

Keeping Well, Keeping Independent

A Health and Wellbeing Strategy for Barnet

2012-2015



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Barnet's Health and Wellbeing Strategy

1. Summary

Barnet is a great place to live and people in Barnet can expect to live longer and better than in many parts of London and England. This is not by chance but is linked to a range of factors including relative wealth, housing, levels of family support, lifestyle, access to healthcare and the right support when needed.

While the overall picture is positive, the Barnet Joint Strategic Needs Assessment (JSNA) has shown that there are significant differences in health and well-being across Barnet, between places and between different demographic groups. As a growing and changing Borough with less public money available to spend, this Strategy aims to reduce health inequalities by focusing on how more people can 'Keep Well' and 'Keep Independent'.

This can only be achieved through a partnership between residents and public services. Good health is not just the responsibility of the NHS nor is good support for our most vulnerable the sole responsibility of Social Services. So at the heart of this Strategy is the ambition that all Barnet's residents will be able to live as healthily and as independently as possible for as long as possible by:

- being free of avoidable ill-health and disability;
- being able to take responsibility for their own and their family's health and wellbeing; and
- each being able to harness the support of their family and friends and the community.

In order to transform the health and wellbeing of Barnet's people, the Barnet Health and Wellbeing Board and the organisations it brings together intend to:

- take account of the wider determinants of health and support actions at an individual, community and service level to seek to address these;
- work in collaboration with partners in the statutory, commercial and third sectors, and with stakeholders in the community, to enhance individual and family self-reliance
- support the delivery of safe, high-quality health and social care services, within available resources directed to providing the greatest benefit for the greatest number of people in need
- ensure that service users' experiences are good across the range of services available.

1.1. What are we going to do differently?

This Strategy has two overarching aims:

- **Keeping Well** – A strong belief in ‘prevention is better than cure.’ This Strategy aims to give every child in Barnet the best possible start to live a healthy life, to create more opportunities to develop healthy and flourishing neighbourhoods and communities and to support people to adopt healthy lifestyles to prevent avoidable disease and illness.
- **Keeping Independent** – This Strategy aims to ensure that when extra support and treatment is needed, this should be delivered in a way which enables people to get back up on their feet as soon as possible supported by health and social care services working together.

The Barnet Health and Well-Being Board is responsible for the development of this Strategy and for overseeing its implementation. Further information about the Barnet Health and Well-Being Board and its membership can be found at **Appendix One** to this Strategy.

Like all strategies, it will only be a good Strategy if it leads to improvements for residents. This requires the Council, the local NHS, Schools, Police, Third Sector, employers, community groups and individuals to use this Strategy to shape their priorities for their respective organisations and lifestyles at a family and individual level.

What this Strategy means for the different parts of the community we serve is described in the boxes on the next page.

For individuals and families

Enjoying good health, is the result of responsibility being shared between health services and individuals. Taking responsibility to improve your own health for example stopping smoking, regular exercise and eating well is essential for good health.

Parents need to work with schools and within families to address childhood obesity and to increase the levels of physical activity of all Barnet's young people

For our community partners

Barnet's flourishing Third Sector has a key role to play in the delivery of this Strategy, building resilience and well-being in families, communities and neighbourhoods.

Safe neighbourhoods, the opportunity for paid work and safe workplaces are key elements of Health and Well-Being. We will support Local Business, JobCentre Plus and the Police to play their full part in the delivery of the objectives of this Strategy

For the Council

All Council services have a role to play in promoting health and well-being and must support delivery of this Strategy.

Social care services, joined up with the NHS, should support all individuals and their families to stay as independent as possible, Future social care commissioning priorities should be based on this Strategy.

Early years and schools have an essential role to play in promoting health and well-being in families

For the local NHS

The commissioning priorities of the NHS should be based on this Strategy with a strong emphasis on self-management, early identification of disease and support to manage lifestyles.

All parts of the NHS have a responsibility to promote good health and well-being and to collaborate with patients and other partners to address the broader determinants of health

2. Setting our Priorities for the Health and Well Being Strategy

The key features of our approach to enabling people to be able to experience greater health and wellbeing and better health and social care services are based on both the Barnet JSNA and the Marmot Review “Fair Society Healthy Lives”.¹

The Marmot Review (which adds further weight to a number of other national reviews of the evidence connecting health with socioeconomic status and the importance of prevention, such as ‘The Black Report’², ‘The Acheson Report’³, and ‘The Wanless Report’⁴), makes it clear that:

- people in higher socioeconomic groups generally experience better health – there is a social gradient’ in health, and work should focus on reducing this gradient;
- action on health inequalities requires action across all of the social determinants of health;
- it is necessary to take actions across all social groups, albeit with a scale and intensity that is proportionate to the level of disadvantage;
- action to reduce health inequalities will have economic benefits in reducing losses from illness associated with health inequalities which currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs – this is in addition to improving people’s sense of wellbeing; and
- effective local delivery of this requires empowerment of individuals and local communities.



