

Health & Wellbeing Board

**Minutes of the meeting held 9.30 am on 14 July 2022
Hendon Town Hall, The Burroughs, London NW4 4BQ**

Board Members present:

Councillor Alison Moore	Chair, Health and Wellbeing Board
Councillor Paul Edwards	Chair, Adults and Safeguarding Committee
Councillor Pauline Coakley Webb	Chair, Children, Education & Safeguarding Committee
Dr Tamara Djuretic	London Borough of Barnet
Colette Wood	NCL Integrated Care Board
Dawn Wakeling	London Borough of Barnet
Dr Nikesh Dattani	GP Partner and Barnet Clinical Lead, NCL Integrated Care Board
Nitish Lakhman	Healthwatch, Inclusion Barnet
Caroline Collier	Inclusion Barnet
Fiona Bateman	Barnet Safeguarding Adult Board

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 17 March 2022 be agreed as a correct record.

2. Absence of Members

Apologies were received from Sarah McDonnell-Davies, Chris Munday and Ben Thomas.

3. Declaration of Members' Interests

There were none.

4. Public Questions and Comments (if any)

Prior to the meeting a set of questions had been received from the Community Barnet Primary Care Group outlining their concerns about the number of GPs (General Practitioners) working in the Borough. This was in particular due to the expected growth rates and the need to address the number of GPs required to meet these expectations.

The North Central London Integrated Care Board responded in writing detailing how Barnet compared in its GP provision and the work being undertaken with other Primary Care Network providers.

There was no supplementary question raised at the meeting.

Resolved that the response be noted.

5. Report of the Monitoring Office (if any)

None.

6. List of Health and Wellbeing Board (HWBB) Abbreviations

Resolved that the Board noted the standing item on the agenda which lists the frequently used acronyms in Health and Wellbeing Board (HWBB) reports.

7. Forward Work Programme

The Board noted the items due to be reported to future HWBB meetings.

RESOLVED that the Board noted the Forward Work Programme.

Before moving on to the substantive items on the agenda the Chair formally welcomed the Members of the Board to the first meeting of the municipal year.

They noted the transition from the North Central London Clinical Commissioning Group to the North Central London Integrated Care Board had taken effect on the 1 July 2022. They thanked the former Vice-Chair of the Board, Dr Charlotte Benjamin for their leadership and work, in particular with the work on COVID-19 vaccinations. This had helped to produce hyper-local approaches tailored to the needs of local residents through partnership working. They also thanked Dr Clare Stephens for their contribution.

Dr Nick Dattani would continue as a member of the board as a local GP Partner, GP Provider Alliance Board Member North Central London for Barnet and Interim Borough Clinical Lead. Dr N Dattani would act as the interim Vice-Chair of the Health Wellbeing Board, with confirmation of permanent arrangements made at the September 2022 Health and Wellbeing Board.

Collette Wood, Director of Integration for Barnet, was welcomed to the Board.

Formal national guidance on the future role of Health and Wellbeing Boards in the new system had not been received and discussions were being held at a North Central London level on the future governance arrangements. The hope was to bring an update to the September Health and Wellbeing Board meeting with an updated membership and formally agreed Vice-Chair. This Barnet Council constitution would then be updated.

The Chair commended the previous Chair, Cllr Caroline Stock, for their passion and collegiate leadership during particularly challenging times in the pandemic. They highlighted that new administration saw health, wellbeing and integration as priorities.

The Chair noted that the COVID-19 pandemic had shone a light on health inequalities across the world and in Barnet, the importance of prevention, early help as determinants for wellbeing. They wanted to see the Board working in partnership

and across the system to reduce health inequalities and prevent long-term conditions.

The pandemic had impacted everyone's mental health and various reports were emerging across the country on increasing mental ill health, most worryingly, in children and young people. The Barnet Health and Wellbeing Strategy has a focus on improving mental health and wellbeing and the Chair hoped that the Board could accelerate some of the work through the partnership and engage communities in conversations which mattered to them. They looked forward to championing this agenda as Chair of the Health and Wellbeing Board, and as Mayor, for this municipal year.

8. Joint Health and Well Being Strategy Implementation Plan Priority 3 – Ensuring delivery of coordinated and holistic care, when we need it

The Director of Integration for North Central London Integrated Care Board introduced the item prior to a number of presenters covering each of the specific areas.

The first section gave an update on the work being undertaken to increase digital access to public services and targeted intervention. This was being further developed as Census data becomes available. An important aspect was helping individuals to understand the benefits of accessing information online and ensuring that staff are able to support them. With more services moving online it was also important to ensure that they remained accessible, for example through introducing British Sign Language (BSL) support for the website. Other streams included donating laptops to local people and community groups.

The next presentation looked at work to join up data to help support local care providers. The aim was to move towards providing more prevention and early intervention support. Data integration would help to identify areas of potential inequalities.

