

Summary

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The Barnet Joint Health and Wellbeing Strategy 2021-2025 and Implementation Plan/Key Performance Indicators were signed off by the Board in July and September 2021

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Borough of Barnet

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Details



respectively. We are now at the end of Year 2 of the strategy (to note, Year 2 of the Strategy covers the period September 2022 – August 2023)

This report provides to Board Members:

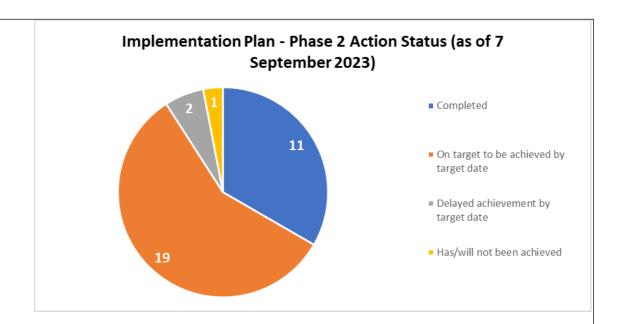
- A six monthly progress update on actions due to take place in Year 2 of the Strategy
- An updated implementation plan for the third period of the strategy, to take place from September 2023 May 2025)
- A summary of performance in the key performance indicators
- A draft plan for updating the Joint Strategic Needs Assessment (JSNA) to support strategic planning and delivery

Recommendations

- 1. That the Board comments on and notes the progress on the current Implementation Plan, and the Key Performance Indicators.
- 2. That the Board agrees, subject to comment, the updated Implementation Plan for the third period of the strategy.
- 3. That the Board agrees, subject to comment, the plan to update the Joint Strategic Needs Assessment.

1. Reasons for the Recommendations

- 1.1 The Joint Health and Wellbeing Strategy (JHWBS) is a statutory document for each Local Authority area. The Health and Wellbeing Board must develop and agree the Strategy.
- 1.2 Barnet's current JHWBS was signed off in July 2021, with the Implementation Plan and Key Performance Indicators signed off by Health and Wellbeing Board in September 2021.
- 1.3 We have instituted a (roughly) six monthly reporting cycle to Health and Wellbeing Board on progress on the Implementation Plan and Key Performance Indicators. The last update was in May 2023.
- 1.4 This report focusses on an update of all the Phase 2 Implementation Plan since May 2023, and presents updated Key Performance Indicator figures (where available) since May 2023.
- 1.5 Phase 2 Implementation Plan
 - 1.5.1 Of the 33 actions in the Phase 2 Implementation Plan, 90.9% of actions are either completed or on target.



1.5.2 The full Phase 2 Implementation Plan is appended to this report as Appendix A. The following actions have been <u>delayed</u> from their original completion date.

HWBS Key Area	Project Activity	Start Date	Finish Date	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 1	Deliver action plan for Make Every Contact Count (MECC)	Sep-22	Sep-23	Barnet MECC Steering Group continues to meet on a quarterly basis. The reviewing and updating of MECC factsheets is an ongoing piece of work. New factsheets for Cost of living, Damp & Mould and Healthy Start have been developed and will soon be finalised. Currently, Social Marketing Gateway (SMG) have delivered 8/12 MECC bespoke sessions. A MECC training session will be delivered to GPDQ, Healthy Hearts & the Barnet Public Health Smoking Cessation team in September 2023. SMG are planning to deliver MECC training to the Barnet Food Hub & Health Champions in Q4. The MECC project plan and communications plan have been revised and shared with the steering group. Propose to revise completion date for P3 Implementation Plan.
Key Area 3	Collaborate to develop a Healthy Aging pilot in one neighbourhood of BBP as demonstration of	Sep-22	Sep-23	Progress has been picked up on this action. Steering Group is established and underway. Referrals are increasing into the Frailty MDT, and all recruitment has been successful. Scoping conversations with communities on the WHO Age Friendly Communities

