

Appendix II - Findings of staff and stakeholders workshop on JHWS

A staff workshop to discuss the Joint Health and Wellbeing Strategy was held on the 29th July 2020. This workshop involved the colleagues from across the Council and partners from NCL CCG.

Colleagues were grouped into three groups based on which key area their work related to. The points raised about the strategy and the three key areas are below.

Group 1 – Creating a healthier place and resilient communities

Group 1 found that healthier workforces and working well was missing from this key area as a priority. It was felt that prevention work fits well within this key area and needs to be emphasised so not to be “overshadowed” by the care aspects of the strategy.

Emerging priorities should be equally distributed and shift the focus towards healthier places and make more investment on prevention.

Dementia Friendly Barnet should be a focus area within the key area as its aim is to make Barnet a safer and healthier place where those with dementia can thrive. (Included in Key Area 2, potentially a cross-area objective)

Current pieces of work that support this key area are social prescribing, active travel and air quality as examples. Cross cutting pieces of work were highlighted in the group session such as outdoor gyms that can achieve multiple aims in improving health for residents. Facilities like this will be important to COVID-19 recovery and providing a “bigger hit for a wider demographic”.

Air quality (AQ) was identified as another council-wide and cross-cutting area of work. AQ should influence everything done by the council. The impact of poor air quality on school children and outdoor workers was raised by the group. Investment in this area could be to improve available data and insight.

Future initiatives identified by the group was on increasing green space and encouraging the use of these spaces. There should be a demographic specific approach to physical activity and active travel.

Final points from the group were that the outcomes within the key areas should be equal and that there should be more objectives within this priority.

Group 2 – Improving the healthy life expectancy for all

The group thought that the key area title did not best reflect its content. Suggested title from the session is “starting, living and aging well”.

Mental health needs to be referenced as a priority within this key area and that it was not referenced in the other areas either. This group also felt that children need to feature in the priorities in addition to child poverty/life chances. Unique challenges relating to CYP should be referenced in the JHWS.

Strategy could be used to consider both child and food poverty. Important to note that CYP board have a life chances strategy already. Concern that cancer should also be included within this priority

in addition to CVD (felt was too clinical a phrase). Post-Covid immunisations should be referenced in the strategy (maybe in a different key area).

Query from the group whether LD beyond autism should be considered and discussed with adults and family services to determine what the focus should be. Suggestion the CVD key area be replaced with “promoting physical and mental wellbeing throughout the lifecourse”. Within this key area mental health promotion and the healthy weight action plan could sit. Along with the prevention strategy.

Group 3 – Ensuring coordinated holistic care, when we need it

This group thought that what we have learnt from the pandemic, digitalisation of primary care services and rapid access was missing from the key area. Digital transformation was identified as a priority specifically work on segmenting the population by digital access (ie minor conditions that could be dealt with by a digital intervention compared to complex cases that required face to face needs). A focus on care settings is one of the ICP workstreams and should be reflected in this key area. Carer’s health should also not be forgotten in this key area.

COVID-19 and its relation to physical activity was also highlighted in the workshop. This could be referenced by discussing leisure centres within the strategy and their role in prevention. The group also felt that management of falls and strength-based activity was missing as priorities within the key areas. Promotion of general health knowledge and its link with long term conditions was discussed and flagged as an area to include in the JHWS.

There are current pieces of work that support the delivery of this key area. Delivery could be supported by projects that look at the different use of health services by different segments of the population. The current period was highlighted as the time to make changes and not to go back to “old ways of working”. This key area could be supported by work done by the patient participation groups and the use of community pharmacies in this type of work.

To deliver this key area the two future initiatives discussed were social prescribing and for practices to offer digital training/group participation for long term conditions.