







Health and Wellbeing Board

Title	Joint Health and Wellbeing Strategy Implementation Plan Update and Timeline for Renewal
Date of Meeting	Thursday 9 th May 2024
Report of	Interim Director of Public Health, London Borough of Barnet
Wards	All
Status	Public
Urgent	No
Enclosures	Appendix A – Phase 3 Implementation Plan (2023-2025) Appendix B – Key Performance Indicators
Officer Contact Details	

Summary

For this period, this report will cover two items:

- 1) The regular six-monthly update on the current Implementation Plan, and Key Performance Indicators.
- 2) A draft plan and timescale for the renewal of the current Joint Health and Wellbeing Strategy, which will read the end of its current lifespan in 2025.

Recommendations

1. That the Board comments on and notes the progress on the current Implementation Plan, and the Key Performance Indicators.



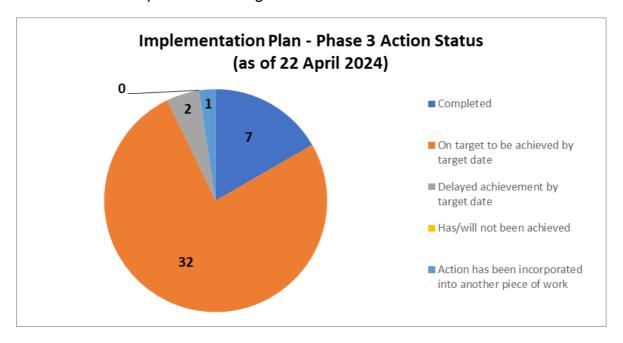
2. That the Board agrees, subject to comment, the draft plan for the renewal of the current Barnet Health and Wellbeing Strategy.

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 an approximately six-monthly reporting cycle to Health and Wellbeing Board on progress on the Implementation Plan and Key Performance Indicators. The last update was in September 2023.
- 1.4 This report focusses on an update of all the Phase 3 Implementation Plan since September 2023, and presents updated Key Performance Indicator figures (where available) since September 2023.

1.5 Phase 3 Implementation Plan

1.5.1 Of the 42 actions in the Phase 3 Implementation Plan, 92.9% of actions are either completed or on target.



1.5.2 The full Phase 3 Implementation Plan is appended to this report as Appendix A. The following actions have been <u>delayed</u> from their original completion date.

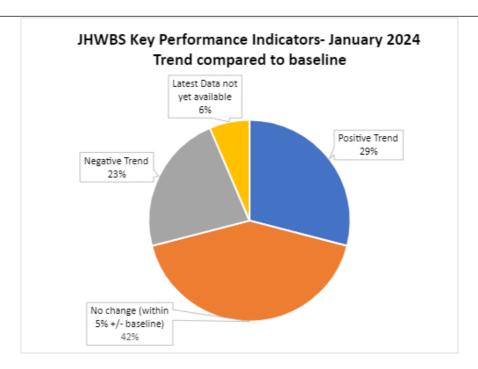
HWBS Key Area	Project Activity	Start Date	Finish Date		
Key Area 1	Review the Healthy High Street approach, and develop next stage of the programme	Sep-23	Sep-24	Evaluation of the programme in its previous form has been undertaken and demonstrates that a different approach is required to ensure that programme has an impact within current resources. However, different parts of the programme continue. Community Toilets have been handed to the Network and Infrastructure Team (LBB), and Breastfeeding Welcome and Dementia Friendly still continue as Public Health led programmes.	
Key Area 2	Recommissioning of borough level smoking cessation services and NHS Health checks	Aug-23	Mar-24	This is delayed compared to the original timescale but is progressing. Legal is currently drafting a contract for the new service model for 2024/25 onwards. Service specifications for both service areas have been amended to reflect additional funding for smoking cessation activity, with information governance processes updated for Health Checks. It is expected that the new service will be in place by Summer 2024.	

1.5.3 It is proposed to drop the following action, as North Central London work on Heart Health is planned, and may overtake this action.