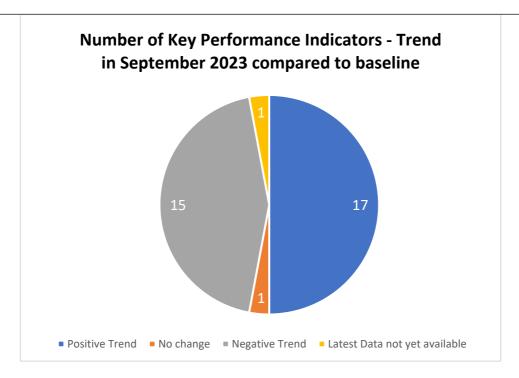
whole system approach to healthy aging.	framework has started, following the motion to Council, and an early draft Dementia Strategy action plan has been developed and is currently being finalised with partners.
	Propose that finish date is moved to September 2024 in the next version of the JHWBS implementation plan.

1.5.3 The following action has been rated as not being achieved by the target date, and it is not clear what action is underway to help support its achievement.

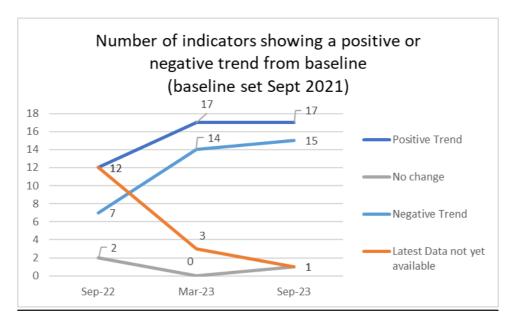
HWBS Key Area	Project Activity	Start Date	Finish Date	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 3	Develop integrated pathways around CVD	Sep-21	Sep-23	NCL Stroke and Prevention Network has not met, and there are no current plans to meet. Therefore, we cannot get a clear update on this action. This includes preventative and management pathways including BP @ Home; CVD/Stroke clinical pathway review; and roll out of Community Pharmacy Hypertension Advanced Service.

1.6 <u>Key Performance Indicators</u>

- 1.6.1 There are 34 Key Performance Indicators aligned to the Barnet JHWBS. The full list of indicators is presented in this report as Appendix B.
- 1.6.2 Of these, 17 indicators (50%) have a positive trend from the baseline, and 15 indicators (44.1%) have a negative trend since the benchmark data shared in September 2021.



1.6.3 Compared to April 2023, the same number of indicators a positive direction of travel compared to the baseline, and one more indicator showing a negative direction of travel.



- 1.6.4 Although the number of indicators where we do not have reliable data yet has reduced significantly, there is still one indicator Emergency admissions from ambulatory care sensitive conditions which lists on NHS Digital as being delayed, but no timescale is given for its update.
- 1.6.5 Below is a list of the indicators that are below their baseline level at the end of this period. The full list of indicators is listed in Appendix B.

Measure	Baseline Date	Baseline Data	Time period/date	Data (as of 31st	Direction of Travel
			of latest data	August 2023)	from baseline

KEY AREA 1					
The proportion of overweight or obese children at Year 6 (ages 10-11).	2019/20	34.4%	2021-22	34.90%	1
Proportion of deaths attributable to air pollution. * methodology change for 2021 data	2019	7.1%	2021	7.2%	↑
Rate of domestic abuse incidents	1 October 2020 - 30 September 2021	8.2	1 September 2022 - 31 August 2023	12.53	^
Total number of foodbank beneficiaries per month	Jan-22	7,268	Mar-23	15,657	1
·	KE	Y AREA 2	I	1.0,00	
Annual Health Assessments for Children in Care	As of 31/12/2021	85%	As of 08/08/23	75%	4
Percentage of Early Years who have a Good Level of Development	2018/19 Academic Year (data collection cancelled in 2019/20 and 2020/21)	74.30%	2022/23 Academic Year	69.80%	4
	2021-22 Q1	56%	2023-24 Q1	14%	4
Proportion of infants known to be partially/totally breastfed	2021-22 Q2	57%		12%	<u> </u>
at their 6-8 week health visitor review	2021-22 Q3 (data collection affected due to short term prioritising due to staffing	16%	2022-23 Q2 2022-23 Q3	8%	\

