

**MEETING**

**HEALTH & WELLBEING BOARD**

**DATE AND TIME**

**THURSDAY 3RD OCTOBER, 2019**

**AT 9.00 AM**

**VENUE**

**STUDIO ROOM, BARNET COPTHALL LEISURE CENTRE, CHAMPIONS WAY, MILL HILL, NW4 1PX**

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

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

Kay Matthews	Fiona Bateman	Dr Clare Stephens
Dr Tamara Djuretic	Councillor Sachin Rajput	Dawn Wakeling
Dr Nikesh Dattani	Councillor Richard Cornelius	Rory Cooper
Chris Munday	Caroline Collier	

**Substitute Members**

Sarah D'Souza	Councillor Rohit Grover	Dr Murtaza Khanbhai
Julie Pal	Councillor David Longstaff	Ben Thomas
Dr Barry Subel		

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Monday 30 September. Requests must be submitted to Salar Rida at [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

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

**Andrew Charlwood – Head of Governance**

Governance Services contact: Salar Rida 020 8359 7113, [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)  
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**ASSURANCE GROUP**

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# Decisions of the Health & Wellbeing Board

18 July 2019

Board Members:-

AGENDA ITEM 1

\*Cllr Caroline Stock (Chairman)

\*Dr Charlotte Benjamin (Vice-Chairman)

\* Cllr Sachin Rajput  
\* Cllr Richard Cornelius  
\* Dr Tamara Djuretic

\* Chris Munday  
\* Dawn Wakeling  
\* Dr Nikesh Dattani

\* Caroline Collier  
\* Fiona Bateman

\* denotes Member Present

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

The Chairman of the Health and Wellbeing Board, Councillor Caroline Stock welcomed all attendees, including Dr Nikesh Dattani to the membership of the Board and opened the meeting. She thanked Ms Bina Omare, Chief Executive Officer, Colindale Communities Trust for hosting this meeting of the HWBB.

It was **RESOLVED** that the previous minutes of the meeting of the Health and Wellbeing Board held on 28<sup>th</sup> March 2019 be agreed as a correct record.

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

Apologies for absence were received from Dr Clare Stephens, Kay Matthews and Selina Rodrigues who were substituted by Colette Wood (Barnet CCG) and Julie Pal (Healthwatch) respectively.

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

Chair of Barnet CCG and Vice-Chair of the HWBB, Dr Charlotte Benjamin made a joint declaration on behalf of Barnet CCG Board members, Dr Clare Stephens, Dr Nikesh Dattani and herself, in relation to agenda items 8 and 11 by virtue of potential impact of the STP through their respective GP practices.

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

None were received.

## 5. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 5):

None.

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

The Chairman and Lead Officer, Dr Tamara Djuretic noted the items listed on the Forward Work Programme for 2019 and welcomed suggestions from the Board.

The Board requested that the following themes and items be considered at future meetings of the HWBB:

- Deep Dive on Primary Care provision across the borough
- Appointment availability and access for patients
- Improve access to health care services for people with learning disabilities (with attendance from service users as guest speakers)

It was **RESOLVED** that the Board noted the items on the Forward Work Programme for 2019-2020 including the suggestions made at this meeting.

**7. UPDATE REPORT ON THE INSPECTION OF LOCAL AUTHORITY CHILDREN'S SOCIAL CARE SERVICES (Agenda Item 7):**

The Chairman welcomed the report and Chris Munday, Executive Director for Children and Young People presented the item.

The Board noted that following Ofsted's inadequate rating in 2017, the Council worked collectively with the partnership to drive the improvements needed. Subsequently, the Board agreed to receive the Children's Services Improvement Report at each meeting to support the improvement work. Following the Inspection of Local Authority Children's Services in May this year, OFSTED judged Barnet to be GOOD across the four inspection domains:

- The impact of leaders on social work practice with children and families
- The experiences and progress of children who need help and protection
- The experience and progress of children in care and care leavers
- Overall effectiveness

The Chairman thanked Mr Munday and all staff across Family Services and the partnership on behalf of the Board for all their work, leadership, perseverance and dedication to achieve such a great outcome for children and young people in Barnet. Cllr Cornelius extended his thanks for all the work that has gone into improving the services over the last two years.

The Board also commended the improvements made, in relation to the referral mechanisms and safeguarding arrangements.

It was **RESOLVED**:

- 1. That the Board considered and noted the inspection findings as set out within Appendix 1 and Appendix 2.**
- 2. That the Board noted that the report has been referred by the Children, Education and Safeguarding Committee on 1 July 2019 for consideration by Full Council on 30 July 2019.**

**8. UPDATE ON NHS LONG-TERM PLAN AND ITS IMPLICATIONS ON LOCAL HEALTH AND SOCIAL CARE (Agenda Item 8):**

Executive Director for Adults and Health, Dawn Wakeling presented and summarised the report. Ms Wakeling spoke about the development of the Plan being led by partners and working collectively towards a whole system approach. Given the Board's role towards developing health and social care integration, Ms Wakeling noted the importance of receiving regular updates on the development of the long-term Plan.

Dr Benjamin welcomed the report and the Plan towards a good effective system which works on a local based level and building on the foundations of previously delivered work.

Dr Djuretic noted that a key focus for the Health and Wellbeing Board is to provide the whole system leadership in setting out high level outcomes. The following 5 outcomes have recently been proposed and following comments from Mr Munday were updated accordingly at the meeting:

- a) Increasing healthy Life expectancy and improving lifestyle behaviours;
- b) Focus on wider determinants of health such as employment, education, wellbeing, early years and housing and their relationship on health;
- c) Strengthen community resilience and improve self-care;
- d) Improve access to and quality of health and care;
- e) Develop workforce fit for future

The Chairman and Lead Officer suggested that a private workshop session be held for Board Members in October to discuss the development of the Joint Health and Wellbeing Strategy and the Board's local role in respect of the Integrated Care Partnership. Once confirmed, the date for the workshop session will be circulated to Board Members. (**Action:** Governance Service)

Dr Benjamin and Julie Pal noted the need for support services for those with learning difficulties towards interpretation of medical letters, appointments and other medical services. Dr Dattani noted the need to also focus on children and young people with learning difficulties who may need support in different areas. A request was made for a report to be included on the Forward Work Programme.

Councillor Sachin Rajput noted the importance of equitable NHS funding across the North Central London and in relation to local NHS services. Dr Benjamin welcomed the comment and noted the importance of effective financial assurance across both LBB and CCG.

Ms Wakeling spoke about adult social care funding which comparative with other boroughs is the least per head – in addition, the Borough has the highest number of residential homes for over 65s in London. She noted that the comparative profile for Barnet should also be taken into account when considering future funding across the system.

It was **RESOLVED** that the Board noted and commented on the content of the report as above.

**9. BARNET ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2017: AN UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS (Agenda Item 9):**

The Chairman introduced the item and noted that last year's Annual Public Health Report focused on the Build Environment and given that the theme for this meeting is growth and health, this report provides an update on the progress made.

She welcomed Rachel Wells, Consultant in Public Health who presented the report. Ms Wells spoke about the review undertaken and the impact of planning and regeneration in the borough.

Following discussion, the Board requested that the following amendments be included in the Appendix: **(Action PH)**

- Reference to the opening of the Unitas youth zone facility as a significant development
- Accessible childcare provision
- Importance of investment in infrastructure for people with disabilities
- Dementia support services and leisure centres

The Board agreed for the report and Appendix to be circulated to relevant service areas and Members of relevant Theme Committees. **(Action)**

**It was RESOLVED**

- 1. That the Health and Wellbeing Board considered the implementation of recommendations outlined in the Annual Report of the Director of Public Health 2017: The Built Environment and Health and supports continued work to improve Barnet's built environment.**
- 2. That the Health and Wellbeing Board considered sharing the 2017 Annual Director of Public Health (ADPH) recommendations progress report with other relevant theme committees to increase awareness of the impacts of planning and development on health across the Council.**

**10. JOINT HEALTH AND WELLBEING STRATEGY 2020-2024 DEVELOPMENT (Agenda Item 10):**

Dr Djuretic presented the report and spoke about the proposal for the development process and timeline of the Joint Health and Wellbeing Strategy. The Board noted that an agenda item will be brought to a future meeting for in-depth discussion on the proposed Strategy.

A timeline has been proposed as set out in the report to bring the Strategy in line with the Council's Corporate Plan which will including a consultation period.

The Board welcomed the proposal and encouraged the promotion of the consultation and development of the Strategy, including via various workshops such as boards, Healthwatch focus groups, Inclusion Barnet and the voluntary sector.

**It was RESOLVED:**

- 1. That the Health and Wellbeing Board reviewed and agreed the JHWS development process, including the delegation of responsibility to sign off**



**the draft JHWS to the Chairman and Vice-Chairman of the Board, prior to the public consultation.**

**2. That the Health and Wellbeing Board supports the JHWS development process.**

**11. REGENERATION DEEP DIVE REPORT (Agenda Item 11):**

The Chairman introduced the item which formed the deep dive theme for this meeting on growth, health and wellbeing which links to one of the refreshed HWB Board priorities – creating Healthy Environment.

Given the evidence on the positive impact of healthy placemaking on people, she noted the importance of creating places that deliver healthier lives, prevent avoidable diseases and contribute to the overall economic wellbeing.

The Board received four presentations on different components of the healthy placemaking process, ambitions, aspirations and outcomes.

The Chairman invited Cath Shaw, Deputy Chief Executive, Stephen McDonald, Director of Growth and Rachel Wells, Consultant in Public Health who summarised their presentations as set out in the report.

Ms Shaw spoke about the development of the Local Plan and the consultation timeline. The Board also heard about the Health Impact Assessment and the both emerging positive and negative impacts of growth on health and wellbeing. The Board is encouraged to submit its comments which will then form part of the collective formal response to the consultation.

The Board noted that further emphasis should be made in the Growth Strategy towards improving health and wellbeing for children and young people.

Mr Munday briefed the Board about the development and opening of the Unitas Youth Zone facility in Barnet in June this year and noted that over 2,300 young people have signed up for activities.

Councillor Richard Cornelius welcomed the presentations and highlighted the importance of joined-up working and lobbying for adequate health care provision in Barnet to meet the health needs of the population. Ms Wakeling spoke about the increase in demand for services, access to services and workforce as a result of population growth.

Colette Wood also welcomed the comment and noted the opportunity for effective partnership working to deliver integrated health and social care services and adequate future planning, including secondary care.

Ms Bina Omare, Chief Executive of Colindale Communities Trust delivered a presentation and spoke about the community engagement work and its main findings, from a local community perspective.

Mr Munday welcomed the presentation and spoke about the work delivered around KOOTH online counselling services for young people. The Chairman highlighted the importance of resident engagement in regeneration programmes to shape and develop local places in the way that will best suit local needs.

The Chairman noted that one of the main recommendations from Health Impact Assessment of Growth Strategy was to ensure free play areas for children and young people are built into the new environment, wherever possible. She invited Argent, who submitted a presentation on developing Brent Cross area and initial proposals on Project Play. The Board heard about the work with UNICEF towards developing child friendly communities.

The Board welcomed the presentation and noted the following (**Action**):

- the need to co-design effectively at the beginning stage to ensure that it is fit for purpose
- to ensure effective communication and engagement with residents as well as Local Authority services
- to join-up work with other developments being delivered by LBB on sport and physical activity

Colette Wood Director of Care Closer to Home, Barnet CCG delivered the presentation on Primary Care Development – she spoke about how primary care estates development is complementing Growth Strategy in the short and long term. She also highlighted the importance of strategic partnership working and future funding, such as s106 and Community Infrastructure Levy funding.

The Chairman welcomed the contributions from the Board and it was **RESOLVED**:

- 1. That the Board noted the progress on delivering health and wellbeing outcomes across the growth and regeneration programme.**
- 2. That the Health and Wellbeing Board noted the draft Growth Strategy and responds to the consultations formally.**

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

The Chairman drew the Board's attention to the following:

- In line with today's theme, six Healthy Heritage Walks open to adults as well as children and young people, have been organised by Public Health, starting on 27 July
- Successful trailblazer bid for funding towards Mental Health preventative services for children and young people
- LB Barnet awarded the 2019 Borough Tree award, with plans to plant 900 trees per annum for the next five years

She thanked the Board Members for their contributions and closed the meeting.

The meeting finished at 11.45 am

### Health and Wellbeing Board abbreviations

<b>AOT</b>	Adolescent Outreach Team
<b>ACT</b>	Adolescent Crisis Team
<b>ACE</b>	Adverse Childhood Events
<b>ASC-FR</b>	Adults Social Care Finance Return
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ASC</b>	Autism Spectrum Condition
<b>BAME</b>	Black, Asian and Minority Ethnic Groups
<b>BAS</b>	Barnet Adolescent Service
<b>BCF</b>	Better Care Fund (NHS and local government programme which joins up health and care services so people can manage health, live independently and longer)
<b>BEH MHT</b>	Barnet, Enfield and Haringey Mental Health Trust
<b>BOOST</b>	Burnt Oak Opportunity Support Team (multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team)
<b>CAW</b>	Case Assistant Worker
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CC2H</b>	Barnet Care Closer to Home
<b>CCG</b>	Clinical Commissioning Group
<b>CCS</b>	Concepts care solutions
<b>CEPN</b>	Barnet Community Education Provider Networks
<b>CHIN</b>	Care and Health Integrated Networks
<b>CETR</b>	Care, Education and Treatment Reviews
<b>CLCH</b>	Central London Community Healthcare
<b>CRAT</b>	Carer Recruitment and Assessment Team
<b>CWP</b>	Children's Wellbeing Practitioners
<b>DCT</b>	Disabled Children's Team
<b>DPR</b>	Delegated Powers Report
<b>DPP</b>	Diabetes Prevention Programme
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DPH</b>	Director of Public Health
<b>CWP</b>	Children and Young People Wellbeing Practitioners
<b>DSH</b>	Deliberate Self Harm
<b>DIT</b>	Dynamic Interpersonal Therapy
<b>DOT</b>	Direction of Travel status
<b>DRP</b>	Disability and Resource Panel
<b>DToC</b>	Delayed Transfer of Care
<b>EHC</b>	Emergency Hormonal Contraception
<b>EET</b>	Education, employment and training
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Electronic Prescription Service
<b>FAB</b>	Fit and Active Barnet
<b>GLA</b>	Greater London Authority

AGENDA ITEM 6

<b>HCA</b>	Health Care Assistants
<b>HCC</b>	Healthier Catering Commitment
<b>HEE</b>	Health Education England
<b>HEP</b>	Health Education Programme
<b>HLP</b>	Healthy London Partnership
<b>HSL</b>	Healthy Schools London Programme
<b>IAPT</b>	Improving Access to Psychological Therapy
<b>iBCF</b>	Improved Better Care Fund (Additional money given directly to local government)
<b>IPS</b>	Individual Placement Support
<b>IPT</b>	Intensive Psychotherapy Treatment
<b>JCEG</b>	Joint Commissioning Executive Group
<b>JOY</b>	Joining Old and Young
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>Kooth</b>	Online Counselling and Emotional Wellbeing
<b>KPI</b>	Key Performance Indicators
<b>LGA</b>	Local Government Association
<b>LGD</b>	Local government declaration of sugar reduction and healthier eating
<b>LOS</b>	Length of Stay
<b>LCS</b>	Locally Commissioned Service
<b>LTP</b>	Local Transformation Plan
<b>MTFS</b>	Medium Term Financial Strategy
<b>MASH</b>	Multiagency Safeguarding Hub
<b>MHST</b>	Mental Health Support Team
<b>MOMO</b>	Mind of my own app
<b>NCL</b>	North London Clinical Group: Barnet, Camden, Enfield, Haringey and Islington
<b>NCMP</b>	National Child Measurement Programme
<b>NEL</b>	North East London
<b>OT</b>	Occupational Therapist
<b>PBS</b>	Positive behaviour support
<b>PSR</b>	Priorities and Spending Review
<b>PCN</b>	Primary Care Network
<b>PMHW</b>	Primary Mental Health Worker
<b>RAG</b>	Red Amber Green rating
<b>REACH</b>	Resident, Engaged, Achieving Children Hub
<b>RMN</b>	Registered Mental Health Nurse
<b>RFL</b>	Royal Free London
<b>SEAM</b>	Sexual Exploitation and Missing
<b>SENCO</b>	Special Educational Needs Coordinator
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>SPA</b>	Sport and Physical Activity
<b>QAM</b>	Quality Assurance Monitoring Panel

<b>QIPP</b>	Quality, Innovation, Productivity and Prevention Plan
<b>QIST</b>	Quality Improvement Support Team
<b>QWELL</b>	Online support for professionals and parent/carers/staff
<b>S7</b>	Significant Seven Training to support staff in early identification of deterioration of patients
<b>SAC</b>	Safeguarding Adult's Collection
<b>SALT</b>	Short and Long Term support
<b>SARG</b>	Safeguarding Adolescents at Risk Group
<b>SCAN</b>	Service for children and adolescents with neurodevelopmental difficulties
<b>SEND</b>	Special Educational Needs and Therapy
<b>SENDIASS</b>	Special Education Needs and Disabilities Information, Advice and Support Services
<b>STP</b>	Sustainability and Transformation Plan
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>TOR</b>	Terms of Reference
<b>VARP</b>	Vulnerable Adolescents at Risk Panel
<b>VAWG</b>	Violence Against Women and Girls
<b>VCS</b>	Voluntary and Community Sector
<b>VCSE</b>	Voluntary Community and Social Enterprise
<b>YCB</b>	Your Choice Barnet
<b>YOT</b>	Youth Offending Team
<b>WDP</b>	Westminster Drug Project
<b>WHO</b>	World Health Organisation

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**Health and Wellbeing Board  
Forward Work Programme**

**2019-2020**

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>3 October 2019</b>				
<b>BUSINESS ITEMS</b>				
List of Abbreviations	The Board to note the list	Chair of the Health and Wellbeing Board	Director of Public Health and Prevention	Non-key
Forward Work Programme	The Board to note the FWP	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health and Prevention	Non-key
Minutes of the HWB Commissioning Executive Group	The Board is asked to approve the minutes	Strategic Director for Adults, Communities and Health, Chief Operating Officer, Barnet CCG	Commissioning Lead – Health and Wellbeing	Non-key
HWB Board Delivery Plan update and Performance Report	The Board to note delivery plan	Director of Public Health and Prevention	PH Intelligence Officer	Non-key
Q1 2019-20 Performance Report	The Board to note the report	Director of Public Health and Prevention	Finance Business Partner Head of Programmes, Performance and Risk	Non-key
Food Secure Action Plan	The Board to note progress	Director of Public Health and Prevention	Public Health Strategist	Non-key
Annual Director of Public Health Report 2018/19: Healthy Relationships	The Board to note the annual report	Director of Public Health and Prevention	Director of Public Health and Prevention	Non-key
Healthwatch Barnet Annual Update Report	The Board to note the annual report	Head of Barnet Healthwatch	Head of Barnet Healthwatch, Barnet Healthwatch Manager	Non-key

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



Children and Young People's Mental Health Transformation Plan update 2019-2020	The Board to approve recommendations	Director of Commissioning, Barnet CCG	AD CY Commissioning	Non-key
<b>DEEP DIVE: Physical Activity, Open Spaces, Leisure Centres</b>				
FAB, Leisure Centres and link to PH Outcomes Framework	The Board to note update on developments	Strategic Director of Adults and Health	Cassie Bridger, AD Greenspace and Leisure	
Open Spaces and link to promoting physical activity	The Board to note update on developments	Executive Director, Environment	Cassie Bridger, AD Greenspace and Leisure	
Active Travel	The Board to note update on developments	Executive Director, Environment and Strategic Director of Adults and Health	Jamie Cooke, AD Environment, Cassie Bridger, AD Greenspace and Leisure and Rachel Hodge, PH Strategist	
Mayor's Initiatives: Healthy Heritage Walks and Golden Kilometre	The Board to note update on developments	Director of PH and Prevention	Lily Barnett and Janet Djomba, Public Health Team	
Voluntary Sector and physical activity	The Board to note update on developments	UNITAS	Tony Lewis	
Physical activity in the NHS	The Board to note update on developments	Chief Operating Officer, Barnet CCG	Ruth Donaldson, Director of Commissioning	
<b>16 January 2019</b>				
<b>NOTE</b>				
List of Abbreviations	The Board to note the list	Chair of the HWBB	Director of Public Health and Prevention	Non-key

Forward Work Programme	The Board to note the FWP	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health and Prevention	Non-key
Minutes of the HWB Commissioning Executive Group	The Board is asked to approve the minutes	Strategic Director for Adults, Communities and Health, Chief Operating Officer, Barnet CCG	Commissioning Lead – Health and Wellbeing	Non-key
CAMHS Transformation Plan	The Board to note progress	Director of Commissioning, Barnet CCG	AD CYP Commissioning Zoe Garbeth	
Joint Health and Wellbeing Strategy 2020 - 2024	The Board to sign off the Strategy	Director of PH and Prevention	Dr Tamara Djuretic	
<b>DEEP DIVE</b>				
<ul style="list-style-type: none"> <li>- Deep Dive on Primary Care provision across the borough</li> <li>- Appointment availability and access for patients</li> <li>- Improve access to health care services for people with learning disabilities (including children and young people)</li> </ul>	The Board to note and comment on the content of the report.	Director of PH and Prevention TBC		
<b>26 March 2019</b>				
<b>NOTE</b>				
List of Abbreviations	The Board to note the list	Chair of the HWBB	Director of Public Health and Prevention	Non-key
Forward Work Programme	The Board to note the FWP	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health and Prevention	Non-key

Minutes of the HWB Commissioning Executive Group	The Board is asked to approve the minutes	Strategic Director for Adults, Communities and Health, Chief Operating Officer, Barnet CCG	Commissioning Lead – Health and Wellbeing	Non-key
Joint Health and Wellbeing Strategy 2020 - 2024	The Board to sign off the Strategy	Director of PH and Prevention	Dr Tamara Djuretic	

Suggested future and standing agenda items	
Suggested future items	Standing agenda items
Autism pathway	Minutes of the HWB Commissioning Executive Group
Primary Care Developments and Utilisation/Access	Forward Work Programme

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AGENDA ITEM 8

	<b>Health and Wellbeing Board 3 October 2019</b>
<b>Title</b>	<b>Minutes of the HWB Commissioning Executive Group</b>
<b>Report of</b>	Strategic Director for Adults 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>• HWB Commissioning Executive Group, June 2019 and revised Terms of Reference for HWB CEG</li> </ul>
<b>Officer Contact Details</b>	Tamara Djuretic, Director of Public Health Tamara.djuretic@barnet.gov.uk

### Summary

This report provides the minutes of the HWB Commissioning Executive Group and revised Terms of Reference (Appendix I and II).

### Recommendations

- 1. That the Health and Wellbeing Board comments on and approves the minutes of the HWB Commissioning Executive Group meeting of June 2019 and approves the revised Terms of Reference.**

#### 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 HWB Strategy.
- 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 and are presented here for an update.
- 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.
- 1.7 In light of a good practice, JCEG Terms of reference were reviewed on 1<sup>st</sup> April 2019 and recommended changes enclosed in Appendix II.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Health and Wellbeing Board established the Health and Wellbeing Commissioning Executive Group:

*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 HWB 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 HWB Commissioning Executive Group, 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 can propose future agenda items for forthcoming group meetings that it would like to see prioritised.

### **5 IMPLICATIONS OF DECISION**

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

- 5.1.1 The HWB Commissioning Executive Group 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 all residents and embed population health approach 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 HWB Commissioning Executive Group 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 Under Article 7 of the Constitution, 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 HWB Commissioning Executive Group will factor in engagement with users and stakeholders to shape its decision making.
- 5.7.2 The HWB Commissioning Executive Group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

**6. BACKGROUND PAPERS**

**6.1** None

Appendix I - Action Notes of HWB Commissioning Executive Group (HWBEG) Meeting  
Held on Monday 17<sup>th</sup> June 2019 at 12.00pm  
In the Chapman Room, North London Business Park

<b>Attendees</b>		
Sarah D'Souza	SDS	Director of Commissioning, Barnet CCG, Chair
Matt Backler	MB	Director of Finance, Barnet CCG
Dawn Wakleling – dial in	DW	Executive Director for Adults & Health, LBB
Tamara Djuretic	TD	Director of Public Health, LBB
Colette McCarthy	CMc	Divisional Director, Commissioning & Business Improvement, Children's Services, LBB
Jess Baines-Homes – dial in	JBH	Assistant Director Adults Joint Commissioning
Muyi Adekoya	MA	Lead Commissioner Older Adults and Integrated Care, Barnet CCG
Elizabeth Barker	EB	Executive PA, Barnet CCG, Minute Taker

<b>Item</b>	<b>Subject</b>	<b>Action</b>
1.	Apologies received from Chris Munday	
2	<b>HWB CEG (Commissioning Executive Group) TOR (terms of reference)– sign off</b>	
2.1	The HWBCEG TOR were agreed subject to the following amendments:	
2.2	Section 75 Agreements Children – Replace Speech & Language Therapy/Occupational Therapy with Integrated Therapies	
2.3	Performance & Finances – remove reference to children (bullet point e and f)	ALL
2.4	Governance – NHS Barnet CCG's Finance, Performance & QIPP should read Clinical Commissioning Finance & QIPP. Take out NCL STP as not CCG decisions making.	
2.5	Any other updates should be sent to TD within the next 7 days.	
3	<b>Review of Better Care Fund</b>	
3.1	MA presented the Better Care Fund 2017/19 review and provided an update on guidance for 2019/20 plans. The review took place between March and May 2019.	
3.2	The aim of the review was to establish how the schemes funded through the BCF supported the delivery of the 4 national metrics and the supporting conditions	
3.3	The review found that the majority of schemes supported or enabled the delivery of the BCF metrics and conditions. In relation to the delivery of the reablement metric, DW commented on the requirement for a local indicator to support the system in better monitoring. DW felt improvements were needed regarding the process for CLCH data collection which is currently only collected once a year from a phone survey.	
	The target for reduction in non-elective admissions (general and acute)	

3.4	was not achieved in 2018/19 and there followed a discussion around what might be done to refocus schemes on admissions avoidance improvements.	
3.5	The 2 year plan included schemes targeting older adults, group felt that it would be helpful to expand the scope of work to cover age of 55. DW commented that consideration should be given to management of patients with long term conditions and this could be a discussion for UEC Boards.	
3.6	TD requested for the detailed performance data supporting the review. MA confirmed that the data used to support the review was available. It was agreed that it would be useful for a meeting to be arranged with TD/MA/JBH and Dan Morgan and Enrico Panizzo to review the trends in non-elective activity.	MA SDS
3.7	<b>Guidance for 19/20.</b> DW provided additional feedback on the process required for developing the 19.20 plan, stating that there is a likelihood that the focus will be on admission avoidance and keeping patients at home.	
3.8	In response to a question from MB regarding investment into the ineffective schemes, JBH confirmed that a decision was made to decommission schemes that were not successful.	
3.9	SDS proposed that a further review of a 7-day working service should be undertaken, with the purpose of establishing which services required 7 day working and those that did not; as not all service providers were available 7 days to discharge patients. Agreed MA to review.	MA
4	<b>Frailty/Admission</b>	
4.1	SDS advised this item had been removed from the agenda.	
4.2	A discussion took place about setting a wider group to review CCG data and BCF data and it was agreed that a meeting should be established to review data and include the work that has been developed by BCCG on unplanned care. TD to nominate Public Health representation.	SDS
5	<b>HWB Strategy Review</b>	
5.1	TD provided an outline of work in progress to develop the HWB Strategy from 2020. A review of the four-year strategy would be undertaken to review what was achieved. It was agreed that it would be useful to focus on co-design and engage with younger people via social media. TD to bring back to September meeting.	TD
6	<b>S75 Performance Report</b>	
6.1	It was agreed that it was important that an update on all schemes should be provided at each meeting and need to be improve forward planning.	
6.2	It was noted the Integrated Therapies had been drafted but required sign off. CAMHS report was more complex due to financial issues but was in draft form.	
6.3	In response to question from SDS about the financial risk for the LD Harperbury Section 75, JBH confirmed that the Trust had confirmed sustainability of the service and it no longer presented an in-year cost pressure.	

7	<b>ICS/STP Update</b>	
7.1	It had been agreed this would be a standing item on the agenda. DW advised that Will Huxter had been in contact about setting up an ICS Design group asking for nominations for 2 representatives from each borough partnership. It was agreed that SDS/TD would clarify who should attend with Kay Matthews.	SDS/TD
8	<b>HWB Forward Planner</b>	
8.1	The forward planner for the HWBB was reviewed and contents agreed. It was proposed that the forward planner should be presented to each SMT and teams to ensure papers were produced to meet Committee deadline.	DW/SDS DW
8.2	It was agreed that a brief paper on the ISC/IC partnership and draft outcomes would be submitted to the next HWBBB. DW advised that she had submitted a short paper to the Adults and Safeguarding Commissioning which could be adapted.	
9	<b>Govroam</b>	
9.1	Ella Goshawk provided an overview of the Govroam which LBB are in the process of implementing. SDS commented that feedback from CCG had been positive however further clarification was required about the costs to CCGs and Providers, and the costs of implementation for the CCG and whether there were any procurement issues. EG to confirm the costs and whether there were any procurement issues.	EG

## Appendix II

## **Health and Wellbeing Commissioning Executive Group Terms of Reference**

The Health and Wellbeing Commissioning Executive Group (HWB CEG) will operate as the executive arm of the Health and Wellbeing Board and will therefore support delivery of priorities and outcomes set by the Board as well as overseeing existing and future joint commissioning arrangements across the life course between NHS Barnet Clinical Commissioning Group (CCG) and the London Borough of Barnet (LBB).

HWB CEG will be accountable and make recommendations to the Health and Wellbeing Board for Section 75 and Better Care Fund arrangements and will be supported by a range of operational groups (Appendix I).

The North Central London (NCL) Sustainability and Transformation Plan (STP) sets out wide ranging delivery plans covering the full range of health care. Whilst many of the STP aspirations are in alignment with the ambition set out in Barnet Health and Wellbeing Strategy, Barnet Corporate Plan and the CCG Business Plan, it is important that, as a local system, there is a clear view of what is needed for the implementation of these plans that best suits needs of Barnet's residents. The HWB CEG will therefore be responsible for overseeing local implementation of NCL STP initiatives and will consider the impacts of, and responses to, STP work at the borough level. Work is underway across NCL to consider how to address the NHS plan requirements for integrated care systems (ICSs) and these terms of reference will be updated as this work evolves.

The HWB CEG will operate within existing organisational schemes of delegation and reservation, constitutions and standing orders of each organisation.

### **Purpose**

To operate as the executive delivery arm of the Health and Wellbeing Board and to oversee strategic development and implementation of delivery plans for an improved and integrated health and social care system including:

- Barnet's Health and Wellbeing Strategy;
- Local implementation of NCL STP;
- The borough's Better Care Fund;
- The delivery of Section 75 agreements between NHS Barnet CCG and London Borough of Barnet.

The group is responsible for joint working across the life course and spans physical and mental health and wellbeing. Care will be taken to ensure that all aspects of the group's remit, i.e.: children & young people; adults; physical and mental health, are fully addressed in the agendas and forward plan for HWB CEG meetings.

### **Functions**

1. To oversee development and delivery of **Health and Wellbeing Strategy**:
  - a) Regularly review and refresh Barnet's Health and Wellbeing Strategy, based on vision and outcomes set by the Board
  - b) Ensure that appropriate governance is set up to deliver on HWB Strategy Priorities
  - c) Oversee development and delivery of HWB Board Delivery plan and key performance indicators
  - d) Ensure consistency, compatibility and co-ordination between programmes and projects focusing on prevention and early help across the system.
  
2. To oversee the delivery of the **Better Care Fund** including:
  - a) Overseeing the BCF Care Model and ensuring accountability for its delivery
  - b) The Group is responsible for making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk
  - c) Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services
  - d) Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets
  - e) Overseeing the financial risk of the Better Care Fund and, where necessary, making recommendations on recovery plans.
  
3. To oversee all **Section 75 agreements** held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively including:
  - a) Monitor performance reports at least quarterly, receiving an annual report with onwards reporting to the Health and Wellbeing Board
  - b) Monitor expenditure and management of the pooled funds

- c) Review risks to ensure that appropriate actions are in place
- d) Oversee the extension and renewal process for Section 75 agreements.

Section 75 agreements are:

Adults	Community Equipment;
	Learning Disability
	Campus Re-provision
	Health and Social Care Integration (BCF)
	Mental Health (between the council and Barnet, Enfield and Haringey Mental Health Trust).
Children	Speech and Language Therapy
	Looked After Children
	Occupational Therapy
	Children and Young People Mental Health Services (from January 2018)

#### 4. Performance and finances

- a) To recommend to the Health and Wellbeing Board, Council Committees and Barnet CCG's Finance Performance and QIPP Committee how budgets should be spent to further integrate health and social care
  - b) To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board
  - c) To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions
  - d) To review reports being considered by the Health and Wellbeing Board which have financial or resource implications
  - e) To approve the work programmes of the Joint Commissioning Units (adults and children)
  - f) To agree business cases arising from the Joint Commissioning Units for adults and children requiring alignment of social care expenditure and activities
  - g) To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy
  - h) To develop and maintain a forward work programme to ensure strategic and operational alignment between the Council and Barnet CCG. All members will contribute to the work programme.
5. Each organisation should ensure that the risks relating to the delivery of Health and Wellbeing Strategy, BCF and section 75 agreements are clearly reflected on each organisation's respective Risk Registers and that these risks are reviewed regularly at each meeting and escalated to the Health and Wellbeing Board and the FPQ Committee as required.



