

Decisions of the Health & Wellbeing Board

29 September 2022

Board Members:-

Councillor Alison Moore (Chair)

* Councillor Paul Edwards

* Councillor Pauline Coakley
Webb

* Dr Tamara Djuretic

* Colette Wood

* Chris Munday

* Dawn Wakeling

* Dr Nick Dattani

* Banos Alexandrou

Nitish Lakhman

Fiona Bateman

Debbie Bezalel

*Members Present

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 14 July 2022 be agreed as a correct record.

The Chair welcomed Board Members and attendees to the Board meeting that was being held in the community and had representatives from the local area.

2. Absence of Members

Apologies were received from Sarah McDonnell-Davies, Executive Director of Places NHS North Central London ICB who was substituted by Collette Wood, Director of Integration, Barnet Directorate, NHS North Central London ICB.

Apologies were received from Anne Whateley, Central London Community Healthcare NHS Trust.

3. Declaration of Members' Interests

There were none.

4. Public Questions and Comments (if any)

There were none.

5. Report of the Monitoring Office (if any)

There were 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 Health and Wellbeing Board (HWBB) reports.

7. Forward Work Programme

The Board noted the items due to be reported to future Health and Wellbeing Board meetings.

RESOLVED that the Board noted the Forward Work Programme.

8. Neighbourhood Conversation – Grahame Park

The Chair of the Health and Wellbeing Board introduced the item as an opportunity for local community representatives and residents to talk about their experiences. The aim was to give Board Members and partners present the chance to hear how services were experienced and to look at opportunities for change.

The Public Health Consultant (Neighbourhoods and Communities) led the conversations. Those present explained some of the challenges that they faced. This ranged from stigmatisation they experienced in the local community due to their needs, through to difficulty accessing services. Members of the Board discussed with those present how they could address both individual concerns raised and the wider issues.

At 10:35 the meeting was adjourned.

Members of the Board had the opportunity to talk informally with the residents and services users who were present.

At 11:10 the meeting resumed.

9. Barnet Food Plan

The Public Health Strategist presented the draft Barnet Food Plan which was out for public consultation, alongside representatives from Chipping Barnet Food Bank, who talked about the additional support they were providing with people coming to use the foodbank provision.

Members of the Board asked whether they had seen changes in the clientele and the types of food requested due to fuel poverty. The Food Bank Manager reported back that they had seen a shift in those attending with an increase of those in employment. This included those who had run their own successful businesses previously. Whilst there was a request for

fresh food and they tried to promote health eating, some such as potatoes, were seen as a high cost to prepare.

It was noted that more could be done potentially to provide better links to safeguarding support and training with the foodbank.

RESOLVED that the Health and Wellbeing Board:

- **Note the progress on updating the Barnet Food Plan.**
- **Note their support for, and to the need for comments on the Draft Food Plan as part of the consultation.**

10. School Superzones

The Public Health Consultant (Healthy Environments) presented the report on School Superzones.

Board members identified that it was important to look at how they engaged with communities and what had been learnt. It was recognised that some methodologies might not be the most effective but it was important that a range of different approaches were tried.

It was noted that there was a move away from the description “Children and Young People” to just “Children” as the term “Young people” was seen to be adultifying children. There was support from the Board for this work and how it could link into other areas such as Family Services and make use of reference groups such as My Say Matters.

Schools were recognised for many as a trusted source of information, both by children and families. Schools though were inundated with information being sent to them and it was a challenge sometimes to identify what needed to be shared and when. As this was the first year of the project, the focus had been on getting started with mid-term behavioural changes as the end goal.

It was noted that, unfortunately, a representative from Saracens High had been unable to attend and that the next Health and Wellbeing Board would be held at Edgware Primary School.

RESOLVED that the Health and Wellbeing Board note and comment on the proposed projects for Edgware Primary School and Saracens High School.

At the end of the previous item the Chair reordered the Agenda so that the Combating Drugs Partnership could be heard earlier. The Minutes reflect this order.

11. Combating Drugs Partnership

The Public Health Strategist introduced the report and the need to address substance misuse and the requirement to establish a drugs partnership. Locally, the aim would be for the board to report directly to the Health and Wellbeing Board, but also to have close links with the Safer Communities Partnership Board.

There were three key strands to the work focussed around:

- 1) Prevention – This also involved bringing about a generational shift to get support at an earlier point in life.
- 2) Treatment – For those misusing.
- 3) Enforcement – Including breaking “county lines” and disrupting supply chains.