	issues/Cov id19)				
Patients, aged 45+, who have a record of blood pressure in the preceding 5 years	2020-21	84.60%	2021-22	82.1% (NCL figure)	\
	KE	Y AREA 3		,	
Stage of diagnosis for Cancer/Percentage of cancer diagnosed at stages one and					+
two	2018	57.9	2020	52.30%	
	OVERA	LL STRAT	EGY		
Life Expectancy at 65 - Female	2017-19	23.10	2018-20	22.80	←
Life Expectancy at 65 - Male	2017-19	20.93	2018-20	20.30	→
Life Expectancy at birth - Female	2017-19	86.00	2018-20	85.50	→
Life Expectancy at birth - Male	2017-19	82.90	2018-20	82.00	Ψ

1.6.6 The following indicators which have seen a fall have explanations to give context behind the indicator:

Indicator Title	Explanation
Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review	Only 14% of eligible infants in Barnet received a 6-8 week review on time, but most of the infants who received a review on time were still breastfed, which suggests that breastfeeding levels in the borough may be higher than reported. However, as denominator for this indicator is the total eligible infant population, and we can only collect data for the 14% of who received a review on time, our total reported breastfeeding number remains extremely low. We are working with the Healthy Child Programme provider to urgently improve the delivery of the 6-8 week and other mandatory reviews.
Annual Health Assessments for Children in Care	Figures are under review because of recording issues, where the authority is not always informed by carers when checks happen, or in situations where the child lives out of borough.

1.6.7 We do not have updated figures since September 2022 for Life Expectancy

and Healthy Life Expectancy for males and females in Barnet at the time of publication of this report, but if the figures are available before the meeting,

these will be reported verbally.

1.7 Period 3 Implementation Plan (September 2023 – May 2025)

- 1.7.1 Since the last full update of the Implementation Plan, a number of key strategies have been updated, or developed. This includes the North Central London Integrated Care and Population Health Strategy, the North Central London Joint Delivery Plan, and borough focussed strategies such as the Carers/Young Carers Strategy, Dementia Strategy, Housing and Homelessness Prevention Strategies and the Children and Young People's Plan.
- 1.7.2 In addition to this, the Director of Public Health Annual Report 2023 focussed on Health Inequalities in Barnet, and has several recommended areas to address.
- 1.7.3 Therefore, the Period 3 Implementation Plan has been reviewed to ensure that the right actions and data are captured, to ensure that the Board has an oversight of health and wellbeing in Barnet, and the progress of actions underway to improve this. It is proposed that this Implementation Plan will cover the period up until May 2025, which is when the new Joint Health and Wellbeing Strategy should be in place.
- 1.7.4 The updated Implementation Plan is attached to this report as Appendix C, and the Board is asked to approve the Implementation Plan, subject to any adjustments it intends to make.

1.8 Joint Strategic Needs Assessment (JSNA) Update

- 1.8.1 The Health and Wellbeing Board has a duty to update and maintain a JSNA which is used to identify the health and wellbeing needs of the local community. It is important to maintain a JSNA to provide an evidence base that can inform the priorities of future JHWBSs, as well as update the analysis to present the fullest, most granular picture of the health and wellbeing needs of our evolving population, and help identify and address health inequalities.
- 1.8.2 The current JSNA was last fully updated in 2019/20. Since then, new data sources have become available and the original data sources have new information available while Barnet, as a borough, continues to change.
- 1.8.3 It is recommended to the Board today, that a thorough update is undertaken, and the JSNA itself is restructured. This will allow a range of analysis to be presented, as well as access to summaries which create a current (and future) picture of Barnet, and the health and wellbeing of the people who live here.
- 1.8.4 The proposed changes will be:
 - Structuring the JSNA around the three main pillars of the Barnet Plan, People, Place and Planet
 - Use a Power BI dashboard as its base, to organise the analysis and provide a more easily updated JSNA with built in interactivity to allow

users to pick which area(s) they want to explore

- Chapters would focus on the current and emerging challenges around health and wellbeing, as well as the diversity of experience within Barnet, and the change over time/comparisons with other areas, particularly around the increased diversity of residents
- Analysis will include smaller geographies such as Lower Super Output Areas (LSOAs – which are around the size of 1,000 – 3,000 residents), where this data is available
- 1.8.5 A full proposal for the JSNA is attached to this report as Appendix D. It is proposed that the JSNA is fully updated and will be reported Health and Wellbeing Board for approval in May 2024. The Board is asked today to approve the plan, subject to any amendments it may wish to make, for the JSNA.

