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| Meeting | Health and Well-Being Board |
| Date | 21st November 2013 |
| Subject | Health and Well-Being Strategy (2012-15): First Annual Performance Report |
| Report of | Director of Public Health |
| Summary of item and decision being sought | This report for the Health and Well-Being Board documents the progress that has been made by local partners to improve the health and well-being of Barnet's population, since the launch of the Health and Well-Being Strategy in October 2012. The report also outlines the activities that are planned for Year 2 of the Strategy, and provides recommendations about the areas in the Strategy that the Board should focus its attention on in 2014/15. |
| Officer Contributors | Claire Mundle, Commissioning and Policy Advisor- Public Health / Health and Well-Being |
| Reason for Report | This performance report supports the Board to meet the requirements of its Terms of Reference: 'To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the Joint Strategic Needs Assessment and performance manage its implementation to ensure that improved outcomes are being delivered'. |
| Partnership flexibility being exercised | N/A |
| Wards Affected | All |
| Contact for further information | Claire Mundle, Commissioning and Policy Advisor, Public Health / Health and Well-Being, 020 8359 3478, Claire.mundle@barnet.gov.uk |
| Appendices | <p>Appendix A: Briefing on drop in cover rates in Barnet since April 2013</p> <p>Appendix B: Progress reports from the Partnership Boards (presented at the November catch up between the Health and Well-Being Board and Partnership Boards)</p> <p>Appendix C: Approved revisions to the performance indicators of the Health and Well-Being Strategy</p> |

RECOMMENDATIONS

- 1.1. That the Health and Well-Being Board considers the first annual Health and Well-Being Strategy performance report and assesses the progress that has been made so far to meet the Strategy's objectives.**
- 1.2. That the Health and Well-Being Board endorses the recommendations outlined in Section 10.9 of the performance report, and agrees to take these recommendations forward in Year 2 of the Strategy.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board 17 November 2011 – item 5- Developing the Health and Wellbeing Strategy. The Health and Well-Being Board endorsed the broad approach of the Performance Management Framework.
- 2.2 Health and Well-Being Board 27th June 2013- item 10- Performance Management Framework for the Health and Well-Being Strategy. The Board agreed to the updated proposals for managing performance of the Health and Well-Being Strategy and agreed for a full Annual Report against year one of the Health and Well-being Strategy to be brought to the November Board meeting.
- 2.3 Health and Well-Being Board 19th November 2013- item 10- Proposed revisions to the targets in the Health and Well-Being Strategy. The Board approved the proposed revisions to the existing targets in the Health and Well-Being Strategy (appended to this report- Appendix C).

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

- 3.1 The agreed performance objectives have been set out in the Health and Well-Being Strategy (2012-15).
- 3.2 The CCG and Public Health work plans has been deliberately aligned to the objectives of the Health and Well-Being Strategy.

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, 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.

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.

6. LEGAL POWERS AND IMPLICATIONS

6.1 None specifically arising from this report.

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

7.1 None specifically arising from this report. However, where relevant, financial performance or implications have been noted in the background paper that accompanies this report (available on request).

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Healthwatch Barnet will play an important role in ensuring that the Health and Well-Being Strategy is making a difference, and in advising lead agencies on how the voices of users and carers can feed in to the performance management of the Strategy. Healthwatch Barnet has reviewed the performance report in advance of publication, and will be sharing the results of the report with the public to ensure that they are kept informed about progress. For example, a summary will be presented at Healthwatch Barnet's public meeting on 26 November. In addition, Healthwatch Barnet can issue to its Friends and contacts bite-sized and news-ready key messages on health awareness, promotion and consultations.

8.2 The Partnership Boards are being formally supported by the Health and Well-Being Board to take forward the objectives of the Strategy through the twice annually Partnership Board Summits. The Partnership Boards have produced summary reports that document how their activities to date support the implementation of the Health and Well-Being Strategy (see Appendix B).

8.3 Further, there are Healthwatch Barnet representatives on all the Partnership Boards, to enhance partnership working in health and well-being.

8.4 The Commissioning and Policy Advisor will be meeting with each of the Partnership Boards to discuss the performance report and consider the implications of the report for the future work programmes of each of the Boards.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The performance framework and reporting template has been developed in conjunction with the Public Health team.

9.2 The performance report will be formally presented at the Barnet Partnership Board on the 18th November, to inform and capture feedback from strategic partners. This feedback will be shared with the Health and Well-Being Board when it meets on the 21st November to discuss the report in detail.

