

Barnet's Joint Health and Wellbeing Strategy: Keeping Well, Promoting Independence

Implementation Plan 2015 – 2020

The Joint Health and Wellbeing (JHWB) Strategy is the borough's overarching strategy which aspires to improve health outcomes for local people and aims to keep our residents well and to promote independence. The JHWB Strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of prevention, early intervention and supporting individuals to take responsibility for themselves and their families. The JHWB Strategy also addresses wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing.

It is intended that the implementation plan is read alongside the JHWB Strategy which can be found at: <https://barnet.gov.uk/citizen-home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html>

Actions in the JHWB Strategy have and will be included in other key strategies and action plans such as the Housing Strategy, Primary Care Strategy, Early Intervention and Prevention Strategy, Better Care Fund plans and Entrepreneurial Barnet to ensure delivery across the health and social care system in Barnet. The actions detailed in this implementation plan focus on the priorities that require a partnership approach. The Plan indicates where an action or target is aspirational. The plan has no new financial resources to support its implementation but provides a framework and direction for focus of existing resources to have a significant impact on the health and wellbeing of the borough.

The Implementation Plan is structured around the four theme areas of the JHWB Strategy: Preparing for a healthy life; Wellbeing in the community; How we live and Care when needed. For each theme area, the priorities are highlighted. Outcomes and targets are shown with the agreed action, timescale and organisational lead (for delivering the outcome and reporting).

The Implementation Plan enables the Health and Wellbeing Board to monitor progress and success in the short, medium and long terms. The Health and Wellbeing Board will receive regular progress reports which will allow the Health and Wellbeing Board to continue to develop its work programme.

Overarching outcome measures

Below is a list of the key overarching measures that we will monitor to ascertain whether we are on track to achieve our vision to help everyone to keep well and to promote independence. The outcome measures listed in the implementation plan contribute to these overarching indicators. The overarching indicators will be monitored; no specific targets are set but our intentions are clear.

Outcome	Baseline	Reducing inequalities gap
Increase life expectancy	Most recent data (2013) shows that, in Barnet, women have a higher average life expectancy (85 years) than men (81.9 years) (2013). The life expectancy of men has increased at a higher rate than that of women, reducing the life expectancy gap between genders from 5.1 years (1991/93) to 3.1 years.	The life expectancy of individuals living in the most deprived areas of the borough are on average 7.6 years less for men and 4.7 years less for women than those in the most affluent areas.
Increase healthy life expectancy	Gains in life expectancy have outstripped gains in healthy life expectancy. This indicates that although women are living (on average) longer than men, a larger proportion of women's lives is spent in poor health; 19.1% (16.2 years) for women and 17.0% (13.9 years) for men.	Aiming to reduce the gap between life expectancy and healthy life expectancy.
Reduce premature mortality due to cardiovascular disease (including coronary heart disease, hypertension, stroke and congenital heart disease)	Coronary Heart Disease is the number one cause of death amongst men and women. Data for 2011-2013 show that the Barnet death rate due to preventable cardiovascular disease (CVD) in those aged less than 75 years was 39.7 per 100,000 and was higher in males (58.3) compared to females (23.3). CVD mortality rate in age under 75 years was also higher in males than in females i.e. 89.6 vs. 39.4 respectively. Barnet's rates were lower than the average rates for the London region (males = 113.5, females = 49.6) and England (males = 109.5, females = 48.6).	Reducing the gap between the most and least deprived wards in Barnet (through measuring the life expectancy gap between wards in top and bottom deciles of deprivation in Barnet).
Reduce premature mortality due to	Cancer is the second most common cause of death in Barnet. The incidence rate for all cancers in Barnet (356.7 per	Reducing the gap between the most and least deprived wards in Barnet (through