2. Alternative Options Considered and Not Recommended

2.1 This is an information report for the board to review and discuss. Therefore, there are no alternative options.

3. Post decision implementation

- 3.1 Actions and indicators will continue to be tracked throughout the year, with key items for decision or consultation brought to Board as required.
- 3.2 Following the decision on the plan to update the JSNA, work will start on creating the updated tool. Partners are asked to make their analysis contacts known and available to support the update of the JSNA.
- 3.3 Once the JSNA is restructured and updated by May 2024, work will start on developing the refreshed Joint Health and Wellbeing Strategy for Barnet, with a view to having an updated strategy in place in May 2025.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 Supporting the health and wellbeing of residents is the core aim of the Health and Wellbeing Board, and the Joint Health and Wellbeing Strategy is the articulation of how we will achieve this aim.

Corporate Performance / Outcome Measures

4.2 Appendix B outlines the performance and outcome measures which track the impact of the Joint Health and Wellbeing Strategy. The headline measures – including Life Expectancy – are also in the Barnet Plan.

Sustainability

4.3 The Implementation Plan contains actions around improving Air Quality, promoting Active Travel and the Food Plan has actions around improving access to locally grown food, as well as reducing food waste. It is anticipated that this will have a positive impact on the Council's carbon and ecological impact

Corporate Parenting

4.4 Whilst there is no direct impact on the council's corporate parenting role because 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.

Risk Management

4.5 Each area of work has its own risk management schedule and protocol.

Insight

4.6 The Joint Health and Wellbeing Strategy was developed using the Joint Strategic Needs Analysis and other quantitative and qualitative work during 2020-21.

Social Value

4.7 Not applicable to this report.

5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)

5.1 There are no resource implications because of the proposals.

6. Legal Implications and Constitution References

- 6.1.1 Under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended), there is a statutory duty to produce a Joint Health and Wellbeing Strategy to meet the needs identified in the joint strategic needs assessment
- 6.1.2 Under Part 2B of the Council's Constitution, the Terms of Reference of the Health and Well Being Board include
 - (1) To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
 - (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

7. Consultation

- 7.1.1 The JHWBS 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.
- 7.1.2 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 JHWBS.

8. Equalities and Diversity

- 8.1.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. To do this, we use the best data available, which often includes nationally collected datasets which are not routinely at Local Authority level broken down by protected characteristics. However, 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.
- 8.1.2 The Implementation Plan will also be informed by the emerging work on disproportionality and Closing the Gap being undertaken by the Council.
- 8.1.3 Any evidence that demonstrates a disproportionate impact will be reviewed within the Actions and, if necessary, edited to ensure that the goal of equality within health is as tangible as possible.

9. Background papers

- 9.1 Approval of the Joint Health and Wellbeing Strategy Item 9 on agenda for 15 July 2021 Agenda for Health & Wellbeing Board on Thursday 15th July, 2021, 9.30 am | Barnet Council (moderngov.co.uk)
- 9.2 Barnet Joint Health and Wellbeing Strategy, 2021-2025, <u>Barnet Joint Health and Wellbeing Strategy 2021 to 2025 full document.pdf</u>
- 9.3 Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025

 Health and Wellbeing Board, 30 September 2021 Board Paper HWBS

 22.09.pdf (moderngov.co.uk)

9.4 Barnet Joint Strategic Needs Assessment (JSNA), 2019 - <u>Joint Strategic Needs</u>
<u>Assessment | Barnet Open Data</u>