## Membership

Organisation	Post
<b>Commissioning</b>	
London Borough of Barnet (LBB)	Executive Director for Adults and Health
	Director of Public Health
	Assistant Director for Children and Young People
	Director of Finance (Section 151 Officer) or Deputy
NHS Barnet Clinical Commissioning Group (CCG)	Director of Commissioning
	CCG Clinical Board representative (1)
	Deputy Director of Commissioning – Children
	Director of Primary Care Transformation
	Deputy Chief Finance Officer
Joint representative	Deputy/Assistant Director of Joint Commissioning - Adults

Members are able to appoint a senior substitute to attend in their place if they are unavailable to attend a meeting.

### Administration

The Council and CCG will provide support to the Board jointly. LBB will organise papers and agendas; and schedule meetings. Barnet CCG will produce minutes. Agendas and forward plans will be jointly agreed.

### Declaration of Interests

The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to objective, it should be declared at the meeting and recorded in the minutes. On the basis of the

interest declared, the Group will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question. The agenda for meetings will stipulate where items are for commissioners only and will be managed, as appropriate, by the Chair (e.g. through moving to part 2).

### **Quoracy**

For the Group to be quorate, two representatives from each organisation (CCG and LBB) need to be present.

### **Chairmanship**

There will be alternate chairing arrangements, shared between the Executive Director for Adults and Health (LBB) and the Director of Commissioning (CCG).

### **Governance**

Health and Wellbeing Commissioning Executive Group will be supported by Health and Wellbeing CEG Strategy Delivery, Care Closer to Home Board, CAMHS Transformation Board, Children and Young People Partnership Board ? and all contracts operational groups. Proposed Governance is included in Appendix I.

Reports from supporting groups will have a standard format and report on exceptions only to the HWB CEG. Quarterly reports will include agreed KPIs and outcomes, timelines on re-procurement in the next 24 months, commissioning intentions and recommissioning plans, risks, achievements and section 75 timelines.

The minutes of all the HWB CEG meetings will only include list of actions and recommendations that will be submitted to the Health and Wellbeing Board for noting and comment, and to NHS Barnet CCG's Finance, Performance and QIPP Committee for noting.

The HWB CEG will refer matters for decision to the Health and Wellbeing Board and/or relevant NHS Barnet CCG and/or London Borough of Barnet officers or committees where appropriate (within the appropriate level of delegated authority to take decisions).

### **Frequency and Notice of Meetings**

Meetings shall be held quarterly, 8 weeks before the public meeting of the Health and Wellbeing Board.

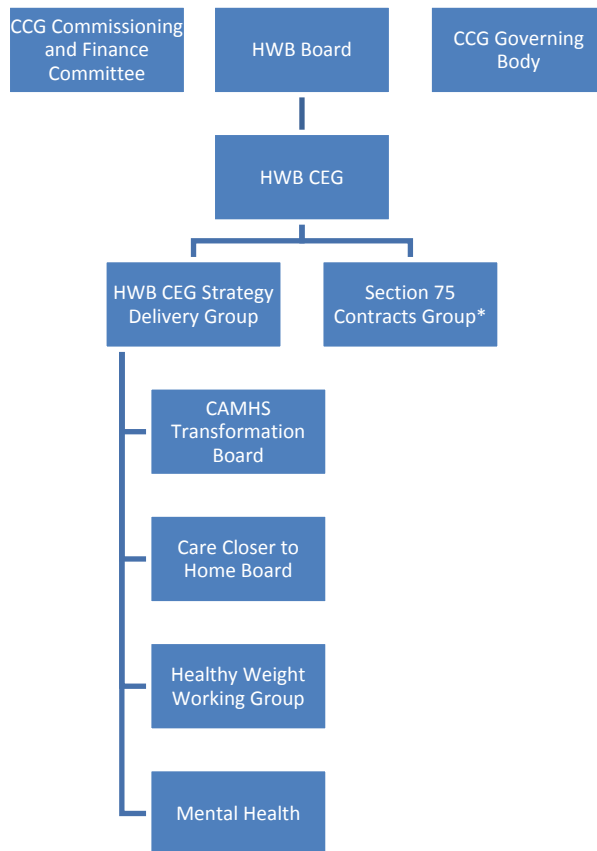
Items of business to be transacted for inclusion on the agenda of the meeting should be approved via the work programme and agreed with the chair at least 5 working days before the meeting takes place (chairs are able to add items to the agenda as they arise). Any supporting papers should be sent to the members at least 5 working days before the meeting.

The Chair reserves the right to call for an urgent or extraordinary meeting of the Group through a virtual distribution of paper(s) with clear specific instructions to the members.

## **Review**

These terms of reference will be reviewed on an annual basis and the work of this group is subject to both organisation's internal audit work plan and programme to review its effectiveness.

# Appendix I – Governance supporting HWB CEG



\*LD Section 75, MH section 75, Equipment and CYP Section 75

AGENDA ITEM 9

	<b>Health and Wellbeing Board</b>  <b>3 October 2019</b>
<b>Title</b>	<b>Updates to 2019/20 Delivery Plan</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A: Health and Wellbeing Board Delivery Plan 2019/20 – Updated September 19
<b>Officer Contact Details</b>	Dr Tamara Djuretic, Director of Public Health and Prevention, <a href="mailto:tamara.djuretic@barnet.gov.uk">tamara.djuretic@barnet.gov.uk</a>  Oliver Taylor, Public Health Intelligence Analyst, <a href="mailto:oliver.taylor@barnet.gov.uk">oliver.taylor@barnet.gov.uk</a>

## Summary

The Health and Wellbeing Board (HWBB) approved its 2019/20 Delivery Plan in March 2019. Updates and changes have been made to the plan to reflect changes in related programmes and to Public Health workstreams. Changes are based on the recommendations of officers as how to best monitor the delivery of the HWBB priorities in line with changes to Public Health workstreams.

The delivery plan was approved by the Board in March 2019 and the enclosed plan has been updated to take effect for the remainder of 2019/20.

The following changes are proposed:

- To replace a measurement of the National Prevention Diabetes Programme from a number of people to a number of assessments;
- Since additional resources are made available for social prescribing via Primary Care Network (PCNs), it is proposed to measure a number of social prescribers appointed by PCNs and number of referrals they make each quarter;
- Performance of Resilience School Programme to focus on state schools only, in first instance;
- Teenage pregnancy measure to be replaced by a measurement of free condom distribution scheme and emergency hormonal contraception prescriptions.

## **Recommendations**

- |   |
|---|
| <b>1. That the Health and Wellbeing Board approve the updated version of the HWBB delivery plan for the Financial Year 2019/20.</b> |
|---|

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

- 1.1 Since the Delivery Plan was approved in March 2019 the document has been reviewed in line with developments to Public Health workstreams. This report details the changes to the delivery plan as advised by officers. This report is needed to lay out the recommended changes to the actions and indicator and request the board's approval for these changes.

### **2. STRATEGIC CONTEXT**

- 2.1 Like all councils, Barnet is facing an increasingly difficult financial challenge with demand for services increasing and funding from central government decreasing, with an uncertainty around what future funding will look like. Therefore, the council must now make decisions to prioritise its limited resources effectively and develop plans for the next five years to deliver both statutory duties and ambitions for Barnet within these financial constraints.
- 2.2 To ensure the council has a plan that reflects local priorities, as well as a financial strategy that will support a financially sustainable position, the development of the Corporate Plan and MTFs have been aligned to cover the next five years (2019-2024). This will help to ensure there is a medium-term plan in place of how limited resources will be allocated in line with what we want to achieve for the borough.
- 2.3 The Corporate Plan, known as Barnet 2024, has been refreshed to reflect the priorities of the new administration who were elected in May 2018, and resident feedback on what matters. Feedback has been captured through public consultation and engagement that took place over the summer of 2018. The Corporate Plan sets the strategic direction of the council, including outcomes for the borough, the priorities we will focus limited resources on, and how we will approach delivery.
- 2.4 The three outcomes for the borough, as set out in the Corporate Plan, focus on place, people and communities:
- A pleasant, well maintained borough that we protect and invest in
  - Our residents live happy, healthy, independent lives with the most vulnerable protected
  - Safe and strong communities where people get along well
- 2.5 To support delivery of these outcomes, Health and Wellbeing Board will be responsible for delivering any corporate priorities that fall within its remit, as well

as any additional priorities that relate to matters the Board is responsible for under its Terms of Reference. These were approved by Health and Wellbeing Board on 17<sup>th</sup> January.

- 2.6 These priorities will inform an annual Delivery Plan which sets out the key activities, performance indicators/targets and risks in relation to delivery of the corporate and the Board priorities. Delivery Plans will be refreshed on an annual basis. The Board will receive a performance report each quarter updating on progress, performance and risk against the priorities.
- 2.7 The updated Delivery Plan for 2019/20 can be seen in Appendix A for approval by the Board.

### **3.**

#### **REASONS FOR RECOMMENDATIONS**

- 3.1 The delivery plan document has been updated by officers since it was approved by the board in March. For the advised changes to be made to the document to be made HWBB are required to review and approve the new version of the delivery plan.

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

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

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

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

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

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

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

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

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

## 6.3 Social Value

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

## 6.4 Legal and Constitutional References

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

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

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

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

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

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

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



(7) Specific responsibilities for:

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

## **6.5 Risk Management**

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

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

## **6.6 Equalities and Diversity**

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

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

## **6.7 Corporate Parenting**

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

## **6.8 Consultation and Engagement**

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

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

## **5.9 Insight**

5.9.1 Not applicable

## 7. BACKGROUND PAPERS

7.1 Health and Wellbeing Board Delivery Plan, March 2019

<https://barnet.moderngov.co.uk/documents/s51790/HWBB%20Delivery%20Plan%20Report.pdf>

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

### 1. Committee Context

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

### 2. Financial Context

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

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

**Table 1: Savings proposals**

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

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

**Table 2: Delivery Plan**

Priority	How will we achieve this?	Year 1 Timescales	How will we measure this?	Year 1 Targets	What are the key risks?
Integrating health and social care and providing support for those with mental health problems and complex needs	- Refresh Local Commissioned Service in primary care to focus on enhanced screening for pre-diabetes	Apr 2019	Number of initial assessments performed as part of the National Diabetes Prevention Programme (NDPP)	TBC	If the programme is not advertised and promoted across the borough this could lead to inadequate uptake amongst those most at risk of developing diabetes.
	- Improve management of patients diagnosed with Atrial Fibrillation (AF)* (*risk factor for developing cardiovascular disease)	Mar 2020	Proportion of patients diagnosed with AF that are treated (anticoagulated) in a timely manner	85%	NHS England transformation fund methodology could lead to local delivery challenges.
	- Develop a dementia focused Care Closer to Home Networks with residents who have dementia and their carers and implement Dementia Friendly Borough initiative	Jul 2019	We will continue to provide narrative updates until we develop key performance indicators	Establish baseline by Q1 and develop KPI by Q2	If prevention and integrated network is not in place, people with risk of developing dementia and those who already have dementia may have more complex illness and needs
	- Further strengthen social prescribing network by implementing One Borough model that includes social prescribers in each Primary Care Network, electronic database and link of pathways with prevention and wellbeing co-ordinators	Mar 2020	All social prescribers appointed by Primary Care Networks  A number of people referred by Social Prescribers/Prevention and Wellbeing co-ordinators	By December 2019	NHS England identified resources to support development of robust model. Sustainability of the model is dependent on joined up working across health, care and voluntary and community sector.

				Baseline to be developed by Q3	
<b>Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing</b>	- Raise awareness about mental health and wellbeing working closely with voluntary and community sector and implement digital interventions such as 'Good Thinking'	Mar 2020	Utilisation of 'Good Thinking' platform	At least 10,000 people supported by platform and at least 30% sought further support	Digital platform is managed regionally and therefore its success and implementation locally may not be tailored to local needs of our residents and access to this services may be underutilised.
	- Implement Healthy Weight Strategy across the life-course from promoting breastfeeding initiatives to improving access to healthy food, promote physical activity and deliver on Local Government Declaration	Mar 2021	Proportion of infants being breastfed at 6-8 weeks (developmental target)	60%	Improving outcomes linked to Healthy Weight requires whole system leadership and consistent, multifaceted engagement. If Healthy Weight Strategy is not delivered due to lack of partnership working, prevalence of childhood obesity will increase.
			Proportion of physically active adults that meet Chief Medical Officer guidelines (e.g. 150 minutes of moderate activity a week or  Childhood excess weight (overweight and obesity) prevalence for Reception and Year 6 pupils.	65%	
- Support schools to implement 20 mins of extra physical activity such as Mayor Golden Kilometre (MGK), daily shake up and park runs	Sep 2020	Increase number of schools participating in MGK  Number of schools contacted about MGK and Daily Mile	Determine number of schools already participating in 20 mins extra physical activity (MGK) by Q1	Lack of engagement from schools due to capacity or lack of information could lead to delays in programme delivery. Mitigation actions are in place to ensure whole borough engagement.	
<b>Improving services for children and young people</b>	- Support Children and Adolescent Mental Health Pathway by extending Resilient Schools Programme across the borough		Number of schools participating in RS programme	40 schools by Q2	Capacity of schools to deliver interventions (mitigated by developing a framework, providing training and developing resources); or capacity of the Resilient Schools
			Number of schools completed mental	All state	

and ensuring the needs of children are considered in everything we do	<ul style="list-style-type: none"> <li>Expand online support to parents / school staff</li> <li>Expand to further 20-25 schools</li> <li>All schools have Mental Health First Aiders and support to deliver whole school mental health awareness sessions</li> </ul>	May 2019	Health First Aid training	schools (122) in Barnet by Q4	programme to expand into further schools (mitigated through a change in model of delivery with move to provide support through meetings for multiple schools, schools supporting each other, online resources, email/ telephone, and a framework to highlight schools where additional support is needed) could lead to delays in programme delivery
		Sep 2019	Positive satisfaction with life among young people: proportion reporting positive life satisfaction	90%	
		Mar 2020			
Creating a healthy environment	- Ensure that health and wellbeing of young people who are in need, is good	Mar 2020	Emotional wellbeing of looked after children aged 5-16 that is of no concern	70%	Several different factors influence emotional and physical wellbeing of looked after children and there is a risk that, despite concerted effort, health and wellbeing of young people may deteriorate.
			Proportion of children in care with up to date immunisations	Obtain baseline and set target by Q1	
	- Review and redesign autism spectrum disorder (ASD) diagnostic pathway for under 18 year olds in line with National Institute of Clinical Excellence (NICE) guidance	June 2020	Waiting times for ASD assessments	<18 week wait	Current vacancies, difficulties with recruitment and training requirements may cause delays. Requires pathway and provider transformation.
Creating a healthy environment	- Work with business network groups to raise awareness of London Healthy Workplace Award and support businesses to sign up	Mar 2020	Number of businesses contacted a year personally	40	If not delivered, businesses may not improve health and wellbeing of their workforce.
			Number of businesses expressed interest to progress	50% of those personally contacted	
	- Increase the number businesses who hold the Healthier Catering Commitment in their food offer to staff/residents	Mar 2020	Number of businesses with HCC	5 new per quarter (100 in total)	If small and medium businesses lack capacity this could lead to the initiative not being implemented in full. We will therefore employ a nutritionist to support businesses across the borough.
	- Promote cycling and walking within the Healthy Streets approach	Mar 2020	Proportion of residents living within 400m of the London-wide strategic cycle network	4%	The proposal of Cycling Quietway is in early stages and it has not been agreed yet. There is a risk that implementation of cycling lanes across the borough is delayed or not

	- Work with advertising company to influence a choice of advertisement within an 8 minute walk/400m of secondary schools during term time	Mar 2020	Narrative on progress will be provided	Narrative	implemented. Public perception of advertising “healthy eating/physical activity on one side of advertising board whilst the other side is potentially advertising unhealthy food/drink. This may result in mixed messages and inability to influence behavioural change.
Continuing improvements on preventative interventions	- Increase uptake of cancer screening services across the borough	Mar 2020	Breast cancer screening uptake Cervical cancer screening uptake Bowel cancer screening uptake	75% 70% 60%	National Screening Programmes are commissioned by NHS England and local influence to these programmes have been limited. There is a potential risk of failing to influence NHS England and uptake would remain low. Local screening action group has been set-up to mitigate those risks and NHS England representatives are involved.
	- Implement sexual health prevention programme across the borough and reduce sexually transmitted infections in young people	Mar 2020	Chlamydia detection rate per 100,000 aged 15-24 a year Proportion of 15-24 year olds accessing sexual health services for sexual health screening Utilisation of C-Card scheme Number of EHCs distributed by community pharmacies	2,000 20% Baseline to be set in Q3 1500	The Sexual Health Prevention Service will be implemented in July 2019 and a significant input is needed to embed services into community. There is a potential risk of failing to reach those communities that need most support.  Emergency Hormonal Contraception (EHC) provision in the community has been delayed by a provider. There is a risk of limited access to EHC resulting in unwanted pregnancies.
	- Establish a partnership approach to increase uptake in childhood vaccination e.g. establish Immunisation Forum and develop action plan	Mar 2020	Population vaccine coverage for Measles, Mumps and Rubella (2 <sup>nd</sup> dose at 5 years)	90%	Immunisation services are commissioned by NHS England and therefore there is a risk of failing to influence NHS England to improve local services. This will result in low vaccine coverage and potential outbreaks of childhood infectious diseases. Local Immunisation Forum has been established to mitigate the risk.

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	<b>Health &amp; Wellbeing Board</b>  <b>3 October 2019</b>
<b>Title</b>	<b>Quarter 1 (Q1) 2019/20</b> <b>Delivery Plan Performance Report</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
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<b>Summary</b>
This report provides a thematic overview of performance for Quarter 1 (Q1) 2019/20 focusing on the budget forecasts and activities to deliver both corporate and committee priorities in the Health and Wellbeing Board Annual Delivery Plan.

<b>Recommendations</b>
The Board is asked to review the budget, performance and risk information for Q1 2019/20 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.

## 1. INTRODUCTION

- 1.1 The Health & Wellbeing Board (HWBB) has responsibility to jointly assess the health and social care needs of the population with NHS commissioners and to work together to ensure the best fit between available resources to meet the health and social care needs of the population. The HWBB oversees Public Health and promotes the prevention agenda across the partnership.
- 1.2 The HWBB Delivery Plan is a partnership plan that focuses, where possible, on wider health outcomes. Therefore, many of the Key Performance Indicators (KPIs) are population level indicators that are collected annually.
- 1.3 This report provides a **thematic overview of performance** for **Q1 2019/20** focusing on the budget forecasts and activities to deliver both **corporate and board priorities** in the **HWBB Annual Delivery Plan**.

## 2. BUDGET FORECASTS

- 2.1 The **Revenue Forecast** (after reserve movements) for Public Health is **£16.713m** (see table 1).

**Table 1: Revenue Forecast (Q1 2019/20)**

Service	Revised Budget	Q1 19/20 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q1 19/20 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Public Health	16,703	16,966	263	(263)	16,703	0
<b>Total</b>	<b>16,703</b>	<b>16,966</b>	<b>263</b>	<b>(263)</b>	<b>16,703</b>	<b>0</b>

- 2.2 The forecasted full year spend is £0.263m higher than the allocated specific grant amount and is covered by a reserve transfer.

## 3. SAVINGS

- 3.1 The total amount of **savings** identified for Public Health in 2019/20 is **£1.132m**. This is shown in table 2. At Q1, all savings were forecast as achievable. These are being monitored monthly and potential risks identified and mitigated early. Further work is underway to identify re-direction of PH savings to initiatives across the Council that meet public health outcomes.

**Table 2: Savings forecast delivery (Q1 2019/20)**

Ref	Description of Savings	Savings for 19/20	Q1 19/20 Forecast	Comment
E1	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	(83)	(83)	Already achieved

Ref	Description of Savings	Savings for 19/20	Q1 19/20 Forecast	Comment
E2	PH School Resilience - This programme will be funded via NHS CAMHS Transformation Fund	(250)	(250)	Achievement is being monitored monthly
E3	Staffing - Proposed restructure to centralise public health functions across the Council and increase resilience and capacity of the team	(111)	(111)	Already achieved
E4	Substance Misuse - 2.5% year on year efficiency savings due to medicine prescriptions are built into contract until 2020	(65)	(65)	Already achieved
E6	Sexual Health Services - London-wide sexual health transformation including digital testing offer, channel shift and decreased attendances to clinics outside the contract as well as better focus on prevention	(489)	(489)	Achievement is being monitored monthly
S1	Healthy Child Programme	(134)	(134)	Already achieved
<b>Total Savings</b>		<b>(1,132)</b>	<b>(1,132)</b>	

#### 4. PRIORITIES

4.1 This section provides an update on the HWBB priorities as follows:

- A summary of progress on Actions<sup>1</sup> to deliver the priority
- Performance of Key Performance Indicators (KPIs)<sup>2</sup>
- Risks to delivering the actions and priority
- High (15 to 25) level risks from the Corporate Risk Register<sup>3</sup>

4.2 The Q1 performance for each of the HWBB priorities is shown in table 3. This reflects the *overall performance on actions, KPIs and risks* for each priority

<sup>1</sup> A summary of the Actions is provided for each priority. These are RAG rated as followed: Complete or Good progress = GREEN (where no Actions RAG rated RED); Satisfactory progress = AMBER (where no more than one Action RAG rated RED) or Poor progress = RED (where more than two Actions RAG rated RED)

<sup>2</sup> KPI RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (↓ W) or Same (→ S). The percentage variation is calculated as follows: Q1 19/20 result minus Q1 18/19 result equals difference; then difference divided by Q1 18/19 result multiplied by 100 = percentage variation. Any results not for Q1 19/20 are illustrated by (s) snapshot at end of year or (r) rolling 12 months.

<sup>3</sup> The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high (15 to 25) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q1 19/20 Corporate Risk Register provides a snapshot in time (as at end June 2019). All risk descriptions for the strategic and high (15 to 25) level service/joint risks are available in Appendix A. The risk ratings are: Low = 1 to 3 (GREEN); Medium/Low = 4 to 6 (YELLOW); Medium/High = 8 to 12 (AMBER); and High = 15 to 25 (RED)

**Table 3: Priorities for HWBB**

Section	Priority	Q1 Performance
5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Good
6.	Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	Good
7.	Improving services for children and young people	Good
8.	Creating a healthy environment	Good
9.	Continuing improvements on preventative interventions	Good

5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Q1 Performance
		Good

**5.1 Summary of Actions**

Good progress

- 5.1.1 The pre-diabetes Local Commissioned Service has been refreshed; however, as the NHS Diabetes Prevention Programme (NHS DPP) has now received a long-term funding commitment to cover the next five years, there will be continued reviews as to the need and available funding for a Locally Commissioned Service (LCS). To support patients with Atrial Fibrillation, clinics in the borough have identified patients who have not been seen or had a treatment discussion to close the treatment gap.
- 5.1.2 The Dementia Action Alliance has been re-launched in Barnet and a Dementia Action Alliance Action Plan is being developed to ensure dementia-friendly communities are embedded within Barnet. The Primary Care Network (PCN) 5 is developing materials to deliver an improved model of care and support to adults with dementia and their carers. KPIs are to be finalised by Public Health to measure the impact of the Dementia Action Alliance and outcomes achieved by the PCN 5.
- 5.1.3 The social prescription offer within Barnet continues to be strong with a wide and diverse range of organisations offering information, advice and signposting to help people maintain and improve their health and wellbeing. The Wellbeing Hub is utilised by GP practices in the borough and receives referrals from both statutory and non-statutory organisations as well as large numbers of self-referrals from Barnet residents. Mental Health Trust Primary Care Link Workers are also embedded throughout GP practices to ensure GPs are supported in assessing whether secondary mental health services may be appropriate or other community based provisions of support.
- 5.1.4 The GP Federation, Clinical Commissioning Group (CCG) and Public Health are considering opportunities to further expand and strengthen social prescription in the borough for each PCN, in line with new funding available.

**5.2 KPIs**

- 5.2.1 There are four KPIs for this priority, which monitor health care. The Q1 result for the National Diabetes Prevention Programme was 368. 78.5% of patients diagnosed with atrial fibrillation were treated in a timely manner in 2017/18 (latest result available). The proportion of people using mainstream leisure and community opportunities or in education, employment, training or volunteering will be reported later in the year.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
People referred to National Diabetes Prevention Programme	Bigger is Better	New for 19/20	995	Monitor	368	New for 19/20	New for 19/20	No benchmark available
Proportion of patients diagnosed with atrial fibrillation that are treated (anticoagulated) in a timely manner (Annual)	Bigger is Better	New for 19/20	85%	Annual	78.5% (17/18) <sup>4</sup>	New for 19/20	New for 19/20	London 81.3% England 84.0% (17/18 data)
Proportion of people using mainstream leisure and community opportunities (Annual)	Bigger is Better	New for 19/20	65%	Annual	TBC <sup>5</sup>	New for 19/20	New for 19/20	No benchmark available
Proportion of clients who are in education, employment, training or volunteering (Annual)	Bigger is Better	New for 19/20	50%	Annual	TBC <sup>6</sup>	New for 19/20	New for 19/20	No benchmark available

### 5.3 Risks

5.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a low (1 to 3) and medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.

- **PH12 - Inadequate uptake of Diabetes prevention programme (risk score 2).** If the programme is not advertised and promoted across the borough this could lead to inadequate uptake amongst those most at risk of developing diabetes. An automatic prompt for referral has been put on GPs IT system and a facilitator is visiting Barnet GP practices to encourage engagement.
- **PH13 - Funding of diagnosis for Atrial fibrillation patients (risk score 4).** The NHS England Transformation Fund methodology could lead to local delivery challenges. Funding for Atrial fibrillation has been secured and the risk is will be therefore reduced in Q2.
- **PH14 - Delivery of dementia focused care (risk score 6).** If prevention and an integrated network is not in place, people with risk of developing dementia and those who already have dementia may have more complex illness and needs. A local Dementia Alliance had been formed, which meets quarterly to focus on delivery of care.

<sup>4</sup> 78.5% for 2017/18. 19/20 data expected March 2020.

<sup>5</sup> This is a partnership indicator that does not come from Public Health. The team is following up to establish when the data will be available for 19/20.

<sup>6</sup> This is a partnership indicator that does not come from Public Health. The team is following up to establish when the data will be available for 19/20.

- **PH15 - Enablement model sustainability (risk score TBC).** The risk is about the sustainability of joined up working across the NHS, Adult Social Care and the voluntary and community sector. The risk will be mitigated to some extent by the local Sustainability and Transformation Plan (STP), NHS England resources to support development of a robust enablement model and the work of the HWBB.

6. Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	Q1 Performance
	Good

### 6.1 Summary of Actions Good progress

- 6.1.1 Public Health is leading on a borough-wide mental health campaign supporting people to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination. As part of this campaign, the Good Thinking wellbeing service will be promoted. A promotional video has been shared via social media.
- 6.1.2 To support the Healthy Weight Strategy, the Health Visiting service is undergoing a review to ensure that it delivers the Healthy Child programme in Barnet. This also involves the rollout of new data collection systems, which should ensure that breastfed infants data will be accurately recorded. However, the mobilisation phase of the transformation has been delayed so the developmental target will not apply to the service until October 2019.
- 6.1.3 Barnet has a similar proportion of adults that are physically active for 150 minutes or more a week as London and England. A working group has been formed to streamline priorities between the Sports, Participation and Activity team, Public Health and Transport, with physical activity priorities being integrated into the new Transport Strategy.
- 6.1.4 The National Child Measurement Programme (NCMP) is being delivered by Central London Community Healthcare (CLCH) to measure eligible children. A healthy schools lunches project pilot has been commissioned to promote healthy eating among primary school children.
- 6.1.5 To support schools in the implementing of 20 minutes of extra physical activity, an audit of the provision of additional physical activity in schools has been undertaken. Physical activity is being promoted via the Resilient Schools programme and Sport London.

### 6.2 KPIs

- 6.2.1 There are seven KPIs for this priority, which monitor active and healthy lifestyles. Six are annual KPIs – the latest results (for 2017/18) have been reported for three KPIs and three KPIs will be reported later in the year.
- 6.2.2 The **proportion of infants breastfed at 6-8 weeks (developmental target) was 7.1% in Q1.** Currently the data collected is incomplete, so when all live births at 6-8 weeks is used as the denominator to calculate this indicator the uptake is well below target (7.1%). The Health Visiting Service (which collects the data) is undergoing a transformation. A new data collection system is being implemented to record breastfeeding data, which should improve the completeness of data collection. The mobilisation phase of the transformation has been delayed by four months, so the developmental target will not apply to the service until October 2019 (Q2). Where this data was collected and recorded for Q1 at the six to eight weeks health visitor check, breastfeeding uptake was 78%,

suggesting that the real rate of breastfeeding in Barnet is likely to be significantly higher than the rate currently reported.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Utilisation of 'Good Thinking' platform (Annual)	Bigger is Better	New for 19/20	10000	Annual	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Proportion of infants breastfed at 6-8 weeks (developmental target) (Annual)	Bigger is Better	New for 19/20	60%	Monitor	7.1%	New for 19/20	New for 19/20	England 42.7% 17/18
Proportion of physically active adults that meet Chief Medical Officer guidelines (e.g. 150 minutes of moderate activity a week) (Annual)	Bigger is Better	New for 19/20	65%	Monitor	66.5% (17/18) <sup>7</sup>	New for 19/20	New for 19/20	London 66.4% and England 66.3%
Childhood excess weight (overweight and obesity) prevalence for Reception pupils. (Annual)	Smaller is Better	New for 19/20	19%	Monitor	20% (17/18) <sup>8</sup>	New for 19/20	New for 19/20	London 21.8%
Childhood excess weight (overweight and obesity) prevalence for Year 6 pupils. (Annual)	Smaller is Better	New for 19/20	30%	Monitor	33.1% (17/18) <sup>9</sup>	New for 19/20	New for 19/20	London 37.7%
Number of schools participating in Mayors Golden Km <sup>10</sup>	Bigger is Better	New for 19/20	TBC	TBC	Due Q3 19/20	New for 19/20	New for 19/20	No benchmark available
Provide information, resources and signposting to all secondary and primary schools (Annual) <sup>11</sup>	Bigger is Better	New for 19/20	122	Annual	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available

<sup>7</sup> 66.5% for 17/18. 18/19 data expected May 2020.

<sup>8</sup> 20% for data covering the academic year 17/18 (compared to London average of 21.8%). Data for academic year 18/19 expected Q3 19/20. Data for academic year 19/20 not due until Q3 20/21.

<sup>9</sup> 33.1% for data covering the academic year 17/18 (compared to London average of 37.7%). Data for academic year 18/19 expected Q3 19/20. Data for academic year 19/20 not due until Q3 20/21.

<sup>10</sup> From Sep 19 this data will be routinely collected as part of the Resilient Schools Programme. A baseline figure will be provided in Q3 19/20 to inform the physical activity strategy due in 2020. The target will be confirmed once the baseline is established e.g. number of schools participating in 20 mins extra physical activity.

<sup>11</sup> This is to do with developing a menu of additional physical activities and resources for schools.

### 6.3 Risks

6.3.1 There are three risks to delivery of the actions for this priority. These have been assessed at a low (1-3) and medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.

- **PH16 - Management of 'Good Thinking' platform (risk score 2).** The 'Good Thinking' digital platform is managed regionally. There is a risk that implementation may not be tailored to local needs of residents and access to the service may be underutilised. A Campaign is underway to encourage use of the platform.

**PH17 - Delivery and engagement of the Healthy Weight Strategy (risk score 6).** Improving outcomes linked to the Healthy Weight Strategy requires whole system leadership and consistent engagement. If the Healthy Weight Strategy is not delivered due to a lack of partnership working, prevalence of childhood obesity could increase. Regular meetings are held with commissioned providers to ensure the service is effective. The Public Health team supports schools to provide healthy school lunches and Year 7 pupils are taught about healthy diet. Schools are supported with healthy weight initiatives such as the Healthy Schools and Resilient Schools Programmes. A Wellbeing Officer has been recruited to support the rollout of the Healthy Weight Strategy.

- **PH18 - Lack of engagement with schools for Mayors Golden Kilometre (risk score 6).** To ensure schools are engaged with the programme, a physical activity action plan is being developed to support primary schools in the delivery of the daily physical activity programme. A Wellbeing Officer has been recruited to support the rollout of the scheme.

7. Improving services for children and young people	Q1 Performance
	Good

#### 7.1 Summary of Actions Good progress

7.1.1 A successful communications campaign to promote the expansion of the Resilient Schools Programme has achieved a commitment from 50 schools. To promote good mental health and resilience among young people, 72 schools have at least one mental health first aider, with a strategy to train another 45 to 50 schools in the next six months. An agreement is in place with the CCG for Family Services to commission early help for mental health and wellbeing services.

