
Meeting	Health and Well Being Board
Date	4 October 2012
Subject	Health and Wellbeing Strategy
Report of	Director of Adult Social Care and Health
Summary of item and decision being sought	The final version of the Health and Wellbeing Strategy, Keeping Well, Keeping Independent, sets out the Board's approach to improving the health and wellbeing of Barnet citizens and patients. It takes account of feedback from a recent consultation on a draft version of this strategy. The Board is asked to agree the updated Health and Wellbeing Strategy following the consultation that ran from 1 June to 20 July 2012

Officer Contributors	Dr Andrew Burnett, Joint Director for Public Health
Reason for Report	To gain approval of the proposed Health and Wellbeing Strategy.
Partnership flexibility being exercised	The Health and Social Care Act 2012 places on the Health and Wellbeing Board a duty to prepare a Health and Well-Being Strategy.
Wards Affected	All
Appendices	Appendix A – Barnet Health and Wellbeing Strategy, Final Draft (September 2012) Appendix B – Consultation on Barnet's Health and Wellbeing Strategy – Overview Report (August 2012) Appendix C – Full Consultation Report

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1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board approve the final Health and Wellbeing Strategy, 'Keeping Well and Keeping Independent'.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well Being Board, 26 May 2011 – approved the health and wellbeing integrated commissioning strategy scoping document
- 2.2 Health and Well Being Board, 20 July 2011 – approved the refreshed Barnet Joint Strategic Needs Assessment (JSNA) and identified the priority areas for consideration in the Barnet Health and Wellbeing Strategy.
- 2.3 Health and Well Being Board, 17 November 2011 – approved the structure of a health and wellbeing strategy and the underpinning delivery vehicles.
- 2.4 Health and Well Being Board, 19 January 2012 – considered first draft of Health and Well-Being Strategy and requested final draft be presented to the Health and Wellbeing Board (HWBB) on 22 March 2012 prior to public consultation
- 2.5 Health and Well Being Board, 22 March 2012- approved draft strategy for consultation and endorsed consultation and engagement plan.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Health and Wellbeing Strategy is the principal strategy which will implement the Sustainable Community Strategy priority of 'healthy and independent living'. Under the Health and Social Care Act, the proposed commissioning plans of Clinical Commissioning Groups must be signed off by the Health and Well-Being Board to ensure they conform to the overall Health and Wellbeing Strategy.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Barnet Health and Wellbeing Strategy has been developed to set out a clear programme of work to address the headline recommendation areas for Barnet identified in the refreshed Joint Strategic Needs Assessment. These were identified as being to:
- continue, and preferably increase, smoking cessation activity, especially in pregnancy
 - improve the uptake of breast screening in Barnet to increase early identification and reduce mortality
 - tackle the obesity epidemic by promoting the benefits of physical activity and healthy diets and lifestyles
 - reduce the rate of hospitalisation among older people following presentation at A&E
 - develop more effective campaigns to ensure individuals with mental health problems and those with learning disabilities receive appropriate health checks, and
 - support residents to take greater responsibility for their own and their families health.

- 4.2 An equalities and impact assessment of the Health and Wellbeing strategy will be undertaken to inform the agreement of the strategy by the Health and Wellbeing Board and subsequent monitoring of the impacts on the local community arising from implementation.

5. RISK MANAGEMENT

- 5.1 There is a risk that the document will not be adopted fully and in a meaningful fashion across the Council, NHS, wider community partners and with families and communities. This risk is mitigated through undertaking an extensive consultation process that includes engagement across the Council; Barnet Clinical Commissioning Group (CCG); Barnet GPs; NHS commissioners and providers; the Local Involvement Network (LINK), third sector networks and other stakeholders.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 This Strategy will meet the HWBB's duty in the Health and Social Care Act 2012, to prepare a Health and Well-Being Strategy.
- 6.2 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the *prevention*, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.3 In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions.
- 6.4 Regulations setting out the detailed obligations are yet to be issued.
- 6.5 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.
- 6.6 The development of this Strategy is consistent with the target duty as expressed above.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The Strategy represents an overall, high level framework which sets out a series of desired outcomes for Health and Social Care. These will be used to prioritise the allocation of the existing resources of the Council and partners, including the budgets of Adult Social care and Health, the Clinical Commissioning Group and the new ring-fenced public health function. The activities to deliver the strategy will be met from these existing budgets.
- 7.2 Any specific proposals arising from implementation of the Strategy that have particular resource implications will be reported separately, either as specific items or as part of regular performance reporting on progress against the Strategy.

7.3 The development of the Strategy has required significant time commitment from senior officers and directors across the Council and health and implementation of the strategy will require time and commitment from senior officers and clinicians across health and the Council as an integral part of their regular duties..

7.4 The consultation process was funded from the one off allocation from NHS London of £15,000 to support HWBB development.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Two engagement exercises have already taken place in relation to the integrated commissioning strategy. The first was with providers of health and social care. The second was with service users, their carers and the voluntary sector. These events were designed to inform prioritisation of work to commission more integrated health and social care services.

8..2 A public consultation and engagement exercise took place from 1 June to 20 July 2012. The intention was to engage with a wide range of stakeholders and residents.

8.3 The consultation and engagement exercise was led by the HWB Board Chair and jointly delivered by the Council, Barnet CCG, NHS NCL Barnet and Barnet LINK.

8.4 The consultation also encompassed Partnership Boards; Children's Trust Board; Council members and officers; NHS managers; GPs and other health and care providers.

8.5 The Overview report containing the findings from the consultation can be found at Appendix B.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Providers were specifically targeted at one of the early events to inform prioritisation of work as described at paragraph 8.1 above. They were also specifically engaged with through the stakeholder consultation outlined in paragraph 8.2.

10. DETAILS

10.1 A full report of the consultation on the draft Barnet Health and Wellbeing Strategy is attached at Appendix C. The consultation showed substantial agreement with the strategy's ambition and approach.

10.2 Whilst 75% of respondents agreed with the ambition for residents to harness the support of their family and friends and the community, some expressed concern about the feasibility of this, especially with an increasing number of families living far apart. There was a recurrent theme amongst some respondents that the strategic aim of encouraging people to care more for themselves was an attempt at cost-cutting and 'passing the buck'. It may be that we failed to adequately communicate that the intention of this was to enable and empower people to remain more independent for longer and thus not be in need of professional care rather than simply to reduce the level of care available. This will be dealt with as part of the strategy's implementation.

10.3 A small number of respondents' comments have been added to the strategy to (i) emphasise the need: for parents to work with schools in addressing childhood overweight and obesity, (ii) to promote both healthy eating and increased physical

activity as necessary parts of addressing overweight and obesity, (iii) encourage and enable smokers to quit and people who are overweight and obese to lose weight.

- 10.4 Many of the other comments made concerned aspects of implementation of the strategy rather than strategic direction, for example, encouraging children to learn about cooking and about mental health issues, drugs, alcohol misuse and sexual health. Other examples included supporting parents and providing them with educational opportunities, developing a child poverty strategy, and establishing intergenerational support schemes. Further examples include increasing bowel screening rates, providing health checks, providing subsidised leisure facilities including outdoor gyms, and encouraging food suppliers to provide 'healthy goods' and to restrict the number of fast-food outlets in deprived areas and near schools. There were also suggestions concerning the provision of free eye screening and encouraging people to save for older age. These have therefore not been included in the strategy but will be taken into account in implementation.

11 BACKGROUND PAPERS

- 11.1 Overview report of the consultation on the Barnet Health and Well-being Strategy

Legal – HP

CFO – JH/MGC