

**MEETING**

**HEALTH & WELLBEING BOARD**

**DATE AND TIME**

**THURSDAY 1ST OCTOBER, 2020**

**AT 9.00 AM**

**VENUE**

**VIRTUAL MEETING [LINK](#)**

**TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)**

Chairman: Councillor Caroline Stock (Chairman),  
Vice Chairman: Dr Charlotte Benjamin (Vice-Chairman)

Sarah McDonald-Davis	Fiona Bateman	Dr Clare Stephens
Dr Tamara Djuretic	Councillor Sachin Rajput	Dawn Wakeling
Dr Nikesh Dattani	Councillor Richard Cornelius	Madeleine Ellis
Chris Munday	Caroline Collier	

**Substitute Members**

Rebecca Sare	Councillor Rohit Grover	Dr Murtaza Khanbhai
Dr Barry Subel	Councillor David Longstaff	Ben Thomas

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Monday 28 September. Requests must be submitted to Salar Rida at [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

**You are requested to attend the above meeting for which an agenda is attached.  
Andrew Charlwood – Head of Governance**

Governance Services contact: Salar Rida 020 8359 7113, [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)  
Media Relations Contact: Gareth Greene 020 8359 7039

**ASSURANCE GROUP**

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 12
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Public Questions and Comments (if any)	
5.	Report of the Monitoring Officer (if any)	
6.	List of HWBB Abbreviations	13 - 16
7.	Forward Work Programme	17 - 20
8.	COVID-19 Pandemic Update - verbal	
9.	Health and Wellbeing of Student Population - verbal update	
10.	Update Report on Barnet Integrated Care Partnership (ICP)	21 - 30
11.	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2019-20	31 - 58
12.	Update on Joint Health and Wellbeing Strategy developments 2021-2025	59 - 96
13.	Any Items the Chairman decides are urgent	

### FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Salar Rida 020 8359 7113, [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk). People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

---

## **FIRE/EMERGENCY EVACUATION PROCEDURE**

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

## Decisions of the Health & Wellbeing Board

## AGENDA ITEM 1

23 July 2020

Board Members:-

Cllr Caroline Stock (Chairman)

Dr Charlotte Benjamin (Vice-Chairman)

* Cllr Sachin Rajput	* Dawn Wakeling	* Dr. Nick Dattani
* Cllr Richard Cornelius	* Madeline Ellis	* Caroline Collier
* Dr. Tamara Djuretic	* Kay Matthews	* Fiona Bateman
* Chris Munday	* Dr Clare Stephens	

\* denotes Member Present

### 1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The Chairman of the Health and Wellbeing Board, Councillor Caroline Stock welcomed all attendees to the meeting, which was held virtually.

The Chairman welcomed two new Board members, Madeleine Ellis, the Barnet Healthwatch representative, and Rebecca Sare from Inclusion Barnet, who replaced Rory Cooper and Julie Pal. The Chairman thanked Rory and Julie for all their contributions to the work of the Board.

The Chairman noted that the Board had recently held two webinars and that at the first webinar, a minutes' silence had been held for those who lost lives to Covid-19.

The Chairman noted the work of the Barnet Public Health and put on record her thanks to the team and in particular, to Dr. Tamara Djuretic, for all of the hard work that had been done in relation to the pandemic. The Chairman noted the importance of taking a break during these difficult times.

The Chairman acknowledge the way that the Local Integrated Pathway had worked over the first wave and went on to express her thanks to Barnet CCG.

It was **RESOLVED** that the minutes of the previous meeting of the Health and Wellbeing Board held on 16 January 2020 be agreed as a correct record.

### 2. ABSENCE OF MEMBERS (Agenda Item 2):

There were none.

### 3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

Dr. Charlotte Benjamin, the Vice Chairman declared a non-pecuniary interest on behalf of herself, Dr Clare Stephens and Dr Nick Dattani as primary care providers via their respective GP Practices. Dr Benjamin advised that it should be made clear to the public that this interest is being made on behalf of the three clinicians for transparency.

**4. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 4):**

None.

**5. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 5):**

None.

**6. LIST OF HWBB ABBREVIATIONS (Agenda Item 6):**

The Board noted the standing item on the agenda which lists the frequently used acronyms in HWBB reports. Members were encouraged to email any further suggestions to the Governance Service.

**7. FORWARD WORK PROGRAMME (Agenda Item 7):**

The Board considered the Forward Work Programme as set out in the report.

**RESOLVED that the Committee note the Forward Work Programme.**

**8. BARNET COVID-19 LOCAL OUTBREAK CONTROL PLAN (Agenda Item 8):**

The Chairman introduced the report, which noted that NHS Test and Trace commenced on 28 May 2020 and that all local authorities across the country were asked to support the system by developing and publishing Local Outbreak Control Plans by 30 June. The Committee were advised that Barnet had published their plan accordingly and can be accessed here. The Chairman noted that Barnet had also been selected to contribute further as part of the Best Practice Group Network with Camden, Hackney and Newham, representing London.

At the invitation of the Chairman, the Director of Public Health, Dr. Tamara Djuretic, advised the Committee that the plan sought to prevent an outbreak and that if one occurred, to deal with it as quickly as possible. The Board noted that the Plan had been developed with the Barnet Health Protection Board.

Referring to a set of slides contained within the agenda, Dr. Djuretic advised that the purpose of the plan is to support Test and Trace. Dr. Djuretic noted that there was a PHE London Corona Response Cell (LCRC), which is a partnership that set out specific responsibilities for various actions.

Dr. Djuretic noted that the Health Protection Board contained "Category One" responders, which included partners such as the London Ambulance Service and the Police.

The Chairman advised that the Health and Wellbeing Boards' role as recommended by Government is to engage with the public to prevent outbreaks. She further noted that the webinars referred to in her opening comments aimed to engage with a wider audience. The Board noted that the first webinar focused on education, and was attended by school Head Teachers. This webinar included back to school information and mental health wellbeing information. The Board noted that the second webinar was with the local faith forums and local faith groups, and focused on places of worship.

The Board noted that both Webinars were well attended and created a good forum for open and timely engagement in order to prevent potential outbreaks happening within such settings.

Dr. Djuretic noted that for the purposes of data sharing on NHS Test and Trace, an agreement had been signed with Public Health England, and that Barnet was following all guidelines.

**During the consideration of this item, the meeting was briefly adjourned due to a technical error which saw an interruption in the broadcasting of this meeting. The connection was restored, and the broadcast of this meeting was resumed.**

Dr. Djuretic noted that a communication and engagement plan was in place to promote the prevention of Covid-19. The Board noted that the plan, which had been launched earlier that month, was targeting the areas with the most cases in the first instance. The Board noted that specific engagement would be undertaken with all parts of the community in Barnet.

Chris Munday, Executive Director for Children and Young People advised of an issue that he had been working on with Dr.Djuretic in relation to NHS Test and Trace in obtaining information on three young patient within the Borough. Dr. Djuretic expressed the need to close the loop on this data.

Responding to a question from the Chairman, Dr.Djuretic commented that schools in the Borough had been working very closely with the Local Authority. She noted that the Health and Safety Team work with Education department and had developed an extensive risk assessment for schools, all of which had been received back. She further noted that from the Covid-secure point of view, she was confident everything was in place for the anticipated return of schools in September. Dr. Djuretic noted the importance of children being in school.

Responding to a question from the Chairman, Mr. Munday advised the Committee that approximately 9000 pupils had been attending schools since the pandemic. He further noted that approximately 40% of vulnerable children were now in school, which was a big increase from the start of the pandemic and was also in line with national data. Mr. Munday reinforced the importance of children being back in school. He advised that he had been working closely with the Public Health and Health and Safety to develop the Risk Assessments. He commented that he hoped that parents would feel confident in sending their children back to school.

Responding to a question from the Chairman, Mr. Munday advised that he had undertaken a very strong “Back to School” campaign.

A Board Member expressed concern about the ability of those who are not digitally enabled to receive testing if they do not have an e-mail address. Dr. Djuretic advised that she believed that testing could be requested via the telephone. She undertook to research this and report back to the Board (**Action: Dr. Djuretic**) Dr. Djuretic subsequently confirmed that tests can be requested via 119 as well as via national portal.

Following the consideration of the report, it was RESOLVED:

- 1. That the Health and Wellbeing Board note Barnet’s COVID-19 Local Outbreak Control Plan and the Board’s role in management of local outbreaks.**

## **9. BARNET INTEGRATED CARE PARTNERSHIP: UPDATE (Agenda Item 9):**

The Chairman introduced the report, and noted that the Pandemic has had devastating effects on our communities locally as well worldwide however it also brought some different ways of working and brought local partnerships between Local Authority, NHS and Voluntary and Community sector much closer which will have legacy for local Integrated Partnership.

The Chairman invited Daniel Morgan, the Interim Director of Commissioning at North Central London CCG Barnet Directorate to introduce the report.