#### 7.2 KPIs

7.2.1 There are six KPIs for this priority, which monitor services for children and young people. Three KPIs met the Q1 target. Three KPIs are annual - the latest result (for 2017/18) has been reported for one KPI and two KPIs are still to be confirmed.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of schools participating in Resilient Schools programme (Annual)	Bigger is Better	New for 19/20	40 by Q2 19/20	20	50 (G)	New for 19/20	New for 19/20	No benchmark available



Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of schools completed mental Health First Aid training (Annual)	Bigger is Better	New for 19/20	122 <sup>12</sup>	43	72 (G)	New for 19/20	New for 19/20	No benchmark available
Positive satisfaction with life among 15 year olds (Annual) <sup>13</sup>	Bigger is Better	New for 19/20	90%	TBC	TBC	New for 19/20	New for 19/20	No benchmark available
Emotional wellbeing of looked after children aged 5-16 that is of no concern (Annual)	Bigger is Better	New for 19/20	70%	70%	71.1% (17/18) <sup>14</sup>	New for 19/20	New for 19/20	London 66.6%
Proportion of children in care with up to date immunisations (Annual)	Bigger is Better	New for 19/20	TBC	TBC	TBC	New for 19/20	New for 19/20	No benchmark available
Waiting times for Autistic Spectrum Disorder assessments	Bigger is Better	New for 19/20	<18 week wait	<18 week wait	7.2 week wait (G)	New for 19/20	New for 19/20	No benchmark available

### 7.3 Risks

7.3.1 There are three risks to delivery of the actions for this priority. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **PH19 - Capacity of schools and the Resilient Schools programme (risk score 6).** The risk is about the capacity of schools to deliver interventions; and for the Resilient Schools programme expanding into further schools. There has been a change in model of delivery for 2019/20, with support provided through meetings for multiple schools, schools supporting each other, online resources, email/ telephone, and a framework to highlight schools where additional support is needed. A new part-time Health Improvement Officer will be in place from September to support rollout of the programme.
- **PH20 - Risk of health and wellbeing deterioration in young people (risk score TBC).** The risk is about the different factors that can influence emotional and physical wellbeing of looked after children.
- **PH21 - Lack of staffing resources within the CCG (risk score 12).** A lack of staffing resources with the CCG could lead to delays in service provision. A strategic Autistic Spectrum Disorder working group has been set up to identify a whole system approach to support the pathway and provider transformation needs. Commissioners are working with key providers to address recruitment problems and consider innovative pathways for Therapies and Community Paediatricians.

<sup>12</sup> The target represents all state schools in Barnet.

<sup>13</sup> The national survey that this statistic was previously taken from has been discontinued. The Public Health team is considering how surveys included in the Resilient Schools Programme can be used to provide similar information.

<sup>14</sup> This is an annual KPI and 18/19 results are expected in April 2020. The figure for 17/18 was 71.1% against a London average of 66.6%

## 8. Creating a healthy environment

Q1  
Performance  
Good

### 8.1 Summary of Actions Good progress

- 8.1.1 The Healthier Catering Commitment (HCC) delivery plan has been discussed with Re and an options paper produced. If the recommended action is adopted then the HCC programme will be refreshed and linked with the Healthy Workplace Charter, Town Centres and Growth strategy delivery plans to support the Healthy Weight Strategy.
- 8.1.2 To promote cycling and walking, a planned new cycle pathway from Haringey through East Finchley is out for public consultation. Alongside this, the new Cargo Bike scheme is in operation to help deliver cycle training schemes to schools in the borough.

### 8.2 KPIs

- 8.2.1 There are four KPIs for this priority, which monitor a healthy environment. All are annual KPIs and will be reported in Q4.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of businesses contacted a year personally, by newsletters and other forms of communication (Annual)	Bigger is Better	New for 19/20	40/500/ 15000	40/500/ 15000	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Number of businesses expressed interest to progress (Annual)	Bigger is Better	New for 19/20	20 compa nies	5 compa nies	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Number of businesses with the Charter and HCC to staff (Annual)	Bigger is Better	New for 19/20	5 new per quarter (100 in total)	5 new per quarter (100 in total)	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available
Proportion of residents living within 400m of the London-wide strategic cycle network (Annual)	Bigger is Better	New for 19/20	4%	4%	Due Q4 19/20	New for 19/20	New for 19/20	No benchmark available

### 8.3 Risks

- 8.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.

- **PH22 - Delivery of workplace wellbeing programmes (risk score 4).** If the workplace wellbeing programme is not delivered, businesses in Barnet may not improve the health

and wellbeing of their workforce. A Workplace Wellbeing Officer has been recruited to support the rollout of the workplace wellbeing programme.

- **PH23 - Lack of business capacity for workplace wellbeing (risk score 4).** If small and medium businesses lack capacity this could lead to the initiative not being implemented in full. A Workplace Wellbeing Officer has been recruited to support the rollout of the workplace wellbeing programme by providing additional support to businesses.

**PH24 - Cycle lane implementation (risk score 6).** Cycling Quietways are being considered as part of the new Transport Strategy. Public Health is engaged in the development of the new strategy and Local Plan to integrate cycle lane implementation into the future council plans.

- **PH25 - Public perception of food advertising (risk score 6).** To minimise the risk of mixed messages from the advertisement of healthy and unhealthy foods, Public Health works across the council to influence policy.

9. Continuing improvements on preventative interventions	Q1 Performance
	Good

### 9.1 Summary of Actions Good progress

- 9.1.1 A Cancer Research UK practice facilitator has been employed until the end of 2020/21 to work with GP practices on improving uptake to cancer screening programmes. A text reminder service for women invited to breast screening has been piloted to improve first time attendance rates.
- 9.1.2 A service to promote relationship and sexual health for young people has been commissioned. This will provide training to staff working in the youth sector and schools, a C-card scheme (a free service offering condoms and sexual health information), sexual health/healthy relationship education sessions for young people at schools, as well as more focused sexual health work with vulnerable groups. A sexual health network to link the new service with other providers is being set up. The Healthy Schools Programme provider have been commissioned to increase their provision of sexual health primary prevention work from this year.
- 9.1.3 A multi-agency immunisation forum had been instigated and an action plan to increase the uptake of childhood vaccinations developed. This is aligned to national guidance and will commit multiple partners to working together to increase vaccination rates in Barnet.

### 9.2 KPIs

- 9.2.1 There are six KPIs for this priority, which monitor preventative intervention. All are annual KPIs and will be reported in Q4.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Breast cancer screening uptake (Annual)	Bigger is Better	New for 19/20	75%	Monitor	69.5% (18/19) <sup>15</sup>	New for 19/20	New for 19/20	London 69.3% England 74.9% (18/19 data)

<sup>15</sup> 69.5% for 18/19. 19/20 data expected August 2020.

Indicator	Polarity	18/19 EOY	19/20 Target	Q1 19/20			Q1 18/19	Benchmarking
				Target	Result	DOT	Result	
Cervical cancer screening uptake (Annual)	Bigger is Better	New for 19/20	70%	Monitor	63.2% (18/19) <sup>16</sup>	New for 19/20	New for 19/20	London 64.7% England 71.4% (18/19 data)
Bowel cancer screening uptake (Annual)	Bigger is Better	New for 19/20	60%	Monitor	51.1% (18/19) <sup>17</sup>	New for 19/20	New for 19/20	London 50.2% England 59.0% (18/19 data)
Chlamydia detection rate per 100,000 aged 15-24 a year (Annual)	Bigger is Better	New for 19/20	2,000	Monitor	1780 (18/19) <sup>18</sup>	New for 19/20	New for 19/20	London 2610 England 1975 (18/19 data)
Proportion of 15-24 year olds accessing sexual health services for sexual health screening (Annual)	Bigger is Better	New for 19/20	20%	Monitor	36%	New for 19/20	New for 19/20	No benchmark available
Population vaccine coverage for Measles, Mumps and Rubella (2 <sup>nd</sup> dose at 5 years) (Annual)	Bigger is Better	New for 19/20	90%	Monitor	76.0% (17/18) <sup>19</sup>	New for 19/20	New for 19/20	London 77.8% England 87.2% (17/18 data)

### 9.3 Risks

9.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **PH26 - Influencing NHS England about national screening programmes (risk score 9).** National Screening Programmes are commissioned by NHS England and local influence on these programmes is limited. A local screening action group has been established to mitigate the risk of low uptake.
- **PH27 - Failure to reach communities that need sexual health support (risk score 9).** To manage this risk, a Sexual Health Prevention Service is under tender and will be implemented between August and October 2019.
- **PH28 - Limited access to Emergency Hormonal Contraception (EHC) (risk score 8).** Extra funding has been agreed to deliver EHC across five pharmacies in Barnet. Access to EHC is being promoted via a targeted communications campaign.
- **PH29 - Influencing NHS England about immunisations services (risk score 8).** Immunisation services are commissioned by NHS England and local influence on these services is limited. A local Immunisation Forum has been established and an Immunisation action plan developed to mitigate the risk of low vaccine coverage.

<sup>16</sup> 63.2% for 18/19. 19/20 data expected April 2020.

<sup>17</sup> 51.1% for 18/19. 19/20 data expected April 2020.

<sup>18</sup> 1780 for 18/19. 19/20 data expected June 2020.

<sup>19</sup> 76.0% for 17/18. 18/19 data expected November 2019.

9.3.2 In addition to the risks in the Annual Delivery Plan, there was a *service risk* linked to this priority that was scored at a high (15 to 25) level in Q1.

- **PH06 - Pandemic Influenza type disease outbreak (risk score 20).** A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies resulting in an impact on service delivery and the health protection of residents. [Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Register. Local Authority management of a Pandemic Influenza outbreak is in accordance with the council's category 1 statutory responsibilities and obligations, in line with the Civil Contingencies Act (2004)]. The Multi-Agency Flu Plan was revised and is in the process of being finalised after consultation with partners. The planning on resilience and response has been reviewed to ensure the council's planning is in line with National and Regional guidance.

## **10 REASONS FOR RECOMMENDATIONS**

10.1 These recommendations are to provide the HWBB with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and HWBB Annual Delivery Plan. This paper enables the council to meet the budget agreed by Council in March 2019.

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

11.1 None.

## **12 POST DECISION IMPLEMENTATION**

12.1 None.

## **13 IMPLICATIONS OF DECISION**

### **13.1 Corporate Priorities and Performance**

13.1.1 The report provides an overview of performance for Q1 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.

13.1.2 The Q1 2019/20 results for all Corporate Plan and Delivery Plan KPIs are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>

**13.1.3** Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.

13.1.4 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan (Barnet 2024)
- HWBB Annual Delivery Plan
- Performance and Risk Management Frameworks.

### **13.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

13.2.1 The budget forecasts are included in the report. More detailed information on financial performance is provided to Financial Performance and Contracts Committee.

### **13.3 Social Value**

13.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. 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. The council's contract management framework oversees that contracts deliver the expected services

to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

## **13.4 Legal and Constitutional References**

13.4.1 Section 151 of the Local Government Act 1972 states that: “without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”. Section 111 of the Local Government Act 1972 relates to the subsidiary powers of local authorities to take actions which are calculated to facilitate, or are conducive or incidental to, the discharge of any of their functions.

13.4.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. The definition as to whether there is deterioration in an authority’s financial position is set out in section 28(4) of the Act.

13.4.3 The Council’s Constitution (Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees, Forums, Working Groups and Partnerships. The responsibilities of the HWBB include:

- (1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
- (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.
- (3) To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- (4) To provide collective leadership and enable shared decision making, ownership and accountability.
- (5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- (6) To explore partnership work across North Central London where appropriate.
- (7) Specific responsibilities for:
  - Overseeing public health and promoting prevention agenda across the partnership
  - Developing further health and social care integration.

13.4.4 The council’s Financial Regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

## **13.5 Risk Management**

13.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee. In addition, the Annual Delivery Plan risks associated with the priorities for this Committee are outlined in the report.

### **13.6 Equalities and Diversity**

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

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

13.6.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation; marriage and civil partnership.

13.6.3 In order to assist in meeting the duty the council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

13.6.4 This is set out in the council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

### **13.7 Corporate Parenting**

13.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. There are no implications for Corporate Parenting in relation to this report.

### **13.8 Consultation and Engagement**

13.8.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in March 2019.

### **13.9 Insight**

13.9.1 The report identifies key budget, performance and risk information in relation to the A&S



Committee Annual Delivery Plan.

**14 BACKGROUND PAPERS**

- 14.1 Council, 5 March 2019 – approved Corporate Plan (Barnet 2024)  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9456&Ver=4>
- 14.2 HWBB, 28 March 2019 – approved Annual Delivery Plan  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=9593&Ver=4>

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AGENDA ITEM 11

	<h2>Health and Wellbeing Board</h2> <h3>3 October 2019</h3>
<b>Title</b>	<b>Food Security Action Plan 2019-2022</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<b>Appendix I: Food Security Action Plan</b>
<b>Officer Contact Details</b>	Rachel Hodge (rachel.hodge@barnet.gov.uk) Public Health Strategist

### Summary

Food insecurity is when a lack of money or other resources for obtaining food are disrupted, causing a person's food intake to be reduced and their eating patterns affected.

As part of the London Mayor's Food Strategy, Barnet successfully bid for funding from the Greater London Authority to develop a local food security action plan. The vision of the plan is to ensure all residents, at all times, have access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy life. We want to ensure people have such access consistently and reliably, without resorting to emergency supplies, scavenging, stealing or other coping strategies.

The objectives of the plan are to: tackle the underlying causes of food insecurity, minimise the health impacts of chronic and emergency food insecurity and support sustainability and resilience of third sector food aid providers.

### Recommendations

1. That the Health and Wellbeing Board (HWBB) considers the proposed actions outlined in the Food Security Action Plan 2019-2022.
2. That the Health and Wellbeing Board agrees monitoring recommendations

## outlined in the plan.

### 1. WHY THIS REPORT IS NEEDED

- 1.1 As an identified workstream within the Whole Systems Approach to Healthy Weight, presented to the Health and Wellbeing Board, July 2018, it was critical that a more in-depth plan for actions regarding Food Security is developed. The development of a food security action plan was also identified as a pledge within the Local Government Declaration on Sugar Reduction and Healthier Eating which was agreed at the Full Council in 2019.
- 1.2 Across the U.K. food insecurity is on the rise. In Barnet, the Survey for Londoner's found that 11% of residents were very food insecure and in the Barnet Healthy Weight Survey, nearly 1 in 3 respondents felt they could not afford to prioritise the nutritious content of food over cost. This risk is not spread evenly across the borough, with higher levels of need amongst Black, Asian and Minority Ethnic Groups (BAME), disabled and underemployed/unemployed residents.
- 1.3 Food insecurity is associated with poor mental and physical wellbeing. Children living in food insecure households are at an elevated risk of anaemia, tooth decay and asthma. It also contributes to malnutrition and obesity across the life course, as those on low income can find themselves unable to afford enough food, and/or reliant on cheap, sugary and fatty foods low in nutrients.
- 1.4 Although many drivers of food insecurity are not controlled by local authorities, such as rising food and fuel prices, welfare reform and increasing rents, there are actions that local authorities can take to minimise the impact that food insecurity has on residents.
- 1.5 As an area where very little is still understood about action that local authorities can take, the plan will take an iterative approach.
- 1.6 Following the needs analysis, the three key objectives of Barnet's food security action plan were identified:
  - Address the underlying causes of food insecurity.
  - When prevention is not enough, take action to minimise the harm of chronic and emergency food insecurity.
  - Support sustainability and resilience of third sector organisations supporting food security.

### 2. REASONS FOR RECOMMENDATIONS

- 2.1 Our project vision cannot be achieved without strategic direction and an agreed monitoring system. All actions in the plan have identified a tracking or monitoring mechanism, and a lead partner. Formal recognition of the project from the HWBB will build credit and recognition of it's importance for the health of residents.

- 2.2 Public Health will help facilitate progress monitoring (e.g., bringing relevant partners together) and will present the HWBB with relevant updates and part of larger healthy weight work. This will help ensure we stay committed to achieving the actions outlined within the plan.

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

- 3.1 The alternative option is to not consider the ways in which Barnet council support the food security of residents.

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

- 4.1 There is already a programme of work which supports the implementation of these recommendations. Following agreement from HWBB, the GLA will provide £5,000 of funding to assist with implementation of actions.

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

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

- 5.1.1 In the Corporate Plan, Barnet 2024 the proposed outcome, “residents live healthy, happy, independent lives with the most vulnerable protected” is identified. Residents who are most susceptible to food insecurity are our most vulnerable. As a prerequisite for this objective, acknowledging that some residents do not have the skills or support needed to maintain a healthy diet is required. Due to the nature of food security’s cross-cutting nature, there are also a number of corporate priorities which will be addressed as a result of these actions, including:

*“Focusing on the strengths of the community and what they can do to help themselves and each other.”*

*“Ensuring we are a family friendly borough.”*

*“Supporting our residents who are older, vulnerable or who have disabilities to remain independent and have a good quality of life.”*

- 5.1.2 The Food Security Action Plan also supports multiple themes within the Barnet Joint Health and Wellbeing Strategy 2015-2020. These actions will help more families “prepare for a healthy life,” by increasing the uptake of healthy start vouchers, supporting more children to eat nutritious meals during the holidays and increasing the uptake of free school meals. Other health and wellbeing themes supported via this action plan are:

- Wellbeing in the community
- How we live

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

- 5.2.1 The majority of actions outlined within the plan do not require additional financial resources. However, we have included the specific action, “actively seek grant and external funding opportunities,” so that if funding opportunities do become available we can expand the scope of existing actions. Funding for the

publication of food security pathways, lunch & learn resources and the pilot budget cooking programme in partnership with Barnet Southgate, will be funded through the money received from the GLA.

### 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. One of the outcomes of the Food Security Action Plan is to embed food security policy within the council's social value policy framework.

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

5.4.1 The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health.

5.4.1 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

### 5.5 **Risk Management**

5.5.1 None identified

### 5.6 **Equalities and Diversity**

5.6.1 As part of the extensive needs assessment (Appendix II) that was undertaken, equalities and diversity monitoring was taken into consideration. Vulnerable groups are often at higher risk of food insecurity so this plan will help address their needs directly, through specific actions designed to target their needs. Monitoring of the plan will also take into account equalities and diversity and whether the actions have had an impact on the people who need it the most.

#### 5.6.2 **Corporate Parenting**

Although not measured at a local level, care leavers across the U.K. as a whole are more vulnerable to food insecurity. We have considered this within the action plan, identifying care leaver services as an area who we will work with to integrate food secure policies within.

## 5.7 Consultation and Engagement

5.7.1 Public consultation and focus groups will

## 5.8 Insight

5.8.1 Insight for the food security needs assessment was taken from public health intelligence data, Office of National Statistics sources and through primary data collection from focus groups and.

## 6. BACKGROUND PAPERS

- 6.1 Mayor's Food Strategy (2018). <https://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/annual-director-public-health-report>
- 6.2 Beyond the Foodbank Report (2018). <https://barnet.moderngov.co.uk/documents/s52935/Appendix%201%20-%20Growth%20Strategy.pdf>
- 6.3 Barnet's Whole Systems Approach to Healthy Weight. <http://barnet.moderngov.co.uk/documents/s47620/A%20Whole%20System%20Approach%20to%20Healthy%20Weight.pdf>

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## Food Secure Barnet: Action Plan 2019-2021



*October 2019*

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# 1. Vision for healthy weight in Barnet

In simple biological terms, a person’s weight is determined by energy balance: to maintain a stable weight, energy input must match energy requirements, and alterations to this will result in weight loss or weight gain. However, this energy balance is affected by a complex network of influences. A person’s weight is based on more than just their genetic makeup and simple conscious choices around what and how much they eat and exercise. Instead, we recognise that weight is also influenced by numerous factors beyond the control of an individual, including the accessibility of fast food, transportation, the impact of media and the wider determinants of health such as education, income and employment.

Our vision for health weight in Barnet is:

*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 a 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.*

## Why is this plan is needed?

Due to the multitude of factors which influence healthy weight, Barnet has adopted a whole systems approach for implementing our healthy weight vision. It works across many different areas to enable residents to make healthier food choices and remain active for longer. One of our identified priority areas is food security. Food insecurity is defined as *the circumstances where a person does not have adequate physical, social or economic access to food in socially acceptable ways*. The Mayor’s Survey for Londoners (2019)<sup>1</sup> found that 11% of Barnet residents experience severe insecurity and in the Barnet Healthy Weight Survey (2018)<sup>2</sup>, more than 1 in 4 respondents felt that they could not afford to prioritise the nutritious content of food over cost, indicating wider spread of moderate food insecurity. For a definition of mild, moderate and severe food insecurity please see Figure 1.

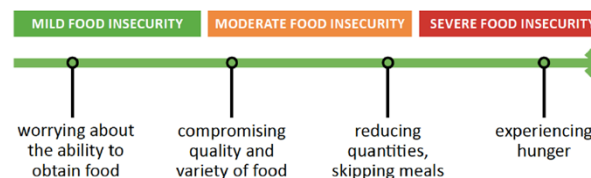


Figure 1. Different severity levels of food insecurity defined by FAO

<sup>1</sup> GLA (2019). Survey for Londoners. Available from, <https://data.london.gov.uk/dataset/survey-of-londoners-headline-findings>

<sup>2</sup> Barnet Public Health. (2018) Healthy Weight Survey Summary of Findings. Available from, <https://www.barnet.gov.uk/health-and-wellbeing/healthy-barnet/healthy-weight>



## 2. Summary of needs

Academic literature has found food insecurity to be associated with poor mental and physical wellbeing. Children living in food insecure households are at an elevated risk of anaemia, tooth decay and asthma. It also contributes to malnutrition and obesity across the lifecourse, as those on low incomes can find themselves unable to afford enough food, and/or are reliant on cheap, sugary and fatty foods low in nutrients<sup>3</sup>.

Before commencing work on this action plan, it was critical that we understood the breadth and depth of the issue in Barnet, particularly as the issue had not been measured on a national or local level previously. Therefore, an in-depth needs analysis was completed from April-December 2018. Expertise and support was provided by academics from London School of Hygiene and Tropical Medicine (LSHTM), Southampton and University College London (UCL). The needs analysis started with a literature review, followed by a secondary data analysis and spatial analysis. This information was supplemented by focus groups conducted with frontline staff and third sector organisations to determine felt needs of food aid providers, as well as food insecurity questions within the healthy weight public survey conducted in November-December 2018. To further increase stakeholder engagement, a Food Security Summit was held with stakeholders to determine themes for the action plan and build momentum from the findings from the needs analysis.

Upon completion of the needs assessment and food security summit, the working group met quarterly to discuss appropriate actions for the plan.

Key findings from the assessment are outlined below.

### Key findings

- Nationally, people with disabilities (both physical and learning disabilities), those on low incomes, 16-25 year olds who are vulnerably housed or care leavers, new migrants and isolated older adults are most at risk of food insecurity.
- In Barnet, the areas most at risk of food insecurity are West Hendon, Colindale, Burnt Oak and Underhill wards.
- Nearly 1 in 3 residents who responded to the Healthy Weight Survey felt they could not afford to prioritise the nutritious content of food over cost and 10% had to cut the size of meals or to skip meals because there wasn't enough money to buy more food.
- Food aid providers have proven themselves to be innovative, community-oriented and professional. However, they need support from the wider network to address the challenges of keeping their own operations going day-to-day and preventing clients from becoming long term recipients of food aid.

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<sup>3</sup> Further information on these findings are available in the Food Security Needs Assessment.



- There is strong demand for more data on the nature and scale of food insecurity, with interest from frontline staff in being more engaged in identifying and monitoring food insecurity trends.
- Food waste was consistently identified as a concern for food aid providers. Considering food insecurity and food waste in tandem will require partnerships with food retailers. Existing efforts, while laudable, we described as piecemeal, and lacking wider systemic and logistical support.

### 3. Project Vision

The long term vision for food security in Barnet is:

*All residents, at all times, have access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy life. We want to ensure people have such access consistently and reliably, without resorting to emergency supplies, scavenging, stealing or other coping strategies.*

There are many factors which contribute to an affordable and consistent supply of high-quality food which are beyond the scope of local government or local community action, such as rising housing costs, changes to food stocks and welfare reform policies. Furthermore, achieving food security for all residents will take a significant amount of time, well beyond the 2021 lifetime of this plan. Therefore, the scope of this action plan is to build a collaborative network, governance structure and solid strategic foundation so that we can slowly build a comprehensive response to local food insecurity. This way we can adequately and appropriately respond should additional funding become available or national policies change.

#### Monitoring Plan

As an evolving area, there will be new actions and needs emerging on a continual basis. To ensure our response to food insecurity remains relevant to the needs of the population, this action plan is up until April 2021. The actions outlined below are incremental and intended to build momentum so that future versions of this plan have firm foundations to build on.

This timeframe has also been agreed so that we take fast and frequent action to achieve the aims of the plan over the next 18 months. All actions outlined were selected with time, staffing and financial considerations taken into account. As the first food security action plan for Barnet, there are several actions we can take which will have no financial implications and will require little officer time to implement. We will aim to achieve all key success indicators by January 2021, but have allowed ourselves additional time to build in contingency.

To ensure the plan remains on schedule for April 2021, the Food Security Working Group will meet on a quarterly basis to discuss progress, risks and challenges. An update on actions will also be reported to the Healthy Weight Strategic Group who already report overall progress to the Health and Wellbeing Board.



Membership for the food security working group includes key stakeholders, including: Barnet Homes, Public Health, Re, Young Barnet Foundation, Inclusion Barnet, Corporate Strategy and Communications and Adult Social Care.

## 4. Aims

There are three overarching aims for this plan:

- Tackle the underlying causes of food insecurity.
- Minimise the health impacts of chronic and emergency food insecurity.
- Support sustainability and resilience of third sector food aid providers.

Each aim has a series of objectives, a list of associated tasks and key success indicators. The rationale behind the split between tasks and key success indicators is to differentiate between actions that are essential to the success of the plan versus actions that might add additional value, but are not mandatory at this time. This will help ensure that we meet the April 2021 deadline for the plan and are able to remain flexible should other essential tasks present themselves. To help clarify the purpose of each aim, there are associated themes which group objectives together. For example, tackling the underlying causes of food insecurity involves both a policy approach and a food skills and budgeting approach from local government. The justification for each aim and theme is outlined at the beginning of each section.

### Aim 1: Tackle the underlying causes of food insecurity.

The main role that the council can take to increase food security within the borough is to prevent it in the first instance. There are two themes within this aim: policy and food and budgeting skills. Integrating food security within council policy is a critical success factor for achieving the vision for the project as well as the overarching vision for healthy weight. Raising awareness of the vulnerabilities certain residents face, and by considering the ways that we deliver services for these residents, we can begin to develop food secure friendly policies across the council as a whole. The integration of food secure policies within wider council strategy will be underpinned by the multitude of evidence gathered with the needs analysis. The second theme, *food and budgeting skills*, is also valuable for us achieving the project vision. In the Barnet Healthy Weight Survey, more than half of residents felt that there were not enough affordable healthy options available in the borough. Although the council cannot control the cost of unhealthy/healthy foods on offer in the private sector, we can increase the food knowledge that residents have so that they can cook healthier meals that are affordable.

Objective	Annual Tasks	Lead	Stakeholders	Key success indicators
<i>Policy.</i> Get a commitment from different stakeholders about integrating food security into service areas when	Increase awareness of food security as an issue with key teams: care leavers, regeneration	Public Health	Family services, Children’s team, Adult Social Care, Re.	Each key service area/department pledges to consider food security within



policies/strategies are up for renewal.	<p>teams, Barnet Homes, Adult Social Care, social workers.</p> <p>Provide knowledge and specialist support for departments who need assistance implementing food secure policies into their service area.</p> <p>When completing internal and external consultation responses, identify opportunities to embed food insecurity within.</p>	Public Health		<p>service area plans and policies.</p> <p>Where relevant, each consultation response completed by public health will include reference to food security.</p>
<i>Policy.</i> Investigate new policies that the council can adopt which will help prevent food insecurity.	Review National Institute of Clinical Excellence (NICE) guidance for fuel poverty against actions currently adopted by the council.	Public Health	Environmental health, Barnet CCG, Barnet Homes	Adopt at least one additional NICE guideline on fuel poverty.
<i>Food and budgeting skills.</i> Improve access to food education and utility budgeting skills for residents.	<p>Provide online information and links to relevant websites online.</p> <p>Explore opportunities to integrate food budgeting and utility budgeting advice into the Barnet Homes webpage and within in-person services.</p>	<p>Public Health</p> <p>Food Security Working Group</p>	Public Health, Barnet Homes	<p>Launch Barnet One You website.</p> <p>Food budgeting and utility budgeting advice is available within relevant council &amp; partners webpages.</p>
<i>Food and budgeting skills.</i> Identify people who would benefit from additional budget cooking training.	Frontline staff work to identify (anonymously) potential residents who would benefit from subsidised/free additional budget	Barnet Homes	Public Health	Pilot at least one 6 week budget cooking course following £1 meal scheme run in other councils.



	cooking training.			
	Test free budget cooking course with Barnet Southgate College.	Barnet Southgate College	Public Health	
	Explore options to run pilot budget cooking programme with UNITAS or at Community Hubs.	Public Health	UNITAS, Young Barnet Foundation	

### Aim 2: Minimise the health impacts of chronic and emergency food insecurity

Although we want to prevent food insecurity in the first instance, there will be residents who will find themselves experiencing severe food insecurity and in need of additional support to ensure they are eating a balanced and nutritious diet. The two themes within this aim are: support vulnerable residents and food benefits maximisation. Many people who become dependent on food aid services suffer long term mental and physical ill health as a result. They may become reliant on specific types of foods which do not provide adequate nutrients to live a healthy life. By supporting vulnerable residents who are experiencing food insecurity, such as children or those with poor mental health, we can minimise these impacts, getting them the support they need sooner. The second theme, food benefits maximisation, was identified as a gap through our needs analysis. Barnet has low uptake of healthy start vouchers and free school meals, two schemes which are designed to support those at risk of food insecurity from having inadequate nutrients. With the limited funds available it is critical that we maximise the uptake of these free schemes.

Objective	Annual Tasks	Lead	Stakeholders	Key success indicators
<i>Support vulnerable residents.</i> Improve links between food aid services and primary care mental health support.	Embed food security knowledge within the Make Every Contact Count (MECC) Training.	Public Health	Family services, Children's team, Adult Social Care, Re., Barnet CCG	Inclusion of food insecurity information within online MECC training for London Borough of Barnet staff.  Monitor whether food aid providers feel they know where to refer clients onwards through a qualitative questionnaire
	Provide food aid VCS organisations with up to date information on mental health employment services.	Barnet Homes		
	Conduct options appraisal to	Public Health		





	review potential primary care support within food bank plus models.			(January 2021).
<i>Support vulnerable residents.</i> Embed food security within social prescribing.	<p>Maximise referrals to local Voluntary and Community Sector (VCS) services which provide free/low cost hot meals or meals on wheels services, ensuring all staff are aware of local provision.</p> <p>Provide a list of community gardening groups that social prescribers can refer people to.</p> <p>Actively seek opportunities for funding and grants to fund meals on wheels or similar schemes.</p>	Public Health	AgeUK, Barnet CCG, Adult Social Care, Corporate Strategy and Communications team	All social prescribers in Barnet are aware of food insecurity as an issue and are aware of how to address it amongst patients.
<i>Support vulnerable residents.</i> Support at-risk children to access food 365 days of the year.	<p>Set up first free holiday hunger scheme in Barnet.</p> <p>Actively seek opportunities for funding and grants to expand holiday hunger programmes in Barnet.</p>	Young Barnet Foundation	Public Health, Food Security Working Group, UNITAS.	Develop at least one new low cost holiday hunger scheme within an at-risk area of the borough.
<i>Food benefits maximisation.</i> Actively encourage uptake of Free Schools Meals (FSM) in low uptake areas.	<p>Rapid assessment of reasons why FSM uptake is low (assessment of canteen set up, voucher claimant scheme etc.).</p> <p>Make appropriate changes and run relevant campaigns as a result of the rapid assessment.</p>	Food Security Working Group	Young Barnet Foundation, Cambridge Education Barnet Homes, Public Health.	Increase FSM uptake by 2% in targeted schools.



<p><i>Food benefits maximisation.</i> Increase uptake of Healthy Start Vouchers.</p>	<p>Work with businesses to encourage the number of businesses accepting healthy start vouchers.</p> <p>Explore opportunities to simplify the way that residents can obtain healthy start vouchers and actively seek opportunities to pilot new national healthy start prepaid card scheme.</p>	<p>Public Health</p>	<p>Public Health</p> <p>Barnet Homes</p>	<p>Provide a new up to date list for the Barnet website on vendors who accept healthy start vouchers, including markets.</p>
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### Aim 3: Support sustainability and resilience of local food aid providers

In focus groups conducted with frontline staff and third sector organisations, it was clear there were many challenges that these organisations face when keeping their operations going day-to-day and preventing clients from becoming long term recipients of food aid. Although the other aims of this plan will also support these organisations, there are specific and direct actions that LBB and the Food Security Working Group can take to enhance this support. The three themes for these objectives are support, raise awareness and monitor. By providing support towards business engagement, volunteer capacity and referrals processes we can help relieve some of the pressures these organisations face. By monitoring use and changes in food insecurity within the borough we can enhance the data and support any future funding bids or grants. Finally, by raising awareness of food security with the general population we can highlight some of the great work these organisations do encouraging communities to engage and support.