10. DETAILS

10.1 Introduction

10.1.1 Barnet's Health and Well-Being Strategy was launched in October 2012. The Strategy sets out how Barnet's services will work together to address the most pressing health and well-being needs within the Borough. It was published following thorough consultation with local stakeholders about the health and well-being issues that need to be addressed in order to support Barnet's residents to keep well and keep independent.

10.1.2 The Strategy is focused on enabling people to keep themselves well and recover from ill-health throughout their lives, and also on supporting people to stay independent and in their own homes for as long as possible once they become seriously ill. In Barnet, the Health and Well-Being Board is fully signed-up to the idea that people should be encouraged and helped to look after their own and others' health wherever possible.

10.1.3 The Strategy is also designed to support people throughout their lives, from before they are born to the time they are planning for their final days. It is based on Michael Marmot's "life course approach" to health outcomes, which has proven that if people are supported to be healthy from their very first years, they are more likely to spend more years of their later life in good health. The Strategy has a clear focus on developing preventive health and social care services that intervene early to keep people well, and prevent them from experiencing unnecessary harm.

10.1.4 The four chapters of the Strategy- Preparing for a Healthy Life, Well-Being in the Community, How we Live, and Care when Needed- set out the provision that needs to be in place to make sure people can keep well and independent, and explains what difference this should make to people's health. Each chapter contains a series of commitments and targets that will help the Health and Well-Being Board know how these plans are progressing, and how much impact these changes are having on people's lives.

10.1.5 This report for the Health and Well-Being Board documents the progress that has been made by local partners to improve the health and well-being of Barnet's population, since the launch of the Health and Well-Being Strategy in October 2012.

10.2 Approach to performance measurement

10.2.1 This is the first annual performance report of the Health and Well-Being Strategy. Responses have been collated from responsible service delivery leads that capture:

- The key achievements of the first 12 months
- The headline service plans for the coming 12 months

- Data against the Strategy's indicator set to show changes in health and well-being trends
- Commentary to assess the progress so far and highlight where the Health and Well-Being Board should focus its attention over the coming year

10.2.2 The complete set of performance reports are presented in the background paper accompanying this report (available on request). The completed templates provide the basis for the implementation plan of the Strategy for the 2014/15 year, which will enable the Board to monitor progress to the deliver the Strategy.

10.2.3 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 were revised during summer 2013 after Board Members identified that these targets were not fit-for purpose. The rationale for each of these revisions has been set out in Appendix C. 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.

10.3 Bigger picture: Changes to the health and social care landscape in the last year

10.3.1 2013 has been a year of far-reaching change and challenge, which has shaped the progress that has been made against the Health and Well-Being Strategy in a number of ways.

- Across the NHS, the Local Authority and the voluntary sector, the financial challenges have continued to grow. Nationally, the NHS needs to make £30 billion savings by 2020/2021. Barnet Council needs to make neatly £70 million savings by the end of the decade. Partners have needed to think differently about what and how they provide services, and will also need work together to make these savings.
- Central Government has given clear directions to local NHS and social care providers that they will need to develop 'integrated care' proposals to support people to be cared for in the community and in their own homes wherever possible.
- Public Health moved into the Local Authority, bringing the team closer to its partners in housing, planning and licensing, social care, education, transport and children's services.
- Barnet Clinical Commissioning Group (CCG) took over commissioning responsibilities from Barnet PCT for a number of local NHS services including hospital care; bringing clinicians closer to the decisions about the services that are provided to the residents they look after. They inherited a

significant deficit with the change, and have developed plans to recover their financial position over the next 5 years.

- Healthwatch was established as the new “consumer champion” for health and social care services, with a remit to talk to residents about how and social care services need to improve
- A number of services, including immunisations and screening for various cancers are now commissioned by NHS England rather than local Public Health or NHS teams.
- Health and Well-Being Boards became statutory bodies within local authorities, with responsibilities to make sure there are a joint strategic needs assessment and a joint health and well-being strategy in place; and a remit to bring health and care partners together to work on improving health and wellbeing outcomes for people in the Borough. Moving out of shadow form has given the Board more clout to drive changes to health and wellbeing services.
- There have been significant changes to the welfare reform system. This has affected a number of residents in Barnet, who are now being supported to make affordable life choices, and to get back into work. While these changes to the benefits system are rolling out, private sector rents are rising at a significant rate.
- The Care Bill has set out plans to introduce a cap on the costs that people will have to pay for care in old age, and also sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. This has significant implications for social care services in the Borough, which continue to be worked through.

10.3.2 The performance reports that have been submitted to the Health and Well-Being Board show how responsive services have been to these changes, and have also identified the areas where the health and wellbeing board will need to play an important supportive role in coordinating activity and driving through local changes so that the Borough can meet these and other changing demands.

