

	<b>Health and Wellbeing Board</b> <b>9<sup>th</sup> December 2021</b>
<b>Title</b>	<b>Joint Health and Wellbeing Strategy Key Area One deep dive</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>	No
<b>Enclosures</b>	Appendix I: Overview of Key Area One presentation Appendix II: Progress report on Key Area One: Creating a Healthier Place and Resilient Communities
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## Summary

Key Area One of the Barnet Joint Health and Wellbeing Strategy (JHWS) 2021 to 2025 is about creating a healthier place and resilient communities. Within this key area are three outcomes which are Barnet is a healthy place to live, work and study, air we breath in Barnet is cleaner and Barnet communities are resilient and safe.

This report provides an update to the Board on projects underway to deliver the outcomes of Key Area One and the work across the council to improve health and wellbeing by creating a healthier place and resilient communities.

Appendix I is a presentation containing an overview of Key Area One projects.

Appendix II is the progress report on key area one and includes progress updates on workstreams, next steps to be delivered and a log of key risk and issues. The report also includes related updates on Making Every Contact Count (MECC) and the Health Champions programme.

## Recommendations

1. That the Board note the Key Area One overview presentation

## 2. That the Board note the progress report on Key Area One

### 1. WHY THIS REPORT IS NEEDED

- 1.1 This report gives the Board an update on the activity of projects to implement key area one of the Barnet JHWS. In addition to an overview of performance indicators for this area the report provides a deep dive into healthy environment related projects currently underway in Barnet, including projects relating to the environment, air quality, town centres and healthy weight. The full deep dive to key area one is included as appendix I of this report.
- 1.2 The first outcome of this area is that Barnet is a healthy place to live, work and study. We have successfully recruited a Public Health Business Engagement Officer who will lead on the implementation of the Healthier High Streets programme. As part of this programme web content has been published and are working with relevant stakeholders to ensure information on the programme is linked across the website. To further support the aims of this outcome, a CYP Healthy Weight Action plan is currently in development which will link to current strategies and address gaps such as adolescent healthy weight management. The next steps for projects under this outcome is to engage with council officers on increasing the number of water fountains and to update the intervention pathways for child weight management ensuring those most in need are supported.
- 1.3 The second outcome is that the air we breath in Barnet is cleaner. This outcome is addressed through projects on air quality in general, tree planting and active travel. In terms on nitrogen dioxide levels, Barnet has the best air quality levels since 1992. Ongoing work to improve air quality includes addressing non-road machinery at construction sites, delivering electric vehicle chargers and planting trees near busy roads to absorb pollutants. Upcoming work will be to improve air quality awareness for vulnerable residents. Promoting active travel opportunities remains a key piece of work including the programmes such as Health Warks and Healthy Heritage Walks. Infrastructure works for active travel are also have a role in increasing opportunities with recent projects such as improved cycling route linking Silkstream and Montrose Parks. Future pieces of work n the active travel area include a refresh of the Fit & Active Barnet Framework and a study developing proposals to deliver a cycle route parallel to the A5.
- 1.4 Barnet communities are resilient and safe is the final outcome of key area one. This outcome includes social prescribing and prevention & wellbeing services with referrals to both services continuing and increasing. All practices in Barnet are now making referrals to social prescribing link workers and referrals for this year have increased by more that 50% compared to the last financial year. Next steps for this workstream include further recruitment in order to have cross-borough coverage and the reestablishment of community-based support following the pandemic. The Domestic Abuse and Violence against Women and Girls (VAWG) Strategy 2021-24 is currently in development with the public consultation on the draft strategy now taking place. Further to the strategy

development, VAWG services are currently being recommissioned alongside the ongoing delivery of the advocacy service, MARAC, perpetrator programmes and IRIS.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 The contents of this deep dive showcase the progress to date of the projects to implement the JHWS that was approved in July. This report showcases the partnership working that will improve health and wellbeing for all who live work and study in Barnet. This update also provides the opportunity for the Board to engage with these workstreams and ensure its continued active role in implementing the JHWS.

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

3.1 Not applicable

## **4. POST DECISION IMPLEMENTATION**

4.1 For the duration of this strategy, regular updates will be provided to the Board by the Director of Public Health and Prevention. These updates will give the Board oversight of the key performance indicators (KPIs) and implementation plan for the strategy. Following this report, separate deep dives for the two remaining strategy key areas will be presented to the board in due course.

## **5. IMPLICATIONS OF DECISION**

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

5.1.1 This report provides updates on key projects and outputs for key area one of the Joint Health and Wellbeing Strategy. This deep dive provides narrative updates on workstreams linked to the priorities and aims of the JHWS. This includes projects which further the shared priorities of the JHWS and aligns with the Barnet Corporate Plan.

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

5.2.1 Implementation 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**

5.3.1 Not applicable for this report.

### **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). This report is an update on the progress of activities within the JHWS.

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 the following responsibilities:

- 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 As part of the risk management for the JHWS implementation plan, there is a risk register which is regularly reviewed to ensure that risks are effectively managed and escalated as appropriate. Risks associated with the delivery of projects related to this key area are identified in the appendix with mitigations where required.

## **5.6 Equalities and Diversity**

5.6.1 A whole systems approach to prevention has been taken along with health and care integration with a focus on health inequalities which persist amongst groups with protected characteristics.

## **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 Not applicable for this report.

## **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 Joint Strategic Needs Assessment, 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. The KPIs will be informed by data and monitored accordingly.

## **6. BACKGROUND PAPERS**

- 6.1 Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025. Available at:  
<https://barnet.moderngov.co.uk/documents/s66682/Board%20Paper%20HWBS%2022.09.pdf>