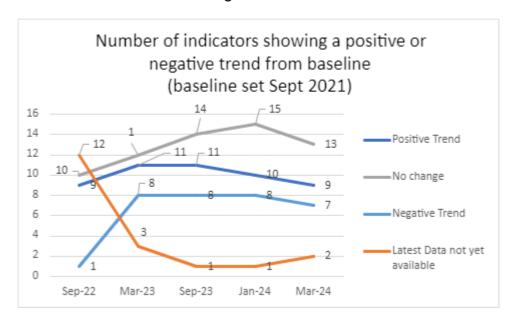
HWBS Key Area	Project Activity			Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 3	Develop integrated pathways around CVD	Sep-21	Sep-23	This work is likely to be incorporated into the North Central London wide Heart Health programme, working with the Barnet CVD Task and Finish Group.

1.6 Key Performance Indicators

- 1.6.1 There are 31 Key Performance Indicators aligned to the Barnet JHWBS. This is a reduction of three indicators compared to September 2023, as we have temporarily paused the indicators related to the Healthy High Streets programme until the future delivery of the programme is clear. The full list of indicators is presented in this report as Appendix B.
- 1.6.2 Of these, 9 indicators (29%) have a positive trend from the baseline, 13 indicators (42%) are +/- 5% of the baseline, and 7 indicators (23%) have a negative trend. Two indicators are missing the latest data. Benchmark data was set in September 2021.



1.6.3 Compared to September 2023, two fewer indicators show positive direction of travel compared to the baseline, one fewer shows a trend of +/- 5%, and one fewer indicator shows a negative direction of travel.



- 1.6.4 One indicator Emergency admissions from ambulatory care sensitive conditions is listed on NHS Digital as being delayed, but no timescale is provided 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 of latest data	Data (as of 31st August 2023)	Direction of Travel from baseline
KEY AREA 1					

Total number of foodbank beneficiaries per month	Jan-22	7,268	Dec-23	14,310	1
	KE	Y AREA 2			
Proportion of 5 year olds who have received MMR first and second doses	As of 01/02/2022	76%	As of 15/04/2024	68%	4
	2021-22 Q1	56%	2023-24 Q1	18%	→
	2021-22 Q2	57%	2023-24 Q2	11%	lacksquare
Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review	2021-22 Q3 (data collection affected due to short term prioritising due to staffing issues/Cov id19)	16%	2023-24 Q3	26%	\
	2021-22 Q4 (data collection affected due to short-term prioritising due to staffing issues/Cov id19)	13%	2023/24 Q4	Not available	
		Y AREA 3			_
Number of carers registered with their GP	As of 30 September 2021	12,125	As of 1 January 2024	11,240	Ψ
	OVERA	LL STRATI	EGY		
Life Expectancy at 65 - Female	2017-19	23.10	2020-22	20.90	Ψ
Life Expectancy at 65 - Male	2017-19	20.93	2020-22	18.40	↓

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

Latinata Title	
Indicator Title	Explanation
Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review	Only 15.4% of 6-8 weeks reviews for those eligible were completed in 2023/4 and of those 20.8% were recorded as breastfed, anecdotal reporting indicates that breastfeeding levels in the borough may be higher than reported as between 10-12% are still breastfeeding at 12 months. However, as denominator for this indicator is the total eligible infant population, and we can only collect data for the 15.4% of whom received a review on time, our total reported breastfeeding number remains extremely low. We are working with the new healthy child programme provider to urgently improve the delivery of the 6-8 week and other mandatory reviews.