10.3.3 Healthwatch Barnet will have a particularly important role to play to support the delivery of the Health and Well-Being Strategy. Consultation and engagement is a core part of Healthwatch Barnet's role and responsibility, and its consortium structure means it has an extensive reach into some of Barnet's key communities. Further details of where Healthwatch Barnet could be further consulted to assist the development and delivery of quality services are detailed in the body of the report. This would prove particularly valuable where there has been a low take-up of services and/or where the statutory services would like to extend its reach to and gather in-depth responses from smaller or under-represented communities.

10.4 Looking back: local action during the first year of the strategy to improve health and well-being

10.4.1 Progress in the first year of the Strategy has been addressed below in terms of the 2012 Health and Well-Being Strategy public consultation, which aligned with a number of the key actions set out in the Strategy. Consultation was carried out through Partnership Boards, children's centres etc. and any response to the consultation was fed back to these groups. A full list of activities that partners have undertaken over the past 12 months to support the delivery of the Strategy is contained within the detailed performance templates (please refer to accompanying background paper for information-available on request).

10.4.2 Preparing for a healthy life

1. Last year, consultation respondents were asked to select which three actions to give children in Barnet the best start for a healthy life were most important to them. Over half (53%) of respondents who answered this question ticked Active Lifestyles programmes in schools, and a large proportion (45%) ticked an increased range of organised physical activities in order to reduce obesity. The Public Health team have developed and launched a multi-faceted health and wellbeing initiative in primary schools (called the Healthy Schools Programme) that will encourage children to be more active, make healthier food choices, and understand strategies to look after their emotional wellbeing. Since it launched in September 2013, 7 schools have contacted the lead provider for support.
2. Whilst the respondents did not rate having a Family Nurse for families with on-going health problems, or increasing the take up of immunisations, as a priority actions for the Health and Well-Being Board last year, there have been a number of important developments in these areas locally, which will be of interest to Barnet's residents. Responsibility to ensure immunisations coverage for children remains high in the borough now rests with the new national commissioning body, NHS England, rather than with the local Public Health team. Recent analysis from NHS England on progress to maintain immunisations coverage shows that there have been problems in them collecting the local data to monitor immunisations rates since April 2013, and resultantly they cannot be confident about the current rates of immunisations being delivered in the Borough (see NHS England briefing attached to this report).
3. The Family Nurse Partnership that supports disadvantaged new parents through tailored help and support from a specialist nurse has been recruiting towards its 100 family's target, and now has a few families who are due to graduate in their cohort. Initial feedback from those who have been involved in the programme has been very positive. Barnet's work with the identified cohort of troubled families was already well established within the Troubled Families Division and we negotiated 'fast-tracking' our work with the 705 families over two years. The work has been on-track, and is due to be completed by 2014.

10.4.3 Well-being in the community

1. In terms of actions to create more opportunities for healthy and flourishing neighbourhoods and communities, 54% of consultation respondents felt that increased training and employment opportunities for those who find it particularly hard to get paid work were among the three most important actions. Barnet Council has developed a programme which has a focus on training, supporting adults with a learning disability, autism, Asperger's and/or mental health needs to access employment; including job coaching, work experience, job tasters. The Council also secured more than £400,000 additional government funding to continue the Right to Control programme, in partnership with Barnet Centre for Independent Living and Job Centre Plus, which supports people to combine two or more funding streams related to their social care, housing or employment support and choose how to spend this. The cross-partner Welfare Reform Steering Board have also been working with the Public Health team to develop a programme to support those with low level mental health needs back into employment.
2. 42% of consultation respondents cited new planning and licensing projects that help to create a safe and healthy environment for people to live in as being a priority area for the strategy. The Borough is embarking on an ambitious programme of regeneration, which has health and well-being objectives built into the heart of the programme of work. Specific examples of work that has taken place in the last year to progress this agenda include the provision of conditions to encourage cycling, through initiatives like Safe Cycle Routes, and ensuring provision of cycling storage facilities, being built into regeneration schemes i.e. in the plans to develop Colindale and Brent Cross.
3. Working with local employers to provide training, education and flexible working opportunities for young people was rated third, with 38% of consultation respondents listing this as one of the three most important issues to them. A lot of work has taken place to increase participation rates and reduce the levels of young people not in education, training or employment (NEETS) in the Borough over the past year. The Children's Service has established a Placements and Participations Team (PPT) who will identify track and support young people 16-19 to ensure they are participating in education, employment or training. An apprenticeship Club has also been established in four schools and an Apprenticeship Training Agency were set up to work with Small and Medium Enterprises (SME's) in order to create apprenticeships for local residents.
4. 32% consultation respondents rated giving advice and financial support to vulnerable and older residents to help them keep their houses warmer as an area they wanted to be taken forward. The Winter Well programme has been initiated in 2013/14 by the Public Health team (providing practical support and advice to vulnerable residents including the elderly to reduce the impact of cold weather and cold homes on health), and the Council is

also undertaking a Decent Homes programme that ensures the delivery of works to improve the thermal comfort of vulnerable properties.