cancers	100,000) is lower than the average for England (398.1 per 100,000). The incidence rates (per 100,000) of breast cancer (126.6), prostate cancer (99.8 per 100,000), cervical cancer (6.7), ovarian cancer (14.9) and stomach cancer (8.1) are similar to the national average rates of these cancers (i.e. 125.7, 105.8, 8.8, 16.7 and 8.4 per 100,000, respectively). The incidence rate of lung cancer (35.6 per 100,000) and bowel cancer (403 per 100,000) in Barnet are lower than the average rates of these cancers in England (47.7 and 46.5 per 1000,000 respectively).	measuring the life expectancy gap between wards in top and bottom deciles of deprivation in Barnet).
Reduce tooth decay in children under 5	<p>In 2011/12, 0.86 was the meant severity of tooth decay for children under 5 in Barnet which is below the England average (0.94)¹.</p> <p>Reduce the prevalence of early childhood dental caries from 6.1% (2013) to the national average (3.8%) by 2020.</p>	<p>Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.</p> <p>Dental neglect is considered a good proxy for wider health and wellbeing issues for children, therefore measuring this will allow assessment of the borough's early intervention strategy (closely linked to the borough's efforts to reduce childhood deprivation).</p>

¹ As measured by the mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted decayed/missing/filled teeth: <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000044/pat/6/par/E12000007/ati/102/are/E09000003/iid/90359/age/34/sex/4>

Preparing for a healthy life: Improving outcomes for babies, young children and their families

- Focus on early years settings and providing additional support for parents who need it

Outcome / target	Action	Year (start / end)						Strategic Lead	Operational Lead
		2015	2016	2017	2018	2019	2020		
Increase the percentage of children Barnet foster care ² as a percentage of all children in care from 35% (2014/15) to 39% (2015/16) and 53% (2019/20)	Develop a Corporate Parenting Pledge							Commissioning Director Children and Young People	Voice of the Child Coordinator
	Recruit more local foster carers								Head of Placements
Improve outcomes for children and young people and lower costs throughout the partnership <ul style="list-style-type: none"> Increase number of mothers who initiating and maintaining breastfeeding (14/15 85.1% to increase to 92% by 2020) Contribute to an increase smoking cessation (smoking rates reduced from 15% to 13.5% by 2020); specifically reducing the number of women smoking during pregnancy (local target TBC). 	Five centres for children to be accredited Healthy Children's Centres (by 2016)							Commissioning Director Children and Young People	Head of Early Years and Early Help
	Remainder for children to be accredited Healthy Children's Centres (by 2020)								
	Deliver an integrated multi-agency partnership early help offer which delivers on the principles of the Early Intervention strategy (Intervening as early as possible, Whole family approach, Using evidence based interventions), specifically developing an agreed pathway and menu of interventions for all partners of Children's services.								
	Integration of health visiting: <ul style="list-style-type: none"> Implement the Healthy 							Commissioning Director Children	Head of Joint Children's

² Defined as a child in a foster placement in Barnet rather than outside of the borough

	Child Programme Integrate provision of service in readiness to undertake a competitive procurement							and Young People	Commissioning
<p>Remain above the national average for good level of development at the end of reception; in 2015 68.2% achieved in Barnet compared to 66.3% average</p> <p>Increase the percentage of free entitlement early years places taken up by parents/carers (where eligible) from 41% (2014/15) to 50% (2015/16) and 85% (2019/20)</p> <p>Reduction in hospital admissions caused by unintentional and deliberate injuries to children 0 – 14 years old (2013/14 64.4 per 10,000, remain below the national rate)</p>	<p>Improve early years' service offer: Increase the supply and demand for the two year old (free childcare) offer</p> <ul style="list-style-type: none"> Promote the service offer to eligible parents (2015 / 16) Improve application process for eligible parents (2015/16) Support existing businesses to increase their offer and support new businesses to apply to become members of the scheme (2016/17). 							Commissioning Director Children and Young People	Head of Early Years and Early Help
Have 85% (65% from vulnerable groups) of families with child/ren under 5 registered and accessing services at centres for children by 2015/16 and 96% (65% vulnerable groups) by 2019/20	Continue to develop the early years service including the locality model							Commissioning Director Children and Young People	Head of Early Years and Early Help
<p>Increase satisfaction of children and parents with services for children and young people (aged 0 – 25 years old). Baseline to be set by the service. Satisfaction to be determined through annual surveys (TBC) then increase by 5% each year</p>	Create an improved service user experience through implementation of 0 – 25 disability service designed to support a journey to adulthood, involving service users in the choices and decisions that affect their lives							<p>Commissioning Director Adults and Health</p> <p>Commissioning Director Children and Young People</p>	<p>0 – 25 Head of Service</p> <p>0 – 25 Programme Consultant</p>

