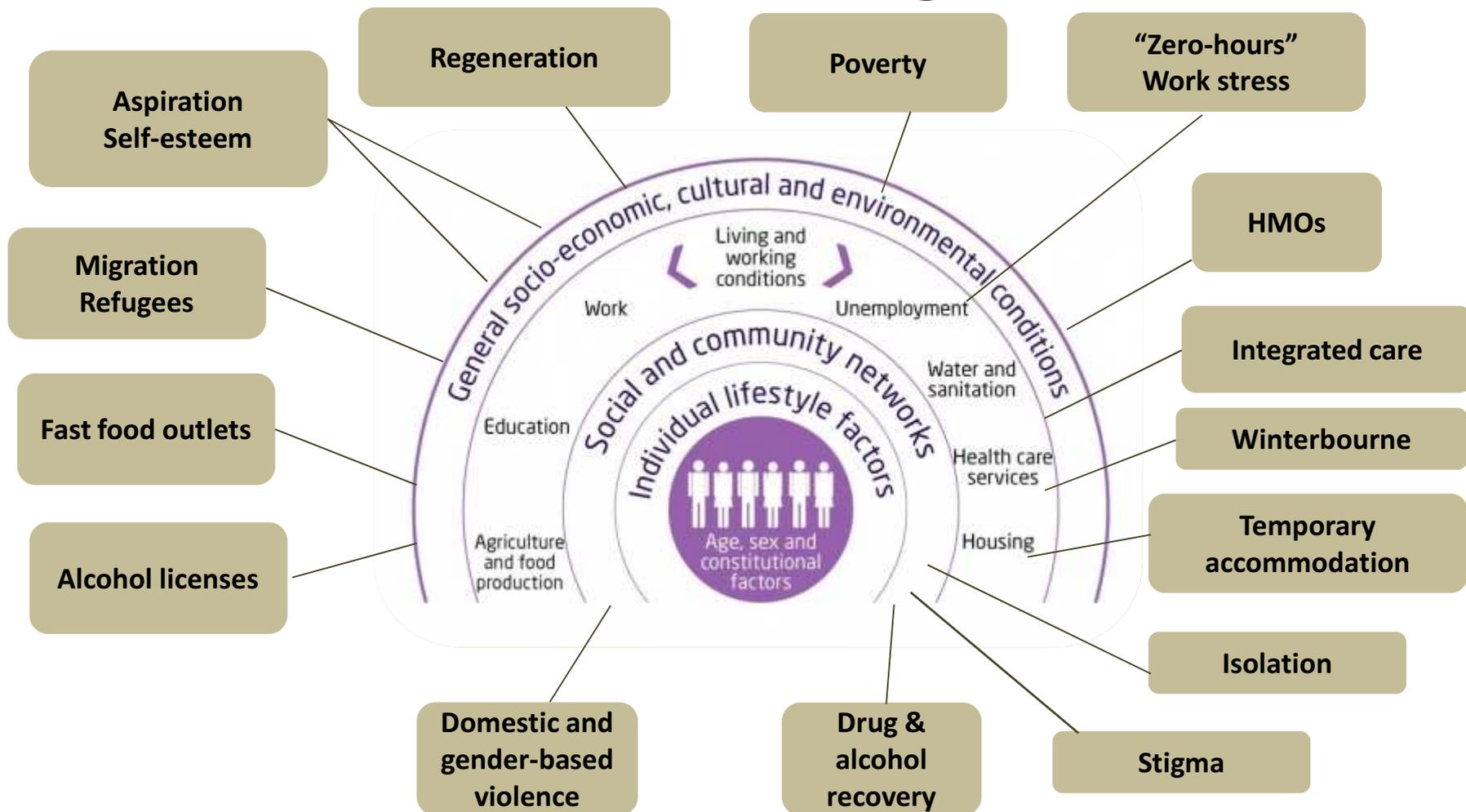
# A walk through the lifecourse



*“What happens during **early years (starting in the womb)** has **lifelong effects** on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.” (Marmot, 2010)*

**Making Every Contact Count (MECC)**

# Many factors affect our health and wellbeing



# Objective 1: Improving outcomes for babies, young children and their families



Engaging with new families  
at children's centres



Poor dental health



Increasing the uptake of the  
free early years education offer

# Achievements and challenges

## **Main achievements**

- Integrated Therapies Contract in place
- Kooth online launched
- Parent Conference enabled parents/carers a better understanding of health services
- Immunisation data quality has improved
- All nine children centres achieved silver status in the healthy early years award
- Early Years Foundation Stage Profile results above national average
- Launched oral health campaign for conception and one year old

## **What were the challenges**

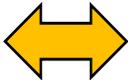
- Child and Adolescent Mental Health Services (CAMHS) transformation is taking longer than envisaged
- Engaging specific communities in increasing immunisation uptake
- Free entitlement to early education is still challenging

# Next steps

- Working with provider to transform health visiting and school nursing to deliver the Healthy Child Programme
- Develop CAMHS transformation across the system with a greater emphasis on prevention and early help
- Fully integrate children's centres into the developing 0-19 early help hubs
- Healthy Early Years – Greater London Authority Awards to be offered
- Continue to increase uptake of 30 hours and free entitlement to early education

# Are we on track?

	Below target (more than 5%) / worse than London
	Not met yet but close / statistically no difference to London
	Target met/better than London average

Indicator	Latest performance	Year(s)	Recent trend (based on Trends in Public Health England profiles)	Barnet v London
Childhood vaccination Coverage % Year 1	90.2%	2016 - 2017	Worse 	
Childhood vaccination Coverage % Year 5	79.6%	2016 - 2017	Worse 	
School readiness Prevalence %	73.2%	2016 - 2017	Better 	
Missing, decayed or filled tooth in 5 year old children	24.1%	2016 - 2017	No previous trend available	

# Objective 2: Creating circumstances to enable people have greater life opportunities



Warm places have been set up for people who found themselves isolated over the colder months



Befriending schemes supporting individuals and families



Health champion programme focused on improving mental health



London Healthy Workplace Charter

asks employers to review the support they offer their employees

# Achievements and challenges

## **Main achievements**

- The success of the reimagining mental health programme in Barnet was recognised nationally through Health Service Journal awards
- Successful pilot of the pan London digital mental health service and launch of Thrive London
- Completed a review of local pathways for antenatal and postnatal depression
- Development of BOOST employment support provision in Childs Hill
- Individual Placement Support (IPS) delivered and boosted by Social Impact Bond

## **What were the challenges**

- Improving Access to Psychological Therapy (IAPT) access
- Inability to sustain funding for IPS for people with severe mental illness

# Next steps

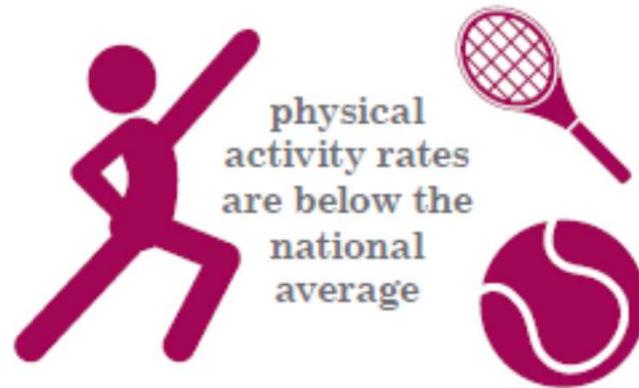
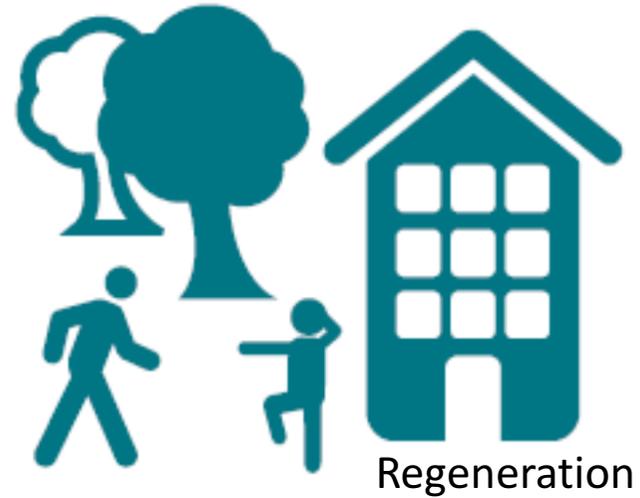
- Recover IAPT performance
- Focus on public mental health and wellbeing
- Integrate physical health into Reimagining Barnet wellbeing hub
- Develop the whole borough social prescribing model
- Support small and medium business to achieve Healthy Workplace Charter
- Review lessons learnt from IPS programme and explore alternative funding streams

# Are we on track?

	Below target (more than 5%) / worse than London
	Not met yet but close / statistically no difference to London
	Target met/better than London average

Indicator	Latest performance	Year(s)	Recent trend (based on Trends in Public Health England profiles)	Barnet v London
% of 16-18-year olds not in education, employment or training	1.8%	2015	Better 	
Adults secondary mental health services in paid employment	6.7%	2017/18	Worse 	No adequate comparison for 2017/18
Mortality rate for suicide and undetermined injury	9.7%	2014-16		Compared to (2013-15).

# Objective 3: Encouraging healthier lifestyles



# Achievements and challenges

## Main achievements

- Child weight management service and pathway evaluation carried out and recommendations implemented
- Healthy Weight service provision for children implemented and integrated in the leisure contract
- Golden Kilometre implemented in schools across the borough
- Leisure contract awarded and Public Health Outcomes integrated within the contract
- Redevelopment of Copthall and New Barnet Leisure Centre
- Barnet Health Walks, SHAPE Programme, London Youth Games
- Successful implementation of Shisha campaign

## What were the challenges

- Service planning for new Tier 2 (lifestyle interventions) weight management provision
- Fragmented weight management pathways

# Next steps

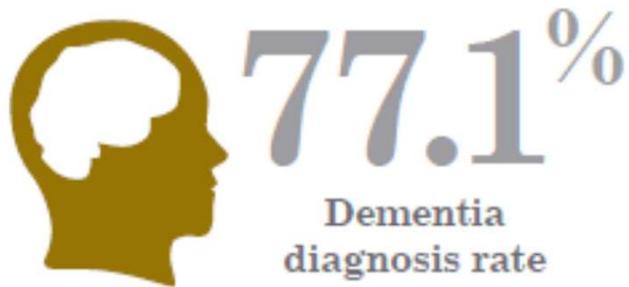
- Launch of Fit and Active Barnet (FAB) Campaign in July 2018
- Embed new leisure management contract (year 1) including community and health initiatives
- Support masterplan developments for Barnet Copthall, Barnet Playing Fields and West Hendon Playing Fields
- Expansion of Health Walks Programme
- Launching children's healthy weight pathway including communication with wider stakeholders
- Ensuring appropriate Special Education Needs and Disability (SEND) provision in the child healthy weight pathway

# Are we on track?

	Below target (more than 5%) / worse than London
	Not met yet but close / statistically no difference to London
	Target met/better than London average

Indicator	Latest performance	Year(s)	Recent trend (based on Trends in Public Health England profiles)	Barnet v London
Overweight and obesity in 4-5 years Prevalence %	19.5%	2016 - 2017	Better 	
Overweight and obesity in 10-11 years Prevalence %	32.2%	2016 - 2017	No significant change. 	
Taking part in sport and active recreation at least 30 minutes 2 or more days a month	77.9%	2017	New indicator	New indicator
Proportion of physically inactive adults	28.6%	2016 - 2017	Compared to previous period (2015/16) 	

# Objective 4: Providing care and support to facilitate good outcomes and improve user experience



# Achievements and challenges

## Achievements 2017/18

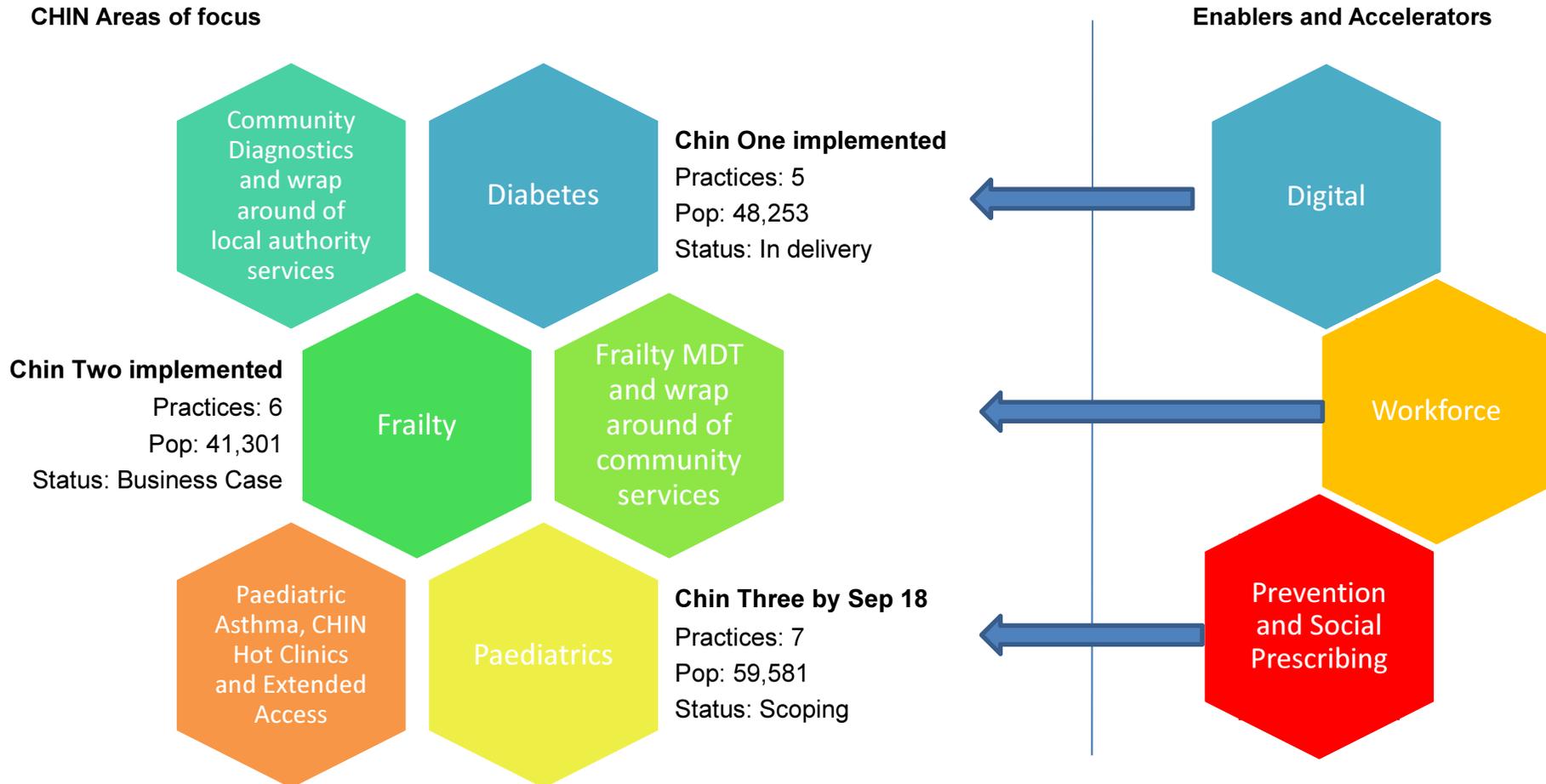
- Progress on delivering carers and young carers strategy action plan, purchased a new digital resource for carers in the borough and improved information and advice offer to carers
- The Barnet Integrated Locality Team (BILT) established
- Risk stratification tool enabled better prevention offer for aging well programme and the Dementia Hubs
- The Home From Hospital service and the enablement service supported people being discharged from hospital

## What were the challenges

- Quality of carers assessments is good but the uptake is low
- BILT service has not been utilised to its full potential



# Current CHIN Areas of Focus



# Next steps

- Proactive identification of carers and young carers
- Individualised support so that carers and young carers can maintain their own health and wellbeing
- Recognising carers and young carers as key partners in care and support
- Focus health and care integration around frailty (including dementia)
- Further implementation of CHINS as an integrated network that focuses on prevention and early help

# Are we on track?

	Below target (more than 5%) / worse than London
	Not met yet but close / statistically no difference to London
	Target met/better than London average

Indicator	Latest performance	Year(s)	Recent trend (based on Trends in Public Health England profiles)	Barnet v London
Diabetes	35.0%	2017-2018	Worse 	
% of carers involved in planning care	63.4%	2014-2015	Compared to previous period (2012/13) 	
Bowel Cancer Screening % coverage	50.8%	2016-2017	Increasing 	
Cardiovascular mortality (under 75) Per 100 000 population	61.3 per 100,000	2014-2016	Compared to previous period (2013-15). 	

# Listening to users' views

## Main Achievements

- Series of working groups took place on a variety of topics with clear outcomes including
  - Improving carers information and advice
  - Feeding into safeguarding business plan
  - Adding new performance measures that reflect users' priorities
  - Mystery shopping of prevention services
- People Bank database expanded by 50% (190 people)
- Piloted different ways of collecting feedback including online, surveys and in-depth interviews
- Positive feedback from people involved in working groups and Involvement Board
- Working with Barnet Mencap to ensure the voice of people with learning disabilities are heard

## What were the challenges

- Lack of momentum in terms of involving users in commissioning and health-related topics

# Next Steps

*Working group member: "I really enjoyed the group and feel very positive about the outcome"*

*Involvement Board member: "I am enjoying putting myself out of my comfort zone, confronting some of my fears and using this platform to get awareness out there"*

*Working group member: "It is nice to be listened to"*

- Annual Engagement Summit in July 2018 where users can vote on the working group topics for next year across health and social care
- 10 working groups to take place between July 2018-July 2019 which will be time limited and outcomes-focused
- Embed new methods of ongoing engagement including regular feedback surveys and interviews, and ensure these have an impact on quality and services
- Continue to expand numbers and diversity on People Bank
- Work with commissioners and CCG to ensure user involvement across all areas

# Emerging themes – Joint Strategic Needs Assessment 2017/18

Keeping Well, Promoting Independence  
**A Joint Health and Wellbeing Strategy**  
2015 – 2020



# Barnet is largest borough in London

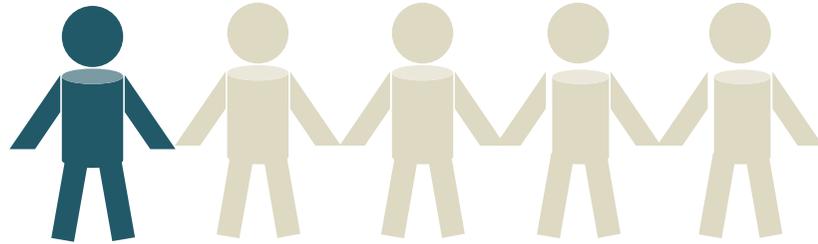
- We have **387,803** residents and over **400,000** registered people with GP practices and our population is increasing fast
- Barnet is the **8<sup>th</sup>** least deprived of the 32 London boroughs (IMD score 17.8)
- The health of people in Barnet is generally better than the England average
- Over **52% of 0-4 year old children** are from Black, Asian and Minority Ethnic Groups.
- About 14% (**9,700**) of children live in **low income families**
- Life expectancy for both men and women is higher than the England average but there is still **6.5 years gap for men and 5 years for women** between most deprived and least deprived areas

Sources: ONS, GLA Borough Preferred Option Population Projections, PHE Fingertips

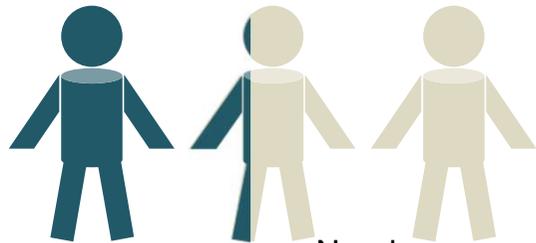
# Children's and Young People's Health



# Childhood weight



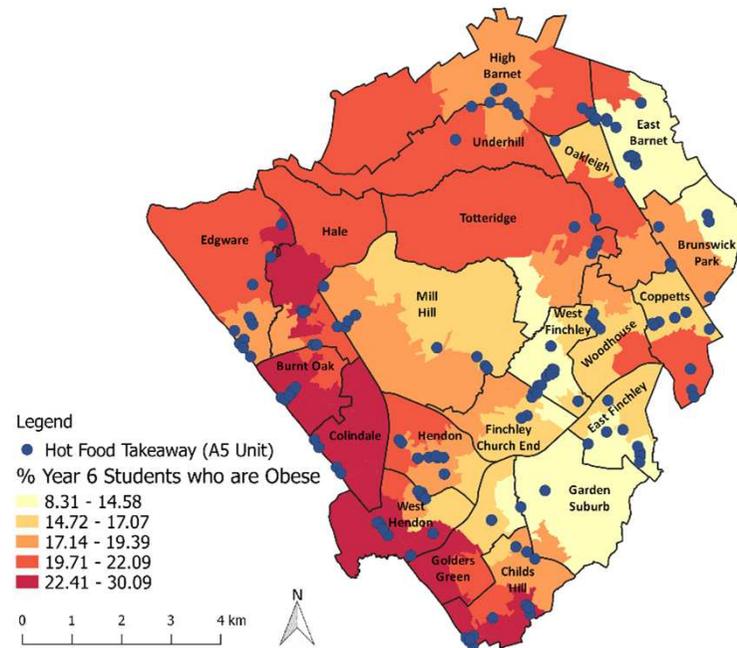
Nearly  
**1 in 5**  
children are overweight or obese in  
**reception year**  
(2017)



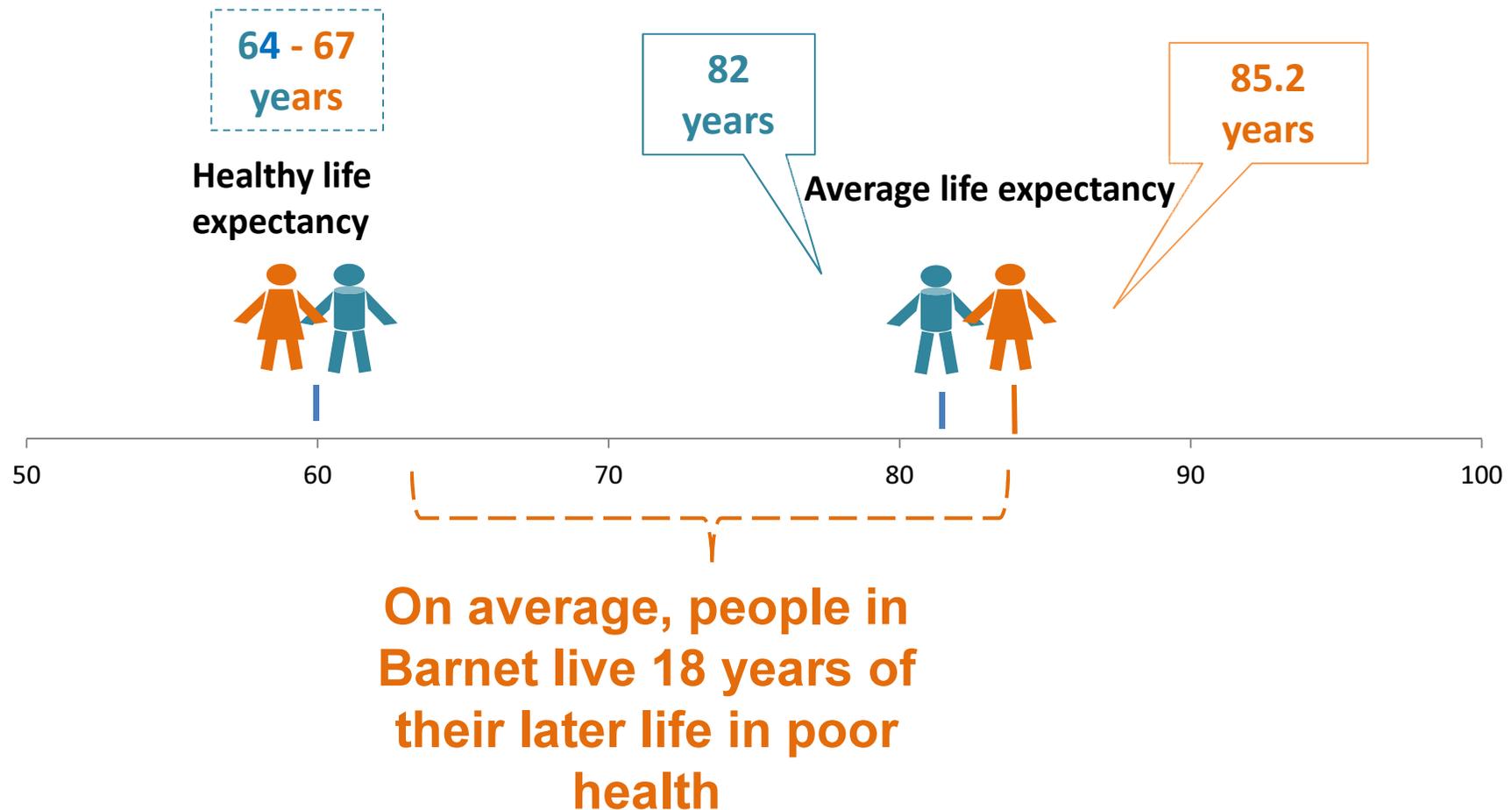
Nearly  
**1 in 3**  
children are overweight or obese  
**in year 6**  
(2017)

Source: Public Health England

Map of Year 6 overweight and obesity prevalence  
(143/205 hot food takeaways fall within  
400m of schools in Barnet)



# Life expectancy is high in Barnet but people live late life in poor health .....



Source: PHE 2018 Public Health Outcome Framework

# Long-term conditions

- Coronary Heart Disease and Stroke are **number one cause of death** amongst men and women in Barnet and mortality rate from cardiovascular disease for older people aged 65 and over for Barnet (1,213.7 per 100,000) was **significantly higher** than both London and England
- During 2016/17, the **prevalence of stroke** for people of all ages in Barnet was significantly higher than London (1.3% vs. 1.1%)
- The rate of **preventable sight loss** due to age related macular degeneration (AMD) is significantly worse in Barnet than London (121.7 vs. 82.3 per 100,000)

# Unhealthy behaviour and inequalities

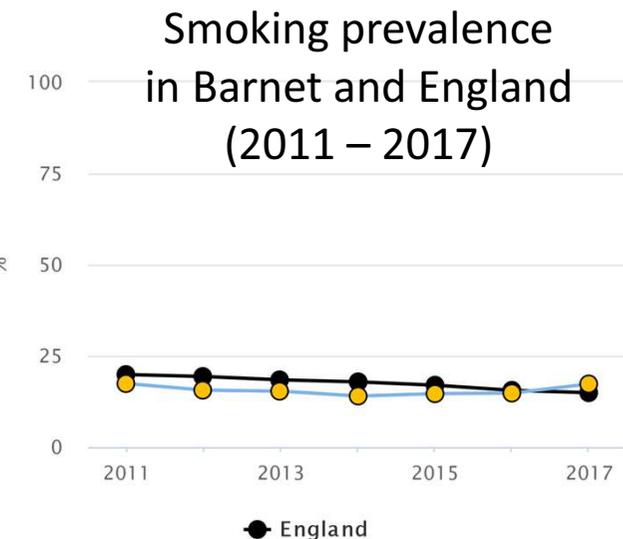
- Almost **1/3** of adult residents in Barnet are physically **inactive**
- Smoking prevalence in London and England is decreasing while Barnet's prevalence (17.5%) is increasing.
- **Highest prevalence in London (39%)** for routine and manual occupation



People who never worked or are on long time employment are **two times more likely** (35%) to be **physically inactive** than people in managerial positions (14%).