The Board welcomed the initiative.

RESOLVED that the Health and Wellbeing Board:

1. **Agree the establishment and terms of reference (as set out in Appendix 1) of the proposed Barnet Combating Drugs Partnership (BCDP).**
2. **Agree and implement governance structure relating to the Barnet Combating Drugs Partnership (BCDP) as detailed in the report and the terms of reference.**

12. Joint Health and Wellbeing Strategy – Year 1 Performance, and Year 2 Implementation Plan

The Health and Wellbeing Policy Manager gave a brief overview of the report.

A Member of the Board queried why the annual health checks for residents with learning disabilities and mental health needs were not a key performance indicator as this had been a concern raised by the Adult Safeguarding Board.

A Member of the Board highlighted that the development of a programme for children and how this would relate to the Integrated Care Strategy and the Integrated Care Board need to be considered as part of the process.

The Chair noted that the review of the Joint Health and Wellbeing Strategy would need to take into consideration the changing situation with the NHS structures and the evolving role of the Integrated Care Strategy and the Integrated Care Board.

RESOLVED unanimously that the Health and Wellbeing Board:

1. **Noted the progress on the Phase 1 Implementation Plan, and on the Key Performance Indicators.**
2. **Noted the possible inclusion of indicators to look at areas including annual health checks for those with learning disabilities and mental health needs as well how the work with children would be implemented and reported on with the NHS changes.**
3. **Agreed the Phase 2 Implementation Plan.**

13. Future of Health & Wellbeing Board

The Health and Wellbeing Policy Manager presented the report which set out changes to update the membership of the Board, recognising changes in the local NHS system.

The Chair thanked the new Members designate who were present and explained that this was a formal constitutional process that the Council had to go through.

RESOLVED that the Health and Wellbeing Board agree the changes to the Terms of Reference – including Membership – of the Barnet Health and Wellbeing Board, prior to formal ratification at Constitution and General Purposes Committee and Full Council.

14. Better Care Fund

The Executive Director for Adults and Communities presented the report.

A Member of the Board welcomed the developments around the frailty multi-disciplinary team. They highlighted the approach taken in Camden which had removed the age restrictions. This had been done in recognition that in some cohorts, such as with co-occurring conditions or homelessness, frailty was an issue at a younger age. The Director responded that this would be considered.

RESOLVED unanimously that the Health and Wellbeing Board:

- 1. Endorsed the Chair's decision to approve the BCF Plan for submission to NHS England.**
- 2. Noted the contents of the Barnet BCF Plan 2022/23.**
- 3. Delegated approval for any required changes from NHSE to the Barnet Better Care Fund plan for 2022-23, to the Executive Director-Communities, Adults and Health in consultation with the Chair of the Health and Wellbeing Board.**

15. Pharmaceutical Needs Assessment (PNA) – Final Version

The Deputy Director of Public Health presented the report and noted that there were a few minor changes to be made to the tabled document. This was mainly on factual items, such as Cricklewood was no longer a walk-in service and that Mental Health Services also included services for children.

The Board accepted the changes as being necessary.

RESOLVED that the Health and Wellbeing Board approve the Barnet 2022 Pharmaceutical Needs Assessment for publication subject to any minor changes required.

16. COVID-19 and other communicable diseases update

The Public Health Consultant (Healthy Environment) gave a verbal update on COVID-19 and other communicable diseases impacting Barnet and the wider community.

The number of Monkey Pox cases had declined. There were small outbreaks of seasonal flu, in line with the rest of the country. COVID-19 boosters have been offered and seasonal flu vaccinations extended.

Members of the Board queried why there was no longer a gap between receiving the seasonal flu and COVID-19 vaccinations. Officers responded that monitoring since the last flu season had identified no issues with the COVID-19 vaccinations, unless a person was already unwell. Initially they had been given separately to help identify potential side effects. The change meant that there was no longer any clinical reason not to co-vaccinate.

The issue of vaccination fatigue was raised due to the ongoing concerns. Officers responded that they were using rational and effective communication to reach people. This included using a mixture of methodologies, for example through vaccine champions as well as faith and community groups to reach out as far as possible.

RESOLVED unanimously that the Health and Wellbeing Board note the update.

17. Any Items the Chair decides are urgent

There were none.

At the end of the Health and Wellbeing Board the Chair thanked Colindale Communities Trust for hosting the meeting and invited those present to take part in a walkabout of the local area.

The meeting finished at 12.28 pm