Enable young adults to live as independently and healthy as possible and engage in purposeful employment and social activity in their local community	<p>Introduction of new ways of working designed to maximise independence</p> <p>Developing a personalised approach to all aspects of support using person centred practices, personal budgets and building strong communities</p>								
Increase the frequency of occurrences whereby children and young people are engaged and involved in the design, planning and review of services and commissioning processes (measured via the Voice of the Child Strategy ³)	Refresh and deliver the Children and Young People's (CYP) Plan (2016 – 2020)							Head of Service Workforce Development, Libraries & Community Engagement	Commissioning Strategy & Policy Advisor-Children & Young People
	Develop a Children's Charter reflecting priorities identified by children and young people in Barnet (across the partnership) overseen by Children, Education, Libraries and Safeguarding (CELS) Committee							Commissioning Director Children and Young People	Voice of the Child Coordinator
	<p>Continue engagement with children and young people through:</p> <ul style="list-style-type: none"> Existing groups including the Role Model Army, Youth Board and Young Commissioners 							Head of Service Workforce Development, Libraries & Community Engagement	Voice of the Child Coordinator

³ Voice of the Child Strategy (follow link at the bottom of the page) - <https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/key-strategic-documents-and-plans.html>

	<ul style="list-style-type: none"> Develop new Youth Voice Forums One mystery shopper experience per quarter to allow the children in care council to review current level of provision on offer to CIC and Care Leavers CYP involved in 4 interview panels and major service reviews (e.g. CAMHS, 0 – 25, Family Court). 							
Increase social action and voluntary and community sector activity (local targets)	<p>Work in areas highest need to increase voluntary and community sector provision</p> <ul style="list-style-type: none"> Five social action projects a year in areas of high need, resulting in increased volunteering Seven start-up organisation supported each year 						Commissioning Director Adults and Health	Local Infrastructure Organisations
<p>Safeguard children and young people</p> <p>Prevent number of children and young people becoming victims to child sexual exploitation (CSE) and Female Genital Mutilation (FGM) and appropriately support victims</p>	<p>Deliver domestic violence (DV) and Violence Against Women and Girls (VAWG) strategy 2013 - 2016⁴:</p> <ul style="list-style-type: none"> Deliver community engagement events Secure DV expertise in MASH Ensure that all relevant staff (e.g. Family Nurse 						Head of Community Safety	<p>Domestic Violence and Violence against Women and Girl's Co-ordinator</p> <p>Designated</p>

⁴ Barnet Domestic Violence and Violence Against Women and Girls Strategy pages: <https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/parental-support/domestic-violence-and-violence-against-women-and-girls.html>

	Partnership, GPs, schools) are appropriately trained to ensure timely safeguarding advice and referrals made for girls who are identified as being at risk of FGM <ul style="list-style-type: none"> Monitor and increase the number of Safeguarding referrals for advice on the issue of FGM . 								Safeguarding Children Nurse
	Review, update and deliver Barnet's DV and VAWG Strategy								
	Support the delivery of the Barnet Safeguarding Children's Board Business plan ⁵							Commissioning Director Children and Young People Barnet Safeguarding Childrens Board Chair	CSE Co-ordinator Designated Safeguarding Children Nurse
Increase uptake of childhood immunisations (six vaccinations) to be at or above the England average. Currently below England average for each vaccination ⁶ .								NHS England – London Regional Lead	Public Health / Childrens JCU
Stretch targets									
Reduce the prevalence of early childhood dental caries from 6.1% (2013) to the national average (3.8%) by 2020	Review access to dentistry for children and young people							Head of Healthwatch	Healthwatch / Childrens JCU
	Increase the reach and organisational involvement in the							Commissioning Director Children	Public Health / Head of Joint