Objective	Annual Tasks	Lead	Stakeholders	Key success indicators
<p><i>Support.</i> Promote opportunities to work with food aid organisations.</p>	<p>Promote food aid organisations as a volunteer opportunity within LBB employee volunteer scheme.</p> <p>Promote business partnerships with food aid organisations through promotion in the</p>	<p>Corporate Strategy and Communications team.</p> <p>Entrepreneurial Barnet.</p>	<p>Family services, Children’s team, Adult Social Care, Entrepreneurial Barnet.</p>	<p>VCS organisations feel supported by LBB when building business partnerships or when seeking new volunteers.</p>



	<p>Entrepreneurial Barnet newsletter and business breakfast lunches.</p> <p>Explore opportunities to encourage repurposing of leftover food for food aid use.</p>	Public Health		Options appraisal developed to develop food waste reduction plan.
<i>Support.</i> Provide resources to assist with referral processes	<p>Put together workshop presentation for lunch &amp; learn events or department workshops on food security and how to identify the signs &amp; symptoms.</p> <p>Finalise care pathways for chronic and emergency food insecurity so that third sector organisations and frontline staff know where to refer vulnerable residents.</p> <p>Publicise the care pathways.</p>	Public Health	Barnet Homes, Corporate Strategy and Communications Team	Publish care pathways for chronic food insecurity and emergency food insecurity on the LBB website.
<i>Raise awareness.</i> Run public campaigns to increase awareness of food security/insecurity.	<p>Consider running a WRAP Food Waste Warriors Campaign or Eat Well for Less campaign within the borough.</p> <p>Use council advertising space to encourage residents to use food leftovers.</p> <p>Provide information on the LBB website on food security with links to find out further</p>	Public Health	Corporate Strategy and Communications Team, Environment Team, Entrepreneurial Barnet.	<p>Run at least one public facing campaign relating to food security.</p> <p>Update the LBB website with information on food security for residents.</p>



	information.			
<i>Monitor.</i> Enhance ability to monitor food insecurity rates within the borough and whether needs have changed.	Explore opportunities to track foodbank referral voucher handouts and other food security action taken via the ECINS system already used by BOOST.	Public Health	Community Safety Team, BOOST, Young Barnet Foundation.	Provide an update on food security needs in the borough in April 2021, including information on referrals.



AGENDA ITEM 12

	<b>Health and Wellbeing Board</b>  <b>3<sup>rd</sup> October 2019</b>
<b>Title</b>	<b>Director of Public Health Annual Report</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix I – Director of Public Health report: Healthy Relationships
<b>Officer Contact Details</b>	Director of Public Health and Prevention, Dr Tamara Djuretic <a href="mailto:Tamara.djuretic@barnet.gov.uk">Tamara.djuretic@barnet.gov.uk</a>

<h3>Summary</h3>
<p>The role of the Director of Public Health (DPH) is to be an independent advocate for the health of the population and system leadership for its improvement and protection.</p> <p>The independence is expressed through the statutory requirement to produce DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available (e.g. health profiles; Joint Strategic Needs Assessment etc).</p> <p>This year the Annual Report from the Director of Public Health focuses on the Healthy Relationships and was co-produced with Youth Realities and young people.</p>

<h3>Recommendations</h3>
<p><b>1. That the Board approve the recommendations set out in the Director of Public Health Annual Report 2018/19.</b></p>

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

- 1.1 The Director of Public Health has a statutory duty to produce annual report on the state of population's health in the area they serve. This year, DPH Annual Report focuses on Healthy Relationships.
- 1.2 There is a lot of discussion in media, amongst frontline health and care staff, and schools accompanied by growing evidence of the effects of Adverse Childhood Events (ACE) in individuals under the age of 18. There is however less emphasis on the protected factors that build emotional and mental resilience early in life; a lifelong strong foundation.
- 1.3 This report aims to emphasise how important it is to focus on positive aspects of Healthy Relationships and highlight the voice of local children and young people. It is when we connect the evidence with local communities' voices that we can be well informed to improve health of the population.
- 1.4 The aim of the report is to recommend some actions for the Health and Wellbeing Board and wider partnership that would help improve the happiness and wellbeing of children and young people in Barnet.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Recommendations in the report will strengthen interventions on the ground including Sexual Relationship Education, build stronger mental and emotional resilience in children and young people and promote sexual health services in order to have equitable access to all residents.

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

- 3.1 N/A

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Recommendations from the report will be implemented and monitored by the HWB Commissioning Executive Group.

## **5. IMPLICATIONS OF DECISION**

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

Director of Public Health Annual Report on Healthy Relationships link to the current Corporate Plan, Barnet 2024, outcome to achieve happy, healthy independent lives with the most vulnerable protected and is in line with Health and Wellbeing Strategy Priorities.

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

- 5.2.1 Production of the report and implementation of recommendations will be delivered within existing resources in Public Health Grant.

### **5.3 Social Value**

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

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

5.4.1 The Health and Social Care Act 2012 (s30) added s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the Local Authority and the Local Authority is required to publish this report.

5.4.2 In line with Article 7 of the Council Constitution, the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To jointly assess the health and social care needs of the population with NHS, commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council
- To 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 responsibility to oversee public health and promote prevention agenda across the partnership and develop further health and social care integration

### **5.5 Risk Management**

5.5.1 None identified.

### **5.6 Equalities and Diversity**

5.6.1 Healthy Relationships interventions will impact positively on children and young people and those from certain ethnic minorities. By consulting and engaging with appropriate communities and stakeholders, it is expected that a whole systems approach to Healthy Relationships will prevent unintended harms against marginalised groups and promote health equity.

### **5.7 Corporate Parenting**

5.7.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the Director of Public Health Annual report, the Healthy Relationships interventions provide opportunities to support the council's role as corporate parent through the health and wellbeing improvement interventions for children and young people residing in the borough.

## 5.8 **Consultation and Engagement**

5.8.1 Director of Public Health Annual Report was informed by projects conducted by children and young people living in Barnet.

## 5.9 **Insight**

5.9.1 Joint Strategic Needs Assessment and Public Health England fingertips were used to inform the report.

## 6. **BACKGROUND PAPERS**

6.1 N/A





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# HEALTHY RELATIONSHIPS

STARTING AND GROWING HAPPY

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Barnet Director of Public  
Health Report 2018/19

# FOREWORD



**Cllr Caroline Stock,**  
Chair of the Health  
and Wellbeing Board

I am very pleased to welcome our Director of Public Health Report on Healthy Relationships. Looking after health and wellbeing of our children and young people is corporate and the Health and Wellbeing Board's priority.

I see this report as a helpful resource to raise awareness about what is a positive and healthy relationship and how to support each other at home, school and in the local community.

In my role as a Mayor of Barnet, I chose Home Start as one of the charities to support because they do such an important job with families who perhaps sometimes need a little bit extra in order to thrive and bring up healthy children.

**Special thanks** go to Youth Realities and young people who engaged with Healthy Relationships project, in an honest and open way and contributors: Clare Slater – Robins who interviewed participants in perinatal mental health project run by HomeStart, Jayne Abbot, Barnet School Resilience lead, Emma Waters, Consultant in Public Health and Lisa Colledge, Public Health Intelligence Officer for their contribution to this year's report.



**Dr Tamara Djuretic,**  
Director of Public Health  
and Prevention, Barnet Council

In this Annual Public Health Report we are focusing on having a conversation about Healthy Relationships and it's impact on health and wellbeing of young people in Barnet.

Why is this an important subject to focus on?

There is a lot of discussion in media, amongst frontline health and care staff, and schools accompanied by growing evidence of the effects of Adverse Childhood Events (ACE) in individuals under the age of 18. There is however less emphasis on the factors that build emotional and mental resilience early in life; a lifelong strong foundation.

We wanted therefore to emphasize how important it is to focus on a positive aspects of Healthy Relationships early in life and to hear the voices of our children and young people locally. It is only if we connect the evidence with local communities voices that we can be well informed to improve health of the population.

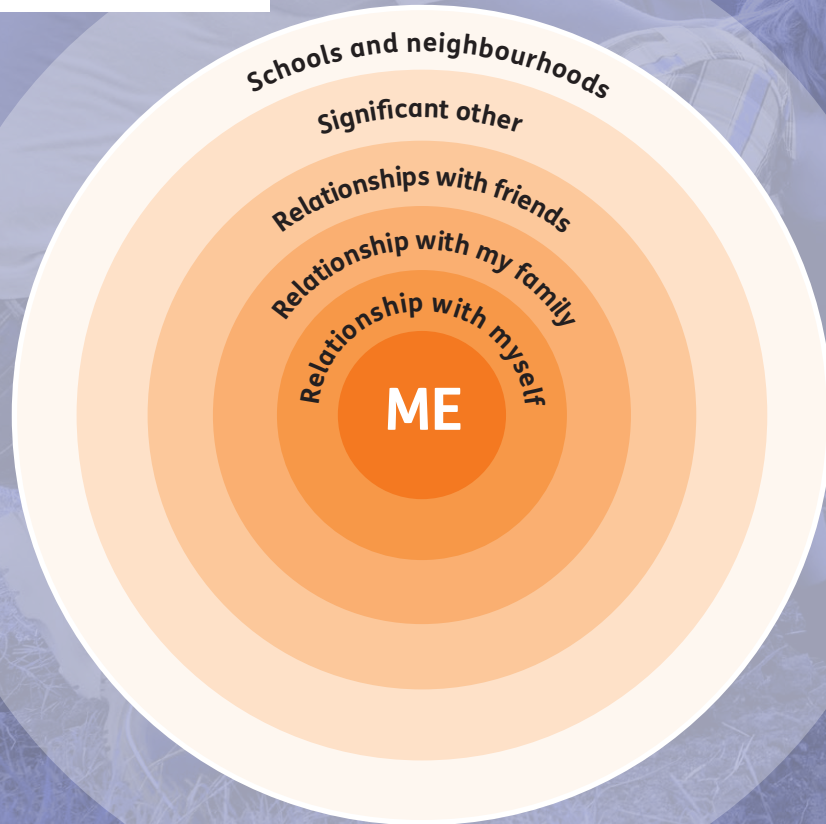
In this report, we explain a concept of Healthy Relationships and describe positive and negative influences as well as consequences, and highlight only a few examples of local community projects.

We are building on excellent work that is already happening across the borough in our early years settings, early help hubs, schools and wider communities and recommend some actions that would improve the happiness and wellbeing of our children and young people in Barnet.

# WHAT IS A HEALTHY RELATIONSHIP?

## WHAT MAKES OUR RELATIONSHIPS HEALTHY?

### SPAN OF RELATIONSHIPS



## WHAT MAKES OUR RELATIONSHIPS UNHEALTHY?

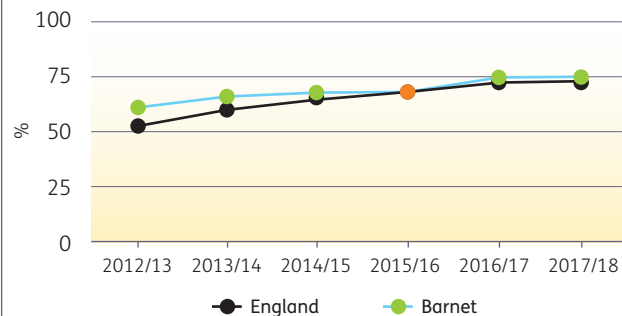


# POSITIVE INFLUENCES ON HEALTHY RELATIONSHIPS IN BARNET

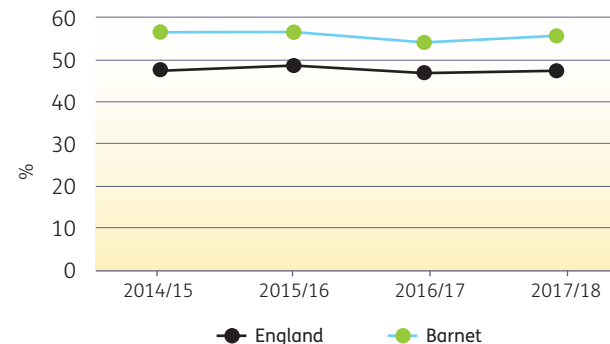


Overall, Barnet is one of the healthiest boroughs in London with most health indicators suggesting good overall health and wellbeing. Prevalence of obesity, teenage pregnancy and infant mortality are lower than London and England's average. Educational attainment and school readiness (see graphs) are amongst best in the country. All those factors are giving a positive foundation for starting and growing happy and healthy for the majority of our children and young people locally.

**School Readiness: the percentage of children achieving a good level of development at the end of reception for Barnet**



**Educational attainment across 8 qualifications (mean)**

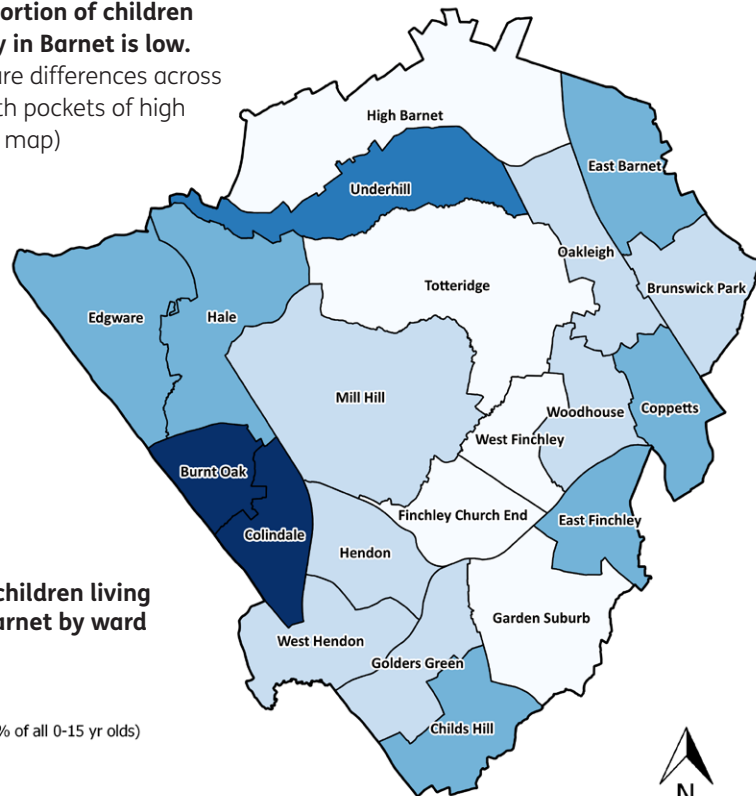


# OTHER INFLUENCES ON HEALTHY RELATIONSHIPS IN BARNET

However, there are a number of factors and consequences that can negatively impact the ability of children and young people to form healthy relationships. Although these factors are represented across the population, they tend to be more prevalent in areas of higher deprivation.

Overall the **proportion of children living in poverty in Barnet is low.**

However there are differences across the borough, with pockets of high deprivation (see map)



## Legend

Child Poverty in 2015 (% of all 0-15 yr olds)

- 7% - 12%
- 12% - 18%
- 18% - 23%
- 23% - 28%
- 28% - 33%

- Ward boundary
- Barnet boundary

Source: Public Health England (Local Health profile)

Contains National Statistics and Ordnance Survey data © Crown copyright and database right 2019

We need to work together to promote positive influences and reduce exposure to those influences that lead to negative consequences; and give children and young people a good chance of developing resilience and fostering healthy relationships.



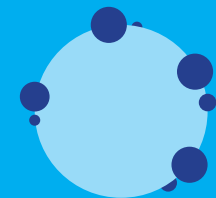
Emotional, mental and social needs in both **primary (2.5%)** and **secondary school pupils (2.7%)** in Barnet are higher than London and England, and we have high admissions to hospital due to self-harm in **10 – 24 year olds** compared to **London (285 per 100,000 vs, 209 per 100,000)**



The domestic violence rate in **Barnet is 31.8 per 1,000**, the same rate as in London but higher than **England (25.1 per 1,000)**



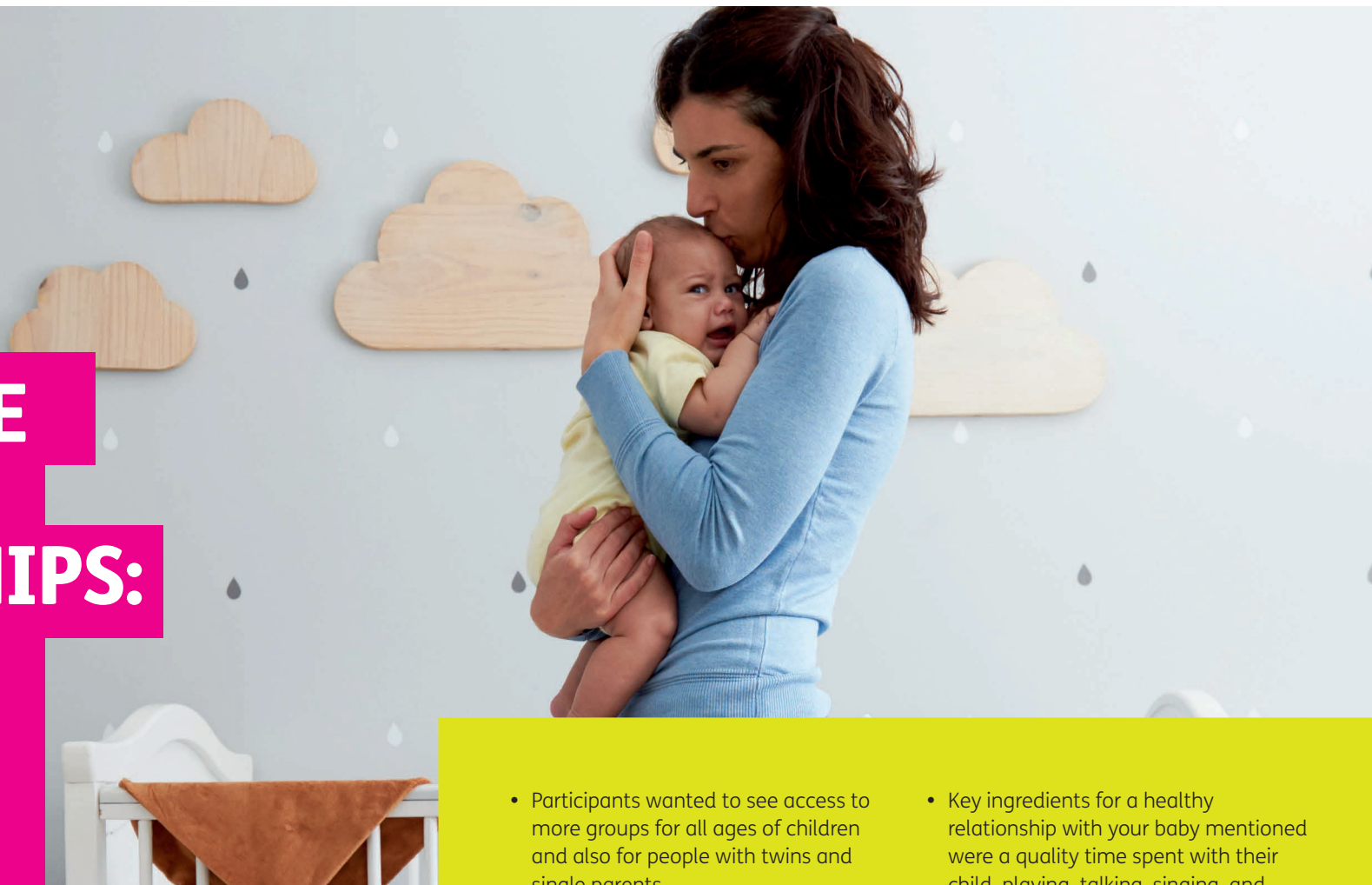
The 2014 “What About Youth Survey” found that **50% of 15 year olds asked in Barnet were bullied within last few months**, **46% did not think their body was the right size**, and **10% engaged in three or more risky behaviours regularly** (drinking or taking drugs)



The Chlamydia detection rate in Barnet, although increasing, is still lower than London and England (**1,780 per 100,000 15 – 24 year old vs. 2,610 per 100,000 and 1,975 per 100,000**), suggesting that high number Chlamydia cases are undiagnosed.

# LOCAL PERSPECTIVE ON HEALTHY RELATIONSHIPS:

## HOME START PERINATAL MENTAL HEALTH



- Since 2016, The Council has commissioned a leading family support charity – Home-Start - to deliver an innovative Perinatal Health Coaches service to provide early emotional wellbeing help to mothers who are affected by mental health issues. This includes emotional support and practical help to improve health and wellbeing of mothers and their babies. The service is delivered through home visits.

- Barnet Council also commission Home Start to deliver Family Health Coaches (who work with families of older children affected by mental health problems, domestic violence and substance misuse).
- A group of mothers who had used the perinatal mental health service were asked about their views on the service received and on the crucial factors that enable healthy relationships.

- Participants wanted to see access to more groups for all ages of children and also for people with twins and single parents.
- Mothers were complementary of Perinatal Health Coach service and found volunteers a helpful resource “to talk to someone who is not involved in their family life.”
- Participants told us that, for a healthy relationship with your partner, it was important to talk and understand each other, to have mutual respect, to have enough energy after a busy day and facing various stressors in life, and to listen attentively.
- Key ingredients for a healthy relationship with your baby mentioned were a quality time spent with their child, playing, talking, singing, and being physically near.
- Good mental health was seen as a key factor for building healthy relationships and participants found physical exercise; going out to groups, and meeting other people in similar circumstances (to have a supported parenting journey) crucial factors.

# LOCAL PERSPECTIVE ON HEALTHY RELATIONSHIPS:

## RESILIENT SCHOOLS



- The Resilient Schools programme provides a whole school approach to raising Mental Health Awareness, supporting mental health and emotional resilience, and reducing stigma and discrimination. Resilience is seen when people (pupils, parents/carers and staff) have a greater ability “bounce back” when faced with difficulties and to achieve positive outcomes. The programme is delivered across 50 schools in Barnet.
- The programme aims to help schools, parents and pupils to recognise their own mental wellbeing needs and be confident to access information to support themselves and others; de-stigmatise mental health in schools; intervene early to prevent escalation of mental health problems, and involve parents, pupils and schools in tackling issues.

- The Resilient Schools programme provides training, support and networking opportunities through: mental health first aid, mindfulness training, peer mentoring training, reflection tools, mental health and resilience resources, network meetings, and peer support.
- Children (and young people) aged 11-25 and teachers in Barnet also have access to free online counselling through the Kooth and Qwell programmes.

# THE RESILIENT SCHOOLS PROGRAMME: THE ANNA FREUD ASSEMBLY

What would you do if you were worried about a friend?

As part of the Resilient Schools Programme, primary schools have access to the Anna Freud assembly (a video, lesson plan, and training) to support staff to deliver an assembly on mental health awareness. It is delivered key stage 2 (ages 7-11). After one Anna Freud assembly we asked year 4 and year 6 pupils how they could help a friend who might need support with their mental health. The children showed an understanding of how they could help a friend.

“I didn’t used to listen to people when they came with a problem, but would now listen”

“Poor mental health can clog up your brain, and telling someone can help this clog get flushed out”

“Ask if something is wrong”

“Get them something they like to comfort them, but if they have big feelings, get an adult”



# THE RESILIENT SCHOOLS PROGRAMME

## PEER MENTORING TRAINING

The Resilient Schools Programme provided secondary pupils who volunteered to be peer mentors with specialist mentor training. After a group of year 10 students from one school were trained to be peer mentors we asked them how the training had affected their perception of their relationships.

The students appeared to have learnt useful skills through the peer mentoring training to help them support peers. However, the students reported some concerns about talking to their parents about mental health.

It is important that children and young people are able to talk to their families about their concerns. Going forward the Resilient Schools Programme will increase mental health awareness among parents, as well as school pupils and staff.

### **Are you better at talking about mental health now?**

*"Yes, if someone came to me and said they were depressed, I now think it's normal, and would take a more natural approach."*

### **Would you talk to your parent/ carer about your mental health?**

*"Don't think parents would take it seriously, or pay attention when it is their own child."*

*"They would maybe try to overcompensate, and smother you, or 'cover you in bubble-wrap'."*

### **What would you like your family to know about mental health?**

*"To know what we have just learnt."*

*"The symptoms of mental health problems, so they can recognise them".*





# LOCAL PERSPECTIVE ON HEALTHY RELATIONSHIPS:

## YOUTH REALITIES



### The Be In The Know (BIK) Team

## YOUTH REALITIES

- Youth Realities is a youth-led organisation that tackles teenage relationship abuse by addressing the root causes, creatively and compassionately. They aim to reduce abuse within teenage relationships, raise awareness, address damaging stigmas, empower self-development, build resilience, and provide stable, consistent and trusted support through a range of prevention, intervention and survivor-focused healing programmes.

- Youth Realities worked with a team of six young people aged between 14 - 20 to deliver Prevention: Be In the Know (BIK).
- The team received training on healthy relationships, sexual health and emotional abuse.
- Once the team had completed their training they then designed a series of creative, peer-led focus groups that were delivered to 59 other young people in four schools and alternative education providers across Barnet.

- The aims of the focus groups were to receive feedback from the young people based on their current understanding and awareness of sex and relationship issues, and of the relevant sexual health and healthy relationship services available in the borough.
- The focus groups were engaging and interactive, covering three fundamental areas: Healthy Relationships, Emotional Abuse and Sexual Health.
- Young people told us that there was a good understanding of prevention of unplanned pregnancy and sexually transmitted infections through the use of condom, but that more awareness was needed on how to access local sexual health services and to focus

- on reducing stigma about attending sexual health clinics.
- Over 95% of participants stated they could confidently and 'easily' have conversation with a partner on sexual relationships, 69% of participants were confident discussing the use of contraception, and 65% of participants were confident discussing having an emotional or physical attraction to another.
- There was a need for improvement around the attitude and confidence young people have when discussing with their partners and friends their sexuality, symptoms of sexually transmitted infections, attendance at the sexual health clinic, and readiness for a sexual relationship.

# YOUTH REALITIES

## SEX AND RELATIONSHIP EDUCATION

- The focus groups also discussed quality and accessibility of healthy sex and relationships education in schools (SRE).
  - Over 80% of young people did not believe SRE was adequate.
  - Young people suggested some improvements to SRE:
- The involvement of external organisations delivering bespoke workshops in educational settings.
  - 1:1 mentoring and support from staff
  - Gender specific lessons
  - Additional targeted workshops and lessons (delivered by school staff).

## NEXT STEPS

- Barnet has commissioned a new sexual health and healthy relationship promotion service for young people in Barnet. This service will deliver a C-Card scheme, as well as:
  - Workshops and assemblies in schools
  - Training for educational staff
  - Targeted outreach for vulnerable groups
- SRE training sessions for teachers and the wider youth workforce
- Peer educator training
- Sexual health promotion and campaigns.
- Barnet is also working with the healthy schools programme and the school nurses to ensure that these specialist providers support high quality SRE in schools and the introduction of the new SRE curriculum.

**As human beings, we are shaped by relationship we have with ourselves and other people. The impact of adverse childhood experiences can be offset by safe, secure responsive adult relationships that buffer the effects of stress/adversity and support the development of resilience, a key mechanism to make sense of, and recover from threat and fear.**

**Local parents, families, the council, local residents, health and care providers, early years settings and schools all have a responsibility to help children and young people develop the skills and emotional resilience necessary to foster healthy relationships and emotional wellbeing as they move into adulthood.**

# RECOMMENDATIONS TO BUILD ON OUR SUCCESS FURTHER

## 1 Consistent and effective SRE

Consistent, effective and culturally appropriate sexual health and healthy relationships education provided in schools either through external facilitators or appropriately trained faculty staff.

New Personal, Social and Health Education (PSHE) curriculum will assist with revamped SRE coupled with a local support for schools, the transformation of Healthy Child Programme and through Healthy Schools Programme.

## 2 Accessible sexual health clinics

Increase outreach and engagement in schools and communities to increase awareness of Barnet's sexual health clinics and the services available, by addressing social, practical and contextual barriers that are preventing young people from accessing support.

## 3 Safer sexuality

Addressing the social barriers young people are facing with regards to confidentiality and safely discussing their sexuality, especially within LGBTQ+ community, in order to limit the risks associated with such feelings of isolation and social ostracization.

## 4 Extending the reach of perinatal mental health support services

Explore funding opportunities for extending perinatal mental health coaching sessions and peer support groups.

## 5 Extending the Resilient Schools programme

Working with Cambridge Education and Schools to expand the Resilient Schools Programme to further schools in 2020, and to ensure that the Resilient Schools programme supports healthy relationships and increases mental health awareness among parents.

## 6 Ensuring early intervention when problems arise

Working with the NHS, Barnet Family Services, schools, the Healthy Child Programme, the CAMHS transformation board, and the voluntary sector to ensure early access to family support and mental health services when required.

## 7 Collecting adequate data on the wellbeing of young people in Barnet

Work with service providers and routine surveys carried out in Barnet to ensure that the wellbeing of young people in Barnet is monitored through, sustainable, streamlined and accurate processes.

## 8 Parents role in supporting Healthy Relationships

Parents and carers should be prepared to have open and honest conversations with their children about all aspects of a Healthy Relationship. We will also work with families, if needed, to provide education and support to instil confidence to do so in the most appropriate way.

# WHAT IS CURRENTLY AVAILABLE IN BARNET TO SUPPORT BUILDING HEALTHY RELATIONSHIPS IN EARLY LIFE?

## • Home Start – health coaches

A perinatal and family health coaching services for families in Barnet experiencing mental health problems.

## • The Resilient Schools Programme

A whole school approach to raising mental health awareness and supporting mental health

## • Kooth and QWELL

Online counselling for young people aged 11-25 and teachers in Barnet

## • The Westminster Drug Project

Substance misuse support services for young people in Barnet

## • Sexual Health Services

Brook services, access to the C-card and sexual health clinical services.

## • Health Education Partnership

Support for schools to participate in the Healthy Schools and Healthy Early Years Award Scheme, to enable schools to support the health and wellbeing of staff and pupils

## • The Healthy Child Programme

School nursing, healthy weight and Health visiting services (including MESCH a structured program of home visiting for families at risk of poorer maternal and child health and development outcomes).

## • The Multi-Agency Safeguarding Hub (MASH) Barnet

Multiagency referral point for children in need of additional support and/or protection

## • Barnet's Early Help offer for Children, Families, and Young People:

- 0-19 Early Help Hubs
- Children's Centres
- Parenting courses

## • Barnet Integrated Clinical Services

CAMHS in schools and the Children's Mental health and Wellbeing Team, who both provide early support for children and young people experiencing emotional and mental health problems

## • Barnet's Child and Adolescent Mental Health Services (CAMHS).

Provides assessment and treatment for children and young people with mental health or severe emotional and behavioural difficulties

## • Resilient, Engaged, Achieving Children Hub (REACH)

A multi-disciplinary team with expertise in assessing and supporting young people presenting with high risk or high vulnerability

## • One You – 18 and over only

Healthy lifestyle online information hub for adults in Barnet

## • Barnet Wellbeing Service – 18 and over only

## • Good Thinking

- NHS approved wellbeing service

## • ChildLine

For more information on available services please visit <https://www.barnet.gov.uk/health-and-wellbeing>

“A healthy relationship will never require you to sacrifice your friends, your dreams, or your dignity”

DINKAR KALOTRA

“Love in such a way that the person you love feels free”

THICH NHAT HANH

“Daring to set boundaries is about having the courage to love ourselves even when we risk disappointing others”

BRENÉ BROWN

“Don't walk in front of me; I may not follow. Don't walk behind me; I may not lead. Just walk beside me and be my friend.”

100  
BERT CAMUS

“A healthy relationship whether it's romantic, brotherly, or friendly, is when each person is allowed room to grow, unjudged, and still loved”

MAMA ZARA

## REFERENCES:

- **Adverse Childhood Experiences (ACEs), Centres for Disease Control and Prevention.**

Available at:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy>

- **Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing, NHS England and the Department of Health, 2012.**

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

- **Building children and young people's resilience in schools, Public Health England, 2014.**

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355766/Review2\\_Resilience\\_in\\_schools\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355766/Review2_Resilience_in_schools_health_inequalities.pdf)

- **Public Health England child and maternal health local health profile,**

available at:

<https://fingertips.phe.org.uk/profile/child-health-profiles>

- **Public Health England children and young people's mental health and wellbeing local health profile.**

Available at:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

- **THRIVE The AFC-Tavistock Model for CAMHS, 2014.**

Available at:

[https://www.annafreud.org/media/2552/thrive-booklet\\_march-15.pdf](https://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf)

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# HEALTHY RELATIONSHIPS

STARTING AND GROWING HAPPY

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Barnet Director of Public  
Health Report 2018/19

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	<h2>Health and Wellbeing Board</h2> <h3>3 October 2019</h3>
<b>Title</b>	<b>Healthwatch Barnet Annual Update</b>
<b>Report of</b>	Rory Cooper, Healthwatch Barnet Manager Julie Pal, Chief Executive Community Barnet
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1 Healthwatch Barnet Annual Report Appendix 2 Barnet Mencap Cancer Screening
<b>Officer Contact Details</b>	Rory Cooper, Healthwatch Barnet Manager E: <a href="mailto:Rory.cooper@healthwatchbarnet.co.uk">Rory.cooper@healthwatchbarnet.co.uk</a> T: 020 8364 8400

### Summary

This report provides Healthwatch Barnet's Annual Report 2018-19 and details of upcoming priorities and projects. It includes a report from our charity partner, Barnet Mencap on the experience of cancer screening for people with learning disabilities.

