

MEETING:

Barnet Partnership Board

DATE:

18 November 2013

REPORT OF:

Cabinet Member for Public Health

SUMMARY AND PURPOSE OF REPORT:

This report provides a status update on the HWBB. It summarises the progress that the Board has made since May 2013, updates the BPB on Year 1 performance of the Health and Well-Being Strategy, and presents the HWBB's key challenges for the coming year

INPUT REQUESTED FROM BARNET PARTNERSHIP BOARD:

Members of the Board are asked to:

- Comment on the performance achieved in Year 1 of the Health and Well-being Strategy, and consider the report's recommendations that will be presented to the HWBB on 21st November (see Appendix 1);
- Support the work being taken forward by the Health and Well-Being Financial Planning subgroup to develop integrated care in the Borough, and consider the role organisations in the Borough play to prevent ill health in older people and for those with long-term conditions.

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Barnet's Health and Well-Being Board: Progress since May 2013

1. The first HWBB status update report in May 2013 informed the BPB that the HWBB would be taking forward the following activities
 - Developing collective action to reduce avoidable disease caused by unhealthy lifestyles, reduce childhood obesity, support in early years (before birth and after birth), and reshape our leisure services.
 - Overseeing the development and integration of the Local Authority's role for Public Health, ensuring widespread use of health impact assessment in the commissioning cycle of all programmes, particularly in growth and regeneration programmes.
 - Developing a performance monitoring framework to assess progress of the Health and Well-Being Strategy.
2. HWBB members have taken forward each of these objectives. The Public Health team has taken lead responsibility for delivering the first objective. Notably, the team has initiated a Sports and Physical Activity Review in Barnet, which will consider the provision of leisure services in the Borough. The Public Health team engaged with the Partnership Boards, HWBB members, Council officers and

Members, and CCG colleagues at a multi-agency catch-up event on the 5th November to identify the barriers that exist to participation in physical activity for Barnet's various population groups, which will help inform the outcomes of the review.

3. In June 2013, the Government's Spending Review announced the initiation of a £3.8 billion Integration Transformation Fund to drive local plans for integrated care at unprecedented scale and pace. In response to this announcement, and in recognition of the future demographic and financial challenges facing the Borough, Barnet's Health and Well-Being Financial Planning Subgroup commissioned Ernst and Young to develop the integrated care model for frail elderly residents and people over 55 years old with long-term conditions. Ernst and Young have now developed a high-level model of service provision across health and social care, which focuses partners on designing services that can support people to stay out of hospital for as long as possible. They will continue to work with the Financial Planning Subgroup until December 2013 to prepare a detailed outline business case for integrated care services in the Borough. This business case will ensure that the HWBB is able to access the Integration Transformation Fund, as it will form the basis of the 2 year integrated locality plan the HWBB will need to develop and submit to Government ministers by March 2014.
4. The HWBB has approved an approach to performance measurement of the Health and Well-Being Strategy, and will be considering the first annual performance report of the Strategy on the 21st November 2013. The report provides the HWBB with an overview of performance against meeting the objectives of the Health and Well-Being Strategy, outlines the key service plans in place to take work forward in year 2 of the Strategy, and proposes a series of recommendations to the HWBB about where it should focus its attention in year 2. The performance report is appended to this document, for the BPB to review. Highlights from the report are also outlined below.

Barnet's Health and Well-Being Strategy: Year 1 Performance Highlights

5. The annual report on performance is the first opportunity the HWBB has to look how local services are being developed to improve the health and well-being of Barnet's residents, and also to understand how the health profile of Barnet's people is changing. The performance indicators agreed in the Health and Well-Being Strategy give an indication of how well Barnet's services are responding to local population need.
6. A small number of the targets in the Health and Well-Being Strategy were revised during summer 2013 after Health and Well-Being Board Members identified that these targets were not fit-for purpose. The revisions were approved by the Health and Well-Being Board in September 2013. They have not reduced the focus on the areas that were identified as part of the original consultation exercise to develop the Health and Well-Being Strategy; instead they seek to build on the original targets in the Strategy to ensure they are measurable. A set of these revisions and the case for change of each original target is set out here: <http://barnet.moderngov.co.uk/documents/s10733/Proposed%20revisions%20to%20the%20targets%20in%20the%20Health%20and%20Well-Being%20Strategy.pdf>
7. Positive and negative changes in performance will be influenced by more than just the local service provision in place, but it is important that the HWBB, and

BPB, is aware of the health and well-being trends of Barnet's population so it can plan for and develop services strategically and in good time.

