



Report on



**Health and Well-Being Board and
Partnership Boards**

Summit

Thursday 9 July 2015

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1. Introduction

The 3rd full day Health and Wellbeing and Partnership Boards Summit was held on 9 July 2015.

The Summit event brings together the Health and Wellbeing Board and members of the 5 Partnership Boards.

88 people attended this years summit and the key topics covered were:

- Joint Strategic Needs Assessment
- Designing the Future of Partnership Working.

2. Introduction and Welcome



Mathew Kendal, Adults and Communities Director welcomed everyone to the event.

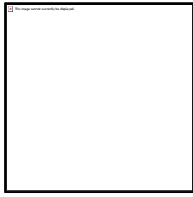


Councillor Helena Hart, Chairman of the Health and Wellbeing Board welcomed everyone to the event.

Points that Councillor Hart made included:

- The importance of the Joint Strategic Needs Assessment in planning for the future
- The benefits of having the opportunity to work together to influence the future priorities for the health and wellbeing of the residents of Barnet
- The importance of partnership working
- The benefits of the opportunity to work together to design a partnership working structure.

3. Joint Strategic Needs Assessment



Luke Ward, Commissioning Lead, presented the Joint Strategic Needs Assessment.

Key points of the presentation included:

- That we have a Joint Strategic Needs Assessment to understand how people in Barnet live their lives and to make sure that the services we deliver are the ones people need.
- Key pieces of data including information on:
 - The ageing population
 - Life expectancy variations
 - Housing
 - Employment
 - Mental Health
 - Carers.

The workshop was an opportunity to feedback on:

- If there were any surprises in the data?
- If any of the data particularly important to you?
- If there anything you think is missing from the data?

The key themes of the things you told us were:

- To better co-ordinate the voluntary sector
- To look at how to meet the needs of the diverse population of Barnet
- Mental health, carers and the ageing population are important to you
- To ensure that everyone has equal access to all services through improved transport options and localised services.

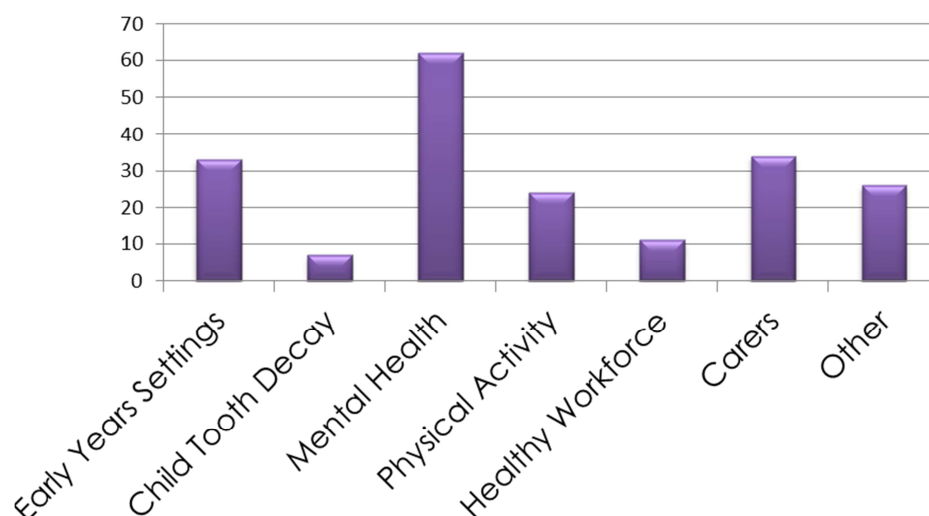


Zoë Garbett, Commissioning Lead – Health and Wellbeing Commissioning Group, introduced the Health and Wellbeing Strategy

Key points of the presentation included:

- The Health and Wellbeing Strategy is a key document of the Health and Wellbeing Board and highlights areas of work that we can tackle together
- The current Health and Wellbeing Strategy is being updated to run from 2016-2020
- The key priorities that had already been identified were presented to the room which included:
 - Early years settings
 - Child tooth decay
 - Mental Health
 - Physical Activity
 - Healthy Workforce
 - Carers
 - Other
- You voted for the priorities important to you -

Health and Wellbeing Strategy Priorities



Some of the suggestions for other priorities included:

- Learning Disabilities, older adults and physical and sensory impairment
- Improving access to services
- Improved community living
- Ensuring quality of services.