¹ <http://www.instituteofhealthequity.org/> (Accessed 26 January 2012)

² A copy of Sir Douglas Black’s report, *Inequalities in Health: report of a research working group*, can be found at <http://www.sochealth.co.uk/Black/black.htm> (Accessed 26 January 2012)

³ A copy of Professor Sir Donald Acheson’s report, *Independent inquiry into inequalities in health*, can be found at <http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm> (Accessed 26 January 2012)

⁴ A copy of Sir Derek Wanless’s report, *Securing good health for the whole population: final report – February 2004*, can be found at <http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm> (Accessed 26 January 2012)

2.1. Barnet at a Glance

The Barnet Joint Strategic Needs Assessment (JSNA), refreshed in July 2011, provides the data and information from which we can determine our priorities, using the evidence base on health inequalities set out in The Marmot Review referred to above. The key headlines from the Barnet JSNA are:

- The health of people in Barnet is mixed compared to the England average. Deprivation is lower than average, but 18,195 children are classified as living in poverty (living in a family receiving means tested benefits).
- Life expectancy for both men and women is higher than the England average. But life expectancy is 7.1 years lower for men and 5 years lower for women in the most deprived areas of Barnet (Burnt Oak) than in the least deprived areas (Garden Suburb)
- Over the last 10 years, the overall mortality rate has fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average. However breast screening levels continue to be low.
- About 17.5% of Year 6 children are classified as obese. A lower percentage than average of pupils spend at least three hours each week on school sport.



- 92.6% of mothers initiate breast feeding which is above the London average but 10.0% of expectant mothers smoke during pregnancy which is more than the London average.
- An estimated 16.6% of adults smoke with the prevalence of smoking amongst people living in our most deprived wards who do not normally attend their GP surgery being much higher than the Borough average (32% versus 17% with the difference being most marked in relationship to men).

And Barnet is changing

- There will be a significant increase in 5 to 14 year olds (+6,600 individuals). This includes an incredible 23% more 5-9 year olds projected by 2016.
- A general decline in 30 to 34 years olds is anticipated (-1,000 individuals, 3%) and a slower growth in 25 to 29 year olds (600 individuals, 2%).
- The 40 to 59 year old population will experience sizable growth, especially the 40-45 (+2,200) and 50-54 (2,400 individuals) cohorts.
- There will also be sizeable growth among 65 to 69 year olds (+2,100 individuals, 18%) and significant growth in 90 plus cohort (17%).

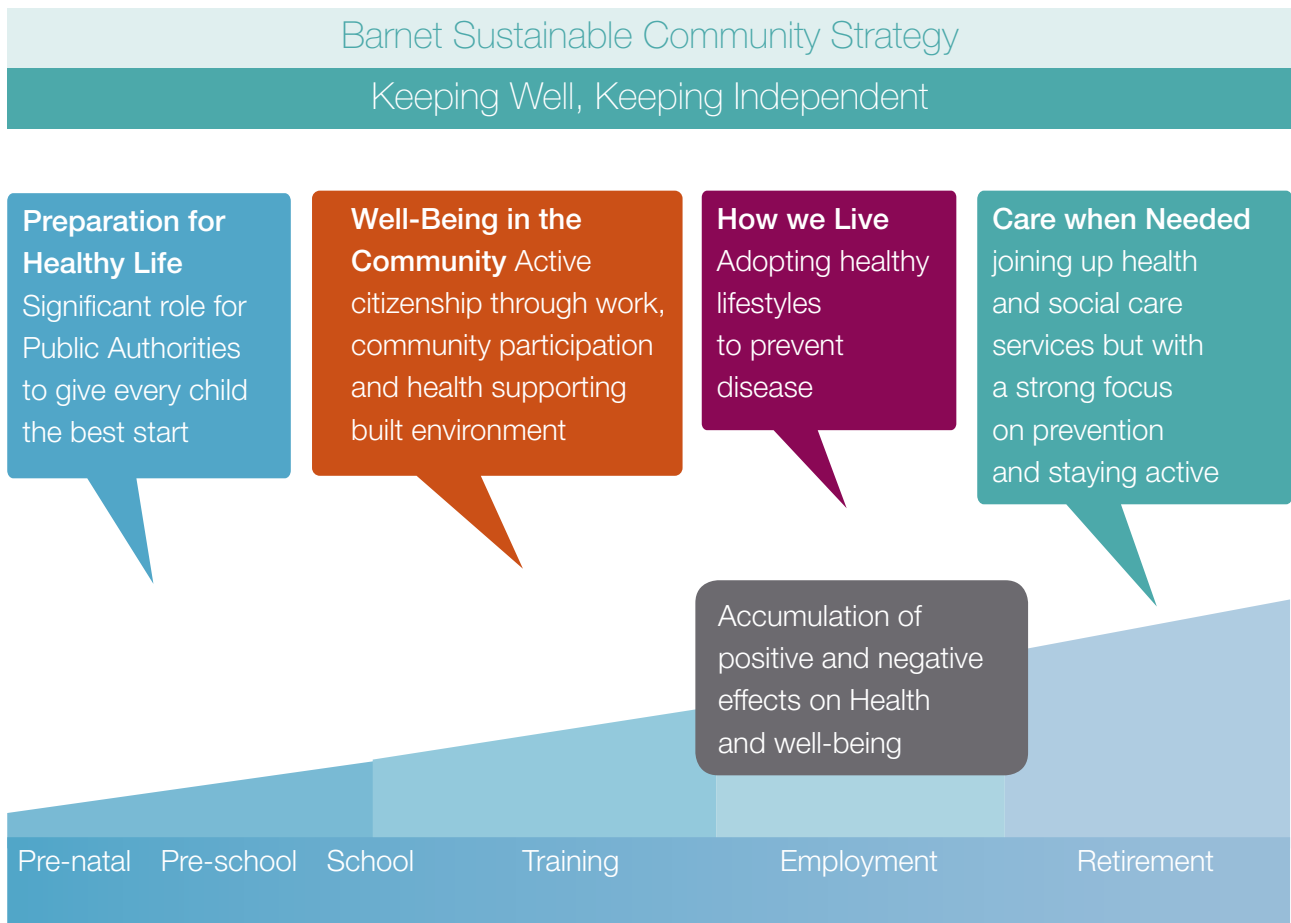
- 17.9% of adults are obese. Adult obesity rates are significantly worse than the England average.
- There were 5,379 hospital stays for alcohol related harm in 2009/10 and there are 353 deaths from smoking each year.