Mr. Morgan advised the Committee that the partnership had been in place since the beginning of the year, with the following aims:

- A Population health management approach that takes into consideration the wider determinants of health and improves the health outcomes for residents of Barnet;
- Addressing the challenging commissioning issues so that as a system we develop integrated solutions;
- Addressing performance issues where Barnet is an outlier (e.g. by reducing the number of avoidable unplanned hospital visits and admissions)
- Support residents in self-care and prevention;

Mr. Morgan advised the Board of the following progress to date:

Developed strong, collaborative leadership:

- The partnership had identified system leaders across multi-organisation’s in Barnet
- Held workshops and informal meetings last year to build relationships
- Held detailed discussions about vision, outcomes, governance and financial management of the Barnet ICP to develop shared understanding

Developed Joint Governance:

- The partnership had developed interim governance arrangements
- Established the Barnet ICP Board and Barnet Integrated Care Delivery Board
- Agreed Terms of References and Memorandum of Understanding
- Established workstreams to progress ICP development

Developed High Level Outcome Domains:

- The partnership had developed five high-level outcome domains around access, workforce, population health, wider determinants and community resilience
- Agreed an approach to develop detailed outcomes based on priority pathways

Identified Areas to Progress Local Integration:

- Developed five high-level outcome domains around access, workforce, population health, wider determinants and community resilience
- Agreed an approach to develop detailed outcomes based on priority pathways

Mr. Morgan advised the Committee that pre-Covid, in January 2020, a paper setting out proposals to address system wide issues was presented at the Royal Free London A&E Delivery Board, Integrated Care Partnership (ICP) Delivery Board and the Health and Wellbeing Board. He noted that since then and following Covid, the pace and scale of changes had meant that the local system have worked together on a longer list of priority areas, which had included significant changes to:

- **Same day access**
- **Primary care networks (PCN)**
- **Care homes**

Commenting on care homes, Mr. Morgan noted that GP care for care home residents had been bolstered as part of the response to Covid.

The Board noted the new Governance Structure for the ICP Development Model.

Responding to a question from a Member, Dr. Djuretic commented that whilst Barnet had a long-life expectancy, there was prevention work to be done to ensure a long healthy life expectancy. Dr Djuretic noted that many of the mentioned conditions such as cardiovascular disease and diabetes were preventable through lifestyle

Dr. Djuretic advised the Board on a piece of work that the NCL Directors of Public Health had started on regarding HWBB strategy commonalities to inform North Central London Population Health Plan. She advised that this piece of work had been interrupted by Covid, and stressed the importance of now considering it through the Covid prism. She advised that she hoped to be able to bring this piece of work to the Board in due course (**Action Dr. Djuretic**)

Dawn Wakeling, the Executive Director for Adults and Health advised the Board that the ICP Executive Board had met the previous day. She advised that a key conversation from the meeting was an agreement about taking quick action as a local system to think about how health partners and the council address Black, Asian and other Minority Ethnic groups (BAME) issues in advance of second wave of Covid/winter flu. She stressed the desire to work as a system and partnership with “no wrong door” and ensure that the right information and messages were communicated. She stressed the importance of supporting and targeting people around matters such as preventative methods like underlying health conditions, particularly around winter. She acknowledged that the focus on care homes very timely and noted a significant emphasis from central Government on Care Homes. Ms. Wakeling also commented on the new publishing system directly into the Minister of State for Care on status of care homes in relation to Covid-19.

The Chairman put on record her thanks to Dawn Wakeling and her Department for their excellent work on Covid-19.

Following the consideration of the report, the Board RESOLVED:

**To note the update of the Barnet Integrated Care Partnership.**

#### **10. NORTH CENTRAL LONDON CCG MERGER (Agenda Item 10):**

The Chairman introduced the item and noted that since the Board had last met, CCGs across the country and in North Central London have restructured. Kay Matthews, Executive Managing Director, Barnet Borough, NCL CCG will briefly update us on the changes and what does this mean for Barnet’s population.

Ms. Matthews commented that it was appropriate that this item be considered following the ICP paper, noting the work that would be undertaken by the partnership.

Ms. Matthews advised the Board of the following actions in relation to the merger:

- The merger proposal was approved by all five Governing Bodies in September 2019 and by NHS England in November 2019.
- Member practices were invited to vote on a new NCL CCG Constitution in November, with a majority of votes received in favour of the new Constitution (and a majority in each borough also achieved).
- The five CCGs merged to form North Central London CCG on 1 April 2020.

The Committee noted that the single CCG continues to work closely with Councils, Providers, General Practices, Voluntary, Community Organisations, and Unions, to achieve shared aims. Ms. Mathews advised on the importance of working with local Councils. She provided assurance that the CCG will continue to work in the normal way, supporting both the HWBB and HOSCs, as well as local Councillors.

Ms. Matthew expressed the need to engage with the public in the Borough on their local services and what they want to see improved, as well as providing an integrated

Covid response. She further commented that the Local Integrated Partnership would be a priority going forwards.

A Member noted the benefits as a clinician of working at scale with the merger. The Member commented on the progress of the ICP Executive Board.

Ms. Wakeling requested an item be brought to a future meeting on the emerging ICS Governance structure, which is currently being refreshed. **(Action: Governance to add to work programme)**

A Member asked if the above item could provide information on responsibilities in relation to safeguarding and the Board can influence and support that. It was agreed that this would be included within the report. Ms. Matthews also advised the Board that as Director of Quality, she was currently responsible for both Adults and Children's safeguarding, and noted how seriously she took the role.

Following the discussion of the above item, the Board **RESOLVED:**

**To note the update on the North Central London CCG merger.**

**11. JOINT HEALTH AND WELLBEING STRATEGY 2021-2025 DEVELOPMENT: UPDATE (Agenda Item 11):**

At the invitation of the Chairman, Dr. Djuretic introduced the paper. Dr. Djuretic advised the Board that the Health and Wellbeing Strategy was due to be renewed from March 2020. Prior to Covid, a piece of work was embarked upon through which engagement with stakeholders, including commissioners and the community was undertaken, including a Health and Wellbeing workshop.

Dr. Djuretic noted the five guiding principles as set out in the report which were:

- Integrating health and social care and providing support for those with mental health problems and complex needs
- Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing
- Improving services for children and young people and ensuring the needs of children are considered in everything
- Creating a healthy environment
- Continuing improvements on preventative intervention

Dr. Djuretic advised the Board that due to Covid, it had not been possible to prepare a document to present to the Board, and that the Board was therefore being asked to approve the extension of the Joint Health and Wellbeing Strategy 2015-2020 until March 2021.

Ms. Wakeling commented that it made sense to extend the strategy, and observed that as the budget consultation and potentially the new corporate plan consultation

would be undertaken, it might have greater impact (particularly if other consultations from a health perspective were being done) to combine consultations.

Dr. Charlotte Benjamin advised that she wished to declare a non-pecuniary interest on behalf of herself, and the other clinicians present (Dr. Clare Stephens and Dr. Nick Dattani) by virtue of being Primary Care Providers within the Borough via their respective GP Practices.

Following the consideration of the agenda item, the Board RESOLVED:

- 1. That the Health and Wellbeing Board review and agree the JHWS revised development process, including the delegation of responsibility to sign off the draft JHWS prior to the public consultation.**
- 2. That the Health and Wellbeing Board supports JHWS development process.**
- 3. That the Health and Wellbeing Board approve extension of the JHWS 2015-2020 until March 2021.**

**12. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):**

There were none.

The meeting finished at 10.15 am

<b>Health and Wellbeing Board abbreviations</b>	
<b>AOT</b>	Adolescent Outreach Team
<b>ACT</b>	Adolescent Crisis Team
<b>ACE</b>	Adverse Childhood Events
<b>ASC-FR</b>	Adults Social Care Finance Return
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ASC</b>	Autism Spectrum Condition
<b>BAME</b>	Black, Asian and Minority Ethnic Groups
<b>BAS</b>	Barnet Adolescent Service
<b>BCF</b>	Better Care Fund (NHS and local government programme which joins up health and care services so people can manage health, live independently and longer)
<b>BEH MHT</b>	Barnet, Enfield and Haringey Mental Health Trust
<b>BOOST</b>	Burnt Oak Opportunity Support Team (multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team)
<b>CAW</b>	Case Assistant Worker
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CC2H</b>	Barnet Care Closer to Home
<b>CCG</b>	Clinical Commissioning Group
<b>CCS</b>	Concepts care solutions
<b>CEPN</b>	Barnet Community Education Provider Networks
<b>CHIN</b>	Care and Health Integrated Networks
<b>CETR</b>	Care, Education and Treatment Reviews
<b>CLCH</b>	Central London Community Healthcare
<b>CRAT</b>	Carer Recruitment and Assessment Team
<b>CWP</b>	Children's Wellbeing Practitioners
<b>DCT</b>	Disabled Children's Team
<b>DPR</b>	Delegated Powers Report
<b>DPP</b>	Diabetes Prevention Programme
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DPH</b>	Director of Public Health
<b>CWP</b>	Children and Young People Wellbeing Practitioners
<b>DSH</b>	Deliberate Self Harm
<b>DIT</b>	Dynamic Interpersonal Therapy
<b>DOT</b>	Direction of Travel status
<b>DRP</b>	Disability and Resource Panel
<b>DToC</b>	Delayed Transfer of Care
<b>EHC</b>	Emergency Hormonal Contraception
<b>EET</b>	Education, employment and training
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Electronic Prescription Service
<b>FAB</b>	Fit and Active Barnet
<b>GLA</b>	Greater London Authority