8. For each chapter of the Strategy, it is possible to identify areas where performance is good, areas where improvement is needed, and areas where immediate attention is required to fast-track improvements in performance. The majority of the improvements needed have been identified due to the performance data provided for the report, though a few notable exceptions have been highlighted due to significant data issues that prevent performance from being reported at this time. The headlines are summarised below:

9. Chapter 1: Preparing for a Healthy Life

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| Good performance |
| The rate of smoking in pregnancy has dropped for the fifth year in a row (5.2% ¹), and now rests firmly below the national average (13.3%) and the latest London average (6% in 2010/11). |
| The rate of teenage pregnancy (19.1 per 1000 ²) has also dropped consistently since 2007 (33.1 per 1000), and is well below the national average of 34.0 per 1000. Encouragingly, there is a downward trend towards the best performer rate of 11.7 per 1000 ³ . |
| Alcohol-specific stays for under-18s have reduced to 36.6 per 100,000 ⁴ down from 37.4 per 100,000. This is below the London average of 39.1 per 100,000. |
| The target for the number of families with complex needs identified for the Troubled Families Programme (705) will be met on time. |
| The number of young people who have a transition plan when they are 18 is already 100%. |
| Areas for improvement |
| Childhood obesity levels among Year 6 children (19.2% ⁵) have dropped slightly since last year (19.6%). Local figures remain in line with the national average (19.2%), and are lower than the London average (22.5%) but are almost twice as high as the rates in the best performing area of the country (10.3%) ⁶ . |
| Areas of concern |
| NHS England reported immunisation rates for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013, attributed to data collection issues (see separate NHS England briefing attached to the performance report). |

10. Chapter 2: Well-Being in the Community

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| Good performance |
| The percentage of NEETs (16 to 18 year olds who are not in education employment or training) remains below national average of 4.1%. |

¹ % mothers smoking in pregnancy where status is known, 2011/12

² Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011

³ Rutland UA

⁴ Crude rate per 100,000

⁵ % school children in Year 6 (age 10-11), 2011/12

⁶ St Alban's CD

Residents' **sense of belonging** is in line with 2010/11 rates (c75%). This perception measure has seen a positive direction of travel since 2008/09. The local position is now four per cent lower than the 2010/11 national average.

The number of **vulnerable people moving to more independent living** is increasing- in 2012/13, 25 individuals were supported into more independent living arrangements, in keeping with the target in the Strategy.

Areas for improvement

The number of people with **long term mental health problems** (6%) and **people with a learning disability** (10%) in **regular paid employment** is being maintained but is not yet improving.

Areas of concern

The average length of time spent by households in **short-term nightly purchased accommodation** has risen slightly since the end of 2012/13 (638 up from 635), away from the target of 500.

11. Chapter 3: How We Live

Good performance

Healthy eating opportunities are improving, as takeaways and restaurants have begun signing up to the Healthy Catering contract.

Physical activity levels in the Borough have increased from 8.5% to 10.2% (2010/12 data).

Areas for improvement

Adult smoking rates have fallen since 2012 (from 18.7%⁷ to 17.5% in 2013) and are lower than the London average of 18.9%. However, deaths attributable to smoking have risen from 147 per 100,000⁸ in 2012 to 153 per 100,000 in 2013- this is the second upward shift since 2009 (despite figures remaining below the comparable national averages).

The **adult obesity rate** has remained static for the past 3 years at the rate of 17.9%⁹. Whilst encouraging that the rate is not going up, this also indicates how stubborn obesity is as a public health issue.

Rates of **increased and higher risk drinking** have risen from the 2011 rate of 17.7% to 20%¹⁰. The Strategy has set an ambition to reduce the rate of increased and higher risk drinking to the level of the best performer in the Country (which was 11.5% in 2011 is now 15.7%¹¹).

The **uptake of breast screening** is up from 69.2% to 69.4%, compared to the current England average of 77%.

Areas of concern

Although the number of eligible people aged between 40 and 74 who have received an **NHS Health Check** is rising- from 3.79% at the end of 2012/13 to 5.46% in the middle of 2013/14, progress to meet the 12.7% end of year target will be stretching¹².

⁷ % adults aged 18 and over, 2011/12

⁸ Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011

⁹ % adults, modelled estimate using Health Survey for England 2006-2008

¹⁰ % aged 16+ in the resident population, 2008-2009

¹¹ Newham LB

¹² The local 'task and finish' group who have been assessing progress with NHS Health Checks will be reporting their findings shortly.