2.2. The four themes of the Barnet Health and Well-Being Strategy

Based on this background of evidence, there are four themes to our approach to improving health and wellbeing and reducing health differences by enabling people to take more responsibility for themselves:

- 1. preparation for a healthy life** – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development;
- 2. wellbeing in the community** – that is creating circumstances that better enable people to be healthier and have greater life opportunities;
- 3. how we live** – that is enabling and encouraging healthier lifestyles; and
- 4. care when needed** – that is providing appropriate care and support to facilitate good outcomes and improve the patient experience.

The main relationships between these four themes and the different components of each person’s life course are depicted in the diagram below.



The evidence from the Marmot Review and the concept of the health gradient as show in the diagram above, makes clear that the greatest opportunities to reduce health inequalities, are during childhood where focused preventative activities really can make a lifetime difference. Interestingly the first ONS Survey of the nation's well-being (2011) has found that there appears to be a strong association between self-reported health and adults' subjective well-being scores, so feeling healthy makes you feel happier. Over people's lives, particularly as individuals reach retirement, the opportunity to narrow the gap in terms of health inequalities reduces, especially if people have not led healthy lives during adulthood. Building effective community capacity to provide the right support when needed together with a focus on earlier intervention form the key priorities for this group.

2.3. Our Approach to Implementation

On the basis of policy and experience, we have agreed a number of key principles that will inform the way in which we and our partners tackle together the four themed priority areas.

They are as follows

1. Putting the emphasis on prevention. Energy needs to go towards helping individuals, families, communities and organisations understand what they can do to promote positive health and well being. We need to strengthen the impact of early prevention across the borough and avoid more intense difficulties later, building on the 'Think Family' initiative and the 'Finding the 5000' project to identify those people at greatest risk of cardio-vascular disease.
2. Making health and well being a personal agenda. Our starting belief is that change is most effective when initiated and controlled by individual residents and their families. This means that members of the community need to be actively enabled by information on health and well being and services. Messages and solutions need to be more personal and this can be achieved through more effective use of occasions where members of the public engage with local professionals to assess and plan for improvement; for example personal health assessments, health MOTs and child development visits. The main emphasis needs to be on enabling individuals and families to take action through timely information, advice, education and then reference to supportive services and groups.

3. Making health and well being a local agenda. There is a significant opportunity with the regeneration schemes, neighbourhood plans and focus on our town centres for local neighbourhoods to design and implement local solutions to promote greater health and well-being. But they need to be empowered with good local public health and well being information on issues as well as feedback on progress.
4. Joining up services to ensure timely and effective solutions to individual problems. Joining up might mean the effective transfer of information from one service provider to another but it could mean joint location and joint management of services. The development of the new health and well-being campus at the old Finchley Memorial Hospital site offers an opportunity for much improved integration of services particularly health and social care interfacing with other partners notably schools, housing, leisure and employment. Wherever practical services should be accessible locally within the community or at home.
5. Developing greater local community capacity to achieve change. There is already a track record of working with local voluntary and community groups but it is clear that there is much more that can be done to develop local resources. This has the twin benefits of developing very local and more accessible support on a number of key issues as well as providing the opportunity for local skill development.
6. Strengthening partnerships for change and improvement. We need to build on the existing partnership processes to ensure tighter joint performance expectations from investments and championing of change by leaders across the organisations. Joint commissioning of services will play a key role in ensuring the most effective investments of public money. Through pooling our resources – people and funding – we can work together to develop new and creative solutions that more quickly tackle difficult issues

3. Keeping Well – ‘Preparing for a Healthy Life’

Lead Agency: The Barnet Children’s Trust

3.1. What does the Barnet Joint Strategic Needs Assessment (JSNA) tell us?

Overall, and in comparison with the national picture, children in Barnet have above average health, educational attainment and life chances. However this experience is not uniform for children across the borough. With significant growth in young people expected in the Borough, it is essential that clear and concerted effort is given to addressing the health inequalities that children in Barnet face and focusing on improving their health and well-being.