AGENDA ITEM 6

<b>HCA</b>	Health Care Assistants
<b>HCC</b>	Healthier Catering Commitment
<b>HEE</b>	Health Education England
<b>HEP</b>	Health Education Programme
<b>HLP</b>	Healthy London Partnership
<b>HSL</b>	Healthy Schools London Programme
<b>IAPT</b>	Improving Access to Psychological Therapy
<b>iBCF</b>	Improved Better Care Fund (Additional money given directly to local government)
<b>ICS</b>	Integrated Care System
<b>ICP</b>	Integrated Care Partnership
<b>IPS</b>	Individual Placement Support
<b>IPT</b>	Intensive Psychotherapy Treatment
<b>IRIS</b>	Identification and Referral to Improve Safety
<b>JCEG</b>	Joint Commissioning Executive Group
<b>JOY</b>	Joining Old and Young
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>Kooth</b>	Online Counselling and Emotional Wellbeing
<b>KPI</b>	Key Performance Indicators
<b>LCRC</b>	London Coronavirus Response Cell
<b>LGA</b>	Local Government Association
<b>LGD</b>	Local government declaration of sugar reduction and healthier eating
<b>LOS</b>	Length of Stay
<b>LOCP</b>	COVID-19 Local Outbreak Control Plan
<b>LCS</b>	Locally Commissioned Service
<b>LTP</b>	Local Transformation Plan
<b>MTFS</b>	Medium Term Financial Strategy
<b>MASH</b>	Multiagency Safeguarding Hub
<b>MIT</b>	Market Information Tool
<b>MHST</b>	Mental Health Support Team
<b>MOMO</b>	Mind of my own app
<b>NCL</b>	North London Clinical Group: Barnet, Camden, Enfield, Haringey and Islington
<b>NCMP</b>	National Child Measurement Programme
<b>NEL</b>	North East London
<b>OT</b>	Occupational Therapist
<b>PBS</b>	Positive behaviour support
<b>PPE</b>	Personal Protective Equipment
<b>PSR</b>	Priorities and Spending Review
<b>PCN</b>	Primary Care Network
<b>PMHW</b>	Primary Mental Health Worker

<b>PQA</b>	Performance and Quality Assurance
<b>RAG</b>	Red Amber Green rating
<b>REACH</b>	Resident, Engaged, Achieving Children Hub
<b>RMN</b>	Registered Mental Health Nurse
<b>RFL</b>	Royal Free London
<b>SEAM</b>	Sexual Exploitation and Missing
<b>SENCO</b>	Special Educational Needs Coordinator
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>SPA</b>	Sport and Physical Activity
<b>QAM</b>	Quality Assurance Monitoring Panel
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention Plan
<b>QIST</b>	Quality Improvement Support Team
<b>QWELL</b>	Online support for professionals and parent/carers/staff
<b>S7</b>	Significant Seven Training to support staff in early identification of deterioration of patients
<b>SAB</b>	Safeguarding Adults Board
<b>SAC</b>	Safeguarding Adult's Collection
<b>SALT</b>	Short and Long Term support
<b>SARG</b>	Safeguarding Adolescents at Risk Group
<b>SCAN</b>	Service for children and adolescents with neurodevelopmental difficulties
<b>SEND</b>	Special Educational Needs and Therapy
<b>SENDIASS</b>	Special Education Needs and Disabilities Information, Advice and Support Services
<b>STP</b>	Sustainability and Transformation Plan
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>TOR</b>	Terms of Reference
<b>TTT</b>	Test, Track and Trace
<b>VARP</b>	Vulnerable Adolescents at Risk Panel
<b>VAWG</b>	Violence Against Women and Girls
<b>VCS</b>	Voluntary and Community Sector
<b>VCSE</b>	Voluntary Community and Social Enterprise
<b>YCB</b>	Your Choice Barnet
<b>YOT</b>	Youth Offending Team
<b>WDP</b>	Westminster Drug Project
<b>WHO</b>	World Health Organisation

This page is intentionally left blank

**Health and Wellbeing Board  
Work Programme**

**2020**

Contact: Salar Rida (Governance) [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision
<b>1 October 2020</b>				
<b>BUSINESS ITEMS</b>				
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer	Non-key
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer	Non-key
COVID-19 Pandemic Update	The Board to note the update	Director of Public Health and Prevention	Director of Public Health and Prevention	Non-key
Update Report on Barnet Integrated Care Partnership (ICP)	The Board to note the update report	Director of Primary Care and Transformation, Barnet Directorate, NCL CCG Executive Director for Adults and Health	Director of Public Health and Prevention Executive Director for Adults and Health	Non-key
Safeguarding Adults Board Annual Report	To note the annual report	Independent Chair, SAB	Independent Chair, SAB	Non-key
Update on Joint Health and Wellbeing Strategy developments 2021-2025	The Board to note the annual report	Director of Public Health and Prevention	Director of Public Health and Prevention	Non-key
Health and Wellbeing of Student Population – verbal update	To note the update.	Chief Finance Officer, Middlesex University	Chief Finance Officer, Middlesex University	Non-key

**\*A key decision is one which:** a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards

Suggested future and standing agenda items	
Suggested future items	Standing agenda items
Cardiovascular Disease Prevention – Deep dive	Forward Work Programme
Enhanced care in Care Homes	ICP Updates
Air Quality	BCF update plan

This page is intentionally left blank

AGENDA ITEM 10

	<b>Health and Wellbeing Board</b>  <b>1 October 2020</b>
<b>Title</b>	<b>Update on Barnet Integrated Care Partnership</b>
<b>Report of</b>	Colette Wood, Director of Primary Care and Transformation, Barnet Directorate, NCL CCG Dawn Wakeling, Executive Director, Adults and Health Barnet Council
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1: Presentation slides
<b>Officer Contact Details</b>	<a href="mailto:Dawn.wakeling@barnet.gov.uk">Dawn.wakeling@barnet.gov.uk</a> <a href="mailto:Colette.wood1@nhs.net">Colette.wood1@nhs.net</a>

### Summary

The North Central London (NCL) Sustainability and Transformation Partnership (STP) has evolved to an Integrated Care System (ICS) following publication of the NHS Long Term Plan.

An important part of the NCL ICS is Integrated Care Partnerships (ICPs), which are borough-based alliances between health and social care organisations in each of the five boroughs.

Locally, system leaders have been meeting regularly to develop the Barnet ICP and establish governance arrangements, agree a vision based on the JSNA and key strategies such as the Health and Wellbeing Strategy, develop high-level outcomes, and identify areas to progress local integration.

This report provides an update on the progress of the Barnet ICP.

### Recommendations

1. That the Health and Wellbeing Board note the update on the progress of the Barnet Integrated Care Partnership.

1. WHY THIS REPORT IS NEEDED

- 1.1 The NHS Long Term Plan outlines that all organisations operating as a Sustainability and Transformation Partnership (STP) are to form Integrated Care Systems (ICS) by April 2021. Key priorities for ICS' will include promoting health and wellbeing, redesigning care services and ensuring financial sustainability.
- 1.2 The local ICS will cover North Central London (NCL), and an essential component of the ICS model is borough based commissioner and provider partnerships, known as **Integrated Care Partnerships (ICPs)**. ICPs are alliances of local NHS providers, clinical commissioning groups, primary care networks, local authorities and other partners who share responsibility to deliver care.
- 1.3 Health and social care leaders across Barnet have re-established local ICP governance, following the first phase of the COVID-19 Pandemic. The Barnet ICP brings together North Central London (Barnet) Clinical Commissioning Group; Barnet Council; Royal Free London NHS Foundation Trust; Central London Community Healthcare NHS Trust; Barnet, Enfield and Haringey Mental Health Trust, Barnet Federated GPs, HealthWatch, Primary Care Networks and a representative from the voluntary sector.
- 1.4 Progress to date includes agreeing three workstreams:
  - Same day access and discharge workstream;
  - Integrated pathway workstream (Frailty and Long-Term Conditions);
  - Transforming clinical care in care homes

Appendix I provides summary of each workstream and progress thus far.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 It is important that the Health and Wellbeing Board is kept up to date with ICP development, to ensure local strategies and priorities align.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not applicable

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Health and Wellbeing Board will be kept up-to-date with Barnet ICP development at future meetings.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 Future work of the ICP will contribute to key priorities identified in the council's Corporate plan, Barnet 2024 which includes a priority of integrating health and

social care and providing support for those with mental health problems and complex needs.

5.1.2 The work of the Barnet ICP will also contribute to the Joint Health and Wellbeing Strategy, including continuing to emphasise prevention, making health and wellbeing a personal agenda, joining up services so residents have better experience and developing greater community capacity.

## 5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Not applicable

## 5.3 **Social Value**

5.3.1 Not applicable

## 5.4 **Legal and Constitutional References**

5.4.1 Under the Council's Constitution, Article 7 the terms of reference of the Health and Wellbeing Board includes responsibilities towards integration of health and social care and to promote partnership work across all necessary areas.

## 5.5 **Risk Management**

5.5.1 Not applicable

## 5.6 **Equalities and Diversity**

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

## 5.7 **Corporate Parenting**

5.7.1 The aim of the Barnet ICP is to improve health care provision for Barnet residents. The same day access workstream includes all urgent care and same day access services and is therefore relevant to children and young people, including looked after children and care leavers. The ICP is committed to improving health care for children and young people and it is envisaged that specific projects on children's health will form part of its work programme in the future.

## 5.8 **Consultation and Engagement**

5.8.1 Engagement has been ongoing with local health and social care leaders, including workshops, regular meetings as part of the interim governance arrangements and weekly ICP bulletins. An update on ICP progression was also provided at a Health and Wellbeing Board Strategy workshop, attended by Barnet councillors, Barnet Officers and Barnet Clinical Commissioning Group.

