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| Meeting                                   | Health and Well-Being Board   |
| Date                                      | 19 <sup>th</sup> September 2013   |
| <b>Subject</b>                            | <b>Proposed revisions to the targets in the Health and Well-Being Strategy</b>  |
| Report of                                 | Director for People   |
| Summary of item and decision being sought | This paper summarises the proposed revisions to the targets in the Health and Well-Being Strategy (2012-15). This follows an agreement by Board members at the 27 <sup>th</sup> June 2013 Board meeting that revisions could be presented back to the Board if a clear rationale for changing the existing targets could be provided. The Board is asked to approve the proposed revisions. |

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| Officer Contributors                    | Claire Mundle, Commissioning and Policy Advisor- Public Health/ Health and Well-Being  |
| Reason for Report                       | This report seeks to finalise the reporting requirements in the Health and Well-Being Strategy. The request to revisit the targets in the existing Strategy was made by Health and Well-Being Board members at the 27 <sup>th</sup> June 2013 meeting, where it was agreed that revisions to the existing targets could be proposed by Board members where an adequate rationale for doing so could be provided. |
| Partnership flexibility being exercised | None specifically arising from this report.  |
| Wards Affected                          | All  |
| Contact for further information         | Claire Mundle, Commissioning and Policy Advisor, <a href="mailto:Claire.mundle@barnet.gov.uk">Claire.mundle@barnet.gov.uk</a> , 0208 359 3478  |

## **1. RECOMMENDATIONS**

- 1.1 That the Health and Well-Being Board approves the proposed revisions to the existing targets in the Health and Well-Being Strategy that are contained in this report, as set out in paragraph 10.5.
- 1.2 That the Health and Well-Being Board agrees to receive the first annual performance report of the Health and Well-Being Strategy at the next Health and Well-being Board meeting, on the 21<sup>st</sup> November 2013, for discussion and approval of next steps of delivery.
- 1.3 That the Health and Well-Being Board recognises its responsibility to report on the progress being made to deliver the Health and Well-Being Strategy to the Barnet Partnership Board, and agree for a copy of the performance report to be presented to the Barnet Partnership Board on the 7<sup>th</sup> November (ahead of the Health and Well-Being Board receiving the performance report), for their review and comment.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 Health and Well-Being Board 17 November 2011- item 6- Performance Management Framework for Health and Well-Being Board.
- 2.2 Health and Well-Being Board 17 November 2011 – item 5- Developing the Health and Well-Being Strategy
- 2.3 Health and Well-Being Board 27 June 2013- item 10- Performance Management Framework for the Health and Well-Being Strategy

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The performance targets set out in the Health and Well-Being Strategy (2012-15) set a clear direction of travel for all agencies in the Borough focused on delivering health and well-being objectives. A small number of the targets in the Health and Well-Being Strategy are also present in the Council's Corporate Plan (2013/14).
- 3.2 The CCG and public health work plans have been deliberately aligned to the objectives of the Health and Well-Being Strategy, as have the management agreements for each of the Council's delivery units, including Adults and Communities services (i.e. adults social care, prevention and early intervention and customer engagement services), Children's Services (i.e. Children's Centres and school services), and Development and Regulatory Services (i.e. environmental health, housing, licensing, planning services).
- 3.3 The process of revising the targets in the existing Health and Well-Being Strategy has encouraged all partners to consider how the targets in the Health and Well-Being Strategy align to their current priorities, and the exercise has

served to strengthen the alignment between the targets of the Health and Well-Being Strategy and those in individual service strategies and plans.

#### **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 The targets within the Health and Well-Being Strategy have been set based on the results of the Joint Strategic Needs Assessment (JSNA), which considers health and social care outcomes across all of Barnet's population groups, and pays particular attention to the different health inequalities that exist in the Borough. The revised targets have paid similar due diligence to the results of the JSNA.

#### **5. RISK MANAGEMENT**

- 5.1 An effective system of performance management mitigates the risk that the Health and Well-Being Board is not actively managing performance against key objectives, or is being inefficient in devoting resources to the measurement of non-priorities. Revisions to the existing targets in the Strategy has served to ensure that performance is being judged on a stretching, evidence-based set of targets that will focus partners on delivering the best possible outcomes for Barnet's residents.

#### **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments and Joint Health and Well-Being Strategies, through the Health and Well-Being Board, under the Local Government and Public Involvement in Health Act (2007) (amended by the Health and Social Care Act (2012)).
- 6.2 Under its terms of reference, Barnet's Health and Well-Being Board is charged with agreeing a Health and Well-Being strategy for Barnet, taking into account the findings of the Joint Strategic Needs Assessment and to performance manage its implementation to ensure that improved outcomes are being delivered.

#### **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 None specifically arising from this report. However where relevant, financial performance or implications will be noted in performance reporting.

#### **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 None specifically arising from the exercise of developing revisions to the targets in the existing strategy. However, it is important to note that a 12 week public consultation and engagement exercise took place between March and June 2012 to identify the priority areas for the Health and Well-Being Strategy. It is not the intention of this report to reduce the focus on the areas that were

identified as part of the original consultation exercise. The revisions seek to build on the original targets in the Strategy to ensure they are measurable.