4. Designing the future of partnership working



Ben Lee, Independent Facilitator introduced the workshop on designing the future of partnership working.

Key points of the presentation included:

- There are currently 5 Partnership Boards who aim to undertake strategic partnership working between the key public, voluntary and community organisations
- People who use public services are experts in the services they use and that during times of increased financial challenges it is vital that the decisions that are made include the people they effect
- The participants were asked to consider the following points whilst designing any changes
 - There would be no new resources
 - If changes were made Partnership Boards would not be able to continue in the way they currently do
 - We want everyone who is currently a member to continue to be able to engage with us.

During the workshop participants were asked

- Top 3 things that make engagement work well
- Top 3 things that stop engagement working well.

The key themes that came out of the feedback were:

- Communication
- Membership
- Strong facilitation
- Feedback
- Location.

Ben Lee presented the second part of designing the future of partnership engagement.

Key points of the presentation included:

- Feedback had currently been that having somewhere to have your voice heard and having a variety of people in the same room was working well
- Some of the things people would like to see changed were to have earlier engagement and improved feedback.
- Some initial ideas we think may work included:
 - We could set-up time limited groups on key issues, as and when issues arise
 - We could allow any current Partnership Board member to join a group looking at an issue
 - We could set clearer objectives and timescales for discussing issues and monitor progress on resolving them
 - We could identify subject areas as a group at the annual Summits and review at autumn catch ups.

During the workshop participants were asked:

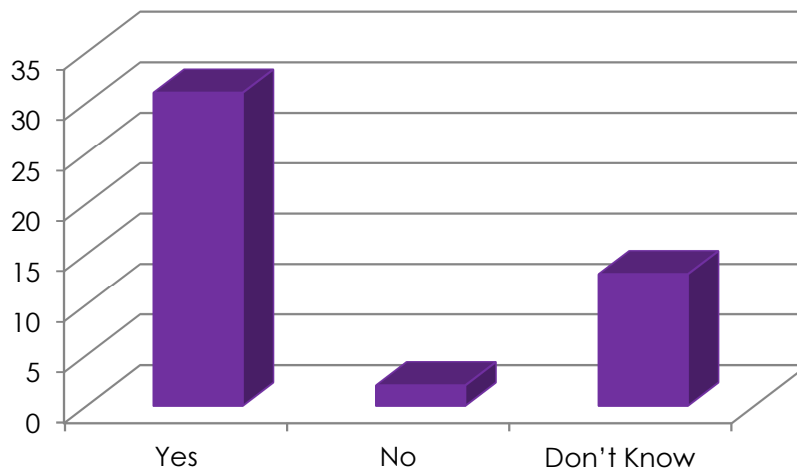
- What do you think of our ideas?
- Do they tackle the right problems?
- How might they work in practice?
- Are there better ways to improve how we engage?

The key themes that came out of the feedback were:

- In principle the ideas suggested are good
- Having people from different Boards together is good
- Concern that the ideas will be difficult to implement in practice
- Boards are used to pass on information and not to consult and influence decisions
- Need to know the objectives of both the Partnership Boards and engagement
- Meetings should be more joined up
- Having Partnership Boards is better than having nothing.

Participants were asked at the end of the session to vote if they felt the discussions during this session had taken us in the right direction.

Below are the results.



5. Other Activities on the Day

Info Hub



Participants were able to find out about opportunities to have their voice heard by:

- London Borough of Barnet
- Barnet Enfield and Haringey Mental Health Trust
- Barnet Seniors Assembly
- Barnet Clinical Commissioning Group.

Tai Chi



Debra Cura, Age UK Barnet lead a short Tai Chi Session

HFT's Unlimited choir



HFT's Unlimited choir sang some of their favourite songs during lunch.

6. Feedback



88 people attended the day

- 46 people returned a feedback form
- 100% of people found the day to be good or very good
- 93% of people felt able to say what they wanted
- 76% found the Joint Strategic Needs Assessment to be good or very good
- 78% found the designing the future of partnership working workshop to be good or very good.

Some of the comments that were given in the feedback included:

- Would like to see the outcomes of previous meetings at the next meeting
- I liked having active contributions from Councillors
- I liked listening to different peoples views and finding out other people from other boards have similar views
- Tai Chi was great
- It worked well sitting with a mixed group and not individual Partnership Boards
- Would like more time for individual feedback
- I would like to see more diversity at the meetings
- I would like to have more dialogue with the Health and Wellbeing board members during the meeting.