## 5.10 **Insight**

5.10.1 Not applicable

## 6. **BACKGROUND PAPERS**

6.1 None



# Integrated Care Partnership - Barnet

Health Wellbeing Board  
1 October 2020

# Summary

- Barnet ICP includes all local NHS providers, the NCL CCG, Barnet council, HealthWatch, VCS representatives and Primary Care Networks
- The ICP has developed a work programme which responds to areas of need highlighted in the Barnet JSNA – i.e the health needs of Barnet's high number of frail older people and people living with dementia
- Barnet has 85 care homes, with the highest number of registered care beds for those over 65 in London, hence the ICP has developed clinical in-reach into care homes
- Barnet has the highest proportion of emergency inpatients in NCL, hence the ICP is also focusing on urgent care access and hospital discharge
- The ICP is yet to begin any specific projects on children and young people or mental health but this will be explored over the coming months

# Local priorities

## Older people and Frailty (Integrated Pathways):

- In 2018/19, 50% of those admitted to hospital in an emergency for an admission longer than 1 day were 65 or over. 50% of emergency admissions are from 14% of the registered Barnet population
- The aim of the pathways workstream is to enable people to get multi-disciplinary care in a primary care setting, leading to earlier intervention

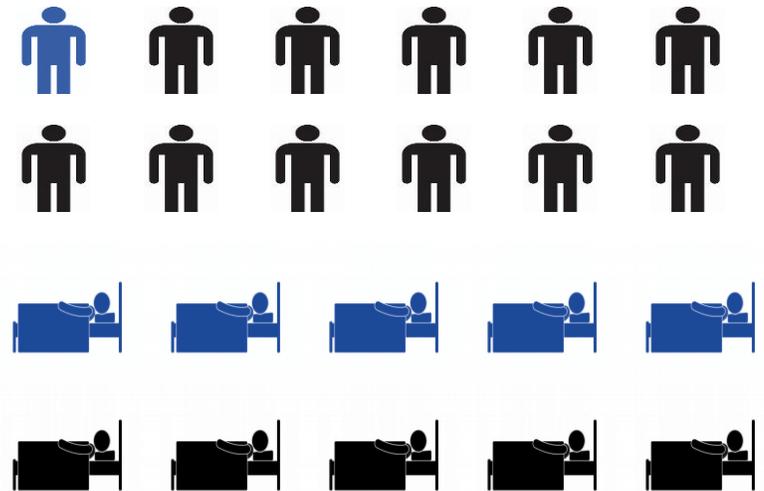
## Same Day Access:

- Barnet has 2 walk in centres, extended access GP services, out of hours services and two large community hospitals
- The aim is to bring together pathways to improve Same Day Access for residents through the integration of primary and community services using digital and estates as enablers

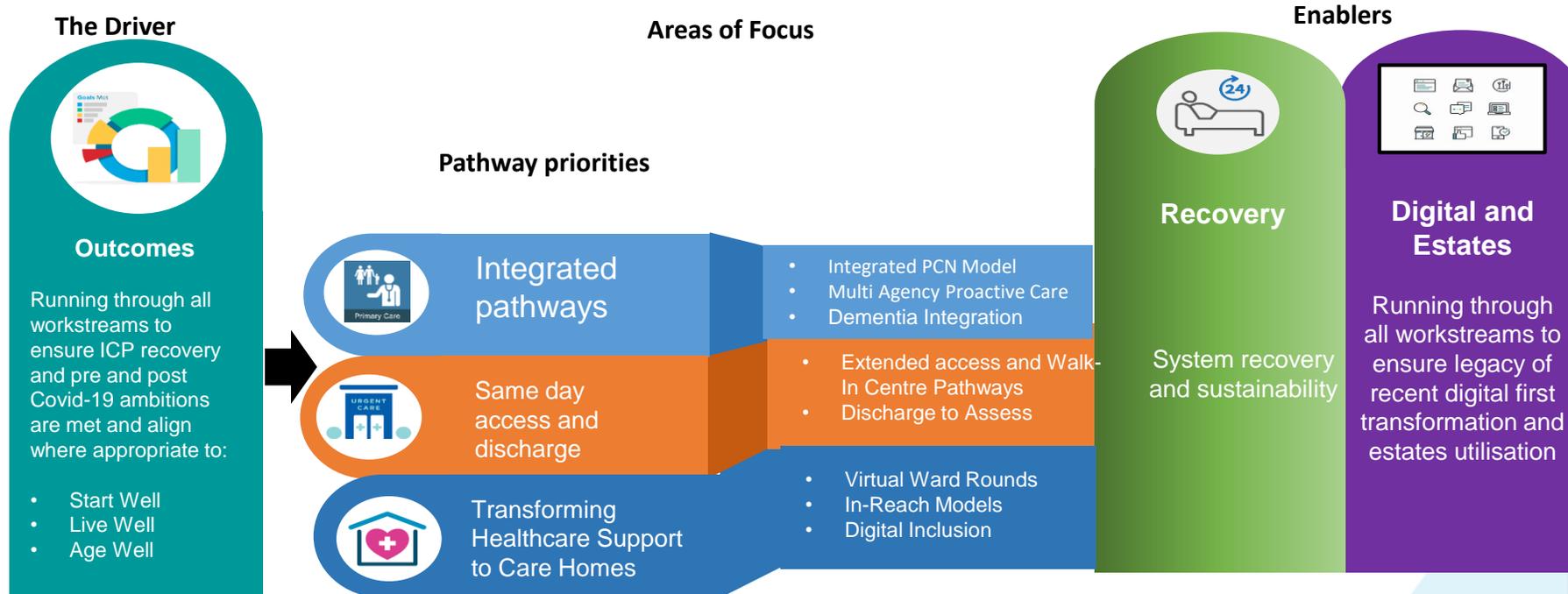
## Transforming Healthcare Support to Care Homes

- 52% of Barnet's care home residents were admitted to hospital in 2019/20
- The aim is to improve proactive care for care home residents, prevent crises and provide multi-disciplinary in-reach

**14% of Barnet's population account for 50% of the boroughs emergency admissions**



# Pathway development and priorities



# Barnet ICP pathway priority detail

## ICP Delivery Board

**Same day access and discharge**

SRO: Sally Dootson  
Leads: Sally, James, Anuj  
CD: Dr Kavel Patel

- In order to manage demand, especially if there is a second peak of Covid-19 infection, the Group would like to undertake a review of the triage options available to 111 in Barnet for same day access to care – with a specific focus on walk in centres, extended access and other community same day services
- The group will also lead the oversight and future development of the single point of access for discharge at Barnet Hospital (integrated discharge team)

**Integrated pathways**

SRO: Denis Enright  
Leads: Denis, Rachel, Thiv  
CD: Dr Ash Bansal

- The group will focus on Frailty
- The group will establish proactive care for shielded groups (multi agency proactive care)
- Development of integrated prevention and care pathways for Frailty, which also includes Diabetes, Respiratory and Cardiology
- The group will consider the estates ask as well as the digital requirements of integrating care within pathways. This could also include relocation of Geriatric outpatient services in to primary care
- The group will explore the assistive technology offer

**Transforming Healthcare Support to Care Homes**

SRO: Dr Ahmer Farooqi  
Leads: Matt, Jess, A  
CD: Dr Nufar Wetterhahn  
Dr Claire Hassan

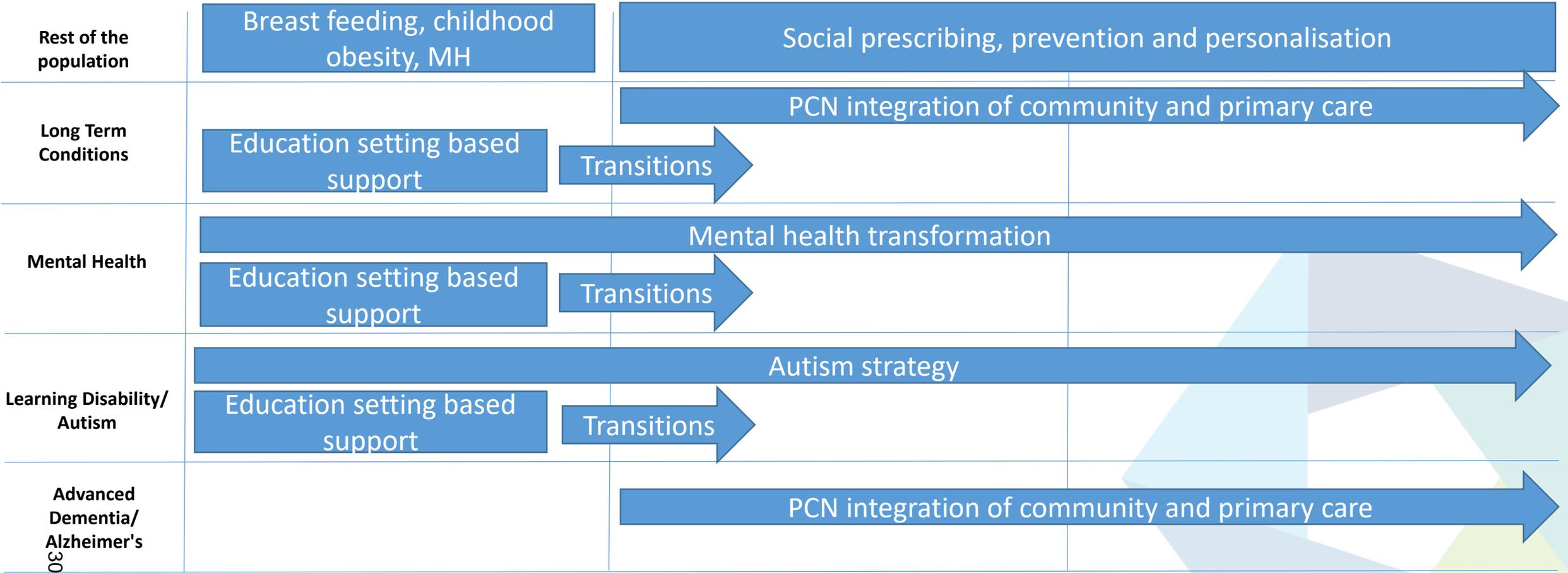
- This group will monitor the development of the one care home in-reach team and the Barnet care homes locally commissioned service
- The group will develop the model of care for patients resident of a care home
- The group will also explore the potential for ongoing support in the form of an in-reach team post Covid and will support the system to prepare for implementation of the care homes DES
- The group will explore the assistive technology offer to support care home residents
- The group will ensure prevention is part of the model of care for residents of care homes

# ICP areas of focus by population segment



**North Central London**  
Clinical Commissioning Group

Local place based commissioning, recognising the importance of education settings (nurseries, schools and colleges) as the place for integrating service delivery for children and neighbourhoods (PCNs) for adults.