**Smoking prevalence** is almost **40% higher** in the most deprived areas (**21%**) compared to the least deprived (**15%**).



# Sexual health and tuberculosis

- **Sexually transmitted infections** rate for people aged 15-64 years in Barnet was **significantly higher** than the England average (957 vs. 794 / 100,000) however it is still significantly lower than the London's average
- **Chlamydia detection rate** (15-24 year olds) for Barnet was **significantly worse** than both London and England (1,468 vs. 2,199 vs. 1,882 per 100,000)
- The **Gonorrhoea** diagnostic rate for Barnet for 2017 was significantly **higher** than the England average (100.1 vs. 78.8 per 100,000) but significantly lower than London
- **Tuberculosis** rates in Barnet are **higher** than England (19.5 vs. 10.9 per 100, 000) but lower than London average

Source: PHE Fingertips

# Mental health and wellbeing

- In Barnet, approximately **4,700 children** and young people 5-16 years of age are estimated to have mental health problems
- Approximately **39,000** people live with anxiety and depression; of those **only half** are known to primary care
- Further **4,082** people have serious mental illness
- For 2017, it was estimated that **4,136** people aged 65+ in Barnet were living with **dementia**
- There are **4,820** people in **receipt of unemployment benefits** due to mental ill health

# Proposed areas of focus in the next two years

Keeping Well, Promoting Independence  
**A Joint Health and Wellbeing Strategy**  
2015 – 2020



# National and local drivers

- Financial challenges
- Regeneration and growth areas
- Impact of housing and welfare reforms
- The need for all key policies in Barnet to demonstrate contribution to wellbeing through:
  - prevention and early intervention
  - community resilience
  - reducing inequalities
- North Central London Sustainability and Transformation Plan
- Health and social care integration

# Proposed priorities for discussion

## Transformational

- ***Mental health and wellbeing*** - Lifecourse approach
- ***Healthy Weight*** - Health in All Policies Approach
- ***Health and Care Integration*** – Place based approach (tackling unhealthy behaviour and embedding prevention in CHINs)

## Business as usual

- Immunisation and Screening
- Sexual Health
- Tuberculosis
- Tobacco control

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AGENDA ITEM 7

	<b>Health and Wellbeing Board 26 July 2018</b>
<b>Title</b>	<b>A Whole System Approach to Healthy Weight</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 1 Healthy Weight Strategy: A Whole Systems Approach to Healthy Weight Appendix 2 Healthy Weight Workstreams Appendix 3 Summary Project Plan
<b>Officer Contact Details</b>	Rachel Wells ( <a href="mailto:rachel.wells@barnet.gov.uk">rachel.wells@barnet.gov.uk</a> ) Consultant in Public Health  Rachel Hodge ( <a href="mailto:Rachel.Hodge@barnet.gov.uk">Rachel.Hodge@barnet.gov.uk</a> ) Public Health Strategist

<b>Summary</b>
<p>This report presents an update on Barnet’s approach to Healthy Weight. Information contained in the report and appendices adopts whole systems thinking and a lifecourse approach, in line with regional and national guidance.</p> <p>The Healthy Weight Needs Assessment determines that there is a need to develop an overarching strategy (Appendix 1) and action plan for healthy weight. The accompanying strategic overview identifies why a whole systems approach is appropriate for Barnet, as well as how each workstream (Appendix 2) will feed into the development of a final action plan.</p>

<b>Recommendations</b>
<p><b>1. That the Health and Wellbeing Board notes and discuss the Healthy Weight Strategy and agrees proposed workstream and a whole systems approach when developing an action plan. The Board is asked to nominate officers across the partnership to support implementation of the workstreams.</b></p>

**2. That the Health and Wellbeing Board (HWBB) receives regular updates on the progress of development and implementation of the action plan.**

**1. WHY THIS REPORT IS NEEDED**

- 1.1 As one of the most complex challenges facing population health, unhealthy weight has a significant impact on nearly all service areas across the council, NHS and wider partnership. By applying a whole systems lens onto the development of a borough-wide healthy weight action plan; the Health and Wellbeing Board can optimise its statutory responsibility for improving population's health and wellbeing.
- 1.2 With the renewal of Barnet's Local Plan there is currently a window of opportunity to make significant progress towards a whole systems commitment to healthy weight across lifecourse.
- 1.3 A key objective of a partnership and the whole systems approach to healthy weight is to identify synergies and win-wins across wider Council and the NHS.
- 1.4 It is important to recognise that we are building on the momentum of the great work that is already underway rather than starting from scratch. Added benefit of a whole scale approach is to bring all relevant stakeholders together to tackle this important issue at scale together and in the most efficient way.
- 1.5 As one of the most complex challenges facing public health, unhealthy weight will not be solved by the actions of an individual, department or organisation working in isolation. As the Public Health leadership in local authority continues to evolve; embedding healthy weight approach into the wider Council's policies presents an opportunity to renew emphasis on the significance of place and community for health. It also ensures that the council is optimising its statutory responsibility for population health and wellbeing.
- 1.6 A whole systems approach is a way of maximising positive health outcomes by working across all policies and programmes have an impact on residents' ability to lead a healthy life. This is particularly effective when combating large-scale challenges such as the comorbidities associated with unhealthy weight. It is also important to recognise that individuals have to be engaged, barriers to healthy weight understood and support offered for individuals themselves to make healthy choices.
- 1.7 The Department of Health's 'Healthy Lives, Healthy People: A Call to Action on Obesity in England' calls for a sustained downward trend in the level of excess weight in children and adults by 2020 and proposes greater partnership working and an increased focus on making the environment more enabling for achievement of a healthy weight.

- 1.8 In December 2017, the Local Government Association (LGA) published 'Making obesity everybody's business: A whole systems approach to obesity', which aims to explore evidence and local practice to develop guidance and tools to help councils develop whole systems approaches to obesity in their local areas.
- 1.9 The London Health Commission set out ten ambitions for making London the healthiest major global city. Key ambitions relevant to healthy weight include: the ambitions to give children the best start to life through initiatives such as the Healthy Schools London programme, and the ambition to enable individuals to be active and eat healthily through initiatives such as the Healthy Workplace Charter, promotion of active Travel and development of healthy food environments. These are further reiterated within other Mayor strategies including the draft London Plan, Health Inequalities Strategy, Transport Strategy and Food Strategy.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The ability of HWBB to have a meaningful impact on population health and wellbeing in the long term depends on the integration of health policies into all aspects of what a council and its partners do. No single measure is likely to be effective on its own in tackling unhealthy weight. By developing an umbrella action plan which considers the relationship between health behaviours and the larger system, the HWBB can identify specific strategic actions which will maximise the success of healthy weight policies and programming.
- 2.2 Developing a new Healthy Weight Action Plan under HWB Board creates a window of opportunity to make significant progress across multiple work streams and embed this approach as Health in All Policies approach.
- 2.3 Lifecourse approach to whole system Healthy Weight will be incorporated in the Local Plan, the submission of Local Implementation Plan 3 in autumn, the publication of our Food Secure Prevention Plan and Local Government Declaration of Sugar Reduction and Healthier Eating will all inform development of the borough-wide action plan. As a borough we can ensure that our response to these key strategic documents includes a commitment to actions outlined in the healthy weight plan.

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

- 3.1 The alternative option is not to develop an overarching action plan. In current times of serious financial constraints, the strong emphasis placed on collaboration and integration within a whole systems approach; means that this offers a promising way of increasing efficiency of public sector spending.
- 3.2 By continuing to operate multiple related workstreams (as outlined in Appendix A) without an overarching plan; opportunities for joint working are likely to be missed.
- 3.3 Additionally, having a strategic document which clearly and concisely communicates Barnet's approach to healthy weight will increase understanding amongst partners and establish Health and Wellbeing Board as a system leader to tackle this important public health issue. This means that the potential negative unintended consequences that decisions may have on healthy weight policies within the borough can be anticipated better.

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

- 4.1 Following the agreement and feedback of HWBB, Barnet Public Health will make appropriate adjustments to the Healthy Weight strategy & workstreams; continuing consultation processes with stakeholders. A complete action plan and progress on it will then be regularly presented to the HWBB.

## **5. IMPLICATIONS OF DECISION**

- 5.1 **Corporate Priorities and Performance**

5.1.1 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. As the emerging healthy weight needs assessment identifies, there are many inequalities which exist in the realm of unhealthy weight. The development of an action plan will therefore complement the strategic aims of the Health & Wellbeing Strategy, developing specific measurable actions.

5.1.2 The draft vision for the new Barnet Local Plan includes an objective, “To deliver infrastructure and design which makes the healthy choice the easy choice”. The development of actions to support a whole systems approach to healthy weight will support the Local Plan and supplementary documents in achieving this objective.

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

5.3 In recognition of the financial situation, none of the recommendations or actions identified within a whole systems healthy weight strategy are expected to require additional financial resources. Particularly in the longer-term, this approach is expected to lead to increased efficiency. All financial and staffing resources required to develop the strategy have already been identified and implemented.

## 5.4 **Social Value**

5.4.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. A whole systems plan for healthy weight will help wider council commissioning and delivery units consider the ways that their service areas can promote healthier communities, contributing to each of these wider benefits.

## 5.5 **Legal and Constitutional References**

5.5.1 Article 7 Committees, Forums, Working Groups and Partnerships of the Council’s Constitution sets out the terms of reference of the Health and Wellbeing Board which includes:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To 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
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

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

## 5.6 Risk Management

5.6.1 None identified.

## 5.7 Equalities and Diversity

A whole systems approach to healthy weight asks policy makers to critically explore issues using the social determinants of health theory. This theory identifies the economic and social factors that influence health choices. A core value of this approach is the consideration of health inequalities which persist amongst groups with protected characteristics. By consulting and engaging with appropriate stakeholders, it is expected that a whole systems approach to healthy weight will prevent unintended harms against marginalised groups and promote health equity.

## 5.8 Consultation and Engagement

5.8.1 Consultation and engagement activities planned will contribute to the development of an action plan. These include a public questionnaire, systems mapping workshops with council officers and consultations with frontline staff, such as GPs.

## 5.9 Insight

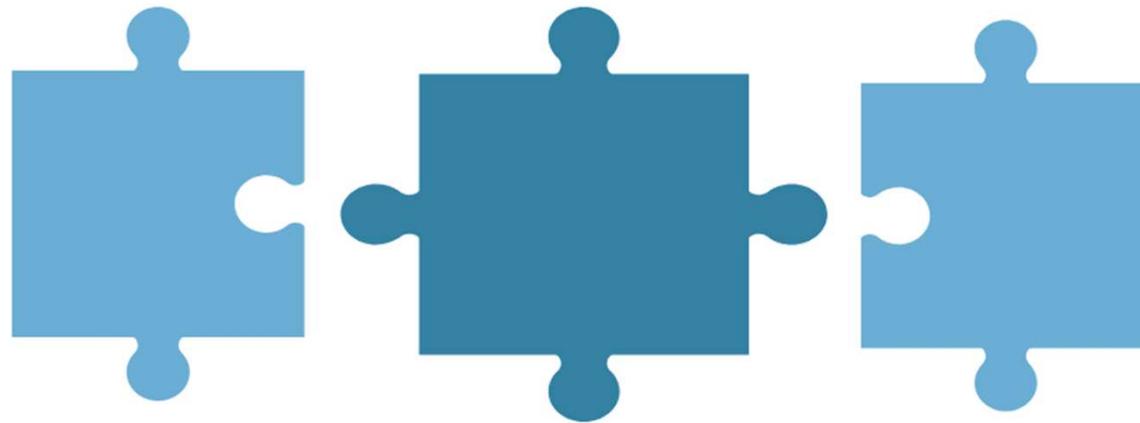
5.9.1 The data in this report was gathered from public health intelligence from national data sources and publications, which were up to date at the time of writing. An audit of relevant services available locally, which was performed at the time of writing, is also included.

## 6. BACKGROUND

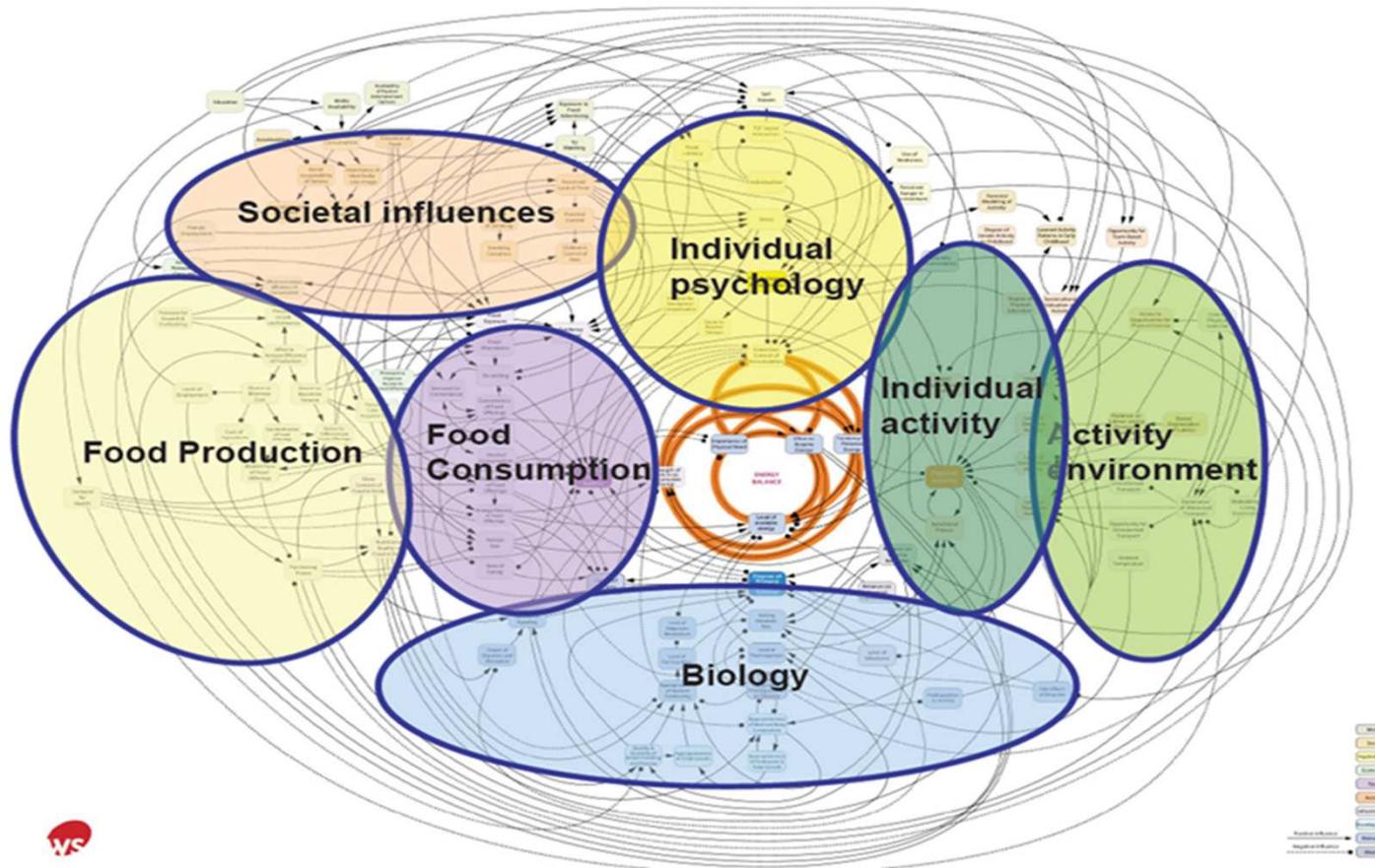
6.1 None.

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# A Whole Systems Approach to Healthy Weight



# Causes of obesity are multiple, complex, interlinked and reach far beyond public health action



Foresight, 2007

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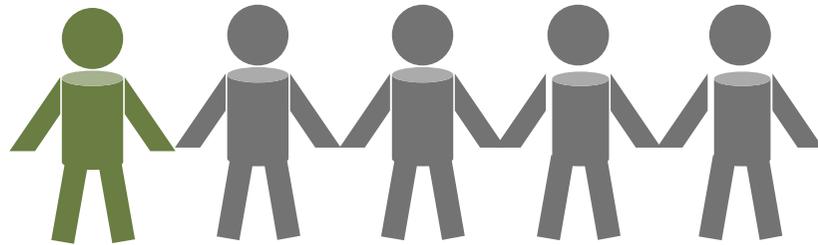
# National policy context

A key objective of a whole systems approach is to identify synergies and win-wins across departments. This is echoed by the Department of Health's 'Healthy Lives, Healthy People: A Call to Action on Obesity in England', which proposes greater partnership working and an increased focus on making the environment more enabling for achieving healthy weight.

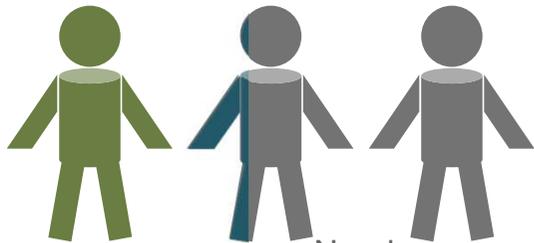
The London Health Commission set out 10 ambitions to make London the healthiest major global city. These include: giving children the best start to life through initiatives like Healthy Schools London; enabling individuals to be active and eat healthily through programmes such as the Healthy Workplace Charter, promotion of active travel and development of healthy food environments.

These are reiterated throughout London mayoral strategies, including the draft London Plan, Healthy Inequalities Strategy, Transport Strategy and Food Strategy.

# In Barnet.....



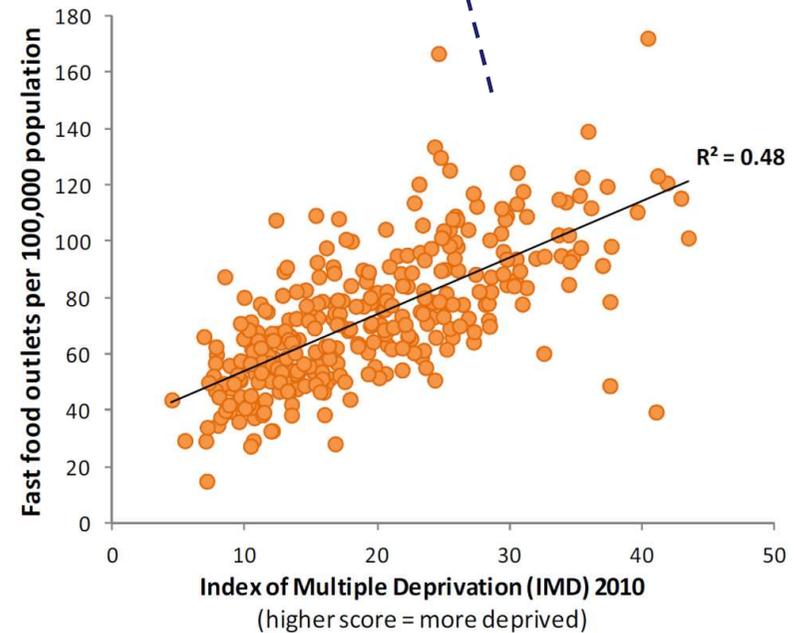
Nearly  
**1 in 5**  
children are overweight or obese in  
**reception year**  
(2017)



Nearly  
**1 in 3**  
children are overweight or obese  
**in year 6**  
(2017)

Source: Public Health England

## A clear link between fast food outlets and deprivation



From: National Obesity Observatory:  
Relationship between density of fast food outlets  
and deprivation by local authority

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# Vision Statement

*Those who are born, grow up, live, work and study in Barnet have every opportunity to adopt behaviours which support healthy weight maintenance.*

*Barnet is a borough where residents are health literate and well-informed and where healthy option is an easier option!*

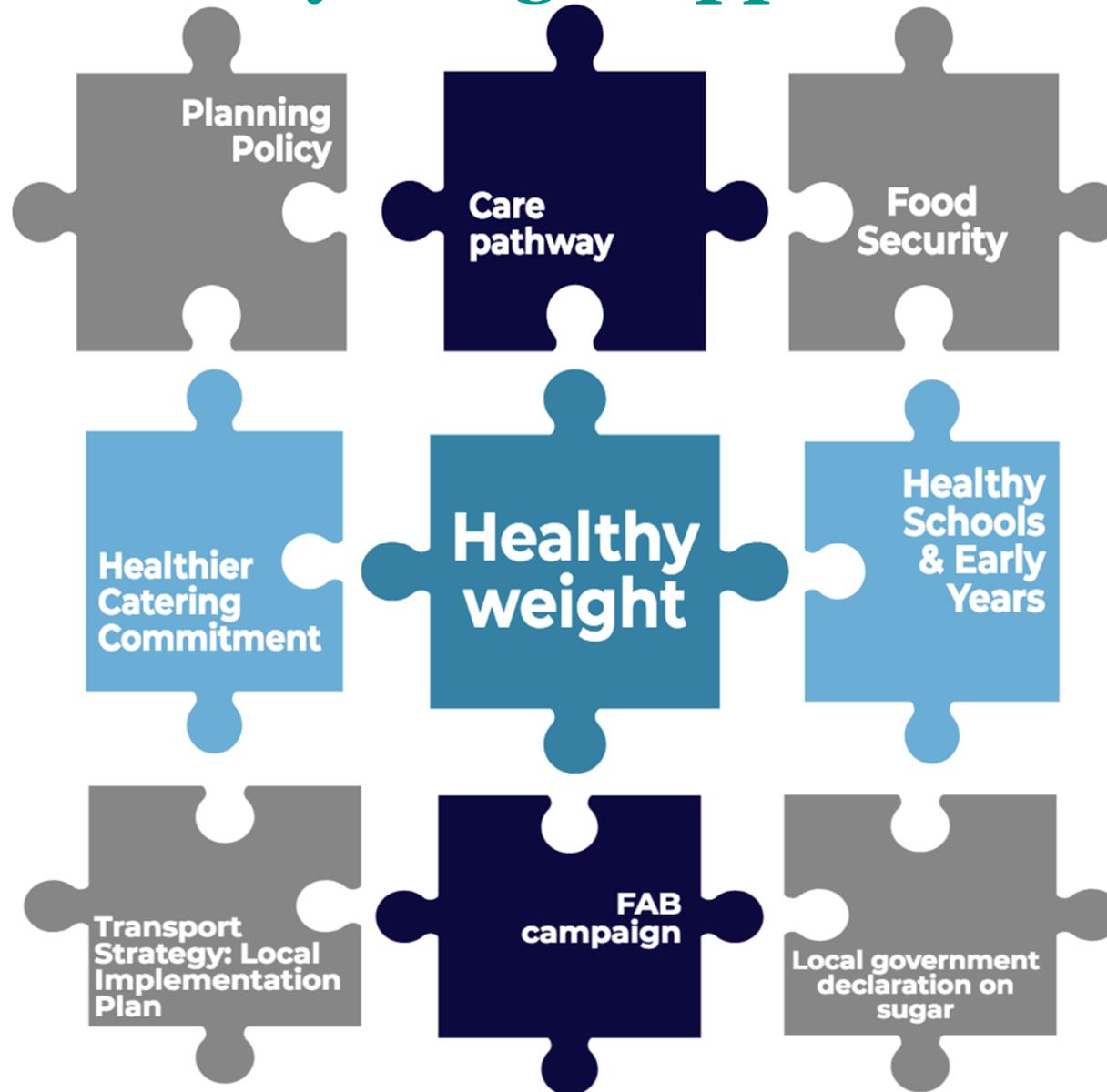
*This is delivered through mutual ownership and commitment across the borough. As a result, our collective actions optimise healthy growth and development, promoting active living, nutritious eating and psychosocial wellbeing.*

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# Strategic Objectives

1. To create a clear and consistent mutual understanding of what a whole systems approach to Healthy Weight means for Barnet and what are the roles and responsibilities of all stakeholders.
2. Define Healthy Weight workstreams underpinning our vision that spans across lifecourse.
3. Propose 'Next Steps' towards the development of a Healthy Weight Action Plan.

# Barnet's Healthy Weight approach



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## Appendix 2 – Healthy Weight Workstreams, July 2018

Workstream	Description	Next Steps
<b>Care Pathway</b>	Drafting a healthy weight care pathway for adults, alongside the children’s team. This is being developed jointly to ensure that the transition from children and young people (CYP) to adults is considered.	<ul style="list-style-type: none"> <li>• Completing GP questionnaires and Public Questionnaires to ensure the pathway reflects the needs of service providers and residents. New plan to be published in August.</li> <li>• Discussion with Leisure commissioners to discuss transfer of tier II adults and children weight management services.</li> <li>• Draft review and feedback meeting planned with stakeholders for start of July, with final pathway due for publication start of August.</li> </ul>
<b>Mayor’s Golden Kilometre &amp; Resilient Schools</b>	Schools are supported by Public Health, Sports and Physical Activity (SPA) and the Healthy Schools programme to sign up to the Mayor’s Golden Kilometre; a programme which encourages all students to get out and walk a kilometre every day.	Embedding Mayor’s Golden Kilometre into the wider resilient schools programme.
<b>Early Start</b>	Public Health is currently promoting the uptake of Healthy Start vouchers. This scheme provides pregnant women under the age of 18 & those living on certain benefits (with children under the age of 4) with food vouchers to spend on milk, fruit and vegetables & infant formula milk.	Data is collected on a monthly basis & circulated to children’s centres, showing which shops currently accept vouchers.
<b>Local Government Declaration of Sugar Reduction &amp; Healthier Eating</b>	A Sustain initiative whereby local authorities agree to actions across six areas to reduce sugar consumption and encourage healthier eating. Commitments can be for existing projects, but there must also be commitment to at least 3 new projects, across areas including advertising, local food provision and raising public awareness.	<ul style="list-style-type: none"> <li>• Mapping current actions done by the Council and potential future actions across the 6 key areas of the declaration.</li> <li>• The proposed actions for Barnet will then be run by Director of Public Health (DPH) and Members before submission to Sustain and</li> <li>• Presentation at the HWBB in November or January.</li> </ul>

<b>FAB campaign</b>	A Barnet-wide campaign to promote physical activity, working alongside our leisure provider and clubs in the borough.	It is intended to develop and deliver a borough-wide campaign to residents underpinned by sub-campaigns targeting specific groups.
<b>Transport &amp; Local Implementation Strategy</b>	The new Mayor's Transport Strategy & accompanying local implementation plan (LIP) funding are based around the Healthy Streets approach. This includes 10 "healthy street" indicators which aim to improve air quality, reduce congestion, encourage physical activity & safer communities.	Public Health is contributing to the development of Barnet's LIP application (submitting to TfL October 2018) & are acting as consultees for the local Sustainable Transport Strategy (being developed). We will be embedding active transport into both plans to encourage residents to participate in physical activity.
<b>Healthier Catering Commitment (HCC)</b>	Supporting food businesses to provide healthier options and to change the ways in which they prepare, cook and sell food to the standards of Healthier Catering Commitment (a London-wide initiative).	To work with Re on future provision of HCC and to support current HCC holders to continue to improve.
<b>Food Security</b>	Successfully bid for funding from the GLA to develop a food security action plan. Draft Needs Assessment presented at Food Security Summit on 20 <sup>th</sup> June. The purpose of the action plan is to ensure all residents have physical, social and financial access to nutritious food in Barnet.	Collecting further research until September 2018. Will be developing an Action Plan to present at the November HWBB.
<b>Planning Policy</b>	Providing Public Health input into the revised Local Plan and accompanying documentation	Currently developing a Hot Food Takeaways Evidence Paper to support a local policy on the restrictions of hot food takeaways. In September 2018 we will be working with the policy team to conduct a health impact assessment on the Local Plan to ensure it has realised every opportunity to promote active & healthy living across the borough.