10.4.4 How we live

1. In terms of healthier lifestyles, consultation respondents viewed health and lifestyle checks for people aged between 40 and 74 years, better use of green spaces and leisure facilities, and promotion of healthy eating as the most important actions for the Health and Well-Being Strategy.
2. The annual Health Checks programme began in Barnet began in 2012, which was a later start than in other Boroughs. The Public Health team have been making progress to embed the Health Checks programme in Barnet, having delivered training for GP, nurses and healthcare assistants on delivering health checks. To accelerate progress, a recovery plan has been developed to ensure that the programme is rolled out at scale and pace over the coming year.
3. The Public Health team have also been making significant gains at developing the use of green spaces and leisure facilities, and have made investments in outdoor gyms and marked routes to encourage people to be more active in the community. The marked routes and 5-6 outdoor gyms will be ready for use in April 2014. These investments will also be supported by an Activator programme that will provide exercise instructor training opportunities for local people and support for community members to be active using the outdoor gyms and marked routes. Respondents to the consultation also valued the promotion of healthy eating. The Public Health team has been working with development and regulatory services in the Council to sign local restaurants and takeaways up to the Healthier Catering Commitment. Over 26 businesses have signed up since the project began earlier this year.
4. The other two actions of alcohol restrictions and smoking cessation were also ranked highly by large numbers of consultation respondents. There has been action taken by the Public Health team to work with education and community providers to educate children about the risks of smoking, and the Stop Smoking services for adults have also been developed further with advanced training being offered to advisors.
5. The CCG and Public Health team have both been working to prevent increasing and hazardous drinking in the Borough. The CCG has been leading on a programme of brief interventions in acute and primary settings under consideration, which has the potential to assist 1 in 8 hazardous and harmful drinkers back to sensible drinking levels. The Public Health team has been scoping options to enforce trading standards and licensing conditions to make it harder for people to make unhealthy choices.

10.4.5 Care when needed

1. Consultation respondents ranked improving dignity and quality of care for people in Barnet care homes and developing new ways of supporting frail older people as the most important actions to provide appropriate care and support to people who need it. The Health and Social Care Programme in Barnet launched two spearhead integration pilots to improve quality of care in Care Homes, and to support frail elderly people to stay independent and out of hospital wherever this is appropriate. Both pilots will be running until the end of 2013, and the learning from each of these will be used to shape future services for older people. Barnet Council Improving Quality in Care Home Team, its Safeguarding Team and the Care Quality Commission has developed a strong working partnership with Healthwatch Barnet Enter and View Teams. The Enter and View reports are seen as a valuable summary of the care of residents. Healthwatch Barnet will be responsive to other proposals of how it can contribute to the evaluation of services, particularly from the resident's/patient's viewpoint.
2. Barnet's health and social care teams have made progress at developing an integrated care model for elderly people and those with long-term conditions, in line with national expectations, and will help develop services that offer high quality, coordinated and person centred care for these groups of people.
3. A project has also been initiated to look at how to improve people's health around falls. Of all people who fall, the project aims to identify people when they fall for the first time, *before* they experience hip fractures. A dementia hub has also been set up to support the increasing number of residents with dementia in the Borough to stay as well as possible for as long as possible, outside of residential settings.
4. Setting up Personal Budgets and making sure local residents are able to plan for their final days were seen as less important areas to consultation respondents. These areas are however important components of the work that the CCG does to support vulnerable residents. The CCG has commissioned a valuable rapid response service with the aim of providing rapid access to hands-on care when patients or their carers are in crisis as they near end of life (last six months of life), a situation that can result in an admission to hospital or prevent a patient returning home from hospital to die. The CCG will also be rolling out personal health budgets from April 2014, to give local people more control over how they manage their needs.

10.5 Impact: What is happening to health and well-being locally?

- 10.5.1 This annual report on performance is the first opportunity the Health and Well-Being Board 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. 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 Health and Well-

Being Board 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.