7. Appendix 1 - Joint Strategic Needs Assessment Feedback

Workshop 1 –Joint Strategic Needs Assessment what do the group think of what they have heard?

<p>Any surprises?</p>	<ul style="list-style-type: none"> • Number of voluntary sector organisations in the borough – this led to a discussion on difficulty of understanding what organisations are out there (and what they do) and how we need to improve engagement • Care leavers have not been addressed • Increase of the Black and Minority Ethnic population – need to be more diverse in delivery • Population growth – <ul style="list-style-type: none"> ○ Numbers of older people ○ Transport ○ Population in Brent Cross ○ Impact of expansion on GPs? ○ Biggest borough! ○ Cope with growth over 5- 10 years – education and health • Jobs for young people • Social isolation east / west parallel and in an affluent borough - no early help for better off people, family support not there, young people can't afford to live near their parents – multi generational living? • “empathetic living” – more from individual to communal thinking • More people at home and a skills gap – able to care for people at home?
<p>Anything that is important to you?</p>	<ul style="list-style-type: none"> • Mental health was seen as a priority – <ul style="list-style-type: none"> ○ especially early intervention and lower level mental health (e.g. does not meet threshold) ○ link up with other conditions / outcomes e.g. smoking, pregnancy • Young Carers – stigma attached, lots of 'hidden' young carers' and need to support young carers better • Life expectancy – difference across borough • New homes but social care budget reducing to cope with more • Social isolation • Housing – <ul style="list-style-type: none"> ○ Needs to address health challenges

	<p>through planning, use available land for council housing</p> <ul style="list-style-type: none"> ○ re-mortgaging, paying for support, real issue for Learning Disabilities, right to buy ● Dementia increasing – will services be there ● Making sure that those who are not able to access help – those on benefits, can't use taxis, are able to access support ● Extra money to promote 111 ● Promote things that are good ● Local health centres – focal point for communities ● Dentistry – need quicker shorter checks
Anything missing?	<ul style="list-style-type: none"> ● Mental health – why is our rate higher than other boroughs? How do we compare to statistical neighbours? <ul style="list-style-type: none"> ○ focus should be placed on ensuring that people aren't categorised into boxes leading to people being stigmatised ● Residential care – do we only have 1400 in resident care and what is the definition of 'residential care' in the statistics? ● Sexual health – especially around the impact on Black and Minority Ethnic groups and how different groups may have different issues. ● Transition, 0-25 (Care Act) ● Care leavers support group is needed ● No additional resources ● Get direct payments ● Cost of caring from home ● Transport - social isolation black spots caused by lack of transport ● "it takes a village to raise a child and it takes a village to look after an elderly person" ● Access – e.g. if older people don't have a car ● Physical disabilities/Sensory Impairment can affect mental health in the future ● Supporting victims of crime / abuse especially young people ● Young people accepting to be victims of crime – this needs to change ● Some detail on pollution / road networks / transport within the presentation ● Bigger focus on employability and especially the positive impacts that this could have upon people's health and wellbeing ● End of life care

Other	<ul style="list-style-type: none"> • 1 in 4 have mental health issues, it does not matter if you are BME / affluent • Worry mental health services are moving towards Edgware • Finchley Memorial Hospital – hard to access • No respect for volunteers • Family presence might not equal support • Want individuals / self / families to refer but sometimes this can't be done (process) • Local authority prioritising mental health but cutting Children and Adolescents Mental Health Services budget? • Locally available services needed
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Workshop 2 – Health and Wellbeing strategy what does the group think of the updated priorities?