### Appendix 3 – Summary Project Plan – Evidence Review, Healthy Weight Action Plan

	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018
<b>Draft Healthy Weight Needs Assessment</b> Completed secondary data synthesis, Return on Investment (ROI) approach to healthy weight, national and local literature review.	Completed										
<b>Joint Adult/Children' Care Pathway</b> Create a pathway that healthcare providers can use to refer residents to/ensure new joined up approach between adults & children. <ol style="list-style-type: none"> <li>Determine what is currently on offer</li> <li>Consult with GP's and service providers</li> <li>Set up care pathway steering group</li> <li>Launch new publication</li> </ol>					1	2	3	4			
<b>Healthy Weight Mapping</b> <ol style="list-style-type: none"> <li>Undergo training at London School of Hygiene and Tropical Medicine (LSHTM)</li> <li>Run pilot workshop with Public Health</li> <li>Run workshop with external council officers &amp; stakeholders</li> <li>Collate whole systems map to identify common actions</li> </ol>			1		2		3		4		
<b>GP Consultation</b> <ol style="list-style-type: none"> <li>Develop questionnaire to determine GP's views and experiences with unhealthy weight amongst patients</li> <li>Administer questionnaires</li> <li>Analyse findings</li> </ol>						1	2	3			

<b>Public Questionnaire</b> 1. Develop questionnaire to determine personal views & experiences with unhealthy weight. Also establish felt needs of residents 2. Publish questionnaires 3. Analyse findings						1	2	3	
<b>Draft Action Plan</b>									

**Health and Wellbeing Board  
Work Programme**

**2018-2019**

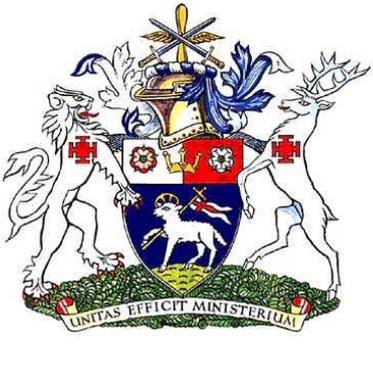
Contact: Salar Rida (Governance) [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
<b>26 July 2018</b>				
<b>DISCUSSION</b>				
Joint Health and Wellbeing Strategy Review 2015-2020 and Next Steps	<b>The Board is asked to note and agree priorities for 2018/19 and 2019/20.</b>	Director of Public Health	<b>Director of Public Health and Commissioning Lead – Health and Wellbeing</b>	No
Whole system approach to Healthy Weight	<b>The Board is asked to note and comment on the contents of the paper.</b>	Director of Public Health	<b>Public Health Strategist</b>	No
Forward Work Programme	<b>The Board is asked to review and update the Forward Work Programme</b>	Chair and Vice-Chair of the Health and Wellbeing Board	<b>Commissioning Lead – Health and Wellbeing</b>	No
<b>NOTE</b>				
Improvement Action Plan – Ofsted (same paper as reported to CE&S Committee)	<b>The Board is asked to note progress of the Improvement Action Plan.</b>	Strategic Director – Children and Young People	<b>Improvement Action Plan – Ofsted (same paper as reported to CE&amp;S Committee)</b>	No
Pharmaceutical Needs Assessment (PNA) Report	<b>The Board is asked to note publication of final PNA.</b>	Director of Public Health	<b>Public Health Strategist</b>	No
Minutes of the Health and Wellbeing Board Working Groups (where available): <ul style="list-style-type: none"> <li>• Joint Commissioning Executive Group</li> </ul>	<b>The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board</b>	Strategic Director Adults, Communities and Health CCG Accountable Officer	<b>Commissioning Lead – Health and Wellbeing</b>	No

\*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

<b>13 September 2018 – Proposed development workshop</b>	
<b>15 November 2018</b>	
<b>17 January 2019 – Proposed development workshop</b>	
<b>28 March 2019</b>	
<b>Suggested future and standing agenda items</b>	
<b>Suggested future items</b>	<b>Standing agenda items</b>
Implementing Barnet's Carers' Strategy	Annual Healthwatch Report
Health and Care Integration and Care Closer to Home	Annual Safeguarding Report for Children and Young People – Independent Chair Report
Devolution – estates	Annual Safeguarding report for Adults – Independent Chair Report
Children's and Young People's Mental Health	Improvement Action Plan – Ofsted (same paper as reported to CE&S Committee)
Dementia, Frailty and Social isolation	Forward Plan
Fit and Active Barnet	Minutes of the Health and Wellbeing Board Working Groups (where available): <ul style="list-style-type: none"> <li>• Joint Commissioning Executive Group</li> </ul>
Local Implementation Plan – Healthy High Streets	

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<b>AGENDA ITEM 9</b>	
 <p><b>CHILDREN, EDUCATION and SAFEGUARDING COMMITTEE</b></p> <p><b>6 June 2018</b></p>	
<b>Title</b>	<b>Update report on progress of Barnet Children's Services Improvement Action Plan</b>
<b>Report of</b>	Chairman of the Committee, Councillor David Longstaff
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<b>Appendix 1: Ofsted Monitoring visit letter</b> <b>Appendix 2: Family Services Performance Report</b>
<b>Officer Contact Details</b>	Chris Munday Strategic Director for Children and Young People <a href="mailto:Chris.Munday@barnet.gov.uk">Chris.Munday@barnet.gov.uk</a>

<b>Summary</b>
<p>Children's services in Barnet were judged by Ofsted to be inadequate when Ofsted undertook a Single Inspection Framework (SIF) during April and May 2017. The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly. In response to the recommendations and areas for improvement identified by Ofsted, the Barnet Children Services Improvement Action Plan was developed and a final version presented to Committee in November 2017.</p> <p>In April 2018, Ofsted conducted the third monitoring visit of Children's Services, which focussed on vulnerable adolescents across a range of teams including children in need, children subject to child protection and children looked after. The update on Barnet Children's Services Improvement Action Plan includes reference to this monitoring visit. The Monitoring Visit feedback letter has been included in Appendix 1.</p> <p>This report provides an update on progress of Barnet Children's Services Improvement Action Plan to ensure scrutiny by elected members in improving the effectiveness of the local authority in protecting and caring for children and young people as a corporate parent. This is the fifth update report to be received by Committee and the reporting period for progress is March and April 2018. The update on progress is structured according to the seven improvement themes in the action</p>

plan, and Family Services Performance Report has been included in Appendix 2.

### Recommendations

- 1. That the Committee note the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.4 to 1.56.**
- 2. That the Committee note details of Ofsted's monitoring visit set out in paragraphs 1.11 to 1.20 and the monitoring visit feedback letter received from Ofsted attached in Appendix 1.**
- 3. That the Committee note and scrutinise the performance information provided in Appendix 2.**

- 1.1 Children's services in Barnet were judged by Ofsted to be inadequate when Ofsted undertook a Single Inspection Framework (SIF) of these services in April and May 2017.
- 1.2 The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly.
- 1.3 To enhance scrutiny by elected members to support and challenge this continuous improvement, it was agreed at Children, Education, Libraries and Safeguarding (CELS) Committee in July 2017 that an update on the progress of implementing improvements will be a standing item on committee agendas. This is to ensure the local authority is effective in protecting children in need and caring for children and young people as a corporate parent.

### **Barnet Children's Services Improvement Action Plan**

- 1.4 In July 2017 CELS Committee was presented with the recommendations and areas for improvement highlighted by Ofsted along with a draft Improvement Action Plan developed in response to these, which Committee approved for consultation. Committee also delegated authorisation to complete and submit the plan to the Strategic Director for Children and Young People in consultation with the Chief Executive and Lead Member.
- 1.5 The action plan was finalised as *Barnet Children's Services Improvement Action Plan* and submitted to Ofsted and the Department for Education. The Strategic Director received confirmation from Ofsted on 31 October 2017 that "*the plan satisfactorily reflects the recommendations and priorities of the inspection report*".
- 1.6 The action plan sets out the improvement journey and gives focus to transform services, especially social care, from inadequate to good rapidly. The action plan is in line with the three core strategic objectives that cut across all our plans for children, young people and families and underpin the systemic and cultural change needed to drive improvement within the borough:

- Empowering and equipping our workforce to understand the importance and meaning of purposeful social work assessments and interventions with families
- Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes
- Providing Practice Leadership and management throughout the system to ensure progress is made for children within timescales that are appropriate and proportionate to their needs and that practitioners are well supported, child curious and focused

1.7 The action plan has two elements of improvement planning which are complementary. The first being the turnaround priority that has a forensic focus on social work practice driving our capacity and capability to transform at pace and the second being a series of improvement themes:

1. Turnaround priority: To drive sustainable Practice Improvement at pace

*Improvement themes*

2. Governance Leadership, and Partnership
3. Embedding Practice Leadership
4. Right interventions, right time (Thresholds)
5. Improving Assessment for children
6. Improving Planning for children
7. Effective Communications and Engagement to drive culture change that will improve children's lives.

**Update on progress since the last report:**

1.8 This is the fifth update report to be received by Committee and the reporting period for progress is March and April 2018.

1.9 The update on progress is structured according to the seven improvement themes in the action plan. Under each improvement theme there is a description of the theme and an update on key activities since the previous update report. There is a detailed update on the turnaround priority to drive sustainable practice improvement at pace.

**1. Turnaround priority: To drive sustainable Practice Improvement at pace**

1.10 This theme is driving the quality of social work practice to turn around at pace to ensure children's outcomes are improved.

**1.11 Ofsted monitoring visit and report**

Ofsted undertook a Monitoring Visit on 25 and 26 April 2018. This was the third monitoring visit since Barnet Children's Services were judged inadequate in July 2017. The monitoring visit focussed on vulnerable adolescents across a range of teams including children in need, children subject to child protection and children looked after, looking at:

- the effectiveness of partnership working for vulnerable adolescents
- the effectiveness of management oversight and supervision
- the quality of assessments and planning

1.12 All the children's cases reviewed had been considered at the multi-agency sexual exploitation (MASE) panel or were deemed to be at high risk of being missing, gang affiliation or criminal exploitation. The visit considered a range of evidence, including electronic case records, supervision files and notes, case management records, performance data, audits and progress reports.

1.13 Inspectors noted that there was continued progress and consolidation of recent improvements seen in the first and second monitoring visit and reported that senior leaders and managers are appropriately focussed on embedding the cultural change required to improve and embed good social work practice. Inspectors found:

- Better establishment of improved quality assurance processes and an increase in permanent staffing;
- Expertise and support being provided to senior leaders by the improvement board and local authority partner to appropriately monitor the implementation of improvements to services;
- Practice for children at risk of child sexual exploitation (CSE) and missing as well embedded operationally and strategically;
- Improvements in practice and more effective oversight of gang affiliation, radicalisation and criminal exploitation since development of the strategic scope of these areas took place in October 2017;
- Less case work was of an inadequate standard than on previous monitoring visits, and most children were being appropriately safeguarded.

1.14 Inspectors noted staff morale was good, and that staff stated that they enjoyed working in Barnet. It was recognised that workforce development activities are effective and wide ranging, and social workers have manageable caseloads, although a very small number of staff in one team reported case work pressures. New staff are being recruited to vacancies and permanent staffing is continuing to stabilise.

1.15 For vulnerable adolescents at high risk of exploitation, Ofsted found that the strategic and operational processes in place are providing effective scrutiny, advice and guidance to multi-agency partners and social workers; leading to improved safeguarding practice.

- 1.16 Inspectors saw evidence that social workers are routinely attending multi-agency strategy meetings for the cohort of young people considered during the visit, however, noted gaps in health and police attendance, thus limiting the effectiveness of the meetings. Return Home Interview (RHI) take up is low and is not effectively engaging all children, however, information from RHIs is informing safeguarding action.
- 1.17 There is more work to do to improve the identification of risk, and use of risk assessments within case recording to ensure all risks for children are fully addressed, children do not become looked after in reactive or emergency situations and professionals are not over optimistic about the nature of risks faced by adolescents.
- 1.18 Practice was found to be variable standards of practice in several other areas, including:
- Quality of assessments
  - Plans for children
  - Supervision quality and frequency
- 1.19 The pace of change within Barnet has remained consistent and focussed, with inspectors noting that it is beginning to raise practice standards. It was recognised that senior leaders are aware that there are still areas of considerable challenge before practice is of an overall good standard. The inspector's letter received following this monitoring visit can be found in Appendix 1.
- 1.20 The next monitoring visit will take place on 31 July and 1 August 2018 focussing on children in care and care leavers.

## **2. Governance Leadership, and Partnership**

- 1.21 This theme focuses on strengthening systems leadership for children with sufficient capacity and capability at all levels and governance arrangements that prioritise children and add value to improvements. The theme also seeks to ensure effective corporate support is in place which understands the role of social workers and reflects a collective ambition for children in the borough.
- 1.22 There has been recruitment to all but one Team Manager posts across Children's Social Care; recruitment of Social Workers remains a challenge, as such there has been increased focus on a 'grow your own' approach resulting in a successful round of recruitment for Newly Qualified Social Workers (ASYE) in which 24 applications were received following a brief period of advertisement, of these 22 were shortlisted for assessment and 10 Newly Qualified Social Workers were appointed.
- 1.23 In May 2018 4 Team Managers and 3 Advanced Practitioners were appointed and 2 were offered social work roles with a further 8 agency social workers being onboarded.

- 1.24 There are on-going discussions with a number of agency social workers about permanent employment options. Assessment days were held throughout April and will continue in May 2018.
- 1.25 We continue business as usual advertising and talent searching through recruitment agencies.
- 1.26 Training is underway for newly elected Members; a Safeguarding and Corporate Parenting responsibilities training will take place in May 2018 as part of the new member's induction programme. Further training will be delivered throughout 2018.

### **Care Quality Commission (CQC) inspection**

- 1.27 The CQC is the independent regulator of health and social care services in England. Their role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements.
- 1.28 On 15 February 2018, Barnet Clinical Commissioning Group (CCG) received notification of review of services for looked after children and safeguarding commencing 19 February and ending on 23 February. The review was conducted under section 48 of the Health and Social Care Act 2008 and focussed on the quality of health services for looked after children, and the effectiveness of safeguarding arrangements for all children in the area.
- 1.29 The lines of enquiry for the inspection were:
- The experiences and views of children and their families.
  - The quality and effectiveness of safeguarding arrangements in health including:
    - Assessing need and providing early help.
    - Identifying and supporting children in need.
    - The quality and impact of child protection arrangements.
  - The quality of health services and outcomes for children who are looked after and care leavers.
  - Health leadership and assurance of local safeguarding and looked after children arrangements including:
    - Leadership and management.
    - Governance.
    - Training and supervision.
- 1.30 The inspection findings are due to be published imminently. The actions emerging from the inspection will be monitored through the Improvement Board to ensure effective alignment of activity.

### **3. Embedding Practice Leadership**

- 1.31 This improvement theme seeks to strengthen practice leadership through effective management oversight and increased capacity.
- 1.32 Ahead of the April Ofsted monitoring visit, an audit report was prepared which provided overview and analysis of 60 thematic audits undertaken on Vulnerable Adolescents (i.e. at risk of Child Sexual Exploitation (CSE), Gangs, Missing and NEET) between January and April 2018. The report examined the experiences of 23 of these children. There was evidence of management oversight on 17 sampled cases, but individual monthly reflective supervision was less evident. There was additional evidence of good group supervision held on some cases, led by a Practice Development Worker and utilising the 'Signs of Safety' model.
- 1.33 Feedback from the most recent Ofsted monitoring visit aligns with our audit findings, that supervision is still variable in quality, but with evidence that recent management oversight is improving and supervision is providing a better management grip. Managers have all received supervision training and are being supported by the Practice Development workers in applying this learning to how they support staff. Where audits are graded as inadequate, auditors complete '4R' reflective sessions and Ofsted noted that this is providing management oversight whilst supporting social workers to understand what good looks like.
- 1.34 In the period from April 2017 to the end of March 2018, 1329 staff from across Family Services attended 116 courses provided by the Workforce Development Team. Of these, 924 were from Social Care and 315 from Early Years, Early Help or another area in Family Services. Ofsted noted the good availability of training for staff in the feedback from their most recent monitoring visit.
- 1.35 Embedding learning has become a key priority as the year has progressed. Social Work Managers are being supported in their roles to ensure that Social Workers get meaningful reflective supervision, with 26 managers attending training on this in the last 12 months. Over the next year we expect to see learning from the Systemic Leadership and Management training being implemented and having an impact on both managers and social workers

#### **4. Right interventions, right time (Thresholds)**

- 1.36 This theme is focused on developing an effective MASH and proportionate, effective and timely decision making across the whole social care system.
- 1.37 There has been regular review of all children passed to Children's Social Care for assessment to ensure that the threshold for statutory assessment is applied correctly. This has provided evidence that thresholds are stronger but there is a need for the early help system to be able to manage lower levels of risk i.e. inappropriate chastisement. The early help system is piloting and embedding practice changes, that are strengthening and realigning multi-agency working, it is expected that this model will facilitate a greater shift of low level risk into the early help system so that families are not coming into the child protection system unnecessarily.

#### **5. Improving Assessment for children**

- 1.38 This theme focuses on strengthening risk assessments and ensuring child focussed assessments to ensure that plans are robust and focused on timely improvements for children and families.
- 1.39 The Barnet Vulnerable Adolescents Strategy 2018-2020 has now been agreed and published. The scope of this strategy crosses the domains of child sexual exploitation, missing children, gangs and criminal exploitation as the Barnet Safeguarding Children's Partnership (BSCP) recognises that a broader view of safeguarding is required when considering exploitation of children and young people.
- 1.40 The audit report prepared for the Ofsted visit in April 2018 provided information about both Sexual Exploitation and Missing (SEAM) meetings and strategy discussions. For most strategy discussions and SEAM meetings, the reason for convening was clear, thresholds had been appropriately applied and there was evidence of some effective liaison and joint work with involved professionals, particularly between Social Care and the Police.
- 1.41 In the Strategy Discussion domain 48% of sampled cases were graded *Good* and 30% were graded *Requires Improvement*. Cases graded *Requires Improvement* evidenced less robust application of thresholds and short delays in convening the Strategy Meeting. Practice would consistently be strengthened to *Good* by ensuring that, as a minimum, a representative from Social Care, Police and Health attend (or are involved in), all Strategy Meetings or Discussions. In addition, stronger evidence that risk assessment and decision-making is more consistently informed by what is in the best interests of the child, the available evidence, knowledge of child development and research into the impact of harm or abuse. This notable improvement in audit gradings provides evidence of improved compliance with statutory requirements.
- 1.42 Some Child & Adolescent Services previously commissioned from Barnet, Enfield and Haringey Mental Health Trust have been brought in-house. This includes CAMHS in Schools and CAMHS for Looked After Children. The local authority is building on this transfer to create an in-house clinical service that sites CAMHS expertise closer to social work assessment and care planning activities, the impact intends to improve psychological and systemic perspectives, reduce waiting time and referral on to specialist services and ensure children get the help they need promptly.

#### **6. Improving Planning for children**

- 1.43 This improvement theme seeks to ensure planning is child centred and that these plans achieve the best outcomes.

- 1.44 The findings from our most recent audit report shows that in the majority of cases children are seen, spoken to alone and encouraged to share their wishes and views, which are reflected in case recordings and care planning. In the sample, there was evidence of some positive direct work, with child focused intervention and appropriate support offered in some cases where, for example, it was clearly recorded that the child had been invited to meetings, encouraged to participate and been offered regular opportunities, and safe spaces, to share their views, wishes and feelings.
- 1.45 48% of sampled cases were graded *Requires Improvement* in the child's voice and engagement domain on the audit tool. In order to achieve a grading of *Good*, practice in some cases would be strengthened by social workers increasing the level of professional curiosity related to the child's lived experience and undertaking more meaningful direct work with them. In the majority of sampled cases there was also clear evidence of efforts made by social workers to build positive relationships with parents/carers, including father's, to involve them in the care and safety planning (where possible) for their child. Parents and carer's views were usually sought and reflected in completed assessments. However, in some cases, practice would be strengthened by social workers ensuring that the views of both parents are sought and recorded, that perceived disguised compliance is more robustly challenged, and observations are undertaken of the parent's relationship with the child.
- 1.46 A Children in Need panel and Permanency Tracking meetings have been established, chaired by Heads of service, to review plan and advise and direct teams in relation to smarter planning for children. This facilitates appropriate and swifter step-down to Early Help from Child in Need Planning and swifter escalation to Child Protection or permanency planning when positive change is not being achieved for the child. The permanency tracking meeting ensures that any drift in planning for children in care or subject to legal processes is avoided and that all permanence options are consider for children
- 1.47 There is a need for independent chairs of both Child Protection Conferences and Children in Care Reviews to provide greater scrutiny and challenge to care planning activity. To achieve progress in this area work is underway to develop the quality of meetings so that they have a greater child and family focus that is fixed on improving outcomes and creating plans that drive meaningful change. This will include children being invited to chair their own reviews
- 1.48 Monthly meetings of the multi-agency Corporate Parenting Officers Group (CPOG) review and track the priorities set out to ensure the joint planning for children in care and care leavers to improve their outcomes.
- 1.49 Young people attended the March 2018 CPOG meeting, and are next due to attend the June 2018 meeting as per the quarterly schedule. Updates from the March and April 2018 reporting period include:
- Finalising of the Voice of the Child Strategy 2018/19;
  - Young people feedback on the proposed children in care website and logo;

- Children in Care Council (#BOP) location and timetable changes to accommodate more young people;
- Introduction of focus groups chaired by Head of Service to provide opportunity for children in care and care leavers to feedback on the service they receive;
- Onwards and Upwards (Leaving Care service) beginning a piece of work to understand their experience of transition in Barnet;
- The establishment of a Tash and Finish Group to review savings for children in care;
- Refreshing of the Annual Children in Care Survey questions;
- Addition of #BOP feedback as an item on each CPOG meeting agenda;
- Introduction of a mental health service for care leavers within Onwards and Upwards.

1.50 Additional work progress from CPOG during this period includes a consultation on care leaver's and council tax.

1.51 A facilitated discussion was held with care leavers in response to the consultation on Council Tax on 21<sup>st</sup> March 2018, during which all care leavers agreed with the proposal. Comments from young people included:

Regarding the two-year exemption period:

- "why can't it be extended for longer? We should get it until [age] 24/25?"
- "If you have a job, depending on how much you get you should pay"

Regarding households with shared liability:

- "Halve it so the care leaver doesn't have to pay"
- "Care leavers shouldn't have to pay it"
- "Is there a way to have two different council tax bills for one house? Otherwise have the whole household at nil"
- "Just nil it by the house"

Additional feedback included:

- Concerns about young people in education not benefitting from the scheme.
- Young people living out of borough still being at risk of debt.
- Out of borough young people being disadvantaged.
- Care leavers being penalised when going in and out of university.

1.52 The Fostering Fortnight, from 14 to 27 May 2018, will be celebrated in Barnet through the following events:

- 16th May: A cake Sale facilitated by Recruitment Coordinators and Foster Carers at North London Business Park that will raise money for LIVE UNLIMITED and the Imagination Trust.
- 18th May: A stall at Spires Shopping Mall facilitated by Foster Carers and Care Leavers to raise awareness.
- 20th May: A 5K Fostering Walk at Golders Hill Park facilitated by Staff, Foster Carers and Care Leavers.

- 23rd May: A fostering Coffee Morning at Queensway Infant and Nursery School to raise awareness and recruit.
- 24th May: Foster Care Conference.
- 25th May: A Fostering Coffee Morning at Hollickwood School.
- 25th May: A Stall at Spires Shopping Mall facilitated by Foster Carers and Care Leavers.

1.53 From the January 2018 recruitment of foster carers has focussed on carers for sibling groups and adolescents. A total of 70 enquiries has been received. Of these, 8 applicants are currently at stage one, 22 are at stage two and 6 foster cares have been approved.

The improvements made to the Adoption and Fostering Panel is ensuring that there is no delay in approving new carers.

1.54 LIVE UNLIMITED a charity launched five months ago is aimed at helping our looked after children and care leavers follow their dreams and aspirations. The vision is that all looked after children and care leavers in Barnet should have equal chances to lead fulfilling lives. We are the first local authority in London to launch a charity like this and have established the Imagination Trust which is an individual small grants scheme.

Among the successful applicants were an aspiring boxer seeking gym membership, a budding photographer who requested a new camera lens needed for a photography course, and a young person wanting to take a sign language course to help her pursue a career working with hearing impaired children.

## **7. Effective Communications and Engagement to drive culture change that will improve children's lives**

1.55 This improvement theme will develop connection via impactful two-way communication and engagement from the top to the bottom of the children's service and strong cross agency engagement and communication from top to bottom. The improvement journey needs to be owned by all. Ofsted reflect in the report from their monitoring visit that the pace of change has been 'consistent and focussed... [and] the quality of social work practice is now slowly improving', while noting that there are still areas of considerable challenge before practice is of a good standard and the need of children are well served. This remains an area of active focus.

### **Quantitative performance data**

1.56 Quantitative performance data is based on activity in April 2018. Reporting is of indicators that are subject to additional focus through the Improvement Plan, with information about what needs to change and what is being done about it, as well as what is working well. The full Barnet Children's Services Performance Matters report and Director commentary has been included in Appendix 2.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Members are asked to note progress to ensure scrutiny by elected members and improve the effectiveness of the local authority in protecting and caring for children and young people as a corporate parent.

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

- 3.1 The continued monitoring of progress and impact of Barnet Children's Services Improvement Action Plan is integral to driving the continuation of the Family Services' improvement journey to ensure improved outcomes for children and families. The alternative option of maintaining the status quo will not make the desired improvements or improve outcomes at the pace required.

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

- 4.1 As the primary driver of improvement, the Children's Service Improvement Board will oversee the delivery of the action plan and is ultimately responsible for its delivery. The Children's Services Improvement Board is independently chaired by the lead improvement partner (Essex County Council Executive Director) and will provide scrutiny and challenge as well as measure impact.
- 4.2 Operationally the Improvement Plan is driven and directed by the Operational Improvement Group chaired by the Strategic Director of Children's Services with senior representatives from key partner agencies. The group will oversee the day to day transformation of services and ensure effective communication and engagement with staff, children, young people and their families.
- 4.3 Reports on the progress of the action plan will be received by Children, Education and Safeguarding Committee, Health and Well-Being Board and Barnet Safeguarding Children's Board.