1.7 Review of the current Barnet Health and Wellbeing Strategy

- 1.7.1 The current timespan of the Barnet JHWBS is due to come to an end in 2025.
- 1.7.2 As reported earlier in the agenda, we have done a comprehensive update of the Joint Strategic Needs Assessment (JSNA), as part of the preparation for the strategy refresh.
- 1.7.3 Therefore, we are proposing to the Board that we start the process of reviewing the Barnet JHWBS. The proposed timescale and activities are below:

Date/Time Period	Activity		
May - September	Develop narrative on Barnet based on JSNA work		
2024	Desktop review of partners strategies		
	 Desktop review of resident engagement on health issues 		
	Conversations with key partners		
	 Formalise input from VCS and residents on developing draft 		
	 Workshop with HWBB partners to develop priorities 		
September 2024	Update to HWBB on work so far		
September – December 2024	Testing and development of priorities with residents, partners, and key stakeholders		

	Develop draft document and Equalities Impact Assessment and Health Impact Assessment
	 Workshop with HWBB partners to test draft document
January 2025	HWBB approve draft for formal public and partner consultation
January – May 2025	 Formal public consultation to open for six weeks
	Review and amend draft document
	Update Equalities Impact Assessment and Health Impact Assessment
	 Develop implementation plan and Key Performance Indicators
May 2025	HWBB agrees JHWBS, Implementation Plan and Key Performance Indicators

- 1.7.4 As significant amounts of analysis, and consultation has already been undertaken around the subject of health and wellbeing, we are proposing that we use as much recent work as possible to review the current Health and Wellbeing Strategy, in order to cut down duplication, and work within current budgetary constraints.
- 1.7.5 This timeline also aligns well with the work by the Barnet Borough Partnership to review its priorities for the coming year, and it is planned that its work programme in future years would form an important of delivering the new JHWBS.

2 Alternative Options Considered and Not Recommended

- 2.1 There are alternative options for the timeline for the Health and Wellbeing Strategy, these include:
 - 2.1.1 Rolling over the current Health and Wellbeing Strategy this is discounted, as the last strategy was written in 2020-21, and significant changes have happened to society after Covid, and to the health system.
 - 2.1.2 Starting the review process later and condensing over a shorter period of time this is judged to be not as good an option, as the preferred proposal will spread out the work required to ensure that there is public and partner consultation undertaken in line with Council priorities, and that this can be managed within existing capacity.

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 timetable for the JHWBS refresh, we will start work on the next stage of the process as outlined in the timeline.

4 Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 Tackling health inequalities to ensure that all residents have good health and wellbeing 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 Appendices A and 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 current 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 JHWBS was developed using the Joint Strategic Needs Analysis and other quantitative and qualitative work during 2020-21.
- 4.7 For the JHWBS review, we will develop this using the refreshed JSNA, results of work with partners and residents, and we will conduct an Equalities Impact Assessment and Health Impact Assessment on the draft and final documents.

Social Value

4.8 Not applicable to this report.

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

5.1 There are no additional resource implications because of the proposals.

6 Legal Implications and Constitution References

- 6.1 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
- 6.2 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 The current 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.
- 7.2 From the consultation with the public and engagement across the organisation and health bodies, actions and key performance indicators have been identified in order to achieve the overarching goals of the JHWBS.
- 7.3 For the JHWBS review, we will develop this using the refreshed JSNA, results of work with partners and residents, and we will conduct an Equalities Impact Assessment and Health Impact Assessment on the draft and final documents.

8 Equalities and Diversity

8.1 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.
- 8.2 For the current strategy, the Implementation Plan is also informed by the emerging work on disproportionality and Closing the Gap being undertaken by the Council.
- 8.3 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.
- 8.4 For the JHWBS review, we will develop this using the refreshed JSNA, results of work with partners and residents, and we will conduct an Equalities Impact Assessment and Health Impact Assessment on the draft and final documents.

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 Last Joint Health and Wellbeing Strategy Performance Report Health and Wellbeing Board, 28 September 2023 <u>Agenda for Health & Wellbeing Board on Thursday 28th September, 2023, 9.30 am (moderngov.co.uk)</u>
- 9.4 Barnet Joint Strategic Needs Assessment (JSNA), 2019 <u>Joint Strategic Needs</u>
 Assessment | Barnet Open Data