Priority	Comments
The role of early year's settings in improving and maintaining health and wellbeing	<ul style="list-style-type: none"> • This area was seen as a key priority to most groups • Important to start from pregnancy (e.g. advice on diet / smoking / alcohol) • Maternal mental health is a priority • Need to improve engagement with fathers • Important to educate parents in how to live a 'healthy life' – such as importance of diet / nutrition /exercise • Parenting support / parental attachment is very important • Support needs to not only be in children's centres but all early years settings • Healthy Schools programme (they didn't know if it was still running) and how good this had been. Especially as it took a holistic approach to health, focusing on Education, Diet, Exercise, Wellbeing etc. • In order for schools to effectively provide support, they need to manage their own budgets • A few people highlighted the importance of educating both children and parents on the dangers of the internet – especially around young girls putting themselves in vulnerable positions • Overall everyone agreed that it was important for all children to be given a good initial foundation around health and wellbeing • Not as much health promotion in EY settings as there used to be • Parenting classes in secondary schools (pre early years provision) • Child – to – child health care programmes – a few children

	<p>teaching younger (Werner)</p> <ul style="list-style-type: none"> • Building resilience and coping capacity- better habits • Inherent, in built now – support for emotional problems • Health and wellbeing starts here • Low level unsupported can lead to significant difficulties • Important • Invest in young people, help them prepare for their adult life • Not got an extended family can be difficult for children to develop • Picking things up early • Not forgetting the quieter children • More investment in education and training <ul style="list-style-type: none"> ○ For mums to be and important in nursery ○ More motivated in their role as a parent ○ Understanding learning disabilities and mental health
Child tooth decay	<ul style="list-style-type: none"> • Seen as a very good identifier of need • Discussed how to make it easier for families to access dental care + could dentists come to schools to discuss issues? • Need to involve dental care more in early years health and wellbeing work • Felt this could potentially fall into the early years category • Useful indicator – access to multiple related issues • Need to look at how unhealthy food is being retailed • School dentist programme (need to be reimbursed differently) • Improve access to dentistry for disadvantaged • Not just a problem for young people • Should be part of early years above
Mental Health	<ul style="list-style-type: none"> • National growth in young people's mental health problem – more stresses on children today? • Importance of particular groups – looked after children and young carers? • Two key issues – stigma (e.g. getting people to understand they need support) and thresholds (very high) - How do we support people with low level mental health issues • Importance of early intervention and building awareness (de-stigmatising) • Biggest priorities surrounding mental health should be the removal of any 'stigma' associated with it. And in order to do this, a better understanding of Mental Health is needed. • People didn't feel that there is a holistic approach to Mental Health currently within the healthcare system. Mental Health is impacted by a variety of things and they wanted to emphasis (from personal experience) the importance of physical health within treatment. However, when they had gone through the system, the focus had always been on

	<p>psychological issues rather than physical activity and the benefit that this could have.</p> <ul style="list-style-type: none"> • They identified issues around the referral system – In regards of the length of time taken to be referred and not always being referred to the correct services. Importance of receiving treatment as soon as possible, as any delays can have a significant negative effect on the person's health. • Importance of ensuring clear defined outcomes are built into any treatment as it should always be the aim for people to be aiming to leave the service. • Multigenerational living • Third sector support • Earlier interventions are cheaper / less specialised • Hard to access Children and Adolescents Mental Health Services • Mental health provision hard to get into schools • Stigma • "Choice is expensive" – look at different ways to deliver services e.g. web based (could cause isolation) • Integrated care needs to look across all needs • Mental health services are not working – <ul style="list-style-type: none"> ○ Hospital welcome pack but no farewell pack (discharge pack) ○ No care worker /social worker ○ Support group found same problems ○ You do not want to ask people • No condition exists in isolation • Sensory impairments / physical disabilities – there is no link • Rio – computer system – does not cater to accessible details on patients • Clients are being assessed by different people • There is no single point of contact – caring and mental health should not be separate • Difficult to find out what is available – if you are a person with various problems, getting an understanding of all of your needs • Neighbours should talk to each other – street parties • Childhood trauma – personality difficulties later <ul style="list-style-type: none"> ○ Supporting the victims e.g. of Child Sexual Exploitation • Recognise better • Wellness/wellbeing – biologically predisposed to mental health problem – identify , advise • Smoking – increasing anxiety, misconception of smoking • Join up services – one person for support, links to Reimaging Mental Health • Ready to change • Encourage self-care rather than learned dependency
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	<ul style="list-style-type: none"> • Co-production – reflect service users in service delivery (valuing diversity) • Better rather than good – recovery rhetoric • Social isolation missing as a key theme • Safe relationships, safe places • Only at 6th form at the moment. Jewish Care and JAMI are doing a schools course • Talk about it more • Disability equality training • Growing problem • Important of a sympathetic ear • Having some support to pick up issues early • Panic attacks – having a safe place • 40% increase in under 20s • Consequences of mental ill health – losing job, house • Need to keep the things that keep them well • Keep the door open • Need support that is available earlier • Having a variety of support, not putting people in a box • Training and education • Mental Health First Aid – asking the right questions • Want to do a course – accreditation
Increasing participation in physical activity	<ul style="list-style-type: none"> • Cycling – road safety through planning • Cycle to school week – no road safety arrangements! • Guidance on school bags to make cycling safer • Funding for bikes – Barnet Bikes • Healthy lifestyles is key – good for depression, link with mental health • What legislation to stop fast food? • Do you teach people to cook? • Keep people healthy in childhood • Prevention better than cure • Explain benefits of physical activity – how can we tie it up with daily activities e.g. walk can be tied to meeting friends / people • For over 55 – large range and often they go with friends (reduce isolation) • Broad theme, needs to be more specialist • Vested interest / self-preservation management
Healthy workforce	<ul style="list-style-type: none"> • Feed through from early intervention and through to next generation • Muscular – skeletal issues good indicator for other things • Important • Flexible working – working from home • Hand in hand with mental health • Declaring mental health in application form (illegal) • Moving to a place where people don't have to declare that

