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Meeting Health and Well-Being Board

Date 27 June 2013

**Subject Report of the Barnet Health and Well-Being Board / Partnership Boards Summit**

Report of Adults and Communities Director

Summary of item and decision being sought **Report of the Barnet Health and Well-Being Board / Partnership Boards Summit held on 29 May 2013**

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Reason for Report To present a full report on the of the Barnet Health and Well-Being Board / Partnership Boards Summit held on 29 May 2013

Partnership flexibility being exercised N/A

Wards Affected All

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## **1. RECOMMENDATION**

- 1.1 That the Health and Well-Being Board reviews the Report (attached in Appendix 1), noting the contents and discussions at the Event.
- 1.2 That the Health and Well-Being Board notes that the information generated from discussions and workshops at the Summit with a view to inform their future work. The key points are included in the report.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 Health and Well-Being Board- Review of Partnership Boards- 4 October 2012

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The strategic review of Partnership Boards completed in 2012 recommended the establishment of a Summit to bring together the members of the Health and Well-Being Board and all five Partnership Boards. The first Summit was held on 29 May 2013 in the White Diamond Suite, North London Business Park.
- 3.2 The aims of the Summit were to enable the Partnership Boards and the Health and Well-Being Board to:
  - Celebrate Partnership Boards' achievements in supporting the Health and Well-Being Strategy
  - Share any lessons learned
  - Work together in developing a coherent view of future priorities
  - Explore themes that are relevant across all Partnership Boards
  - Develop a set of key messages to deliver to the community.
- 3.3 Item 11 of the Health and Well-Being Board Terms of Reference formalises the Health and Well-Being Board's commitment to engage in the Summits, stating that the Board should "receive reports and recommendations from the Summit meetings between the HWBB and all the Partnership Boards that report to it".

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 The Equality Act 2010 sets out to strengthen and simplify the existing legislation around equality. The Act impacts on how services are delivered. For example, the Public Sector has a duty of due regard to advancing equality of opportunity in relation to age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 4.2 The need for a Summit Event was established following the review of the Partnership Boards in 2012.

- 4.3 The Summit was designed and run as a fully accessible and inclusive Event so that all participants could be involved. Communication was supported through ‘traffic light’ communication cards, easy read format information, British Sign Language interpretation, and assistive technology including a hearing loop.

## **5. RISK MANAGEMENT**

- 5.1 The Partnership Boards Summit provides a forum for meaningful engagement with providers and partners, which significantly reduces the risk that providers and wider stakeholders will not be engaged with the Health and Well-Being Board’s work.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 None directly relating to this Event.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 The Summit Event breakdown cost:

- £3,368, venue hire and refreshments
- £740.58 for Reward and Recognition

Total cost = £4,108

- 7.2 This spend is taken from the budget allocated to Engagement team work within Adults and Communities directorate and has been factored into the year’s forecast.

- 7.3 Preparation and planning for the day was carried out by existing staff and therefore no additional resources were utilised. The cost of existing staff is not reflected in the breakdown above.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The review of the Partnership Boards was undertaken on the principle of co-production. Following discussions with members and co-chairs of each of the existing Boards, a number of changes and improvements were proposed. These will enable a better alignment between the partnership structures and supporting collaborative arrangements, whilst getting greatest impact from partnership activity. The proposed changes will also ensure a focus on co-production and more direct accountability to customers, carers and the local community.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 To plan the Summit Event, the Engagement Team set up a number of planning meeting with Co-chairs of the Partnership Board, Commissioning Managers, members of the Health and Well-being Board and other key stakeholders.

- 9.2 The Event was created on the principle of co-production.
- 9.3 The Summit Event was designed and run as a fully accessible and inclusive event so that all participants could be involved. Communication was supported through 'traffic light' communication cards, easy read format information, British Sign Language interpretation, and assistive technology including a hearing loop.

## 10. DETAILS

- 10.1 The strategic review of Partnership Boards completed in 2012 recommended the establishment of a Summit to bring together the members of the Health and Well-Being Board and all five Partnership Boards. The first Summit was held on 29 May 2013 in the White Diamond Suite, North London Business Park.

The aims of the Summit were to enable the Partnership Boards and the Health and Well-Being Board to:

- Celebrate Partnership Boards' achievements in supporting the Health and Wellbeing strategy
- Share any lessons learned
- Work together in developing a coherent view of future priorities
- Explore themes that are relevant across all Partnership Boards
- Develop a set of key messages to deliver to the community.

In total 90 people participated in the Summit. These included:

- Chairman of the Health and Well-Being Board who is also Cabinet Member for Public Health
- Members of the Health and Well-Being Board including the Chief Officer, representative of Barnet Clinical Commissioning Group, Director for People for Barnet Council and the LINK
- Cabinet Member for Safety and Resident Engagement who is also Chairman of the Barnet Safer Communities Partnership
- Cabinet Member for Education, Children and Families
- Chairman and Vice-Chairman of the Health Overview and Scrutiny Committee
- Further representatives of the Barnet Clinical Commissioning Group, Barnet Council Adults and Communities, Barnet Enfield and Haringey Mental Health Trust and other stakeholder organisations
- Members of the Adults and Communities Commissioning and Engagement Teams
- Members of five Partnership Boards:
  - Carers Strategy Partnership Board

- Learning Disability Partnership Board
- Mental Health Partnership Board
- Older Adults Partnership Board
- Physical and Sensory Impairment Partnership Board

10.2 The full Report in Appendix 1 outlines details of Summit Event which includes contents and discussion of the Event.

10.3 The Partnership Boards and the Health and Well-Being Board will use the information generated through discussion and workshops at the Summit to inform their future work. An action plan will be developed and implemented.

## **11 BACKGROUND PAPERS**

11.1 N/A

Legal- CE  
CFO- JH