This paper presents the Health and Wellbeing Board with the final version of Barnet's Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020 (appendix 1). The strategy incorporates feedback following a period of public consultation (appendix 2) which took place from 17 September to 25 October 2015. The JHWB Strategy has been developed as a result of the refresh of the JSNA 2015-2020. The paper includes the Barnet's Dementia Manifesto (appendix 3) and Public Health's Annual Report (2014/15) (appendix 4).

Summary

Recommendations
1. That the Health and Wellbeing Board approves the Joint Health and Wellbeing Strategy (2015-2020, appendix 1) for wider circulation including publication on websites of partner organisations.

2. That the Health and Wellbeing Board notes that the Finance Planning Sub-Group will develop an implementation plan for the Joint Health and Wellbeing Strategy and this will be presented to the Board in January 2016.

3. That the Health and Wellbeing Board notes the progress made by Public Health during 2014/15 (appendix 4).

4. That the Health and Wellbeing Board approves the Dementia Manifesto for Barnet (appendix 3).

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 At its meeting in November 2014 the Health and Wellbeing Board (HWBB) requested work to commence on refreshing the current Barnet Joint Strategic Needs Assessment (JSNA) and producing a new Joint Health and Wellbeing (JHWB) Strategy, which were originally produced in 2011/2012 and expire in 2015.

1.1.2 On 17 September 2015 Barnet's Health and Wellbeing Board approved the updated JSNA (2015 - 2020). The JHWB Strategy has been developed following the refresh of the JSNA, using this as the evidence base to determine priority areas for action. The JSNA is now available online at www.barnet.gov.uk/jsna and by December, the JSNA will have its own microsite which will be kept up-to-date.

1.1.3 The JHWB Strategy offers an opportunity to review and improve the focus of the HWBB and its partners. Key features of the JHWB Strategy are:

- Focus on specific areas of highest impact
- A plan that drives partnership working; health and wellbeing is everyone's business and responsibility
- Added value to current plans and strategies and becomes a guiding document of the work of the HWBB and its partners.

1.1.4 In reviewing the progress made against the actions in the last strategy it has been helpful to review the work of Public Health. Each Theme Committee is to receive an annual report which provides an update of work undertaken to meet the committee's commissioning intentions. Therefore, appendix 4 presents Public Health's Annual Report 2014/15 which includes performance and financial data. Overall, 2014-15 was a very successful and busy year for the Public Health Service. The five commissioning priorities were all delivered successfully gaining significant benefits for Barnet residents. Some highlights include joint work with other boroughs under the West London Alliance umbrella, leading work to procure sexual health and genitourinary medical (GUM) services for 22 boroughs, redesigning substance misuse services and implementing a local employment support initiative. The Smoking Cessation Service has required attention and, after continued under performance by the main provider, the contract was terminated.
1.2 Joint Health and Wellbeing Strategy

1.2.1 The current Health and Wellbeing Strategy has been reviewed in light of the JSNA 2015-2020 refresh, Public Health Annual Report 2014/15, local strategies (current and draft), national guidance and policy and discussions with Barnet Council, Barnet Clinical Commissioning Group (BCCG), Healthwatch and the five Partnerships Boards (Older People’s Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board; Carers Strategy Partnership Board; Physical and Sensory Impairments Partnership Board) which are made up of service users, carers and voluntary and community sector organisations.

1.2.2 The new Joint Health and Wellbeing Strategy (appendix 1), captures the progress we have made against the previous Health and Wellbeing Strategy. The new JHWB Strategy does not cover all of the activities currently being undertaken but uses JSNA data to highlight where we have achieved positive change in the borough and where more action is required (captured in our new priorities).

1.2.3 The aims of the updated are Strategy:

- Keeping well
- Promoting independence.