	<p>they have a mental health problem when they call in sick (equality with physical illness)</p> <ul style="list-style-type: none"> • Talk to boroughs residents / employees – what they want • People with disabilities employed at all levels of management (Barnet Centre for Independent Living) • Positive employment practices • Good communication and observation in the work place is needed • Mental health – employee issue, ability to adapt to work • Identifying needs to employees
Carers	<ul style="list-style-type: none"> • Professionals need to engage / appreciate the important role that carers play and ensure that they are seen as the gateway to the patient – this currently doesn't always happen • Some people felt that in recent years there has been a change to services – especially around social workers. Whereas, at one time social workers were the key source of information, this has changed somewhat and they can no longer be relied on in the same way. For example, one person's social worker went on holiday, the only number they had to contact was for a central helpdesk in Birmingham. The people in Birmingham didn't know where Barnet was. • Overall the general feel was that the service had lost the personalisation that it once had. • The issues around hidden carers sounded very familiar to everyone at the table. They all spoke about the 'obligation' that they felt to caring and that they hadn't even realised they were carers for a significant period of time; one person had been a carer for 3 years before they realised they were a carer. • In order to better identify carer and ensure they receive the necessary support – they spoke about the need for all professionals to be better at identifying / signposting carers to relevant services and support • Older people is a big issue – major funding issues • Carers with mental health issues • Young carers – link to tooth decay / diet • Children need to get to a good quality of life / attainment
Other	<ul style="list-style-type: none"> • Charities do work health can't afford • Places where people can meet • Prioritise people with hearing difficulties and other access issues • Messages that resonate – work with the person where they are, short – medium – long term view • Doing the wrong things for the right reasons – e.g. cannabis and smoking

	<ul style="list-style-type: none">• Interlinks, bring themes together• Partnership boards – service user voice, need to link to committee priorities / commissioning strategies
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8. Appendix 2 - Designing the future of partnership engagement workshop feedback

Workshop 1

<p>Top three things that make engagement work well.</p>	<ul style="list-style-type: none"> • To celebrate people's differences and experiences • To learn from the past and be optimistic and open minded about the future • Trust • Good communication • Plan ahead • Prioritise and do a few things well • Take account of different needs • Really listen and be able to hear and see each others views • Clarity about expectations • Bring the right people together at the right time • Report back to contributors how they made a difference • Cross-cutting issues, do not work in silos • Greater use of technology • Good engagement with a diverse community • Exchange ideas and networking • Speed, feedback quickly • Follow up on actions that have been agreed • Engage with service users on their terms in familiar and convinient locations • Interaction between different Partnership Boards • Good representation of the community • Sharing power and responsibility.
<p>Top three things that stop engagement working well.</p>	<ul style="list-style-type: none"> • Not genuine, just a tickbox exercise • Poor chairing • Individuals dominating conversations • Papers coming out too late • Accessibility and transparency of information • Lack of vision and focus • Use of jargon • Lack of empowerment • Not being clear about what is and isnt possible • Cynicism that nothing will change • Bad planning • Lack of representation • Broken promises • Duplication and wasting resources • Poor accessibility • Not enough time for the agenda • People not wanting to change • Not following up an action