12. Chapter 4: Care When Needed

Good performance

The number of emergency admissions related to **hip fracture** in people aged 65 and over has reduced from the 2009/10 baseline of 457.3¹³ to 404 (2011/12 data)

The number of **carers** who self-report that they are supported to sustain their caring role is increasing, from 6% to 8.9%. However, this is not to say that further improvement isn't needed to ensure that this isn't the reality for a greater number of carers in the Borough.

Areas for improvement

The number of people who are receiving **end of life care** that are supported to die at home is lower than the national average (16.4%¹⁴ compared to 20.3%). The Secretary of State for Health has recently urged Health and Well-Being Boards to focus attention on the end of life services provided in their Borough to ensure they are responsive to local needs and choices.

Areas of concern

The data issues confronting the CCG at this time make it impossible to assess if progress is being made in reducing the **number of emergency hospital admissions/ re-admissions**¹⁵

13. This data has been considered alongside other data series provided by the Barnet Health Profile and information provided about performance in each priority area, to develop a series of recommendations to the HWBB about where it should focus its attention in Year 2. Of particular significance is the recommendation to develop a plan to address the worryingly high levels of tuberculosis in the Borough (as identified by the 2013 Barnet Health Profile). The full set of recommendations can be found in the performance report appended to this document¹⁶. The BPB is asked specifically to consider these recommendations and provide feedback.

Barnet's Health and Well-Being Board: Future Key Challenges

14. The Board continues to work in the context of far-reaching policy change and highly challenging financial circumstances. Barnet CCG is the most financially challenged CCG in the country, and requires continued support from Board members and their organisations to ensure that it is able to maintain momentum in recovering its financial position. Specifically, the HWBB will be supporting the CCG as it works in partnership with NHS England and NHS Property Services Ltd. to try to address the problem of under-utilisation of estates in the Borough.

¹³ Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12

¹⁴ Percentage of all deaths that occur in own home, average annual for 2008-10 (ONS data)

¹⁵ It is important for the BPB to be aware that the CCG is currently working with NHS England to resolve information governance issues that have impacted on the CCG's ability to commission services since April 2013. Until 31 March 2013, Primary Care Trusts (PCTs) had access to patient identifiable data for various commissioning purposes. However, with the dissolution of PCTs in England and establishment of the new commissioning structure under the Health and Social Care Act 2012, significant changes were made to the way CCGs would gain access to data for commissioning purposes. At a national level an Information Governance Taskforce has been established to respond to the impact the changes have had in relation to access to data. The CCG and Commissioning Support Unit (CSU) are feeding in local issues and solutions to support at a national level. Until this is resolved, the CCG will be working within restricted commissioning conditions.

¹⁶ The detailed set of performance templates that underpin this performance report are available on request from Claire Mundle (Claire.mundle@barnet.gov.uk)

There have been no GPs at Brunswick Park Health Centre and Finchley Memorial Hospital for some time, which has significant financial implications for the CCG in relation to the costs they incur for the NHS Estate in the Borough.

15. The Board is actively supporting the NHS and Public Health teams as they grapple with issues arising from the organisational changes brought about by the Health and Social Care Act (2012). These include information governance issues (set out in footnote 15 on the previous page), and the development of new contractual and informal relationships with NHS England (the national NHS commissioning body). NHS England is now responsible for commissioning screening and immunisation services on behalf of local areas. In Barnet, there have already been issues raised and taken forward by the Cabinet Member for Public Health and other Board Members in relation to the temporary removal of breast screening facilities at Finchley Memorial Hospital, and the problems NHS England currently has to report on progress with pre-school immunisations. The Board is lobbying NHS England to ensure that service performance, and local partnership working, is not jeopardised by these events. The Board will need to maintain oversight of this challenge to ensure that these issues are resolved.
16. The Board will need to invest considerable time to ensure that the integrated care proposals are developed in advance of March 2014, and Board Members will need to work through the Financial Planning sub-group, and in partnership with Ernst and Young to ensure that the proposals that are developed are robust and sustainable given the changing policy environment and the financial savings required from both the Local Authority and the CCG.

Role of Barnet Partnership Board

17. **As the Council's Local Strategic Partnership, to which the HWBB is accountable, the BPB is asked to review the Health and Well-Being Strategy performance report and provide feedback to the HWBB, particularly on the report's recommendations, for it to consider and respond to.**
18. **It is recommended that the BPB seeks to support the work being taken forward by the Health and Well-Being Financial Planning sub-group to develop integrated care in the Borough, and consider the role organisations in the Borough play to prevent ill health in older people and for those with long-term conditions.**