AGENDA ITEM 11

	<h2>Health and Wellbeing Board</h2> <h3>1<sup>st</sup> October 2020</h3>
<b>Title</b>	<b>Barnet Multi-Agency Safeguarding Adults Board Annual Report 2019-20</b>
<b>Report of</b>	Fiona Bateman, Independent Chair of the Safeguarding Adults Board
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A: Summary Safeguarding Adults Board Annual Report 2019-20 Appendix B: Safeguarding Adults Board Annual Report 2019-20
<b>Officer Contact Details</b>	Joyce Mbewe Safeguarding Adults Board Business Manager Tel: 020 8359 2519

## Summary

The Local Authority is required (by virtue of s.43 Care Act 2014) to establish a Safeguarding Adults Board [‘SAB’] for their area. Each SAB must publish an annual report setting out details of what it has done to achieve objectives within the strategic plan, provide details of any Safeguarding Adults Reviews undertaken during the period and steps taken to implement the learning from these.

This annual report sets out in the first section the level and types of abuse that were reported for investigation during 2019-20, whilst the second section details the work of Barnet SAB, including the steps taken to implement the strategic plan. There is also an attached executive summary, designed to be displayed as a poster in order that we are able to raise awareness of the work of Barnet SAB and highlight the importance of safeguarding people with care and support needs who may be at risk in Barnet.

Whilst we would recommend reading the document in full, members may be particularly interested to know that our final meeting of the year explored what steps each partner agency had taken to protect our most vulnerable residents from the risks posed by the Coronavirus outbreak. The meeting was originally scheduled to take place at the end of March. Given the operational needs at the time, it was agreed that essential business would be agreed virtually, and the full meeting would be postponed until May 2020. At that time, partners provided assurance on the innovations and

extraordinary steps taken to anticipate safeguarding risks and identify, respond and report all safeguarding issues during this period. More details will be given in next year's Annual Report, but by way of a few examples:

- The Coronavirus Act 2020 did not change any of our collective statutory safeguarding duties for the SAB or partner agencies. As such it was very much 'business as usual'. BSAB sought and received assurance that safeguarding remained a priority and that partners were working in a coordinated way to address the potential risk that lockdown presented and the potential for a surge in safeguarding concerns as lockdown eased. LBB's Adult Social Care department, the Public Health team, BEH Mental Health Trust and the NCL CCG provided assurance reports on steps taken to reduce risk for adults with care and support needs.
- In March, a working group of SAB partners met to seek assurance that organisations were working together to protect those at risk and experiencing multi-exclusion homelessness ['MEH']. Since then we have had a very rapid response (locally and nationally) to ensure people are provided with safe accommodation. There has also been guidance issued calling for a partnership response to take advantage of the opportunity to re-homing rough sleepers. The operational working group leading this work continues to report and receive support from BSAB.
- BSAB continued, throughout the period, to disseminate information to staff from across the partnership regarding safeguarding duties. We raised awareness of new scams / types of abuse relating to the virus that were emerging, provided information of how to recognise and respond to risks of domestic abuse for those with care and support needs, and the potential safeguarding risks for those who were shielding.
- In addition, working with the London SAB, we reviewed arrangements for protecting care home residents within the borough

## Recommendations

- 1. That the Board note the Safeguarding Adults Board Annual Report 2019-20.**
- 2. That the Board note that the Annual Report will be published on the Council website.**

### 1. WHY THIS REPORT IS NEEDED

- 1.1 The Care Act 2014 (the Act) requires each local authority to establish a Local Safeguarding Adult Board for their area pursuant to Section 43(1).  
The Barnet Safeguarding Board was established in 2002.
- 1.2 The Barnet Safeguarding Adults Board is a partnership of voluntary, statutory and community organisations. BSAB's purpose is to enable partner agencies to review practice across the entire 'system' and provide positive cross agency challenge to encourage accountability and strengthen a culture of continuous improvement. It is a very active partnership with commitment from across the statutory, voluntary and community-based organisations.
- 1.3 The SAB's governance arrangements ensure that it reports work to the Council through the Adults and Safeguarding Committee and, due to the important multi-agency arrangements and the role of health, the Board's Annual Report is noted by the Health and Wellbeing Board as well as each partner's executive Board.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The annual report will be published on the Council's website.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Given the exceptional operational pressures on partner agencies during the Coronavirus outbreak, guidance was issued by the Department for Health and Social Care to SAB Independent Chairs enabling them to make the decision not to publish a report this year. The Independent Chair, in consultation with SAB partners, decided this would not be acceptable as it remains crucially important to provide local reassurance that safeguarding activities continue to operate effectively and provide opportunities for local scrutiny of the work and effectiveness of the SAB.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Barnet Safeguarding Adults Board Strategic Plan and annual report is a public document which can be accessed through the Council's website. The Board's Annual Report will also be reported to the Health and Wellbeing Board for noting as well as each partners executive Board.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

The Corporate Plan, Barnet 2024, outlines the Council's commitment to safeguarding which underpins everything SAB partners do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse.

The Corporate Plan strategic objectives state that the Council, working with local, regional and national partners, will strive to ensure that Barnet is the place: -

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the tax payer.

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 There are no additional resource implications arising from the recommendations of this report. The activities listed will be managed within the

SAB's existing budget.

5.2.2 Safeguarding training is currently provided by the Council's Adults and Health Directorate and this training is mandatory for all adult social care staff in the council. Safeguarding training is also offered to all care providers commissioned by the council and the provision is covered within the Adults and Health budget.

5.2.3 The current annual budget for the BSAB is £95,500, which covers the post of Independent Chair and Safeguarding Adults Business Manager as well as the delivery of the Board priorities including training and communications. Each partner has been asked to provide a contribution towards Board costs; so far the following contributions have been agreed:

Table 1: BSAB Partner Financial Contributions 2019/20

<b>Statutory Partner</b>	<b>Contribution</b>
London Borough of Barnet	£60,000
Barnet Clinical Commissioning Group	£20,000
Barnet Enfield Haringey Mental Health Trust	£5,000
Metropolitan Police	£5,000
Central London Community Health	£5,000
<b>Non-statutory Partner</b>	<b>Contribution</b>
London Fire Brigade	£500

### 5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

### 5.4 Legal and Constitutional References

5.4.1 The Care Act 2014 (the Act)<sup>1</sup> places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).

5.4.2 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The plan will be published on the Council's website.

<sup>1</sup> The Care Act 2014 – [www.legislation.gov.uk/ukpga/2014/23/contents](http://www.legislation.gov.uk/ukpga/2014/23/contents)

5.4.3 The responsibilities of the Health and Wellbeing Board are contained within the Council's Constitution – Article 7, which includes

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
  - Overseeing public health
  - Developing further health and social care integration.

## 5.5 Risk Management

A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council and relevant safeguarding partner agencies. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

## 5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.6.3 The annual report provides progress against the 2018-21 SAB Strategic Plan.

Our key priorities are:

- Establish consistent practice across partnership agencies which reflect the 'Making Safeguarding Personal' principles'
- Adults at risk' are heard and understood and their experiences and views shape continuous improvement
- Advance equality of opportunity, including access to justice for 'Adults at Risk'

5.6.4 The Care Act Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion.

## **5.7 Corporate Parenting**

5.7.1 The Adults Safeguarding Board works closely with the Barnet Safeguarding Children's Partnership. It recognises the need for everyone to 'think family' when addressing their safeguarding functions. To this end BSAB co-hosted a meeting during 2019-20 to seek assurance on the steps taken by the Council and partners to assist young people transitioning to adulthood who may be at risk of abuse, exploitation and neglect. At this meeting partners explored opportunities for practice improvement, and this remains a key priority within the 2020-21 workplan.

## **5.8 Consultation and Engagement**

5.8.1 The report will assist us in identifying any improvements that need to be made to our services or, to policy and procedure. This will be done in full consultation with relevant groups before any changes are recommended and implemented.

5.8.2 The SAB has to report on its work to elected members via the Adults and Safeguarding Committee and then to partners and members at the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the annual report to their agency executive Board.

## **5.9 Insight**

5.9.1 The annual report was developed using insight from the adult social care case management system and contributions from the SAB partners.