Access to effective and culturally sensitive Maternity Services and post-natal support to families facing the greatest risks is essential. Supporting pregnant mothers to stop smoking is especially important, as smoking during pregnancy is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of a premature birth and a 26.3% increased risk of intrauterine growth restriction. While infant mortality rates (IMR) are generally low across Barnet, when analysed at a ward level they show that some wards have relatively poor infant mortality rates even within areas with apparently better rates. Colindale has the highest IMR in the borough of Barnet – 9.5 (14 deaths).

Immunisation is second only to a clean drinking water supply as a way of improving and maintaining the health of the population with childhood immunisations forming a core part of the Barnet health protection programme. Take-up of the MMR vaccine has increased in recent years following some ten years of significantly low take-up but is still low at the pre-school vaccination levels.

The number of children classified as living in poverty has increased in Barnet to over 18,000 young people. It is important that early years services through Children’s Centres and schools, through the disadvantage premium, ensure that children from all of Barnet’s diverse communities enjoy and achieve.

Nationally and within Barnet, there has been a rapid increase in the prevalence of those classified as overweight and obese. In children this is considered a primary predictor of obesity in adulthood. The health outcomes of sustained obesity are numerous and include increased incidence of Type 2 Diabetes, CHD, stroke, depression, some cancers and back pain. Obesity throughout adulthood decreases life expectancy by up to nine years.

Within Barnet there are a rising number of children born with disabilities, though the reasons are not clear. The societal and financial impact of chronic conditions in adolescence is increasing as larger numbers of chronically ill children survive beyond the age of ten. Over 85% of children with congenital or chronic conditions now survive into adolescence, and conditions once seen only in young children are now seen beyond. It is imperative that children and adult social care services work effectively together to support young people with complex disabilities to live as independently as possible through effective transition.

3.2. What needs to be done?

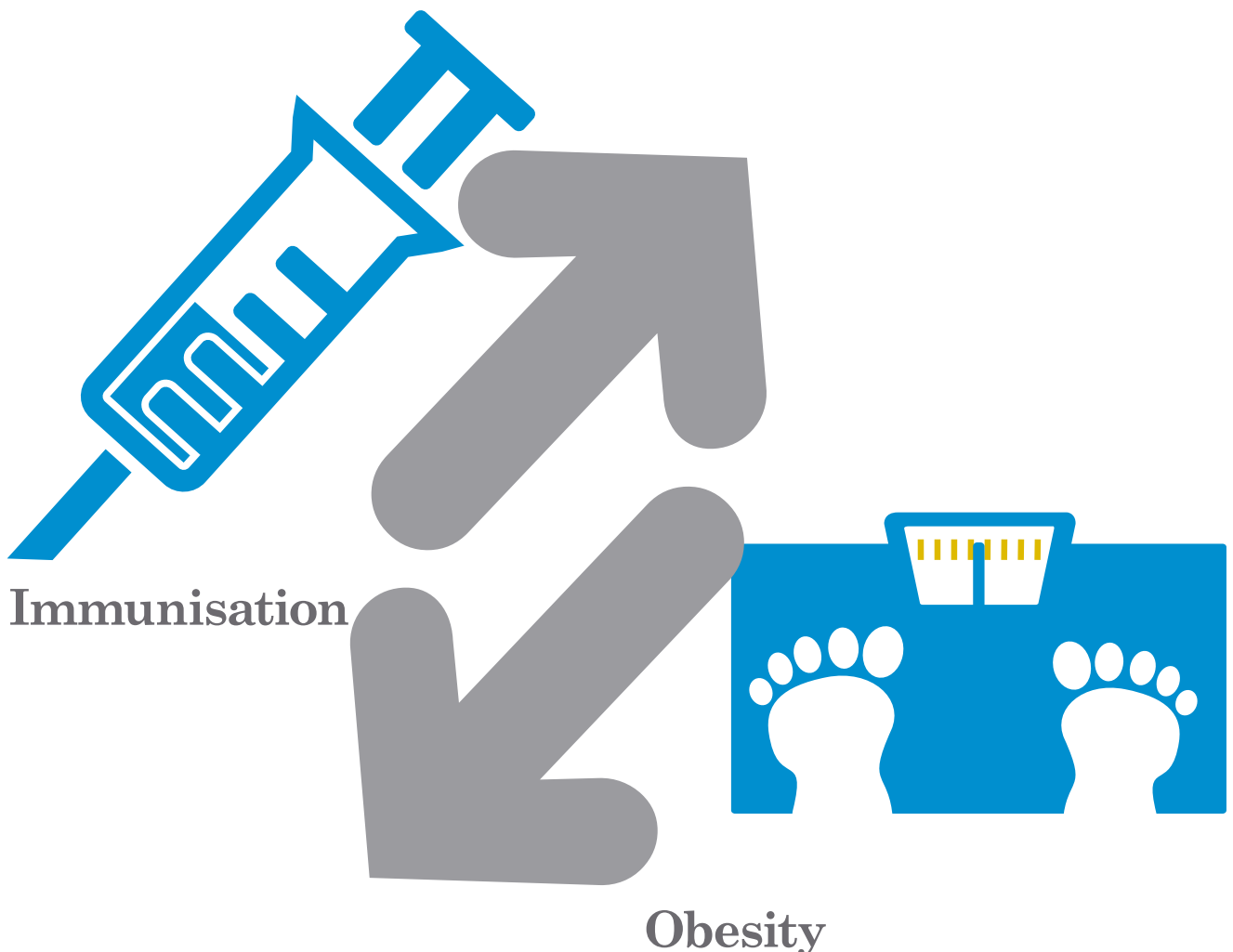
Actions need to take place across all of the statutory agencies with parents-to-be, parents and young people to:

- Enable all women, and particularly those with complex needs such as mental ill health, to plan their pregnancies and to prepare for pregnancy in a way that maximises the health outcomes both for the child and mother.
- Increase the take up of immunisations, particularly the MMR pre-school booster
- Expand the Family Nurse Partnership initiative to support families who are experiencing significant challenges.
- Expand the community budgets programme for children to provide early intervention for children from families with the most complex needs.
- Reduce obesity in children and young people by working with schools, community groups and parents to promote healthy eating and increase the use of active and sustainable school travel plans and the range of organised physical activities available
- Embed Active Lifestyles programmes in primary and secondary schools to encourage healthy lifestyles for parents and children.
- Design and implement a range of interventions designed to reduce risk taking behaviour in children including Sexual Health and substance misuse that are delivered through statutory and voluntary partners.
- Effectively plan for transition from children's services to adult services.

3.3. Measuring progress

Our performance measures for the priority theme ‘Preparing for a Healthy Life’ are:-

- All women in Barnet to access NICE compliant maternity care by 12 weeks gestation
- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%
- Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet.
- Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5% baseline towards the England best of 10.7%
- reduce the number of children and young people misusing alcohol and drugs by 91% by 2014/15.
- Include an additional 705 families with complex needs in the community budget programme - where there is a decrease in the number and range of interventions from statutory organisations.
- Increase the number of young people who have a transition plan when they are 18 to 70% in the first year, and achieve 90% by 2013/14 and 100% by 2014/15.



4. Keeping Well – ‘Well-Being in the Community’

Lead Agency: London Borough of Barnet

4.1. What does the Barnet Joint Strategic Needs Assessment tell us?

Major developments are planned in Barnet over the next 10 to 15 years which will see significant population growth in new and improved neighbourhoods and investment in supporting facilities and infrastructure. The range of projects include the regeneration of the four largest estates (West Hendon, Grahame Park, Dollis Valley and Stonegrove) and the development of the three strategic growth areas - the Cricklewood, Brent Cross and West Hendon regeneration area, Colindale and Mill Hill East.

The Barnet Local Development Framework (LDF) acknowledges the impact of access to good quality housing on public health and wellbeing. In 2009/10 65% of category 1 hazards (as defined by the Housing Act 2004) identified and reduced were due to Excess Cold e.g. problems with insulation or heating or damp and mould. Based on the Chartered Institute of Environmental Health Housing Health and Safety rating system calculator, the estimated cost to the NHS of poor health as a result of private sector properties having hazards relating to Excess Cold is £90,400 annually. Using the same calculator the average cost of remedial work has been calculated at £4,993.

There is an important link between how places are planned and developed and the health of the communities who live in them. Planning for health requires consideration of transport issues as the adverse health effects often fall disproportionately on more disadvantaged communities. These communities often suffer from crowded, traffic-ridden surroundings with fewer green spaces, which in turn therefore discourages active travel and active play, and who experience more accidents. There has been an acceleration in research examining the impact of neighbourhood characteristics on health outcomes. This suggests that both physical and mental wellbeing depend on a broad range of characteristics including facilities for active travel, public transport and green spaces. Simply put ‘feeling good about where you live’ is a key factor in ‘feeling good about yourself.’ Feeling good about yourself is key to making lifestyle changes which will bring about improvements in health.

The latest unemployment figures reveal that a greater proportion of Barnet’s population are struggling to find work than almost any time in the last half decade.

In the year to September 2010, 7.4% of the local population was believed to be unemployed – below the London average (8.9%) but up from the equivalent period in 2005, when local unemployment stood at 6.7%. Just as the benefits of employment to mental health are clear – in providing purpose and structure, developing relationships, and building confidence and self-esteem – so the link between mental health problems and unemployment is also well documented. Only 24% of adults with a long-term mental health problem are in work, and people with mental health problems are at more than double the risk of losing their job. The majority of people who spend more than six months out of work after an episode of mental ill health will never work again. In Barnet less than 7% of those people receiving secondary mental health services are in paid employment.