### Recommendations

1. That the Health and Wellbeing Board note the Healthwatch Barnet Annual Update report (Appendix 1) and Barnet Mencap Cancer Screening (Appendix 2).

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 The Annual Report provides information about Healthwatch Barnet governance, project and activities. It provides an opportunity for the Board to comment and if appropriate, make suggestions on future activity. All Healthwatch are required to produce an Annual Report, which are sent to Healthwatch England. It is also publicly available on our website and promoted through our newsletter and events.

## **2. REASONS FOR RECOMMENDATIONS**

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

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

- 3.1 N/A

## **4. POST DECISION IMPLEMENTATION**

- 4.1 N/A

## **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 Healthwatch Barnet is a department of Community Barnet, an independent legal entity, registered charity and company limited by guarantee. Healthwatch was established through the Health and Social Care Act 2012. As such, Healthwatch sets its own priorities and projects. However, we pay close attention to Corporate Priorities, as set out in Barnet 2024 and those of the Joint Health and Wellbeing Strategy and work in partnership where appropriate.

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

N/A

### **5.3 Social Value**

Healthwatch Barnet brings added social value to the residents and services of Barnet. In summary, this is achieved through partnership working in communities and with statutory services to achieve a person-centred services; our extensive volunteer programme, that also includes volunteer training and development; our capacity building and training to other organisations and to residents and supporting residents' involvement in a range of health and social care initiatives.

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

Under the Council's Constitution, Article 7 the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

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



and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council

- To 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 to developing further health and social care integration

#### 5.5 **Risk Management**

N/A

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

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

#### 5.7 **Corporate Parenting**

5.7.1 Non direct implications identified in relation to the above recommendations.

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

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

#### 5.9 **Insight**

5.9.1 N/A

### 6. **BACKGROUND PAPERS**

6.1 None

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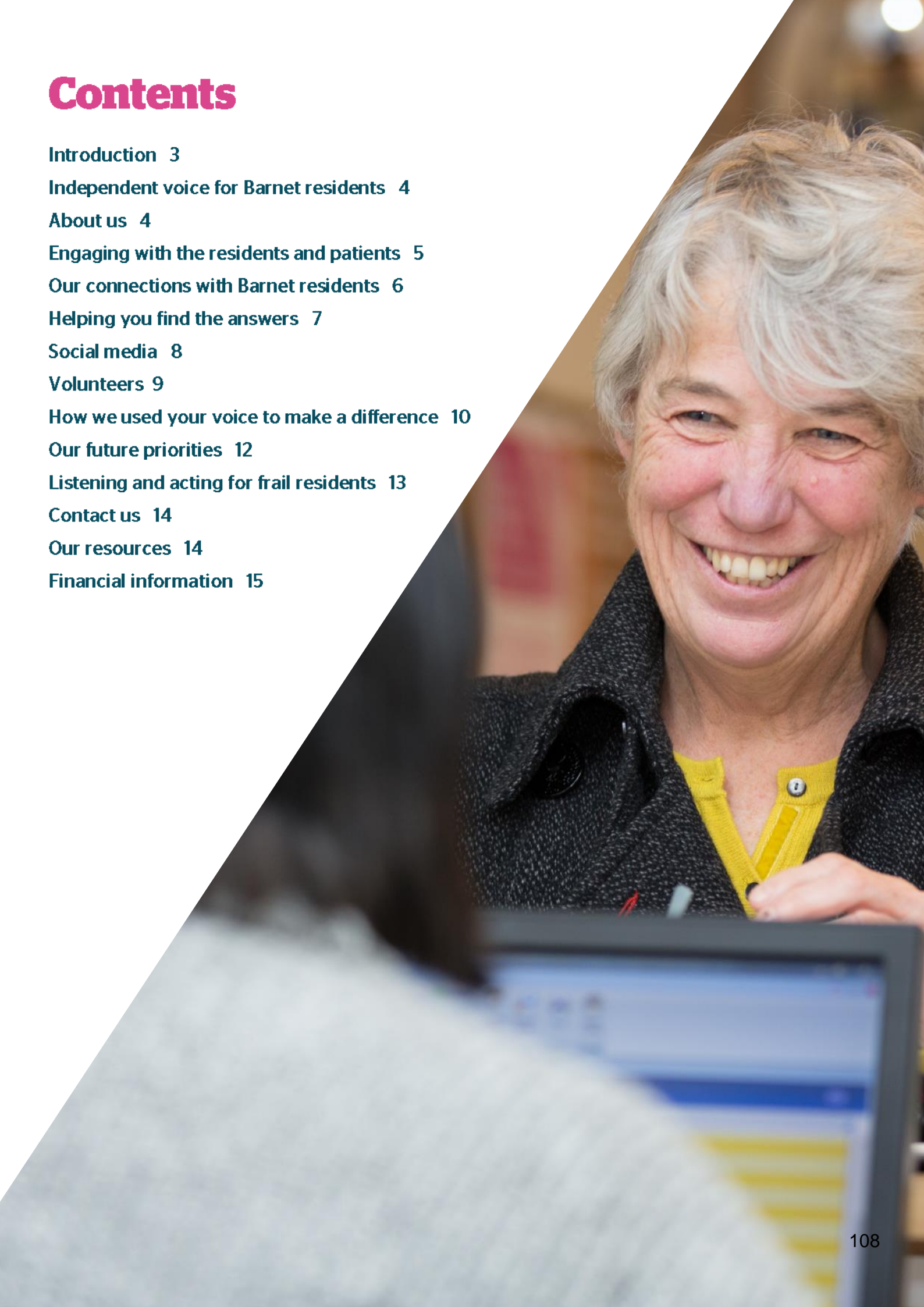
# People's Voice in Times of Change

**Annual Report 2018 - 19**



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# Introduction

This year has been a time of change for health and social care services. Our Healthwatch Barnet volunteers and staff have been at the forefront of these changes, bringing local voices and experiences to the attention of decision-makers.

With input and contributions from residents, volunteers and staff, we have been able to achieve our key priorities which were:

- Developing the quality of GP services
- Helping shape the future of health and social care across North London
- Listening and acting on the views of 'seldom-heard' communities
- Reviewing services in residential care homes

We have been particularly pleased to see changes for local residents as a result of our work. Just some highlights are:

- working with Royal Free London so that vulnerable patients who were previously refused hospital transport had this re-instated
- creating clear and accessible information for patients on appointments systems, through language services and in new digital records and
- finding out the needs of how isolated and vulnerable residents in care homes to make their voices heard.

NHS England has recently published its 'Long Term Plan' of how services will be delivered in the next 10 years. Health and social care will be working together closely. We would like to thank our active and dedicated volunteers whose feedback and ideas are helping shape these services. Our staff team past and present have shown their energy and commitment in these times of change to ensuring your voices are heard.

This year we have been able to work with regional and national forums enabling Barnet's expertise and input to be shared with national services, from reviews of Royal Free Hospitals to feedback on the new Friends and Family Test.



Julie Pal  
CEO  
CommUNITY Barnet



Selina Rodrigues  
Head of Healthwatch  
CommUNITY Barnet



Rory Cooper  
Manager  
Healthwatch Barnet



Lisa Robbins  
Manager  
Healthwatch Barnet  
(Apr 18–Sep 18)109

# An independent voice for Barnet residents

Healthwatch Barnet is the independent voice through which Barnet residents can share their experiences of using health and social care services.

It is delivered by a Barnet based staff team, a network of Barnet based charities and community organisations and a team of enthusiastic volunteers.

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

## About us

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

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

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

To achieve this, Healthwatch Barnet has:

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





## Engaging with residents and patients

Healthwatch's engagement with health and social care providers, Barnet's considerable voluntary and community sector and the residents and patients has continued this year. Our relationship with those providing and receiving services in the borough ensures that we are in a strong position to advise and signpost the public and provide informed, patient focused and evidence based recommendations to service providers.

This year the engagement team have attended over 50 engagement events in Barnet and been represented on over 60 forums representing the patients' voice predominantly in Barnet but also at a regional and national level.

We collected feedback from the public in a variety of ways:

- Face-to-face interaction at a huge variety of engagement events, stalls and community events
- 'Tell us your story' cards, which can be filled in and posted to us free of charge
- Focus groups on specific topics to allows us to engage in more detail with the public
- Surveys inviting people to answer questions about a particular topic
- Our 'Speak Out' form available on Healthwatch Barnet website
- Our Information and Signposting service.

# Our connections with Barnet residents





# Helping you find the answers

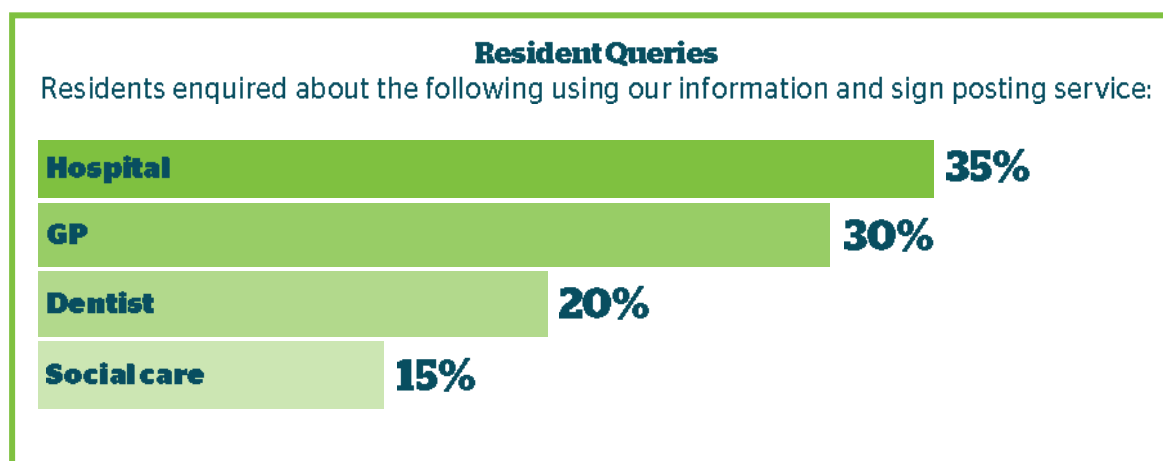
## Information and signposting service

We help residents find the health and social care they need and provides details and signposting to other services.

There are many reasons why we may need to offer information and signposting to service users. For example, health and social care service users may need to find out more about a service or find out what services there are in the local area. We also signpost people looking for extra support for their needs. Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look.

Across the year residents have been supported to access support with formal complaints processes, local advocacy services, information and advice, community based groups and activities and support groups.

Our most common questions in 2018/19 included how to change GP, how to make a complaint with regard to hospital services and how to find out more about adult social care services.



We provided help in these ways:

- A patient wanted to know who to contact and how to complain following a complicated case history with various hospital providers. We listened carefully and provided them with relevant advice and details of who to contact as well as referring them to Pohwer, the health advocacy service.
- A patient wanted to be seen by a different GP but the practice did not allow them. We clarified their rights as a patient and advised them on what they can do.
- Important diagnostic health checks were frequently cancelled by a hospital department. We supported the patients in contacting PALs and alerted the CCG. The patients had their appointments scheduled.

## Complex cases and safeguarding

Some patients, service-users and their relatives can find real barriers to services and can get 'lost' in the system, with staff not responding to or ignoring their concerns. This affected those in outpatient services of gastroenterology and cardiology and also relatives who needed further support from ward staff and consultants. Where appropriate, we escalated these cases to Adult Social Care, CCG staff and Safeguarding teams which resolved the difficulties. We were pleased that the BCCG Board Members learnt from one of these 'case-studies' of the impact on patients' health and wellbeing.

# Social media



Share your views and help make local NHS services better in Barnet



@HWBarnet 1 Apr 2018

It's our birthday today - we are 5 years old! We wanted to thank you for your work to help improve #health and #socialcare in our #community.



@HWBarnet 25 Feb 2019

Healthwatch is @MDXUni part of #FairtradeFortnight2019 talking about health services and trying out #FairTrade treats



@HWBarnet 17 May 2018

What is on your bucket list? Come find us at @brentcross\_sc near Fenwick where we're raising awareness of #DyingMattersWeek in our pop-up shop! @DyingMatters #WhatCanYouDo #youonlydieonce



@HWBarnet 5 Jul 2018

Happy 70th birthday #NHS! Find out more about the NHS at 70, take the quiz or get involved: bit.ly/2MRDNB3 #NHS70 #health #Barnet



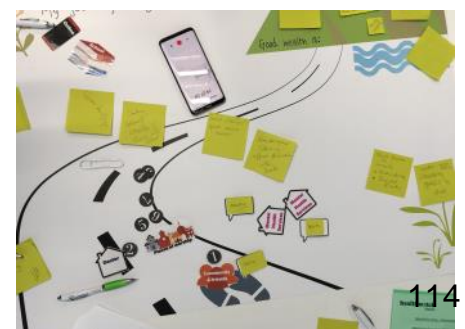
@HWBarnet 30 May 2018

Really enlightening course on Trans Awareness with NCL Healthwatch. Thanks to @HWIslington for hosting and @Genderintell for a great session. #health #LGBTIQ #LGBTI



@HWBarnet 18 Jul 2018

A great quote from one of the young people from @NCSTheChallenge attending our #mentalhealth and #wellbeing sessions "health isn't just about your physical and mental health it's also about good social health"



# Volunteers

Healthwatch Barnet is able to achieve so much more because of the dedicated team of volunteers that contribute huge levels of time, experience and expertise to dozens of Healthwatch projects each year.

Healthwatch Barnet has over 30 very active volunteers who are passionate and dedicated local residents and patient representatives, and also active in their local communities and have many years of professional and voluntary experience in the health and social care sector.

## Enter and View

Our Enter and View volunteers give their expertise and insight to the planning, preparation and report writing as well as conducting the visits to care homes and other services. They are skilled and empathic so can help residents easily and safely express what they like and don't like about services. We would like to thank Tina Stanton, the volunteer Chair of our Enter and View Group, supported by Helena Pugh .

## Primary Care

Our Primary Care Group of volunteers have been involved in a number of broader health schemes as well as providing considerable input to Primary Care projects.

The volunteer Co-Chairs, Sue Blain and Stewart Block, have led this group through a time of change with the development of Sustainability and Transformation Plans, the start of Primary Care Networks and the sensitive issue of shared care records. We are grateful for their good-humour, constructive approach and commitment, and that our volunteers have remained constant and committed. All the volunteers use their great 'people' skills, integrity and experience as local patients and residents to work with health and social care bodies who may not always understand or be receptive to the role of Healthwatch.

We are pleased to say that, led by our Co-Chairs, the Primary Care Group has:

- worked with BCCG, resulting in a new and improved patient information leaflet on bank holiday closing
- generated interest, commitment and attendance at the Borough-wide PPG network
- led the project to produce a ground-breaking, patient-friendly leaflet on patient records for north London
- identified the poor performance in cancer targets, resulting in our recent engagement with local communities, particularly those without fluent English or newly arrived to the UK
- monitored and reviewed the relocations and plans for GP closures
- and advocated for better use and publicity of GP extended hours

This has led to BCCG increasing its engagement with patients and also, with Healthwatch Barnet joint branding with NHS on national pilot patient leaflets and very positive feedback from commissioners and engagement leads.

## A big thank you

Many of our volunteers chose not to share their own daily personal challenges and difficulties. We know that they have experienced their own and family challenges in health and wellbeing and other areas, but have nonetheless continued to support Healthwatch. We would like to say a big, heart-felt thank you.

# How we used your voice to make a difference

We have captured the voice of Barnet residents in a systemic way and presented that information to the borough's strategic decision makers, commissioners and placed the patient and resident voice at the heart of decision making.

We have also worked closely with other partners and providers of health and social care and shared our findings with them and met with them regularly to monitor progress.

## Improving the quality of GP services



### GP Language Interpreting Services

Patients told us they were not provided with the language support they needed and struggled through their appointment. Many residents are keen to develop their English skills, but specialist support is needed for the technical and important information used at the GP. We undertook a mystery shop of all Barnet GPs and found that whilst GP staff knew about the service, many did not advertise it or inform patients. We are now working with Barnet CCG and GPs to improve this.



### GP Extended Access

We know patients find it hard to get a GP appointment. We realised that information about new, additional GP appointments were not being promoted to residents. We reviewed all 52 GP websites and found a third had no information and on many sites, the information was hard to find. Barnet CCG endorsed our report and committed to working with GPs to make improvements. We continue to monitor patient understanding and experience of GP extended access and are currently working on a follow up report to further improve the service.



### GP Closures and Patient Letters

Our volunteers told us the information they received about why a GP has closed and what to do next were very complicated. Healthwatch Barnet reviewed the letters that were sent out to practice patients and recommended simplifying and changing these. Based on our feedback, NHS England has now changed the letter so they are simpler and clearer.



### Using Health and Care Systems

Many patients, including those with emerging and long-term conditions find appointment systems and referrals to hospitals difficult to use. It is a complicated process. Working in collaboration with the CCG and with GP practice managers, Healthwatch created a referral management leaflet and poster for patients. These are now available in all GP practices in Barnet and have proved extremely useful for both patients and practice in terms of understanding and time saved. A local practice manager reported back that the poster 'was really useful for patients and staff'.



## Young People and Health

Healthwatch is keen to engage with young people and learn about their experience of health and social care. We spoke to a 100 young people at Middlesex University who told us their experience of accessing GP and dentist services. A third of students had not been to the dentist and were not registered with a GP. An information leaflet was produced by Healthwatch Barnet and Middlesex University for the Fresher's Fair.

## Changing systems for the next 10 years



### Digital Services from GPs

We were part of a national project to find out what digital services local residents would like to use. We spoke to 250 residents, including older people, those with disabilities and those with English as a second language. We are pleased that our findings are helping shape the future of NHS services.



### North London Partners in Health and Social Care

The NHS is working with social care services to make changes and improvements across our 5 North London Boroughs. This will involve some services working more closely and changes to where and how these are delivered. Our staff and volunteers have been active in planning for these changes, including digital records and orthopaedics and representing residents' views at senior level meetings. The NHS lead officer frequently gathered views from our staff and volunteer team saying, "Thank you for your input. Another great meeting."



### Digital Records for North London Patients

Healthwatch Barnet volunteers made a big difference to the information that patients will receive about how their health records could be shared between different health and care services. (Patients can 'opt-out' if they chose.) The lead NHS officer gave our volunteers "A HUGE thank you" for the improvements they made to this essential patient leaflet.

## Out and about in the community and hospital



### Adults Orthopaedics Services

We are pleased at how the NHS leaders have ensured that patients' views have been included in the re-design of this service. One of our volunteers, has been an active patient representative, both on senior panels and also out and about in Barnet, engaging and encouraging feedback on the service.



### Barnet Mencap Cancer Screening

Our charity partner, Barnet Mencap was concerned about the low level of awareness and take-up of screening by people with learning disabilities, compared with other areas. Patients told us that information in Easy Read, reminders from their GP about appointments, more time with nurses and having support in the appointments would help. We are pleased that health and care professionals are working with Barnet Mencap to put this in place.



### Continence

Many patients are concerned or embarrassed to talk about their need for continence services. Through patient surveys at Finchley Memorial Hospital, we produced a thorough report of patient experience on these services. We were pleased to hear that patients found the service good, including staff and follow up appointments. As patients can self-refer, we recommended promotion and explanation of the service and also importantly, offering sign language and language interpreters for patients. We were pleased that Central London Community Healthcare responded to our recommendations and produced more patient information.



### Hospital transport

National changes to the criteria meant that some patients were no longer eligible for hospital transport. However, we found this had mistakenly affected frail and vulnerable patients who were left without support and were missing appointments. Our action with Royal Free London resulted in the transport being re-instated and also meant that more training was given to staff to improve the service.

## Our future priorities

These are our main projects for this year. These have been identified through feedback from local residents, our volunteers and staff from health and social care. We always welcome residents' views so please do contact us with your comments, suggestions and experiences:

- Review of Accident and Emergency Services
- Cancer
- Hospital Services
- Supported Living Services
- Mental health services
- Complaints

# Listening and acting for frail residents: Enter and View

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

These visits are carried out by staff and volunteers who review the quality of care for patients/residents and their friends and relatives. All Enter and View representatives have current DBS checks and receive training for this as part of their role. As in accordance with the Healthwatch network, settings to visit are identified through meetings and guidance from the CQC.

The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The reports are reviewed and authorised at each stage by Healthwatch senior staff, and once finalised are uploaded to our website.

We visited a range of locations this year, to hear from patients and residents and relatives in care homes and those in sheltered accommodation.

Starting in January 2019, our review of safeguarding in residential care looks at the awareness and implementation of good safeguarding standards and processes. This will continue until summer 2019 with at least 5 residential homes being reported on.

We completed our review of mealtime in care homes, having visited 6 key homes in total, finding that there was good practice to be shared, including presenting food in an appetising manner, encouraging communal meals and 'training' relatives to support residents with eating. We made recommendations for improvement, such as more support for frail residents, monitoring food and drink intake and improving menus. Barnet Council Adult Social Care said that our findings will be valuable in their future work with staff.

While most of our Enter and View work this year has been focused on Adult Social care in the form of care homes, we also followed up on a recent Enter and View visit to Cricklewood Walk in Centre and the team conducted a visit in September 2018. Cricklewood Walk-In Centre staff were keen to hear feedback from our visit, and we were pleased the Centre responded to our recommendations to clarify the Walk-In and GP systems and information for patients.

# Contact us

We want to hear your views on Barnet health and social care. Contact us by email at [info@healthwatchbarnet.co.uk](mailto:info@healthwatchbarnet.co.uk) or call us on 020 8364 8400.

**Your Local Health and Social Care Champion**

Using your feedback, we can let services know what needs to change

**Information**  
Please visit our website for more information and resources



**healthwatch**  
Barnet

**working together**

**to make your voice count**

## Our resources

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

<a href="#">Accessibility</a>	<a href="#">Children &amp; Young People</a>	<a href="#">Care Quality Commission</a>	<a href="#">Dentists</a>
<a href="#">Enter &amp; View</a>	<a href="#">GP</a>	<a href="#">Learning Disability</a>	<a href="#">Maternity</a>
<a href="#">Podiatry</a>	<a href="#">Safeguarding</a>	<a href="#">Transport</a>	<a href="#">Winter</a>



# Financial information

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

## Income

<b>Funding received from local authority to deliver local Healthwatch statutory activities</b>	<b>£128,000</b>
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<b>Additional Income</b>	<b>£14,018</b>
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<b>Total Income</b>	<b>£142,018</b>
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## Expenditure

<b>Office costs</b>	<b>£43,800</b>
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<b>Staff costs</b>	<b>£83,836</b>
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<b>Direct delivery costs</b>	<b>£12,832</b>
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<b>Total Expenditure</b>	<b>£140,469</b>
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**CommUNITY Barnet** is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association allows us to operate in this way.

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

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

CommUNITY Barnet's Board of Trustees are: Chris Cormie, Martin Edobor, Adam Goldstein, Anita Harris, Antony Jacobson, Michael Lassman, Jyoti Shah and Tony Vardy.



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# Cancer Screening Project **in** **Barnet**

A report on cancer screenings for people with learning disabilities



**November 2018**

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## Introduction

### About Healthwatch Barnet

Healthwatch Barnet exists as a strong local voice for residents to contribute to the development of quality health and social care services within the borough.

Healthwatch Barnet work in partnership with local charity groups who represent the variety of needs of residents and enables effective engagement with a range of user groups from all of Barnet's communities.

Healthwatch Barnet present the data gathered along with views and experiences of individuals to senior health and social care staff to raise concerns and to highlight good practice, which contributes to the improvement of services.

### About Barnet Mencap

Barnet Mencap was established in 1965 and continues to be a leading voluntary organisation within Barnet. Barnet Mencap provides a range of services for adults and children with Learning Disabilities and Autism and their Carers including supported accommodation and outreach support, advocacy and advice, volunteering, leisure activities and short breaks.

### About Expect the Best

Expect the Best is a peer-to-peer Quality Checking Service employing a team of Quality Checkers who use their own insight and experience to assess the quality of health and social care services. A key element is that Quality Checkers have a range of additional needs themselves and are instrumental in gathering meaningful feedback from people that use services. Expect the Best have worked in partnership with a number of Local Authorities, Clinical Commissioning Groups and NHS England to independently assess and report on the quality of specialist and mainstream services for people with Learning Disabilities, which in turn contributes to improvements being made.

Expect the Best were asked to carry out a research and engagement project focussed on the experiences of people with Learning Disabilities taking part in Cancer Screening in Barnet. The project initially aimed to quality check and review the Cancer screening services with a focus on Breast Cancer screening, Cervical Cancer screening and Bowel Cancer screening.

The aims and identified benefits of the project were:

- To raise awareness of Cancer Screening services for people with Learning Disabilities within Barnet.
- To improve the quality of Cancer Screening services and improve the patient experience for people with Learning Disabilities.

- To raise awareness of the barriers to accessing screening services for people with Learning Disabilities.
- To raise awareness of the communication, support needs and type of reasonable adjustments required to effectively engage patients with Learning Disabilities with screening services.
- Over time, improved Screening Services and increased awareness among people with Learning Disabilities about Cancer Screening services will lead to an increased uptake and improved health outcomes and early detection of Cancers.
- Lessons learnt, including best practice and areas for improvement, will be shared with other Barnet services who deliver Cancer Screening services, as well as wider NHS services to ensure that relevant learning is shared and improvements can be made to a wide range of services across Barnet.
- Provide Healthwatch with evidence which can be used to inform and influence at CCG and Health and Wellbeing Board meetings.

## Background

The low uptake of Cancer screening tests for patients with learning disabilities is not only a local issue in Barnet, but a national issue and health priority.

Statistics from Public Health England from 2014/15, which were the most recent available, demonstrated the contrast in uptake between local cohorts of people with and without Learning Disabilities engaging in Cancer screenings compared with the national average as follows:

Eligible women who have attended a cervical screening in the previous 5 years (women aged 25-64 years)

	No Learning Disability	Learning Disability	Difference in coverage
Barnet CCG	74%	23%	51%
England average	77%	30%	47%

The statistics for cervical screening showed that in comparison with other CCG's in London, Barnet had the joint fifth highest percentage of difference in coverage between women with and without Learning Disabilities.

Breast Cancer screening in previous 5 years (women aged 50-69 years)

	No Learning Disability	Learning Disability	Difference in coverage
Barnet CCG	54%	32%	22%
England average	68%	52%	16%

In comparison with other CCG's in London, Barnet were the fourth highest borough with a difference in coverage between women with and without Learning Disabilities.

Bowel screening in the previous 5 years (men and women aged 60-69 years)

	No Learning Disability	Learning Disability	Difference in coverage
Barnet CCG	82%	80%	2%
England average	78%	69%	9%

In comparison with other CCG's in London, for bowel screening Barnet were among the better performing boroughs with the sixth lowest percentage of difference in coverage between men and women with and without Learning Disabilities.

Key messages taken from those statistics stated that cervical Cancer screening may be lower in Learning Disability populations because of limited capacity to understand and consent to the examination.

In terms of breast screening it was identified that coverage may be lower because specialist services are required locally to anticipate and plan for the potential concerns of patients with learning disabilities, including liaison with GP surgeries to identify who may require such specialist services.

The statistics for bowel screening were statistically different in 6 London boroughs. However, Evidence for England suggested that death rates from colorectal Cancer in people with Learning Disabilities are significantly higher than for other populations. The lower screening coverage and higher death rates may be because screening is offered to people over the age of 60, at which stage a substantial proportion of people with Learning Disabilities will be in receipt of care and support services and screening will be dependant on whether such support is available to the individual.

Barnet Public Health coordinated two events targeted at Cancer Screening awareness and engagement across the general population.

- 1) Jo's Trust delivered a two-day awareness raising session at Brent Cross. They invited shoppers into their large trailer for a conversation on cervical cancer screening. The number of people who engaged was very low and it was reported that there was clear reluctance from the public to engage.
- 2) Barnet VCS organisations were invited to a community meeting to discuss how they can support improved early identification of Cancer symptoms and support residents living with Cancer however there was very low attendance. A handful of organisations with specific interest in health issues attended.

Public Health England considered the common barriers to accessing cervical screening for high risk groups and best practice to be shared. In terms of supporting women with Learning Disabilities, their findings were as follows:



## Barriers facing women with disabilities

The problem: **only 19%** of women with LD have recently had a smear (vs 73% in the general population)

### Barriers facing women with learning disabilities:

- Low levels of understanding about cervical cancer, the test and its relevance in women with learning disabilities
- Literacy barriers
- Practical difficulties, especially if no carer available to assist with booking an appointment/accompanying to it
- People with autism or learning disabilities feel 30% less likely to be listened to by their GP.
- GPs may wrongly assume patients are not sexually active

### Barriers facing women with physical disabilities:

- Mobility barriers for some women with physical disabilities
- Body image barriers which can affect women both with and without disabilities may be more pronounced\*



<http://www.dimensions-uk.org/wp-content/uploads/MyGPandMe-Making-primary-car-fair-Dimensions.pdf>

\* e.g. Moin, V., Duvdevany, I., & Mazor, D. (2009). Sexual identity, body image and life satisfaction among women with and without physical disability. *Sexuality and Disability*, 27(2), 83-95.



## What works for women with disabilities?

PHE and Jo's Trust have produced an EasyRead written guide and a Smear Test Film, both with close input and feedback from women with LD

### Ways to reduce distress (advice from Cancer Research UK)

Taking all of the relevant risk factors into account, if the woman or her carer and doctor decide to do a cervical screening test there are ways of reducing distress:

- the woman needs to have a good explanation of what will happen
- they need to have someone with them who they know and trust
- a series of visits to the clinic beforehand to get to know the people involved



## Methodology

### Surveys

We created an easy read survey to gather the views of local residents with Learning Disabilities about their experiences of accessing Breast, Bowel and Cervical Screening. These were distributed among the short breaks service and the outreach support service, an online version of the survey was also available although this was not in easy read, but as a tool for parents or carers to access to facilitate or provide feedback.

### Engagement Events

Expect the Best hosted two Cancer Screening Forums, one for men and another for women. The invitations were targeted towards the eligible age ranges for the screening groups and a total of 81 members were invited and encouraged to attend with a follow up phone call as a reminder of the event. Only 2 men attended the Men's Forum and 6 attended the Women's Forum.

Expect the Best utilised links within Barnet Mencap to encourage discussion by attending the Have Your Say members meeting, the over 50's Art Group and the activities facilitated by Community Opportunities Project (COP's) and the Autism Pilot Project.

A total of 14 Cervical screening, 5 breast screening and 10 bowel screening surveys were completed.

## Learning Disability Nurse Cancer Screening Project

The Community Learning Disability Nurse within the Team at Barnet Council embarked on a project focussed on Cancer Screening and Engagement. They sent out surveys to GP practices in Barnet in order to find out what service is offered to their patients with a Learning Disability, to identify barriers and areas that Practitioners would benefit from support with. 61 practices were contacted, of which 11 were returned.

Although only receiving a few responses, the Team acknowledged the demands on the time for the staff at the practices but that their input can also be seen as interfering or unnecessary, unless they have raised an issue to be supported.

The conclusions drawn from the survey were somewhat limited but reinforced general themes that are already known to the Team and are relevant for a range of health issues for people with Learning Disabilities. These include issues with communication and a lack of knowledge of Learning Disabilities.

The Team attempted to contact a local breast screening hub, however reluctance was noted to engage with the Team.

The LD Nurse facilitated workshops with Service Users from Barnet Mencap and Dimensions in order to raise awareness of the types of Cancers that affect men and women, promote healthy living and how to carry out self-checks. These groups had a relatively low uptake, with a maximum of 6 participants at some of the groups and as low as 1 at another.

## Quality Checks

Expect the Best attempted contact with the Breast Screening Hub by telephone and email several times but received no response.

Expect the Best faced challenges in engaging GP practices with the Quality Checks. From the 10 practices with the lowest numbers of registered patients with a Learning Disability, one had no patients with Learning Disabilities registered, one had closed, two were merging with other practices, one did not have the resources to take part and three were non-responsive.

## Longrove Surgery

The Practice Manager Claire O'Shea and Lead Practice Nurse, Lee Pomfrett showed interest and commitment to engage with the Cancer Screening Project.

There are 80 patients registered with a Learning Disability at the surgery, it is among the top few GP practices in Barnet with the highest number of registered patients with a Learning Disability. This has increased recently due to the development of new services nearby.

The range of needs of individuals varies greatly from those who are independent and communicative, patients with Autism, Down Syndrome and those with more complex physical needs including some patients who are deaf blind and some who require around the clock care.

Lee highlighted that just a small percentage of the patients with Learning Disabilities have capacity to discuss and understand their health issues, including that of Cancer screening.

### Best Practice

Reasonable adjustments are considered to meet the needs of patients with Learning Disabilities and examples of this included a 'warm up visit' with the Practice Nurse where health issues and screening can be discussed. The Nurse had

access to a range of accessible information including the Jo's Trust booklet and online resources from Cancer Research, Macmillan and Easy Health.

