

	<h2>Health and Wellbeing Board</h2>
<p><b>Title</b></p>	<p><b>Place (Borough) Based Partnerships</b></p>
<p><b>Date of Meeting</b></p>	<p>Thursday 18<sup>th</sup> January 2024</p>
<p><b>Report of</b></p>	<p>Tamara Djuretic, Joint Director of Public Health, London Borough of Barnet and Royal Free London NHS Foundation Trust</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Urgent</b></p>	<p>No</p>
<p><b>Enclosures</b></p>	<p>None</p>
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## Summary

The health system has gone through a significant amount of change over the past two years, particularly with the introduction of Integrated Care Systems, and change to come in the form of a review of the Barnet Health and Wellbeing Strategy due to start in 2024.

Therefore, to review on where we are, and what we need to do next, members of Health and Wellbeing Board and Barnet Borough Partnership met on 30 November 2023 to reflect on what is working well, and what we need to focus on in future.

This paper presents recommendations for Health and Wellbeing Board to agree or note.

## Recommendations

1. That the Board reaffirms that both Health and Wellbeing Board and Barnet Borough Partnership are of joint importance at Place (Borough) level in relation to health priorities
2. That the Board agrees the proposed delivery and enabling priorities, as outlined in section 1.5.
3. That the Board agrees the changes to how the Health and Wellbeing Board will operate, as outlined in Section 1.7.
4. That the Board notes the recommendations for Barnet Borough Partnership's future model of operation, as outlined in Section 1.9.
5. That the Board communicates to North Central London Integrated Care Board the recommendations for system level partners as outlined in Section 1.10.

### 1. Reasons for the Recommendations

- 1.1 The health system has undergone a significant amount of organisational change over the past two years following the introduction of Integrated Care Systems. In addition to this, the current Barnet Health and Wellbeing Strategy is approaching the end of its lifespan, and the review process will start in 2024.
- 1.2 An informal session involving the membership of Health and Wellbeing Board and Barnet Borough Partnership was held on 30<sup>th</sup> November to reflect on where we are now, and how place/borough based partnerships should evolve to meet both the changes outlined in 1.1, and the challenges that face us today in ensuring that the conditions are right to support residents to enjoy good health and wellbeing (including wider determinants of health such as housing and the environment).
- 1.3 Below is outlined a series of recommendations or principles which came out of this session. No recommendations have been provided for neighbourhood working, as development and work on this approach is happening elsewhere. The recommendations have been developed following further discussion with key members of the board, and a similar paper will be going to the Barnet Borough Partnership for discussion.
- 1.4 Status of Place Based Partnerships
  - 1.4.1 It was re-affirmed that both Health and Wellbeing Board and Barnet Borough Partnership are of joint importance at Place level in relation to health priorities. In Barnet, the Barnet Children Partnership Board oversees partnership work on children's health, but children's health needs to be reflected also in Health and Wellbeing Board/Barnet Borough Partnership prioritisation.
  - 1.4.2 Any areas for prioritisation need to be owned by all Place/borough based bodies.
- 1.5 Priorities

1.5.1 Members who attended on 30<sup>th</sup> November 2023 proposed that place/borough based partnership bodies should focus on a smaller number of delivery priorities. The aim of this prioritisation is to provide:

- Enhanced focus at place level, to guide where partnerships focus their activity, and also to provide a clear message to place/borough based partners on what we should focus on during the year.
- Clear communication to North Central London Integrated Care System on what Barnet place/borough based partners are focussing on, particularly in relation to the Population Health and Integrated Care Strategy and any asks for local flexibility.
- Public accountability on making progress in tackling these challenges

1.5.2 It is proposed that place/borough based partnerships focus on the following five delivery priorities, and six enabling priorities in 2024/25. Below, we have listed where we see delivery responsibility sitting for these priorities. However, there are some delivery gaps identified for Mental Health and Primary Care Access. The Board is to note that these delivery priorities and delivery mechanisms will also need to be formally agreed by the Barnet Borough Partnership.

