

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

### Implementation Plan 2015 – 2020: Progress update July 2016

Reporting by exception (A = **Amber** and R = **Red**)

Preparing for a healthy life: Improving outcomes for babies, young children and their families					
<ul style="list-style-type: none"> <li>Focus on early years settings and providing additional support for parents who need it</li> </ul>					
Key action	Update	Strategic Lead	Operational Lead	RAG	Mitigating action
Implement the healthy child programme – integrate provision of service in readiness to undertake competitive procurement	<p>2 year integrated review packs have been disseminated to stakeholders for comment/suggestions.</p> <p>2 year integrated review (a model for integration for two early years health checks) has been approved.</p> <p>Recruitment and retention of both the School Nursing and Health Visiting contracts have improved with a reduction in agency staff and costs.</p> <p>Data reporting has improved for both Health Visiting and School Nursing contract.</p>	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	<p>Roll out of the 2 year integrated review new model (integrating two early years health checks) has been delayed but expected to roll out over the summer, with continued communication and updates at children centre locality network meetings and other settings.</p> <p>CLCH to provide data quality reports for staff.</p>
Monitor and increase the number of Safeguarding referrals for advice on the issue of FGM.	Staff identifying FGM are aware of referral requirements. Health organisations are required to report on identified cases of FGM to NHS	Head of Community Safety	Domestic Violence and Violence	A	Performance monitoring dashboard of all VAWG (including FGM). Currently being drafted to be signed off

	<p>England.</p> <p>Reporting systems being developed as part of Domestic Violence and Abuse, Violence Against Women and Girls (DVA VAWG) Strategy Board.</p>		against Women and Girl's Co-ordinator		in Autumn by Barnet's Safer Communities Partnership.
Review, update and deliver Barnet's DV and VAWG Strategy	<p>Strategy being developed, consultation has been completed.</p> <p>Strategy and action plan will run from 2016 - 2020. Strategy will be presented for sign off at the Safer Communities Partnership later in the year.</p>	Head of Community Safety	DVA and VAWG Coordinator	A	<p>Current strategy is still in operation.</p> <p>The new strategy is being drafted to be signed off in Autumn by Barnet's Safer Communities Partnership.</p>
Increase uptake of childhood immunisations	<p>Currently below England average for each vaccination; this has been a concern since April 2013.</p> <p>Report to the HWBB in May did not provide assurance. HOSC referred this matter to the Secretary of State. The HWBB asked for a review of activity.</p>	NHS England – London Regional Lead	Public Health / Children's JCU	R	NHS England will be providing a follow up report to the HWBB in July 2016.
All initial health assessments for Looked After Children (LAC) completed within time frame (28 days)	<p>To address the backlog of initial health assessments, a new third surgery has been appointed to increase capacity and that discussions have been held to address the issues with reported backdating when children come into care.</p> <p>Identified a Designated Doctor for Looked after Children who will monitor the quality of Initial Medical</p>	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Significant progress made. Continue to monitor, improvements expected.

	<p>Assessment as well as liaising with the Designated Nurse Safeguarding Children and the Children's Commissioning team so that we are aware of any issues in access to Initial Medicals in a timely way.</p> <p>The Designated Nurse Looked after Children is now on Maternity leave and cover for Review medicals will be provided by the Inner Borough (CLCH) Looked after Children's Nurses and the Specialist Nurse Looked After Children.</p> <p>The Designated Doctor Looked after Children has agreed to support the team and liaise with Children's Commissioning if issues are identified which impact on the provision of healthcare for Looked after Children.</p>				
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<b>Wellbeing in the community: Creating circumstances that enable people to have greater life opportunities</b> <ul style="list-style-type: none"> <li>• Focus on improving mental health and wellbeing for all – year one priority</li> <li>• Support people to gain and retain employment and promote healthy workplaces</li> </ul>					
Key action	Update	Strategic Lead	Operational Lead	RAG	Mitigating action
Undertake, collaboratively	Out of hours service development	Commission	Head of	A	Options appraisal received as