The Practice had access to the newly designed Health Action Plan which included communication tools targeted at the different sexes and the Nurse spoke positively about utilising these new materials. The Annual Health Check template prompts conversations around Cancer screening and is utilised.

Support from relatives or formal support staff is welcomed and encouraged in order to effectively engage with the patient and address their health needs and extra time is also allocated for appointments when this is felt to be helpful.

### Patient Engagement

Three patients with a range of needs were invited to meet with Expect the Best during the visit, to provide feedback on their experiences with screening. On the day, one of the patients who has more complex needs and is usually supported to appointments with their parent, was unable to attend.

The feedback received contributed to the overall findings from the surveys.

### Identified Barriers

The Practice shared their experience of common barriers for patients with Learning Disabilities accessing Cancer Screening:

#### Cervical Screening:

The invitation for Cervical screening is distributed by NHS England Screening Service who do not hold data on any additional needs of the patient. Therefore, it is not in an accessible format and can easily be ignored or not understood, unless effective support is in place.

Some patients are unclear about providing information about their sexual activity but may be known to be in a relationship. Other patients are reportedly or known not to have been sexually active and therefore at a lower risk of Cervical Cancer.

The test can be very traumatic for some patients, this can be due to a variety of reasons including a low tolerance to pain, anxiety about the test, lack of concept of time and poor understanding of how to relax.

For patients with more complex needs, the patients understanding and lack of capacity to consent is the main barrier. For patients who cannot physically get into the correct position for the test, the Practice refers to Colposcopy at Barnet Hospital where a specialist chair is available to assist.

#### Breast Screening:

Fear of machinery and a very low pain tolerance, along with the lack of concept of time was felt to be a major barrier.

Some patients are physically unable to take part and use the machinery.

It was felt that the Breast Screening Hub needs to do more in terms of information, awareness raising and reasonable adjustments to ensure patients with Learning Disabilities are not excluded.

The Nurse advised that where patients have higher support needs, there are barriers to paid support carrying out physical examinations of service users' breasts. In this case, he advises on physical changes to observe and flag with the GP such as visible lumps, discolouration, discharge or any discomfort when dressing or undressing.

#### Bowel Screening:

The Nurse reported that many patients do complete this with support from Carers and being non-invasive it is easier to encourage participation.

### **Mountfield Surgery**

Mountfield Surgery is among 10 GP practices in Barnet with the lowest number of patients registered with a Learning Disability with just 3 patients registered. Expect the Best aimed to Quality Check one of the practices with low numbers to assess the quality of Cervical screening in particular and share best practice to drive improvements where needed.

Dr Robinson was encouraging of the Project but could only offer a very limited amount of time herself and of that of the Practice Nurse, so a scaled back approach was taken. On the day of the visit, Dr Robinson was unexpectedly unavailable and the Practice Nurse was able to offer us a short interview.

#### Best Practice

Reasonable adjustments are offered to meet the needs of individual patients and examples included: flexible appointment times to suit their preference, extended appointments allowing additional time where this is helpful, encouraging a chaperone to attend with the patient, the Nurse can carry out home visits two afternoons per week where patients have mobility difficulties.

The Nurse explains why Cervical screening is important, what it involves and demonstrates the equipment used. The Nurse checks the patients' understanding and asks if they have any fears about the process.

The Nurse told Expect the Best that she looks for accessible resources online to share with patients with Learning Disabilities and their support.

The Nurse has met with a Community Learning Disabilities Nurse and meets with the Practice Doctors to share knowledge and best practice.

Being a small Practice, the Nurse expressed that they know their patients well. Every patient with a Learning Disability has an Annual Health Check. Surgery has an “alert check-up system” for each patient so doctors/nurse can see if anything needs acting on.

Written results are sent the patient and to the Surgery so the Doctor or Nurse can follow up where necessary e.g. if screening needs repeating or if a follow up at the hospital is necessary.

### Identified Barriers

Patients receive initial letter from National Screening Service and is not offered in an accessible format.

Where a patient is in a wheelchair, they may have to refer the patient to an alternative place e.g. gynaecologist in hospital setting. This is to allow for the fact that the plinth at the Surgery does not go up and down so may be difficult for wheelchair user to access.

## Survey Findings

### Cervical Screening

Most responses were from women aged between 25-49 years who should be invited for screening every 3 years. Those who completed the survey had a range of mild, moderate and complex learning disabilities, Asperger’s or Autism as well as specific needs such as mental health support needs, Down’s Syndrome and Epilepsy.

50% answered that they had not had a smear test in the last 3 years and just 35% of those who were eligible answered that they had.

Those who rated their experience as good told us that having support from another person helped them, that the kindness of the Nurse made a difference and seeing the equipment to be used helped. From an opposite perspective, for one respondent seeing the equipment made them feel very scared and more reluctant to go through with it.

For those who were invited to go for the screening but did not attend, their joint top three reasons were feeling worried or scared about the test, feeling embarrassed and thinking that the test would be painful. Some women also stated that they are not sexually active and, as a result, one woman had been advised to ignore the invitation letter by their GP.

The results showed that having support from another person at the test would help, followed by having a better understanding the test and more time with the Nurse.

Most women said they had not seen any easy read information about the smear test or about Cervical Cancer and while a high percentage had been for an annual health check with their GP, they had not discussed cervical screening.

## **Breast Screening**

There were very few responses to the survey but those who answered had mixed experiences of breast screening. Those who had a good experience said that the Nurse was nice and explained things, that the screening didn't take long and was conveniently located to home.

While another said they were unable to use their local mobile unit and that it is not easy to travel to the local hospital. Respondents told us that having support from another person would make it easier for them to complete the screening and having support to read the appointment letter. Some women had seen easy read information about breast screening but less had seen any easy read information about breast Cancer.

## **Bowel Screening**

The Bowel Cancer screening survey was answered by a mixture of men and women, who mostly considered themselves to have mild learning disabilities and many had mobility and support needs which can be associated with the age range of 60-75 years for those eligible for screening.

Of those who were sent a home testing kit, 55% said they completed it and a large majority had advice or support from a health professional, Carer or spouse to understand and complete the test. Comments included that it was not pleasant, it was fiddly, people felt embarrassed, it was difficult to understand but some found the pictures on the leaflet helpful.

For those who were sent a test but did not complete it, we heard that they did not understand the test and did not want to touch faeces to complete the test. Largely people told us that having support from another person would make it easier for them to do the test, followed by understanding the test and having easier instructions to follow.

Only 10% of people had seen any easy read information about bowel Cancer or bowel screening. Just 30% of people reported having been to an annual health check with their GP in the last year of which 11% recall having talked about bowel screening.

## Case Studies

The following case studies have been provided by Barnet residents. For anonymity, the names of individuals have been changed.

### Case Study 1

Emma is a 43-year-old woman with mild Learning Disabilities. She has no physical disabilities and lives in a Supported Living service describing her support needs to include making sure she is looking after herself, not getting stressed, support going out and to maintain a routine.

Emma attempted to have a smear test within the last 3 years and described her experience of this as being bad. She advised that she had spoken to the Nurse about the test prior to the appointment but when she entered the room, the instruments were being prepared for the examination and she said *“that put me off. My mind was totally out of the window. I got really shaky and scared and felt like something wasn’t going to go. The thought of it (the speculum) being in me was something completely different”*.

Emma said that deterrents for having the test were that she had been scared and thought it would be painful, adding that it can be embarrassing. When asked to consider what she thought would make it easier she answered, ‘having support from another person’ and said that was important to her to have someone there, to be able to speak to her Carer who knows her well to reassure her and make her feel better. She was also able to identify that listening to certain kinds of music and to dim the lights help her to relax when she is feeling stressed and agreed she might have liked to have been offered this during the test. She also uses a self-soothing method of closing her eyes and telling herself it will be ok as a way to keep calm.

Emma said that she had been shown easy read materials about the smear test but didn’t know if she had seen information about Cervical Cancer. Emma had an Annual Health Review in August 2017 and the Lead Learning Disabilities Nurse confirmed that they discussed screening and how to carry out self-checks.

### Case Study 2

Claire is a 66-year-old woman with mild Learning Disabilities and Autism and no physical disabilities. Claire lives in a Supported Living Service and has been supported by her main Carer for 14 years. Claire last had a smear test at the GP surgery in 2001 which was negative in result. In subsequent years, as she became due for the smear test, there were concerns about a deterioration in her communication, level of understanding and therefore her ability to consent to the test and she expressed a refusal to have the smear test.

Claire was supported to attend an Annual Health Review with the Lead Learning Disability Nurse in November 2017 with her main Carer and eligibility for cervical screening was discussed.

### Case Study 3

Gary is a 68-year-old man who has a mild learning disability and lives with his wife who also has a learning disability and they both receive outreach support.

In 2003, when Gary was just 53 years old, he was diagnosed with Bowel Cancer and had surgery as a result. At the time he wasn't eligible in terms of his age for Bowel Cancer screening. His Support Worker at the time reported that he ate a poor diet and had a history of ongoing bowel issues that suddenly deteriorated. The hygiene levels within the home bathroom were noticeably worse which lead the Support Worker to ask questions and prompt Gary to seek advice from his GP.

Gary recalled *"I used to get pain in my belly, it would come and go. I went to the Barnet General Hospital with my Support Worker at the time, they diagnosed me and the next day I had an operation. I was told what was going to happen, I was awake and it didn't hurt. My wife was there, it was upsetting for her as well. I didn't think I would get it but I did"*.

### Feedback on Easy Read Materials

Those in attendance at the Women's Cancer Screening Forum and some individuals who were supported individually were supported to look through an Easy Read booklet from Jo's Trust entitled 'Having a Smear Test. What is it about?' and were shown 'The Smear Test Film' co-produced by Jo's Trust, Public Health England and women who have Learning Disabilities.

Feedback on what people learned about Cervical Cancer:

*"It helped me in a small way about Cervical Cancer"*

*"It is when you change some of the cells of your body"*

*"I found it helpful"*

*"Lots of women died from it"*

*"I think I understand now why it is important to have it. It's given me an idea that I should try and have one. I think it's important, it will save your life"*

Feedback on what was learned about smear tests:

*"Little bits about the women's problems and the smear test"*

*"How it is done and what it involves"*



*“It is important to have a smear test”*

*“It showed us how it was done”*

*“It was good seeing the equipment, the plastic speculum”*

*“I learned that you can have a smear test if you are not sexually active”*

The easy guide to Breast Screening produced by the NHS and Public Health England published in February 2018 was shown to participants who shared the following feedback:

*“The photos of the machines were helpful, it was all helpful”*

*“I found out how to check my breasts”*

*“I didn’t know you don’t go to the Doctors for breast screening”*

*“I learned that it (Breast Cancer) can spread”*

The easy read Bowel Cancer and Bowel Screening booklet by Liverpool Community NHS Health Trust in 2014 was shown and the following feedback received:

*“It helped”* and *“It helped to remember”*

*“I learned what it actually is, the polyps and the symptoms”*

4 participants commented on the information about healthy diet in order to reduce risks *“I didn’t know about all these vegetables”*, *“I didn’t know about the diet”* and another said *“it’s helpful to know”*

*“I didn’t know that more men get Bowel Cancer than women”*

*“I didn’t know that blood in the toilet can be a sign”*

*“I didn’t realise it was (stool samples) 3 days in a row, I just did it when I could”*

## Recommendations

Expect the Best make the following recommendations in order to more effectively engage patients with learning disabilities with Cancer screening and to impact on better health outcomes, in line with the aims of this project for this.

1. For best practice identified within the GP surgeries to be shared in order that this to be replicated.
2. Specialist support via the Community Learning Disability Team to be encouraged within GP surgeries in order to improve practice and improve engagement.
3. GP surgeries to access Easy Read information to support the understanding of Breast, Bowel and Cervical Cancers.

<https://www.jostrust.org.uk/shop/cervical-screening-and-cervical-abnormalities/easyread-booklet-having-smear-test-what-it-about>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/675924/Breast\\_screening\\_easy\\_guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675924/Breast_screening_easy_guide.pdf)

<https://www.merseycare.nhs.uk/media/3671/bowel-cancer-screening.pdf>

<https://www.macmillan.org.uk/information-and-support/resources-and-publications/other-formats/easy-read.html>

4. The following Cancer Screening Good Practice Guide for Primary Care to be circulated, which includes a section on ‘people with additional needs’:

<https://www.healthylondon.org/resource/good-practice-screening-guide-breast-cervical-bowel/>

5. Support Providers and Parents and Carers would benefit from additional training or awareness raising on the signs and symptoms of Cancers, in order that they can effectively support people with learning disabilities whom they support to flag health concerns in a timely manner.

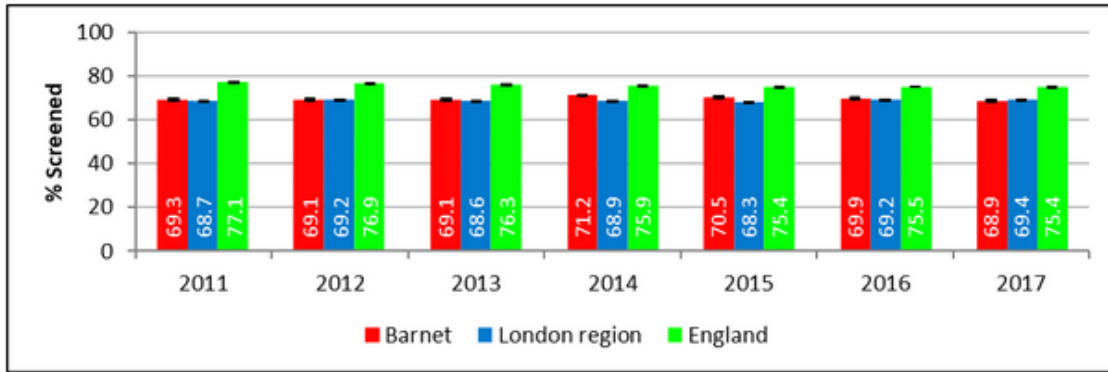
MacMillan offer some training on general Cancer awareness as well as specific types of Cancers, living with Cancer and Palliative Care. Their training programme can be found via their website:

<https://learnzone.org.uk/professionals/>

<https://learnzone.org.uk/public/>

## Action Plan

The Barnet Joint Strategic Needs Assessment identifies that Cancers are within the leading three causes of deaths for men and women in Barnet. It also highlights that, within the general population of the borough, Cancer screening coverage for Barnet was significantly worse than the national average for bowel, breast and cervical Cancers between 2015 and 2017.



Source: Public Health England, Public Health Outcomes Framework.

Expect the Best conclude that there are major barriers to engaging with both health services and with people with Learning Disabilities themselves on the issue of Cancer Screening. However, to make changes towards stronger engagement, this must be driven by health services. We would like to see this issue raised within the CCG and the Health and Wellbeing Board to consider how improvements can be made and to seek a multi-agency commitment from health services and commissioning within Barnet to take this forward.

Aim:

What do we want to achieve	Lead	Achieved by	BRAG	Comments
1. To provide information for people with learning disabilities and family carers about cancer, cancer screenings and lifestyle changes				
2.1 To make available to service providers the above information				
2.2 To adapt for providers local Public Health information in a pack				
3. To hold a workshop for service providers to raise awareness of cancer, cancer screening and lifestyle changes				
4.1 To provide awareness training for staff at breast-screening clinics, including information and Easyread material				



<b>What do we want to achieve</b>	<b>Lead</b>	<b>Achieved by</b>	<b>BRAG</b>	<b>Comments</b>
4.2 To produce Easyread invitations to screenings				
4.3 To review GPs' list of people to invite for screening to make sure they include people with learning disabilities				
4.4 To support GPs regarding MCA and best decision-making for cancer screening				
5. Work with the Care Quality Team to repeat the survey of providers				
6. Repeat the focus group for people with learning disabilities and update the local case studies				
7. To create a specific section on cancer and cancer prevention in My Health Matters				
8. To ensure there is a link with cancer and cancer screening in the Annual Health Checks				

<b>What do we want to achieve</b>	<b>Lead</b>	<b>Achieved by</b>	<b>BRAG</b>	<b>Comments</b>
9. To update the prevalence rates for people with learning disabilities in Barnet				





## Surveys

### Bowel Cancer Survey




**Cancer Screenings Project**  
Questionnaire – Bowel Cancer Screening


**1. Are you answering these questions about:**

	Please tick
 Yourself	<input type="checkbox"/>
 A relative you care for	<input type="checkbox"/>
 someone you support professionally	<input type="checkbox"/>
 Other (please tell us)	<input type="checkbox"/>


**2. What is your gender?**

 Male	<input type="checkbox"/>
 Female	<input type="checkbox"/>
 Transgender	<input type="checkbox"/>




**3. How old are you?**

	60-75	<input type="checkbox"/>
---	-------	--------------------------




**4. Do you consider yourself to have:**

	Mild Learning Disabilities	<input type="checkbox"/>
	Moderate Learning Disabilities	<input type="checkbox"/>
	Severe or profound Learning Disabilities	<input type="checkbox"/>
	Autism or Aspergers	<input type="checkbox"/>
	None	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>
	Other (please tell us what)	<input type="checkbox"/>




**5. Do you have any physical disabilities?**

		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>




**6. Do you have any support needs? e.g. a mobility aid, a wheelchair or communication needs**

		<input type="checkbox"/>
	Yes (Please tell us more)	<input type="checkbox"/>
	No	<input type="checkbox"/>


**7. Have you been sent a home testing kit for bowel cancer screening in the last 2 years?**

		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>




**8. Did you complete the home testing kit?**

		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>


**9. If you said yes – what was it like to complete the home testing kit?**










		<input type="checkbox"/>












**10. Did you have support to complete the test?**


		<input type="checkbox"/>
	Yes – Please explain:	<input type="checkbox"/>
	No	<input type="checkbox"/>






**11. If you did not complete the test, please tell us why not**

		<input type="checkbox"/>

	<b>12. What would make it easier for you to complete the test?</b>	
	Understanding the test better	
	Having support from another person	
	Easier instructions about the test	
	Other (please tell us)	
	<b>13. Were you shown any easy read information about bowel cancer screening?</b>	
	Yes	
	No	
	Don't Know	


	<b>14. Have you seen any easy read information about bowel cancer?</b>	
	Yes	
	No	
	Don't Know	
	<b>15. Have you been to an Annual Health Check with your GP in the last year?</b>	
	Yes	
	No	
	Don't Know	
	<b>16. If yes, did you talk about bowel cancer screenings at the annual health check?</b>	
	Yes	
	No	
	Don't Know	

 **(For Focus Group only)**  
 Now we will look at some Easy Read Information about Bowel Cancer and smear tests.  
 We would like to know what you think and if it has helped you at all.


	<b>17. What did you learn about Bowel Cancer?</b>
	<b>18. What did you learn about bowel cancer home testing?</b>
	<b>19. Has this changed whether you would complete a home testing kit?</b>
	Yes
	No




# Breast Cancer Survey







**Cancer Screenings Project**  
Questionnaire  
- Breast Cancer Screening




Expect the Best  
The Cancer Consortium







healthwatch  
Basset




1. Are you answering these questions about:		Please tick
	Yourself	<input type="checkbox"/>
	A relative you care for	<input type="checkbox"/>
	Someone you support professionally	<input type="checkbox"/>
	Other (please tell us)	<input type="checkbox"/>




  




2. How old are you?		Please tick
	50 - 69	<input type="checkbox"/>





3. Do you consider yourself to have:		Please tick
	Mild Learning Disabilities	<input type="checkbox"/>
	Moderate Learning Disabilities	<input type="checkbox"/>
	Severe or profound Learning Disabilities	<input type="checkbox"/>
	Autism or Aspergers	<input type="checkbox"/>
	None	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Other (please tell us what)	<input type="checkbox"/>

4. Do you have any physical disabilities?		Please tick
		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>


5. Do you have any support needs? e.g. a mobility aid, a wheelchair or communication needs		Please tick
		<input type="checkbox"/>
	Yes (Please tell us more)	<input type="checkbox"/>
	No	<input type="checkbox"/>






6. Have you been offered a breast cancer screening appointment in the last 5 years?		Please tick
		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>





7. If you answered no, have you had a letter inviting you to a breast cancer screening in the last 5 years?		Please tick
		<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>





7. If you said yes, how would you rate your experience?		Please tick
	Excellent	<input type="checkbox"/>
	Good	<input type="checkbox"/>
	Ok	<input type="checkbox"/>
	Bad	<input type="checkbox"/>





10. If you were invited to a breast screening but did not go, please tell us why		Please tick
		<input type="checkbox"/>
	Worried or scared about the test	<input type="checkbox"/>
	Thought the test would be painful	<input type="checkbox"/>
	Do not understand what a smear test is	<input type="checkbox"/>
	Did not understand the letter	<input type="checkbox"/>
	Embarrassed about having the test	<input type="checkbox"/>
	Other - please tell us why	<input type="checkbox"/>





8. What made you choose this rating? What made it a good or bad experience		Please tick
		<input type="checkbox"/>
		<input type="checkbox"/>

	11. What would make it easier for you to complete the test?	
	Understanding the test better	
	Having support from another person	
	More time with the nurse doing the test	
	Other (please tell us)	

	12. Were you shown any easy read information about breast cancer screening?	
	Yes	
	No	
	Don't Know	

	13. Have you seen any easy read information about breast cancer?	
	Yes	
	No	
	Don't Know	

	14. Have you been to an Annual Health Check with your GP in the last year?	
	Yes	
	No	
	Don't Know	


	15. If yes, did you talk about breast cancer screenings at the annual health check?	
	Yes	
	No	
	Don't Know	







(For Focus Group only)

Now we will look at some Easy Read information about Breast Cancer and breast cancer screening.

We would like to know what you think and if it has helped you at all.

	16. What did you learn about breast cancer?

	17. What did you learn about breast cancer screening?

	18. Has this changed whether you would <u>attend</u> a breast cancer screening?
	Yes
	No

# Cervical Cancer Survey



Cancer Screenings Project  
Questionnaire – Smear Tests



1. Are you answering these questions about:		Please tick
	Yourself	
	A relative you care for	
	Someone you support professionally	
	Other (please tell us)	

2. How old are you?		
	18 – 24	
	25 – 49	
	49 or older	

3. Do you consider yourself to have:		
	Mild Learning Disabilities	
	Moderate Learning Disabilities	
	Severe or profound Learning Disabilities	
	Autism or Aspergers	
	None	
	Don't Know Other (please tell us what)	

4. Do you have any physical disabilities?		
	Yes	
	No	

5. Do you have any support needs? e.g. a mobility aid, a wheelchair or communication needs		
	Yes (Please tell us more)	
	No	

6. If you are 25 – 49 years old have you had a smear test in the last 3 years?		
	Yes	
	No	



7. If you are 49 years old or older have you had a cervical 'smear test' in the last 5 years?		
	Yes	
	No	






8. If you said yes – how would you rate your experience?		
	Excellent	
	Good	
	Ok	
	Bad	





9. What made you choose this rating? What made it a good or bad experience?		





10. If you answered no – Have you had a letter inviting you to have a smear test in the last 3 - 5 years?		
	Yes	
	No	





11. If you were invited to a smear test, but did not go, please tell us why		
	Worried or scared about the test	
	Thought the test would be painful	
	Do not understand what a smear test is	
	Did not understand the letter	





	Embarrassed about having the test	
	Other – please tell us why	

	<b>12. What would make it easier for you to go for a smear test?</b>	
	Understanding the test better	
	Having support from another person	
	More time with the nurse doing the test	
	Other (please tell us)	

	<b>13. Were you shown any easy read information about having a smear test?</b>	
	Yes	
	No	
	Don't Know	

	<b>14. Have you seen any easy read information about Cervical Cancer?</b>	
	Yes	
	No	
	Don't Know	


	<b>15. Have you been to an Annual Health Check with your GP in the last year?</b>	
	Yes	
	No	
	Don't Know	


	<b>16. If yes, did you talk about the smear test at the annual health check?</b>	
	Yes	
	No	
	Don't Know	






**(For Focus Group only)**

Now we will look at some Easy Read information about Cervical Cancer and smear tests. We would like to know what you think and if it has helped you at all.

	<b>17. What did you learn about Cervical Cancer?</b>

	<b>18. What did you learn about smear tests?</b>

	<b>19. Has this changed whether you would attend a smear test?</b>
	Yes
	No



## Appendix: High risk groups – barriers to accessing cervical cancer screening and best practice



### Barriers facing BME women

The problem: **1/3 more** eligible BME women have never had cervical screening compared with white women

Reasons for this include:

- **Low awareness** of what cervical cancer is, risk factors (including HPV), symptoms or the test's purpose
- **Cultural barriers** including stigma around cancer, fatalism
- **Marital status** – it may be considered unnecessary for unmarried women by relatives/elders; sexual activity before marriage is taboo and may not be disclosed
- **Embarrassment and fear** about the test itself
- Embarrassment about the presence of a male doctor
- Fear about a negative outcome
- **Literacy and language barriers** affecting understanding of written invitations

(From research undertaken by Jo's Trust. April 2018.)

BME women

Younger women

LGBT+ people with a cervix

Women from deprived areas

Women with disabilities

Survivors of sexual violence



## What works in reaching BME women?

- Simple English and/or materials translated into people's own language
- Trusted messengers from within their local community
- Engagement through community leaders, faith groups, religious leaders to increase understanding and break down stigma
- E.g. programme run by VBME-Trafford - cervical screening liaison worker (Aliya) who went into local BME shops/businesses, worked with community leaders and called women directly



## Case study – 6-week programme by VBME-Trafford



- Materials developed & translated
- Community outreach - faith groups, BME community groups & ESOL classes, schools, community centres & libraries, local businesses
- Directly contacting women who had not responded to screening invitations by phone



## VBME-Trafford programme

- Project led by BME Health Liaison Worker Aliya Bukhari, helped by her cultural + linguistic skills
- 1 in 4 women declined to book when contacted by phone
- Targets set for March 2015: 100

Outcome	Number of women
Total Appointments Booked	107
Total Appointments Attended	72
Appointments did not attend (DNA)	35
Number of women overdue by 5 years +	19
Number of women lesbian or bisexual	3

Many women were booked for April 2015 and are therefore not included in these figures.

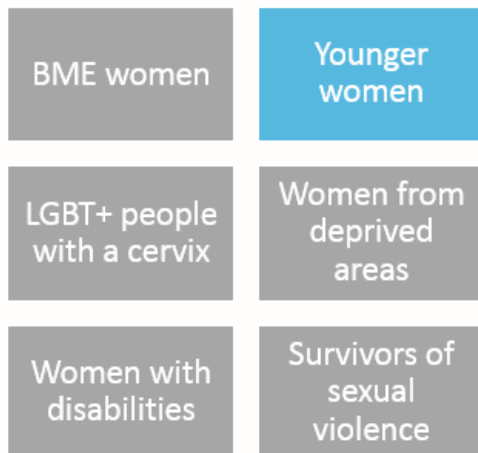


## Barriers facing younger women

**1 in 3** women aged 25-29 skip screening (vs 1 in 4 on ave.)

In a recent survey by Jo's Trust:

- **Lack of knowledge and understanding** - 61% of women aged 25 to 35 were unaware they were in the highest-risk group for cervical cancer, a quarter didn't think they needed to go as they were healthy. Over 1/3 believed screening doesn't reduce your cancer risk.
- **Body image and embarrassment** - 35% of all women reported being embarrassed to attend because of their body shape (50% of non-attenders). 48% of non-attenders had concerns over the appearance of the vulva and 54% about whether they smelled 'normal'; 31% said they wouldn't go if they hadn't shaved/waxed their bikini area
- **Accessibility barriers** - 35% wouldn't go if they had to take time off work, 16% wouldn't miss the gym for it. 26% said it's too hard to make an appointment
- **Fear of the 'unknown'** coupled with others' 'horror stories' (Farrington, April 2010)



## What works in reaching younger women?

- Addressing knowledge gaps to explain the test's relevance and benefits, including that they are in a particularly high-risk group
- Making it easier to book an appointment, including evening/out-of-hours appointments
- Younger women are more likely to get health-related information online and use social media



## Barriers facing women from deprived areas

The problem: 1 in 2 women from the most deprived parts of the UK do not attend cervical screening

In a 2011 study based in an area of social deprivation:

- **Practical issues** such as the timing of the appointments, lack of time and having to find childcare were identified as important barriers to screening.
- **Knowledge** of cervical cancer including associated risks and preventative factors was extremely limited.
- **Negative previous experiences** of cervical screening, with feelings of 'fear', 'embarrassment' and feeling 'stigmatised'

BME women

Younger women

LGBT people with a cervix

Women from deprived areas

Women with disabilities

Survivors of sexual violence

Logan, L., & Mollifpatrick, S. (2011). Exploring women's knowledge, experiences and perceptions of cervical cancer screening in an area of social deprivation. *European Journal of Cancer Care*, 20(6), 720-727.





## Barriers facing LGBT people

The problem: **Half** of all eligible gay or bisexual women have never had a smear test

- In a 2011 survey, 37% of gay and bisexual women questioned had been **informed (incorrectly) by a health professional that cervical screening is not required if not having sex with men**
- Many LGBT women have had **negative experiences of healthcare** which can create a further barrier to accessing screening – in a survey of LGBT women, 36% said a doctor or nurse had assumed they were heterosexual.
- **52% cited embarrassment or fear** as reasons why they had not undergone screening in an Australian survey
- Trans men/non-binary people with a cervix are eligible but **will not routinely receive invitations to cervical screening** if registered as male with their GP practice, and may find cervical screening difficult psychologically

BME women

Younger women

LGBT people with a cervix

Women from deprived areas

Women with disabilities

Survivors of sexual violence

<https://www.bbc.co.uk/news/health-39230807>  
<https://www.nhs.uk/common-health-questions/sexual-health/should-trans-men-have-cervical-screening-tests/>

## What works in reaching LGBT women?

- Need for myth-busting because misinformation is prevalent
- Clear, evidence-based messages & information, from trusted messengers

Australia's '**The Inner Circle**' campaign is a good example of a campaign focused on improving understanding and awareness as well as uptake of cervical cancer screening amongst LGBT+ people who have a cervix

**Everybody with a cervix is at risk of cervical cancer.**

Cervical cancer is one of the most preventable cancers, yet studies show that LGBTIQ+ people are less likely than the general population to attend cervical screening. Having regular Cervical Screening Tests is the best way people in our communities can protect themselves against cervical cancer.

**What are the changes**  
New evidence and better

**Sex, HPV and cervical cancer**  
Want a refresher on cervical

**Your guide to cervical screening**  
Get up to speed with what

## Barriers facing women with disabilities

The problem: **only 19%** of women with LD have recently had a smear (vs 73% in the general population)

### Barriers facing women with learning disabilities:

- Low levels of understanding about cervical cancer, the test and its relevance in women with learning disabilities
- Literacy barriers
- Practical difficulties, especially if no carer available to assist with booking an appointment/accompanying to it
- People with autism or learning disabilities feel 30% less likely to be listened to by their GP.
- GPs may wrongly assume patients are not sexually active

### Barriers facing women with physical disabilities:

- Mobility barriers for some women with physical disabilities
- Body image barriers which can affect women both with and without disabilities may be more pronounced\*

BME women

Younger women

LGBT people with a cervix

Women from deprived areas

Women with disabilities

Survivors of sexual violence

<http://www.dimensions-uk.org/wp-content/uploads/MyGPandMe-Making-primary-car-fair-Dimensions.pdf>

\* e.g. Moin, V., Duvdevany, I., & Mazor, D. (2009). Sexual identity, body image and life satisfaction among women with and without physical disability. *Sexuality and Disability*, 27(2), 83-95.

## What works for women with disabilities?

PHE and Jo's Trust have produced an EasyRead written guide and a Smear Test Film, both with close input and feedback from women with LD

### Ways to reduce distress (advice from Cancer Research UK)

Taking all of the relevant risk factors into account, if the woman or her carer and doctor decide to do a cervical screening test there are ways of reducing distress:

- the woman needs to have a good explanation of what will happen
- they need to have someone with them who they know and trust
- a series of visits to the clinic beforehand to get to know the people involved

## Barriers facing women who have experienced sexual violence

- May not wish to disclose or have to recount what they have been through with a doctor/nurse, particularly one they have not met before
- May find anticipation of and/or the procedure itself (including power dynamics and concerns about feeling powerless to stop it) very difficult to manage
- Shame or believing that they do not deserve good health
- Embarrassment that there may be signs of damage, either from the attack or from coping mechanisms such as cutting and that they may be judged or might inadvertently disclose what happened
- Worries about how reactions to the examination, such as crying or dissociation, will be perceived or being judged



## Practical suggestions around cervical screening for women who have experienced rape/sexual assault (from Jo's Trust & the My Body Back Project)

- Double appointments to allow the patient more time both before and after the smear to recover their equilibrium.
- Booking an initial appointment to allow the patient to get to know the smear-taker, with reassurance that they don't have to have the smear test then.
- Bringing someone else as support or to serve as the patient's voice if they feel that they may lose it.
- Writing a letter (or ask a trusted person to), explaining their particular difficulties with having a smear and any specific dos and don'ts for the smear taker.

### Specialist services (eg. Rape Crisis and the My Body Back Clinic)

<https://www.jostrust.org.uk/blog/let%E2%80%99s-talk-about-it%E2%80%A6smear-tests-after-experiencing-sexual-violence>

## Barnet Learning Disabilities Service

### Lucy Little - Community Learning Disability Nurse

I commenced this project in January 2017 as part of my role as Health Promotion Lead within the Barnet Learning Disabilities Service.

I initially began with researching what the current National recommendations in relation to Cancer Screening were, I discovered the following:

**NHS National Bowel Screening Programme** - screening every 2 years to all men and women aged 60 to 74 (home testing kit).

**NHS National Breast Screening Programme** - screening every 3 years to all women aged 50 to 70, however so areas are offering from 47 years old and up to 73 years old.

**NHS National Cervical Screening Programme** - screening every 3 years to all women aged 25 to 49 and all women aged 50 to 64 every 5 years.

Although these were the National recommendations, I wanted to find out what was being offered to people with a Learning Disability in the London Borough of Barnet. In order for me to find this out, I decided to carry out some of my own research. I wrote letters to GP practices with attached questionnaires to be completed.

Initially in February 2017, I randomly selected 26 GP practices within the London Borough of Barnet and forwarded questionnaires to them to ascertain what Cancer Screening service they offer to people with a Learning Disability within their practice.

Having received only 4 responses back, I decided to send a further 35 in April 2017 (covering the rest of the GP practices that we have on our DES list).

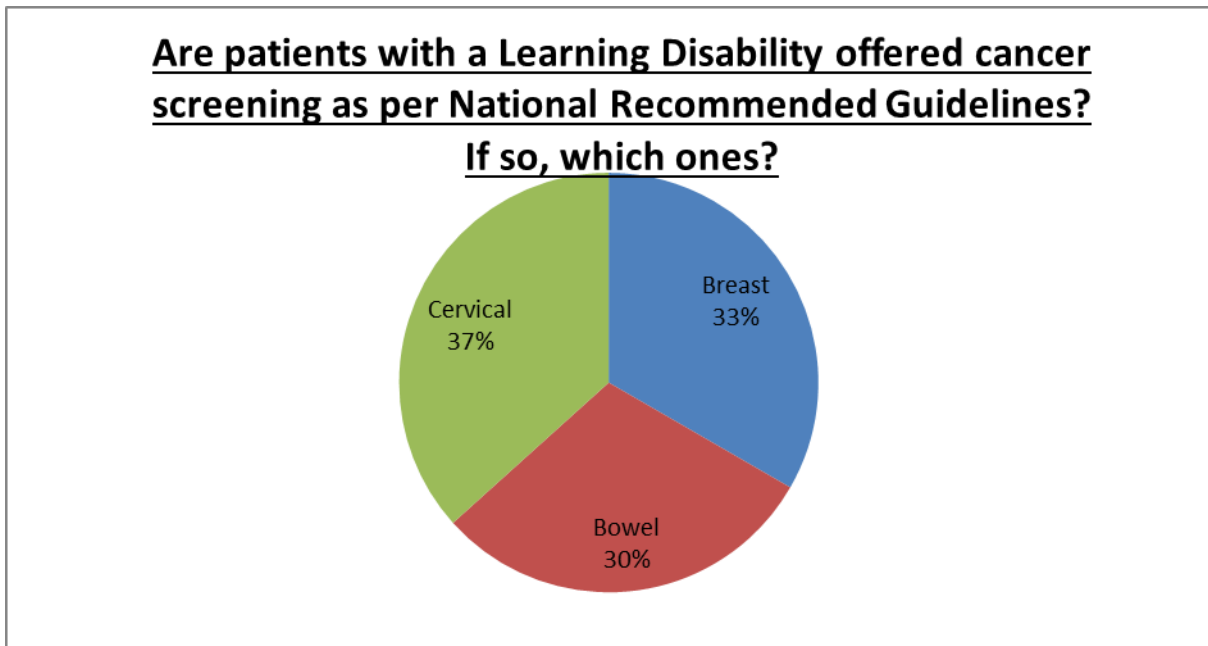
I received an additional 7 responses back, bringing the total of 11 GP practices with the London Borough of Barnet responded to the questionnaires I sent. To note - two were sent back with address no longer valid.

The questionnaires were made of 5 questions, giving the opportunity to answer "yes" or "no" with a selection of tick boxes too.

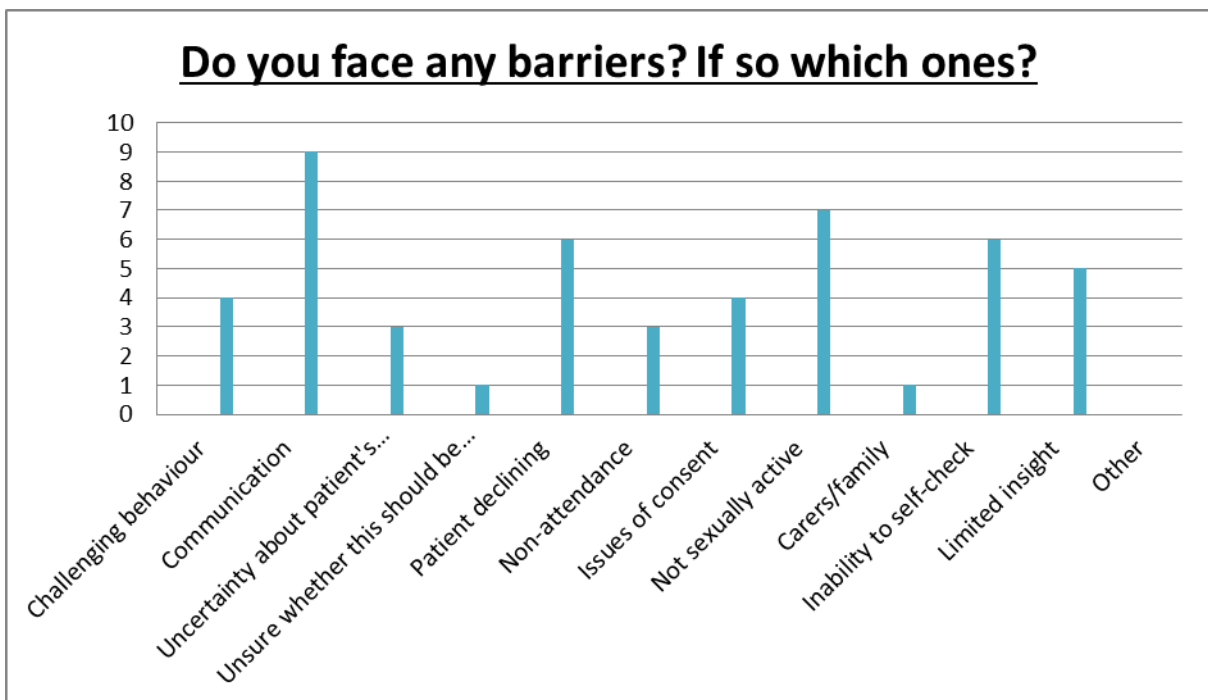
The questions were (including some comments made in response - in addition to tick box):

1. Are patients with a Learning Disability offered cancer screening as per Nation Recommended Guidelines? If so, which ones?

*“Yes, as per national screening programme.”*



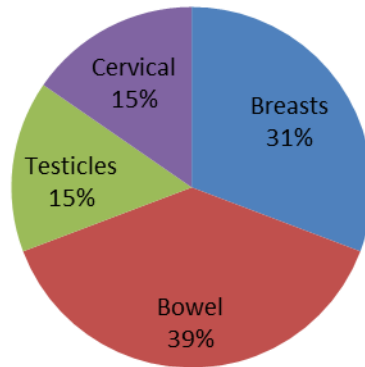
2. Do you face any barriers? If so which ones?



3. In your experience, do carers/families support with checking for abnormalities? If so, which areas? And how?

One comment written in response to this question was: *“not sure”*, another was *“help with discussion in surgery”*

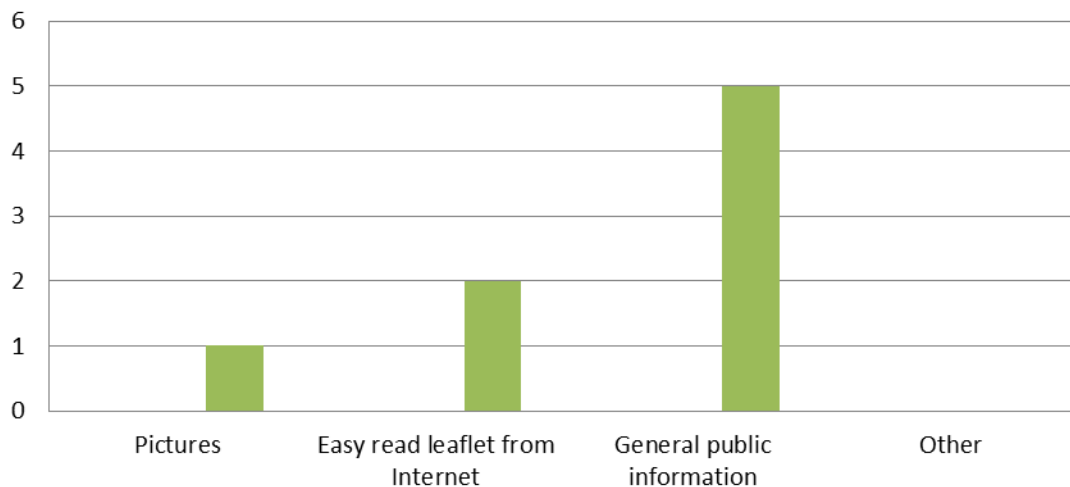
**In your experience, do carers/families support with checking for abnormalities? If so, which areas? And how?**



**4. Do you offer easy read information about cancer screening? If so, what does this information look like?**

One comment made in response to this question was; no, *“but can consider as future action”*

**Do you offer easy read information about cancer screening? If so, what does this information look like?**

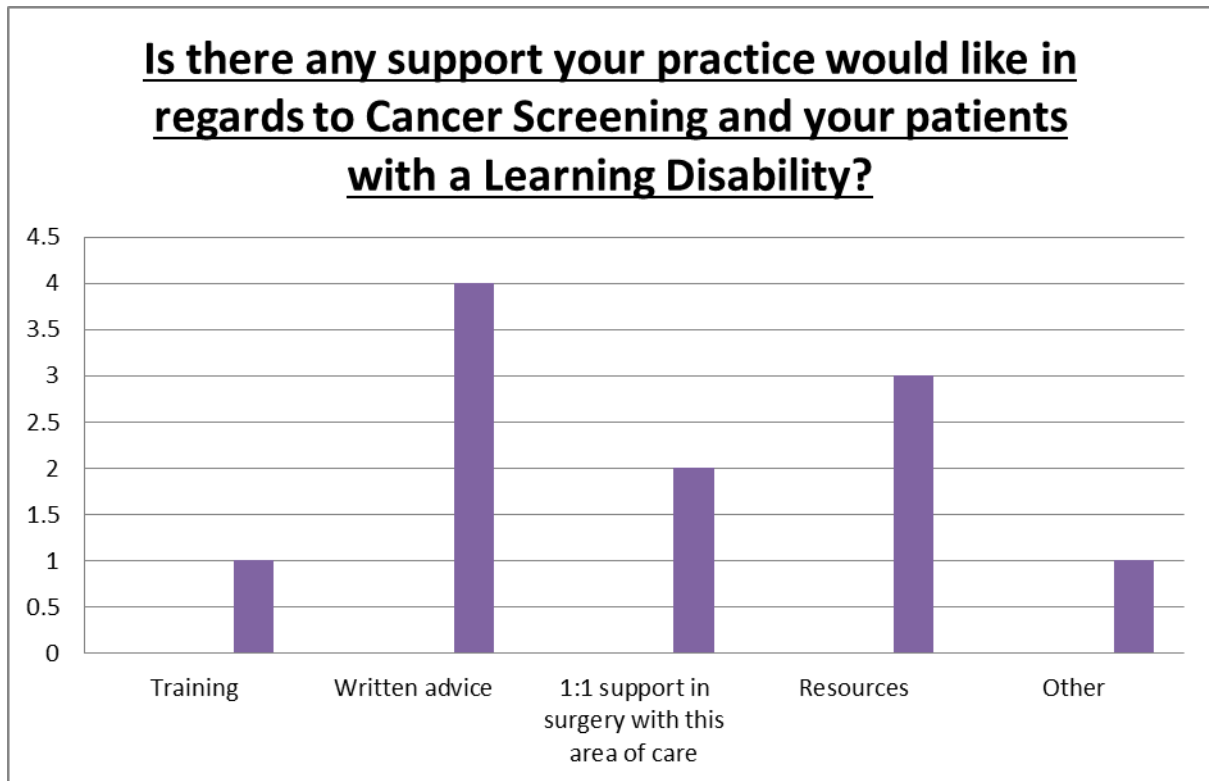


**5. Is there any support your practice would like in regard to cancer screening and your patients with a Learning Disability?**

Comment written in response to this question included:

*“Written material to be able to give to patients/carers”*

*“Central support for ensuring these patients receive suitable literature and on practice LD list.”*



There was an additional question at the end, this was:

**6. How would you like to see the future in cancer screening for your patients with a Learning Disability?**

The comments made were:

*“Increased screening that is appropriate for the patient.”*

*“Formal invite tailored to those with LD.”*

*“I would like to see set up specialist clinics with mental health nurses who are trained to do checks for cancer abnormalities signs and symptoms. Patients will be familiar if they see same face each time. Even home visit to arrange them to be seen in their own environment.”*

*“Easy access and regular follow-up.”*

In addition to the questions, there were options to add additional comments throughout, as well as at the end of the questionnaire. The comments received were:

*“Only have 2 patients with learning difficulty - both very mild so probably not needing lots of input.”*

*“It would be good if there was additional support provided as often these patients require a lot more time in order to gain consent. Also, it is not always appropriate to do screening in the presence of carers.”*

Following the results received from the questionnaires to GP practices, I felt that more information needed to be gathered to find out what is going on from a care providers perspective around cancer screening.

At the beginning of October 2017, I wrote to 10 care providers within the London Borough of Barnet, in particular one service within each. I sent them a questionnaire to complete also.

I only received one response back of which did not provide me with enough detail or information.

Due to a change in role within the team, my cancer screening project came to an end and unfortunately no further data has been gathered or progress made.

Hopefully in the future, this project can be picked up again and continued.



AGENDA ITEM 14

	<b>Health and Wellbeing Board 3 October 2019</b>
<b>Title</b>	<b>Children and Young People's Mental Health Transformation Plan 2019/20</b>
<b>Report of</b>	Director of Commissioning, Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	Zoë Garbett, Assistant Director Children and Young People's Commissioning, Barnet CCG 0203 688 1870 / <a href="mailto:zoe.garbett@nhs.net">zoe.garbett@nhs.net</a>

### Summary

This report presents Barnet's Children and Young People's Mental Health Local Transformation Plan 2019/20 outline for consideration. The Plan focuses on prevention across the whole system as well as ensuring access to good quality care, when needed.

### Recommendations

1. That the Health and Wellbeing Board delegate authority to the Director of Public Health in consultation with the Chairman and Vice-Chairman of the Board to sign off this plan for 19/20 period ahead of the final submission to NHSE on 31/10/2019.
2. That the Health and Wellbeing Board agree to support the system wide Children and Young People's Mental Health Transformation.

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 We are proud of the progress we have made so far against our plan to improve children and young people's mental health services in Barnet. This includes

increased investment in early help, reduced waiting times and our progress in moving services out of clinical settings and into the community.

1.2 We know there is more to do and as a part of our routine yearly update, this iteration of our Local Transformation Plan for 2019/20 reflects our commitment to continue to improve provision for young people and their families.

1.3 Our 2018/19 achievements include:

- Strengthened co-production and engagement with families and young people, including parent representation of the children and young people (CYP) Mental Health Transformation Board, Local Authority consultations and a co-produced health conference for parents of young people with special educational needs and disability (SEND) focused on mental health. Barnet, Enfield and Haringey Mental Health Trust (BEH) also completed a co-produced re-design of services to improve access which will launch in 2019/20.
- Our Resilient Schools programme has been co-produced with parents, pupils, Barnet Public Health, Cambridge Education, Local Schools, Family Services and Barnet CCG. The programme aims to help schools, parents and pupils to recognize their own mental wellbeing needs and be confident to access information to support themselves and others, de-stigmatise mental health in schools and intervene early to prevent escalation of mental health problems. The Public Health led programme has expanded to 55 schools.
- Pioneered online counselling support for local Children and Young People provided by Kooth and rolled out online support for school professionals and Special Education Needs and Disabilities Information, Advice and Support Services (SENDIASS) through Qwell – An online counselling and emotional well-being platform accessible through mobile, tablet and desktop.
- Further development of the Local Authority's Barnet Integrated Clinical Service reflects investment in early help, enhancing our prevention offer. The Integrated Clinical Service structure organises and distributes clinical expertise across Early Help, Schools, Children's Social Care and Youth Offending Services so that clinicians are embedded with the wider children's workforce offering direct support to children, young people and families, as well as clinical consultation, supervision and training.
- Barnet children's 0-19yrs services launched locality based structures with three Children's Hubs in October 2018. The hubs are established and coordinated through Barnet Council Children and Families 0-19 service. They cover a range of provision and have strong partner engagement to support early intervention and child centered support.
- Children's Wellbeing Practitioners (CWPs) work with children and young people who have mild to moderate mental health needs i.e. low mood, low level anxiety or behavioral difficulties. The CWPs use a guided self-help approach with young people and parents based on Cognitive Behaviour

Therapy (CBT) approaches and is embedded in the 0-19 Early Help framework.

- A range of services have been commissioned by the Local Authority, to provide advice to families of disabled children and those with special needs; including Attention Deficit Hyperactivity Disorder (ADHD) and Autism.
- We continue to grow Voluntary Community and Social Enterprise (VCSE) activities and services through the Young Barnet Foundation led Space2Grow to support children and young people.
- The Local Authority's Youth Offending Team (YOT) has utilised the NHS England health and justice funding to support a Liaison and Diversion Officer and a part-time clinical practitioner, who undertakes mental health screening and contributes to assessment and intervention activities.
- We achieved 47.8%<sup>1</sup> against the 32% national access target through an increased early help and prevention offer and increased access to our specialist provision.
- Reviewed our specialist provision; bringing our specialist providers together to explore pathway redesign and to move away from geographically led provision.
- We mapped our prevention and early help offer to identify gaps and to support alignment of provision with the 0 -19 Hubs.
- The CCG established a Senior Care Coordinator post to support young people with Autism Spectrum Condition (ASC) and learning disabilities (LD) to reduce hospital admissions and crisis for this cohort. The Coordinator is based in BEH working between the CCG and BEH as an integrated post with strong partnership working with education, social care and providers.
- BEH launched an Adolescent Crisis Team (ACT) in November 2018 which has mainly supported young people presenting in mental health crisis at Barnet Hospital. The service has reduced length of admissions at Barnet Hospital and increased the number of young people discharged home.

1.4 The NHS Long Term Plan (2019) specifies plans to move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. This includes actions the NHS will take to strengthen its contribution to prevention and health inequalities. Funding will be distributed on a regional level, this is North Central London (NCL) for Barnet, and plans are being developed to meet the Long Term Plan objectives. Below is a list of key areas that the Long Term Plan focuses on including:

- The expansion of mental health services for children and young people so 70,000 more children and young people will access treatment each year by 2020/21.

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<sup>1</sup> As a percentage of identified need

- A new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- Expanding access to community-based mental health services to meet the needs of more children and young people.
- Children and young people's eating disorder services.
- Better mental health crisis support access for Children and young people.
- The embedding of mental health support in schools and colleges for children and young people.
- A new approach to young adult mental health services, for people aged 18-25 to support the transition to adulthood.

1.5 In 2019/20, there are a number of key areas of development where the local partnership have agreed to focus on improving provision for young people taking into consideration local needs, required service improvements and national priorities. Our 2019/20 plans align with the i-THRIVE approach which is a national programme of innovation and improvement in child and young people mental health that is endorsed with the NHS Long Term Plan. i-THRIVE is the implementation of the THRIVE Framework for system change (Wolpert et al., 2019), translating the principles of the THRIVE Framework into local models of care using an evidence based approach to implementation. i-THRIVE has been designed to enable a move towards delivery of a population health model for children and young people's mental health.

1.6 The THRIVE Framework for system change principles are the basis for all support options that are provided by those implementing the THRIVE Framework. These principles are themes that are embedded in every example of care in both the service and community as seen below:

- Common language
- Needs-led
- Shared decision making
- Proactive prevention and promotion
- Partnership working
- Outcome-informed
- Reducing stigma
- Accessibility

1.7 i-THRIVE is organised into the following areas:

- Getting advice: One off contact, sign posting in the community and promoting self-support.
- Getting help: Goal orientated, evidence based focused intervention.
- Getting more help: The improvement of therapeutic progress and the management of risk.
- Getting risk support: Goal based help and extensive support.

1.8 For each of the areas, our 2019/20 local transformation plan is organised around the THRIVE model and focuses on the following:

- Getting advice:
  - The roll out of the Resilient Schools programme as a universal offer to schools and develop a website to embed whole school awareness.
  - Development of whole school training to raise awareness of Mental Health signs and symptoms.
  - Continued promotion of the SEND Local Offer.
  - Continue to develop ADHD support and psychoeducation for families, in conjunction with specialist CYP MH services and other multidisciplinary teams.
  - Continued investment in the VCSE to strengthen our community offer.
  
- Getting help:
  - Continue to increase access to mental health support; increasing access by at least 2% (to 49.8%) in line with national targets, this will be achieved through our prevention and early help services as well as our specialist provision.
  - Review Prevention and Early Help services to ensure that the offer is meeting the needs of children, young people and families in the borough, is a coherent offer and addresses the gaps identified in the mapping exercise completed in 2018/19:
    - Lack of socialisation/social activities to help young people tackle isolation and loneliness, particularly around ASC and Attention Deficit Hyperactivity Disorder (ADHD).
    - A gap in services from 18-25
    - Further consideration of resourcing requirements to enable the increase in prevention in line with priorities.
  - Following evaluation, consider roll out of Qwell to parents / carers.
  - Continue to embed the Integrated Clinical Service within the council.
  - Development of new Mental Health Support teams (MHSTs) for Children and Young People's Mental Health with mild / moderate mental health needs; Barnet's Trailblazer programme will focus on the west locality<sup>2</sup> and will be delivered alongside the council's locality hub in the west. There will be two mental health support teams covering 33 education settings (including Barnet and Southgate College). The two MHSTs will be in place from January 2020, first working in Resilient Schools in the west then expanding to further schools.
  
- Getting more help:

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<sup>2</sup> The funding was restricted to a school setting / population size which, for Barnet, led to a focus on a locality – the west locality has the highest number of referrals to specialist CYP mental health, most populous and deprived wards, highest early help/CAF referrals and the locality hub is based in the college which will support transition work for older young people. Learning from the west locality will be shared with schools outside of the west through our resilient schools programme and through school networks.

- Improved response to and pathways for young people in crisis – considering the expansion of ACT and compliance with the Children and Young People’s Mental Health crisis concordat.
  - Review the North Central London (NCL) eating disorder service and develop a specification that takes into account current demand.
  - Consider the local commissioning of Dialectical Behaviour Therapy (DBT) to reduce step-up to inpatient provision and to support step-down and community support for young people who have been admitted as an inpatient.
  - NCL, working with North East London (NEL), will develop new models of care for the local commissioning of specialist inpatient Children and Young People’s mental health services (devolved from NHSE) through a NCL NEL provider collaborative.
- Getting risk support:
    - Embed new Senior Nurse post to promote the needs of children and young people with ASC / LD cohort to reduce hospital admissions.
    - Work with the CYP Board to develop a borough wide, co-produced Autism Strategy which will cover:
      - A redesign the diagnostic pathway
      - Support for children and young people with autism across health, social care and education including respite provision
      - Parent/carer involvement in shaping services
      - Strategic co-ordination of services
    - Review liaison and diversion posts currently funded by NHS England.
    - Tripartite; working across the partnership to improve local support to reduce the number of out of borough / residential placements particularly for children and young people with autism and learning disabilities.
    - Improving transitions in line with the 0 – 25 agenda.

1.9 There are also a couple of overarching areas of focus:

- Workforce – to ensure that our workforce is able to meet the need of our young people including:
  - Ensuring sufficient capacity to meet and exceed the access target.
  - Recruit to our two MHSTs.
  - Training to support young people with ASC.
  - Training to increase the identification and support for young people with eating disorders especially for school staff and GPs.
  - Review the use of RMNs (Registered Mental Health Nurse) at acute sites and consider alternatives.
- Pathways – in line with the “no wrong front door” principle of access to services including:
  - Developing appropriate triage across the whole system.
  - Working with our specialist Children and Young People’s Mental Health providers (BEH, Royal Free London RFL, Tavistock and Portman) to develop a borough-wide service with specialisms to move away from geographically led provision.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Discussion at the Health and Wellbeing Board allows an opportunity to further develop our plans and embed them across the whole- system to further improve outcomes.
- 2.2 Each local area is required to submit an annual Children and Young People Mental Health Local Transformation Plan, which has been considered, by the local Health and Wellbeing Board.
- 2.3 The i-THRIVE approach, Future in Mind and Five Year Forward View outline the necessity of a partnership, whole-system approach to build capacity and capability across the system to be able to secure measurable achievements in children and Young people's mental health outcomes by 2020/21.

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

- 3.1 N/A

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Children and Young People's Mental Health Transformation Plan will be developed and presented to the Children and Young People's Mental Health Transformation Board on the 7 October 2019. Following this, the Chair and Vice-Chair of the HWB will be asked to approve the submission of the plan to NHS England. The submission deadline to NHS England is 31 October 2019. The plan will then be published on the CCG and partner websites.
- 4.2 The delivery of the plan will be managed by the Children and Young People's Mental Health Transformation Board, which is a partnership board chaired by the CCG's clinical lead for mental health.

## **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 Improving mental health and wellbeing (life course approach) and improving children's outcomes are key priorities of the Corporate Plan 2019-2024.
- 5.1.2 The CYP MH Transformation Plan supports the delivery of Barnet's Children and Young People's Plan 2019-2023, developed and shaped by partners from different sectors across the borough, sets out the vision, outcomes, priorities and objectives and represents a joint commitment to making Barnet London's most 'Family Friendly' Borough, where communities thrive and build their resilience. In a 'Family Friendly' Barnet.

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

- 5.2.1 The CAMHS transformation fund has increased annually from 2016/17 up to 2020/21. In 2016/17, Barnet CCG received £772k to transform Children and Young People's Mental Health locally. For 2018/19 the fund grew to £1.1m and

further to £1.4m for 19/20. In addition, the CCG invests circa £4.7m in community / outpatient Children and Young People's Mental Health services and the London Borough of Barnet invests an additional circa £1m in early help and prevention.

### 5.3 **Social Value**

5.3.1 The voluntary, community and social enterprise sector are a key strategic partner in the delivery of the Children and Young People's Mental Health Transformation Plan.

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

5.4.1 Article 7 of the Council's Constitution sets out the responsibilities of the Health and Wellbeing Board which includes responsibilities:

- To jointly assess the health and social care needs of the population with NHS, commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- To explore partnership work across North Central London where appropriate.

5.4.2 In October 2015 Clinical Commissioning Group (CCG) areas were required to develop a Local Transformation Plan (LTP) in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people's mental health and wellbeing, the report of the Government's Children and Young People's Mental Health Taskforce in 2015.

5.4.3 The Government has recently published Transforming Children and Young People's Mental Health Provision: Green Paper (December 2018) which builds on Future in Mind and highlights the need for further focus on effective and sustainable provision for children and young people (CYP) with mental health issues.



5.4.4 The local Children and Young People's Mental Health Transformation Plan is informed by local and national policy and context considered to be pertinent in the development of mental health and wellbeing provision for children and young people. In addition to Future in Mind, these include:

- Mental Health Act 1983 as amended and the Children Act 1989
- Children Act 2004
- Mental Health Act 2007
- Equality Act 2010
- No Health without Mental Health (DH, 2011)
- Closing the Gap (DH, 2014)
- Children and Families Act 2014
- The Care Act 2014
- Promoting the Health and Wellbeing of Looked After Children (2015)
- Working Together to Safeguard Children (2018)

5.4.5 Other relevant policy and contextual drivers include guidance from the National Institute for Health and Care Excellence (commonly referred to as NICE guidance), Access and Waiting Time standard for children and young people with an eating disorder, DfE guidance on Behaviour and Counselling, Transforming Care and the Crisis Care Concordat.

## 5.5 Risk Management

5.5.1 Risks are reported to and overseen by the Children and Young People's Mental Health Transformation Board.

## 5.6 Equalities and Diversity

5.6.1 The Equality Act 2010 outlines the provisions of the Public-Sector Equalities Duty which requires Public Bodies to have due regard to specific needs and 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.

5.6.2 The Children and Young People's Mental Health Transformation Plan is based on the assessment of local need. Equality and diversity are therefore a key element for providers in the delivery of services.

## 5.7 Corporate Parenting

5.7.1 Looked-after children are considered as a vulnerable group within our Children and Young People's Mental Health provision with the Integrated Clinical Team within the council providing specific support to this group alongside Children and Young People's specialist mental health services.

## 5.8 Consultation and Engagement

5.8.1 The Local Area is committed to engaging with young people and their families and carers. We take a holistic approach to enable us to fully understand young people's experiences such as considering the impact of council tax and housing on young people's mental health and wellbeing. Our engagement also takes into account the demographics of the borough including the introduction and

engagement in the Orthodox Jewish Children and Young People's Forum, which is attended by BEH MHT and the council's Family Services. There is a parent representative on the Children and Young People's Mental Health Transformation Board.

## **5.9 Insight**

5.9.1 Local provision is commissioned in line with local need. The Children and Young People's Mental Health LTP uses JSNA data as well as up to date Public Health England data. Public Health have completed a specific MH needs assessment to ensure that our plans meet current and projected need.

## **6. BACKGROUND PAPERS**

6.1 N/A

AGENDA ITEM 15

	<b>Health &amp; Wellbeing Board</b>  <b>3 October 2019</b>
<b>Title</b>	<b>Deep dive: Sport, Physical Activity, Parks and Open Spaces</b>
<b>Report of</b>	Assistant Director, Greenspaces and Leisure, Director of Public Health and Prevention and Director of Commissioning, Barnet CCG
<b>Wards</b>	All Wards
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix I: Physical Activity Deep Dive Presentation
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## Summary

This report outlines the collaborative effort to improve sport and physical activity participation in Barnet.

This has been achieved through several initiatives across the voluntary sector, schools, health and care system in Barnet including:

- The implementation of the Fit and Active Barnet (FAB) framework, establishment of the FAB Partnership Board and creation of a Disability Sports Network,
- Development of two new leisure facilities and enhancement of Barnet's parks and greenspaces
- Working to increase active travel in the borough and use of gamification to do so and
- Other local initiatives promoting physical activity in schools and the wider community such as Healthy Heritage Walks and Mayor Golden Kilometre.

Barnet are one out of two London Borough's that have achieved a sizeable change in sports and physical activity participation, according to Sport England's Active Lives Survey,

and the Board are requested to note progress which outlines the investments, interventions and initiatives which have delivered improved and sustainable levels of activity.

## **Recommendations**

- 1. That the Health and Wellbeing Board note the progress which has been made by the Council and partners in working towards improving levels of physical activity in Barnet.**
- 2. That the Board note the future priorities to sustain and further improve physical activity in Barnet.**

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

- 1.1 The purpose of this report is to update the Board on progress being made in Barnet to increase levels and promote the benefits of physical activity.

An improved performance within the Sport England Active Lives Survey was highlighted in the latest published dataset (Nov 17/18). The percentage of adults (16+ years) who are 'active' (at least 150 mins per week) increased to 64.5%, marking a 7.7% increase since Nov 15/16. This is also observed by a reduction in the percentage of 'inactive' (less than 30 mins per week) adults (16+ years) reduced by 7.9% since Nov 16/17.

There are several programmes of work going on in the borough:

#### **1.2 Fit & Active Barnet Framework and Partnership Board**

The [Fit & Active Barnet \(FAB\) Framework \(2016 – 2021\)](#) approved by [Adults & Safeguarding Committee \(2017\)](#), provides a strategic framework for the co-ordination and delivery of sport and physical activity (SPA) across Barnet. This is underpinned by a vision to create a 'more active and healthy borough'.

A report presented at Adults and Safeguarding Committee on 19th September 2019, outlines the progress to date in establishing a [FAB Partnership Board](#), with wide ranging internal and external stakeholder representation.

#### **1.3 Leisure Centre development and Public Health Outcomes Framework**

£44.9m Council investment in addition to £2m Sport England funding has enabled the development of two new leisure facilities at New Barnet Leisure Centre and Barnet Copthall Leisure Centre. The new centres offer a mix of modern and accessible facilities that support the creation of a 'more active and healthy borough'. Enhancement of the leisure portfolio has also been supported through £1,961,778 investment from Better into enhancing and improving facilities at Burnt Oak, Finchley Lido and Hendon Leisure Centres.

Alongside achieving 1,126,646 visits over 29,509 memberships, year 1 of the leisure management contract (Jan 2018 – March 2019) delivered benefits against the Public Health Outcomes Framework. This was achieved through leisure centre and community based programming to improve health and wellbeing for residents including; inclusive and targeted programming e.g. delivery of the Club (55+) programme, inclusive provision i.e. dementia swimming, delivery in the most disadvantaged areas of the borough i.e. children's centres within Colindale, delivery of adult and child weight management courses and delivery of a cancer referral programme. During April 18 to March 19 a social value of £9,729,306 was delivered via the leisure management contract.

#### 1.4 Parks and Open Spaces

In May 2016 Environment Committee adopted the Parks and Open Spaces Strategy (POSS) which sets an ambitious vision for the future management and improvement of approximately 199 green spaces owned and managed by the Council.

In delivering the ambition, the strategy is underpinned by a number of developments which seek to support the long-term sustainability and maximise the use of Barnet's parks and open spaces. The POSS and Playing Pitch Strategy (PPS) outlines an approach to how strategic investment in existing parks can positively contribute towards; economic development, physical and mental wellbeing, social cohesion and community benefit.

There has been considerable progress developing draft and approved masterplans for identified sites, which include:

- [Victoria Park Finchley \(approved March 2019\)](#)
- [Cophall Sports Hub and Mill Hill Open Space \(approved, September 2019\)](#)
- [West Hendon Sports Hub \(draft\)](#)
- [Barnet King George V Playing Fields Sports Hub,](#)
- [Colindale and Rushgrove Parks.](#)

In addition to enhancing the general appeal and safety of parks and open spaces, the purpose of the master plans is to enhance the sports and recreation facilities available e.g. sports pitches, outdoor gyms, play equipment, high hopes, tennis, community building offering toilets, changing, café, multi-use studio space etc.

This will seek to complement and enhance the current offer which provides 103 sports pitches, 63 tennis courts, 11 outdoor gyms and 11 Active Trails, all

contributing to the health and social wellbeing of our residents, supporting a *'more active and healthy borough'*. Examples of interventions delivered and supported within our parks and open spaces include three weekly parkrun events, seven weekly health walks, Great British Tennis Weekend events, Our Parks and bootcamp sessions.

## 1.5 Active Travel

Active travel is the main way that Londoners achieve 150 minutes of physical activity per week. As a subset of physical activity, active travel is defined as any mode of transport which involves physical activity. For example, cycling to the shops, scootering to school or walking to the bus stop. Increasing the uptake of active travel delivers joint benefits for health and wellbeing as well as highways and transport; as increasing the uptake of active travel can reduce the use of private car journeys for short distances. Transport for London found that there is great walking and cycling potential in Barnet. To help achieve this potential Sport, Physical Activity and Greenspaces, Transport and Public Health teams are working together to deliver a two-pronged approach: providing infrastructure alongside communications campaigns and programmes which target behaviour change. For example, these teams are currently working together on the Long-Term Transport Strategy which will be going to the environment committee in 2020. Another example of an active travel intervention be found in the following paragraph.

### 1.5.1 Active Travel App

A total of £370,000 investment committed by Transport for London via the Local Implementation Plan (2018/19 and 2019-2022) to support delivery of interventions that encourage increased levels of active travel in the borough. GLL, the Councils leisure operator have also committed £150,000 of investment to develop a digital application that encourages active travel through behaviour change theory. This project is being supported by the computer sciences and health department at Middlesex University. The initial stages of app delivery focus on engaging young people (secondary school age) by encouraging individuals (player) to travel by walking to destinations. Changes in transport modes are influenced via gamification, involving an avatar that 'levels up' as the end user (player) completes more steps. 'Steps' also convert into in app currency (coins) that can be redeemed against in app 'collectables' and external rewards e.g. free activity at a Better leisure centre to encourage sustained activity. The app enables daily goals e.g. 10,000 steps to be set and the player is prompted if this is not complete. Bonus coins are awarded for completion of

daily goals, with additional coins available if challenges are complete or special events attended. Teams can also be created to enable players to participate together / compete. Testing is now underway with groups of young people to test app functionality (debugs and usability), look and feel, rewards offer and redeem structure, introduction of push notifications to highlight the local activity 'offer' and links to the FAB Card membership. Full launch of the app is anticipated by March 2020.

## **1.6 Healthy Heritage Walks**

In July, Barnet Council and the Wellbeing Champion, Cllr Caroline Stock, with support from the Ramblers and the British Guild of Tourist Guides, launched a series of heritage walks with accompanying audio. The audio-guided walks include some of the most interesting points of heritage in Barnet, whilst promoting physical activity. The new walks are being featured in Barnet First magazine and eNewsletter. The first feature was in the top 5 most clicked stories of 2019 so far. The dedicated webpage has had over 1,300-page views and there have been over 130 plays of the audio guides since the first 2 walks were published in late July.

The heritage walks provide an additional option for residents or visitors to the area to walk through the leafy borough, gaining the health and wellbeing benefits, whilst also learning about Barnet's unique urban heritage. There is potential here to further engage residents to get out and about, through points of interest and heritage in the borough. The final two walks will be published in the spring of 2020.

## **1.7 Physical activity programmes in schools & the Mayor's Golden Kilometre**

Currently, there are 107 schools (88%) in Barnet participating in the Healthy Schools London (HSL) programme, and 52 schools (43%) are participating in the Resilient Schools programme. From this there are 37 schools are performing a physical activity programme as part of their subscription.

In Barnet, we have 63 schools who have achieved their HSL bronze award, 39 who have achieved silver and 23 who have achieved a gold award within the HSL programme. Barnet has the highest number of schools registered, and the 2<sup>nd</sup> highest number of gold awards across London. Of those 39 schools who have been awarded a HSL silver, 19 have chosen physical activity as either a universal or targeted area to focus on.

Performing the MGK challenge also contributes to Healthy Schools London accreditation. An assessment undertaken by Middlesex University within one primary school performing the Mayor's Golden Kilometre (MGK), has evidenced that after just 6 weeks of participation there was notable improvements to health i.e. average 1.1cm decrease in waist circumference, 3 children went from being obese to overweight, 1 child went from being overweight to normal weight, and

the 1KM route was completed 2.5 minutes quicker indicating increased fitness levels.

## **1.8 Disability Sports Network**

Creation of a Disability Sports Network (DSN) which is co-chaired with Inclusion Barnet. Acting as an operational sub group of the FAB Partnership, the DSN provides a forum for likeminded organisations to identify opportunities and unlock challenges, working together to ensure disabled residents have equal access to high quality sport and physical activity provision in the borough. Successes of this group include creation of a partnership between Better (Barnet's leisure operator) and Disability Sports Club UK to create an inclusive 'Community Club' and Barnet Mencap supporting the FAB campaign. The Barnet DSN is identified as best practice by London Sport.

## **1.9 Physical activity in the NHS**

Barnet CCG are committed to promoting and supporting people "to access a range of initiatives that promote physical exercise. We "work closely with key stakeholders to improve Barnet residents health and wellbeing. Schemes that promote physical exercise that the CCG either commission or are actively involved in include:

- Social prescription schemes (e.g., Healthwise and the Wellbeing Hub)
- Activities through our community Provider (e.g., wheelchair bowling)
- Initiatives in acute setting (e.g., healthy living activities deliver by Barnet, Enfield and Haringey Mental Health Trust with inpatients).

Further information on each of these is provided in Appendix I.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 There is a wealth of opportunity in the borough to encourage residents to participate in sports and physical activity in a variety of ways. We work to continue to improve the integration of programmes on offer and ensure access to these programmes reflect our diverse resident population.

2.2 We will continue to work collaboratively across sports and leisure, environment, public health, NHS and colleagues in the voluntary and community sector to monitor relevant programmes, policies and strategies to ensure the offer is sustainable, grounded in evidence and remains fit for purpose.

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

3.1 None.

## **4. POST DECISION IMPLEMENTATION**

4.1 There is already a programme of work which supports the implementation of these workstreams. We will continue to collectively monitor relevant



programmes, policies and strategies to ensure they remain fit for purpose for Barnet residents. Additionally, we will consider the relationship between services on offer and whether, collectively, they target populations with the greatest need.

## **5. IMPLICATIONS OF DECISION**

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

5.2 In the Corporate Plan, Barnet 2024 the proposed outcome, “residents live healthy, happy, independent lives with the most vulnerable protected” is identified. By adopting a two-pronged approach where we invest; in parks and open spaces, leisure centres and active travel infrastructure and empower; residents to become physically active through behaviour change interventions, we are supporting this outcome. There are also a number of corporate priorities which will be addressed as a result of this work, including:

*“Encouraging residents to lead active and healthy lifestyles and maintain their mental health and wellbeing.”*

*“Focusing on the strengths of the community and what they can do to help themselves and each other.”*

5.2.1 Physical activity workstreams also support multiple themes within the Barnet Joint Health and Wellbeing Strategy 2015-2020. These actions will help more families “prepare for a healthy life,” by increasing lifelong physical activity. Other health and wellbeing themes supported via this action plan are:

- Wellbeing in the community
- How we live

5.2.2 Participating in physical activity at all stages in the lifecourse provides health and wellbeing benefits; from preventing chronic conditions associated with physical inactivity, to enabling older residents to maintain independence and prevent social isolation later in life. It is the foundation to increasing healthy life expectancy; ensuring our residents can live happy, healthy and independent lives for longer.

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

5.3.1 There are no financial decisions associated with the recommendations outlined in this report. As all workstreams are ongoing, financial and staffing resources have already been identified. As services areas continue to evaluate how programmes interact with one another, there is potential that programmes on offer can be more efficient in the longer term, ensuring efforts are not duplicated and that workstreams are targeting residents who need it the most.

### **5.4 Social Value**

5.4.1 A social value calculator (created and developed by 4Global, Experian & Sheffield Hallam University), is used within the Barnet leisure management contract to measure social value based on regular participation within Better

leisure centres. Between April 18 - March 2019 the leisure management contract indicated a social value estimated at £9,729,306 (averaged at £421 per participant).

5.4.2 This is further broken down as follows;

- Improved Health £1,028,501 (CHD Stroke £288,587, Breast Cancer £24,626, Colon Cancer £30,094, Diabetes £108,018, Dementia £402,517, Depression £27,407, Reduced GP visits £147,249)
- Improved subjective wellbeing £8,545,460
- Increased educational attainment £149,840
- Reduced crime £5,503

## 5.5 Legal and Constitutional References

5.5.1 In accordance with the Council Constitution, 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

Delivery of these interventions are fully risk assessed and delivered by appropriately qualified and experienced personnel. There are multiple governance structures in place which support the implementation of physical activity interventions, such as the FAB network, physical activity working group, Healthy Weight working group, and Long-term Transport strategy stakeholder group.

## 5.7 Equalities and Diversity

5.7.1 An iterative approach has been taken towards the implementation of physical activity interventions within the borough so that we can adequately respond to the changing needs of the population, in particular, those with the greatest need.

5.7.2 Reducing inequalities in health is a key public health principle, therefore, we are continuously monitoring physical activity rates within groups who historically are less physically active, including BAME, women & girls. This way we are not only

assessing whether our programmes have led to absolute increases in physical activity across the population as a whole, but also whether they have reduced the participation gap.

5.7.3 A full Equalities Impact Assessment was completed to support the FAB Framework. A review of equalities is undertaken on design and prior to implementation of interventions to facilitate equal access for all residents.

#### 5.7.4 **Corporate Parenting**

The FAB Card provides enhanced benefits for looked after children, care leavers and foster carers. The Partnership will continue to support this agenda and identify opportunities that fully endorse the Council's Corporate Parenting commitment.

#### 5.7.5 **Consultation and Engagement**

The breadth of partners involved in the delivery of physical activity infrastructure and activities within the borough provides significant opportunities to consult and engage with residents. As a service are whose direct purpose is to provide fit for purpose programmes for residents, we are continuously assessing whether needs are being met through both formal (e.g., Engage Barnet) and informal (e.g, service user feedback at Better Leisure) channels.

### 5.9 **Insight**

5.9.1 Physical activity priorities and target populations have been identified through insight from Public Health England's Fingertips Tool, TfL's London Transport Demand Survey and the JSNA.

## 6. **BACKGROUND PAPERS**

### 6.1 **Fit & Active Barnet Framework**

Full adoption of the FAB Framework at Adults and Safeguarding Committee on 6<sup>th</sup> March 2017 (item 10) -

<http://barnet.moderngov.co.uk/ielistdocuments.aspx?CId=698&MId=8676&Ver=4>

Adults and Safeguarding Committee 19<sup>th</sup> Sep – FAB Framework Update -

<http://barnet.moderngov.co.uk/ielistdocuments.aspx?CId=698&MId=9925&Ver=4>

### 6.2 **Parks and Open Spaces:**

- Copthall Sports Hub & Mill Hill Open Spaces Master Plan -  
<http://barnet.moderngov.co.uk/documents/s55107/Copthall%20Sports%20Hub%20Mill%20Hill%20Open%20Spaces%20Masterplan.pdf>
- Colindale Parks improvement plan -  
<http://barnet.moderngov.co.uk/documents/s55113/Colindale%20Parks%20Improvement%20Programme.pdf>

- Sports Hubs Master Planning – Barnet and King George V Playing Fields and West Hendon Playing Fields -  
<http://barnet.moderngov.co.uk/documents/s51608/Sports%20Hubs%20Master%20Planning%20Barnet%20and%20King%20George%20V%20Playing%20Fields%20and%20West%20Hendon%20Playing%20Field.pdf>
- Victoria Park, Finchley – Master Plan -  
<http://barnet.moderngov.co.uk/documents/s49883/Victoria%20Park%20Finchley%20Master%20Plan.pdf>
- Heritage walks webpage - [www.barnet.gov.uk/heritagewalks](http://www.barnet.gov.uk/heritagewalks)



# Physical activity in Barnet: Deep Dive

*October 2019*

# Agenda

- **Current Picture**
- **Sport, Physical Activity and Parks & Open Spaces**
- **Spotlight: Healthy Heritage Walks**
- **Spotlight: Mayor's Golden Kilometre**
- **Spotlight: Physical Activity in the NHS**
- **Spotlight: Active Travel**
- **Spotlight: Inclusion**
- **Summary**



# Current Picture

- A key achievement following implementation of the Fit and Active Barnet (FAB) Framework is the establishment of the FAB Partnership Board which supports working towards increasing participation across the Borough.
- The approach taken by the Council and stakeholders has encouraged greater collaboration, driven improvements and achieved efficiencies through partnership projects.
- Improvement in performance against adult (16+) participation indicators since release of Active Lives dataset (Nov 15/16 to most recent dataset published).

Indicator	Nov 15/16	Nov 16/17	Nov 17/18
Active (at least 150 mins per week)	57.2%	56.8%	64.5%
Fairly Active (30 – 149 mins per week)	16.4%	12.3%	12.5%
Inactive (less than 30 mins per week)	26.5%	30.9%	23.0%

# Sport and Physical Activity

## Target those who do not traditionally engage

- e.g.; 3 parkrun events, 7 Health Walks, Silver Week, Our Parks, Great British Tennis Weekend, 37 Satellite Clubs and 35 Sportivate programmes, Into Sport, SHAPE, Community Club, London Youth Games and the London Mini Marathon.
- **Fit & Active Barnet Campaign**
- FAB Card
- [FAB Hub](#)

## Facilitate partnerships and develop opportunities

- Barnet Disability Sports Network
- Sustainable delivery of interventions post funding terms e.g. **Into Sport programme**
- Partnership developed between Better and Disability Sports Coach UK to establish an inclusive 'Community Club
- Sharing of training and development opportunities e.g. L2 Exercise to Movement, Connecting Differently through Sport
- Best practice by London Sport, used as a case study within a toolkit developed to encourage more networks to be developed across London

## Improve and enhance Barnet leisure facilities

- **£44.9m** Council investment in construction of 2 brand new leisure centres at Barnet Copthall and New Barnet Leisure Centre.
- **£2m** funding award contribution from Sport England to support new developments.
- Better has invested **£1,961,778** into enhancing facilities at Burnt Oak, Hendon and Finchley Lido Leisure Centres.

## Advocate investment to support delivery of opportunities

- **£370k** Local Implementation Plan (2018/19 – 2022) investment to support **active travel** in the borough.
- **£250k combined (Council / Better)** development of a Digital Behaviour Change Intervention (in the form of a smart phone/device app) to increase active travel via a gamified approach. **£150k** from Better.
- **£25k** secured from Chipping Barnet Area Committee to install Active Trails.



# barnetfirst

The council magazine bringing you news and community information

Issue 74 July 2019



## Feel fab this summer

page 12

BARNET  
LONDON BOROUGH

# feel fab

"Being part of the rugby team has helped me to make new friends. I always have fun."

You can keep fit and feel fab too – to find an activity for you and to receive exclusive access to a range of benefits, visit: [www.better.org.uk/fab-hub](http://www.better.org.uk/fab-hub) and sign up for your free FAB card.



## feel fab this summer

Being active is easy, fun and social. It can also be a great way of reducing stress and lifting your mood.

Being active helps keep your heart healthy, boosts your mood, improves sleep, relieves stress, improves muscles and bones. It is also a great way to spend time with family, meet friends and get involved in the local community.

In Barnet, we're lucky to have a number of ways for our residents to keep physically active, many of whom don't have spending spens.

### Your free FAB Card

In partnership with Better, we've launched a free FAB Card which provides you with a range of leisure based discounts and other opportunities.

To apply for your free card, visit: [www.better.org.uk/fab-hub](http://www.better.org.uk/fab-hub) or visit your local leisure centre.

## There are so many fun, local sessions available – find one which suits you

The right activity for you is the one that offers the most benefits for you. Our staff, we've discovered the FAB Hub. The Hub provides a range of local information to help you find the right activity for you. There are many activities to help you find the right activity for you. There are many activities to help you find the right activity for you.

Delve into the world of the activities or offer included for our new residents. To find the perfect activity for you, visit: [www.better.org.uk/fab-hub](http://www.better.org.uk/fab-hub)

**Water Workout**  
This is a great way to keep fit and healthy. It is also a great way to spend time with family, meet friends and get involved in the local community.

**Health Walks**  
Walking is a great way to keep fit and healthy. It is also a great way to spend time with family, meet friends and get involved in the local community.

**Basketball**  
Basketball is a great way to keep fit and healthy. It is also a great way to spend time with family, meet friends and get involved in the local community.

**Inclusive rugby**  
Inclusive rugby is a great way to keep fit and healthy. It is also a great way to spend time with family, meet friends and get involved in the local community.

It is recommended that all adults undertake muscle strengthening activity, such as:

- at least 2 days a week

# Parks & Open Spaces

- **Montrose & Silkstream Park** - £5.5m council investment, plus secured external funding from the London Marathon Trust and Environment Agency.
- **Victoria Recreation Ground, New Barnet:** £150,000 new play area to coincide with additional planned park improvements (Active Trail, landscaping)
- **Victoria Park Finchley:** Masterplan adopted by Council as Trustees of the park in March 2019. First stage delivery includes installation of £200,000 play improvement project.
- **Childs Hill Park Masterplan:** £210,000 improvement plan to be delivered in partnership with the Friends of Childs Hill



- **Copthall and Mill Hill Open Spaces Masterplans-** approved by Environment Committee in September 2019.
- **West Hendon Playing Fields – Draft Masterplan**
- **Barnet Playing Fields/ King George V Draft Masterplan**
- **Colindale Park Draft Masterplan** – approved by Environment Committee for public consultation
- **Rushgrove Park Draft Masterplan** – approved by Environment Committee for public consultation

# GLL: BARNET OVERVIEW

October 2019

# WHO WE ARE



**PROUD TO BE A CHARITABLE  
SOCIAL ENTERPRISE**

We reinvest all financial surplus back in to facilities, and services that benefit the community. Find out more >>

**GLL**

WE'RE A SOCIAL ENTERPRISE  
BUY LOCAL

- GLL is LBB's Leisure partner for 10 years (until 2028)
- Management of the Council's 5 leisure facilities: (New Barnet , Copthall, Finchley, Hendon, Burnt Oak)
- Contract aligned to Public Health Outcomes – system approach (universal, targeted, specialist)



**HERE FOR CUSTOMERS.  
NOT SHAREHOLDERS.**

As a charitable social enterprise, we don't take a profit. Instead, we reinvest all financial surplus back in to making our services even better. Find out more >>

**BETTER**

WE'RE A SOCIAL ENTERPRISE  
BUY LOCAL

# INTERVENTION PROGRAMMES

DIABETES	Targeted	Specialist
Diabetes Health promotion	Diabetes Risk Tool	Diabetes Pathway (Physical Activity Referral Scheme - PARS)
Talks	Outreach Events	Risk Screening
	Health Checks pathway	Diabetes workshops
	National Diabetes Prevention (NDPP) partnership	

LONG TERM CONDITIONS	Targeted	Specialist
Coffee Mornings	Body MOTs	PARS programme
Health Centre boards		Staff training
Preventative		NHS Health Check pathway

CANCER	Targeted	Specialist
Cancer Talks – (Cancer Research UK: CRUK)	Health Promotion	Cancer Rehab programme
Support screening services		Exit route for Cancer Rehab: PARS

FALLS	Targeted	Specialist
Club Programme/ Games	Health Promotion	Better Balance classes (Otago)
Falls Talks	Better Balance classes (Otago)	
Silver Sunday		

Adult Weight Management (AWM)	Targeted	Specialist
Centre outreach (top 8)	Nurse Practitioner Forums	Tier 2 Adult Weight Management programme
Promotion and delivery in Community	GP outreach	

Children's Weight Management (CWM)	Targeted	Specialist
Lessons and Courses	Activate Programme	Tier 2 Children Weight Management - Xplore Programme
After school clubs	Change 4 Life Clubs	
Free Swimming / Kids for a Quid		

COMMUNITY/ CENTRE	Targeted
Mass participation events	Hub Network
FAB card	Healthy Workplace support
	Give it a Go
	Dementia Initiatives

# SUCCESSSES



# DEVELOPMENT/ SUPPORT REQUIRED

- Increase number of referrals and starters for Adult Weight Management and people with diabetes
- Access to network groups/ key practitioner events/ GPs to raise awareness, enhance and support provision
- Key contacts within group/ social prescribing link workers/ care navigators to raise awareness and support service delivery i.e. open doors



# Spotlight: Healthy Heritage Walks

- Promoting the benefits physical activity using points of heritage in Barnet.
- Published 4 walks.
- Featured in Barnet First eNewsletter – the first of which generated over 400 click throughs to the webpage and is in the top 5 most clicked stories of 2019 so far!
- Ramblers successfully lead the first walk from Hendon Town Hall in July - over 40 people attended.
- Over 1300 page views.
- Over 130 plays of the audio guides.
- Final 2 walks to be published spring 2020.



*Walks were co-developed by the Heritage Development Officer and a Blue Badge Guide from the British Guild of Tourist Guides*

*Website:*

[www.barnet.gov.uk/heritagewalks](http://www.barnet.gov.uk/heritagewalks)

# Spotlight: Mayor's Golden Kilometre (MGK)

- 30% of schools have a daily physical activity programme above and beyond Physical Education (PE).
- Half of schools awarded Healthy Schools London silver award chose physical activity as either a universal or targeted area to focus on.
- *Benefits of MGK:* easy to implement, low cost as no equipment required, contributes to Healthy Schools London accreditation.
- *Impact:* One school evaluation found participating in MGK 6wk challenge improved health.



# Spotlight: Physical Activity and the NHS

*Recognise importance of physical activity for both physical and mental wellbeing.*

**Primary care: GP surgeries link to all LBB physical activity programmes-e.g., health walks, healthwise, adult weight management.**

**CLCH community services: Finchley Memorial Hospital provide exercise groups on Marjorie Warren ward, wheelchair bowling classes, Pimp my Zimmer arts and crafts groups.**

**Barnet, Enfield, Haringey Mental Health Trust: Occupational Therapy inpatient groups are adding an exercise programme, gym equipment available outside DSU unit.**

**CCG wellbeing hub: Include links to physical activity and sport programmes offered by VCS, particularly AgeUK. AgeUK run both neighbourhood services and services at Meritage Centre (where hub is based). Wellbeing activities also available for carers.**

# Spotlight: Active travel, what is it?

**Any mode of transport that involves physical activity.**



**Cycling to the shops.**



**Scootering to school.**

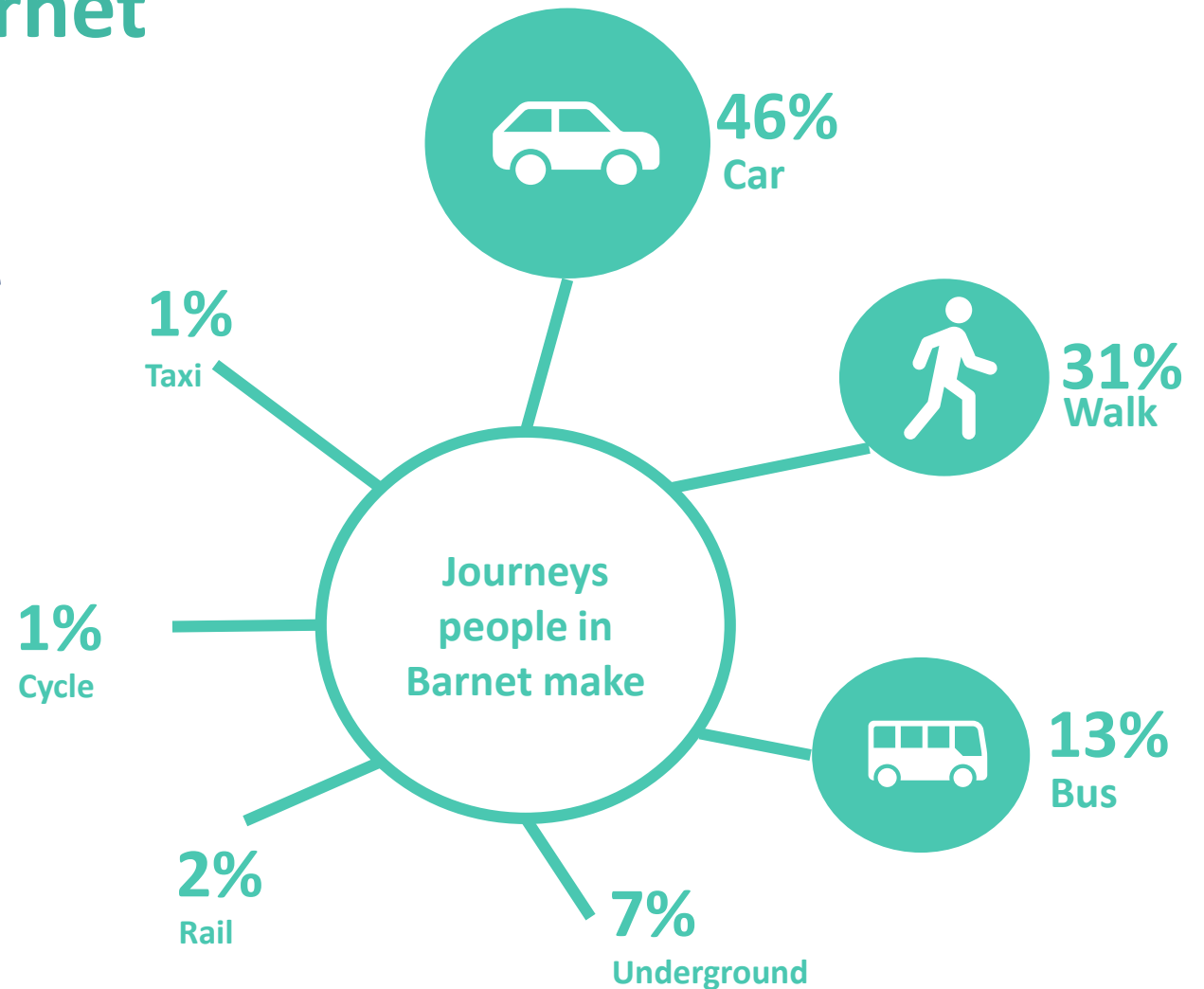


**Walking to the bus stop.**

*Active travel already makes a significant contribution to physical activity levels in Barnet.*

# Spotlight: Active travel in Barnet

- 30% of journeys driven to work are less than 5km.
- 23% of residents participate in physical activity for less than 30 minutes each week.
- Demand on our road network is expected to rise, increasing congestion and air pollution.



Data from LTDS, 2016/17

# Spotlight: Active travel and transport infrastructure

- Transport for London recognise high walking and cycling potential in Barnet.
- Barnet's Long term Transport Strategy aims to increase walking, cycling and public transport use. It is not yet approved by Environment Committee.
- Healthy Streets approach foundation for local transport infrastructure development.



# Spotlight: Active travel and behaviour change

- **Bikeability training and STARS programme.**
- **Workplace wellbeing group.**
- **Measuring the financial benefits of active travel infrastructure for health.**
- **Developing masterplans which meet the active travel needs of the local community.**
- **Active travel app.**



# Spotlight: Active travel and Barnet's gamification app

**Aim:** Increase active travel through gamification.

**Target population:** Children and Young People.

**Stakeholders:** Better leisure, Barnet Council, Middlesex University, Young people, Local businesses.

**Guiding principles:** Sustainable behaviour change, Iterative development based on stakeholder input.

**Functionality:** Points incentive system, Track interpersonal goals (e.g., daily step target), Animated app avatar evolves as step count increases.

**Next steps:** Launch date March 2020, marketing and promotion plan, business buy-in for incentive scheme, integration with FAB Hub.





# Spotlight: Inclusion

- Short movie

## SOMEWHERE TO GO

Open 7 days per week for all young people for just 50p

## SOMETHING TO DO

Over 20 activities every night and top quality facilities

## SOMEONE TO TALK TO

Friendly, caring staff and volunteers offering guidance & support



# ON-SIDE YOUTH ZONES IS A CHARITY WITH ONE SIMPLE AIM...

to build a network of 21st Century Youth Clubs, giving young people, safe and inspiring places to go in their leisure time. Here's how OnSide Youth Zones are making every penny count and every one of their members matter.



YOUTH ZONE MEMBERSHIP - OVER

**40,000**



500,000 VISITS A YEAR

**89%** OF MEMBERS FEEL MORE CONFIDENT



LOCAL POLICE REPORT A **50-77%** DROP IN ANTI-SOCIAL BEHAVIOUR WHEN A YOUTH ZONE OPENS

OVER **500** NEW JOBS CREATED



NUMBER OF DISABLED YOUNG PEOPLE ENGAGED - OVER **3,500**



IN THREE YEARS OVER **800** YOUNG PEOPLE INTO EET



OVER **200** YOUNG PEOPLE MENTORED PER MONTH



TOTAL MONEY RAISED FOR BENEFIT OF YOUNG PEOPLE **£100M**



OVER **20** ACTIVITIES PER EVENING IN EACH YOUTH ZONE



OVER **800** VOLUNTEERS



**200%** MEASURABLE RETURN ON SOCIAL INVESTMENT



OF A CHILD'S EDUCATION TAKES PLACE OUTSIDE OF THE CLASSROOM



OF YOUNG PEOPLE SAY THERE ISN'T ENOUGH FOR THEM TO DO OUTSIDE OF SCHOOL HOURS



OF THE UK'S YOUNG PEOPLE SPEND THE MAJORITY OF THEIR LEISURE TIME IN THEIR BEDROOMS



YOUNG PEOPLE DON'T FEEL THEY HAVE AN ADULT IN THEIR LIFE WHO THEY CAN TALK TO ABOUT THEIR CHALLENGES AND WHO LISTENS AND BELIEVES IN THEM

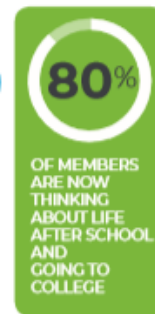
## THE IMPACT: LIFE-CHANGING RESULTS ON OUR YOUTH ZONE MEMBERS AND THEIR COMMUNITIES.



NOW FEEL A LOT MORE CONFIDENT



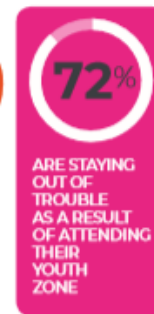
GETTING BETTER MARKS IN THEIR SCHOOL WORK



OF MEMBERS ARE NOW THINKING ABOUT LIFE AFTER SCHOOL AND GOING TO COLLEGE



NOW EXERCISE MORE REGULARLY



ARE STAYING OUT OF TROUBLE AS A RESULT OF ATTENDING THEIR YOUTH ZONE



DROP IN ANTI-SOCIAL BEHAVIOUR WHEN A YOUTH ZONE OPENS



## THE VISION: WORKING TIRELESSLY TO CREATE A HEALTHIER, HAPPIER FUTURE FOR ALL YOUNG PEOPLE.

AIMING TO CREATE A YOUTH ZONE IN **EVERY TOWN** ACROSS THE UK



**£100** MILLION INVESTED IN YOUNG PEOPLE



MEMBERS MAKE AROUND **500K** VISITS A YEAR



# 80%

of members report getting better marks in their school work

# 89%

reported feeling more self-confident as a result of attending a Youth Zone

# 70%

of members exercise regularly each week



# We need your support to make it happen



# Summary

- **There is so much on offer for residents!**
- **We will continue to improve integration of programmes on offer.**
- **Work to make suite of programmes accessible to more residents.**
- **Monitor programmes, policies and strategies to ensure our offer remains fit for purpose.**