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

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

- The implementation of Barnet Children's Services Improvement Action Plan is a key mechanism through which Barnet Council and its partners will deliver the Family Friendly Barnet vision to be the most family friendly borough in London by 2020.
- This supports the following Council's corporate priorities as expressed through the Corporate Plan for 2015-20 which sets out the vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity, to make sure Barnet is a place;
  - Of opportunity, where people can further their quality of life
  - Where people are helped to help themselves, recognising that prevention is better than cure

- The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.

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

- Policy and Resources Committee of June 2017 agreed to invest an additional £5.7m in Family Services, some of which has been invested to improve practice to ensure improvements are made which result in better outcomes for children, young people and families. The detailed breakdown of this additional £5.7 million is provided in item 7, CELS agenda 18 September 2017.
- MTFS savings for 2018 - 2020 have been reviewed in light of the Family Services improvement journey to consider achievability. The original target for CELS Committee for 2018/19 – 2019/20 was £8.303m, this has been fully reviewed and revised to £4.435m in the 2018/19 Policy & Resource Committee Business Planning Report. The report on the Children, Young People and Family Hubs – Outline Business Case, a CELS agenda item for 6 June 2018, outlines the initial proposals and timeline for achieving £1.471m within this target. All the savings proposals, including the additional items totalling £2.964m over and above the Family Hub proposal, can be found in the Policy & Resource Committee Business Planning Report 2018/2019 which is provided in item 13, Policy & Resource Committee agenda 13 February 2018.
- The ongoing improvement will continue to place pressure on existing resources. The 2017/18 outturn for Family Services includes an overspend of £2.438m, which represents 4.2% of the total Delivery Unit budget (£58.504m). This is an increase of £2.161m from Quarter 3 relating to expenditure on placements and employee costs. There was a £2.300m overspend relating to external high cost specialist placements and associated services and the additional directed requirement for two assistant heads of service, three duty assessment team managers and eight duty assessment team social workers resulted in a £0.400m pressure. The ongoing improvement programme will continue to place pressure on existing resources. These pressures were offset by additional one-off grant funding (£0.416m) and realignment of the additional budget allocated by Policy and Resources Committee in June 2017 to high cost placements (£1.200m).
- In order to deliver safe, high quality practice, the investment in additional resources have seen a significant reduction in caseloads. The caseloads within social care teams have changed from March 2017 to March 2018, with a significant reduction in the Duty and Assessment Team (37.5 to 13.3) and Onwards and Upwards Leaving Care Team (27.5 to 18.1) in particular. There has also been a reduction in ratio of managers to social workers from 1:13 in February 2017 to 1:6 in February 2018.

### **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 Local authorities have specific duties in respect of children under various legislation including the Children Act 1989 and Children Act 2004. They have a general duty to safeguard and promote the welfare of children in need in their area and, if this is consistent with the child's safety and welfare, to promote the upbringing of such children by their families by providing services appropriate to the child's needs. They also have a duty to promote the upbringing of such children by their families, by providing services appropriate to the child's needs, provided this is consistent with the child's safety and welfare. They should do this in partnership with parents, in a way that is sensitive to the child's race, religion, culture and language and that, where practicable, takes account of the child's wishes and feelings.
- 5.4.2 Part 8 of the Education and Inspections Act 2006 provides the statutory framework for Ofsted inspections. Section 136 and 137 provide the power for Ofsted to inspect on behalf of the Secretary of State and requires the Chief Inspector to produce a report following such an inspection. Ofsted will have monitoring visits on a regular basis in local authorities found to be inadequate. A new Ofsted framework will be in place from January 2018, however monitoring visits will still be undertaken for authorities found to be inadequate. In addition to Ofsted's statutory responsibilities, the Secretary of State has the power to direct local authorities. This power of direction includes the power to impose a commissioner, direct the local authority to work with improvement partners and direct alternative delivery options. Subsequent directions can be given if the services are not found to be adequate.
- 5.4.3 Article 7 of the council's constitution states that the Children, Education and Safeguarding Committee has the responsibility for all matters relating to children, schools and education. In addition to this, the committee has responsibility for overseeing the support for young people in care and enhancing the council's corporate parenting role.

### **5.5 Risk Management**

5.5.1 The nature of services provided to children and families by Family Services manage significant levels of risk. An inappropriate response or poor decision-making around a case could lead to a significant children's safeguarding incident resulting in significant harm. Good quality early intervention and social care services reduce the likelihood of children suffering harm and increase the likelihood of children developing into successful adults and achieving and succeeding. The implementation of the Barnet Children's Services Improvement Action Plan based on inspection findings and recommendations reduce this risk and drive forward improvements towards good quality services.

## 5.6 Equalities and Diversity

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

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

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

5.6.3 Equalities and diversity considerations are a key element of social work practice. It is imperative that help and protection services for children and young are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender, identity, language, race and sexual orientation. Barnet has a diverse population of children and young people. Children and young people from minority ethnic groups account for 52%, compared with 30% in the country. The percentages of children and young people from minority ethnic groups who receive statutory social care services account for 61% of Children in Need cases, 56% of child protection cases and 60% of all Children in Care. The proportion of children and young people with English as an additional language across primary schools is 44% (the national average is 18%).

5.6.4 Social workers practice in relation to inequalities and disadvantage is inconsistent. Recent learning from audits and practice week has highlighted attention to diversity and the cultural context in assessments is an area of practice in need of immediate support from management, the Practice Development Workers and targeted training. The action plan addresses the additional work which needs to be done to ensure that children's diversity and identity needs are met; "5b(ii) Strengthen consideration of diversity in assessment so that assessments thoroughly explore and consider family history including the influence of cultural, linguistic and religious beliefs, norms and expectations".

## 5.7 Corporate Parenting

5.7.1 In July 2016, the Government published their Care Leavers' strategy *Keep on Caring* which outlined that the "... [the government] will introduce a set of corporate parenting principles that will require *all departments* within a local authority to recognise their role as corporate parents, encouraging them to look at the services and support that they provide through the lens of what a reasonable parent would do to support their own children.'

5.7.2 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, as follows:

1. to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
2. to encourage those children and young people to express their views, wishes and feelings;
3. to take into account the views, wishes and feelings of those children and young people;
4. to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
5. to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
6. for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and;
7. to prepare those children and young people for adulthood and independent living.

5.7.3 As part of the Ofsted improvement journey and to ensure that Barnet has due regard to the Principles and improves on the delivery of corporate parenting to children in care and care leavers in Barnet, we:

- will be submitting an annual report on performance against Barnet's Corporate Parenting Pledge to Corporate Parenting Advisory Panel in September 2018. Barnet have committed to supporting children and young people to achieve their best in childhood, adolescence and adulthood within the Corporate Parenting Pledge for children in care and care leavers, as approved by full council on 29 January 2016. The Pledge can be found in section 6.3.
- provide learning and development for elected members and senior officers to understand their duties and responsibilities to children and care and care leavers and ways in which the Principles can be embedded and sufficient challenge provided regarding work and decisions of the council. The next training session is scheduled for 31 May 2018;
- ensure elected members, senior officers and partners can monitor and challenge the performance of the council and its partner agencies pertaining to consideration of the Principles and outcomes for children in care and care leavers through the appropriate channels. This includes the Children, Education, Libraries and Safeguarding Committee (bi-monthly), Corporate Parenting Advisory (quarterly) Panel and Corporate Parenting Officers' Group (monthly).

## 5.8 Consultation and Engagement

- 5.8.1 Consultation and engagement with children and young people is central to social work practice and service improvement across the Safeguarding Partnership. A service user experience strategy has been developed and was launched on 19th February 2018. The strategy ensures that how we work with children and young people is child centred, that we know, understand and can capture the lived experience of children and feed lessons learnt into service improvement. We have nominated Voice of the child champions across partner agencies and within Family Services to promote and lead on the Service User Engagement agenda within their respective areas.
- 5.8.2 Our Voice of the Child Strategy Group enables the wider engagement of children and young people in service design and commissioning of provision across the partnership. This includes youth forums such as Barnet Youth Board and Youth Assembly, the SEN forum (to co-design services) and Children in Care Council (to improve the support children in care receive). The team have been working closely with UNICEF UK to deliver the Child Friendly Communities and Cities initiative. This is a global programme that aims to advance children's rights and well-being at the local level. More recently the team have had a change in staff with a newly appointed Voice of the Child Coordinator and Child's Rights Lead. The team are reviewing the current Youth Voice Offer to develop a structured action plan to focus on increasing reach and impact for children and young people in Barnet.
- 5.8.3 The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.
- 5.8.4 Improving the quality of services to children is a key partnership and corporate priority and collective work is needed across the partnership and the council to drive improvements. The action plan was completed in consultation with various stakeholders. Staff engagement activities have included monthly staff briefings, team meetings, staff conference. Partners have been engaged through the safeguarding partnership board. Senior leaders are members of the Improvement Board and their continued engagement is assured through core multiagency groups and specific forums such as head teacher's forums.
- 5.8.5 This was the first survey completed since the Ofsted Single Inspection Framework in May 2017; the one prior to this was completed in January 2017 and received a good response. The survey aims to hear social worker views on how they see the workplace, their workload and the support they receive to do their jobs well, to inform Family Service's Workforce Development Strategy.
- 5.8.6 Some clear themes emerged from the recent survey; workers outlined "one thing that would help you implement resilience based practice", these are:
- More time (to embed, reflect and develop)
  - More training
  - Better communication between teams and across the service
  - More support from leaders and managers
  - Lower caseloads
  - More efficient processes
  - A simpler, more efficient and less bureaucratic IT system

## 5.9 Insight

- 5.8.1 Insight data will continue to be regularly collected and used in monitoring the progress and impact of Barnet's Children's Services Improvement Action Plan and to shape ongoing improvement activity.

## 6. BACKGROUND PAPERS

- 6.1 Single Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board report, Ofsted, 7 July 2017  
[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/barnet/051\\_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/barnet/051_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf)
- 6.2 Statutory Direction to Barnet Borough Council in relation to children's services under section 497A(4B) of the Education Act 1996, Secretary of State for Education, 12 September 2017  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643791/Barnet\\_Stat\\_Direction\\_Sept-2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643791/Barnet_Stat_Direction_Sept-2017.pdf)
- 6.3 Barnet's Corporate Parenting Pledge to Children in Care and Care Leavers (2016)  
[https://www.barnet.gov.uk/dam/jcr:c33f12a5-86d9-4215-9c89-a8c82675fba4/Pledge%20for%20Children%20in%20Care%202016%20\(digital\).pdf](https://www.barnet.gov.uk/dam/jcr:c33f12a5-86d9-4215-9c89-a8c82675fba4/Pledge%20for%20Children%20in%20Care%202016%20(digital).pdf)

21 May 2018

Mr Chris Munday  
Strategic Director for Children and Young People  
London Borough of Barnet  
Building 4, North London Business park  
Oakleigh Road South  
London  
N11 1NP  
chris.munday@barnet.gov.uk

Dear Mr Munday,

### **Monitoring Visit to Barnet children's services**

This letter summarises the findings of the monitoring visit to Barnet children's service on 25 and 26 April 2018. The visit was the third monitoring visit since the local authority was judged inadequate in July 2017. The inspectors were Louise Warren, HMI, and Tara Geere, HMI.

### **Areas covered by the visit**

During this visit, inspectors reviewed the progress made in the area of vulnerable adolescents across a range of teams, including children in need, children subject to child protection plans and children looked after. All the children's cases reviewed had been considered at the multi-agency sexual exploitation (MASE) panel or the children were deemed to be at high risk of being missing, gang affiliation or criminal exploitation.

Inspectors focused on:

- the effectiveness of partnership working for vulnerable adolescents
- the effectiveness of management oversight and supervision
- the quality of assessments and planning.

A range of evidence was considered during the visit, including electronic case records, supervision files and notes, case management records, performance data, audits and progress reports. Inspectors spoke to a range of staff, including managers, social workers and practitioners.

## **Overview**

In the areas of practice considered during this visit, the local authority is consolidating the recent improvements to services for children and young people identified during the previous monitoring visits. Senior leaders and managers are maintaining their focus and there is an appropriate pace of change in continuing to develop and embed improved quality social work practice across the service. Senior leaders and managers understand that services for children continue to require improvement.

Some developments, such as improved quality assurance processes and an increase in permanent staffing, are becoming better established. The improvement board and the local authority improvement partner continue to provide expertise and support to senior leaders, and to appropriately monitor the pace and implementation of improvements to services. Managers and auditors are now more effectively auditing social work practice, with appropriately decreasing oversight from the improvement partner.

Current practice for those children at risk of child sexual exploitation and of going missing is well embedded operationally and strategically. Since October 2017, senior leaders have appropriately developed the scope of the strategic focus to include children who are at risk of gang affiliation, radicalisation and criminal exploitation. This has led to improvements in practice and more effective oversight of these co-related issues.

Inspectors found some improving progress in the quality of social work practice. Immediate risks for almost all children are adequately addressed. Less case work was of an inadequate standard than on previous monitoring visits, and most children were being appropriately safeguarded. Practice remains inconsistent and some case work remains inadequate.

## **Findings and evaluation of progress**

Staff spoken to by inspectors reported consistently that they enjoy working in Barnet, and that senior managers and managers are approachable and available to offer support and guidance. Caseloads are manageable, although a very small number of staff reported case work pressures. New staff are being recruited to vacancies and permanent staffing is continuing to stabilise. Social workers and other staff report that an effective range of training and support is available to them.

Quality assurance processes, aligned with senior managerial oversight, is identifying and addressing issues effectively, leading to improvements in social work practice. The cases tracked and audited by the local authority for this monitoring visit accurately reflected deficiencies in practice and identified the more positive areas of case work. Reflective sessions by auditors following a finding of inadequate practice

are providing opportunities for further monitoring. This oversight of poor practice is enabling social workers to learn and better recognise the components of good practice. Inspectors found some very thorough senior management oversight on some cases. However, the identified actions required are not always being followed through by social workers and team managers quickly enough. This means that, the plans for some children are not being progressed effectively to achieve positive outcomes or improve their circumstances.

For vulnerable adolescents at high risk of exploitation, regular and effective strategic multi-agency sexual exploitation (MASE) meetings and operational 'Pre-MASE' meetings provide effective scrutiny, advice and guidance to multi-agency partners and social workers. This is leading to improved safeguarding practice. Recent plans to broaden the scope of these meetings to become a vulnerable adolescent risk panel is positive. The Safeguarding Adolescents at Risk Group (SARG) was formed in 2017 to broaden the scope of strategic planning and operational practice. The new vulnerable adolescent strategy, launched in April 2018, provides the foundation for a new vulnerable adolescents' at-risk panel (VARP), which is a positive development. However, these developments are still relatively new and are not yet embedded to influence frontline practice.

The effective gathering of information from multi-agency partners currently informs disruption activities, including mapping and the linking of children at risk across the borough. This informs and promotes preventative and awareness-raising work. Appropriate oversight by senior leaders ensures that the monitoring and reviewing of children only ceases following their managerial sign off and agreement that risks have been sufficiently addressed. This provides an important and effective safeguard for these children.

Within the cohort of vulnerable adolescents considered by inspectors during this visit, it was evident that social workers are routinely attending multi-agency strategy meetings (SEAM) to analyse and share the risks that children are facing. Social workers report that they find these meetings useful in pulling information together to identify and provide better support to safeguard children. However, inspectors noted gaps in health and police attendance, which limits the effectiveness of these meetings. A recent example of a young person attending a SEAM meeting provides evidence of good practice in assisting professionals to consider risk from a young person's perspective. For children missing, the return home interview (RHI) take-up is low at 47% (March 2018) and is not effectively engaging all children. However, information from those RHIs that have been completed is being appropriately used to inform disruption activity, preventative work and the mapping of locations of concern.

The identification of risk, and the use of risk assessments within case recording, remains variable. Despite SEAM meetings happening regularly, some risks for children, although recognised and closely monitored, are not fully addressed. For example, for some children subject to child protection plans and child in need plans,

thresholds for legal planning are not always being considered when risks escalate. This means that some children become looked after in reactive or emergency circumstances. For other children, professionals were over-optimistic about the challenging nature of the risks they were facing or of their resilience to protect themselves. This means that some cases are 'stepped down' from a child protection plan to a child in need plan too soon. On occasion, this has led to less focus by professionals and an escalation of risk.

More specialist multi-agency working and support for young people is provided by the targeted youth service, the Westminster drug project and the art against knives project. Further helpful support from the virtual school assists children looked after to remain in school, or find a new school, college place or work opportunity to address risks, and has been successful in providing valuable activities and educational opportunities.

While children are seen regularly by their social workers, practice is variable. Some children are being seen at six-weekly intervals, though this is not always sufficient to build positive relationships or respond to the changing, complex situations that children are facing. Inspectors found some better practice where social workers are visiting weekly. This enables them to know their children well and build positive relationships to understand their needs more fully. There is variable evidence of the voice of the child being used to underpin planning. Parental engagement is inconsistent, and fathers are less engaged than mothers in assessments and planning.

The quality of assessments remains variable and not all assessments routinely explore parental capacity or analyse historical issues within families to inform understanding and planning. This means that not enough assessments are comprehensively addressing all the issues that impact on children's lives. Inspectors found some stronger assessments where children were involved and were able to contribute to share their views, aspirations and feelings. Children's diverse needs and those of their families are not consistently addressed sufficiently to inform their sense of identity, family heritage or other protected characteristics.

Plans for children are inconsistent and generally of weak quality. For example, some care plans and pathway plans were out of date and not fully informed by children and their families. Inspectors found evidence of reactive planning, which, while keeping children safe immediately, does not address longer-term issues, or is insufficiently targeted to improve outcomes. Child in need planning is inconsistent, with less oversight by managers and other professionals. In response to this, the local authority has created a child in need panel that will begin to address and improve performance in this area. There is too little evidence of child protection chairs or independent reviewing officers providing consistent challenge to address weaker planning or drift and delay. The local authority is currently reviewing this service to make improvements.

Supervision records seen by inspectors are of variable quality and supervision is not always happening regularly for all social workers. In some cases, supervision was not effective in progressing plans in a timely way or providing space for reflection on complex practice issues. More recent records demonstrate improving management oversight and supervision is evidencing better management grip to improve practice. Other records demonstrate that supervision is very comprehensive and thorough.

In summary, the pace of change has remained consistent and focused. The quality of social work practice is now slowly improving, and inspectors have seen less inadequate practice during this monitoring visit. Senior leaders are fully aware that there are still areas of considerable challenge before practice is of a good standard and the needs of children are well served.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Louise Warren

**Her Majesty's Inspector**

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# PERFORMANCE MATTERS

**BARNET**  
LONDON BOROUGH

# London Borough of Barnet Children's Services 'Performance Matters' Report 2017/18

Reporting Period - April to March 2018 (2017/18)

## Director Commentary

This performance booklet has been developed for using a range of Council & partnership data to enable effective performance monitoring. It will be supported by a series of 'performance on a page' and individual performance report cards providing more in depth activity detail, as well as trends in key activity data. Next steps will include bringing together a range of qualitative and quantitative evidence into one place. Further work on refining measures that align to SMT priorities, obtaining targets and appropriate commentary from lead managers in each agency is still required. Also included where available are regional, statistical neighbour and national averages as well as indications of 'what good looks like' so that we can see how Barnet is performing compared to other Local Authorities.

### **1. Early Help, Children in Need of Help & Protection**

#### MASH:

The Ofsted Monitoring Visits undertaken in November and January have noted continual improvements in the MASH which is demonstrative of the focused efforts on ensuring quality, timeliness and thresholds are consistent at the 'Front Door' for children's services. The volume of contacts into MASH remains consistently above 1,200 per month and the ratio of contacts progressing to social care referrals decreased slightly during March to 24% (February 28%) although remains higher than London averages is still a positive shift and further supports the drive towards ensuring that only children who require a statutory social work assessment are referred to Children's Social Care (CSC) Services.

#### Early Help:

The 0-19 integrated Early Help model is supporting the development of an effective early help system that ensures children, young people and families in need of help are identified early and are provided with effective interventions that prevent their needs escalating into needs and risks that require escalation to statutory social work interventions.

The volume of contacts progressing to Early Help (CAF) has fallen from 11% in December to 9.3% at the end of March, this coupled with a high number of assessments resulting in 'no further action' outcomes is leading to a closer collaboration between Early Help and the MASH in establishing thresholds for Early Help interventions and to ensure that ensuring that families are signposted to the Early Help system when this is proportionate to their needs

The Families First (Troubled Families) Programme is achieving positive results which means Barnet is ranked Barnet 3rd in London and 15th nationally. There is work currently underway to further build upon the successes made and increase both attachments and 'turnaround' claims through funded engagement of key partner agencies in a targeted and joined up approach to families meeting multiple domains of need.

#### Duty & Assessment:

Caseloads in the Duty & Assessment Teams have reduced from 840 in September 2017 to 438 in April 2018, representing a 48% decrease, which has resulted in increasingly manageable caseload levels. This has been achieved through additional social work and management capacity and has also supported improvement in timeliness with 77% of assessments being completed within 45 days in comparison to 52.5% reported in February. The quality and timeliness of assessment is expected to continue to accelerate with lower case volume in the next period.

In March, 10% of assessments were stepped down from Duty & Assessment Teams into Early Help, this is a decrease from the 13% reported in February which is a positive sign that families requiring early help support are not progressing unnecessarily into statutory assessment. However, the volume of assessments leading to no further action has increased from 49% to 54% which continues to demonstrate the need to focus on thresholds at the front door. Screening visits are being undertaken in the Duty & Assessment Teams to ensure there is a clear rationale for assessment and data on this work will be available in April 2018.

# London Borough of Barnet Children's Services 'Performance Matters' Report 2017/18

Reporting Period - April to March 2018 (2017/18)

## Director Commentary

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### **1. Early Help, Children in Need of Help & Protection**

155 children are currently subject to Child Protection Plans, Neglect and Emotional Abuse, remain the largest CP categories (65% combined). The number of children subject to a Child Protection Planning had been decreasing over the past 12 months but March has seen the highest number of new Plans (30) in six months. The volume of re-registrations within two years is currently 6.8% which is suggestive of appropriate de-plan decisions, however, this data will remain under tight review to ensure that children are afforded Child Protection Plans when they need them ensuring a robust multi-agency response to safeguarding their needs.

#### Child in Need:

The CiN and Transfer Panels are aiming to ensure that long term work is swiftly moved out of the Duty & Assessment Teams and longer term CiN Plans in Intervention & Planning are closed when they are no longer necessary or escalated into Child Protection Planning when outcomes for children are not being achieved in a timely way. The team by team breakdown of performance data on CiN visits highlights the teams that have lower performance on achieving timely visits which provides for targeted activities with the teams to improve performance.

#### Safeguarding:

The Safeguarding Service is developing its performance data, recent changes in the system are resulting in poor data outputs; there is a current focus on this area as we prepare for the new conferencing model to go live in April.

#### Youth Offending:

Youth Offending Figures remains at a level comparable with July 2016 and which follows a year long period where numbers have been consistently over 80 in the Youth Offending Team (YOT). Youth Justice data for 2016/17 has recently been published by the Ministry of Justice, this indicates an 85% reduction in the number of first time entrants and an 81% reduction in the number of young people who were cautioned or convicted. Proven knife crime by children and young people has increased by 11% since 2012, although has reduced by 10% for adults. The number of children sentenced to immediate custody has fallen by 74% over the past 10 years; young people from BAME backgrounds disproportionately account for 45% of the custodial population whilst only making up 18% of the 10 - 17 years population. 42.2% of children and young people reoffend; Barnet reoffending data remains below the national and London average.

#### Vulnerable Adolescents:

The CSE/Missing data continues to require further development and is under review for the April Monitoring visit. The data needs to be meaningful to fully capture the complexity of children's circumstances and drive safeguarding activity at those children who need it most.

# London Borough of Barnet Children's Services

## 'Performance Matters' Report 2017/18

Reporting Period - April to March 2018 (2017/18)

### Director Commentary

This performance booklet has been developed for using a range of Council & partnership data to enable effective performance monitoring. It will be supported by a series of 'performance on a page' and individual performance report cards providing more in depth activity detail, as well as trends in key activity data. Next steps will include bringing together a range of qualitative and quantitative evidence into one place. Further work on refining measures that align to SMT priorities, obtaining targets and appropriate commentary from lead managers in each agency is still required. Also included where available are regional, statistical neighbour and national averages as well as indications of 'what good looks like' so that we can see how Barnet is performing compared to other Local Authorities.

### **2. Corporate Parenting, Care Leavers & 0-25 Service**

#### Children in care

The recent service day focused on how we focus on what the child is telling us, and how best to use our skills, tools and knowledge to ensure all interaction with children are focussed on them and have a purpose. I hope to see improvements in the quality of visits through the audits and thematic case reviews planned over the next three months.

Children subject to Section 20 voluntary accommodation remains at over 41% of the CiC cohort and this is closely monitored through the Permanency Planning panel. The Permanency Assurance Lead tracks these children and the panel will be reviewing 10 children's circumstances over the coming weeks.

I am currently reviewing all children who have had 3 or more placements. There are now 50 children in this group and the prominent theme appearing is that because they are coming into care in an emergency there is often little planning in relation to matching them to carers which has on occasion result in placement moves. The vulnerable adolescent group have also had more moves than others as a result of them having to be moved out of borough or having to move to specialist provisions when foster placements have fail to meet their needs. Learning from these cases reviews will be the theme of the service day in May. A new dashboard has been included in the performance report to monitor progress in this area.

Areas of focus for these teams are:

- quality of direct work and ensuring life story work is firmly embedded in all work with every child in care
- ensuring that not only are reviews happening on time but that the child is central to the planning and facilitating of their review
- ensuring that each child has a care plan that reflects their needs and future planning

To improve practice around initial health assessments additional administrative support has been agreed to co-ordinate the necessary paperwork with the social work teams. In developing the service to include paediatric assessments for all under 9 years old's, there has been an increased demand on the social worker in relation to the requirements for these assessments hence the need for administrative support. This indicator is being closely monitored by the CCG and Family services.

Leaving care – Onwards and Upwards

The number of children in care allocated to Onwards and Upwards has increased steadily and an increase in staff capacity has been agreed for this service to ensure they are able to manage their workload and increased demand. The biggest age group is 18/19 and as they are entitled to a service till they are 25 years old, the way we develop and deliver services with our partners will need to change going forward. Pathway planning will start when young person is 15 ½ and this will enable better mapping of needs.

It is pleasing to note that 63% of our UASC are in foster placements and we are finalising a new Staying put Policy that will enable are vulnerable young people to remain with their carers where at all possible. 33% of our UASC remain placed in semi-independent provisions which often needs a high level of additional support to stabilise the placement. These arrangements are not the best for the younger group and a campaign to develop supported lodgings has commenced. 3 providers have been identified within a month.

For our young people two areas of concern have been highlighted and that is financial debt and poor emotional wellbeing that is deteriorating into more serious mental health issues. The NEET figures (46.6%) are not improving enough and our target needs to be much higher than what we report on at present. At NEET co-ordinator post has been agreed and will work to strengthen pathways to education, employment and training for young people before they leave school and will work across the council to ensure Barnet's offer grows and is responsive to the young people's ambitions and interests.

The team are keeping in touch with care leavers in a number of different ways that are discussed and agreed with the young person. Visits do not always happen every 2 months and this indicator will be revised to report an accurate position.