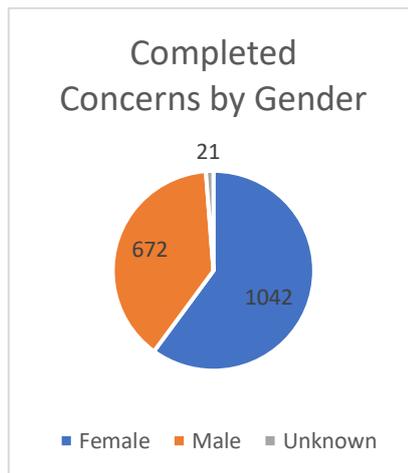
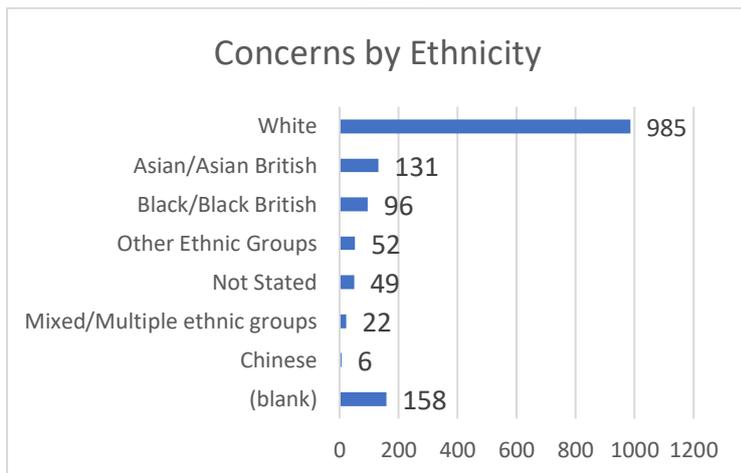
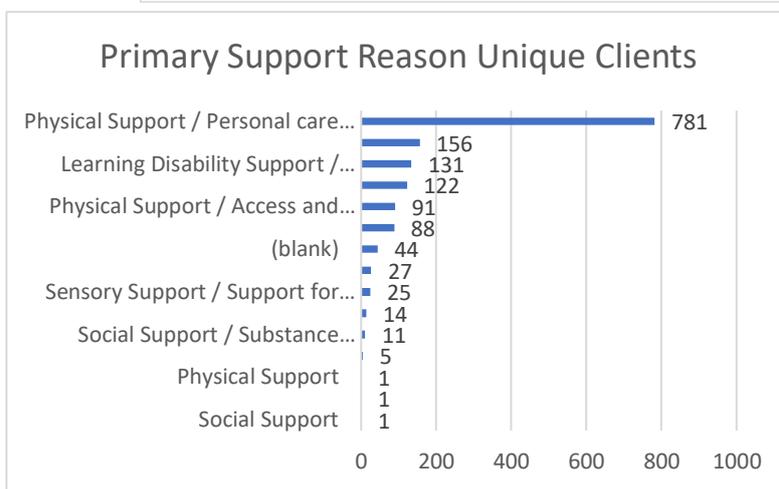
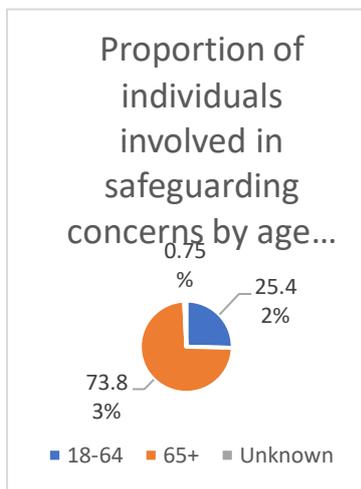
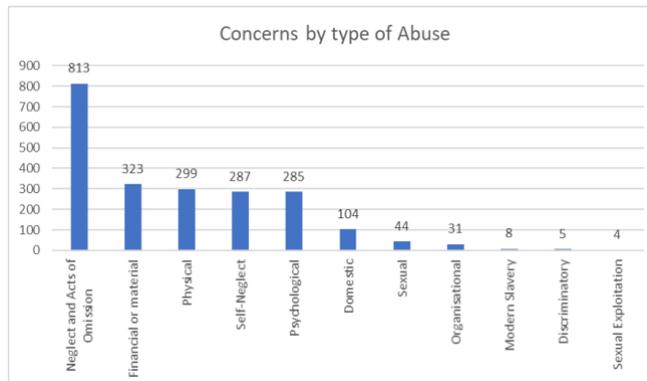
## **6. BACKGROUND PAPERS**

6.1 Barnet Safeguarding Adults Board strategic plan 2018-21 available at: [https://www.barnet.gov.uk/sites/default/files/bsab\\_strategy\\_2018-21\\_final\\_v2\\_comms\\_0.pdf](https://www.barnet.gov.uk/sites/default/files/bsab_strategy_2018-21_final_v2_comms_0.pdf)



**Barnet Safeguarding Adults Board (BSAB)** is a partnership body made up of the Local Authority, Clinical Commissioning Group, Police, Fire Service, Hospitals and voluntary organisations. The Board 's purpose is to enable partner agencies opportunities to review practice and provide positive cross-agency challenges to encourage accountability and strengthen the culture of continuous improvement.

**The type and level of risk adults with care and support needs face within Barnet:**



## This year the BSAB 's focus was on:

	<p><b>Safeguarding Adult Reviews ['SAR']</b> We have reviewed the impact of learning from SAR reports into:</p> <p><b>Refusals of medical treatment-</b> BSAB led a case audit across NCL to ascertain how practice had changed following recent SARs. Key findings of this report and recommendations were presented both to the SAB and London SAB for on-going development.</p> <p><b>Fire safety-</b> BSAB have developed an action plan to ensure multi-agency activities are focused on identifying those adults with care and support needs who may be at higher risk of serious harm from fires and pro-actively target support to reduce this risk.</p>
	<p><b>Quality assurance of operational safeguarding across partner agencies.</b> This year the SAB:</p> <ul style="list-style-type: none"> <li>• Ratified the revised Pan London safeguarding policy, revised our SAR process and received regular assurance reports on operational effectiveness of the Multi- Agency Safeguarding Hub, provider concerns and Multi-agency risk panel forums.</li> <li>• Hosted thematic meeting to review safeguarding for young people in Barnet, audited the use of advocacy within safeguarding enquiries and reviewed learning from other statutory mortality review processes involving adults with care and support needs (e.g. LeDeR programme).</li> <li>• Disseminated briefings on capacity issues linked to medical treatment, fire safety, domestic abuse and safeguarding, chronic homelessness and safeguarding and information sharing duties linked to safeguarding concerns.</li> </ul>
	<p><b>Increasing awareness of our work through community engagement events</b></p> <p>We continued to work with our 'experts by experience', meeting quarterly with service users so as to provide advice on safeguarding topics of their choosing, but also listening to ways in which we can improve. With their help we have devised programmes to support adults with care and support needs stay safe on-line and protect themselves from financial abuse.</p> <p>We have redesigned our website and hope to launch this very soon to act as a source of information for adults, their carers and practitioners.</p>
	<p><b>Hosted practitioners and providers events in relation to:</b></p> <ul style="list-style-type: none"> <li>• Decision making and impaired capacity in relation to criminal justice issues for frontline police officers.</li> <li>• Liberty Protection Safeguards- new legislation to better support those needing restrictions on their freedom to ensure they receive safe, effective care</li> </ul>
	<p><b>Represented adults at risk and advocated for consideration of specific needs or opportunities for improvements to multi-agency practice through active participation in:</b></p> <ul style="list-style-type: none"> <li>• Voluntary, Community and Faith Sector networks, including bi-annual attendance at the CEO network, provider forums and events hosted by our wonderful Community Wellbeing Hub team.</li> <li>• Barnet's Health and Wellbeing Board and Community Safety Partnership</li> <li>• National, Regional and sub-regional (North Central London) Safeguarding Adults Boards and networks</li> </ul>

**The BSAB is working towards making safeguarding everybody's business**

If you wish to raise a safeguarding concern please call **020 8359 5000** text (SMS) **07506 693707** or email [socialcaresdirect@barnet.Gov.Uk](mailto:socialcaresdirect@barnet.Gov.Uk)

**If the person has been seriously hurt or a crime has been committed, please contact the emergency services on  999**

# Barnet Safeguarding Adults Board Annual Report 2019-20



## *Foreword from the Independent Chair, Fiona Bateman*

**Welcome to the Barnet Safeguarding Adults Board's Annual Report for 2019-20.** I am grateful for the opportunity to introduce this report to all those interested in the work of Barnet Safeguarding Adults Board ['BSAB' or 'Board']. I hope you find much of interest and value within it as the report details some of the Board's key achievements and also seeks to set out how these link to national agenda and our future plans. This period covers the second year of our three year strategic plan to improve the way in which we all respond to the risks of abuse and neglect in Barnet. The first section of the report therefore details the picture of risk that frontline safeguarding staff from across the voluntary and statutory sector deal with on a daily basis. You will note the steady rise in safeguarding concerns being referred and significant numbers of enquiries undertaken. It is however, much harder to quantify the preventative work that carers and staff do on a every day to reduce incidents of abuse and neglect. As Independent Chair I have the privilege of meeting and working with so many individuals who support and care for adults in ways that respects dignity, ensures people can exercise choice and control over their lives and values each person.

I have no doubt that partnership working offers the most effective model for protecting adults at risk of abuse and neglect, but time and time again this has been reinforced in each report received to the Board. Partner agencies, volunteers, carers and members of the public clearly understand the importance of working together to keep children and adults with care and support needs safe from abuse. Never has this been better demonstrated than in the remarkable way people came together locally to support our most vulnerable residents during the early days of the Coronavirus outbreak. I was so impressed with the strength, courage and compassion shown by our workforce, including the huge body of volunteers, that I wanted to take this opportunity to pay tribute to them and the many who lost their lives during this period. I am acutely aware of the resilience needed by us all to continue to ensure those at risk remain safe and tackle changes in the type, nature or level of safeguarding risks posed during this period. I am optimistic that together we can use the strong foundations of partnership working to provide effective responses when concerns arise to ensure our most vulnerable residents can live safely, free from abuse and neglect.