- 8.2 Both Healthwatch and the Partnership Boards have important roles to play in delivering the objectives of the Health and Well-Being Strategy. Healthwatch, as a member of the Health and Well-Being Board, will be asked to approve the revisions presented in the paper, on behalf of service users and stakeholders.

## 9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Where Board Members and Lead Commissioners at the Council identified targets that needed re-consideration, the revisions have been developed through consultation with the providers who are delivering specific sections of the Health and Well-Being Strategy.

## 10. DETAILS

- 10.1 On 27<sup>th</sup> June 2013, the Health and Well-Being Board received a report on the development of a performance management framework to support delivery of the Health and Well-Being Strategy. Board Members approved the approach to performance measurement.
- 10.2 The Board discussed the allocation of responsibility for delivery of the targets in the Strategy, and received comments from Board Members on the existing targets in the strategy as part of this discussion. Board Members identified a need to review the targets in the Strategy to ensure through responsible delivery leads that the targets were still fit-for purpose.
- 10.3 The Board agreed to receive a further report that documents the proposed revisions to the existing targets in the Strategy where errors were noted, providing a clear rationale as to why the change is required.
- 10.4 The set of proposed revisions is included in the table below.
- 10.5 The Board is asked to approve the following proposed revisions:

| <b>Chapter 1: Preparing for a Healthy Life</b><br><b>Responsible Lead Agency: The Children's Trust</b><br><b>Responsible Lead Commissioner: James Mass, Family &amp; Community Well-being, London Borough of Barnet</b> |   |  |
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| Original target   | Proposed revision   | Rationale  |
| All women in Barnet to access NICE compliant maternity care by 12 weeks gestation   | To be confirmed by the CCG - please refer to the rationale. | It would not be possible to achieve a target of 100% for all maternity bookings at 12 weeks as it is dependent on a multitude of factors which are outside the control of commissioners and providers. |

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|  |   | <p>Booking at 12 weeks is dependent on the expectant mother confirming her pregnancy before 10 weeks of gestation. For some women it's not appropriate for the GP to make a referral at that stage as they are considering whether indeed they would like to continue with the pregnancy or not. This in itself presents a delay in the process.</p> <p>The CCG is working with their providers through quality review meetings to agree that where they receive a referral before the 10 weeks gestation they work towards defining a booking target by 12 weeks, however this is predicated by patient choice.</p> <p>At this point in time the CCG has not finalised how the exception reporting for this target, including the numerator and denominator, will work. The CCG would like to confirm the target with the Health and Well-Being Board at a later date, but in the meantime will be able to confirm performance from the providers on a monthly basis (which will help the CCG to establish a baseline figure from which it can assess future performance in this area).</p> |
| <p>Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5% baseline towards the England best of 10.7%</p> | <p>Reduce the rate of obesity in children, specifically: reducing the proportion of children aged 4 to 5 classified as overweight or obese to 21.5% (remaining below the London average)</p> <p>Reduce the proportion of children aged 10 to 11</p> | <p>The target in its own right is completely acceptable. However, it has been proposed that the target is extended to cover both overweight and obesity (as it does in the Corporate Plan and Public Health Management Agreement) as this provides a more robust indication of the number of children and young people who could be at risk of developing obesity related health problems in later years.</p>  |

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|  | classified as overweight or obese to 33 % (London average)   |   |
| Reduce the number of children and young people misusing alcohol and drugs by 91% by 2014/15. | Reduce the number of young people admitted to hospital with alcohol specific conditions to below the most recent London average crude rate of 35.72 per 100,000. | The original target is assumed to have been written in error, as it is not realistic. The crude rate of young people being admitted to hospital with alcohol specific conditions in Barnet (over the 2008/09- 2010/11 period) was slightly higher than the London average during this period. The revised target aligns with a key measure within the Children and Young People's Plan to focus efforts on reducing alcohol misuse in young people. |

## **Chapter 2: Wellbeing in the Community**

**Responsible Lead Agency: London Borough of Barnet (LBB)**

**Responsible Lead Commissioner: Pam Wharfe, Director for Place, LBB**

| Original target  | Proposed revision   | Rationale  |
|--|---|--|
| Reduce by 4.3% the number of young people who are not in education, employment or training | Maintain the percentage of 16 to 18 year olds who are not in education employment or training at below 4.1% | The current rate of NEETs in Barnet is 3.4% (in March 2013). The proposed revision aligns with the current target in the Education and Skills management agreement at Barnet Council, which seeks to retain a low level of NEETs (accounting for seasonal variations), whilst simultaneously working to reduce the number of children whose activity is not known to the Borough and improving the rate of children who are in education and training. |

## **Chapter 3: How we live**

**Responsible Lead Agency: Barnet and Harrow Public Health**

**Responsible Lead Commissioner: Dr Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Service**

| Original target  | Proposed revision  | Rationale   |
|--|--|---|
| Reduction of 20% in the number of people smoking in Barnet by 2016 in line with the London target. | Reduce prevalence by 20% from the 2010/11 baseline of 18.7% start over 5 years to get to 15% | The revision has been made to clarify the requirements of the target. |

