

	Health and Wellbeing Board 17 September 2015
Title	Health and Wellbeing Board and Partnership Boards Summit Report
Report of	Adults and Communities Director
Wards	All
Date added to Forward Plan	July 2015
Status	Public
Enclosures	Appendix One - Health and Wellbeing Board and Partnership Boards Summit Report
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<h2>Summary</h2>
<p>This report provides an overview of the Health and Wellbeing Board and Partnership Boards Summit held on Thursday 9 July 2015.</p> <p>The report gives key details about the main agenda items discussed at the Summit -</p> <ul style="list-style-type: none"> • The information presented on the Joint Strategic Needs Assessment (JSNA) and the engagement work completed following this. • The Joint Health and Wellbeing Strategy consultation including the participant vote on the priorities for the Strategy and suggestions of additional priorities participants would like to see. • Designing the future of partnership engagement and the feedback from participants about what they would like to see included in a future model design.

<h2>Recommendations</h2>
<p>1. That the Health and Wellbeing Board agrees the Summit report (appendix 1) for publication on London Borough of Barnet website and for circulation to all</p>

members of the Health and Wellbeing Board and Partnership Boards.

2. That the Health and Wellbeing Board notes that a report on the proposals for future partnership engagement will be presented to the Health and Wellbeing Board on the 28 January 2016.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides an overview of the Health and Wellbeing Board and Partnership Boards Summit held on Thursday 9 July 2015.
- 1.2 The event was a vibrant day with 88 people attending representing:
- Service Users
 - Carers
 - Third Sector
 - London Borough of Barnet
 - Health and Wellbeing Board
 - Barnet Enfield and Haringey Mental Health Trust
 - Public Health
 - Barnet Clinical Commissioning Group (CCG)
- 1.3 During the Summit engagement was carried out on three key areas of work that will impact on further work to be reported to the board at a later date (see the report at appendix 1). Areas covered were:
- The Joint Strategic Needs Assessment (JSNA)
 - The Joint Health and Wellbeing Strategy
 - Designing the future of partnership working
- 1.4 The Summit attendees heard a presentation about the JSNA which was in draft form at the time of the Summit. The presentation highlighted to the participants the key data that would influence the service planning across the borough. Participants were asked to comment on the data, input if they felt this was representative and if they felt anything was missing. Responses have been incorporated into the final draft of the JSNA.
- 1.5 The Summit attendees also heard about the refresh of the Boroughs Joint Health and Wellbeing Strategy (2016 – 2020). The Strategy uses data from the updated JSNA to outline the Borough's priorities to improve health and wellbeing for residents and reduce health inequalities. Participants were given the opportunity to vote on the current priorities and highlight anything else they feel should be considered. Mental health, carers and early years settings were the top three priorities. This information is being incorporated in the development of the Joint Health and Wellbeing Strategy.
- 1.6 Participants were given information about the engagement and the purpose of engaging with residents. Participants were advised that it was a priority for the Borough to ensure that the people using services were able to contribute in a meaningful way to the development of health and social care in Barnet. Participants were given the opportunity to advise what they would like to see

in the future to ensure that we have good partnership engagement. The outcome of this will be used to create a model design in co-production with members of the partnership boards.

- 1.7 Alongside the three agenda items above, participants enjoyed a Tai Chi session, information on engagement at the Info Hub and a performance from HFT's Unlimited choir.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The recommendation is to approve the report for publication on the website and to members of the Health and Wellbeing Board and Partnership Boards in a timely way.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable in the context of this report as this report is for information and update.

4. POST DECISION IMPLEMENTATION

- 4.1 Further papers will be brought to the Health and Wellbeing Board on the Joint Strategic Needs Assessment (September), Health and Wellbeing Strategy (final strategy in November) and Partnership Boards model design (November) that will include the engagement work documented within this report.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Partnership Boards are currently tasked with supporting the delivery of the Health and Wellbeing Strategy and the report highlights how the Summit works to ensure the responsibility of this work is shared.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 Not applicable to this report.

5.3 Legal and Constitutional References

- 5.3.1 The Council's Constitution (Responsibility for Functions Annexe A) sets out the Terms of Reference for the Health and Wellbeing Board. These responsibilities include:

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

5.4 Risk Management

- 5.4.1 None within the context of this report.

5.5 Equalities and Diversity

- 5.5.1 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 persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.5.2 The protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.5.3 To ensure that all participants wishing to attend the Summit were able to partake in the event the following measures were put in place.

- Pre meet and post meet for members of the Learning Disability Partnership Board to aid understanding of the work
- Communication cards on all the tables to aid individuals to ask a question or make a comment
- BSL interpreters to support members who need this to partake in the event
- Provision of a hearing loop to aid those who are Deaf or Hard of Hearing.

5.5.4 For the purposes of the Public Sector Equalities Duty and by virtue of the Equality Act 2010, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.6 Consultation and Engagement

5.6.1 This report highlights the consultation work undertaken during the Health and Wellbeing Board and Partnership Board Summit.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Strategy Year 2 Performance Report (appendix B Barnet Health and Well-being Board & Partnership Board Summit) item 6, 13 November 2014
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7783&Ver=4>