

	<p align="center">Health and Wellbeing Board</p> <p align="center">10 November 2016</p>
Title	Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual report
Report of	Commissioning Director – Adults and Health, LBB Commissioning Director – Children and Young People, LBB Director of Public Health – Barnet and Harrow Public Health CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Barnet Health Profile 2015 Appendix 2: Barnet Health Profile 2016 Appendix 3: Implementation plan progress
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Summary
<p>In November 2015 the Health and Wellbeing Board (HWBB) approved the Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020. The HWBB has received regular updates on progress to deliver the JHWB Strategy at each meeting through the JHWB Strategy Implementation Plan. The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.</p> <p>This report –</p> <ul style="list-style-type: none"> Reviews Barnet's Health Profile (as produced by Public Health England) for 2015

and 2016

- Reviews progress to deliver the JHWB Strategy over the past year
- Outlines the revised areas of focus for the next year.

Recommendations

- 1. That the Health and Wellbeing Board notes and comments on the analysis of Barnet's Health profile for 2015 and 2016.**
- 2. That the Health and Wellbeing Board notes and comments on progress and performance to deliver the Joint Health and Wellbeing Strategy (2015-2020).**
- 3. That the Health and Wellbeing Board comments and agrees the revised areas of priority for the year 2016-2017 (section 1.5 of the report).**
- 4. That the Health and Wellbeing Board agrees to receive progress reports, covering the implementation of the JHWB Strategy, at its meetings at every other meeting with an annual report in November.**

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 On 12 November 2015, the Health and Wellbeing Board approved a new Joint Health and Wellbeing (JHWB) Strategy (2015 – 2020)¹ for Barnet. The JHWB Strategy has four themes – Preparing for a healthy life; Wellbeing in the communities; How we live and Care when needed. JHWB Strategy has a section on each theme which describes progress to date (since the last strategy), key data from the updated JSNA, and most importantly the planned activity to meet our objectives as well as specific targets.

1.1.2 The JHWB Strategy is the borough's overarching strategy which aspires to improve health outcomes for local people and aims to keep our residents well and to promote independence. 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 prevention, early intervention and supporting individuals to take responsibility for themselves and their families. The JHWB Strategy also addresses 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.

1.1.3 Actions in the JHWB Strategy have and will be included in other key strategies and action plans such as the Primary Care Strategy, Better Care Fund plans and the Children's and Young People's Plan to ensure delivery across the health and social care system in Barnet. The actions detailed in this implementation plan focus on the priorities that require a partnership approach. The Plan indicates where an action or target is aspirational. The

¹ The final Joint Health and Wellbeing Strategy (2015 – 2020) can be found here: home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

plan has no new financial resources to support its implementation but provides a framework and direction for focus of existing resources to have a significant impact on the health and wellbeing of the borough.

- 1.1.4 The Implementation Plan was presented to and agreed by the Health and Wellbeing Board in January 2016. The Implementation Plan is structured around the four theme areas of the JHWB Strategy: Preparing for a healthy life; Wellbeing in the community; How we live and Care when needed. For each theme area, the priorities are highlighted.
- 1.1.5 The Joint Commissioning Executive Group (JCEG) manage the delivery of the JHWB Strategy and review detailed activity and targets (when available) at each meeting (every two months). The minutes of the JCEG meetings are approved by the Health and Wellbeing Board.
- 1.1.6 The Health and Wellbeing Board have received progress reports at each meeting, the progress reports have highlighted key achievements, concerns and remedial action and provide the Board with an opportunity to review and comment on the progress to deliver the JHWB Strategy.
- 1.1.7 The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.

1.2 Policy context

- 1.2.1 Since the Joint Health and Wellbeing Strategy was agreed the following national policy drivers have emerged which need to be considered when reviewing progress and deciding priorities for the next year:
 - In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to NHS planning to 2020. Every health and care system has been working to produce a Sustainability and Transformation Plan (STP), showing how local services will become sustainable over the next five years. Local systems have been working in STP ‘footprints’ with Barnet included in the North Central London sub-regional area
 - Work on five devolution health pilots commenced in December 2015 with Barnet leading the estates devolution Barnet for the North Central London region.

1.3 Barnet’s Health Profile

- 1.3.1 Public Health England has annually produced Health Profiles since 2006, providing a snapshot overview of health for each local authority in England. The aim of the Health Profiles has been to improve the availability and accessibility of health and health related information whilst helping local

government and health services make plans to improve local people's health and reduce health inequalities.

1.3.2 The Health Profiles for Barnet in 2015 and 2016 are attached at appendix 1 and 2 respectively. The table below provides a comparison of the profiles; the profiles attached provide a comparison to the England average for each indicator.

Comparison outcome	Indicators
Improved in the 2016 profile, compared with 2015	<p>Not statistically significantly different</p> <ul style="list-style-type: none"> Smoking status at time of delivery Obese children (Year 6) <p>Significance could not be calculated</p> <ul style="list-style-type: none"> Long term unemployment Percentage of physically active adults Incidence of TB Life expectancy at birth (Female) Life expectancy at birth (Male) Killed and seriously injured on roads Smoking related deaths Under 75 mortality rate; cardiovascular Under 75 mortality rate; cancer
Remained the same in the 2016 profile, compared with 2015	<p>Not statistically significantly different</p> <ul style="list-style-type: none"> Recorded diabetes
Worsened in the 2016 profile, compared with 2015	<p>Not statistically significantly different</p> <ul style="list-style-type: none"> Breastfeeding initiation Under 18 conceptions <p>Significance difference</p> <ul style="list-style-type: none"> Violent crime <p>Significance could not be calculated</p> <ul style="list-style-type: none"> Alcohol specific hospital stays (under 18) Excess weight in adults Hospital stays for self-harm Hospital stays for alcohol-related harm New sexually transmitted infections (STI) Hip fractures in people aged 65 and over Excess winter deaths
Cannot be compared with 2015, because they are new indicators or different from the previous year	<ul style="list-style-type: none"> Deprivation score (IMD 2015)(New) Statutory homelessness (Changed) GCSEs achieved (Changed) Smoking prevalence in adults (Changed) Cancer diagnosed at early stage (New),

