

	<p align="center">Health and Wellbeing Board</p> <p align="center">9 November 2017</p>
Title	Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual progress report
Report of	Strategic Director of Adults, Communities & Health, LBB Strategic Director of Children and Young People, LBB Director of Public Health – Barnet and Harrow Public Health CCG CCG Chief Operating Officer – NHS Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Barnet Health Profile 2016 Appendix 2: Barnet Health Profile 2017 Appendix 3: Implementation plan progress (to follow)
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Summary
<p>In November 2015 the Health and Wellbeing Board (HWBB) approved the Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020. The HWBB has received regular updates on progress to deliver the JHWB Strategy at each meeting. The Board agreed to receive a full annual report each November on progress in delivering the strategy, including performance targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year.</p> <p>This report:</p> <ul style="list-style-type: none"> Sets out the progress made in delivering the JHWB Strategy over the past year

- Reviews Barnet's Health Profile (as produced by Public Health England) for 2016 and 2017
- Recommends the priority areas of focus for November 2017-2018.

Recommendations

- 1. That the Health and Wellbeing Board notes and comments on progress and performance to deliver the Joint Health and Wellbeing Strategy (2015-2020).**
- 2. That the Health and Wellbeing Board notes and comments on the analysis of Barnet's Health profile for 2016 and 2017.**
- 3. That the Health and Wellbeing Board comments on and agrees the revised priority areas for the year 2017-2018, as set out in section 1.5 of this report.**

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 (JHWP) Strategy (2015 – 2020)¹ for Barnet. The JHWP Strategy has four themes: Preparing for a healthy life; Wellbeing in the community; How we live; and Care when needed. The JHWP Strategy has a section on each theme, key data from the updated JSNA, planned activity to meet our objectives and specific targets.

1.1.2 The JHWP Strategy is the borough's overarching strategy to improve health outcomes for local people, keep our residents well and promote independence. The JHWP 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 JHWP 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 JHWP Strategy may also be included in other key strategies and action plans such as the Primary Care Strategy, Better Care Fund plans and the Children's and Young People's Plan 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 The final Joint Health and Wellbeing Strategy (2015 – 2020) can be found here: home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

- 1.1.4 The Implementation Plan was 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) manages the delivery of the JHWB Strategy Implementation Plan and reviews activity and targets at each meeting. The minutes of the JCEG meetings are approved by the Health and Wellbeing Board.
- 1.1.6 The Health and Wellbeing Board have received progress reports at each meeting. The progress reports have highlighted key achievements, concerns and remedial action and provide the Board with an opportunity to review and comment on the progress to deliver the JHWB Strategy.
- 1.1.7 The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.

1.2 Policy context

- 1.2.1 Since the Joint Health and Wellbeing Strategy was agreed the following national policy drivers have emerged which need to be considered when reviewing progress and deciding priorities:
- In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to NHS planning to 2020. Every health and care system has produced a Sustainability and Transformation Plan (STP), showing how local services will become sustainable over the next five years. Local systems have been working in STP ‘footprints’ with Barnet included in the North Central London sub-regional area
 - Work on five devolution health pilots commenced in December 2015 with Barnet leading the estates devolution Barnet for the North Central London region
 - The NHSE Five Year Forward View delivery plan was published seeking to strike a balance between realism about the challenges facing the NHS today and improving care mainly focusing on urgent and emergency care, primary care, cancer, and mental health
 - Mental health five year forward view seeks to achieve parity of esteem for all people with mental health needs, tackle inequality, and support community engagement, employment and housing
 - Better Care Fund 2017-19 policy and planning guidance policy and planning guidance, with an emphasis on health and social care integration and prevention

1.3 **Barnet's Health Profile**

1.3.1 Public Health England has produced annual Health Profiles since 2006, providing a snapshot overview of health for each local authority in England. The aim of the Health Profiles has been to improve the availability and accessibility of health and health related information whilst helping local government and health services make plans to improve local people's health and reduce health inequalities.

1.3.2 The Health Profiles for Barnet in 2016 and 2017 are attached at appendix 1 and 2 respectively. The table below summarises Barnet's outcomes in comparison to the England average for each indicator in 2017.