1.2.4 The four themes from the previous strategy have been retained with updated priorities. Each section of the strategy highlights activity since the last strategy, key data from the updated JSNA, planned activity to meet our objectives in the area as well as targets. The table below gives an overview of each section.

| Vision                                | To help everyone to keep well and to promote independence |

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<table>
<thead>
<tr>
<th>Themes</th>
<th>Preparing for a healthy life</th>
<th>Wellbeing in the community</th>
<th>How we live</th>
<th>Care when needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>Improving outcomes for babies, young children and their families</td>
<td>Creating circumstances that enable people to have greater life opportunities</td>
<td>Encouraging healthier lifestyles</td>
<td>Providing care and support to facilitate good outcomes and improve user experience</td>
</tr>
<tr>
<td><strong>What we will do to achieve our objectives</strong></td>
<td>Focus on early years settings and providing additional support for parents who need it</td>
<td>Focus on improving mental health and wellbeing for all</td>
<td>Focus on reducing obesity and preventing long term conditions through promoting physical activity</td>
<td>Focus on identifying unknown carers and improving the health of carers (especially young carers)</td>
</tr>
</tbody>
</table>

| | Support people to gain and retain employment and promote healthy workplaces | Assure promotion and uptake of all screening including cancer screening and the early identification of disease | Work to integrate health and social care services |

1.3 **Consultation**

1.3.1 A number of engagement and consultation events took place between April - August to inform the strategy priorities and content of the draft JHWB Strategy including discussions with Barnet’s Youth Board, the Partnership Boards, Barnet’s Safeguarding Boards, Healthwatch and colleagues at Barnet Council and BCCG.

1.3.2 A public consultation ran from 17 September – 25 October to gain the views of partners, colleagues and residents on the draft JHWB Strategy. The
consultation included an online survey (paper copies on request) promoted through a number of channels including CommUNITY Barnet, Healthwatch, Patient Participation Groups, Barnet’s Communication team, local events and organised visits and meetings to specific groups such as Children and Young People’s Practitioners’ Forum and Healthwatch’s AGM.

1.3.3 A full consultation report can be found at appendix 2. 27 people responded to the online survey and a further seven individual responses were received. The draft strategy was also presented at a number of fora.

1.3.4 Feedback from the consultation has informed the final JHWB Strategy 2015-2020. Overall there was support for our vision, themes and areas of priority focus. A few highlights from the consultation are included below (see the full report at appendix 2 for more detail):

- Respondents wanted to see more details about how we plan to support people with physical and sensory impairments to access services
- Respondents wanted to see the inclusion of allotments within the strategy (as part of our Open Spaces strategy)
- Respondents wanted to be assured that we would be supporting our most vulnerable carers
- Mental health support needs to be personalised, accessible and embedded within a person’s family/context.

1.3.5 Since the draft strategy was presented to the Board in September the targets in each theme area have been converted to narrative (instead of being presented in a table). Other sections have been updated include the sport and physical activity section, the dementia diagnosis rate, BOOST figures and information about people receiving personal budgets.

1.3.6 It is also worth noting that during the consultation a number of partner organisations have offered to contribute our delivery of the strategy such as through supporting campaigns and delivering employment support services.

1.4 Implementation of our strategy
1.4.1 Following approval by the Health and Wellbeing Board, an implementation plan will be developed in partnership with all stakeholders. The development will be overseen by the Finance Group. It is key that partners across the public sector are involved and engaged with the implementation of this strategy. The implementation plan will attach timescales and agency ownership to each action outlined in the strategy.

1.4.2 The implementation plan will return to the HWBB for approval in January 2016 and the HWBB will receive annual performance reports from late 2016.

1.5 Dementia Manifesto for Barnet
1.5.1 In January 2015, the Health and Wellbeing Board agreed to develop a local
dementia manifesto for Barnet. With the growing and understandable concern about dementia both nationally and in Barnet, coupled with the increasing numbers of people with dementia, it is extremely timely that this is presented as part of the Joint Health and Wellbeing Strategy to show how we plan to achieve our aims.

1.5.2 The Dementia Manifesto for Barnet (appendix 3) details both progress to date and plans for the future. It has been influenced by conversations with partner agencies and Older Adults Partnership Board.

