





	Health and Wellbeing Board
	15 September 2016
Title	Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) progress update
Report of	Commissioning Director – Adults and Health, LBB CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) exceptions report
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Summary

Following the approval of the final Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020 by the Health and Wellbeing Board (HWBB) in November 2015 and the approval of the implementation plan in January 2016, this paper provides the HWBB with an update on the progress to deliver against the implementation plan.

Recommendations

1. That the Health and Wellbeing Board notes and comments on progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) and agrees further action where necessary.

1. WHY IS THE REPORT NEEDED

1.1 Background

- 1.1.1 On 12 November 2015, the Health and Wellbeing Board approved a new Joint Health and Wellbeing (JHWB) Strategy (2015 2020)¹ for Barnet. The JHWB Strategy has four themes Preparing for a healthy life; Wellbeing in the communities; How we live and Care when needed. JHWB Strategy has a section on each theme which describes progress to date (since the last strategy), key data from the updated JSNA, and most importantly the planned activity to meet our objectives as well as specific targets.
- 1.1.2 The 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.
- 1.1.3 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.
- 1.1.4 The Implementation Plan was presented to and agreed by the Health and Wellbeing Board in January 2016. 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.
- 1.1.5 The Joint Commissioning Executive Group (JCEG) manage the delivery of the JHWB Strategy and review detailed activity and targets (when available) at each meeting (every two months).
- 1.1.6 Health and Wellbeing Board agreed to receive progress reports at each meeting, the progress reports will highlight key achievements, concerns and remedial action and provide the Board with an opportunity to review and

¹ The final Joint Health and Wellbeing Strategy (2015 – 2020) can be found here: https://home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

comment on the progress to deliver the JHWB Strategy. The HWBB is able to ask for follow up reports on specific topics of interest or concern to its forward plan.

- 1.1.7 The targets and indicators in the JHWB Strategy will be reported when they become available. Each November the Board will receive a full annual report on progress including targets, indicators and activity which will allow the Board to review progress and refine priorities for the coming year, feeding into business planning processes.
- 1.1.8 The following Red, Amber and Green (RAG) status criteria have been applied to progress made:
 - Red: requires remedial action to achieve objectives. The timeline, cost and/or objective are at risk
 - Amber: there is a problem but activity is being taken to resolve it or a
 potential problem has been identified and no action has been taken but it
 being closely monitored. The timeline, cost and/or objectives may be at
 risk
 - Green: on target to succeed. The timeline, cost and/or objectives are within plan
 - Grey: completed
- 1.1.9 Items on the Health and Wellbeing Board agenda and workplan provide more detailed updates on specific areas of the Strategy.
- 1.2 Delivering our Joint Health and Wellbeing Strategy
- 1.2.1 The progress updated covers the period from June September 2016. Programmes are RAG rated based on activity progress rather than targets.
- 1.2.2 Overall, activity to progress our plans is considered to be good as: 67% green, 29% amber, 2% red and 2% grey. Compared to performance reported in July 2016, a number of actions have moved from amber to green with a similar proportion moving from green to amber. Updates should be viewed alongside other items of the HWBB agenda, namely the strategic framework for primary care, Public Health Annual Report and the CAMHS report.
- 1.2.3 The table below contains is a list of key highlights reflecting areas which are progressing well:

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

Highlights

 Through Barnet Council's Internal Placement Strategy, good progress has been made to increase the percentage of children in Barnet foster care as a percentage of all children in care. Data from April 2016 to present shows that 60.5% of looked after children are in Barnet foster care placements