4.2. What needs to be done?

Actions need to take place across all of the statutory agencies with residents, local communities, housing partners and third sector organisations, to:

- Use the Council's planning and licensing processes to create a built environment that is conducive to healthy living choices such as walking and the accessibility of safe open spaces.
- Review the opportunity to deliver wider health and well-being objectives through the Borough's regeneration schemes
- Reduce social isolation, especially amongst older people, through schemes that enable the sharing of skills and experience
- Maximise training and employment opportunities, through the Regeneration Strategy for those furthest from the labour market to access new job opportunities.
- Work with private landlords and tenants to bring private rented accommodation up to the Decent Homes Standard
- Target advice and financial support to enable vulnerable and elderly residents to improve their homes in relation to thermal efficiency
- Work in partnership with local employers and other statutory organisations to ensure a range of training and education opportunities and flexible working opportunities are available that will support people into work with a particular focus on young people who are not in education, employment or training and disabled adults. This will be encouraged through local apprenticeships for young people and the Right to Control programme for disabled adults undertaken in partnership between the Council and Job-Centre Plus.
- Work with local community leaders, community groups and service providers to develop mutual support between citizens using people's strengths and experiences

to increase inclusion into local communities, overcome language barriers and develop stronger inter-generational support.

- Working across the Public Sector, in partnership with the Voluntary Sector and community groups, to ensure the availability of information and advice on a range of health and wellbeing related choices

4.3. Measuring progress

Our performance measures for the priority theme ‘Well-being in the Community’ are set out below. However baselines and specific targets against these measures need to be established through the consultation process.

- Achieve a 5% increase in the number of residents who identify that they have a greater sense of belonging to, and contributing to, the community in which they live to foster greater trust and mutual support, to meet the national average of 79% of residents.
- Reducing the average length of time spent by households in short-term nightly purchased accommodation to 26 weeks through the implementation of our Regeneration Strategy and a target of 25 vulnerable people moving to more independent living by 2012/13, 20 people by 2013/14 and a further 25 people by 2014/15.
- Increase by 9% the number of people with long term mental health problems and people with a learning disability in regular paid employment for 2012/13, increasing to 10% for 2013/14 and 11% by 2014/15.
- Reduce by 4.3% the number of young people who are not in education, employment or training



Employment & Education

5. Keeping Well – ‘How we Live’

Lead Agency: Public Health Barnet

5.1. What does the Barnet Joint Strategic Needs Assessment tell us?

Every day people make decisions that affect their health and well-being, whether good or bad.

Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease. About 2,600 people die in Barnet each year. Of these, about 440 die from a smoking-related disease. This is more than from any other cause and these deaths are all preventable. People with mental illnesses are likely to be heavier, more dependent smokers. In addition, men from the Bangladeshi community have the highest rates of smoking of 40%. As smoking is the cause of so many deaths, and it is more common amongst people living in more deprived areas, an important cause of the differences in death rates between affluent and deprived areas is likely to be smoking. Seeking to increase the proportion and the absolute number of smoking quitters in deprived areas will thus contribute to reducing health inequalities.

More than 9 out of 10 adults in Barnet do not take part in the recommended level of physical activity with Barnet currently ranked 23rd out of 33 London Boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010.). Regular physical activity helps to reduce the risk of stroke, type 11 diabetes, development of dementia, incidences of heart disease and high blood pressure. The consequences of this are evident – for example in Barnet, the rates of people with a diagnosis of diabetes are higher than the London average.

The abuse of substances such as drugs and alcohol can have a detrimental impact on an individual’s health, their families and society, crime and antisocial behaviour and the economy. In Barnet, the rates of alcohol hospital related admissions has steadily increased over a 6 year period from 696 per annum in 2004/05 to 1444 in 2009/10 and alcohol attributed recorded crime levels are also above the London average in Barnet. Studies reveal that young drinkers are more likely to admit to being involved in violent incidents .and in England, each year, around 1.2 million violent incidents are linked to alcohol misuse.

In December 2011, a detailed review of lifestyle and environmental factors and cancer calculated that one third of all cancers in the UK are caused by 4

common lifestyle factors — tobacco, diet, alcohol, and obesity⁵, challenging the notion that cancer is down to fate or is in the genes. Changing lifestyles will reduce the risk of cancer with screening programmes supporting continued reductions in cancer related deaths. Early deaths from cancer are now Barnet's second biggest reason for premature death after smoking (297 early deaths each year). Although Barnet has a lower mortality rate from breast cancer compared to England, one-year survival is lower and breast screening uptake levels remain low. In addition, Barnet has a lower one-year survival from colorectal cancer than England

5.2. What needs to be done?

Actions need to take place by individuals and families in conjunction with statutory agencies to:-

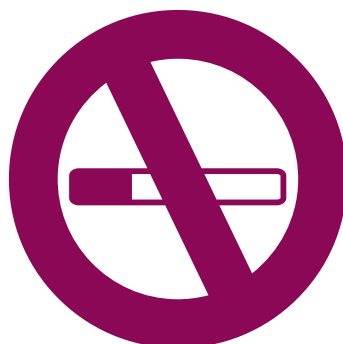
- Discourage uptake of smoking in children by working with partners in education and community groups and to increase the range of people within the public and private sector trained to provide smoking cessation advice.
- Encourage and enable smokers to quit, and people who are overweight and obese to lose weight
- Promote healthy eating through working with local food suppliers, restaurants, public houses, places of entertainment and similar commercial enterprises to help to increase the availability of, and choice for healthy foods and drinks
- Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.
- Make better use of the range of green spaces and leisure facilities in the Borough to increase levels of physical activity. This is being supported by the Council undertaking a Strategic Review of Leisure Opportunities to explore the ways in which residents use their leisure time and the role of the Council's services (parks, green spaces, leisure centres, community centres etc) in promoting health and well-being
- Continue Trading Standards under-age alcohol sales test purchasing programme together with enforcement of Licensed premises licence conditions in relation to sales of alcohol to people who are already drunk.