⁵ Barnet's Safeguarding Children's Board: <https://www.barnet.gov.uk/bscb/>

⁶ Please see Public Health Outcome Framework for details:
<http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000007/ati/102/are/E09000002>

	work of Oral Health Champions							and Young People	Childrens Commissionin g
--	-------------------------------	--	--	--	--	--	--	---------------------	--------------------------------

Wellbeing in the community: Creating circumstances that enable people to have greater life opportunities									
Outcome / target	Action	Year (start / end)						Strategic Lead	Operational Lead
		2015	2016	2017	2018	2019	2020		
Focus on improving mental health and wellbeing for all – year one priority									
Baseline and targets to be confirmed: <ul style="list-style-type: none">• More people will have good mental health• More people with mental health problems will recover• More people with mental health problems will have good physical health• More people will have a positive experience of care and support• Fewer people will suffer avoidable harm• Fewer people will experience stigma and discrimination.	Work with Enfield and Haringey CCGs to review Psychiatric Liaison Service provision							Barnet CCG	
	Continue to work with Enfield and Haringey CCGs on the Crisis Concordat implementation plan							Barnet CCG	
	Review local pathways for antenatal and postnatal depression							Barnet CCG	
	Reimagining mental health (including implementation of hubs, exploring peer support, social prescribing) <ul style="list-style-type: none">• Co-design groups established (2015)• Co-design groups proposals are developed and delivered (2015/16).							Barnet CCG	Joint Commissioning Manager, Mental Health
For people eligible for services under the Care Act with mental health problems increase: <ul style="list-style-type: none">• Health-related quality of life (0.508 14/15, target TBC)• Independent living (with or without support) from 5.2% (2014/15) to be in the top 25% of comparable boroughs by 2019/20.	Development of new model for mental health social work. Focusing on recovery, social inclusion and enablement. <ul style="list-style-type: none">• Implement an enablement care planning approach delivering a recovery focussed six week offer• Establish Local							Adults and Communities Director	Joint Commissioning Manager

	<p>Enablement Teams that will reach into family services, primary care and a range of other community services</p> <ul style="list-style-type: none"> Establish, with BEHMHT, a Local Enablement Hub ensuring that enablement opportunities with partners are maximised and extending the range of services whilst reducing dependency on secondary care Deliver cultural change through building on local best practice and service user feedback to embed enablement approaches throughout the pathway. 								
<p>Local targets and baseline to be confirmed:</p> <ul style="list-style-type: none"> Reduce the waiting time for eating disorder services Reduce self-harm admissions and A&E presentations Every young person presenting with self-harm or crisis to be seen within two hours regardless of setting; improve parent and teacher reported Strength and Difficulties Questionnaire (SDQ) to below threshold for referral. 	<p>Undertake, collaboratively across North Central London, an end-to-end pathway redesign of existing Child and Adolescent Mental Health Services (CAMHS) as our response to the national CAMHS Transformation agenda (working with schools)</p>							Head of Joint Childrens Commissioning	Childrens Joint Commissioning Unit (JCU)
	<p>Develop school traded approach</p>								
	<p>Work with schools to support children and young people experiencing mental health problems</p>							Healthwatch	Youth Healthwatch / Childrens Services