10.5.2 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:

10.5.3 Chapter 1: Preparing for a Healthy Life

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| <p>Good performance</p> <p>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).</p> <p>The rate of teenage pregnancy (19.1 per 1000²) 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 1000³.</p> <p>Childhood obesity and overweight levels among 4-5 year old children are now (21%), down from 21.9% last year, and now below the Strategy target of 21.5%.</p> <p>The target for the number of families with complex needs identified for the Troubled Families Programme (705) will be met on time.</p> <p>The number of young people who have a transition plan when they are 18 is already 100%.</p> |
| <p>Areas for improvement</p> <p>Childhood obesity levels among Year 6 children (19.2%⁴) 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%)⁵. Combined overweight and obesity levels in Year 6 children are also up from 33.9% to 34%⁶, away from the Strategy target of 33%.</p> |

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

⁵ St Alban's CD

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

Alcohol-specific admissions for under-18s have risen slightly from 36.6 per 100,000⁷ up to 37.4 per 100,000⁸. This remains below the London average of 39.1 per 100,000.

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).

10.5.4 Chapter 2: Well-Being in the Community

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%.

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.

10.5.5 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.

Areas for improvement

Adult smoking rates have fallen since 2012 (from 18.7%⁹ to 17.5% in 2013) and are lower than the London average of 18.9%. However, this is presented in the 'amber' category because the number of deaths attributable to smoking have risen from 147 per 100,000¹⁰ in 2012 to 153 per 100,000 in

⁷ Crude rate per 100,000, 2008-10 data

⁸ 2009-11 data

⁹ % adults aged 18 and over, 2011/12

¹⁰ Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011

2013- this is the second upward shift since 2009 (despite figures remaining below the comparable national averages).

The data used to monitor **physical activity levels** in the Borough has changed for this calendar year. The percentage of physically active adults in the Borough is 56%¹¹, which is in line with the national average, but lower than the London average (57.2%).

The most recent modelling data on the **adult obesity rate** for Barnet reports 17.9% prevalence¹². The London average for women is 22% and for men is 22.2%¹³. There is not an accurate way of measuring the obesity rates at local authority level, so we cannot have confidence locally about trends in obesity in more recent years.

Rates of **increased and higher risk drinking** have risen from the 2011 rate of 17.7% to 20%¹⁴. 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%¹⁵).

The **uptake of breast screening** is up from 69.2% to 69.4%¹⁶, compared to the current England average of 77%¹⁷.

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 stretching¹⁸.

10.5.6 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 457.3¹⁹ 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

¹¹ % adults achieving at least 150 minutes physical activity per week, 2012

¹² % adults, modelled estimate using Health Survey for England 2006-2008

¹³ 2008-2010 data

¹⁴ % aged 16+ in the resident population, 2008-2009

¹⁵ Newham LB

¹⁶ 2011/12 data. 2012/13 data not yet available.

¹⁷ The current minimum national target is 70%

¹⁸ The local 'task and finish' group who have been assessing progress with NHS Health Checks will be reporting their findings shortly.

¹⁹ Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12

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%²⁰ 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**²¹

10.6 Horizon Scanning: The Changing Health Context in Barnet

10.6.1 The Health and Well-Being Strategy is based on data from the Joint Strategic Needs Assessment. The Barnet Joint Strategic Needs Assessment (JSNA) which was carried out in 2011 looked at the health needs of the population of Barnet and showed that there were significant differences in health and wellbeing across the borough. Some areas of the borough seemed to experience poorer health, as did some particular groups of the population. The Health and Wellbeing strategy was developed in such a way as to reduce these health differences by focusing on how people can 'Keep Well' and 'Keep Independent'.

10.6.2 The Strategy was never designed to measure every health and wellbeing outcome, however, there are some trends in health and wellbeing in the Borough that are not explicitly measured in the Health and Well-Being Strategy, that are becoming increasing concerns. This information provides the HWBB with a wider set of data from which to draw conclusions about priorities for action and focus moving forward/

10.6.3 The data has been provided by the annual Health Profiles produced by the Public Health Observatories (produced since 2006). The areas of concern are summarised below, categorised by the four existing chapters of the Health and Well-Being Strategy.

10.6.4 Preparing for a healthy life

The rate of **infant deaths** (4.1 per 1000 live births) is slightly below the national average (4.3 per 1000 live births) this year, which is a similar position to previous years, but the rate of infant deaths in the best performing Borough is significantly lower (1.1 per 1000 live births).

²⁰ Percentage of all deaths that occur in own home, average annual for 2008-10 (ONS data)

²¹ 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.

The level of **child poverty** in Barnet (21.2%) has been dropping since the 2010 health profile was released, and now is only just above the national average (21.1%)²².

10.6.5 Well-Being in the Community

Statutory homelessness (2.5 per 1000 households) is higher than the rate reported in the 2012 and 2011 health profiles. The rate in Barnet is slightly above the national average (2.3 per 1000 households).