They then moved on to COVID-19 vaccinations and how they were reaching out to carers and GPs. The level of needs and concerns both for carers, and those they cared for, was an important factor and they were providing reassurance both online and by telephone. Working with partners and community organisations had helped to reach those that they wouldn't normally be able to access. Long COVID was also an area of growth and concern that partners were monitoring and considering how to address.

Partners were working to support people in their own homes, for example by working with patients and carers to put safeguards in place such as power of attorney, or providing respite. The patient's needs were key to this and trying to link organisations so that their issues only had to be explained once to cover a range of statutory and voluntary providers. Closer working integrating primary and secondary care with other sectors had helped to speed up pathways and provide a better level of care.

The All-Age National Autism Strategy and Barnet Autism Action Plan was flagged as an important area of work that was helping to improve life outcomes and support changes to access to education and into employment. This required a cultural change that was being pushed through the process.

Finally, the neighbourhood model to support an area through a Health Needs Assessment to provide place based support was highlighted. This had been done through co-production to design solutions as an alternative to one-off consultations.

A Member of the Board noted with concern that current telecare solutions were highly dependent on the analogue telephone system and in some cases this would be at particular risk with the move to digital solutions. Officers agreed to provide a response outside of the meeting as this had already been identified as a work stream.

The Chair thanked the presenters for their comprehensive update.

Resolved that the Health and Wellbeing Board note the update.

9. Cardiovascular Disease Prevention Programme and Action Plan

Officers presented their report noting that the Cardiovascular Disease was a major cause of death in those under 75 and had a significant impact on health in the area. This had led to the development of a four year prevention programme supported by an initial two year action plan.

Members were supportive of this work, as it had been needed for a long time. They were positive about how it was proposed to be delivered.

Resolved that the Health and Wellbeing Board:

- 1. Approve the Barnet Cardiovascular Disease Prevention Programme 2022-2026.**
- 2. Approve the Barnet Cardiovascular Disease Prevention Programme Action Plan 2022-24.**

10. Living with COVID19 and other communicable diseases

The Director of Public Health and Prevention gave a verbal update on COVID-19 and other communicable diseases impacting Barnet and the wider community.

There had been a steady increase in COVID-19 cases however natural and vaccine immunity had resulted in a lower impact. There had been a fall in the number on ventilation beds although it remained a risk to those with underlying health needs. Messaging continues around awareness of transmission within the community.

Monkey Pox cases have also increased in Barnet. It was believed that this was linked to generational changes where those below a certain age had not received the Small Pox vaccination. The additional cases had placed additional pressure on sexual health services in London who had been providing support to those showing

symptoms and close contacts. There had been a roll out of vaccines to these groups and additional government support had been requested.

Polio had been detected in the community from sewage data. They were looking to increase uptake of the Polio vaccine, including among those new to the country.

Members of the Board noted that thought would need to be given as to how vaccines could be rolled out and potential expansion of vaccination programmes. The Director responded that there was a good supply of Small Pox vaccine which afforded some protection.

Resolved that the Health and Wellbeing Board note the report.

11. North Central London Integrated Care System and Future Role of Health and Wellbeing Board

The Director of Integration (Barnet Directorate) from North Central London Integrated Care Board gave an update. The move to the new system is intended to provide an increased focus on place based working with a larger focus on neighbourhood outcomes. The Integrated Care Board are working with the new structure to develop plans for the allocation of resources and to establish new ways of working and governance systems. This would be an iterative process with changes to ensure continuous improvement. They were exploring how to bring people in from other areas and how this can be organised.

The Board noted that it would be interesting to see how this worked across North London. The Engagement document showed a close link between the Integrated Care Partnership and the Health and Wellbeing Board, in particular for Integrated Care Strategies. There were several new entities, some of which were statutory and it was recognised that the cost of time and meetings would add up so it was important to ensure that they delivered for residents and patients.

Resolved that the Health and Wellbeing Board note the report.

12. NCL NHS Update on Mental Health and Community Services Review

The Director of Transformation and Interim Director of Aligned Commissioning from North Central London Integrated Care Board provided an update on the programme so far. They reported that they would be looking to put together a workshop to look at how they would deliver going forward. This would identify how they would seek to bridge gaps in provision, for example because services are only delivered five days a week and how to move from a recovery position to look at how the core offer could be achieved in the longer term. It was recognised that there were long waits across CAMHS (Child and Adolescent Mental Health Services) and they needed to look at how the backlog could be tackled across different bodies. They were looking to reduce wait times for eating disorders in young people with weekend clinics. Good practice which had been piloted in Barnet was also being share with other boroughs. They were looking to combine the crises lines that had been created for adults and children during the pandemic to help deliver support consistently.

The Board noted that although wait times were an important issue, poor patient experience was also a concern. They highlighted the need to survey those who had experienced it as they were often contacting GPs to raise their concerns. Mental Health contacts had tripled, leading to an increase in demand. Some were finding that they were seen a few times and discharged, often going back to school having not had the support that they needed.