⁵ The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010, Authors: Dr D Max Parkin et al. Journal of Cancer Cancer. 2011;105 (Suppl 2):Si-S81

5.3. Measuring progress

Our performance measures for the priority theme 'How we Live' are:

- 3% increase in the number of adults participating in regular physical activity by 2015.
- Reduction of 20% in the number of people smoking in Barnet by 2016 in line with the London target.
- Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%
- Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.
- Increase breast screening uptake and improve coverage to exceed the target of 70% by 2015
- Increase uptake of bowel cancer screening to meet national indicator of 60% by 2015
- Rates of increasing and higher risk drinking are reduced from 17.7% of the population aged 16+ towards the best performance in England of 11.5%



6. Keeping Independent – ‘Care when Needed’

Lead Agency: Barnet Council and Barnet Clinical Commissioning Group

6.1. What does the Barnet Joint Strategic Needs Assessment tell us?

According to forecasts, this elderly population is set to rise by 21% over the next decade. Within this older population, the comparatively small 90+ age group is set to increase by 1,600 (55%). There are an estimated 44,900 people aged 65 or over living in Barnet. This should be viewed positively as the older population particularly those recently retired are amongst the happiest group in the population and provide significant input into society through for example volunteering or support to families. We therefore want Barnet to be a place in which all people can age well, minimising the need for care and support through actively planning for retirement. This will need to include living in ‘lifetime’ homes, which promote independence, staying active, maintaining friendships and having a valued role.

However, it is older people who are the main users of health and social care services. Older people are three times more likely to be admitted to hospital following attendance at an A+E department. Once there older people are more likely to stay and suffer life-threatening infections, falls and confusion.

Barnet is projected to have some of the strongest growth in the number of elderly residents out of all London boroughs over the next five to ten years. Older people are more likely to suffer from chronic and long-term conditions, mental health issues, and are also more likely to suffer from falls and fractures. It is important that episodes of medical treatment are used as opportunities for people to improve their ability to look after themselves and therefore return home safely. However currently in Barnet, hip fractures are the event that prompts entry to a care home in up to 10% of cases.

In both the NHS and Adult Social Care, the spending profile is skewed towards acute hospital based care and residential care. Better care and support can be delivered in people’s own homes avoiding admissions to hospital, promoting choice in end of life care through integrated working across health and social care, joining up services around the individual and providing good support to family carers to sustain them in their caring role.

With an ageing population, we can expect the numbers of people with dementia to increase. Early diagnosis, treatment and support mean people with dementia can

continue to live good lives. A key area affecting the ability of people with dementia being able to remain living in their own home is the availability and quality of informal care, specific support to family carers and the understanding of the attitudes and tolerance of the wider community.

In addition, to needs arising from health issues, one of the main reasons for social care services for older people is social isolation. Tied to this issue is an increased risk of social disconnectedness and isolation. In Barnet there are an estimated 18,300 older adults living alone, making up 38% of the elderly population in the borough. Over two-thirds of these single pensioner households will be aged 75 or over. As more and more older and frail residents elect to stay at home for longer, the need for local social groups, community health services, and preventative care facilities increases even further.

6.2. What needs to be done?

Actions need to take place across all of the statutory agencies led by health and social care agencies with residents, local communities, housing partners and third sector organisations, to:

- Develop neighbourhood and community based support networks for older people providing information, and support on range of leisure, health, housing and support issues in the Borough.
- Early identification and actions to reduce the impact of disease and disability
- Develop and implement a comprehensive frail elderly pathway that spans Health and Social Care, moving from prevention through multiple episodes of illness to end of life care
- Extensively roll out tele-health and tele-care solutions to provide a cost effective way of supporting more people in their own homes.
- Implement integrated personalised support arrangements for people with social care and health needs through the provision of personal budgets covering both health and social care.
- Develop the offer for supporting Barnet residents in care homes including continence management, wound care, medicine reviews and assessments to improve quality of care and dignity of residents and reduce admissions to hospitals.
- Continue the implementation of the existing multi-agency Barnet Carers Strategy with a specific focus on increasing the number of carers with an agreed Carers contingency plan and the provision of carers breaks.
- Ensure that local residents are able to plan for their final days and to die at home if they would prefer. Work will need to be undertaken to build the skills and capacity in the

community to provide support for those dying and those family members who care for them.