Whilst **long-term unemployment**²³ in Barnet (7.2 per 1000 population) is lower than both the national average (9.5 per 1000 population) and the London average (11.0 per 1000 population), it has still risen significantly in the Borough from the rate presented in the 2012 health profile (4.4 per 1000 households).

10.6.6 How we live

There are almost twice as many new cases of **tuberculosis** diagnosed in Barnet (30.6 per 100,000 population²⁴) than the national average (15.4 per 100,000 population). Barnet's rate is still below the London average (43.4 per 100,000), but it remains worryingly high for the Borough. There are also pockets where the incidence of TB is over 150 per 100,000 population.

The number of people diagnosed with **diabetes** has been increasing (now 5.8%²⁵ people on GP registers with a recorded diagnosis of diabetes up from the 3.8% reported in the 2008 profile), is the same as the current national average, and above the current London average of 5.6%.

Rates of **malignant melanoma** have been increasing (now 9.1 per 100,000 population aged under 75²⁶ up from 6.7 in the 2010 profile), despite remaining below the national average (now 14.5 per 100,000 population aged under-75 up from 12.6 in the 2010 health profile). **Early deaths from cancer** have also risen slightly (now 97.6 per 100,000 population aged under-75²⁷); though also remain below the current national average (108.1 per 100,000 population).

Since the 2011 health profile, the rates for hospital stays for **self-harm** have been rising (now 112.2 per 100,000 population up from 95.2 per 100,000 population in 2011). The rate of hospital stays for **alcohol related harm** has

²² % children (under 16) in families receiving means-tested benefits & low income, 2010 data

²³ Crude rate per 1,000 population aged 16-64, 2012

²⁴ Crude rate per 100,000 population, 2009-2011

²⁵ % people on GP registers with a recorded diagnosis of diabetes 2011/12

²⁶ Directly age standardised rate per 100,000 population, aged under 75, 2008-2010

²⁷ Directly age standardised rate per 100,000 population aged under 75, 2009-2011. The 2011 rate (2007-09 data) was 96.5 per 100,000 population under 75. The 2012 rate (2008-10 data) was 93.2 per 100,000 population

stayed at the same level as in the 2012 health profile (at 1636 per 100,000 population). Whilst these rates in Barnet remain below the national averages²⁸, hospital stays for both self-harm and alcohol related harm in the best performing Boroughs are notably lower²⁹.

Acute sexually transmitted infections have risen (now 802 per 100,000 population³⁰ up from 621 per 100,000 population in the 2012 profile³¹), and are now very close to the current national average (804 per 100,000 population).

10.6.7 Care when needed

Excess winter deaths in the over 65s remain higher than the national average for the second year in a row (though the national trend is upwards whereas the Barnet trend is downwards over that period). The Barnet rate was 20.3 in the 2012 health profile and 19.8 in the 2013 profile³². The national average in the 2012 health profile was 18.7 and in the 2013 profile is 19.1.

10.7 **Moving forward: plans and priorities for year 2 of the Health and Well-Being Strategy (2014/15)**

10.7.1 The performance templates in the accompanying background report provide a comprehensive set of actions that are planned for the next 12 months that will enable partners to meet the commitments it signed up to in the Health and Well-Being Strategy. The quantity of actions planned for the coming year indicates the level of commitment there is to improve health and well-being in the Borough. Highlights for the coming year, taken from these reports, have been summarised below:

10.7.2 Preparing for a healthy life

1. A joint review of Health Visiting and School Nursing in Harrow and Barnet commenced in early November 2013, which aims to identify the model of service delivery which will provide the best outcomes for children and young people, aged 0-19 years in Barnet and Harrow. The review will also consider the role of the Family Nurse Partnership. The outcomes of the review will include recommended options reflecting the criteria within the Health and Well-Being Strategies, Children and Young People's Plans for both Boroughs and the Public Health Outcomes Framework, and draft specifications for the health visiting service and school nursing service for

²⁸ The current national average for hospital stays for self-harm is 207.9 per 100,000 population. The current national average for hospital stays for alcohol related harm is 1895 per 100,000 population.

²⁹ The current best performer for hospital stays for self-harm is 51.2 per 100,000 population (Tower Hamlets LB). The current best performer for hospital stays for alcohol related harm is 910 per 100,000 population (Wokingham UA).

³⁰ Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate)

³¹ Uses 2011 data

³² Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths

2015-16 which clearly articulate the best model identified. The final report will be completed by the end of March 2014.