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)	has been delayed.	ing Director Children and Young People	Joint Children's Commissioning		a draft and with providers for discussion.  Meeting arranged to discuss interim arrangement.
CAMHS and Eating Disorder Services: Develop school traded approach	BEH have appointed project manager to scope new schools offer and review CAMHS services mode. BEH have been linked with Northgate Alliance of 15 schools to consult and begin networking with schools.	Commissioning Director Children and Young People	Head of Joint Children's Commissioning	A	Procurement timetable drafted for LB Barnet element of CAMHS.
Procure digital mental health service (as part of pan-London programme)	Delays at a London level.	Tower Hamlets CCG	Public Health	A	Looking at how we will promote the service when it is launched. A staged release is planned from October 2016 including online self-assessment and self-help tools.
Implement WLA Mental Health and Continue Employment Trailblazer and Public Health Employment Support initiatives	The number of service users in employment has fluctuated over the course of the year, from 34 at its lowest to 45 at its greatest. The latest data shows the percentage of people in paid employment as at 31 March 2016 was 5.4%.  This indicator follows a national	Commissioning Director Growth and Development / Commissioning Director Adults and Health	Commissioning Lead	R	Two community employment support services (MAPS and IPS) have been running since 2014 and between them have supported 129 service users into employment in 2015/16. Both services have recently been positively evaluated against a range of outcomes

	<p>definition which enables the Council to compare its performance against other boroughs but this means that the cohort included in the indicator is made up of a number of people whom the Council does not work with directly, often with complex mental health needs that require inpatient care and which mean employment is not appropriate for them.</p>			<p>by the National Development Team for Inclusion. The Council's 'Network' mental health service supported a further 51 service users with lower level support needs into employment over the course of the year.</p> <p>The secondary mental health employment support service (provided by Twining) has workers co-located with frontline mental health teams and an exercise is being undertaken in 2016/17 to map and track referrals into the service, to ensure social care service users are being referred in at the expected rate.</p> <p>A commissioning lead for workplace inclusion has been appointed to develop the supported employment offer in the borough for both LD and MH and is currently identifying service users who might benefit from the programme.</p>
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*How we live: Encouraging healthier lifestyles*

- *Focus on reducing obesity and preventing long term conditions through promoting physical activity*
- *Assure promotion and uptake of all screening including cancer screening and the early identification of disease*

<b>Key action</b>	<b>Update</b>	<b>Strategic Lead</b>	<b>Operational Lead</b>	<b>RAG</b>	<b>Mitigating action</b>
Target NHS Health Checks: high risk groups to be identified	<p>Public Health reviewed payment methods to improve the process for GPs and encourage uptake.</p> <p>The new GP contract drafted and issued to GPs. It includes a greater focus on practices carrying out</p>	Director of Public Health	Public Health	A	Recruitment of a new GP-Pharmacy Liaison Co-ordinator is underway. The new post will be responsible for producing the rankings for practices and their rates of health checks for more

	<p>health checks on patients living in more deprived Super Output Areas.</p> <p>Some practices still have concerns about the IT system used to upload data.</p>				<p>deprived areas and discuss with practices their performance and any barriers to delivering health checks.</p> <p>Public Health are working to resolve the IT issues which as this will cause delays in establishing the agreement and improving the service.</p>
Develop a training resource to up skill staff (300 in first phase) who interact with residents to maximise opportunities to promote good health (Making Every Contact Count Training)	<p>Procurement unsuccessful.</p> <p>Training has been redesigned and quotes received from relevant providers.</p> <p>Identified appropriate staff for the training.</p> <p>Working with the CCG on the strategic, long-term commitment to MECC in Barnet.</p>	Commissioning Director Adults and Health	Commissioning Lead Health and Wellbeing	A	Tender award and resource development will take place in July with the training available from August for selected front line staff.
Increase quality of and access to substance misuse and smoking cessation services	Q4 The National Drug Treatment Monitoring Service (NDTMS) data shows decreases in successful treatment completion rates and also in treatment numbers. The decrease in treatment numbers is probably due to the fact that, during recent recommissioning, a number of historical cases (which should have been closed previously) were erroneously left open but not	Director of Public Health	Public Health		<p>Currently reviewing and checking data to ensure that all cases are up to date.</p> <p>The PHE Programme Manager and Substance Misuse Service Commissioner have met with our new provider to help identify any other possible reasons for decreased</p>

	<p>transferred to the new service.</p> <p>The treatment element of the new service focus on early intervention and harm minimisation, while the recovery element provides tailored group interventions across substances. All service users leaving treatment are offered post-discharge “check ins” from a trained peer mentor.</p>				<p>treatment completion rates. There will be on-going, close monitoring by the SMS Commissioner, comparing provider activity to the performance pathway specified in the new contract performance template.</p>
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Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation	The AF programme is still not live.	Director of Clinical Commissioning	Head of Service, Joint Commissioning	A	Work is underway to improve AF identification in Primary Care.
Improve falls prevention	Pathway review planned to become NICE compliant.	Head of Service, Joint Commissioning		A	The Falls Service will continue to be delivered from Finchley Memorial Hospital. However, to provide a more holistic service, it will become



					embedded within the Older People's Assessment Service (OPAS), which is currently being developed. Falls do not happen in isolation and this new method of delivery will ensure the full range of service user needs are met.
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