Significantly better than England average	<ul style="list-style-type: none">• Long term unemployment• Under 18 conceptions• Hip fractures in people aged 65 and over• Smoking status at time of delivery• Excess weight in adults• Killed and seriously injured on roads• Under 75 mortality rate; cardiovascular• Under 75 mortality rate; cancer• Violent crime• Hospital stays for self-harm• GCSEs achieved• Life expectancy at birth (Female)• Life expectancy at birth (Male)• Infant mortality• Hospital stays for alcohol-related harm• Admission episodes for alcohol-specific conditions (under 18)• Breastfeeding initiation• Children in low income families (under 16s)• Recorded diabetes
Not significantly different from England average	<ul style="list-style-type: none">• Obese children (Year 6)• Smoking prevalence in adults• Percentage of physically active adults• Suicide rate• Excess winter deaths
Significantly worse than	<ul style="list-style-type: none">• Incidence of TB• New sexually transmitted infections (STI)

England average	
Not compared	<ul style="list-style-type: none"> • Deprivation score (IMD 2015) • Statutory homelessness • Cancer diagnosed at early stage • Smoking related deaths

1.4 Progress against the Joint Health and Wellbeing Strategy Implementation plan

1.4.1 Building on the regular reports the Board has received, appendix 3 provides an overview of the progress made in the last year to deliver our Joint Health and Wellbeing Strategy implementation plan. The report (appendix 3) highlights areas of achievement and areas where planned progress was not made, with mitigating actions

1.5 Priorities going forward

1.5.1 In light of the Health Profile (point 1.3) and progress update (appendix 3) the following areas are recommended as priority areas of focus for the JHWB Strategy implementation plan for the next year.

1.5.2 The areas detailed below have been identified as areas of concern due to performance and/or areas where there is the potential for a large improvement for residents. The vision, themes and overarching objectives remain the same but the priorities and focus areas have been refined.

1.5.3 The rationale behind the priority areas can be found in the progress report at appendix 3).

Vision	To help everyone to keep well and to promote independence			
Themes	<i>Preparing for a healthy life</i>	<i>Wellbeing in e community</i>	<i>How we live</i>	<i>Care when needed</i>
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we	Focus on	Focus on	Focus on	Focus on

will do to achieve our objectives (2015 – 2020)	early years settings and providing additional support for parents who need it	improving mental health and wellbeing for all	reducing obesity and preventing long term conditions through promoting physical activity	identifying unknown carers and improving the health of carers (especially young carers)
		Support people to gain and retain employment and promote healthy workplaces	Assure promotion and uptake of all screening including cancer screening and the early identification of disease	Work to integrate health and social care services
Priorities for November 2017 – November 2018	Improve the health and wellbeing of Looked after children, by: <ul style="list-style-type: none"> • Working with social workers to improve the information provided to the GPs and Paediatrician completing the “Initial health assessments” regarding the 	Focus on improving mental health and wellbeing for all, by: <ul style="list-style-type: none"> • Undertaking formal post-implementation evaluation of the “Reimagining Mental Health” programme • Closely 	Reduce excess weight in children and adults, by: <ul style="list-style-type: none"> • Improving current services based on children’s Tier 2 service evaluation recommendations • Improving the current 0-19 Healthy Weight Care 	Implement the Care Closer to Home programme, by: <ul style="list-style-type: none"> • Mobilisation of CHIN and QIST teams across Barnet • Establishing an overarching partnership between commissioners and providers to support the roll-out of CHINs

	<p>child's history</p> <ul style="list-style-type: none"> • Completing an audit of Initial health assessments" IHA" and feeding back to GPs (by December 2017) • Providing training to GPs (November – December 2017) • Special Educational Needs and Disability - embedding the "SEND" reforms. 	<p>monitoring transferred "Improving Access to Psychological Therapies" services and work towards improving access targets</p> <ul style="list-style-type: none"> • Working on wider wellbeing as part of the ThriveLDN initiative 	<p>pathway to ensure that it reflects all services available within Barnet</p> <ul style="list-style-type: none"> • Re-commissioning Tier 2 weight management services (as contacts are due to expire on 31st March 2018) • Developing and implementing healthy weight action plans for CYP and adults • Implementing a new range of opportunities for Barnet residents to be physically active through the new leisure service (from January 2018) • Implementing a new range of health promotion 	<ul style="list-style-type: none"> • Broadening the range of services that are available through CHINs beyond the initial scope of Primary Care and Community Services. Implementing prevention, social prescribing and information and signposting services linked to each CHIN • Developing an emergency care attendance prevention pathway for CYP within CHINs
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			and prevention activities through the new leisure service (from January 2018)	
	<p>Increase the uptake of childhood immunisation, by:</p> <ul style="list-style-type: none"> • Working to increase the uptake of all pre-school boosters amongst the under 5s • Working to increase the uptake of flu immunisation amongst 2 and 3 year olds and pregnant women during autumn and winter seasons • Undertaking communications to health professionals including GPs, children centre staff, midwives, to increase uptake and keeping them up to date on latest policy and guidance 	<p>Support disabled people to gain and retain employment , by:</p> <ul style="list-style-type: none"> • Implementing new employment support and retention services for adults with mental health needs and learning disabilities • Ensuring the Mental Health Network provides mental health recovery and enablement to all eligible residents 	<p>Increase screening uptake by:</p> <ul style="list-style-type: none"> • Sending GP endorsed text reminders to encourage uptake of screening • Learning from NHSE funded Imperial University survey to identify the barriers to attendance of cervical screening in London and funded opportunistic cervical screening in sexual health 	<p>Maintaining and improving support and advice for carers (including young carers), by:</p> <ul style="list-style-type: none"> • continuing to focus on identifying unknown carers and young carers • Continuing to improve the health of carers (especially young carers) • continuing to promote Employers for Carers so that more Barnet carers can access and retain