- The number of families with children under 5 accessing services and Children Centres continues to increase and is on track to meet the 80% target for 2016/17
- Commissioners have been assured by providers that appropriate training has been completed to ensure timely safeguarding advice and referrals made for girls who are identified as being at risk of female genital mutilation (FGM)
- Barnet's Corporate parenting pledge is in place and was distributed during June 2016; monitoring the impact of the pledge will be take place through the Voice of the Child Strategy Group
- Barnet Youth Board continues engage with a number of projects including Parks and Open Spaces, Public Health and Youth Zone
- Increase in membership in the Children in Care Council, with 16 new people getting involved
- Healthwatch has conducted an initial focus group with young people regarding their health concerns, five more focus groups are planned to April 2017. The focus group will be made into podcasts and the findings will feed into Healthwatch's feedback on services
- Healthwatch are currently following-up the issues highlighted through the
 dentistry mystery shopping exercise with NHS England; Healthwatch are
 awaiting feedback. Homestart Barnet has undertaken some survey work on
 behalf of Healthwatch looking at family experiences of dental care in Barnet.
 This has been completed and a report will be published in early September
- Two social action activities to improve community capacity have been completed with six planned by our local infrastructure partner including 'tea and texting' which involves young people teaching older people about technology.

Wellbeing in the community: Creating circumstances that enable people to have greater life opportunities

- Focus on improving mental health and wellbeing for all year one priority
- Support people to gain and retain employment and promote healthy workplaces
- Reimagining Mental Health (CCC) Primary Care Link Workers have been recruited to support better management of chronic illness, improved partnership working and faster access to primary care. The Barnet Wellbeing Centre, voluntary sector collaborative, is to open in early October 2016 at the Meritage Centre supported by a telephone gateway and grounded in principles of social prescribing
- Mental health social work consultation is underway with staff. LBB are working closely with the Trust and the CCG around the changes to the Trust services and the CCG development relating to working with Primary care services
- Developing an Out of Hours Crisis Service for CAMHS Out of Hours interim arrangements have been extended for two months and procurement of a nurse led service started in mid-August (HWBB to receive an update report at its September meeting)
- The percentage of mental health service users in paid employment has

- improved and is above target for the quarter but this is due to a reduction in the overall cohort size rather than an increase in the numbers employed – this drop in numbers is under review
- At the end of July, BOOST has engaged 540 people and supported 213 people into work. Work to extend the model to other areas of the borough has started
- Community Centred Practice full complement of 8 practices have been identified, the service has been procured and development work will start in September
- New adult social care operating model three assessment hubs currently in operation and clients are being seen in these settings. A further hub is being developed (on course to go live in September 2016). Further work is needed to develop the prevention offer through the hubs
- Increasing employee satisfaction mental health awareness training is being offered to LBB managers, LBB (and partners) held a health living and sports event for staff in July. Joint initiatives with the CCG have been held and are planned
- Planning for the Winter well programme (Keeping Warm and Well) for 2016/17 is underway directed by a steering group of key partners. Aspects for exploration include links with personal health budgets, joint communications, promotional links with flu vaccinations and ways of using technology as part of the programme
- The Council's The Right Home: Strategic Commissioning Plan for Accommodation and Support Services has been agreed. Market engagement will run from June to September in preparation for the new Accommodation and Support Services tender.

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
- Following engagement sessions, the Sport and Physical Activity (SPA)
 Project has progressed through to the Sport England solicited stage for the
 Strategic Facilities Investment Fund. A formal funding application to Sport
 England for £2m will be submitted by December 2016, with a pending
 decision anticipated for January 2017.
- Attendances (usage) between January June 2016 currently stands at 620,075 (4.5% increase year on year). Contributing factors include;
 - o Growth of Sports (clubs/dry courses/dry sports/holiday) programmes.
 - A focus on half term camps and junior courses has seen an increase in usage by children and young people
 - Targeted 'Club' outreach and delivery to engage older people.
 - Increase in the number of GP's signed up to and utilising the Physical Activity on Referral Scheme and a 65.5% increase in Healthwise members
 - Notable year on year participation increases; 45+ (10.2%), Female (6.7%), Disabled (17.5%) and C&YP (9%)
- A draft SPA strategy will be presented to Adults and Safeguarding