2. A project is being initiated to define a clear coordinated pathway for assessment of 0-25 year olds with special educational needs (SEN) and disabilities across health, social care and education, in response to the Children and Families Bill, which removes SEN statements for up to 18 year olds and replaces them with extended integrated plans in 2014. A project manager is already in place to look at the 0-25 y/o pathway, particularly with respect to these new integrated care plans. The project manager will be seeking to re-define the role of the transitions service in Barnet in light of the legislation, and ensure it works well alongside other partners on this agenda.
3. The Public Health team will be implementing the full Early Years Programme, which will include development of a full functioning breastfeeding peer support service and parenting programmes/volunteer support programmes.
4. The Public Health team will also be leading the Sports and Physical Activity Review in Barnet, and identifying methods of encouraging physical activity in the school, public space and home environments. They have plans to undertake packed lunch audits and training for parents on what constitutes a healthy packed lunch and to promote the take up of free school meals.
5. The CCG will be contributing to a 5 Borough CCG maternity network to look at whole range of quality indicators in maternity services including caesarean section; post-partum haemorrhage etc., to develop a rich picture of quality from which to commission services in future.

10.7.3 Well-Being in the community

1. The Council's planning policy team are scoping an evidence base on the distribution of fast food takeaways and are looking to work closely with Public Health on fast food providers, linking to the healthy eating agenda. The Council's planning team will also be reviewing their Infrastructure Delivery Plan (IDP) and liaising with the CCG to understand the local NHS objectives, so these can be factored into regeneration development plans at any earlier stage.
2. The Council will lead the development of a 10 unit supported living resource for people with High Functioning Autism/Aspergers (Speedwell Court), who would otherwise move into residential care.
3. A newly established project board at Barnet Council will take forward a range of Homelessness Initiatives, including:
 - a. Temporary Accommodation converted to Assured Shorthold Tenancy in appropriate cases

- b. Private Sector Letting units sourced via residential estate agents using cash incentive for landlords
 - c. Private Sector Accommodation sourced by partner Housing Associations on 3 year lease arrangements
 - d. Tendering for bulk provision of out-of-London units, possible through joint procurement with other North London boroughs.
4. The Altogether Better project will be rolled out across deprived neighbourhood in Barnet, which works in local communities to identify community leaders/ interested people who are interested in giving up their time to foster inclusion in that area; as will the Positive Ageing Campaign (breaking down barriers between older and younger people and also encourage older people to make opportunities of things to do in their later life such as volunteering and dating).
5. The cross-partner Welfare Reform Steering Board will be working with the Public Health team to develop a programme to support those with low level mental health needs back into employment. The Council will also be re-tendering the 'Working for You' project (which has a focus on training and supporting adults with a learning disability, autism, Asperger's and/or mental health needs to access employment) and will focus on encouraging longer-term employment placements.

10.7.4 How we live

1. The 'Operation Smoke Storm' initiative will be delivered in local schools, involving training teachers to educate children about the risks of smoking, and a schools and communities based project called 'Cut Films Barnet' will also be established to engage young people early and understand their attitudes towards smoking.
2. The Public Health team and CCG will be working together on an obesity care pathway review, focused on prevention and early identification of obesity risk-factors. The Public Health team will be launching a Fit and Active Barnet Campaign in 2014 that aims to provide co-ordinated physical activity and healthy weight programme in Barnet, which will include the Outdoor Gyms programme and marked routes in parks that have already started.
3. The CCG will be leading the development of integrated and enhanced primary care mental health services as part of the Barnet, Enfield and Haringey Mental Health Strategy, and will work with Public Health to develop preventive mental health services in the Borough.
4. The CCG will also lead a refresh of the Child and Adolescent Mental Health Services (CAMHS) strategy and the re-commissioning of CAMHS to increase integration and improve care pathways will help contribute to this. A new CAMHS model for an acute in-patient unit and enhanced community teams at Edgware hospital will be developed as part of this

work. This will be monitored through the Children and Young People's Plan and Children's Trust Board.

5. The Public Health team will also be introducing an Information & Brief Advice (IBA) service in 21 pharmacies from November 2013 to identify those with increasing and higher risk drinking patterns.