	<ul style="list-style-type: none"> • Supporting national immunisation campaigns at local level • Taking part in the NCL immunisation assurance programme 	<p>who would benefit</p> <ul style="list-style-type: none"> • The BOOST team to continue working with partners to promote employment and skills • The Employment Trailblazer to continue support people with Common Mental Illness to find work and to support “Improving Access to Psychological Therapies” • Your Choice Barnet rolling out new employment support and retention support for people with learning disabilities 	<p>clinics for women who were overdue screening.</p> <ul style="list-style-type: none"> • Replacing, in 2018/19, faecal occult blood testing with faecal immunochemical testing within the bowel screening programme across England. Pilot studies have shown that uptake will increase by up to 7% • Carrying out promotion of bowel cancer screening. 	<p>employment</p> <ul style="list-style-type: none"> • Providing advice and information to carers through the dedicated carers service • Providing specialist support for carers of people with dementia
	<p>Review and improve early years provision, by:</p> <ul style="list-style-type: none"> • The continued roll out of Early Years Hubs in Barnet. 			

		(PWLD) •Recommiss ioning universal access employmen t support services for people with autistic spectrum conditions and PWLD.		
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2. REASONS FOR RECOMMENDATIONS

- 2.1 Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare a JHWB Strategy, through the Health and Wellbeing Board.
- 2.2 The annual report allows a review of process to assure the HWB that the JHWB Strategy is being delivered and that targets are being met. It gives the Board the opportunity to review and refine the priorities for the coming year.
- 2.2.1 The Implementation Plan enables the Health and Wellbeing Board to monitor performance, progress and success in the short, medium and long term. 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 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.

4. POST DECISION IMPLEMENTATION

- 4.1 The detailed implementation plan will be developed with and agreed across the partnership. Detailed plans will be developed for new initiatives. These will be agreed by the HWB where necessary and progress reports will be presented to the HWB over the course of the year.
- 4.2 JCEG will receive detailed activity updates and escalate any concerns to the Health and Wellbeing Board.

- 4.3 The Board will receive regular progress reports and an annual report in November 2018.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The JHWP Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWP 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 JHWP Strategy sets the priorities of the Health and Wellbeing Board for the period 2015 – 2020, building on current strategies and focusing on areas of joint impact within current resources. The priorities highlighted in the JHWP Strategy will be considered by all the relevant organisations when developing activities. The JHWP Strategy will support the work of all partners to improve the health and wellbeing of the population. Each project will be individually funded however, using the existing resources of the participating organisations.

5.3 Social Value

- 5.3.1 The JHWP 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 JHWP 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 JHWP Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). 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. To explore partnership work across North Central London where appropriate.
- 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 of residents 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 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

5.6 Equalities and Diversity

5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource. The JSNA has equalities embedded, 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.
- 5.7.4 The HWBB works closely with the Voice of the Child Strategy and Adults Engagement Structures to ensure that the voice of residents inform the development of the implementation plan. Individual programmes will consult during development.

5.8 Insight

- 5.8.1 The JSNA is an insight document and pulls together data from a number of sources including the Public Health Outcomes Framework, GLA population projections, Adult Social Care Outcomes Framework and local analysis. The JHWB 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 15 September 2016, item 12: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4>
- 6.2 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?CId=177&MId=8713&Ver=4>
- 6.3 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?CId=177&MId=8712&Ver=4>
- 6.4 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>

- 6.5 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?CId=177&MId=8387&Ver=4>
- 6.6 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>
- 6.7 Joint Health and Wellbeing Strategy (2015 - 2020) progress update including Care Closer to Home, Health & Wellbeing Board, 20 July 2017, item 10:
<https://barnet.moderngov.co.uk/documents/g9140/Public%20reports%20package%2020th-Jul-2017%2009.00%20Health%20Wellbeing%20Board.pdf?T=10>