## *The profile of risk for adults with care and support needs in Barnet*

We can all agree that it is important we work together when ‘protecting an adult’s right to live in safety, free from abuse and neglect.’<sup>1</sup> This requires, however, that everyone, including members of the public understand how to raise a concern if they are worried about an adult with care and support needs who is experiencing or at risk of abuse or neglect. We continue to work to raise awareness of the types of abuse experienced by adults with care and support needs in Barnet and the ways in which anyone can raise concerns so that together we can stop abuse and provide access to justice for those who have experienced it.

Professionals working within the BSAB partnership and anyone caring for or supporting an adult at risk have additional responsibilities, linked to their duty of care and professional standards to identify a safeguarding risk and respond effectively. In 2019-20 the London SAB revised the multi-agency safeguarding policy and procedures.<sup>2</sup> In addition, ADASS published a framework to assist those responding to safeguarding concerns better understand how to apply expected standards and record the work they do in a way that provided better consistency of practice across geographical boundaries and professional disciplines. The SAB supported practitioners to understand this new framework<sup>3</sup> and much of our ongoing audit and quality assurance work intends to measure how well this has been embedded into practice to improve support for adults at risk of abuse in Barnet.

<sup>1</sup> Care and Support Statutory Guidance 14.7 - <https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

<sup>2</sup> Available at: <https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

<sup>3</sup> Available at: <https://www.adass.org.uk/media/7323/s42-fwork-v-7-5-final-11-july.pdf>

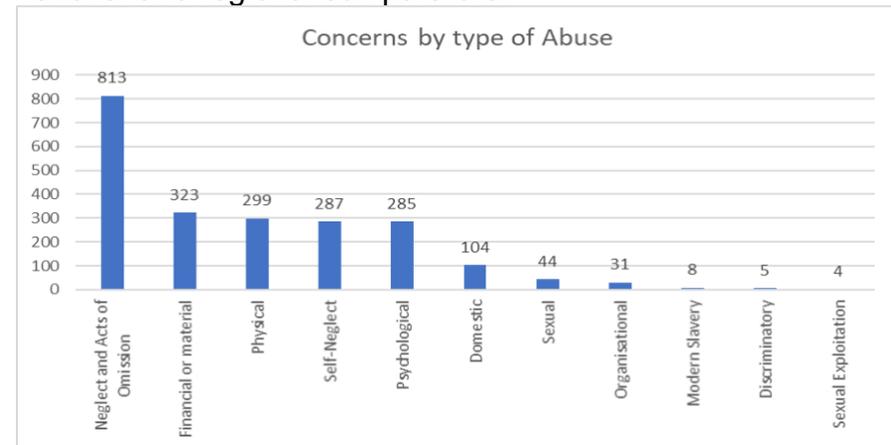
# Safeguarding concerns received April 2019 – March 2020

1735 safeguarding concerns were received during the period. Taking into account concerns still to resolve from the previous year, in total 1739 safeguarding concerns were completed in the 2019-20 year. This is an increase of 30 (1.75%) compared to the total recorded in 2018/19 (1,709). This data isn't designed to capture the work done every day by partners to recognise possible risks and provide support in a way that prevents harm before any safeguarding concerns arise. Similarly, other processes exist to provide multi-agency solutions to certain types of risk (e.g. domestic abuse) or to enable reflection on current practice and identify ways to improve care (e.g. LeDeR programme). All of which has a positive impact on the lives of our most vulnerable residents. Details of the work done by BSAB to capture that work is detailed in section 2 of this report.



## Concerns by types of abuse of all Safeguarding Concerns

The largest number of safeguarding concerns by abuse type in 2019/20 was 'Neglect and Acts of Omission' (37% of the total). 'Financial or material' abuse was the second highest (15% of the total). This is similar to previous years and in line with national and regional comparators.



## Source of Referral for Safeguarding Concerns

The highest number of safeguarding concerns were raised from organisations such as the NHS, Police and Council's adult social care dept. collectively recorded as 'Agency'. Of these, the majority were raised by the NHS (39% of the total concerns

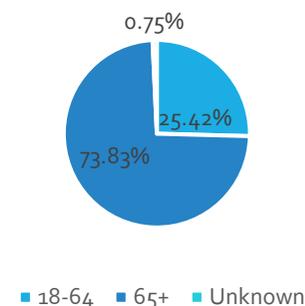
raised). The miscellaneous ‘other’ category includes other organisations such as housing associations and other council services. This is to be *expected, as there is now a much greater emphasis on the professional responsibility to recognise and report safeguarding concerns within statutory agencies. It also reflects the work done to ensure partners’ workforce receives safeguarding training.*

Source of Referral	Total	%
Agency	917	52.8%
Anonymous	28	1.6%
Friend or Relative	115	6.6%
Other	180	10.3%
Paid Care Staff	360	20.7%
Self-Referral	18	1%
Not Known	117	7%
<b>Grand Total</b>	<b>1735</b>	<b>100%</b>

### Profile of Adults at risk in Barnet by age

As with last year, there is still a greater proportion of those aged 85-94 years old, who were the subject of a safeguarding concern in Barnet (480, 28%). In 2018/19 it was 26%. This is also the case for 75-84-year olds (399, 23%) a slight rise compared to the 21% in 2018/19. This is not unusual, as adults within these age ranges tend to have more contact with statutory agencies and, rightly, concerns are reported by those agencies.

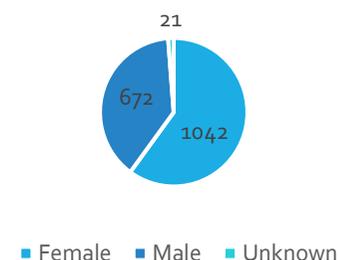
Proportion of individuals involved in safeguarding concerns by age band



### Safeguarding concerns by Gender

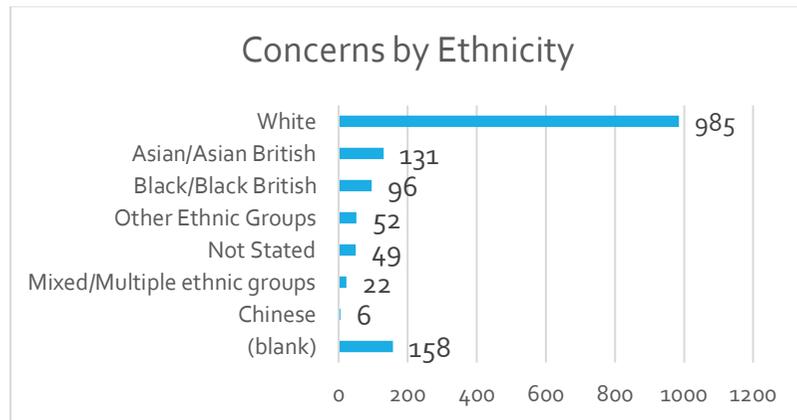
60% of those individuals referred were female and 39% referred were male. This is a similar pattern to last year and is largely in line with the most recently available national statistics. In Barnet women were very slightly over-represented by approximately three percent.

Completed Concerns by Gender

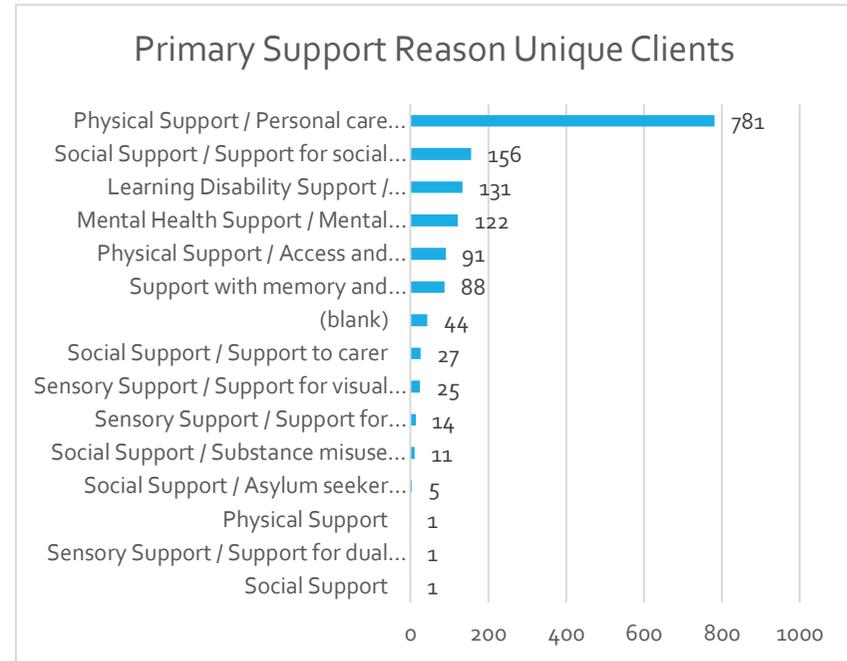


## Total individuals involved in Safeguarding Concerns by ethnic origin

66% of the people subject to a safeguarding concern in Barnet were described as 'White', lower than the national average of 79% but closely matching our population profile.. The number of people described as Asian/Asian British (9%) was higher than the national average of 3%; as was those described as being Black (African/Caribbean/British) (6%) where the national average is 3%. A high priority of the SAB in 2019-20 was to raise awareness within Barnet's diverse communities of the risks of abuse and, whilst there is still more to do to ensure that we reach all our communities equally well (and record ethnicity consistently across all partners, it is reassuring that we are starting to see the positive impact of our work raising awareness of risks within those communities.