10.7.5 Care when needed

1. Further integration across health and social care is planned at scale and pace through the development of a target operating model for integrated care in Barnet that will be developed by January 2014. This model will inform Barnet's integrated locality plan for 2014/15- 2015/16. The enhanced falls prevention service that will be commissioned from CLCH and Royal Free hospitals will be one of the services supporting delivery of the model, supporting people to stay out of hospital for as long as possible. The Health and Social Care Integration Project is committed to working with Healthwatch Barnet to consult on new initiatives, processes and services. Healthwatch Barnet is able to quickly gather opinion from a range of volunteer residents that are representative of Barnet's communities.
2. The Council will be introducing systems and processes to support a greater self-service model in order to motivate and guide residents to make use of Telecare. Such a model would provide greater information, advice and promotion of telecare devices tailored to an individual's needs, allowing users to view and procure relevant devices and services online from a single online marketplace.
3. The CCG and Council will be developing a Dementia Hub which will provide information advice and support to newly diagnosed people with dementia and their carers from early worries to end of life care. It will build a network of local dementia services and will act as a recourse function/ build a local presence that raised dementia awareness.
4. The various initiatives that have been started to improve the quality of care in care homes will be bought together to ensure that a unified approach is taken to supporting quality improvement across care homes moving forward. The CCG will also be implementing a training plan to educate nursing home staff on the management of patients nearing the end of life (on-going programme).
5. The Council will be engaging with NHS and Public Health partners around the identification, assessment and support of carers as part of the design and delivery of the Carers Offer.

10.8 **Conclusions**

- 10.8.1 This performance report provides the Health and Well-Being Board, wider stakeholders, and the public, with a greater sense of clarity on accountability for action and outcomes for the Health and Well-Being Strategy. The report reflects many positive changes to performance and partnership working over

the past 12 months, but also recognises that there are many areas in which performance can be further improved to make a real difference to Barnet's populations.

10.8.2 For the Health and Well-Being Strategy to add further value to existing and forthcoming local strategic plans and actions around reducing health inequalities and improving health and care, it is important that commissioners and delivery leads review the commentary in this report and ensure that their plans for 2014/15 are adequately ambitious and transformative. There is now an opportunity to use this performance report as a catalyst for discussions between teams and organisations to identify linkages between their work programmes for the next 12 months. If the Strategy can bring partners together to have new discussions about how they can work together to improve health and well-being, then the Strategy will on one level have been successful. The challenge for the coming year will be to build on current good performance, whilst simultaneously improving performance in those areas where the need for progress has been identified.

10.9 Recommendations for the Health and Well-Being Board

10.9.1 In order to focus the Health and Well-Being Board's approach to future performance management, a series of recommendations have been developed in light of the information provided for this report, and the additional data analysed during the horizon scanning process. The areas focused on below were selected for one or more of the following reasons:

- That performance is off-track
- That performance cannot be currently be judged and significant effort is required to resolve this
- That the policy context has changed and a co-ordinated local response is required
- That they are a new or growing health and well-being challenge, as identified by the Barnet Health Profile.

10.9.2 The Health and Well-Being Board is asked to consider focusing time on the following recommendations over the coming year, to have a significant impact on health and well-being in the Borough.

10.9.3 Preparing for a healthy life

- 1. That the Health and Well-Being Board works concertedly with NHS England to address the pre-school immunisations data issues they have identified so that the local area can be assured that immunisation rates are being maintained (as the Strategy requires them to be)**
- 2. That the Health and Well-Being Board provides strategic multi-agency leadership to the two forthcoming transformation**

programmes in response to legislative changes that affect children and young people- namely the development of a new model for health visiting and school nursing services for 2015-16; and the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.

10.9.4 Well-Being in the community

1. That the Health and Well-Being Board considers what partners collectively should be doing to promote models that limit social isolation, in partnership with Older Adult's Partnership Board and Barnet Older Adults Assembly. This should involve giving specific focus to the solutions that will most effectively reduce level of excess cold hazards in elderly people's homes.
2. That the Health and Well-Being Board considers the multi-agency leadership role it can play to support residents into employment, be they those who have been affected by welfare reform or those who are furthest from the job market, with a view to help them afford stable accommodation.

10.9.5 How we live

1. That the Health and Well-Being Board commissions the Public Health team to lead the development of a plan to address the worryingly high levels of tuberculosis in the Borough.
2. That the Health and Well-Being Board considers in-depth how it can coordinate activities across partners to tackle increasing and higher risk drinking in the Borough, considering the various local levers it has at its disposal to affect change. Healthwatch Barnet could engage with young people and different ethnic communities to further the development and delivery of key messages and services in this area.

10.9.6 Care when needed

1. That the Health and Well-Being Board continues to drive the development of integrated care proposals ahead of the national deadline of March 2014, that will support Barnet's frail elderly residents and those with long-term conditions to maintain independence in their own homes for as long as possible.
2. That the Health and Well-Being Board provides on-going oversight and endorsement of the work taking place locally to develop self-care initiatives that will help residents maintain their independence (including telecare) and to support the Borough's many carers to maintain their own health and well-being as well as that of the people they care for.

11.1 In-depth Health and Well-Being Strategy performance reports (available on request).

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