

The Barnet Plan 2021-25: Healthy

We aim to be the healthiest borough in London with fantastic facilities for all ages, enabling people to live happy & healthy lives

Objective: Bring health and care together

What are we going to do over the 4 years of the Plan (2021-25)	Year 1 Activities (2021-22)
Develop the Barnet Place Based Integrated Care Partnership (ICP) with Barnet NHS Partner organisations and the North London integrated care system.	Work with health and Voluntary, Community and Faith sector partners to develop the Barnet Integrated Care Partnership (ICP). This will include extending the range of projects and initiatives, implementing new programmes of work and developing governance in preparation for implementation of a statutory integrated care system.
Continuing to develop neighbourhood models of health and care support aligned with primary care networks focusing on specific cohorts and conditions	Working with primary care networks, implement a model of community based multidisciplinary support for people with dementia, frail older people and their carers. Additionally, expand the model to achieve borough-wide coverage subject to the outcomes of the pilot. Develop neighbourhood based multi-agency working to address the wider determinants of health
Integrated hospital discharge	Further develop the Integrated Discharge team model to ensure residents leaving hospital get the right care and support, in the right place and in a timely fashion. This will include embedding and mainstreaming the service model into 'business as usual', confirming funding and delivery levels for all partners and ensuring compliance with expected new legislation which will make the model a statutory requirement.
	Complete the transition back from central government funding of the initial period of post-hospital care without adding significant delay into the system. Ensure all residents who need one get a full Care Act assessment and a financial assessment.
Tackling health inequalities related to Covid19	Develop a health improvement and prevention approach to address health inequalities in communities
Integrated support for care homes	Embed new models of quality and clinical in-reach support to care providers and sustain the services over the longer term.

	Key Performance Indicators	Outcome Performance Indicators
•	Number of clients with joint funding	Specific outcome performance indicators are under
	(Continuing Health Care) arrangements	development. A narrative update on the activities
•	Total number of hospital discharges in the year	listed above will be provided in the first instance.
	(pathway 0,1,2 or 3)	

What are we going to do over the 4 years of the Plan (2021-25)

Working across council services and with partners to implement plans and schemes that improve the lives of Barnet's most vulnerable residents and promote independence. Focus on supporting independent living using a strengths-based practice model.

Year 1 Activities (2021-22)

Continue to develop our two new extra care schemes, Atholl House in Burnt Oak, due for completion in Spring 2022, and Cheshir House in Hendon, due for completion in Summer 2023.

Work with our partners and commissioned services to ensure services adapt and are able to most effectively support residents with a learning disability or mental ill-health to enter or stay in the paid workforce.

Working with Family Services, develop new ways to expand choice of care and support and promote independence for young adults with learning and complex disabilities.

Explore opportunities to increase the number of people that can benefit from the work of our prevention and wellbeing team, delaying or avoiding the need for adult social care.

Continue to deliver the priorities agreed in the Autism Action Plan, including working on the diagnostic pathway, awareness training and peer support for people with autism in our community, employment and skills.

Complete work on our Dementia strategy, which will set out our commissioning intentions and priorities to improve outcomes for people with dementia and their carers.

Undertake a strategic review of respite support for older people, including people living with dementia and people with learning disabilities.

Key Performance Indicators

- Permanent admissions to residential and nursing care homes, per 100,000 population age 65+
- Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64
- % of contacts signposted or provided with information, advice and guidance
- % of safeguarding outcomes achieved (against number of people raising a concern or enquiry through safeguarding)

Outcome Performance Indicators

- Increase in adults with learning disabilities who live in their own home or with their family
- Maintain or increase people who feel in control of their own lives
- Maintain or reduce permanent admissions to residential and nursing care homes, per 100,000 population age 65+
- Maintain or reduce permanent admissions to residential and nursing care homes, per 100,000 population age 18-64

Objective: Residents lead active, healthy lifestyles

What are we going to do over the 4 years of the Plan (2021-25)	Year 1 Activities (2021-22)
Continue to promote opportunities to maintain a healthy lifestyle	Develop an updated Fit and Active Barnet (FAB) strategy that builds on our previous success to deliver positive outcomes for residents; implement our FAB campaign by developing and delivering behavioural change campaigns, working with partners and connecting to national campaigns such as 'This Girl Can' and 'We are Undefeatable'.
	Increase physical activity levels in the borough through targeted work with groups who are less active and opportunities for physical activity that increase wellbeing and sustainability.
	Continue to invest in our leisure centres, enhancing facilities and developing longer term plans.
Continue to promote opportunities for healthier eating	Create more opportunities for healthier eating via the launch of the Healthier High Streets programme to encourage local hospitality businesses to become partners in Healthier Catering, London Refill (reusable water stations) and Breastfeeding Welcome.
	Deliver a healthy eating campaign focusing on food budgeting, reading labels, smart shopping and healthier cooking; working with local partners and connecting to national campaigns such as Change for Life.
	Increase the number of residents supported to eat well through weight management services. We will work with NHS partners to deliver the new digital weight management service and our local specialist weight management dietetics service. These will be delivered alongside the
	existing National Diabetes Prevention Programme and the Better Leisure Weight Management Programme.