<p>Increase proportion of people who are feeling supported to manage their condition from 57.1% (2014/15) to above the England performance, 66.5% (2014/15)</p> <p>Service outcomes for people involved in the practice</p> <ul style="list-style-type: none"> Increased involvement with social activities and social groups Increase knowledge and skills related to health and social care Increased satisfaction with GP services A shift towards a community-centred practice. 	<p>Recruit 50 Health Champions in 2016 with further roll out to 2020</p> <p>(Link to Making Every Contact Count Training below)</p>							<p>Director of Public Health</p> <p>Commissioning Director of Adults and Health</p> <p>Director of Adults and Communities</p>	Public Health
<p>Remain below the national average (20%) for people self-reporting high anxiety (Barnet; 14.5%) (2013/14)</p>	<p>Procure digital mental health service (as part of pan-London programme)</p>								
<p>Increase the number of Adults and Children with mental health conditions who feel able to manage their condition (TBC).</p>	<p>Wellbeing Campaign (TBC)</p>								
<p>Increase the percentage of adult social care users who have as much social contact as they would like from 41.4% in 2014/15 to being in the top 25% in England by 2019/20</p>	<p>Develop and promote opportunities for increased social contact (Better Care Fund)</p> <ul style="list-style-type: none"> Deliver the neighbourhood services model Implement the new adult social care operating model which includes community based hubs and increased working with the voluntary sector 							<p>Commissioning Director Adults and Health</p>	<p>Commissioning Lead Health and Wellbeing / Adults Delivery Unit</p>

	and asset based social work practice.								
Support people to gain and retain employment and promote healthy workplaces									
Increase the proportion of adults in contact with secondary mental health services in paid employment from 5.7% (2013/14) to 7% (2015/16) and continue to increase (2019/20)	Implement WLA Mental Health Continue Employment Trailblazer and Public Health Employment Support initiatives								
Support 240 people into work via BOOST in 2015/16 and 2016/17	Continue to deliver and replicate BOOST approach to community based support							Commissioning Director Growth and Development	Commissioning Lead
Maintain or reduce the percentage of employees who have had at least one day off in the previous week (1.3% in 2010 – 2012)	Barnet Council to achieve (by 2016) and maintain London Healthy Workplace Charter							HR (LBB)	Public Health
Increase employee satisfaction (local measures TBC)									
Wellbeing at home									
Increase percentage of adults with additional needs in appropriate accommodation: <ul style="list-style-type: none"> Percentage of adults with learning disabilities who live in stable accommodation; from 58.1% in 2013/14 to above the England average (74.9%) by 2019/20 Percentage of older people remaining at home 91 days after discharge; from 71.9% (2013/14) to the top 25% of comparable 	Implement the borough's Housing Strategy (2015 – 2020) ⁷							Commissioning Director Growth and Development	Barnet Homes

⁷ Housing Strategy (2015 – 2020) - <https://www.barnet.gov.uk/citizen-home/housing-and-community/housing-strategy-and-policies.html>

<p>boroughs by 2019/20.</p> <p>Increase the standard of private sector housing (local measure)</p> <p>Decrease statutory homelessness from 4.7 per 1000 in 2013/14</p>									
<p>Reduction in excess winter deaths⁸; 17.6 August 2010 – July 2013 (three years) in Barnet (England average was 17.4 for the same period)</p> <p>Reduction in numbers of vulnerable people living in fuel poverty</p>	<p>Continue to deliver winter wellness programme</p> <ul style="list-style-type: none"> • Run a Winter Well helpline • Provide emergency supplies and services • Energy switches. 							Director of Public Health (LBB)	Re

⁸ Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

How we live: Encouraging healthier lifestyles									
Outcome / target	Action	Year (start / end)						Strategic Lead	Operational Lead
		2015	2016	2017	2018	2019	2020		
Focus on reducing obesity and preventing long term conditions through promoting physical activity									
Increase the total number of leisure centre members (all categories) from 26,400 in 2014 to 30,000 in 2020	New leisure contract, with an increased focus on public health outcomes, in place by 1 January 2018.							Commissioning Director Adults and Health	Strategic Lead – Sports and Physical Activity
Increase total leisure centre attendances (1,149,290) by 2% by 2020									
Increase participation (as measured by Sport England active people survey) by 1% for the following groups by 2020: <ul style="list-style-type: none">Females 16 years and overOlder adults (55 and over)People with disabilities, currently.	Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents. <ul style="list-style-type: none">Two new leisure centres open in 2018/19								
Reduce excess weight in adults (55.7% in 2014/15)	Refresh and relaunch strategic “Fit and Active Barnet” network.								
	Develop Obesity Strategy (mid-2016)							Director of Public Health	Consultant in Public Health
Reduce the prevalence of children classified as overweight and obese by 0.5% for each group (4 – 5 year olds overweight, 4 – 5 year olds obese, 10 – 11 year olds overweight, 10 – 11 year olds obese) by 2020	Commission child weight management service (impact not on a population level) Following the Obesity Strategy, develop a Childhood Obesity plan which will be taken forward by the Childhood Obesity group (end-2016).							Director of Public Health	Consultant in Public Health