- Committee on 19 September 2016 asking for approval for a public consultation to commence. The implementation of the strategy will be governed by the Fit and Active Barnet (FAB) partnership
- The Obesity Strategy is being developed by Public Health, a selection of strategies have been reviewed and the development of the strategy (aim for completion at the end of 2016) is being overseen by a strategy group
- A Prevention and Wellbeing Training (MECC) provider has been commissioned to work with 150 LBB frontline staff in the first phase; the training aims to teach workers to be able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing, or decreasing lifestyle behaviour activities
- Work to encourage self HIV testing service (home sampling) continues.
 Uptake of the home sampling service indicates high acceptability and Preventx, the company commissioned to deliver this service, reports a 60% return rate of the HIV testing kits requested.
- LBB continues to work alongside other Local Authorities in the North Central Sub-Region to collaboratively procure sexual health services for the London North Central Region. Camden and Islington Local Authorities are leading on the procurement of sexual health services. The tender to procure sexual health services was issued during August 2016.
- Progression of Colindale Community Hub project, to deliver joint facility for Health, Community and Children's Services. Feasibility stage of business case has been agreed as a target for Re to deliver during Autumn 2016.
- Copthall Planning Brief was adopted on 1st September 2016, and this will kickstart a wider programme of visioning and strategy work on the proposals, together with an action plan for the area to be led by the Environment team.

Care when needed

- Focus on identifying unknown carers and improving the health of carers (especially young carers)
- Work to integrate health and social care services
- The procurement for carers and young carers support services has now been completed with Barnet Carers Centre being awarded the new contract. The new contract will commence from 1st October 2016. Carers and Young Carers Support services will include targeted support to raise awareness of employment rights of carers with local businesses and with carers and young carers. The new contract will also focus on increasing identification of carers, improving the respite offer for carers and ensuring that high quality individualised and tailored support is available to meet carers needs.
- The Employers for Carers Scheme, which allows employers in Barnet to access support (membership number - #EFC1588), continues to be promoted and this will also be done through the Provider for Carers and young Carers Support Services
- The Specialist Dementia Support Service is now in operation. The Team is a specialist programme of support to carers of people with dementia through assessments, support planning and facilitating a targeted training programme
- Training for all Adults and Communities Staff is scheduled for the year

- focusing on carers assessments, carers support planning and the carers support offer
- The specification for the roll out of BILT agreed and business case approved. Working with GP practices to extract reports from former Risk Stratification Toll for their level 3 patients. Anticipated to go live in September 2016.
- Dementia diagnosis rate is 76.7%, which is above the national rate of 66.9% and Barnet continues to meet the 12 week target of referral to diagnosis
- Following the success of Dying Matters week, there will be a continued presence in the community through having regular pop up cafes delivering 2 by the end of October 2016 and to have a plan to deliver a series of pop up cafes in 2017
- Promotion of the importance of the identification of the end of life phase and options for support have been communicated to GPs via the GP bulletin, forum and locality meetings.
- 1.2.4 Areas considered to be performing less well (Red / Amber) are listed below, further commentary and detail around mitigating actions, can be found in appendix 1:
 - Improve early years' service offer: Increase the supply and demand for the two year old (free childcare) offer
 - Review, update and deliver Barnet's DV and VAWG Strategy
 - All initial health assessments for Looked After Children (LAC) completed within time frame (28 days)
 - Uptake of childhood immunisations
 - 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
 - Eating Disorder Services
 - Procure digital mental health service (as part of pan-London programme)
 - Wellbeing Campaign (Five ways to wellbeing)
 - Increase the total number of leisure centre members
 - Target NHS Health Checks: high risk groups to be identified
 - Increase choice and control through take up of Personal Health Budgets
 - Reduce rate of emergency hospital admissions due to stroke: improve identification of atrial fibrillation

2. REASONS FOR RECOMMENDATIONS

2.1 The production of a (Joint) Health and Wellbeing Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare a JHWB Strategy, through the Health and Wellbeing Board. To ensure that we deliver the JHWB Strategy and meet its targets, an implementation plan, developed with and agreed across the partnership, is essential.

2.1.1 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.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 There is a legal requirement to draft a Health and Wellbeing Strategy. Not producing a JHWB Strategy implementation plan would create a risk of non-alignment across the Health and Wellbeing Board membership, could result in decisions being made either in silos or based on sub-optimal evidence and intelligence, and increase the likelihood of unnecessary duplication and overlap of public sector spend.
- 3.2 Receiving regular performance and activity reports allows the HWBB to review and ensure progress is being made to deliver the JHWB Strategy.