It was reported that the Barnet Health Overview and Scrutiny Committee had heard from Mental Health users at their last meeting and had raised similar concerns. The Officers reported that they had received similar feedback and were in a multi-year programme so had had to concentrate resources before looking to move to other areas.

The importance of evidence based approaches was highlighted and the need for step down support for those who might otherwise be in an inpatient setting. It was noted that the Police for example spent a lot of time on Mental Health issues.

The Officers noted that they had been working on specific interventions but were now looking to move towards prevention.

Resolved that the Health and Wellbeing Board note the update report.

13. NCL Start Well Consultation

Officers presented their report on the consultation and how it impacted Barnet residents. The team will be consulting on the case for change as outlined in the papers, and will consider the feedback on this before looking at the future ways of delivering hospital based children and maternity services in the North Central London area.

Resolved that the Health and Wellbeing Board note the report.

14. SEND Inspection and Action Plan

A presentation was given on the positive outcomes from the Special Education Needs and Disability Local Area Ofsted and Care Quality Commission Inspection. It was noted that they were already addressing the areas that had been identified for improvement.

Members queried the shortage of Occupational Therapists and the wait lengths. Officers responded that unfortunately the pressure wasn't just at a London wide level but had been felt nationally.

Members questioned the issues around speech and language therapy and the activities in this area. Officers responded that they had put in some support where possible, although not to the full level desired. They had compensated for those challenges where possible with alternate provisions including making use of the private sector.

Resolved that the Health and Wellbeing Board note the report.

15. FAB (Fit and Active Barnet) Strategy – Year 1 Delivery

The Service Manager for Sport and Physical Activity gave a presentation setting out the Fit and Active Barnet Framework and how it had been delivered with the Health and Wellbeing Strategy. There was a strong alignment with national and local policies to promote physical activity and this could be seen running through the Health and Wellbeing Strategy. The work had been undertaken through the leisure operators and also through links in to other areas such as the Cardiovascular Disease Prevention Programme and working with groups supporting dementia activities. This was reviewed on a quarterly basis to ensure that opportunities were realised and areas that needed to be strengthened addressed.

The Board noted that more work could be done to support those with, on the border of, hypertension. Clarity was sought over the sources of demographic data. Officers responded that this came from the Sport England activity surveys as well as through residents' perception surveys. These used different methodologies which had helped to identify areas of work.

There was interest around what could be done to promote activities, in particular those which were free, to hard to reach groups such as teenagers and girls aged 15-18. Officers responded that they in September they would be promoting "Fab Cards" which would give discounts in various setting and also working with local sports clubs and community groups to open up their activities to help residents to become more active and engaged. There would be guidance and information to support sign ups and point people to activities that they would engage in. Work was ongoing to look at ways to communicate throughout the year and make use of other things such as International Women's Day to promote women in support. Two FAB Officers had also been recruited to explore gaps in provision and to work collaboratively to plug gaps.

The Chair noted that areas such as diabetes and weight management had come up and that they had heard spoken to a range of people involved in community park runs. Anecdotally there appeared to have been a backward slide from the amount of walking that had been undertaken during the pandemic. Other areas though had engaged, for example through dance shows which were predominately teenage girls.

Members of the Board noted that it was important to push information about opportunities out through primary care, for example when making referrals. There were also potential synergies with other areas such as mental health. The ward level data was interesting as it highlighted the different levels of activity and place-based challenges and how this might relate to level of car ownership, bus routes and green spaces. The Officer responded that they had started the discussions with local GPs so that when a patient was encouraged to be more active the individual could be given more information.

Resolved that the Health and Wellbeing Board note the report.

16. Pharmaceutical Needs Assessment (PNA) – Consultation

Senior Public Health Intelligence Analyst presented the consultation document. The Pharmaceutical needs Assessment (PNA) was a legal requirement that had been delayed due to the pandemic. The main findings were that, based on the 2021 Census, it's slightly lower than the UK average with most able to reach a provider within a short period of time. The draft PNA was out for public consultation and they were looking for feedback for any areas that needed further scrutiny.

They were also checking with neighbouring authority PNAs for any consequential impacts. The cross borough work was ongoing.

Resolved that the Health and Wellbeing Board approve the report and delegated authority for signing off the final Pharmaceutical Needs Assessment to the Chair of the Health and Wellbeing Board and Director of Public Health & Prevention.

17. Suicide Prevention Strategy Annual Update

The Officer presented their report noting the significant amount of work that had been completed despite a number of challenges such as COVID-19. This had been recognised both in London and across the country for how local data had been used and applied.

Members noted that during the pandemic an increase in suicides had been anticipated, this had been avoided because of this work. With the ongoing pressures moving from pandemic to cost of living pressures this work continued to be needed.

Resolved that the Health and Wellbeing Board note the update.

18. Any Items the Chair decides are urgent

There were none.

The meeting finished at 12.30 pm