	<ul style="list-style-type: none"> • Need to involve a more diverse group of people • Not agreeing shared objectives • Not resulting in change • No real shared power • Not learning lessons.
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Workshop 2

What do you think of our ideas?	<ul style="list-style-type: none"> • Could be difficult to achieve in practice • More focussed groups meeting more often could be beneficial • Have we got the right Partnership Boards • We could have more meetings focused on themes • Not sure that crossing over to other Partnership Board meetings would work, your specialism is with one area. • Acknowledge overlaps but each Partnership Board works on the issues most important to it • Task and finish groups are a good idea • Learning Disabilities Partnership Board needs to continue as a standalone board. • How will priorities be decided • There needs to be a balance in the topics discussed between individual issues and things that seem too big • We could have task and finish groups instead of Partnership Board on specific issues • Most do not feel that they will make enough difference • Like the idea of time limited working groups such as the carers care act working group, this worked well
Do they tackle the right problems?	<ul style="list-style-type: none"> • Agendas too full • Needs to be genuine co-production • Strategic subjects not always welcome, more real subjects need tackling • Partnership Boards need to collect the issues • Time limited groups are a good idea to address particular issues • Resources available should be an issue for each Partnership Board meeting. • Need to have papers in advance • Need to be told what happens following consultation • It is a challenge for the Partnership Boards to not just be a reporting point • Need to influence the Health and Wellbeing Board • Messages for other Partnership Boards is useful • Democracy doesn't always work, need some priorities from professionals • Need to have the right people there to discuss each issue

	<ul style="list-style-type: none"> • Need improved health representation • Bring in the Partnership Boards at the commissioning intentions stage • Do not reduce the number of professionals at the meetings • Wider issues need to be tackled which affect the wider community • Need to build improved relationships between all sectors.
How might they work in practice?	<ul style="list-style-type: none"> • Officers from the council needs to attend each meeting • There is a pressure to produce reports, minutes and information for each board, focus on one subject with no minutes and general discussion • Start with a subject, have a group discussion and share information • Who is deciding the issues if we go to an issues based idea? • People giving up time between each meeting is an issue • Need to manage expectations • Do outreach surgeries to hear peoples views and to listen • Do some community Based events with the Public so they unerstand what the issues are • Lets not just talk about meetings lets think about events, meeting the public, some board members might be really good at speaking and engaging with people. • Representative from the Partnership Boards to sit on the Health and Wellbeing Boards • An hour before the Partnership Boards fpr service users to discuss what has happened and any actions/issues from the board • Need to be clear about actions, purpouse of the meetings and relationships between the Health and Wellbeing Board and other Partnership Boards • Workshops are good but not good if there is not nough time • Same amount of recourses – needs to be a trade off, more themed issue meetings and less of the current partnership board meetings • Need a good balance between meetings and follow up actions • Use a combination of commissioning plans and what is important to you and prioritise • When we try to provide something different need to find out if it works and is it doesn't learn lessons from this.
Are there better ways to improve how we engage?	<ul style="list-style-type: none"> • Sub groups to form under each partnership board • Have Partnership Board meetings every 2 months • Have more frequent task and finish groups • Sub-groups have worked well in the past • Need to plan to address issues in advance • Need to make attendence at Partnership Boards

	<p>mandatory for key people</p> <ul style="list-style-type: none"> • As a principle support Partnership Boards to go to other Partnership Board meetings • Partnership Board chairs need to do more to keep individuals engaged • Set tasks for members outside of Partnership Board meetings • Each Partnership Board to decide its own terms of reference • Keep different membership in balance • Service users need to be central to the group • Use tenant groups, ward meetings, notice boards in shops. • You cannot always fix an issue in the meeting but need to work on it outside of the meeting • Partnership Boards to be shorter and more intimate and have working groups to deal with the themes • Re-imagining mental health- a group of people from every walk of life sitting down with a free agenda, real work gets done. • Clearer purpose and aims for the Partnership Boards • Improve interactions between Partnership Boards • Use different forms of communication • Make better use of days and weeks related to a particular issue ie World Mental Health day, Carers week etc • Make Partnership Boards open to more people • More co-production • Make meetings fun • Learning disabilities parliament is important • There needs to be better mechanisms for influence.
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