#### Five Delivery Priorities

- Ageing Well – Delivery led by BBP Aging Well Workstream group
- Heart Health/Cardiovascular Disease – Delivery led by Barnet CVD Task and Finish Group
- Looked After Children, and Children with Special Educational Needs and Disabilities – Delivery led by Children and Young People SEND Group
- Mental Health – Children and Adults – *No place/borough placed group has yet been identified*
- Primary Care Access – *No place/borough placed group has yet been identified*

#### Six Enabling Priorities

- Community Engagement and Co-production
- Neighbourhoods
- Health Inequalities
- Developing shared approaches to using data and analysis, including shared metrics and aligned/shared data
- Digital Inclusion
- Workforce

1.5.3 These priorities were determined both through an analysis of partner strategies (including North Central London Integrated Care and Population

Health Strategy and Core 20+5), followed by discussion on 30 November and further discussion on this paper.

## 1.6 Barnet's Story/Stories

1.6.1 Place/Borough based partnerships are recommended to use the Joint Strategic Needs Assessment process to update the story of Barnet, its communities and their health and wellbeing. This will help shape the work on the place/borough based Health and Wellbeing Strategy, which is due for review during 2024/25.

## 1.7 Joint Planning

1.7.1 We propose that the Health and Wellbeing Board and Barnet Borough Partnership team will work together to jointly plan agendas for both boards. These teams will need to work as required with the team supporting the Children and Young People's Partnership Board on children's health work to ensure child focussed programs of work feature and there is a clear reporting mechanism that doesn't duplicate. It is suggested that the teams meet quarterly to do this.

## 1.8 Operation of Health and Wellbeing Board

1.8.1 Health and Wellbeing Board are asked to agree the below changes to how the Board operates in 2024/25.

1.8.2 Reduce the number of standing items to a handful to be noted. This should give more space on the agenda for discussion, and also allow for a shorter meeting time.

1.8.3 Shorten meetings to finish at 11.45am, to allow Board Members time to get back to clinical duties, and ensure that Board members are there for the full session.

1.8.4 Move back to four meetings a year, with a fifth informal BBP/HWBB planning session where the March or May meeting would have been. This used to happen, and the session in November 2023 was felt to be useful.

1.8.5 To refocus the Deep Dives on:

- One of the priority areas for the year.
- Presenting the current situation, action that is being taken, and the challenges that need the Board and partners' help to overcome
- A report back on actions taken as a result of deep dive discussions can be reported back to Board at the following meeting

1.8.6 It was suggested in the discussion that the Health and Wellbeing Board could be a forum in which Place Based Partnerships can report back on what has happened as a result of community engagement activity. There are several ways in which this can take place, for example via regular report developed with Healthwatch Barnet, or via engagement with a regular group. Further discussion and planning will take place with

Healthwatch Barnet and the Barnet Borough Partnership on the best way to capturing this in an efficient way.

## 1.9 Operation of Barnet Borough Partnership

1.9.1 The following are presented to Health and Wellbeing Board for information, as Barnet Borough Partnership will make the final decision on these points.

- 1.9.1.1 Formalise status as a sub committee of the Integrated Care Board.
- 1.9.1.2 Review current Board format to review if any alignment or sub board/committee with HWWB would work to prevent duplication and enhance joint approach.
- 1.9.1.3 Incorporate five priority areas onto the agenda/cover in workstreams.
- 1.9.1.4 Review priority areas and opportunities within priority areas with Senior Responsible Officers and BBP Partners on alignment of approaches and how delivery may work best.
- 1.9.1.5 BBP papers to be routinely shared with Health and Wellbeing Board and vice versa.
- 1.9.1.6 Review outcomes, and data between the Barnet Borough Partnership and Health and Wellbeing Board to ensure alignment and shared endeavour.
- 1.9.1.7 Review whether BBP should be a place for new transformative pieces of work or include daily or urgent operational pressures and business as usual.