...cont next page

# London Borough of Barnet Children's Services 'Performance Matters' Report 2017/18

Reporting Period - April to March 2018 (2017/18)

## Director Commentary

This performance booklet has been developed for using a range of Council & partnership data to enable effective performance monitoring. It will be supported by a series of 'performance on a page' Adoption & fostering

Permanency tracking meetings are taking place weekly to monitor and support the care planning decisions for children subject to care proceedings and children in care whose permanency plan needs to be reviewed.

The fostering recruitment campaign continues and has delivered significant success this year. More children are being placed with in-house carers than independent foster carers and we recently recruited six carers who were from an independent agency that closed.

Placing children with adoptive parents once the Placement order has been granted is happening in a very timely way. Family finding and matching is a strength within this service. The Post-permanency support is an increasing need and how this need and impact is measured is being considered at present.

### 0-25 Disability service

The data base of all cases, that sit across two IT systems, is being established and a set of performance indicators will be agreed for May's report.

All cases within this service are being re-classified to enable better monitoring of children and young people's needs and to improve the focus of safeguarding across the service area.

# LONDON BOROUGH OF BARNET

MULTI AGENCY SAFEGUARDING HUB  
PERFORMANCE ON A PAGE (31 March 2018)

## Contact Information

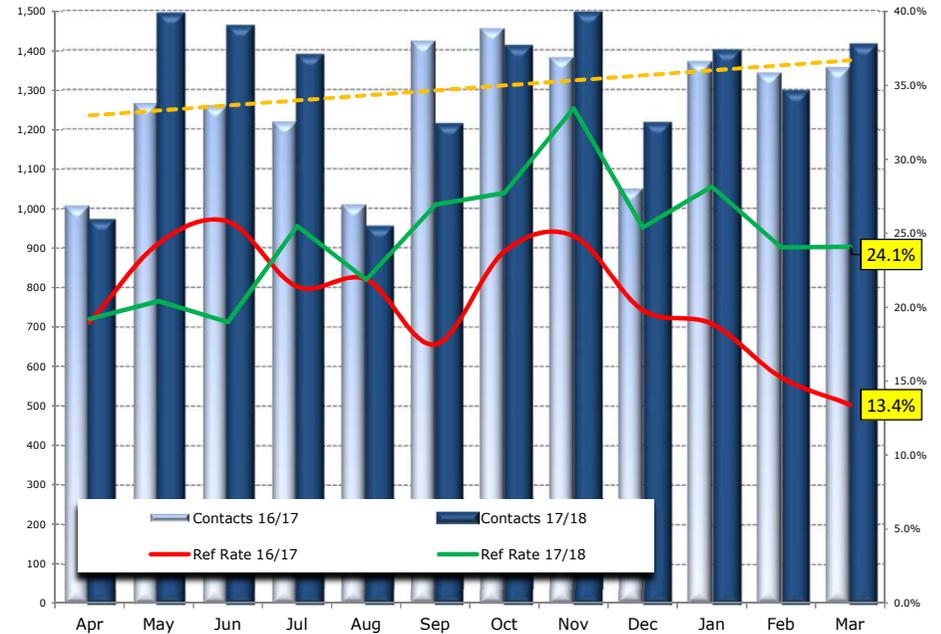
	YTD*	Rate	Mar	Feb	Jan
Updated to Reflect Change in Process	-	-	-	-	-
Contacts Received (YTD data is based on new reporting from Nov17)	6,805		1,411	1,293	1,396
Outcome - Referral to Social Care	1,851	24.1%	340	311	393
- Referral to CAF	664	9.3%	131	113	139
- Provision of Info.	1,276	19.6%	277	215	291
- Outcome of NFA	2,802	41.9%	591	640	546
- Signposting	129	0.6%	9	3	21
Contacts received not assessed in Month	83	4.5%	63	11	6

\*YTD data is based on new reporting from Nov17

## Referral Information

	YTD	Rate	Mar	Feb	Jan
<b>Referrals by month</b>	<b>3,838</b>		<b>292</b>	<b>240</b>	<b>385</b>
Referrals per 10,000 Child Population		<b>396.1</b>			
Re Referrals (Within 12 Months)	808	21.1%	86	48	74
Source - Police/Legal Agency	1,135	29.6%	105	50	148
- School/Education Setting	859	22.4%	83	70	102
- Health Services	637	16.6%	41	45	64
- LA Services	476	12.4%	28	42	36
- Other (Incl Missing)	731	19.0%	35	33	35

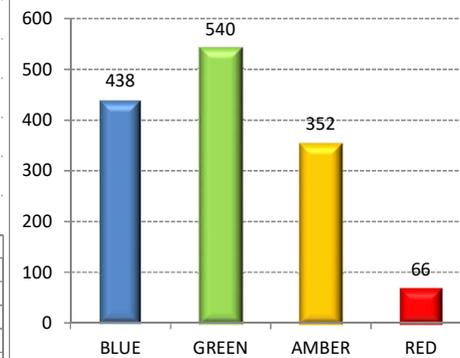
Number of Contacts & Conversions of Contacts to Social Care Referral



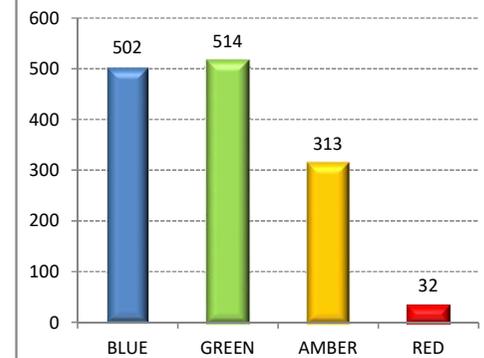
Contact by Gender and Age Band



Contact by Initial BRAG Rating



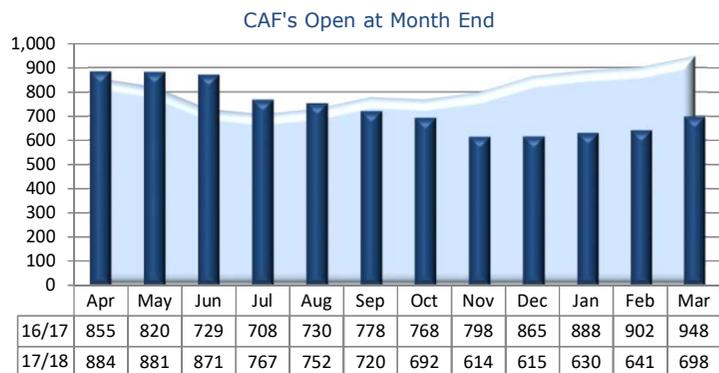
Contact by Final BRAG Rating



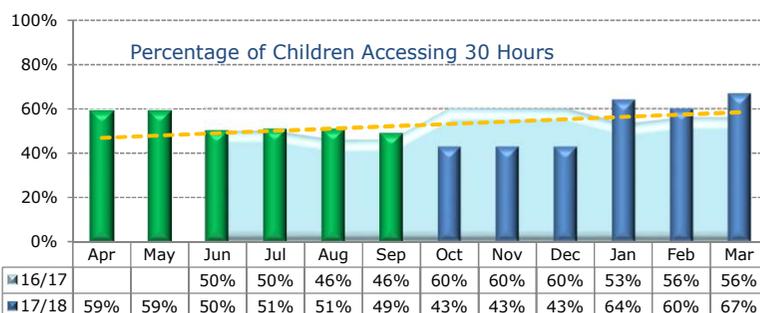
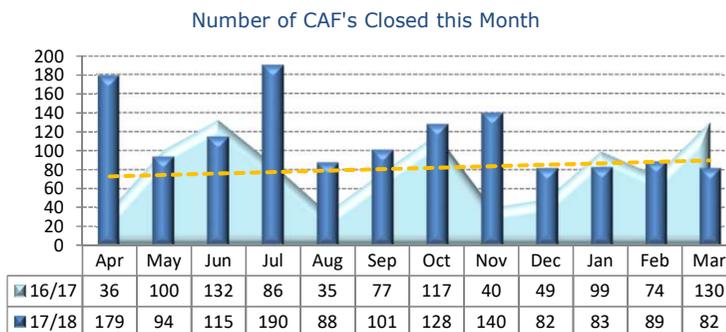
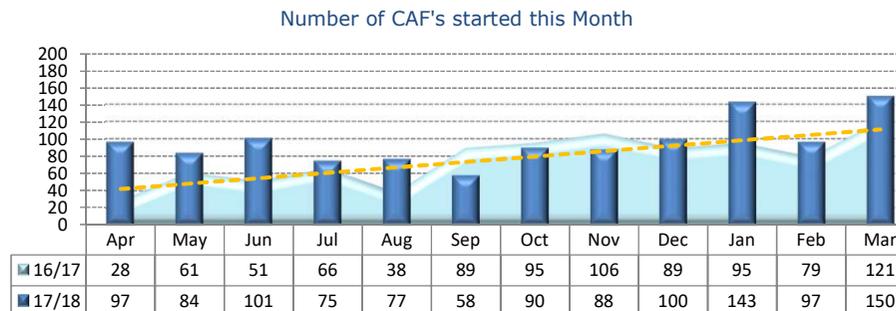
# LONDON BOROUGH OF BARNET

## EARLY HELP

PERFORMANCE ON A PAGE (31 March 2018)



	YTD	Mar	Feb	Jan
CAF started in the month	1160	150	97	143



#### Percentage of Children Accessing 30 Hours

This indicator changed from the 15-hour offer to a 30 offer at the beginning of September 2017 in line with DfE policy change, data prior to this period will be non-comparable and measures the previous 15-hour data.

### Open CAF durations

	No.	%
0-3 mths	332	47.6%
3- 6 mths	156	22.3%
6-9 mths	86	12.3%
9-12 mths	75	10.7%
>1 Year	49	7.0%

### CAF Closure Reason/Success Rating (Mar18)

	n=82		Met		Not Met		Not Relevant		Partially Met		Blank	
Needs Met/Action Plan Completed	20	24%	2	2%					10	12%		
Child Moved to Another Authority	5	6%	1	1%					1	1%		
CAF not started									1	1%		
Consent Withdrawn/Family Disengage from CAF Process	3	4%	2	2%	2	2%			8	10%		
Signposting/Advice Offered	7	9%										
Stepped Up to Social Care	3	4%	5	6%	3	4%			7	9%		
Blank											2	2%

### CAF by Lead Professional by Month

	Mar	Feb	Jan
CAF Team Barnet	197	180	200
Children's Centre	99	94	93
Health	3	3	3
Primary School	140	131	128
Secondary School	53	40	44
Special School (inc. PRU)	9	11	16
Voluntary	7	8	7
YFSS		95	74
Other	190	79	65

# LONDON BOROUGH OF BARNET

## TROUBLED FAMILIES

PERFORMANCE ON A PAGE (31 March 2018)

Attachments & Claims	Mar	
Total families attached	2,238	
Overall progress to 2220 attachments	100%	<p><b>Data Comments:</b> We have already hit our 2220 attachment targets on the Families First database with 100% of families now attached to the programme. We have claimed for 41% of our 5-year target (915 claims). Out of 142 upper tier Local Authorities on the programme:</p> <ul style="list-style-type: none"> <li>• Barnet rank 15th nationally for achieving successful outcomes (41% of our total).</li> <li>• 3 years in, the national average across all LAs is 23% of families turned around, with 2 years of the programme remaining.</li> <li>• Barnet rank 3rd in London for achieving successful outcomes (Bexley are top with 43%, Redbridge 2nd also with 43%)</li> </ul>
Total families claimed for	915	
Overall progress to 2220 claims	41.2%	
Potential claims in the system ready for audit	19	

Family composition	Barnet	Nearest Neighbour Avg.	National Avg.
Avg. number of individuals per family	4	3.9	3.9
Avg. number of children per family	2.2	2.1	2.2
Avg. number of adults per family	1.7	1.8	1.7

### Troubled Families – Service Areas \*

TF attachment - CAF
TF attachments - CIN
TF attachments - CP

Age			
Avg. age of individuals in family	21	21.3	20.6
Avg. age of children in family	9.1	9.1	9.1
Avg. age of adults in family	36.6	35.8	35.6

### Troubled Families – Locations \*

\* Awaiting data

Gender			
Individuals who are female	52.0%	51.0%	45.0%
Individuals who are male	48.0%	44.0%	40.0%

Ethnicity			
Individuals who are BAME	19.0%	49.0%	19.0%

**Data Comments:** On average our families have 4 family members, including 2.2 children and 1.7 adults. We have slightly more family members than the national and nearest neighbours average. The average age of our family members is 21 years old. The average age of our children is 9.1 years old. We have slightly more females in our family makeup than males, and 19% of our families are BAME, compared to 49% for our nearest neighbours.

# LONDON BOROUGH OF BARNET

STRAT DISCUSSIONS, S47'S & ICPC'S

PERFORMANCE ON A PAGE (31 March 2018)

Strategy Discussion Involvements: Number of Meetings Recorded as Completed		YTD*		March	
		<b>151</b>		<b>39</b>	
Social Care	Number and Rate Invited	151	100%	39	100%
	Number and Rate Attended	151	100%	39	100%
Police	Number and Rate Invited	151	100%	39	100%
	Number and Rate Attended	146	96.7%	39	100%
Health	Number and Rate Invited	127	84.1%	37	94.9%
	Number and Rate Attended	119	93.7%	35	94.6%
Education	Number and Rate Invited	116	76.8%	33	84.6%
	Number and Rate Attended	111	95.7%	30	90.9%

\*YTD Period Begins January 18

	No.	%
<b>Number of S47's in Month</b>	<b>71</b>	<b>-</b>

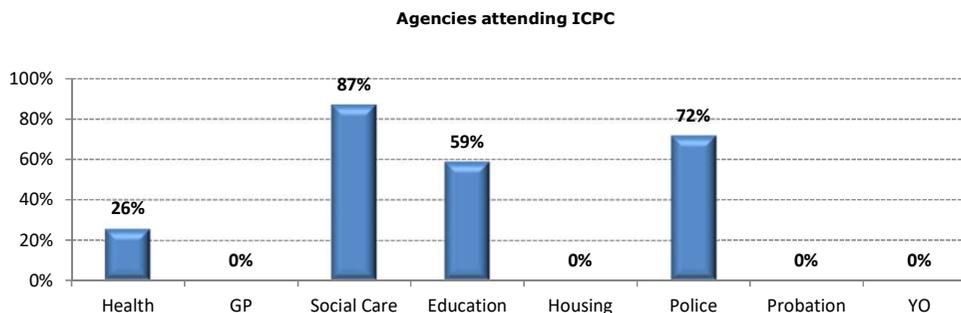
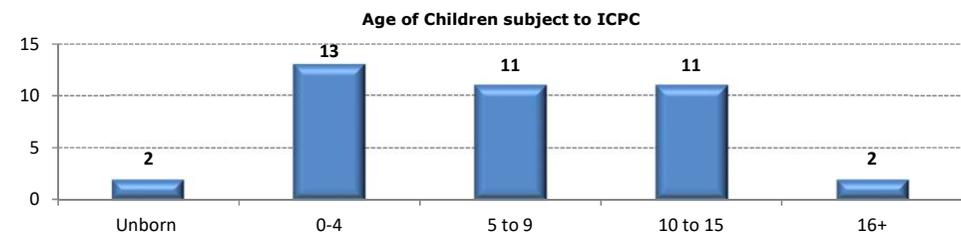
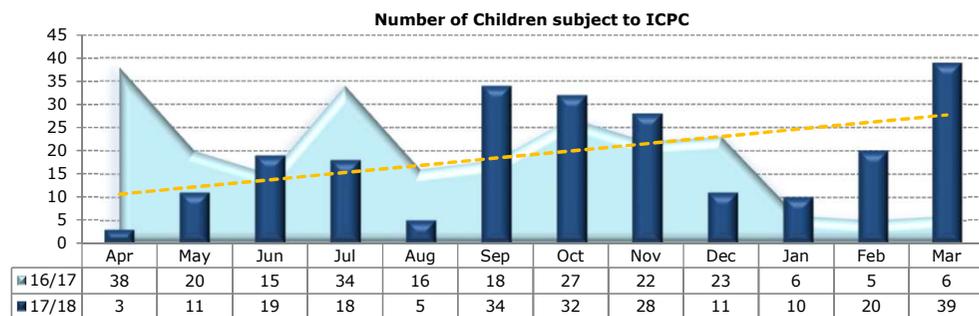
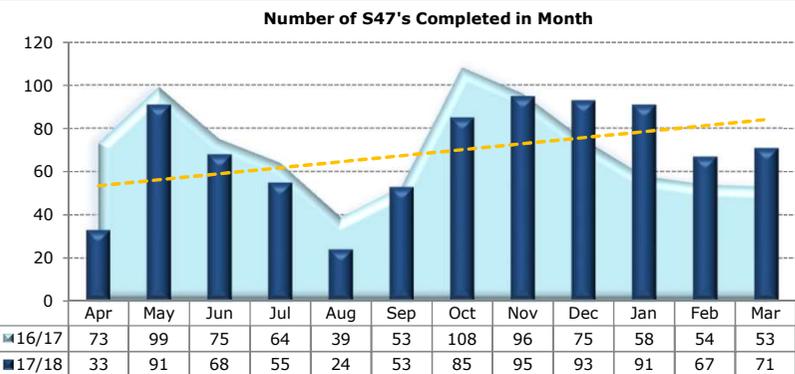
### Percentage of Section 47s leading to:

Continue with C&F	35	49.3%
Progressing to an ICPC	27	38.0%
Legal Action	2	2.8%
Continue with CIN/CP/CLA	7	9.9%

### Section 47 by Team

0-25 Service	0	0.0%
Duty & Assessment Team 1	12	16.9%
Duty & Assessment Team 2	15	21.1%
Duty & Assessment Team 3	12	16.9%
Duty & Assessment Team 4	8	11.3%
Intervention & Planning Team 1	0	0.0%
Intervention & Planning Team 2	3	4.2%
Intervention & Planning Team 3	7	9.9%
Intervention & Planning Team 4	0	0.0%
Intervention & Planning Team 5	6	8.5%
Intervention & Planning Team 6	8	11.3%
Intervention & Planning Team 7	0	0.0%

ICPC's	No.	%
<b>Children subject to ICPC's</b>	<b>39</b>	<b>-</b>
<b>Number and Percentage of ICPCs that progressed within 15 working days of the S47</b>	14	35.9%
<b>Gender (Children subject to ICPC's)</b>	<b>No.</b>	<b>%</b>
Female	22	56.4%
Male	15	38.5%
Unborn	2	5.1%

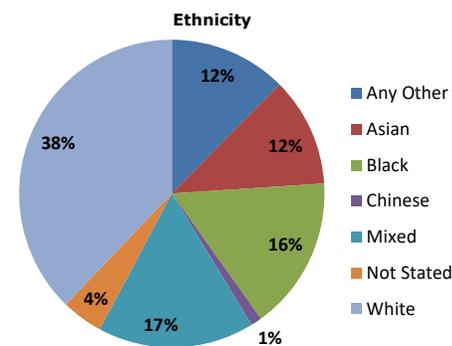
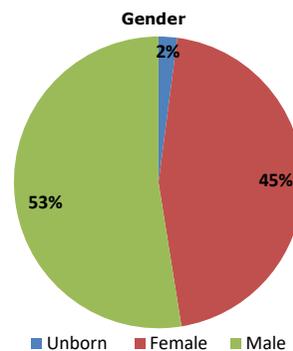
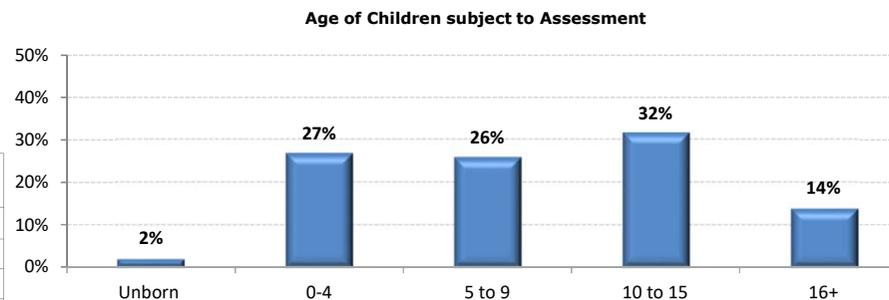
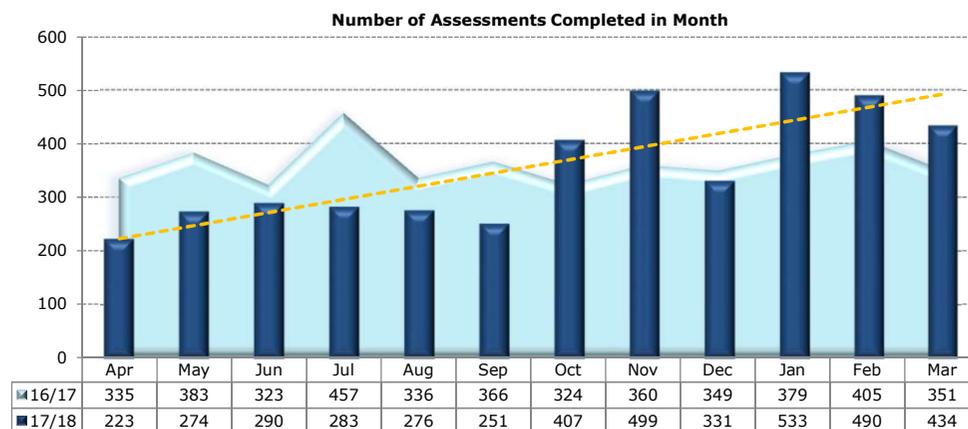


# LONDON BOROUGH OF BARNET

## ASSESSMENTS

PERFORMANCE ON A PAGE (31 March 2018)

Assessments	No.	%	
<b>All Assessments Completed in Month</b>	<b>434</b>	<b>-</b>	
<b>Children seen during Assessment</b>	<b>416</b>	<b>95.9%</b>	
<b>Percentage of Assessments Completed within 45 Working Days</b>	<b>335</b>	<b>77.2%</b>	
0-25 days	160	36.9%	
26-40 days	141	32.5%	
41-45 days	34	7.8%	
46+ days	<b>99</b>	<b>22.8%</b>	
<b>Outcome of Assessments</b>	<b>No.</b>	<b>%</b>	
Child In Need - Update Child's Plan	57	13.1%	
Legal Action	3	0.7%	
No Further Action	233	53.7%	
Continue with CIN/CP/CLA	77	17.7%	
Referral to Other Agency	8	1.8%	
Step Down to Early Help System	45	10.4%	
Strategy Discussion	11	2.5%	
<b>First Assessment of Referral</b>	<b>368</b>	<b>84.8%</b>	
<b>Assessments by Team</b>	<b>Initial Assess</b>	<b>Other</b>	<b>%</b>
0-25 Service	3	1	1%
Carer Recruitment & Assessment	4	0	1%
Duty & Assessment Team 1	84	7	21%
Duty & Assessment Team 2	50	7	13%
Duty & Assessment Team 3	82	10	21%
Duty & Assessment Team 4	112	0	26%
Intervention & Planning Team 1	0	5	1%
Intervention & Planning Team 2	9	6	3%
Intervention & Planning Team 3	1	2	1%
Intervention & Planning Team 4	4	6	2%
Intervention & Planning Team 5	1	4	1%
Intervention & Planning Team 6	0	3	1%
Intervention & Planning Team 7	3	7	2%
REACH	0	8	2%
Student Team	15	0	3%

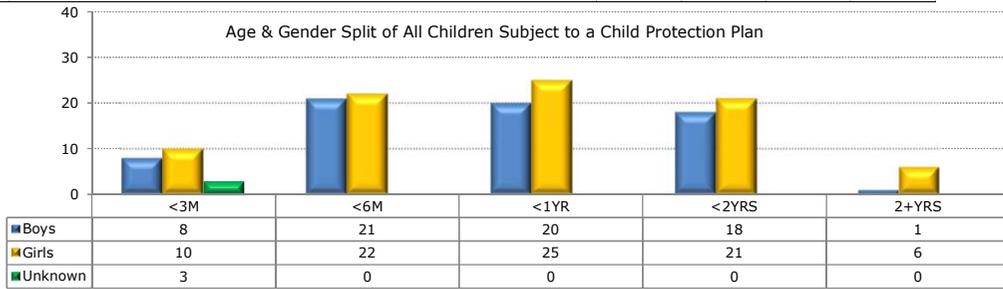


# LONDON BOROUGH OF BARNET

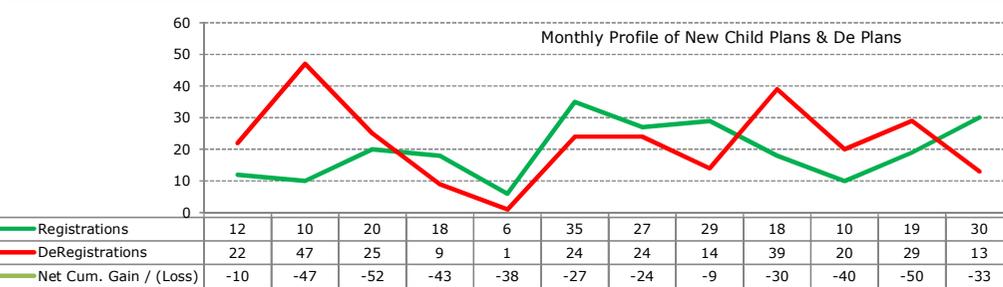
## CHILD PROTECTION SERVICE

PERFORMANCE ON A PAGE (31 March 2018)

Category of Abuse	Mar	%	Feb	Jan
Emotional	57	36.8%	47	57
Neglect	44	28.4%	48	48
Physical	40	25.8%	30	31
Sexual	14	9.0%	13	12
Multiple	0	0.0%	0	0
Number of Children Subject to a Child Protection Plan	<b>155</b>	-	<b>138</b>	<b>148</b>
<b>Facts &amp; Figures</b>	<b>No.</b>	<b>Rate</b>	<b>No.</b>	<b>No.</b>
Rate per 10,000 u18 Population	16.0	-	14.2	15.3
New Registrations in from April 2017 / Rate of 1st Time on Plan	234	-	204	185
Re Registrations in the Year (Ever) Cumulative from April 2017	25	10.7%	23	16
Re Registrations (Within 2 Years) Cumulative from April 2017	16	6.8%	14	8
Number/Rate of Disabled Children Subject to a CP Plan	3	1.9%	4	4
LAC Subject to a CP Plan	0	0.0%	1	8
De Registrations in the Year to Date from April 2017	267	-	254	225
De-Registrations (after 2 Years) From April 2017	19	7.1%	14	16
Number of Under 5's Subject to a CP Plan (YTD)	53	34.2%	53	52
CP Reviews Completed to Timescale (YTD)	97	100%	96	94



Case Holding Team	Cases	Visits	Category Breakdown			
			Emo	Neg	Phys	Sex
Intervention & Planning Team 1	9	88.9%	5	3	1	0
Intervention & Planning Team 2	22	68.2%	6	4	6	6
Intervention & Planning Team 3	25	44.0%	16	2	6	1
Intervention & Planning Team 4	20	40.0%	13	2	5	0
Intervention & Planning Team 5	21	23.8%	8	7	6	0
Intervention & Planning Team 6	18	61.1%	11	0	7	0
Intervention & Planning Team 7	26	69.2%	12	5	2	7
OTHER	14	78.6%	4	9	1	0
<b>TOTALS</b>	<b>155</b>	<b>58.0%</b>	<b>75</b>	<b>32</b>	<b>34</b>	<b>14</b>