2. REASONS FOR RECOMMENDATIONS
2.1 Producing a Joint Health and Wellbeing Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JHWB Strategy, through the Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED
3.1 There is a legal requirement to draft a Health and Wellbeing Strategy. Not producing a JHWB Strategy would create a risk of non-alignment across the Health and Wellbeing Board membership, may result in decisions being made either in silos or based on sub-optimal evidence and intelligence, and increase the likelihood of unnecessary duplication and overlap of public sector spend.

4. POST DECISION IMPLEMENTATION
4.1 Following discussion by the Health and Wellbeing Board, the final JHWB Strategy will be designed and then published on HWBB member websites and circulated widely.

4.2 The Finance Group will develop an implementation plan for the JHWB Strategy which will return to the HWBB in January 2016.

4.2.1 Following approval by the Health and Wellbeing Board, the Dementia Manifesto for Barnet will be published and a detailed implementation plan with partners and stakeholders will be developed.

4.2.2 The Board will be kept up to date with progress being made against the strategy (including the Dementia Manifesto) through annual performance reports.

5. IMPLICATIONS OF DECISION
5.1 Corporate Priorities and Performance
5.1.1 The JHWB Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWB Strategy has been developed to align and bring together national and local strategies and priorities including Barnet Council’s Corporate Plan 2015-2020 and BCCG’s strategic plans.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)
5.2.1 The JHWB Strategy directs the Health and Wellbeing Board priorities for the period 2015 – 2020, building on current strategies and focusing on areas of joint impact within current resources towards sustainability. The priorities highlighted in the Strategy will be considered by organisations when developing activities. The Strategy will support the work of all partners to focus on improving the health and wellbeing of the population and places emphasis on effective and evidence-based distribution of resources for efficient demand management. Each project will be individually funded however, using the existing resources of the participating organisations.

5.3 Social Value

5.3.1 The JHWB Strategy focuses on health and social care related factors that influence people’s health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing. The JHWB Strategy will inform commissioning.

5.3.2 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 Producing a JHWB Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). Local authorities and CCGs have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board. The Board must have regard to the relevant statutory guidance – Statutory Guidance on Joint Strategic Needs assessments and Joint Health and Wellbeing Strategies - when preparing the JSNA and JHWS.

5.4.2 The Health and Wellbeing Board, at its meeting on 13 November 2014, recommended that work commence on developing a JSNA to inform the Health and Wellbeing Strategy.

5.4.3 The Council’s Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
• To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the JHWBS and refer them back for reconsideration.
• To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
• To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health.
• Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 Risk Management
5.5.1 There is a risk that if the JSNA and JHWB Strategy are not used to inform decision making in Barnet that work to reduce demand for services, prevent ill health, and improve the health and wellbeing and outcomes of people in the Borough will be sub optimal, resulting in poorly targeted services and avoidable demand pressured across the health and social care system in the years ahead.

5.6 Equalities and Diversity
5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group and socio-economic background relevant to Barnet.

5.6.2 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 people from different groups and foster good relations between people from different groups. Both the local authority and the CCGs are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 Consultation and Engagement
5.7.1 A number of partners have been involved in the development of the JHWB Strategy including a public consultation. See point 1.3 and appendix 2.

5.8 Insight
5.8.1 The JSNA is an insight document and pulls together data from a number of sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. The Joint HWB Strategy has used the JSNA as an evidence base to develop
priorities.

6. BACKGROUND PAPERS

6.1 Joint Strategic Needs Assessment 2015 - 2020, Health and Wellbeing Board, 17 September 2015, item 7:

6.2 Draft Joint Health and Wellbeing Strategy (2016 - 2020), Health and Wellbeing Board, 17 September 2015, item 8:

6.3 Draft Joint Strategic Needs Assessment (JSNA) and emerging priorities for the Health and Wellbeing Strategy, Health and Wellbeing Board, 30 July 2015, item 6:

6.4 Dementia manifesto, Health and Wellbeing Board, 29 January 2015, item 10:
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4

6.5 Health and Wellbeing Priorities for 2015 – 2020, Health and Wellbeing Board, 13 November 2014, item 7: