

## Decisions of the Health & Wellbeing Board

17 March 2022

Board Members:-

Councillor Caroline Stock (Chairman)

Dr Charlotte Benjamin	Sarah McDonnell-Davies	* Dr Nikesh Dattani
* Dr Tamara Djuretic	* Chris Munday	Caroline Collier
* Councillor Sachin Rajput	* Dawn Wakeling	Fiona Bateman
Councillor Richard Cornelius	* Dr Clare Stephens	Debbie Bezalel

\*Members Present

### 1. Minutes of the Previous Meeting

**RESOLVED that the minutes of the meeting held on 09 December 2021 be agreed as a correct record.**

### 2. Absence of Members

Apologies were received from Cllr R Cornelius.

Apologies were received from Dr Charlotte Benjamin, NCL CCG (North Central London Clinical Commissioning Group).

Apologies were received from Dr Clare Stephens, NCL CCG, who left after the first report.

Apologies were received from Caroline Collier, Inclusion Barnet, who was substituted by Debbie Bezalel.

Apologies were received from Fiona Bateman, Barnet Safeguarding Adult Board.

### 3. Declaration of Members' Interests

None.

### 4. Public Questions and Comments (if any)

None.

### 5. Report of the Monitoring Office (if any)

None.

**6. List of Health and Wellbeing Board (HWBB) Abbreviations**

**RESOLVED** that the Board noted the standing item on the agenda which lists the frequently used acronyms in HWBB reports.

**7. Forward Work Programme**

The Board noted the items due to be reported to future HWBB meetings. Any suggestions in the future should be submitted to Allan Siao Ming Witherick, Governance Officer.

**RESOLVED** that the Board noted the Forward Work Programme.

During the meeting the following actions and items were identified:

Item	Title	Description	Next due?
8	COVID-19 Pandemic Update	COVID-19 Pandemic Report	July 2022
		Resilience Forum report on COVID-19 lessons learnt	tbc
9	Deep Dive - Joint Health and Wellbeing Key Area 2: Starting, living and aging well	FAB (Fit and Active Barnet) Strategy – Update report	tbc
		CVD (Cardiovascular Disease) Prevention update	July 2022
10	Achievements of the Health and Wellbeing Board over the last four years and a proposed way forward	Future of Health & Wellbeing Board with Health and Care Bill outcomes	July 2022 / September 2022
11	Pharmaceutical Needs Assessment (PNA) Update	Report on progress	September 2022
12	Prevention Framework	Annual Update	tbc
13	Health and Wellbeing Needs Assessment of Rough Sleepers – Action Plan	Report on progress	tbc
14	NCL NHS Update on Mental Health and Community Services Review	Future meeting	tbc

**8. COVID-19 Pandemic Update (verbal)**

Dr Clare Stephens, gave a short update on the COVID-19 situation. Work continued to improve immunisation rates with the vaccine bus scheduled to visit Hendon Library, community centres and venues such as Brent Cross Shopping Centre. GP practices have been proactive in reaching out to patients about vaccinations and having dialogues with families.

Planning for Autumn 2022 had also started, and further information was available on request.

Dr Tamara Djuretic, Director of Public Health noted that it had been two years since the first lockdown and thanked people for their hard work, including residents, for the preventative measures which had been taken.

Rates were increasing but most of the population had some level of immunity with advances in medical treatment supporting the most vulnerable and at risk groups. Infection control measures had helped see the transition from pandemic to endemic as it moved to being an established pathogen in the environment. The number with two or more episodes in Barnet was slightly lower than average and appeared to mirror population density.

Vaccination plans had benefitted from national funding and with good support from the voluntary and community sector. They were targeting areas and preparing for the next variant of significant concern. As such this was likely to be the last update. A report would come to the July meeting and would include some of the work which was being done at a London wide level.

Clarification was requested about the death rate from COVID-19 compared to the annual flu. This information was analysed at a national level, but would be difficult to quantify as the cause of death wasn't always recorded.

There remained concerns about the spread of new variants, the ongoing effects of long COVID, and how child development, loss of speech, language and other aspects would play out, as well as lessons learnt for the next pandemic. Some learning points, such as the impact on early intervention and cancer screening programmes, had already been identified. It was reported that the Resilience Forum was undertaking some of the lessons learnt from the pandemic management and would be reported to the Health & Wellbeing Board. A more detailed reports on long COVID would also be taken to future Boards.

The Chair thanked everyone for their help behind the scenes throughout the COVID-19 pandemic.

**Action: Lessons learnt from COVID-19 to be brought to the July or September 2022 meeting. Resilience Forum report on COVID-19 lessons to come to a future meeting.**

## **9. Deep Dive - Joint Health and Wellbeing Key Area 2: Starting, living and aging well**

Rachel Wells, Consultant in Public Health lead the presentations that covered a number of areas.

**SMILE (School Meals Initiative Learning healthy Eating)** – to promote healthier eating and choices, not just with the pupils but also parents, carers, staff and the caterers. Brightly coloured trays showing portion sizes and food types had helped to increase vegetable consumption and a switch from sugary puddings to fruit. The aim was to branch out to other schools.

There was interest about how this could be promoted for adults, for example in care homes to move away from meal replacement liquids to make use of blended foods, possibly through inclusion in Service Level Agreements with providers for the Council. It was noted that work was also going on through programmes to support weight management for adults.

**Infant Feeding Strategy** – work continued to change attitudes to breast feeding with libraries as a starting place and reaching out to local businesses. This helped to promote the health and wellbeing of families for both mother and child.

**Healthy Early Years** – the award had now been around for two years with the local scheme transitioning in to one that had support from the Mayor of London due to the prestige that this brought to schools. It covered a number of key priorities and included raising awareness of oral health, speech language and emotional wellbeing. It supported children transitioning from home to school settings. Childminders, nursery schools and the voluntary sector were all provided support to help upskill the workforce and improve outcomes.

There were concerns about the paperwork burden and this was under review to help make it more accessible.

**Children in Care-** prior to the pandemic there had been a good level maintaining individuals in education and employment, with many continuing (not furloughed) through out. It was noted that the number being supported had increased and this was important to consider as Corporate Parents. More work had been done around peer support as individuals preferred to talk to those similar in age about resilience for example those about to become parents or about healthy relationships. This included making use of venues which they identified as safe spaces to help reinforce support.

There were a number joining the care system later and had traumas and experiences that did not quite meet the thresholds for support. They were looking at what services could be put in place and had seen an escalation during the pandemic as many had lived on their own which had meant that levels of isolation during the pandemic had been high. The number of unaccompanied asylum seekers coming in at age 17 was also an area being looked at.

There was a care leavers conference being held in May and they would bring back out comes to a future board meeting.

**Resilient Schools** – starting from a small pilot to de-stigmatise mental health and to help people understand and prevent escalation, they had now rolled it out to over 70 schools with the intention to eventually cover all schools. The offer has been streamlined to training, forums and various forms of support with engagement with the voluntary sector to help tackle areas such as suicide prevention and early intervention.

**Youth MHFA (Mental Health First Aiders)** - training as Mental Health First Aiders had helped to build confidence to identify, approach and support young people. A guest speaker from a local school described the impact that this had, including buy in from the Senior Leadership Team at the school. This resulted in a number of the staff being trained and sixth form students also helping to provide peer support. This had allowed them to reach far more people than a single school counsellor could support. COVID-19

had also reinforced how important the support and approach could be, providing an important tool kit.

In some cases this work was extending beyond the school and they were looking at how parents could be reached, for example through the use of online training.

It was noted that with the significant number of refugees and asylum seekers that these groups, both children and parents, would need support to ensure that they did not feel isolated. This was being achieved using community cafes for example.

**Golden Kilometre** – this initiative was being undertaken with Middlesex University and looked to increase activity by 1km a day running, walking or jogging, in addition to their normal activity. The initial pilot had started with 14 schools to identify areas for improvement. The focus had been on physical outcomes however there had been an improvement in confidence and they had measured how people felt before and after the activity.

It was noted that the Council was looking at how facilities and sports centres could be accessed including non-cost activities due to the rising cost pressures on families.

It was noted that an update on FAB (Fit and Active Barnet) should come to a future meeting.

**Workplace wellbeing** – Support had been given to staff in a number of different ways from equipment and provision of mental health first aid through to online solutions. Overall the response was positive with a low level of absence recorded. They were now looking at how this could be promoted to partners and other local businesses by acting as an exemplar. Nationally there was a big focus on ensuring people returned to work and how people transitioned back from remote delivery to face to face.

**Long-term conditions and CVD (Cardiovascular Disease) Prevention Programme** – some screening programmes had been paused during COVID-19 and they were now looking at how to get back on track. This included using community providers to support local health screening programmes. The population appeared to have either got more, or less fit, during COVID-19, with the risks that this brought. For example, in the over 75s there were many with potentially undetected heart conditions. Diabetes had overtaken other areas as a cause of heart attack.

There were a small number with chronic needs that used a lot of health care resources and work was being undertaken to look at how they could where possible be supported to recover their health.

Funding had also been secured for a lifestyle hub to address behavioural changes in areas such as smoking, alcohol and obesity.

The Chair thanked officers for the comprehensive update.

**Action: FAB (Fit and Active Barnet) to come to a future meeting.**

**CVD (Cardiovascular Disease) Prevention update to come to July 2022 meeting.**

## **10. Achievements of the Health and Wellbeing Board over the last four years and a proposed way forward**

The Director of Public Health presented the report on what had been achieved by the Health & Wellbeing Board. There had been many positive outcomes although some of the outcomes of the preventative work would take longer-term to fully manifest in data.

Some proxy measures of success over the last four years were reductions in hospital admissions for self-harm, reduction in suicide rates and increase in a number of people who stopped smoking.

Going forward the focus would be preventative interventions on specific groups and tackling inequalities in a targeted manner.

An informal workshop had been held to discuss the future of the Health & Wellbeing Board, its membership and a role in the wider emerging Integrated Care System. As the Health and Care Bill was still awaited, as this may have implications for the future shape of the Board, the intention would be that a paper with more concrete proposals would be brought to the July or September 2022 meeting, once the Bill is published.

Operationally it was noted that the Health & Wellbeing Board used to take a place-based approach. This included going to community centres and libraries for the meeting itself and engaging local communities in discussions. This was being revisited as a possibility and would be held in communities where there were examples of best practice or with high levels of need to help link to local partners.

**Action: Paper on future of the Health & Wellbeing Board and Health and Care Bill outcomes for July or September 2022.**

## **11. Pharmaceutical Needs Assessment (PNA) Update**

The Director of Public Health reported that the three-yearly publication of Pharmaceutical Needs Assessment (PNA) was a statutory duty. The report set out the steps in the process of PNA production and that further updates would be presented to the Health and Wellbeing Board.

### **Resolved to:**

- 1. Note that the process to produce a revised PNA by 1 October 2022 had commenced.**
- 2. Note the Terms of Reference (ToR) for the Barnet PNA Steering Group.**
- 3. Note the update on progress and the project plan timelines from the Barnet PNA Steering Group, on the production of the 2022 Barnet PNA.**
- 4. Delegate the sign-off of the draft and final PNA to the Chair of the Health and Wellbeing Board and Director of Public Health.**
- 5. Agree that progress against completion of the PNA be brought to a future HWBB.**

## **12. Prevention Framework**

The Head of Insight & Intelligence reported on the development of Prevention Framework, principles and delivery of prevention across the whole of Barnet Council and wider. The Framework will be supported by 500k proactive investment from the Public Health Grant reserves and interventions will be evaluated for its effectiveness.

The Board queried how the impact and outcomes were measured. The Director of Public Health responded that the evaluation framework is in development and it would be brought to the Board once it is completed.

**Resolved that an annual update on progress against the Framework and Implementation be provided to the Health & Wellbeing Board.**

**13. Health and Wellbeing Needs Assessment of Rough Sleepers - Action Plan**

The Deputy Director of Public Health & Prevention presented the Homelessness action plan that was being taken forward by a multi-agency group. They had tried to ensure that it was a measured but ambitious programme and that it would need to be monitored.

It was noted that concerns had been raised about its impact on Children and Young People. Whilst this was a cross-cutting issue, there appeared to be limited links to Children's Services around running away and the risk of homelessness and long-term implications. It was agreed that there would be further discussions to address this.

**Resolved that the Health & Wellbeing Board would receive future reports on progress of the Rough Sleepers Action Plan.**

**Action: Executive Director, Children's Services and Deputy Director of Public Health & Prevention to liaise on Children and Young People.**

**14. NCL NHS Update on Mental Health and Community Services Review**

The update was noted and that a full report would come to a future meeting.

**15. Any Items the Chairman decides are urgent**

The Chair noted that this was the last meeting prior to municipal elections and thanked the Board for their time and dedication and for the privilege of having worked along side them.

Councillor S Rajput thanked the Chair on behalf of the Health and Wellbeing Board for their work.

The meeting finished at 11.34 am