Assure promotion and uptake of all screening including cancer screening and the early identification of disease									
Improve early identification of long term conditions.	Primary care initiatives (TBC)							Barnet CCG	
	Target NHS Health Check uptake: high risk groups to be identified							Director of Public Health	Public Health
Increase screening uptake (data April 2015) <ul style="list-style-type: none"> • Cervical Cancer (25 – 29) – 63.2% • Cervical Cancer (50 – 64) – 74.8% • Breast Cancer (50 – 70) – 68.1% • Bowel Cancer (60 – 69) – 49.3% 	Improve promotion and work with underserved communities to improve the take up of screening							NHS England: London Regional Lead	
Wider healthy lifestyle support									
Broad outcomes: Increased support for residents Aspirational: Increased signposting and uptake of services (including smoking cessation, sports and physical activity) therefore improved physical and mental wellbeing	Develop a training resource to upskill staff (300 in first) who interact with residents to maximise opportunities to promote good health (Making Every Contact Count Training)							Director of Public Health	Commissioning Lead Health and Wellbeing
Remain below the England average (645 per 100,000) for hospital admission episodes for alcohol related conditions (Barnet, 470 per 100,000 in 2013/14) Increase successful completion of drug treatment: <ul style="list-style-type: none"> • Completion of drug treatment - opiate users (2014); Barnet 10.7, England Average 14.9 • Completion of drug treatment - non- 	Increase quality of and access to substance misuse and smoking cessation services							Director of Public Health	Public Health

<p>opiate users (2014); Barnet 30, England 58.5.</p> <p>Increase smoking cessation (smoking rates reduced from 15% to 13.5% by 2020).</p>									
<p>Remain below England average for late HIV diagnosis (40.6% for Barnet, 42.2% for England)</p> <p>Reduce under 18 conceptions (10.2 per 1000 for Barnet, 24.3 per 1000 for England)</p>	Commission pan- London sexual health services							Director of Public Health	Public Health
<p>Decreased social isolation (local measure for areas of regeneration)</p> <p>Increase the percentage of residents who are satisfied with Barnet as a place to live from 88% (quarter 1 2015/16) to 90% (2015/16)</p> <p>Long term - increased incidental physical activity, decreased obesity (see above indicators)</p>	Build health and social care into planning, including developing healthy high streets model							Commissioning Director Growth and Development	Public Health / Regeneration

Care when needed									
Outcome / target	Action	Year (start / end)						Strategic Lead	Operational Lead
		2015	2016	2017	2018	2019	2020		
Focus on identifying unknown carers and improving the health of carers (especially young carers)									
<p>Increase the identification of unknown carers by 10% by 2015/16 and continue to increase to 2019/20:</p> <ul style="list-style-type: none">In 2014/15 there were 5951 registered carers (including 596 young carers) with the commissioned lead provide for carers and young carers support services.	<p>Agree and deliver the Barnet's Carers Strategy (2015 – 2020)</p> <p>Recommission of carers support services (both adult and young carers) to start April 2016 including targeted campaigns to identify carers, improving the respite offer for carers as well as high quality general support</p>							Adults and Communities Director / Family Services Director	Prevention and Wellbeing / Family Services
<p>Improve support to carers</p> <ul style="list-style-type: none">Reduce the number of carers requiring additional support as a result of carers breakdown in 2014/15 there were no carers aged 18 – 64 requiring additional support and 13 over 65 who didIncrease the proportion of carers who reported that they had as much social contact as they would like from 32.5% (2014/15) to being in the top 25% of comparable boroughs.	<p>Raise awareness of employment rights of carers with local businesses and with carers and young carers</p>								
<p>Increase the proportion of carers satisfied with social services from 33.3% (2014/15) aiming for the top 25% of comparable</p>	<p>Carers are involved in service development</p>							Adults and Communities Director	Prevention and Wellbeing