6.3. Measuring progress

Our performance measures for the priority theme ‘Care when Needed’ are:

- The balance of spend on older people in both the NHS and Social Care has been realigned to provide a greater focus on prevention.
- The percentage of frail elderly people who are admitted to hospital three or more times in a 12 month period is reduced from 2009/10 baseline.
- The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015.
- Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015.
- That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014
- An increase of 20% by 2015 in the number of carers who self report that they are supported to sustain their caring role from the 2011/12 baseline
- Increase in the number of people who are receiving end of life care that are supported to die outside of hospital



7. Target setting and monitoring progress

The targets chosen in this Strategy are considered most relevant to the strategic priorities. Most of the data which will be used to monitor achievement against the targets is already being collected and monitored by one or more of the agencies on the Health and Well-Being Board, which avoids duplication.

The targets will be regularly monitored and reported to the Health and Well-Being Board to assess progress. Detailed Implementation Plans will be set out in an annual Prevention Plan entitled 'Keeping Well' and an Integrated Commissioning plan for Barnet Clinical Commissioning Group and Barnet Council entitled 'Keeping Independent'.

While this is a three year Strategy, the targets will be reviewed annually; taking on board the latest intelligence and recommendations reflected in the annual refresh of the Joint Strategic Needs Assessment (JSNA). The results will be published in the Annual Report of the Director of Public Health so the public can hold the Health and Well-Being Board to account on the delivery of this Strategy.

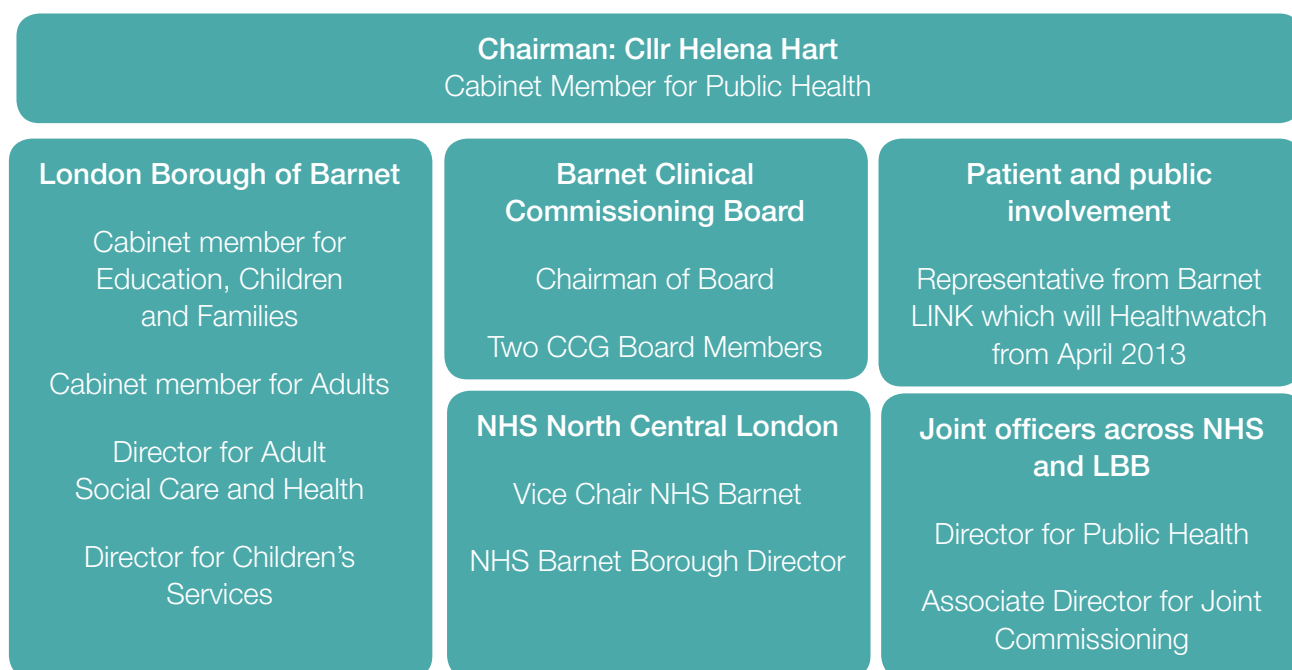
Appendix 1: The Barnet Health and Well-Being Board.

The Barnet Health and Wellbeing Board is currently working in ‘shadow’ form and is expected to become a statutory body in April 2013.

The Barnet Health and Wellbeing Board is chaired by Barnet Council’s Cabinet Member for Public Health and has been established to provide local leadership to improve the health and wellbeing of the people of Barnet through the development and future implementation of this Health and Well-being Strategy.

The current membership of the board is shown in Figure 2.

Figure 2: The membership of the Barnet Health and Wellbeing Board



Reporting to the Barnet Health and Wellbeing Board are a number of multi-agency Partnership Boards which aim through joint working to improve services outcomes for variously, older adults, people with physical and sensory impairment, people with learning disability, people with mental health problems, and carers. Each of these Partnership Boards is expected to contribute to the implementation of this Health and Wellbeing Strategy and to report progress annually. In addition, the Health and Wellbeing Board receives annual reports from the Children and Adult Safeguarding Boards to ensure that safeguarding is at the heart of its work.