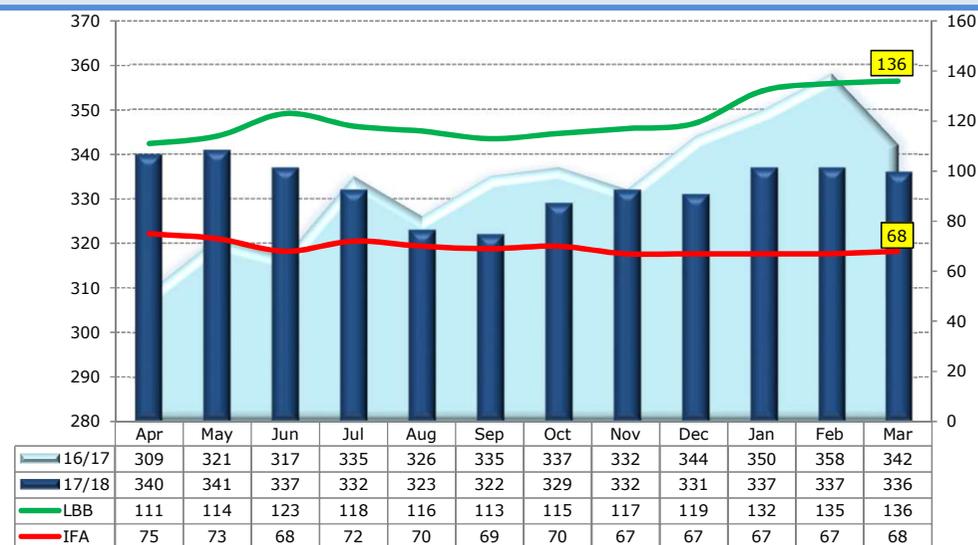


# LONDON BOROUGH OF BARNET

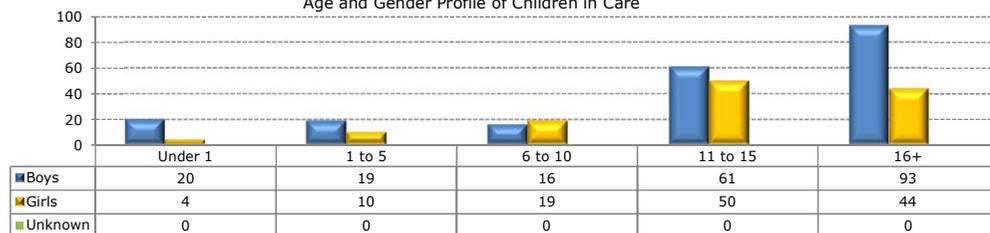
## CHILDREN IN CARE SERVICE

PERFORMANCE ON A PAGE (31 March 2018)

Current Legal Status	Mar	%	Feb	Jan
Interim Care Order	43	12.8%	42	38
Full Care Order	136	40.5%	138	139
Section 20	138	41.1%	137	144
Placement Order - In Adoptive Placement	0	0.0%	5	5
Placement Order - Awaiting Placement	13	3.9%	8	8
Police Protection Order - In LA Accommodation	3	0.9%	3	0
Remanded to LA Accommodation or Youth Detention Accommodation	2	0.6%	4	3
Legal Status has Not Been Recorded	1	0.3%	0	0
<b>Total Number of Children in Care</b>	<b>336</b>	-	<b>337</b>	<b>337</b>
<b>Facts &amp; Figures</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>No.</b>
Rate of Children in Care per 10,000 u18 Population	34.7	-	34.8	34.8
Number of Children with 3+ Placements / Rate Former NI62	50	14.9%	27	25
Longer Term Stability Measure / Rate Former NI63	67	54.9%	79	80
Number/Rate of Children Adopted from Care in Year (Cum)	10	11.2%	10	9
Number/Rate of Children with Special Guardianship Order (Cum)	23	25.8%	23	23
Initial Health Assessments within 20 Working Days (Current CIC)	59%	-	59%	61%
Participation in CiC Reviews	95.5%	-	96.6%	96.7%



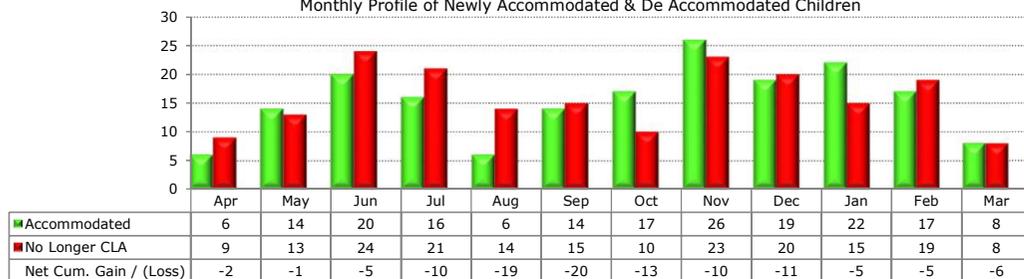
Age and Gender Profile of Children in Care



Characteristics of Children Currently in Care

Gender		%	Time in Care System		%
Male	209	62.2%	0-6 Months	129	38.4%
Female	127	37.8%	6-12 Months	65	19.3%
Unknown	0	0.0%	12-18 Months	47	14.0%
Ratio of M to F		1.56 : 1	18-24 Months	24	7.1%
			Over 24 Months	71	21.1%
			<b>Caseholding Service</b>		%
			Children in Care	179	53.3%
			I & P	65	19.3%
			Onwards & Upwards	69	20.5%
			Duty & Assess.	4	1.2%
			0-25 Service	10	3.0%
			Other	9	2.7%
			<b>UASC</b>		<b>No.</b>
					% of CiC
			<b>Placement Location</b>		%
			Full Care Order	2	0.6%
			In Barnet	122	36.3%
			Section 20	55	16.4%
			OoB	214	63.7%
			On Remand	0	0.0%

Monthly Profile of Newly Accommodated & De Accommodated Children

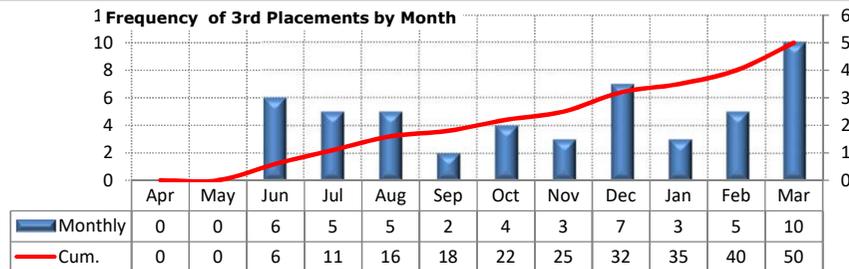
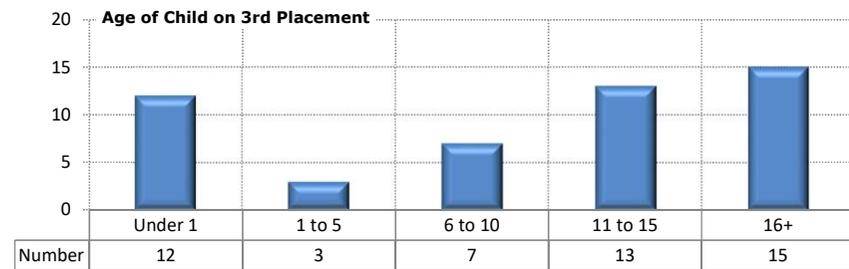
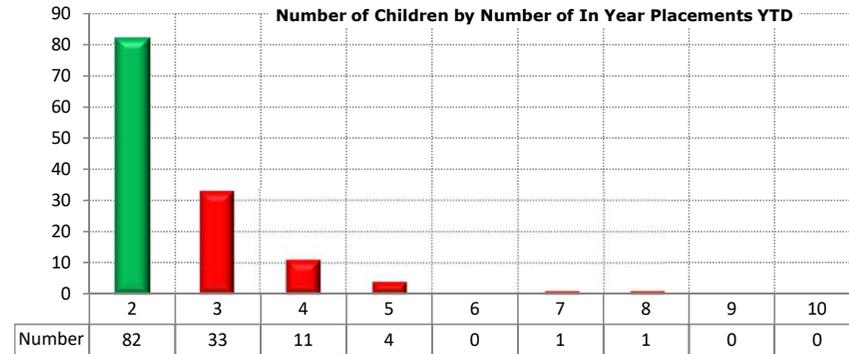


# LONDON BOROUGH OF BARNET

## SHORT TERM PLACEMENT STABILITY DASHBOARD

PERFORMANCE ON A PAGE (31st March 2018)

In Year Placements of Current CIC to Date		2017-18		
		Mar	Feb	Jan
No. of Placements :	2	82		
	3	33		
	4	11		
	5	4		
	6	0		
	7	1		
	8	1		
	9	0		
	10	0		
Total with 3 or More Placements		50	0	0
% Rate for Measure		14.9%		
Time Between 1st & 3rd Placement		2017-18		
		Mar	Feb	Jan
	<1M	6		
	1 to 3M	10		
	4 to 6M	8		
	6 to 12M	16		
	13 to 18M	8		
	19 to 24M	0		
	24M+	2		
Total with 3 or More Placements		50	0	0
Facts & Figures		2017-18		
Placement Type (2nd Placement)		Mar	Feb	Jan
-	In House Fostering	12		
-	Kinship Fostering	5		
-	IFA Fostering	8		
-	External Residential	14		
-	Preparing for Indep.	9		
-	Other	2		
<b>Total</b>		<b>50</b>	<b>0</b>	<b>0</b>

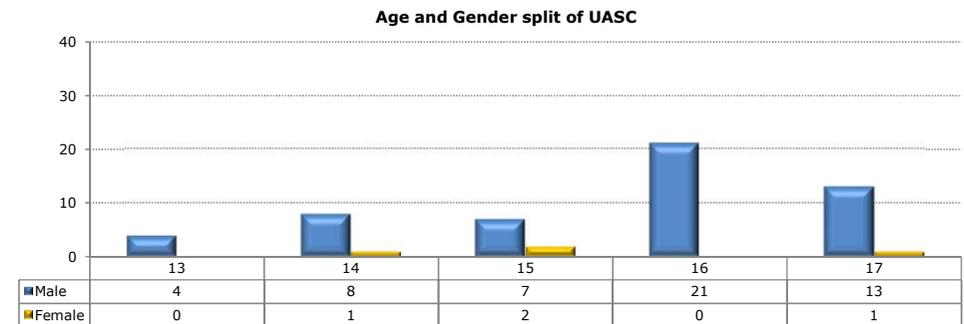
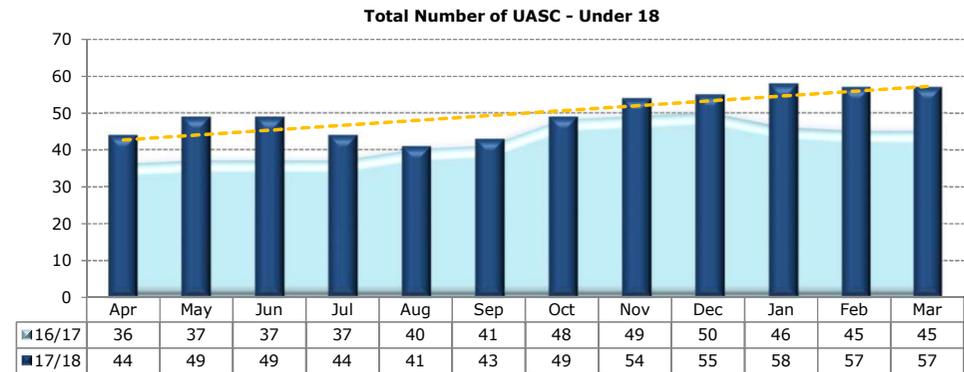


# LONDON BOROUGH OF BARNET

## UNACCOMPANIED ASYLUM SEEKING CHILDREN (UNDER 18)

PERFORMANCE ON A PAGE (31 March 2018)

<b>Current Number of UASC</b>	<b>57</b>	<b>-</b>
<b>Time in Care (Years)</b>	<b>No.</b>	<b>%</b>
Less than a Year	32	56.1%
1	11	19.3%
2	8	14.0%
3	5	8.8%
4	1	1.8%
<b>Average Time in Care</b>	1 Year	
<b>Current Placement</b>	<b>No</b>	<b>%</b>
Fostering	36	63.2%
Preparation for Independence	19	33.3%
Residential	1	1.8%
NHS/Health Trust	1	1.8%
<b>UASC by Team</b>	<b>No</b>	<b>%</b>
Children In Care Team 1	12	21.1%
Children In Care Team 2	7	12.3%
Children In Care Team 3	10	17.5%
Duty & Assessment Team 1	1	1.8%
Duty & Assessment Team 2	1	1.8%
Duty & Assessment Team 3	0	0.0%
Duty & Assessment Team 4	0	0.0%
Onwards & Upwards	22	38.6%
REACH	1	1.8%
Student Team	3	5.3%
<b>Ethnicity</b>	<b>No</b>	<b>%</b>
Any Other Ethnic Group	31	54.4%
Asian	14	24.6%
Black	6	10.5%
Mixed	1	1.8%
White	5	8.8%
Not stated	0	0.0%



The numbers of UASC had been increasing month on month since April 2016, and reached their highest figure (58) in January 2018, and is now at 57.

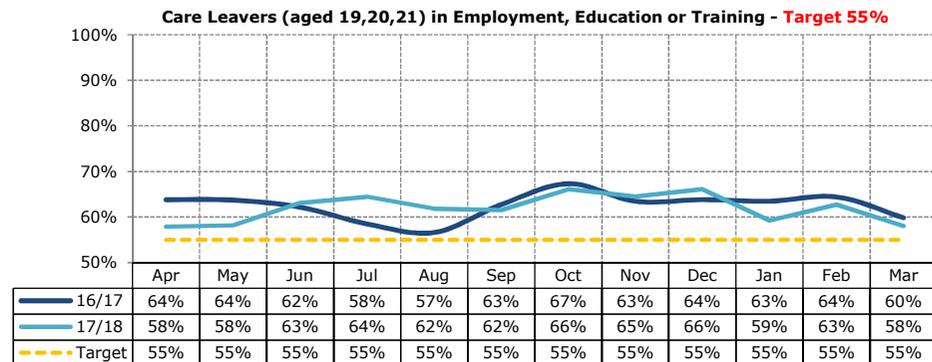
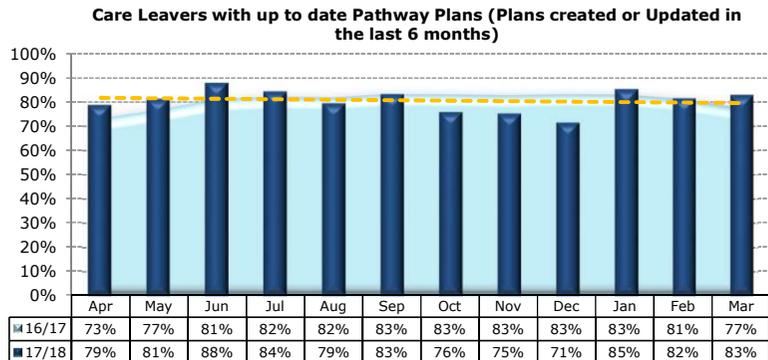
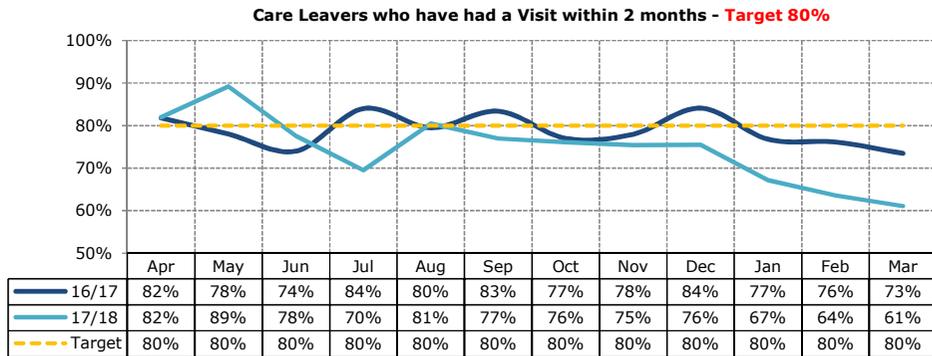
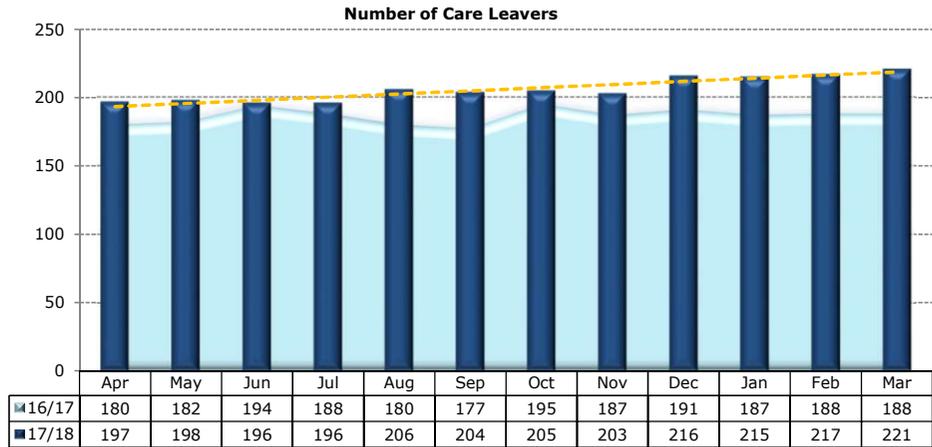
93% of UASC are Male  
 59% of Male UASCs are aged 16 - 17  
 96% of UASC are Placed in Preparing for Independence or with Foster Carers

# LONDON BOROUGH OF BARNET

## CARE LEAVERS SERVICE

PERFORMANCE ON A PAGE (31 March 2018)

Care Leavers	No.	%
<b>Number of Care Leavers by age</b>	<b>221</b>	<b>-</b>
18	69	31.2%
19	51	23.1%
20	48	21.7%
21	32	14.5%
22+	21	9.5%
<b>Care Leavers (18 - 25) in Employment, Education or Training</b>	<b>118</b>	<b>53.4%</b>
Young person engaged in higher education (i.e. beyond A level)	28	12.7%
Young person engaged in education other than higher education	62	28.1%
Young person engaged in training or employment	28	12.7%
<b>Percentage of care leavers who have been in touch in the previous 12 months - Target 90%</b>	<b>-</b>	<b>86.0%</b>
<b>Care leavers (aged 18 - 25) in suitable accommodation</b>	<b>179</b>	<b>81.0%</b>
B - With parents or relatives	9	5.0%
C - Community home or other form of residential care	2	1.1%
D - Semi-independent, transitional accommodation	12	6.7%
E - Supported lodgings	5	2.8%
T - Foyers	2	1.1%
U - Independent living	91	50.8%
V - Emergency accommodation (MONITOR)	31	17.3%
X - In custody	5	2.8%
Y - Other accommodation	3	1.7%
Z - With Former foster carers/Staying Put	19	10.6%
<b>Number of Care Leavers at University</b>	<b>23</b>	<b>-</b>



Data Dashboard								
Barnet Children's Services Improvement Plan								
Plan ID	Measure	Previous Period	Latest Position	Change	Change since Ofsted	Target	Rating	
To drive sustainable practice improvement at pace								
T1	Audit numbers by type	Feb-18	Mar-18					
	Regular Audits	14	12					
	Inadequate	7/ 50.0%	2/16.67%					
	Requires Improvement	5/ 35.7%	8/66.67%					
	Good	2/ 14.3%	2/16.67%					
	Thematic Audits	46	34					
T2	Calibration of audit quality	Will be included when the Essex Triple Loop Audit data is available						
T6	Posts over establishment	Feb-18	Mar-18					
	Unfunded Posts	29	27	-2	↓			
T6	Social Work staff makeup	Feb-18	Mar-18					
	Permanent	67%	68%	+1%	↑			
	Agency	27%	28%	+1%	↑			
	Vacant	6%	4%	-2%	↓			
T8 2a(i)	Average Caseload Numbers	Feb-18	Mar-18					
	Duty and Assessment	18.3	13.3	-5	↓	28.3	↓	
	Intervention and Planning	16.9	18.7	1.8	↑	17.3	↑	
	Children in Care	13.5	13.1	-0.4	↓	15.9	↓	
	0-25	24.2	25.7	1.5	↑	17.6	↑	
	Onwards and Upwards	21.6	20.3	-1.3	↓	21.2	↓	
	REACH	12.3	15.3	3	↑	9.8	↑	
Strengthened systems leadership for children								
2a(vii)	Children's input into conferences	Feb-18	Mar-18					
	Conferences: attended (PN1 and PN3)	4.7%	4.3%	-0.4%	↓			
	Conferences: views sent (PN0-PN6)	96.9%	86.9%	-10%	↓			
3a(vii)	Case supervisions within 6 week target	Case allocated Less than 6 weeks	In time supervision (in 6-weeks)	Last Supervision (over 6 weeks old)	No Supervision Recorded			
	Duty & Assessment	39%	45%	5%	11%			
	Intervention & Planning	14%	64%	21%	2%			
	0-25 Service	7%	53%	20%	20%			
	Children In Care	9%	59%	28%	3%			
	Onwards & Upwards	8%	30%	60%	1%			
	REACH	13%	60%	27%	0%			
	Number of Group Supervision's within the last 3 months	DAT	I&P	CIC	O&U	REACH		
	7	24	2	2	15			
3a(vii)	Management oversight gradings in regular audits	Feb-18	Mar-18					
	Inadequate	54%	27%					
	Requires Improvement	38.5%	63.6%					
	Good	7.7%	9.1%					

Plan ID	Measure	Previous Period	Latest Position	Change	Change since Ofsted	Target	Rating
<b>Effective MASH</b>							
4a(iv)	Timeliness of contact decision	<b>Feb-18</b>	<b>Mar-18</b>				
	Decision on contact made within 24 hours	89%	<b>80%</b>	-9%	↓	53%	↑
4a(iv)	Timeliness of assessment	<b>Feb-18</b>	<b>Mar-18</b>				
	Performance Matters     Page 6						
<b>Effective decision making</b>							
4b(ii)	Timeliness of pre-proceedings	<b>Feb-18</b>	<b>Mar-18</b>				
		31.2 weeks*	<b>15.6 weeks</b>	-15.6 weeks	↓	23 weeks	↓
4b(ii)	Multi agency involvement in Strategy Discussions	<b>Feb-18</b>	<b>Mar-18</b>	System change and new report from Jan 2018			
	Performance Matters     Page 15						
	Performance Matters     Page 15						
	Performance Matters     Page 15						
	Performance Matters     Page 15						
4b(ii)	S47: length of time open	<b>Feb-18</b>	<b>Mar-18</b>				
		<b>20 days</b>	<b>18 days</b>	2 days	↓	15.5 days	↑
4b(ii)	S47: Outcome	<b>Feb-18</b>	<b>Mar-18</b>				
	Performance Matters     Page 15						
	Performance Matters     Page 15						
	Performance Matters     Page 15						
	Performance Matters     Page 15						
<b>Strengthen assessment</b>							
5a(iii)	Average Length of missing episode	<b>Feb-18</b>	<b>Mar-18</b>				
	From Home	<b>2.2</b>	<b>2.1</b>	-0.1	↓	1.1	↑
	From Care	<b>0.8</b>	<b>1.2</b>	0.4	↑	2.4	↓
5a(iii)	Overall number of missing episodes	<b>Feb-18</b>	<b>Mar-18</b>				
	From Home	<b>31</b>	<b>34</b>	3	↑	22	↑
	From Care	<b>48</b>	<b>49</b>	1	↑	45	↑

Plan ID	Measure	Previous Period	Latest Position	Change	Change since Ofsted	Target	Rating
<b>Child centred plans</b>							
6a(iv)	Number of escalations of plans	Feb-18	Mar-18				
	To Child Protection	Performance Matters   Page 18					
	To Child in Care	Performance Matters   Page 18					
6a(vii)	Pre-proceedings progressing to care proceedings	Feb-18	Mar-18				
		9/20	0/6	-9	↓		
6a(vii)	Timeliness of care proceedings	Feb-18	Mar-18				
		27 weeks	34.6 weeks	+7.6	↑		
6a(vii)	Outcomes of care proceedings	Feb-18	Mar-18				
	Placement Orders	0	0	0	↔		
	Care Orders	6	3	-3	↓		
	SGO	1	2	1	↑		
	Supervision Order	4	1	-3	↓		
	Child Arrangement Order	0	1	1	↑		
	No Public Law Order	2	3	1	↑		
6a(ix)	Number of children participating in life story work	Feb-18	Mar-18				
		20	20	0	↔		
<b>Plans achieving best outcomes</b>							
6b(vii)	How many NEET young people	Feb-18	Mar-18				
		207	207	0	↔	196	↑
6b(vii)	How many EET care leavers	Feb-18	Mar-18				
	Performance Matters   Care Leavers   Page 39						

- ↑ Positive upward change
 ↑ Negative upward change
- ↓ Positive downward change
 ↓ Negative downward change

	<b>Health and Wellbeing Board 26 July 2018</b>
<b>Title</b>	<b>Pharmaceutical Needs Assessment (PNA)</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>	None
<b>Officer Contact Details</b>	Rachel Wells ( <a href="mailto:rachel.wells@harrow.gov.uk">rachel.wells@harrow.gov.uk</a> ) Consultant in Public Health  Rachel Hodge ( <a href="mailto:Rachel.Hodge@harrow.gov.uk">Rachel.Hodge@harrow.gov.uk</a> ) Public Health Strategist

<b>Summary</b>
<p>This report presents a thorough review of pharmaceutical service provision within Barnet. Information contained in the report comply with the provisions contained within the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and in particular, Regulations 3-9 and Schedule 1.</p> <p>Following public consultation and sign off by the Director of Public Health (DPH) and Chair of Health and Wellbeing Board (HWBB), the Pharmaceutical Needs Assessment (PNA) 2018-2021 was published in May 2018. The report determines that, at present, there are no gaps in essential, advanced or enhanced pharmaceutical services in Barnet. The report details the process and methods taken to reach this conclusion.</p> <p>The full published report can be found at:  <a href="https://barnet.moderngov.co.uk/documents/s44555/Barnet%20PNA%202018_Clearance_Draft.pdf">https://barnet.moderngov.co.uk/documents/s44555/Barnet%20PNA%202018_Clearance_Draft.pdf</a></p>

<b>Recommendations</b>
<p><b>1. That the Health and Wellbeing Board notes that the final PNA document was published in May 2018.</b></p>

**2. The Health and Wellbeing Board notes that future amendments and supplementary statements to the PNA will need to be signed off by the Board.**

**1. WHY THIS REPORT IS NEEDED**

- 1.1 The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List.
- 1.2 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 (and amended in 2014, 2015 and 2016) set out the system for market entry for pharmacies. Under these regulations, market entry decisions are informed by the PNA for a given Health and Wellbeing Board area. The PNA is a document that sets out a statement of the pharmaceutical services that are currently provided, together with when and where these are available to a given population.
- 1.3 A PNA is a document that includes a count of local pharmacies and the services they already provide, including dispensing, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. A PNA often includes other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area. A PNA also describes the demographics of its local population, across the area and in different localities, and their needs. It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs. The PNA should contain relevant maps relating to the area and its pharmacies.
- 1.4 Each area required to publish their first PNA by April 2015 and to update its PNA every 3 years to take into account changing demographics, as well as a changing strategic landscape and changing expectations on primary healthcare services (e.g. evening and weekend access). In Barnet, the previous PNA was published in May 2015. In line with this timeline, the revised PNA was published in May 2018.
- 1.5 The PNA has been produced through the PNA Steering Group reporting to the Board with authoring support from Soar beyond Ltd. Soar beyond Ltd was chosen from a selection of candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production, publication and monitoring of PNAs.
- 1.6 Steering Group membership included delegates from LBB, Middlesex Group of Local Pharmaceutical Committee (LPC), Barnet CCG, Healthwatch Barnet and the Local Medical Committee. These bodies are all stated as consultees under Regulation 8 of the Pharmaceutical Regulations 2013.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The purpose of the PNA is to inform Barnet HWBB of its statutory responsibilities under the Health and Social Care act to produce and publicise a revised PNA. The PNA 2018-2021 did not identify any gaps in essential, advanced or enhanced pharmaceutical services in Barnet. and details the process taken to reach this conclusion.
- 2.2 Although this document did not identify any gaps in provision, it remains the statutory responsibility of the HWBB to monitor any changes in pharmaceutical services which might have an impact on provision over the lifetime of this PNA document.