	<ul style="list-style-type: none"> • Infant mortality (Changed) • Suicide rate (Changed) • Deaths from drug misuse (New)
Not included due to outdated data (from 2013)	<ul style="list-style-type: none"> • Children in low income families (under 16s)

1.4 Progress against the Joint Health and Wellbeing Strategy Implementation plan

1.4.1 Building on the regular reports the Board has received, appendix 3 provides an overview of the progress made in the last year to deliver our Joint Health and Wellbeing Strategy implementation plan. The report (appendix 3) highlights areas of achievement and areas where planned progress was not made.

1.5 Priorities going forward

1.5.1 In light of the Health Profile (point 1.3) and progress update (appendix 3) the following areas have been highlighted as areas of focus for the Health and Wellbeing Board for the next year.

1.5.2 The areas detailed below have been identified as they areas of concern due to performance and/or areas where there is the potential for a large improvement for residents. The vision, themes and overarching objectives remain the same but the priorities and focus areas have been refined.

1.5.3 The rationale behind the priority areas can be found in the progress report at appendix 3).

Vision	To help everyone to keep well and to promote independence			
Themes	<i>Preparing for a healthy life</i>	<i>Wellbeing in the community</i>	<i>How we live</i>	<i>Care when needed</i>
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we will do to achieve our	Focus on early years settings and providing	Focus on improving mental health and wellbeing for all	Focus on reducing obesity and preventing long term	Focus on identifying unknown carers and

objectives (2015 – 2020)	additional support for parents who need it		conditions through promoting physical activity	improving the health of carers (especially young carers)
		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
Priorities for November 2016 – November 2017	Improve the health and wellbeing of Looked after Children	Focus on improving mental health and wellbeing for all – through redesign of mental health provision including CAMHS	Reduce excess weight in children and adults	Care closer to home – earlier intervention supported by risk stratification and population segmentation for those with long term conditions
	Increase the uptake of childhood immunisations	Support people with disabilities to gain and retain employment	Increase screening uptake	Carers (including young carers)
	Review early years provision			

2. REASONS FOR RECOMMENDATIONS

- 2.1 The production of 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 a JHWP Strategy, through the Health and Wellbeing Board.
- 2.2 The annual report allows a review of process to ensure that we deliver the JHWP Strategy and meet its targets and gives the Board the opportunity to review and refine the priorities for the coming year.
 - 2.2.1 The Implementation Plan enables the Health and Wellbeing Board to monitor performance, progress and success in the short, medium and long terms. The Health and Wellbeing Board will receive regular progress reports which will allow the Health and Wellbeing Board to continue to develop its work programme.
3. **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**
 - 3.1 There is a legal requirement to draft a Joint Health and Wellbeing Strategy. Not producing a JHWP Strategy implementation plan would create a risk of non-alignment across the Health and Wellbeing Board membership, could 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 The implementation plan will be developed with and agreed across the partnership.
 - 4.2 JCEG will receive detailed activity updates and escalate any concerns to the Health and Wellbeing Board.
 - 4.3 The Board will receive a progress reports at every other meeting and an annual report in November 2017; with exceptional reports as requested.
5. **IMPLICATIONS OF DECISION**
 - 5.1 **Corporate Priorities and Performance**
 - 5.1.1 The JHWP Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWP 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 JHWP 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. The priorities highlighted in the JHWP Strategy will be considered by all the relevant organisations when developing activities. The JHWP Strategy will support the work of all partners to focus on improving the health and wellbeing of the population. It emphasises an 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 the 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 those 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 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. To explore partnership work across North Central London where appropriate.

- 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 an increase in avoidable demand pressures across the health and social care system in the years ahead.

5.5.2 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

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.

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 CCG 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 which ran from 17 September – 25 October 2015 which included an online survey and workshops.

5.7.2 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 full consultation report was presented to the HWBB in November 2015.

5.7.3 The implementation plan has been developed with a number of partners to ensure the plan is universally agreed and embedded across the public sector.

5.7.4 The HWBB works closely with the Voice of the Child Strategy, Adults Engagement Structures and Patient and Engagement to ensure that the voice of residents feed into the development of services and activities.

Individual programmes will consult during development.

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 from which to develop priorities.

6. BACKGROUND PAPERS

- 6.1 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 15 September 2016, item 12: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4>
- 6.2 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 21 July 2016, item 11: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4>
- 6.3 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 12 May 2016, item 9: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4>
- 6.4 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 10 March 2016, item 9: <https://barnet.moderngov.co.uk/documents/s30322/JHWB%20Strategy%20Implementation%20plan%20March%202016.pdf>
- 6.5 Joint Health and Wellbeing Strategy (2015 – 2020) including Public Health report on activity 2014/15 and the Dementia Manifesto, Health and Wellbeing Board, 12 November 2015, item 6: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8387&Ver=4>
- 6.6 Draft Joint Health and Wellbeing Strategy (2016 - 2020), Health and Wellbeing Board, 17 September 2015, item 8: <https://barnet.moderngov.co.uk/documents/s25837/Draft%20Joint%20Health%20and%20Wellbeing%20Strategy%20HWBB%20September%202015.pdf>