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|  | by 2015/16   |   |
| Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80% | Year on year increase of people aged between 40 and 74 who have received an NHS Health Check to 12.7% by 2013/14 and 25.7% by 2014/15. In five years our coverage should be 60%. | The NHS Health Checks programme did not begin in Barnet until October 2012. The revision has been made to clarify the achievable year on year increase in the number of people who have been offered an NHS Health Check, based on the start date of this programme in the Borough. The five year target of 80% has been amended to 60%, projected from the annual increase expected between 2013 and 2015.   |
| Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.   | Year on year increase based on the 2009/10 baseline of people with a learning disability who have received an annual health check  | There is currently no Directly Enhanced Services scheme for Mental Health Annual Health Checks.<br><br>The CCG's ambition is to be able to confirm a measure on annual health checks for those with mental illness with the Board, but the Board is also asked to consider the use of another measure to assess local performance at supporting people with mental illness:<br><br><i>"The number of people who have depression and/or anxiety disorders who are offered psychological therapies"</i> |

#### **Chapter 4: Care When Needed**

**Responsible Lead Agency: Adult Social Care & Barnet CCG**

**Responsible Lead Commissioner: Karen Ahmed, Later Life, London**

**Borough of Barnet**

| Original target  | Proposed revision  | Rationale  |
|--|--|--|
| That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014 | That all people who have continuing healthcare needs have access to a personal health budget by 1st April 2014 | The proposed change clarifies the responsibilities of the CCG in delivering this target; that the priority is for the CCG to make sure that personal health budgets are accessible to people |
| The number of emergency admissions related to hip fracture   | To remain the same at present, but the CCG requests to   | The CCG is currently undertaking a scoping exercise with public health to revise the   |

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| in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015  | bring a revision to the Board in future based on the outcome of a review into an appropriate baseline measure                                   | baseline measure for this target, to explore showing the number of inpatient admissions for fractured neck of femur for people over 65 as a percentage of the total older population.   |
| Increase in the number of people who are receiving end of life care that are supported to die outside of hospital                              | No change to the target, however please refer to the rationale for an explanation of the current difficulties in reporting against this target. | The CCG would like to bring to the Health and Well-Being Board's attention that it is not currently possible to distinguish between hospital deaths and deaths in specialist palliative care units/ hospices that are based in hospitals. This means that an indicator showing hospital deaths will be an over-count and hospice deaths an under-count. The CCG asks the Board to be mindful of this when considering performance against this target.  |
| The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline. | No change to the target, however please refer to the rationale for an explanation of the current difficulties in reporting against this target. | The target is valid. The Commissioning Support Unit (CSU) cannot generate a performance report on this target at present as it requires the team to use patient identifiable information which they do not have access to at the moment. The data issue is currently being addressed by NHS England. The CSU will be submitting an application to become an 'accredited safe haven' (ASH) which will enable them to process data. The application deadline for accreditation is on 30 September 2013. |

10.6 The Health and Well-Being Board will receive the first performance report for the Health and Well-Being Strategy at the 21<sup>st</sup> November 2013 Board meeting. This report will set out:

- The actions that have taken place so far to deliver on the objectives of the Strategy
- The actions planned for the future to deliver on the objectives
- The progress being made towards achieving the targets of the Strategy
- The recommendations from responsible leads for delivery of the Strategy about how to ensure that the Strategy delivers the best possible outcomes for residents; including the proposals for additional locally measured



targets that will help delivery leads know whether they are meeting the objectives in the Strategy

- 10.7 The rationale for including additional targets in future developed out of the exercise to identify revisions to the existing targets. This process also encouraged delivery leads to consider the additional targets they could use to measure their progress against the objectives of the Health and Well-Being Strategy in future, to provide the Health and Well-Being Board with more detail about the positive outcomes to health and well-being that their work is achieving. It will also enable delivery leads to establish clear links between the various strategies that guide their work, such as the Children and Young People's Plan, and the Local Plan, by reflecting how the targets in other strategies and plans contribute towards the delivery of health and well-being objectives. Further, it is reflective of the fact that a number of important local work programmes to deliver on the objectives of the Strategy were not in existence at the time that the original Health and Well-Being Strategy was written and approved.
- 10.8 The Board is also asked to recognise its responsibility to report on the progress being made to deliver the Health and Well-Being Strategy to the Barnet Partnership Board. The Barnet Partnership Board formally oversees the work of the Health and Well-Being Board, including its delivery of the Health and Well-Being Strategy. The Board is asked to approve a process of performance reporting in which the performance report will be shared with the Barnet Partnership Board on the 7<sup>th</sup> November, for comment and review, before it is presented to the Health and Well-Being Board. It is hoped that this arrangement will add value to the performance monitoring process. Comments from the Barnet Partnership Board will be presented at the Health and Well-Being Board meeting on the 21<sup>st</sup> November, alongside the performance report.

## **11 BACKGROUND PAPERS**

- 11.1 None attached.

Legal – SC

CFO – JH