## 1.10 Recommendations for System Level/North Central London Bodies

1.10.1 It is proposed that the following recommendations are reported back to North Central London wide bodies.

- 1.10.1.1 Recognition that the Barnet Borough Partnership and Health and Wellbeing Boards are of equal importance at place, and as such, should be engaged equally in strategy development, review and development of delivery.
- 1.10.1.2 As Integrated Care Partnerships mature, they need to engage much more strongly, and proactively with Health and Wellbeing Boards on priorities, progress and strategy.
- 1.10.1.3 Cross fertilisation between representatives at different spatial levels is important. Having place (and neighbourhood) based personnel at system level, and system level based people at place and neighbourhood level helps to highlight overlaps/duplication and maximise impact.

## **2. Alternative Options Considered and Not Recommended**

- 2.1 The alternative option is to continue operating in the current way. However, this is likely to continue current inefficiencies, and risks not realising the benefits of the changes in the health systems in delivering for the local community.

### **3. Post decision implementation**

3.1 Following a decision on the above, the team will work to:

- Update Forward and Work Plans
- Commence formal joint planning meetings of Health and Wellbeing Board and Barnet Borough Partnership
- Review how delivery priorities are being driven forward
- Review data and metrics for both partnerships
- Communicate recommendations and priority areas back to North Central London Integrated Care Partnership and Board

### **4. Corporate Priorities, Performance and Other Considerations**

#### **Corporate Plan**

- 4.1 Supporting the health and wellbeing of residents is the core aim of the Health and Wellbeing Board, and the Joint Health and Wellbeing Strategy is the articulation of how we will achieve this aim.

#### **Corporate Performance / Outcome Measures**

- 4.2 By working more efficiently, we look to focus on achieving the headline measures – including Life Expectancy, Healthy Life Expectancy and differences on this within the population – in the Barnet Plan.

#### **Sustainability**

- 4.3 Actions around Air Quality, promoting Active Travel and the Food Plan will have an impact on the priority areas outlined in Section 1.5.

#### **Corporate Parenting**

- 4.4 Looked After Children is proposed to be a priority area for 2024/25.

#### **Risk Management**

- 4.5 Each area of work has its own risk management schedule and protocol.

#### **Insight**

4.6 The recommendations were developed using an analysis of partner strategies, and subsequent discussion.

### **Social Value**

4.7 Not applicable to this report.

## **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 There are no resource implications because of the proposals, over and above any agreed existing commitments.

## **6. Legal Implications and Constitution References**

- 6.1 Under the Health and Social Care Act 2012, the local authority must establish a Health and Wellbeing Board for its area, and in addition, the Board must encourage integrated working with persons who arrange for provision of health or social care services in its area so that the health and wellbeing of people in its area is advanced.
- 6.2 The Health and Wellbeing Board includes the following functions in part 2B - Terms of Reference & Delegation of Duties to Committees and Sub-Committees of the Constitution:
- 6.2.1 To work (together with Barnet Borough Partnership) with Integrated Care Partnership (ICP) and Integrated Care Board (ICB) to determine the integrated approach that will best deliver holistic and streamlined care and prevention activities, including action on wider determinants in their communities.
  - 6.2.2 To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
  - 6.2.3 To provide collective leadership and enable shared decision making, ownership and accountability.
  - 6.2.4 To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

## **7. Consultation**

7.1.1 The recommendations were developed as a result of partnership discussions and

consultation.

## **8. Equalities and Diversity**

- 8.1.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. To do this, we use the best data available, which often includes nationally collected datasets which are not routinely – at Local Authority level - broken down by protected characteristics, and also by socio economic status (which is not a protected characteristic, but is important context in terms of people living longer, healthier lives).
- 8.1.2 This data is supported by engagement and co-production activity with a broad range of groups across Barnet, which we are hoping to bring together for the Board. Paragraph 1.8.6 outlines how we are planning to do this in conjunction with the VCS in an effective and streamlined way.

## **9. Background papers**

- 9.1 None