4. POST DECISION IMPLEMENTATION

- 4.1.1 Action will continue as outlined in the report.
- 4.1.2 JCEG will receive detailed activity updates.
- 4.1.3 The Board will be kept up to date with progress being made in implementing the HWBB Strategy through regular performance reports.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 The JHWB Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWB Strategy has been developed to align and bring together national and local strategies and priorities including Barnet Council's Corporate Plan 2015-2020 and BCCG's strategic plans.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The JHWB Strategy directs the Health and Wellbeing Board priorities for the period 2015 – 2020, building on current strategies and focusing on areas of joint impact within current resources. The priorities highlighted in the JWHB Strategy will be considered by all the relevant organisations when developing activities. The JHWB Strategy will support the work of all partners to focus on improving the health and wellbeing of the population. It emphasises an effective and evidence-based distribution of resources for efficient demand management. Each project will be individually funded however, using the existing resources of the participating organisations.

5.3 **Social Value**

5.3.1 The JHWB Strategy focuses on the health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing 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. The JHWB Strategy will inform commissioning.

5.3.2 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

- 5.4.1 Producing a JHWB Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local authorities and CCGs have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board. The Board must have regard to the relevant statutory guidance Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies when preparing the JSNA and JHWS.
- 5.4.2 The Council's Constitution (Responsibility for Functions Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:
 - To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to all relevant strategies and policies.
 - To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
 - To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the JHWBS and refer them back for reconsideration.
 - To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
 - To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health.
 - Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 There is a risk that if the JSNA and JHWB Strategy are not used to inform decision making in Barnet that work to reduce demand for services, prevent ill health, and improve the health and wellbeing and outcomes of people in the Borough will be sub optimal, resulting in poorly targeted services and an

- increase in avoidable demand pressures across the health and social care system in the years ahead.
- 5.5.2 Receiving regular performance and activity reports allows the HWBB to review and ensure progress is being made to deliver the JHWB Strategy.

5.6 **Equalities and Diversity**

- 5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group.
- 5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the Local Authority and the CCG are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

- 5.7.1 A number of partners have been involved in the development of the JHWB Strategy including a public consultation which ran from 17 September 25 October 2015 which included an online survey and workshops.
- 5.7.2 Feedback from the consultation has informed the final JHWB Strategy 2015-2020. Overall there was support for our vision, themes and areas of priority focus. A full consultation report was presented to the HWBB in November 2015.
- 5.7.3 The implementation plan has been developed with a number of partners to ensure the plan is universally agreed and embedded across the public sector.

5.8 **Insight**

5.8.1 The JSNA is an insight document and pulls together data from a number of sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. The Joint HWB Strategy has used the JSNA as an evidence base from which to develop priorities.

6. BACKGROUND PAPERS

6.1 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 21 July 2016, item 11: https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=177&Mld=8713&Ver=4

- 6.2 Joint Health and Wellbeing Strategy Implementation Plan (2015 2020) progress update, Health and Wellbeing Board 12 May 2016, item 9: https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=177&Mld=8712&Ver=4
- 6.3 Joint Health and Wellbeing Strategy Implementation Plan (2015 2020) progress update, Health and Wellbeing Board 10 March 2016, item 9: https://barnet.moderngov.co.uk/documents/s30322/JHWB%20Strategy%20implementation%20plan%20March%202016.pdf
- 6.4 Joint Health and Wellbeing Strategy (2015 2020) including Public Health report on activity 2014/15 and the Dementia Manifesto, Health and Wellbeing Board, 12 November 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=177&Mld=8387&Ver=4
- 6.5 Draft Joint Health and Wellbeing Strategy (2016 2020), Health and Wellbeing Board, 17 September 2015, item 8:

 https://barnet.moderngov.co.uk/documents/s25837/Draft%20Joint%20Health%20and%20Wellbeing%20Strategy%20HWBB%20September%202015.pdf