boroughs by 2019/20.	Training to support the needs of young carers							Family Services Director	Family services
Work to integrate health and social care services									
Maintain the diagnosis rate of 77.1% and continue to meet the 12 week referral to diagnosis target for dementia Reduction in stigma and increase local understanding of dementia (local measure TBC)	Implement Barnet's Dementia Manifesto							Commissioning Director Adults and Health / Director of Integrated Commissioning	Joint Commissioning Manager, Older People
Increase choice and control through take up of Personal Health Budgets (local target to be confirmed) monitored by Markers of Progress scorecard ⁹	Roll out personal health budgets							Director of Integrated Commissioning	Continuing Health Care / Adults and Childrens Joint Commissioning
Increase the proportion of older people still at home 91 days after discharged from hospital from 73.8% (2014/15) to 81.5% (2015/16) with the aim of being in the top	Continue to implement the Health and Social Care Integration Model:							Commissioning Director Adults and Health / Director of	Head of Service, Joint Commissioning / Public Health /

⁹ Markers of Progress:

http://www.personalhealthbudgets.england.nhs.uk/_library/Resources/Personalhealthbudgets/DeliveryProgramme/Making_progress_PHB_national_delivery_programme.pdf

10% in the country by 2019/20	<ul style="list-style-type: none"> Roll out BILT Embed the use of the risk stratification tool Improve care home services; exploring the development of primary care services to reduce use of urgent care Develop programmes to support self-management Develop the Healthy Living Pharmacy model. 						Integrated Commissioning	Commissioning Lead Health and Wellbeing
Reduce permanent admissions to residential and nursing care homes of 622.5 per 100,000 population (65+ year olds) in 2014/15 to be in the upper quartile in our comparator group by 2019/20								
Increase the proportion of people who feel in control of their own lives from 73.3% (2014/15) to the top 25% in England by 2019/20								
<i>Working with NHS England and partner organisations to reduce the proportion of people reporting a very poor GP experience (monitored locally).</i>	<p>Jointly commission primary care with NHS England; support continued development of networks</p> <p>Coordinate care around the needs of the patient</p> <p>Recruit and retain the best staff</p> <p>Provide high quality and safe premises and practice</p>						Barnet CCG / NHS England	Barnet CCG / NHS England
<p>Reduced rate of emergency hospital admissions due to stroke:</p> <ul style="list-style-type: none"> During 2013/14, the rate of emergency hospital admissions for stroke in Barnet (235.4 per 100,000) was higher than the national rate (174.3 per 100,000) 	<p>Improve stroke pathway</p> <ul style="list-style-type: none"> Improve identification of atrial fibrillation Review provision to ensure quality Review appropriateness of referrals. 						Director of Integrated Commissioning	Head of Service, Joint Commissioning
Reduce injuries due to falls in people over 65 (1,980 per 100,000 in 2013/14), to	Improve falls prevention (including in care homes)							

exceed the performance of our comparable boroughs	<ul style="list-style-type: none"> • Become NICE compliant¹⁰ • Ensure the use of best practice in commissioning at a community level. 							
Increase number of people dying in a place of their choice (measure TBC).	Improve end of life care <ul style="list-style-type: none"> • Work with the voluntary and community sector to improve information and raise awareness of the importance of talking about dying and death as well as getting your affairs in order • Continue to ensure timely identification of the end of life phase, this will involve linking the palliative care register with other long-term condition registers • Further develop local processes for access to rapid response end of life care in the community. 						Director of Integrated Commissioning	Head of Service, Joint Commissioning
Tuberculosis (TB)								
Increase the detection of TB (targets TBC); reduce risk to vulnerable children / adults	Develop latent TB screening programme to be delivered in primary care.						Barnet CCG	

¹⁰ Falls NICE Guidelines: <http://www.nice.org.uk/guidance/cg161/chapter/1-recommendations>