Key Performa	nce Indicators		Outcome Performance Indicators
delivery of FAB oppo	ecific groups and a es, including active travel,	•	Increase in adults who are active for at least 150 mins per week Increase in residents who feel they have a greater access to healthy food and more opportunities for physical activity – to be measured via Residents' Perception Survey

Objective: Residents maintain their mental health

What are we going to do over the 4 years of the Plan (2021-25)	Year 1 Activities (2021-22)
Residents have access to health and wellbeing information and activities and support available is promoted*	Working in partnership with key prevention voluntary community sector providers such as Community Barnet, Mind, Meridien Wellbeing service to increase knowledge of support and raise awareness including online advice
* The council's mental health social work teams and recovery	Develop a multi agency suicide prevention strategy with particular focus on groups such as older men, and implement the strategy's actions for Year 1 Promote and support wellbeing events to raise awareness such as
service, the Network, are integrated with NHS mental health services and work closely with the voluntary sector.	Mental Health Awareness Week and Suicide Prevention Month Work closely with Barnet, Enfield and Haringey Mental Health Trust to ensure that their transformation programme for community mental health services most effectively meets the needs of Barnet residents.
	Work with North Central London Clinical Commissioning Group and partners to improve the multi-agency model of care and support for people with severe mental illness. This will include: an enhanced community-based offer, including physical health, employment support, personalised care, medicines management, a preventative approach with a focus on reducing health inequalities, and support for self-harm and substance misuse; services for mental health aligned with primary care networks; and improved crisis support.

Key Performance Indicators	Outcome Performance Indicators
Number of people accessing the Network	Increase in residents with Severe Mental
Outcomes of people accessing the Network, by	Impairment who are employed or able to access
type	employment opportunities

Objective: Tackling domestic abuse and gender based violence

What are we going to do over the 4 years of the Plan (2021-25)	Year 1 Activities (2021-22)
We will invest in providing early help, intervening earlier to ensure people are prevented from becoming victims of domestic abuse, and are protected when it does occur. We will work with partners to create improved access to mental health support for anyone impacted by domestic abuse. We will develop outreach to older people, LGBTQ+ residents and refugee communities. We will continue to work in partnership on this issue – including communications, awareness and	Specific activities will be included in the Violence Against Women and Girls (VAWG) strategy which will go to The Barnet's Safer Community Partnership Board for approval in January 2022
training for frontline staff	

	Key Performance Indicators	Outcome Performance Indicators
•	Number of domestic abuse cases reported	These will be confirmed in line with the drafting of
•	Number of service users reported to our support	the VAWG strategy and outcomes of the
	services	consultation
•	Number of service users supported through our	
	support services	
NE	NB. Further performance indicators may be included as the VAWG strategy is developed	

Objective: Address the longer-term impacts of COVID-19 on communities

What are we going to do over	Year 1 Activities (2021-22)
the 4 years of the Plan (2021-25)	
Ensuring that there is a wide range of support available for residents to help them with employment, training, homelessness & housing, debt, income maximisation and food.	Develop an insight led dashboard to identify areas which have been most impacted by the Covid-19 pandemic, to track the longer term impacts of the pandemic and the effectiveness of interventions
We will promote these services widely, ensuring that affected residents know how to access the support available and that	Develop an overview strategy that brings together the various delivery plans which sit in other areas of the Barnet Plan, such as unemployment, homelessness and financial vulnerability
services are easy to access. Our services will provide support and help early on, preventing things escalating, ensuring that our services mean residents are clear on their rights as consumers and are able and supported to maximise their income. Ensuring that we continue to tackle food insecurity and enable digital inclusion for residents.	Engage and work in partnership with key stakeholders (such as Adults Voluntary and Community Sector liaison group, LBB Partnership Board members and Adults Voluntary, Community and Faith Sectors forum) to inform the development of the strategy and associated delivery plans

Key Performance Indicators Outcome Performance Indicators Addressing the longer-term impacts of COVID-19 is a cross-cutting objective for the Barnet Plan; as such the developed strategy and insight approach provides the framework for monitoring the longer term impacts of the pandemic and the effectiveness of interventions implemented as a result. Specific performance indicators are already being reported elsewhere in the Outcomes Framework and these will be referenced within the developed overview strategy.

Objective: Homelessness Prevention

What are we going to do over the 4 years of the Plan (2021-25)	Year 1 Activities (2021-22)
Reduce the use of temporary accommodation	Review our Homelessness Strategy, with a focus on prevention. This will include the completion of a health needs assessment for rough sleepers,
Focus on prevention of homelessness	an initial scoping exercise to review the effectiveness of homeless prevention partnership working across the borough, the impact on the
Maintain effective multi-agency and voluntary sector partnerships, including strengthening links between housing and health	customer and how a local forum / partnership can best deliver the refreshed aims of the Homelessness and Rough Sleeping Strategy 2019-2024
Support rough sleepers to address their housing and other needs	

Key Performance Indicators	Outcome Performance Indicators
Number of preventions achieved each year	Reduction in homelessness
Number of households in temporary	Reduction in the cost of households in temporary
accommodation – including breakdown of families	accommodation
with under 18s, care leavers	