

	<b>Health and Wellbeing Board</b>  <b>30 September 2021</b>
<b>Title</b>	<b>Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 – Joint Health and Wellbeing Strategy Action Plan Appendix 2 – Outcomes and KPIs
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<b>Summary</b>	
<p>This report provides an update on the development of the Joint Health and Wellbeing Strategy (JHWS) 2021-25 Implementation and Action Plans.</p> <p>Appendix I provides the Joint Health and Wellbeing Strategy plan for its implementation. Appendix II provides the proposed approach towards monitoring the progress of the Strategy and outcomes and KPIs.</p>	

<b>Recommendations</b>
<ol style="list-style-type: none"> <li>1. That the Health and Wellbeing Board approve the final version of the Key Performance Indicators (KPIs) for the Joint Health and Wellbeing Strategy 2021-25 for implementation.</li> <li>2. That the Health and Wellbeing Board note the proposed approach to outcome monitoring and engagement reports.</li> </ol>

**1. WHY THIS REPORT IS NEEDED**

- 1.1 Producing a JHWS is a statutory duty of the Health and Wellbeing Board. With the current strategy extended to July 2021, the Public Health Directorate have been in collaboration with partners are to produce a new strategy for 2021 to 2025. In order to ensure that the council and partners are delivering on the JHWS, Key Performance Indicators (KPIs) have been drafted to measure progress. Actions have also been captured to aid the KPIs being delivered. Different measures have been used for the KPIs, some of which are new to the Council and directorate so have not been baselined as there is no previous data to utilise.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Implementing the new JHWS is one of our key priorities and a statutory duty even during this unprecedented period of COVID-19 Pandemic. The Health and Wellbeing Board oversees and approves the Strategy and related documents for the borough. Following on from previous updates to the board, these recommendations provide the board the opportunity to review the first phase of the Implementation and Action plans for the JHWS.
- 2.2 This Implementation and Action Plans have been developed from the JHWS, splitting actions into different phases. Phase One is actions that will be focused on in years one to two, Phase Two is years two to three and Phase Three is years three to four. The priorities within this have been refined through engagement with our partners across the health and care system and with key departments within the local authority. Other actions have been defined in line with the local merger of clinical commissioning groups, the national development of integrated care systems and the development of the new Barnet Plan.
- 2.3 In order to implement this strategy and deliver our key areas we will be delivering planned interventions to improve the health of residents around our strategic priorities. We take an evidence-based approach to identify these interventions. Evidence is also useful in the process to identify the most impactful interventions to reduce health inequalities and support our priorities. Due to the evidenced based approach to Implementation and Action prioritising, the Actions and KPIs may change based on the data available, in order to achieve the goals of the strategy and the best for residents.
- 2.4 The KPIs identified within the Implementation plan will be used in order to ensure that progress is being made on the aims of the JHWS. These have been linked to the Barnet Plan and will be reported on across the council, utilising different Boards available to create a collaborative approach to health across the borough. This also extends to partners outside of the council, with colleagues from the CCG being involved in the process of creating the KPIs outlined and implementing them.
- 2.5 The Actions identified have been developed from the JHWS, alongside each area lead. This has enabled the prioritisation of actions utilising data and tacit knowledge. Leads from throughout Public Health have been identified in Key Areas One and Two to have responsibility for different actions. Key Area Three

is with collaboration with the CCG so leads will be taken from the CCG and LBB, but have been noted as a collaboration.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 Alternative options were not considered.

### **4. POST DECISION IMPLEMENTATION**

4.1 The implementation plan will be supported by a set of outcomes, aimed at tracking the progress. Regular updates to the Board on the progress of the strategy implementation will be made by the Director of Public Health and Prevention, in collaboration with local partners.

4.2 Actions will be monitored to ensure that the right approach is being taken to achieve the desired results of the JHWS

4.3 Any KPIs or Actions identified as not being achieved will be reviewed and appropriate action taken. In order to monitor this, progress will be reviewed at relevant internal Boards/groups across the council.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

5.1.1 The purpose of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages and the Actions and KPIs will be fundamental to achieving these goals. The actions and KPIs link to The Barnet Plan 2021 to 2025.

5.1.2 In addition to linking to corporate priorities, the outcome monitoring approach is included within these documents. This approach will provide outcomes and measurables for each key area and align with the implementation plan included in the final strategy document.

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

5.2.1 Development of the JHWS will need to be affordable and funded within the existing budget and staffing from the (non-Covid-19) PH Grant and wider system.

#### **5.3 Social Value**

Not applicable

#### **5.4 Legal and Constitutional References**

5.4.1 Developing a JHWS is a statutory responsibility of the Health and Wellbeing Board, as set out in the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).

The requirements of the Equality act 2010, and in particular the Public Sector Equality Duty (PSED) under s149 apply when drafting the JHWS.

The PSED requires that public bodies 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.

5.4.2 Article 7 Committees, Forums, Working Groups and Partnerships of the Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes:

- 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 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. To explore partnership work across North Central London where appropriate
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- Specific responsibilities for overseeing public health and developing further health and social care integration

## 5.5 Risk Management

5.5.1 Due to unpredicted nature of COVID-19 Pandemic, it is possible that the Actions and Implementation Plans will not be ready by Board in September 2021. In order to mitigate those risks, development of these documents has started early, and sufficient time has been allocated to develop them, within limited capacity and resources that may be diverted to respond to the Pandemic.

5.5.2 Part of the implementation of the Strategy will include a risk register, which will be regularly reviewed so that any risk that need to be escalated are appropriately dealt with.

## 5.6 Equalities and Diversity

5.6.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. By consulting and engaging with appropriate communities and stakeholders, it is expected that a whole systems approach to prevention will prevent unintended harms against marginalised groups and promote health equity. As the COVID-19 pandemic has shone a further light on disproportionality of the health outcomes amongst various groups, reviewed Health and Wellbeing Strategy process will include an engagement with diverse communities with a particular focus on Black, Asian and Minority Ethnic Groups.

5.6.2 Any evidence that demonstrates a disproportionately will be reviewed within the Actions and, if necessary, edited to ensure that the goal of equality within health is as tangible as possible.

## 5.7 Corporate Parenting

5.7.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the Health and Wellbeing Strategy development, the actions set out

in the plan do provide opportunities to support the council's role as corporate parent through the health and wellbeing improvement interventions for children and young people residing in the borough including children in care.

## **5.8 Consultation and Engagement**

5.8.1 The JHWS underwent a consultation on the draft strategy between 29 January 2021 and 12 March 2021. This consultation consisted primarily of an online questionnaire with an engagement session taking place with Barnet MENCAP users. The option of alternative questionnaire formats was advertised but not taken up by respondents. 72 responses were received for the questionnaire.

5.8.2 From the consultation with the public and engagement across the organisation and CCG, actions and KPIs have been identified in order to achieve the overarching goals of the JHWS.

## **5.9 Insight**

5.9.1 The KPIs and actions for the JHWS have been chosen with evidence and data at the forefront of decisions. Different sources of data have been used and identified to best demonstrate how we are performing against the goals of the strategy. These have been sourced from across the Health sector and include the JSNA, Fingertips and the Public Health Outcomes Framework.

5.9.2 Looking forwards, to the implementation of the strategy, data will continue to inform the actions that are performed across Public Health. Any issues identified within the data currently available to the council, will be monitored and actioned as appropriate, striving for equality in health regardless of background, race, religion, gender.

5.9.3 The KPIs will be informed by data and monitored accordingly.

## **6. BACKGROUND PAPERS**

6.1 Final Joint Health and Wellbeing Strategy (April 2021) Available at: <https://barnet.moderngov.co.uk/documents/s64507/Final%20JHWS%20board%20Report.pdf>

6.2 The Barnet Plan 2021 to 2025, Available at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/corporate-plan-and-performance>