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

- 3.1 The alternative option is to do nothing. This was not considered as the PNA is a statutory requirement of the Health and Wellbeing Board, undertaken in partnership with the CCG, the LPC and other partners.

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

- 4.1 As the HWBB delegated publication responsibilities to the DPH & HWBB Chair, no further implementation decisions will be made.

## **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 The purpose of joint strategic needs assessments (JSNAs) and related Joint Health and Wellbeing Strategy 2015-2020 is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The core aim is to inform the development of local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Both of these documents were used to inform the draft PNA. Gaps in service provision were identified in accordance with the key themes of the Joint Health and Wellbeing Strategy and insight provided by the JSNA.

- 5.1.2 Although it is the responsibility of NHS England to use the PNA to determine gaps in pharmaceutical service provision, LBB and Barnet CCG will use the PNA to inform local commissioning decisions. The document is intended to be read alongside the JSNA and Health and Wellbeing Strategy. Additionally, new regulations require that all applications for the "consolidation of pharmacies" be sent to all Interested Parties (including HWBB), for representation and comment.

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

- 5.2.1 Resources to develop the 2018-2021 PSNA and supplementary updates (until 2021) have been identified and implemented. A sum of £50,000 was allocated to this work.

### **5.3 Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. The review of enhanced pharmaceutical services and Healthy Living Pharmacies identify the ways in which local authorities can optimise the social value of pharmacies as health hubs and play a significant role in meeting local health needs.

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

5.4.1 The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from PCTs to HWBBs. Under NHS Regulations, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA

5.4.2 Each Health and Well-being Board must in accordance with 2013 Regulations for PSNAs-

- Assess needs for pharmaceutical services in its area, and
- Public a statement of its assessment and of any revised assessment

5.4.3 The development of PNAs is a separate duty of HWBs to that of developing JSNAs as PNAs will inform commissioning decisions by local authorities. However, the preparation and consultation on the PNA should take account of the JSNA, a duty for HWBs.

5.4.4 Article 7 Committees, Forums, Working Groups and Partnerships of the Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment to all relevant strategies and policies.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate
- Specific responsibilities for overseeing public health and developing further health and social care integration

### **5.5 Risk Management**

5.5.1 None identified.

### **5.6 Equalities and Diversity**

As part of the PNA process, an Equality Impact Assessment was completed, to identify if there has been any impact on any group with protected characteristics. No specific needs of impact on any particular group were identified.

### **5.7 Consultation and Engagement**

5.7.1 A PNA Steering Group was established to oversee the project. Membership includes Barnet Public Health, Barnet Consultation and Communications, Middlesex LPC, LMC and Barnet Healthwatch. A public questionnaire about pharmaceutical services was available to residents for 30 days. Following the decision from HWBB in January 2018, the draft document went out for public consultation for the statutory minimum of 60 days.

## 5.8 Insight

5.8.1 Public health intelligence data, NHS England issued PNA data pack (specific to Barnet HWBB) and primary data collected via the public, pharmacy contractor and commissioner questionnaires are the primary source of data in the PNA. Additionally, London Borough of Barnet publications such as the Joint Strategic Needs Assessment, the Local Plan and the Annual Growth and Regeneration Report provided supplementary insight. Intelligence data presented in the report is the most up to date available at the time of writing.

## 6. BACKGROUND PAPERS

- 6.1 Department of Health (Oct. 2016). Community Pharmacy 2016/17 and beyond: final package. Retrieved from, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)
- 6.2 Department of Health. (2013). Pharmaceutical Needs Assessment Information Pack. Retrieved from, <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
- 6.3 Department of Health. (2008). Pharmacy in England: Building on Strengths, Delivering the future. Retrieved from, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)
- 6.4 NHS England. (2016-18) Community Pharmacy Contractual Framework for 2016-18. Retrieved from, <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>
- 6.2 NHS. (2013). The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Retrieved from, [http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi\\_20130349\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf)

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AGENDA ITEM 11

	<b>Health and Wellbeing Board 26 July 2018</b>
<b>Title</b>	<b>Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group</b>
<b>Report of</b>	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 – Minutes of: <ul style="list-style-type: none"> <li>• Care Closer to Home Programme Board, 15 February 2018, 22 March 2018 and 3 May 2018.</li> <li>• Joint Commissioning Executive Group, 16 January 2018.and 27 February 2018</li> </ul>
<b>Officer Contact Details</b>	Anita Thawani Programme Coordinator (Care Closer to Home) <a href="mailto:anita.thawani@barnet.gov.uk">anita.thawani@barnet.gov.uk</a>  Helen Cavanagh Health and Wellbeing Policy & Commissioning Lead <a href="mailto:helen.cavanagh@barnet.gov.uk">helen.cavanagh@barnet.gov.uk</a>
<b>Summary</b>	
This report provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group (Appendix 1).	

<b>Recommendations</b>
<b>1. That the Health and Wellbeing Board comments on and approves the minutes of the Care Closer to Home Programme Board meetings of 15 February 2018, 22 March 2018 and 3 May 2018; and the Joint Commissioning Executive Group meeting of 16 January 2018 and 27 February 2018.</b>

## 1. WHY THIS REPORT IS NEEDED

### Background

- 1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Need Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).
- 1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.
- 1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing BCF services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.
- 1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017
- 1.5 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference which had been updated to clarify the division of each Board meeting into two parts:

- Part 1, the Care Closer to Home Programme Board, attended by representatives of commissioner, provider and partner organisations
  - Part 2, to be known as the Joint Commissioning Executive Group (JCEG) meeting, for reserved or sensitive matters, attended by executive members of the Council and CCG only.
- 1.6 These revised terms of reference were approved by the Health and Wellbeing Board at its meeting of 9 November 2017.

### **Minutes and meetings**

- 1.7 Minutes of the Care Closer to Home (CC2H) Programme Board meetings held in February 2018, March 2018 and May 2018 are presented in Appendix 1.

In February, the CC2H Programme Board:

- Reviewed the updated Barnet CC2H Highlight Report. New items included were the Governance structure chart and proposed CHIN development process for 2018 / 2019. Proposed additions to these 2 items were requested to demonstrate the existing position.
- Verbal updates were provided on the Barnet CC2H Delivery Plan and CHIN Roadmap.
- Received an update on the Information, Advice & Signposting workstream, including research and costs related to developing a front-end search engine for multiple health and social care websites.
- Received an update on the Communication & Engagement workstream.

In March, the CC2H Programme Board:

- Reviewed the focus areas, statuses and activities of the 4 different CHINs.
- A logic model draft document was introduced, which will aim to outline how the CCG is working with the Barnet GP Federation to develop and CHIN outcomes framework.
- A Barnet Council "Offer" document was introduced that detailed services the various CHINs should be utilising.

In May, the CC2H Programme Board:

- Reviewed the CHIN roadmap - this included a discussion on when the CHINs will start working together, how CHINs are formed, the criteria for approval of a CHIN, the selection process and benefits or being part of a CHIN and the financial mechanisms in place.
- Updates were provided on CHIN 1, CHIN 2 and CHIN 3 activities.

- 1.8 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) held in January 2018 and February 2018 are also presented in Appendix 1. Papers and minutes for these meetings are recorded and distributed in a way that recognises and respects the confidential nature of any matters discussed.
- 1.9 In January and February 2018 the Joint Commissioning Executive Group:
- Received a paper Section 75 update report.
  - Received an update on Section 75 reporting on voluntary & community sector prevention services
  - Received 2 separate reports on the Better Care Fund:
    - An update on the quarter 3 performance a
    - The development of the pooled budget
  - Received an update on Community Equipment
  - Received a paper on the Joint Health and Wellbeing Strategy implementation plan
  - Received the workplan for the Joint Commissioning Unit

## **2. REASONS FOR RECOMMENDATIONS**

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

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

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

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

3.1 Not applicable.

## **4 POST DECISION IMPLEMENTATION**

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

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

## **5 IMPLICATIONS OF DECISION**

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

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

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

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

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

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

### **5.3 Social Value**

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

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

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

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

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

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

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

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

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

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated

services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

## 5.5 Risk Management

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

## 5.6 Equalities and Diversity

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

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

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

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

## 5.7 Consultation and Engagement

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

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

## 6. BACKGROUND PAPERS

6.1 None

## APPENDIX 1

### Care Closer to Home Programme Board

Thursday 15 February 2018, 14:00 – 15:30

Board Room, Building 2, North London Business Park

#### Present

- CW<sub>o</sub> Colette Wood, Care Closer to Home Director, BCCG (Chair)
- AB Aashish Bansal, BCCG Governing Body member (CHIN 1)
- AP Anuj Patel, Barnet GP Federation (CHIN 3)
- DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
- FB Farhana Begum, Finance Manager, LBB
- JB-H Jess Baines-Holmes, Head of Integrated Care Quality, LBB
- JH Joanne Humphreys, Project Lead, Adults Transformation, LBB
- JL Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
- LM Louise Miller, Clinical Lead, Primary Care, BCCG
- MD Maria DaSilva, Director of Transformation, BCCG
- NW Nicholas Wells, National Management Trainee, LBB
- OI Oge Ilozue, Londonwide Local Medical Committees (LMC) (CHIN 2)
- PR Peter Ridley, Executive Director of Strategy, Royal Free London NHS Trust
- SH Shan Haydar, Project Manager, North Division, CLCH NHS Trust
- SP Sarah Perrin, Prevention & Wellbeing Manager, LBB
- TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

#### Apologies

- Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
- Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
- Courtney Davis, Head of Adults Transformation, LBB
- Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB
- Lisa Fuller, Royal Free London NHS Trust
- Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
- Selina Rodrigues, Barnet Healthwatch and Community Barnet
- Steve Shaw, Royal Free London NHS Trust

	ITEM	ACTION
1.	<p><b>Welcome and apologies</b></p> <p>As Chair, CW<sub>o</sub> welcomed attendees to the meeting and apologies were noted.</p>	
2.	<p><b>Declaration of conflicts of interest</b></p> <p>A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.</p>	
3.	<p><b>18 January 2018 minutes</b></p> <p>The minutes from the 18 January 2018 Programme Board meeting were approved and will be presented to the Barnet Health &amp; Wellbeing Board at its next meeting on 8 March 2018.</p>	

	ITEM	ACTION
4.	<p><b>Action Log</b></p> <p>The Action Log was reviewed and completed actions were closed.</p> <p>DG provided an update on the Information, Advice &amp; Signposting workstream (action 4). He has spoken to colleagues at NHS Digital and expects to receive a technical specification before the next Programme Board meeting that outlines the current infrastructure and indicates how multiple directories could be queried from a single search. CC2H Board members would then be asked to pass this information to their technical leads for consideration and feedback.</p> <p>CWo provided an update on the joint Barnet and Enfield Communication and Engagement team. There is now a Head of Engagement and Communications in post (Gail Hawksworth) with a team of three. CWo will be meeting with Gail next week.</p>	
	<p><b><u>ACTION:</u> Bring written proposal for how ASC and other Council services will be linked to the Burnt Oak CHIN to the next Programme Board meeting.</b></p>	JH
	<p><b><u>ACTION:</u> Obtain NHS Digital technical specification and circulate to CC2H Board members for dissemination to technical leads.</b></p>	DG
<b>Strategy and Planning</b>		
5.	<p><b>Barnet CC2H Highlight Report</b></p> <p>JH told the Board that in response to requests made at the January Programme Board, this month's highlight report included the Barnet CC2H Programme Governance structure chart and proposed CHIN development process 2018/19, both of which had been presented to the Board in October 2017. AP noted that the CHIN development process did not reflect the role of the Barnet GP Federation, or other more recent developments such as the agreed role of QISTs. SP noted that the governance structure chart did not include the named workstream leads who had been agreed since the October 2017 meeting.</p> <p>There was a discussion about whether the programme governance structure chart was an accurate reflection of the current governance arrangements and whether it was still an appropriate structure for the delivery of the Barnet CC2H Programme. It was agreed that this question would be considered more fully at a future Programme Board meeting.</p> <p>AB gave a brief verbal update on CHIN 1 which has now entered the mobilisation phase and is following a multidisciplinary approach to diabetes management. The CHIN team holds weekly meetings to develop the CHIN approach and address any issues arising. Work is in-hand to update the current information governance agreement to reflect the new way of working with CLCH. The Board discussed other potential information governance considerations that may need to be addressed as this CHIN and other CHINs are developed.</p>	
	<p><b><u>ACTION:</u> Update the CHIN development process page of the highlight report to reflect the latest agreed approach.</b></p>	JH

	ITEM	ACTION
	<b><u>ACTION:</u> Update the CC2H Programme Governance structure chart to include the named workstream leads.</b>	JH
6.	<p><b>Barnet CC2H Delivery Plan and Roadmap</b></p> <p>CWo gave a verbal update on the CC2H Delivery Plan, which captures all the key elements of the programme, and is being continually developed as the programme progresses.</p> <p>CWo introduced the CHIN roadmap, explaining that over the last two months the CCG has been in discussion with the Barnet GP Federation to agree numbers, locations and timescales for CHIN roll-out. Across the NCL STP a number of different approaches have been taken to CHIN rollout. In Barnet the approach has been very much “bottom up”, with GP practices encouraged to build upon their existing relationships with other practices to develop CHIN footprints.</p> <p>DG talked through the current draft roadmap. The first three CHINs cover 37% of the Barnet population, and there are plans to form a fourth CHIN that would bring population coverage up to 50%. In order to reach 100% population coverage by the end of 2018/19, the development of further CHINs will be supported, and practices will also be encouraged to join existing CHINs. Over time the CHIN areas will be refined so that they map more clearly onto existing localities. The focus for 2018/19 will be upon proving the concept, and the roadmap can and should be expected to evolve and change over time.</p> <p>AP asked for clarification about how a CHIN “launch” was defined and DG outlined how for each CHIN there would be a preparatory “discovery” phase, followed by a soft launch that focused upon clinical priorities, followed by a third phase to establish links with all of the other services that would wrap around the CHIN.</p> <p>The first three CHINs have, between them, established their clinical priorities as diabetes, frailty and paediatrics. Lessons learned and successful interventions identified will be shared rapidly across the CHIN network in an agile way, in order to ensure an equitable service across Barnet.</p> <p>The priorities for future CHINs could include some of the 10 High Impact Actions identified in the General Practice Forward View – these would need to be agreed by the CHINs.</p> <p>TH emphasised the importance of the success of CHINs 1-4 to convince other practices of the value of forming their own CHINs or joining existing CHINs.</p> <p>OI asked about the engagement programme for GPs. AP said that the Barnet GP Federation would be meeting with practices that have not yet expressed interest in forming/joining a CHIN on a one-to-one basis. It was noted that the GP Federation, the LMC and the CCG all have plans for GP engagement around CHINs and that these plans will need to be aligned and coordinated.</p> <p>With regard to the involvement of secondary care in CHINs, PR said that RFL would be open to discussions about how its involvement as a provider could be helpful (e.g. providing secondary care capacity in a primary care setting; interacting on wider pathways), while avoiding over-complicating arrangements.</p>	

	ITEM	ACTION
	<b><u>ACTION:</u> Bring the logic model on CHIN outcomes to the next Programme Board meeting.</b>	DG
7.	<p><b>Update on programme workstreams:</b></p> <p><u>Information, Advice and Signposting</u></p> <p>JH introduced the options appraisal paper for this workstream. The working group met for the first time at the end of 2017, chaired by LM, the workstream lead. Since that meeting DG has completed some research on the feasibility, possible costs and availability of Transformation funding for one of the options – developing a single front-end search engine for multiple health and social care websites.</p> <p>The draft options appraisal paper sets out the range of resources currently available, the key groups of staff and volunteers who currently signpost people to services, the challenges for this workstream, and four main options for further developing this workstream in order to support the wider programme</p> <p>TH asked about progress on the development of the single search engine option and DG said that he was speaking to colleagues at NHS Digital about this. Depending upon how the current infrastructure is set up, a number of different solutions could be appropriate (e.g. Black Pear Software). TH also emphasised the importance of applying best practice from Camden CCG’s work on its digital strategy.</p> <p>AB noted that the Watling Health Champion initiative (referenced in the options appraisal) had been funded by the practice and that an appropriate source of sustainable funding would need to be identified for any programme of training and communications.</p> <p>It was noted that although Multi Collaborative Learning Groups (MCLGs) could be a helpful forum for training events, they do not have high levels of GP attendance. Further work is needed to identify existing meetings and forums that could be used as a means of disseminating this information.</p> <p><u>Communication and Engagement</u></p> <p>CWo had already provided an update on the communication and engagement workstream at the beginning of this meeting. She confirmed that following discussion with the new CCG communications and engagement team, an updated communications strategy would be presented at the next Programme Board meeting.</p>	
	<b><u>ACTION:</u> Present updated Barnet CC2H Communications Strategy/Plan to the next Programme Board meeting.</b>	CCG Comms
<b>Governance</b>		
8.	<p><b>CC2H work programme (forward plan)</b></p> <p>The CC2H work programme was presented for Board members to note. CWo encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p>	

	ITEM	ACTION
9.	<p><b>Any other business</b></p> <p>MD provided an update on the community services redesign work.</p> <p>AB provided an update on the residents working group that was initiated at last year's CCG/Council annual engagement summit for service users and carers. JH has prepared a draft proposal for the format and objectives of this working group which has not yet been shared more widely. The Board agreed that every CHIN should engage with its patients to inform and shape the ongoing development of the CHIN. This engagement work should be informed by the overarching communication and engagement strategy for Barnet. CWO suggested that CHIN1 would be a good starting point for testing communication and engagement activity that could then be replicated across other CHINs.</p> <p>TH shared that there is an opportunity to meet potential bidders to implement the Digital Care Record on 14 March and agreed to send out information about this to other Board members.</p> <p>There were no further items raised. CWO thanked everyone for their attendance and closed the meeting.</p>	
	<b><u>ACTION:</u> Put AB in touch with the new joint comms team, to discuss an approach to communication and engagement for CHIN 1.</b>	CWO/AB
	<b><u>ACTION:</u> Share the draft proposal for the residents working group with AP and with the new joint comms team.</b>	JH
	<b><u>ACTION:</u> Share details of the Digital Care Record bidders meeting (14/3) with Programme Board members.</b>	TH
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> <li>• 22 March 2018, 14.00 – 15.30.</li> <li>• Board meetings from April 2018 onwards to be rescheduled shortly.</li> </ul>	

**Care Closer to Home Programme Board**  
**Thursday 22 March 2018, 15:00 – 16:30**  
**Chapman Room, Building 2, North London Business Park**

**Present**

DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB (Chair)  
 AB Aashish Bansal, BCCG Governing Body member (CHIN 1)  
 CW Cathy Walker, Director of Divisional Ops, CLCH NHS Trust  
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG  
 JH Joanne Humphreys, Project Lead, Adults Transformation, LBB  
 JL Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team  
 LF Lisa Fuller, Royal Free London NHS Trust  
 LM Louise Miller, Clinical Lead, Primary Care, BCCG  
 LR Lisa Robbins, Healthwatch Barnet  
 MK Mathew Kendall, Director for Adults and Communities, LBB  
 NW Nicholas Wells, National Management Trainee, LBB  
 OI Oge Ilozue, Londonwide Local Medical Committees (LMC) (CHIN 2)  
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB

**Apologies**

Anuj Patel, Barnet GP Federation (CHIN 3)  
 Colette Wood, Care Closer to Home Director, BCCG  
 Jill Barnes, Project Manager, Strategy & Insight Team, LBB  
 Kay Matthews, Chief Operating Officer, BCCG  
 Peter Dutton, Barnet Clinical Director; BEH MH NHS Trust  
 Peter Ridley, Executive Director of Strategy, Royal Free London NHS Trust  
 Steve Shaw, Royal Free London NHS Trust  
 Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

	<b>ITEM</b>	<b>ACTION</b>
<b>1.</b>	<b>Welcome and apologies</b> As Chair, DW welcomed attendees to the meeting and apologies were noted.	
<b>2.</b>	<b>Declaration of conflicts of interest</b> A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.	
<b>3.</b>	<b>15 February 2018 minutes</b> The minutes from the 15 February 2018 Programme Board meeting were approved and will be presented to the Barnet Health & Wellbeing Board at its next meeting on 9 July 2018.	
<b>4.</b>	<b>Action Log</b> The Action Log was reviewed and completed actions were closed.  DG provided an update on the action to obtain and circulate the NHS Digital technical specification – NHS colleagues are working on this and it will shortly be available for circulation.	

	ITEM	ACTION
<b>CHIN updates</b>		
5.	<p><b>CHIN 1 (AB)</b></p> <p>CHIN 1 is focused on diabetes and the Diabetes QIST. The CHIN is working with CLCH to deliver the enhanced diabetes offer and looking to put diabetes nurses into the GP practices. This will enable delivery of a more holistic vision and development of greater levels of patient engagement, expert patient groups, etc.</p> <p>A public/patient engagement event for CHIN 1 will be held on 12 April. This is being recruited through the Council's PeopleBank database, the PPGs and through Barnet Healthwatch.</p> <p>The availability of Making Every Contact Count (MECC) training in March and April has been noted and shared with practices within the CHIN.</p>	
6.	<p><b>CHIN 2 (DG and OI)</b></p> <p>The CHIN meets monthly. There have been discussions about the practicalities of frailty-focused work (such as duplication of existing work), working towards the development of a frailty multi-disciplinary team (MDT).</p> <p>A review of avoidable admissions data for over 65s has shown that stroke, UTIs, flu and pneumonia are the most expensive and common reasons for admission. An audit of NELIE data will be undertaken to examine the underlying reasons for admission and inform the development of the frailty MDT.</p> <p>The CHIN 2 business case will be finalised within the next few weeks, with an anticipated go-live date in April, which will fit with the conclusion of the community services review.</p>	
7.	<p><b>CHINs 3 and 4 (DG)</b></p> <p>CHIN 3 will focus upon paediatrics and is currently being defined at a strategic level, before a specific area of operational focus is identified and a business case is developed before a go-live date in June.</p> <p>CHIN 4 will have a digital focus and is developing a menu of options.</p> <p>A full business case and roadmap for the CHINs will be presented to the CCG Governing Body in May, before presentation to the Health &amp; Wellbeing Board in July.</p> <p>DG also informed the Board that an engagement event for all GPs is scheduled for the end of April.</p>	
8.	<p><b>Barnet CC2H Highlight Report and NCL HCCTH Highlight Report</b></p> <p>DW asked about the plans for CHIN contracting, particularly given the current uncertainty around NHS England's expectations for Integrated Care Systems. DG confirmed that a number of different contract forms are under consideration.</p> <p>DW asked about progress on data sharing agreements. DG informed the Board that the CHINs and the Barnet GP Federation are currently making their own data sharing agreements based on each CHIN's focus of work. For the purposes of wider information sharing, the existing pan-Barnet data sharing agreement would</p>	

	ITEM	ACTION
	<p>be used as the basis for information sharing, with additional addendums as required.</p> <p>DW requested that the programme schedule and milestones be reviewed and updated, and that the involvement of mental health services, community health services and acute services are factored into the milestone plans.</p> <p>SP queried what is meant in the NCL HCCTH Highlight Report by “baseline position on social prescribing – capacity” (green status).</p>	
	<p><b><u>ACTION:</u> Update Barnet CC2H Highlight Report programme schedule and milestones.</b></p>	<p><b>DG, JH</b></p>
<p><b>9.</b></p>	<p><b>Barnet CC2H updated governance structure</b></p> <p>The updated governance structure was reviewed and agreed by the Board. There was a discussion about which workstreams providers such as CLCH would need to be involved in planning and delivering.</p>	
	<p><b><u>ACTION:</u> For each CC2H workstream identify membership and input required from Programme Board members and other colleagues (terms of reference).</b></p>	<p><b>DG, JH</b></p>
<p><b>10.</b></p>	<p><b>CHIN outcomes – draft logic model</b></p> <p>DG introduced this document, which aims to show Programme Board members how the CCG is working with the Barnet GP Federation to develop an outcomes framework.</p> <p>JL noted that logic models add greatest value when they are iterative and are used as a basis for measurement. Therefore this logic model will need to continue to evolve as the CHINs develop.</p> <p>It was noted that the current logic model has a strong focus on health outcomes and it was agreed that colleagues from Public Health and from other partner organisations outside of the NHS should be involved in further developing the logic model, to ensure that there are whole-system outcomes that reflect the movement towards an integrated and holistic model of health and care.</p> <p>MK requested that the logic model should be overlaid with work that is already being delivered by other organisations, for example, adult social care teams work extensively with care homes.</p> <p>The Board agreed that the logic model will be a valuable evaluation tool for the CC2H programme, and as such, it needs to reflect the STP and local programme aims, and be owned and developed further by the Programme Board.</p>	
<p><b>11.</b></p>	<p><b>Barnet CC2H – the Council “offer”</b></p> <p>DW and JH introduced this paper. It was agreed by the Board that the paper describes valuable services that the CHINs should be using.</p> <p>JH noted that current referral routes into these services are already well-established and highly accessible. Usually people can refer themselves into the services, often on a drop-in basis without an appointment. Therefore the focus for future work needs to be on increasing awareness of these services across CHIN staff, and encouraging people to use the services when they are referred to them.</p>	

	ITEM	ACTION
	<p>DW noted that a high proportion of calls to the Council's Social Care Direct telephone service are received from GPs who are looking for information about these types of services.</p> <p>The Board agreed that there should be face-to-face training for core CHIN staff (starting with CHIN 1) to begin this process of raising awareness.</p>	
	<p><b><u>ACTION:</u> Develop a CHIN training plan, outlining how face-to-face training on 'wrap-around services' will be delivered to core CHIN staff.</b></p>	<p><b>DG, SP, JH</b></p>
<p><b>Governance</b></p>		
<p><b>12.</b></p>	<p><b>CC2H work programme (forward plan)</b></p> <p>The CC2H work programme was presented for Board members to note. DW encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p>	
<p><b>13.</b></p>	<p><b>Any other business</b></p> <p>There were no further items raised. DW thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> <li>• 3 May, 14.00 – 15.30</li> <li>• 14 June, 14.00 – 15.30</li> <li>• 26 July, 14.00 – 15.30</li> <li>• 6 September, 14.00 – 15.30</li> <li>• 25 October, 14.00 – 15.30</li> <li>• 29 November, 14.00 – 15.30</li> </ul>	

**Care Closer to Home Programme Board**  
**Thursday 3 May 2018, 14:00 – 15:30**  
**Board Room, Building 2, North London Business Park**

**Present**

CWo Colette Wood, Care Closer to Home Director, BCCG (Chair)  
 CM Collette McCarthy, Divisional Director, Commissioning, LBB and BCCG  
 AF Ahmer Farooqi, Barnet GP Federation (CHIN 3)  
 AmP Amit Patel, Chief Operating Officer, Barnet GP Federation  
 AP Anuj Patel, Barnet GP Federation (CHIN 3)  
 CWa Cathy Walker, Director of Divisional Ops, CLCH NHS Trust  
 DA Dami Adedayo, Londonwide Local Medical Committees (LMC) Co-Chair  
 DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB  
 GP Gill Parsons, Chair, Community Education Provider Network (CEPN)  
 JH Joanne Humphreys, Project Lead, Adults Transformation, LBB  
 JL Jeff Lake, Consultant in Public Health, LBB  
 LF Lisa Fuller, Royal Free London NHS Trust  
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB  
 TD Tamara Djuertic, Director of Public Health, LBB  
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

**Apologies**

Jill Barnes, Project Manager, Strategy & Insight Team, LBB  
 Lisa Robbins, Healthwatch Barnet  
 Daniel Glasgow, Care Closer to Home Deputy Director, BCCG  
 Will Hammond, Head of Adults Transformation, LBB  
 Aashish Bansal, BCCG Governing Body member (CHIN 1)

#	ITEM	ACTION
1.	<b>Welcome and apologies</b> As Chair, CWo welcomed attendees to the meeting and apologies were noted.	
2.	<b>Declaration of conflicts of interest</b> A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.	
3.	<b>22 March 2018 minutes</b> The minutes from the 22 March 2018 Programme Board meeting were approved and will be presented to the Barnet Health & Wellbeing Board at its next meeting on 9 July 2018.	
4.	<b>Action Log</b> The Action Log was reviewed and completed actions were closed.  With reference to the action around the CC2H communication plan, it was agreed that, given the volume of communications activity currently underway across the partner organisations, it was essential that a communications plan be developed to	

#	ITEM	ACTION
	<p>ensure alignment of messaging and activity across the partners, and that the communications workstream be appropriately resourced.</p> <p>TH noted that at a recent Q&amp;A with the Barnet GP Federation, it was apparent that some GPs feel disconnected from the CC2H Programme, and do not know where to find the Programme Board minutes. Some practices are very engaged with and informed about the Programme, others much less so. TH suggested a monthly bulletin that includes information about who to get in touch with for GP practices that would like to join a CHIN. It was further suggested that this information could be added to the CCG Chair's regular bulletin, either as part of the bulletin or as a hyperlink within it.</p> <p>CWa provided a verbal update on a recent meeting between CLCH and the CCG, regarding the redesign of community health services. There is a need to ensure these services are integrated with primary care. Currently the service is structured as a number of small services, which can result in silo working and inefficiencies. The reintegration of the service will be similar to that already undertaken by CLCH in Harrow. The new structure will be mapped around the CHINs and each CHIN will know who is in their integrated care team. Three communication and engagement events have been held so far.</p> <p>With reference to the action to develop a CHIN training plan on "wrap-around services", JH updated the Board that Daniel Glasgow's team would be meeting GP practices over the next few months and attending Multi Collaborative Learning Groups (MCLGs). Therefore it had been agreed that JH would produce a short guide to wrap-around services that DG's team could share with practices to begin conversations about the benefits of referring patients to these services. An example guide, with local information specific to Burnt Oak, was circulated in the meeting. DW noted that it was more efficient to share this information in existing meetings, rather than to set up additional meetings.</p> <p>AF noted that it was not necessary for clinicians to make the referrals to these other services, and so it would be important to ensure that this information was disseminated across all practice staff. It was added that consideration needed to be given to how patients could access this information without needing to visit their local GP surgery.</p> <p>CM and TD both identified that their services could provide additional information for the guide, on Children's Services and preventative services respectively.</p> <p>JL noted that the evaluation report on the Making Every Contact Count training programme would soon be available, and that the findings should be applied to the dissemination of this information and any future training.</p>	
	<p><b><u>ACTION:</u> Provide JH with additional service information for the GP guide to "wrap-around" services.</b></p>	<p><b>CM, TD</b></p>
	<p><b><u>ACTION:</u> Clear the GP guide with the LBB corporate comms team prior to distribution.</b></p>	<p><b>JH</b></p>

#	ITEM	ACTION
<b>CHIN updates</b>		
	<p>Before the individual CHIN updates, AP provided a verbal update on the CHIN roadmap. Three CHINs have now been formed and a fourth is “embryonic”. There were originally five CHIN bids submitted, and the bids that were initially not selected to be taken forward are being reviewed. The GP Federation held a communication and engagement event with all GP members on 25 April and the next cycle of MCLG events will focus upon CHINs. The intention is that by Q2 2018/19 all CHINs will be mapped out and starting to work together. A key factor in the roll-out will be understanding why some practices are not engaging with the CC2H Programme.</p> <p>CWo added that a CC2H overall business case had been approved by the BCCG Primary Care Procurement Committee.</p> <p>GP asked about the criteria for approval of each CHIN – will each CHIN need to be geographically specific? CWo noted that a set of principles were applied when the first round of CHIN applications was evaluated, and that in order to ensure fairness and transparency, future CHIN applications will be subject to evaluation against the same criteria. It was agreed that these criteria should be shared with GPs, in order to provide greater clarity around how CHINs are formed.</p> <p>AP noted that a key question for GPs will be what is going to change “on the ground” when CHINs are implemented. CWa added that there was an opportunity for CLCH to work with the GP Federation on a joint case for change targeted at the clinical workforce.</p> <p>TH said that it would be crucial to explain the selection process and the benefits of being part of a CHIN, and to explain the financial mechanisms in place that will make the programme sustainable. AF added that it would also be important to outline what makes this programme different from similar programmes implemented in the past, and for communications to be clinician-led as far as possible. AP said that it was important to be clear that the development of a CHIN needs to start with analysis of data to provide an evidence base, and that the support available to GPs to carry out that analysis needs to be communicated.</p> <p>AmP gave an update on recent recruitment undertaken by the GP Federation to provide support to CHINs in writing their business cases and engaging effectively. The recruitment did not identify appropriate resource and therefore the Federation is considering other ways in which it can secure this support. TH noted that, particularly where a CHIN does not include a GP who is already a CC2H Programme Board member, it will be crucial to have a person available to each CHIN who can advise CHINs about the different people who can be approached to support the launch of each CHIN (e.g. contacts for preventative services, Public Health services).</p> <p>TD noted that the NCL data pack did not always provide data at a level that was helpful for CHIN-sized localities and that the Public Health team may be able to support GPs with some of the data that they need.</p>	

#	ITEM	ACTION
	<p>The Board also agreed that there was a need for clarity on CHIN funding available for GPs, and to emphasise that each CHIN will have an equitable share of any funding made available.</p> <p>CWo noted that the STP would not be providing any central communications materials or resources for the roll-out of CC2H – it is up to individual borough areas to develop their own messages. DW, CWo and JL attended the STP-level CHIN development programme group on 12 April and it was clear that each area has interpreted the concept of CHINs in a different way. DW said that the CHIN development programme group would be a valuable forum for sharing learning across the five boroughs.</p> <p>CW said that the NCL STP logic model will be used to measure the CHIN outcomes. DW emphasised the need for the development of CHINs to link in with contracting mechanisms and help to ensure that the broader aims of the CC2H programme are realised. LF noted that risk is shared more widely under integrated care systems, but NHS England has not yet confirmed how contracting would work under such a system.</p>	
	<p><b><u>ACTION:</u> Draft a briefing note to be cascaded from the GP Federation to GPs, outlining the standard process for approving and implementing CHINs.</b></p>	<p><b>DG, JH</b></p>
<p><b>5.</b></p>	<p><b>CHIN 1</b></p> <p>As AB (CHIN 1 Lead) had sent apologies for this meeting, CWo provided a brief update on CHIN 1, which is continuing its focus on diabetes and the Diabetes QIST, although AB is keen to continue to explore other opportunities.</p> <p>The DQIST has been running for approximately four weeks with healthcare assistants, focusing only upon adults whose diabetes can successfully be managed in the community. The involvement of Diabetes Specialist Nurses and pharmacists is planned. Learning from the DQIST will be replicated across the CHINs this year. The DQIST will be evaluated and the findings brought back to this Programme Board later this year. JL asked about the timescales for extending the DQIST to include the pre-diabetic population.</p>	
	<p><b><u>ACTION:</u> Add DQIST update as a recurring agenda item for the CC2H Programme Board.</b></p>	<p><b>JH</b></p>
<p><b>6.</b></p>	<p><b>CHIN 2 (TH)</b></p> <p>The CHIN will be implementing a multi-disciplinary team for frailty, to be chaired by a GP, with other members possibly including a dedicated matron, social care professional and representation from Age UK. Acute services will be drawn upon as and when they are required. QI analysis led by Daniel Morgan at the CCG has identified two priority cohorts: UTIs and pneumonia. The CHIN is also engaging with SP and with the Public Health team around the Expert Patient Programme. Launch date is dependent upon the findings from the QI analysis followed by CCG approval – current plan is to complete the business case this month, with roll-out in July.</p>	

#	ITEM	ACTION
7.	<p><b>CHIN 3 (AP)</b></p> <p>The CHIN is considering priority areas of home visiting for the elderly and paediatric asthma, and is waiting for data to enable analysis and decision making. The paediatric asthma work would involve the new Royal Free pathway and include coordination with health visitors and schools. CWa emphasised the need for all partners (including CLCH) to be aware of and linked in to this pathway as it is developed.</p>	
8.	<p><b>Barnet CC2H Highlight Report and NCL HCCTH Highlight Report</b></p> <p>The two highlight reports were reviewed by the Programme Board.</p> <p>AmP asked who owned the social prescribing directory. SP responded that a directory of community and voluntary services in Barnet was held and maintained on the Council website. There are also other sources such as Barnet Age UK's What's On Guide. MECC (Making Every Contact Count) training, led by the Public Health team, has been promoted to front line staff.</p>	
9.	<p><b>Workstream sample Terms of Reference</b></p> <p>JH introduced this agenda item. At its last meeting, the Programme Board had requested that for each CC2H workstream the membership and input required from Programme Board members and other colleagues be identified. JH has developed a Terms of Reference template and populated this with information about one of the workstreams (Programme Management) as an example.</p> <p>The Programme Board agreed it would be helpful for this template to be populated with relevant information for the other CC2H workstreams.</p>	
<b>Governance</b>		
10.	<p><b>CC2H work programme (forward plan)</b></p> <p>The CC2H work programme was presented for Board members to note. CWo encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p> <p>AP asked whether patient communications could be discussed at a future Programme Board. It was suggested that HealthWatch Barnet would be able to assist with developing this agenda item, and/or the Barnet Involvement Board. It was noted that the first residents working group meeting (for Burnt Oak) will be held on 17 May.</p>	
11.	<p><b>Any other business</b></p> <p>There were no further items raised. CWo thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> <li>• 14 June, 14.00 – 15.30</li> <li>• 26 July, 14.00 – 15.30</li> <li>• 6 September, 14.00 – 15.30</li> <li>• 25 October, 14.00 – 15.30</li> <li>• 29 November, 14.00 – 15.30</li> </ul>	

**Joint Commissioning Executive Group**  
**Tuesday 16 January 2018, 13.00 – 14.30**  
**Boardroom, Building 2, North London Business Park**

**Present**

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)  
 AH Andrew Howe, Director of Public Health, LBB  
 CD Courtney Davis, Head of Adults Transformation, LBB  
 CM Collette McCarthy, Divisional Director, Commissioning, LBB/BCCG  
 CW Colette Wood, Director, Care Closer to Home, BCCG  
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG  
 FB Farhana Begum, Finance Manager, LBB  
 JH Joanne Humphreys, Project Manager, LBB  
 JL Jeff Lake, Public Health Consultant, LBB  
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG  
 NW Nicholas Wells, National Management Trainee, LBB  
 RD Ruth Donaldson, Commissioning Director, BCCG

**Apologies received**

Kay Matthews, Chief Operating Officer, BCCG

	ITEM	ACTION
1.	<p><b>Welcome and apologies</b></p> <p>As Chair, DW welcomed attendees to the meeting and, as there were a number of new attendees at this meeting, summarised the remit of JCEG. As a formally constituted subgroup of the Barnet Health &amp; Wellbeing Board, JCEG:</p> <ul style="list-style-type: none"> <li>• Oversees Section 75 agreements between the Council and the CCG.</li> <li>• Oversees and monitors the Better Care Fund.</li> <li>• Feeds the Forward work programme of the Health &amp; Wellbeing Board.</li> <li>• Signs off the work priorities for both the adults and children Joint Commissioning Units.</li> <li>• Will oversee the Joint Strategic Needs Assessment (JSNA) for 2020.</li> </ul> <p>The Health &amp; Wellbeing Commissioning Lead is responsible for running and administering the JCEG meetings. This post was vacant but has now been filled and the officer will be in post from Spring 2018.</p>	
2.	<p><b>5 December 2017 minutes</b></p> <p>The minutes from the 5 December 2017 meeting of JCEG were approved.</p> <p>CM noted that she and the new Head of Children's Joint Commissioning (Richard Tipping) will attend future meetings, and Chris Munday (Strategic Director for Children and Young People) will no longer attend.</p>	
	<p><b><u>ACTION:</u> Invite Richard Tipping to future JCEG meetings and add to master distribution list for papers.</b></p>	<b>JH</b>
3.	<p><b>Action log</b></p>	

	ITEM	ACTION
	<p>The Action Log was reviewed and completed actions were closed. Two actions remain open, to be reviewed again at the next JCEG:</p> <ul style="list-style-type: none"> <li>• Agree arrangements for the reinstatement of S75 finance reports for JCEG meetings. This action to be extended to include BCF financial reports. Owners confirmed as Matt Backler (Deputy Chief Financial Officer) for BCCG and FB for LBB.</li> <li>• Bring monitoring report for the Better Care Fund (including financial report) to the next JCEG meeting. It was noted that the Q3 financial position is being finalised.</li> </ul> <p>Two new actions were agreed (see below).</p>	
	<p><b><u>ACTION:</u> Develop proposal for implementing pooled/aligned budgets, to be presented at the next JCEG (27 February 2018).</b></p>	<p><b>RD &amp; Matt Backler</b></p>
	<p><b><u>ACTION:</u> Develop proposal for pooled budgets for speech and language therapy, occupational therapy and Looked After Children to be reviewed at the next JCEG (27 February 2018).</b></p>	<p><b>FB &amp; Matt Backler</b></p>
<p><b>4.</b></p>	<p><b>Section 75 quarterly progress report</b></p> <p>It was noted that this paper had been circulated at short notice due to the late submission of reports by pooled budget owners, and it was agreed that actions would be taken to ensure that future S75 reports can be circulated further in advance of each JCEG meeting.</p> <p>The progress report was reviewed.</p> <ul style="list-style-type: none"> <li>• It was noted that the current Learning Disabilities contract expires in 2 months.</li> <li>• A separate paper on the Community Equipment contract was circulated and MA provided additional verbal commentary on this.</li> <li>• CM provided updates on SLT, OT and LAC.</li> </ul>	
	<p><b><u>ACTION:</u> Provide an update on QIPPs and analysis of Community Equipment overspend in comparison to previous years. For the next JCEG (27 Feb 2018).</b></p>	<p><b>MA</b></p>
	<p><b><u>ACTION:</u> Provide JH with updated BCF dates for the JCEG Forward Plan.</b></p>	<p><b>MA</b></p>
	<p><b><u>ACTION:</u> Schedule review and lessons learned report for the Learning Disabilities contract.</b></p>	<p><b>CS</b></p>
	<p><b><u>ACTION:</u> Update the BCF S75 agreement (re-bind and sign).</b></p>	<p><b>MA</b></p>
	<p><b><u>ACTION:</u> Circulate BCF Plan and Q2/Q3 reports to RD and to Sarah D'Souza (joint Commissioning Director, BCCG).</b></p>	<p><b>MA</b></p>
<p><b>5.</b></p>	<p><b>Section 75 reporting on voluntary &amp; community sector prevention services</b></p> <p>It was noted that there is no named owner for the quarterly reporting on the S75 agreement for prevention services provided by the voluntary and community sector, and agreed that this needed to be addressed before the next JCEG meeting.</p>	

	ITEM	ACTION
	<b><u>ACTION:</u> Identify appropriate lead officer. Check handover notes from Paula Arnell; also check whether Finance can confirm current contributions and speak to Zoe Garbett.</b>	CS
6.	<b>JCEG Forward Plan</b> Presented to JCEG members for noting. Any future items to be added to the Forward Plan should be emailed to JH.	
7.	<b>Health and Wellbeing Board Forward Work Programme</b> Presented to JCEG members for noting. Any future items to be added to this Forward Plan should be emailed to Salar Ridar in the LBB Governance team.	
8.	<b>Any other business</b>	
	<p>DW chaired a discussion about what the priorities should be for JCEG over the next 12 months. Comments included:</p> <ul style="list-style-type: none"> <li>• Greater visibility of S75 expenditure.</li> <li>• Review of the draft Care Home Strategy.</li> <li>• Developing and monitoring actions from the Joint Health &amp; Wellbeing Strategy implementation plan.</li> <li>• Preparation for 2020 JSNA.</li> <li>• Receive NCL STP updates.</li> </ul> <p>It was noted that due to local Council elections on 3 May 2018 there will not be a May meeting of the Health &amp; Wellbeing Board and therefore some items may need to be brought forward to the March meeting. The pre-election period begins on 27 March 2018.</p>	
	<b><u>ACTION:</u> Bring the Health &amp; Wellbeing Strategy action plan to the next JCEG meeting.</b>	JH/NW
	<b><u>ACTION:</u> Update the JCEG Forward Plan with the priorities discussed at the 16 January meeting, for review at the next JCEG meeting.</b>	JH
	There were no further items raised. DW thanked everyone for their attendance and closed the meeting.	

**Joint Commissioning Executive Group**  
**Tuesday 27 February 2018, 12.30 – 14.00**  
**Boardroom, Building 2, North London Business Park**

**Present**

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)  
 AH Andrew Howe, Director of Public Health, LBB  
 CM Collette McCarthy, Divisional Director, Commissioning, LBB/BCCG  
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG  
 FB Farhana Begum, Finance Manager, LBB  
 JH Joanne Humphreys, Project Manager, LBB  
 JL Jeff Lake, Public Health Consultant, LBB  
 KM Kay Matthews, Chief Operating Officer, BCCG  
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG  
 NW Nicholas Wells, National Management Trainee, LBB  
 RT Richard Tipping, Head of Children’s Joint Commissioning, LBB/BCCG

**Apologies received**

Matt Backler, Deputy Chief Financial Officer, BCCG (by telephone)  
 Ruth Donaldson, Commissioning Director, BCCG  
 Colette Wood, Director, Care Closer to Home, BCCG  
 Courtney Davis, Head of Adults Transformation, LBB

	<b>ITEM</b>	<b>ACTION</b>
<b>1.</b>	<b>Welcome and apologies</b>  As Chair, DW welcomed attendees to the meeting. Apologies were noted.	
<b>2.</b>	<b>16 January 2018 minutes</b>  The minutes from the 16 January 2018 meeting of JCEG were approved, with one correction – that an update on CAMHS procurement update had already been given to the Health & Wellbeing Board at its meeting of 25 January 2018.	
<b>3.</b>	<b>Action log</b>  The Action Log was reviewed and completed actions were closed. Four actions remain open, to be reviewed again at the next JCEG: <ul style="list-style-type: none"> <li>• Agree arrangements for reinstatement of S75 finance reports for JCEG meetings.</li> <li>• Develop proposal for pooled budgets for speech and language therapy, occupational therapy and Looked After Children.</li> <li>• Schedule review and lessons learned report for the Learning Disabilities contract.</li> <li>• Update the BCF S75 agreement (re-bind and sign).</li> </ul>	
<b>4.</b>	<b>BCF finance report (Month 9)</b>  FB introduced the paper, noting that it shows we are on track to use the full amount of BCF funding by the end of the financial year. The totals do not include staffing budgets as these are covered under Section 75.  It was noted that it was helpful to see the budget broken down by theme line. Some additions were agreed for future reports (see action line below).	

	ITEM	ACTION
	<p><b><u>ACTION:</u> Amend BCF report template to include</b></p> <ul style="list-style-type: none"> <li>• Actual expenditure on each line to-date.</li> <li>• Whether each line represents the total budget for that item, or represents only a partial contribution to a larger budget.</li> </ul> <p><b>This report to be presented at every future JCEG meeting.</b></p>	FB
5.	<p><b>Better Care Fund update (Q3 performance report)</b></p> <p>MA introduced the paper. The service is on target to meet its DTOC target. DW noted that this was a very good result, particularly as performance has been maintained over the winter months, and that JCEG members were appreciative of the very significant amount of work that staff have undertaken on DTOCs.</p> <p>Performance on non-elective emergency admissions is not meeting targets. It was agreed that MA and JL would refresh their previous NEL analysis and present it to the next JCEG meeting.</p> <p>It was noted that the service is on target for admissions to residential and nursing homes, although the chart is missing the performance line. This will be corrected for the next performance report.</p> <p>Reablement is an annual measure and so no progress data is currently available. DW noted that there are drawbacks to the way the intermediate care data feeding into this measure is collected (an annual telephone survey) and that there were opportunities to improve both the way this measure is reported, and the underlying performance.</p> <p>KM suggested that there may be an opportunity to request outcomes measurement as part of the contract renegotiations with CLCH. KM also requested that future performance reports include more narrative to place the data in context.</p>	
	<p><b><u>ACTION:</u> Update future BCF performance reports to include DTOCs measured by day rate.</b></p>	MA
	<p><b><u>ACTION:</u> Present updated analysis on non-elective emergency admissions to the next JCEG meeting.</b></p>	MA, JL
	<p><b><u>ACTION:</u> Liaise with the Delivery Unit and other service providers to identify ways in which reablement reporting could be improved, and report back to the next JCEG meeting.</b></p>	MA
	<p><b><u>ACTION:</u> Speak to Maria DaSilva (BCCG) about the potential for CLCH contract negotiations to reflect the need for improved reablement reporting.</b></p>	MA
6.	<p><b>Community Equipment update</b></p> <p>MA introduced this paper, which provides details of expenditure across 2016/17 and 2017/18. It does not include details of expenditure on different types of equipment, as this was provided in the previous Community Equipment update to JCEG.</p> <p>Increased expenditure on Community Equipment may be supporting cost avoidance across other service areas (e.g. Discharge to Assess) but there is not currently a robust evidence base to demonstrate this hypothesis.</p>	

	ITEM	ACTION
	<p>DW noted there is a regular joint meeting of senior Council and CCG officers to oversee Community Equipment expenditure. This group has not met very recently but regular scheduled meetings will be restarting from April 2018.</p> <p>The next update on Community Equipment will be provided as part of the Section 75 annual report, which will be reviewed by JCEG at a special meeting on 18 June 2018.</p>	
	<p><b><u>ACTION:</u> Find out whether we can obtain any benchmarking data to support analysis of our Community Equipment expenditure.</b></p>	<p><b>MA</b></p>
<p><b>7.</b></p>	<p><b>Development of a BCF pooled budget</b></p> <p>FB introduced this paper, which sets out the implications of a formal pooled BCF budget. KM noted that the potential cost savings arising from LBB's ability to recover VAT would be very small, as most expenditure is VAT exempt.</p> <p>It was agreed that the current "aligned budget" arrangements should remain in place, particularly as many other Councils/CCGs are operating in this way and if Barnet were to change its practice it would be taking a different path to the other NCL partners which could prove problematic in the future.</p> <p>KM noted that both the CCG and Council will need to ensure that future documentation defines the BCF budget arrangements accurately.</p> <p>This item to be reviewed in six months' time, at the 14 August 2018 JCEG meeting.</p>	
<p><b>8.</b></p>	<p><b>Joint Health &amp; Wellbeing Strategy Implementation Plan</b></p> <p>DW noted that the paper circulated to JCEG members was the Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual progress report which was presented to Health &amp; Wellbeing Board in November 2017.</p> <p>It was agreed that outside the meeting there is a need to confirm who is responsible for monitoring each of the actions in the JHWBS implementation plan.</p>	
	<p><b><u>ACTION:</u> Follow up with JCEG members to confirm the monitoring responsibilities for the JHWBS implementation plan.</b></p>	<p><b>JH</b></p>
<p><b>9.</b></p>	<p><b>JCEG Forward Plan</b></p> <p>Presented to JCEG members for noting. Any future items to be added to the Forward Plan should be emailed to JH.</p>	
<p><b>10.</b></p>	<p><b>Health and Wellbeing Board Forward Work Programme</b></p> <p>Presented to JCEG members for noting. Any future items to be added to this Forward Plan should be emailed to Salar Ridar in the LBB Governance team.</p>	
<p><b>11.</b></p>	<p><b>JCU Work Programmes</b></p> <p>The adults JCU workplan was circulated as part of the papers for this meeting. RT updated the meeting that the children's JCU workplan was currently under review and an updated version would be available for the next JCEG meeting.</p>	

	ITEM	ACTION
	<p>DW requested that for future meetings the JCU Work Programmes should be placed higher up on the agenda, and unit leads should be available if necessary to answer any queries. DW also encouraged Public Health colleagues to bring relevant plans to JCEG, particularly for cross-cutting work.</p> <p>CS noted that in the adults JCU, work on governance arrangements is underway and she will share the outcomes of this work with colleagues in the children's JCU.</p> <p>There is work currently underway to improve health care delivered in care homes. One programme is the "Red Bag," and a team has developed a strategy to collect data from this programme weekly to assess the impact on the health of care home residents and their journey to hospital and back.</p>	
	<p><b><u>ACTION:</u> Bring paper about Red Bag reporting and monitoring to the next JCEG meeting.</b></p>	<p><b>MA</b></p>
<p><b>12.</b></p>	<p><b>Any other business</b></p> <p>There were no further items raised. DW thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> <li>• 23 April 2018, 11.30 – 13.00</li> <li>• 22 May 2018, 14.00 – 15.30</li> <li>• 18 June 2018, 12.30 – 13.30 – special meeting to review S75 annual report</li> <li>• 3 July 2018, 12.30 – 14.00</li> <li>• 14 August 2018, 14.00 – 15.30</li> <li>• 25 September 2018, 14.00 – 15.30</li> <li>• 6 November 2018, 12.30 – 14.00</li> <li>• 18 December 2018, 12.30 – 14.00</li> </ul>	