## Total individuals involved in Safeguarding Concerns by Primary Support reason



Physical Support/Personal care and support as the primary care and support need increased in 2019/20 by 108 compared to 2018/19, however this is closer to the number in 2017/18 when there were 823.

## *Barnet Safeguarding Adults Board: Our vision and purpose*

The Safeguarding Adults Board ['BSAB'] is a partnership of voluntary, statutory and community organisations. BSAB purpose is to enable partner agencies to review practice across the entire 'system' and provide positive cross agency challenge to encourage accountability and strengthen a culture of continuous improvement. Our vision is for all 'adults at risk',<sup>4</sup> in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live safely. In 2018 we set out a three-year strategic plan to address three key priority areas, namely:

- Establish consistent practice across partnership agencies which reflect the 'Making Safeguarding Personal' principles<sup>5</sup>
- Ensure 'adults at risk' are heard and understood and their experiences and views shape continuous improvement
- Advance equality of opportunity, including access to justice for 'adults at risk'

This work is undertaken by partners coming together as a full board on a quarterly basis and, in between those meetings, through our sub groups. A summary of the work completed and the impact is given below.

### **THE CASE REVIEW GROUP ['CRG']:**

The CRG undertakes the statutory duties set out under Section 44 of the Care Act, namely to review any case where an adult with care and support needs in Barnet has suffered serious harm or died as a result of abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult. The group considers all referrals to assess the opportunity for learning and reports quarterly to the BSAB with recommendations on the commissioning of reviews. The CRG also monitors the recommendations and action plans of partners where a review has taken place, and co-ordinates multi-agency responses.

<sup>4</sup> Defined by s42 Care Act 2014 as adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves

<sup>5</sup> Set out in more detail at: <https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

## Key Achievements in Safeguarding Adults during 2019-2020:

### Safeguarding Adults Review (SAR) Framework

The Safeguarding Adults Review Framework document is a local protocol for requesting and conducting a Safeguarding Adults Review in accordance with the Section 44 Care Act 2014. The CRG reviewed and updated this document. It was presented and signed off by the BSAB in March 2020.

### Safeguarding Adult Reviews completed or published in 2019-20

#### AB Safeguarding Adult Review (SAR)

**Background:** AB had a long-standing health condition with a history of refusing to comply with advised treatment which had resulted in physical difficulties. There was increasing concern for AB as their health deteriorated. AB was informed of the risks of failure to follow advice, including that this may mean life changing surgical intervention. Professionals in contact with AB questioned their mental capacity on numerous occasions but struggled to balance AB's right to make an unwise decision with the duty of care owe to AB.

The CRG group reviewed the implementation of the AB Action Plan, which was put together to implement the recommendations arising out of the review, namely:

- All Agencies should consider multi-agency training on working with individuals who present with behaviours that challenge.
- The CCG to provide guidance to GPs on working with patients who present with complex challenges. This should focus on better use of the Mental Capacity Act 2005 and provide access to legal or expert clinical advice.
- The CCG's primary care team to consider developing a formal structure in which staff are able to debrief or to discuss complex cases.

The CRG reported the plan has now been fully implemented.

#### Case Audit: Safeguarding practice where adults at risk refuse medical treatment

An audit was undertaken in November 2019 and was conducted with colleagues across North Central London to explore how well the lessons have been learned from the AB case review and a similar SAR undertaken by Camden SAB in 2017. Safeguarding and Health lead practitioners tested what practice change has occurred in respect of supporting adults at risk who refuse medical treatment. The audit identified some excellent practice and found that, provided professional standards were applied consistently, systems worked well to enable practitioners to escalate concerns and respond where concerns arise. There is still more that can be

done to enable a greater degree of understanding of the responsibilities under the Mental Capacity Act 2005, in respect of clinician judgements and the interplay with compulsory powers to treat under the Mental Health Act 1983. Proposals for future improvement have been reported to local SABs and the London SAB.

#### *Case Study:*

*A safeguarding concern was raised in respect of an elderly lady who was refusing medication for diabetes and high blood pressure. Practitioners agreed her GP was the most appropriate person to conduct an assessment of her capacity to refuse medication. Her right to privacy was considered and information only shared with those involved in the safeguarding enquiry and providing her care. She was supported through the enquiry by family members who were able to ensure her wishes were understood and everyone was focused on her wellbeing.*

*It was agreed it was in her best interests to ensure medication was correctly administered. Her GP provided comprehensive advice on the risk than noncompliance with each medication would have on her health and detailed when and how to administer it to prevent her any distress. The decision to provide some medication covertly in certain circumstances was subject to regular assessments in line with the Mental Capacity Act 2005. The safeguarding plan was agreed by telephone and emails to prevent delay. Unfortunately decisions were not communicated in a timely fashion to the initial referrer resulting in a subsequent referral two months later, but this was quickly addressed and has been subject to a further follow up review to confirm her health needs are now being safely managed.*

#### **Mr A - Safeguarding Adult Review (SAR)**

**Background:** Mr A, a 63-year-old lived in a supported living environment. He had a number of health conditions which included partial paralysis and restricted movement such that he used a wheelchair and, to reduce the risk of pressure ulcers, required regular use of emollient creams. He had dysphasia and significant difficulty communicating verbally. He had always smoked, and the risks associated with this were understood, but staff were unsure about how to balance that risk against his freedom of choice and smoking habit. He died as a result of a fire started by a cigarette. This quickly spread and, despite swift action by staff, they and the Fire Brigade were unable to rescue him. An independent review took place, finding that better understanding of the legal obligations set out in the Mental Capacity Act 2005 could have enabled staff to put in place effective protective measures to support Mr A reduce this risk.

During the course of 2019-20 the CRG received further notifications of 2 adults with care and support needs who had died in fires. The degree of support each person received from public services varied, however the learning from these deaths has implications

for our work with residents across the system. BSAB agreed to set up a 'task and finish group' to implement actions arising from the recommendations, this group have focused on reducing the risk of fire deaths in Barnet by:

- Awareness raising – across the partnership's organisations and practitioners supporting adults with care and support needs (including providers of accommodation), about personal fire risk assessment, referral pathways, and processes for multi-agency risk management.
- Delivering training – so that staff from across health, housing and social care are aware of the fire safety and preventive support provided by the London Fire Brigade and their own responsibilities to assess and reduce risk.
- Providing assurance – to BSAB that the above two steps have been completed and providing an objective assessment of their impact.

By September 2019, the CRG were able to report that 12 out of a total 26 actions contained with the Mr A SAR action plan had been completed, and actions are in place to ensure the remaining actions will be carried out. All the relevant learning material and toolkits (e.g. the 7-minute briefing, LFB risk assessment matrix etc.) have been made easily accessible to staff and are available on the BSAB website.

**Learning review:** The CRG group made a recommendation, which was accepted by the BSAB in March 2020, to carry out a discretionary learning review following the death of a person with learning disabilities and poorly controlled diabetes. Although neglect or abuse had not contributed to the person's death, practitioners involved in the LeDeR programme formed a view that there would be benefit for the Barnet safeguarding system to undertake a learning review under the auspices of the BSAB. This review had to be paused during the Coronavirus 'lockdown' but will resume and be reported in next year's annual report.

### **7 Minute Briefings – completed and circulated to staff**

1. **Fire Safety Awareness 7- minute briefing** outlining the key points and learning from the Mr A SAR has been published on the Barnet SAB website and disseminated to partners along with a request that they each consider what actions they will take to improve practice following this review.
2. **Financial Scam awareness 7- minute briefing** was completed by Age UK following a 18month scam awareness project.
3. **Domestic Abuse 7- minute briefing** on how best to support adults with care and support needs experiencing domestic abuse was completed and circulated.

## Professional and Quality Assurance 'PQA' Group

Effective quality assurance drives continuous improvement and is recognised as a critical function of the BSAB. The group provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated to the Independent Chair and BSAB.

### Key Achievements during 2019-2020:

The Group meets quarterly to review safeguarding performance via an integrated monitoring report which reviews data and key performance indicators from across the partnership. During the year, the PQA devised and maintained the SAB risk register to ensure that the SAB's work is delivered in line with our strategic plan. The group also considered reports from partner agencies detailing their internal audits and those conducted to ensure multi-agency protocols were being used effectively, for example Central London Community Healthcare NHS Trust completed audits on the use of the Pressure Ulcer Protocol and effective use of the Mental Capacity Act 2005 to support clinical decision making. The PQA have reported progress on our priorities as follows:

**Priority 1:** Establish practice across the partnership agencies which reflect MSP principles.

**Task:** Host a multi-agency meeting to support the implementation of the 'Liberty Protection Safeguards' which were due to come into force in October 2020 (but which have now been put back to 2022 by central government). The lead officers from DoLS confirmed plans to host monthly multi-agency meetings including CLCH, BEH MHT, RFLHT and CCG and Barnet Council. The outcomes of these meetings fed into the PQA monitoring report.

**Priority 2:** Adults at risk are heard, understood and respected. Their experiences and views shape continuous improvement.

**Task:** Explore cultural barriers to recognising, reporting and responding to safeguarding concerns for under-represented communities. The Performance and Quality Assurance sub-group agreed to review qualitative and quantitative data on referrals mapped against Barnet's demographics to ascertain if there is under reporting. Presently there are 2 religious groups (Hindu and Muslim) that appear underrepresented in what we might expect to see featuring within safeguarding concerns data as the number of safeguarding concerns received 2017/18 and 2018/19 do not correlate with demographic data reported within the 2011 Census information. PQA agreed to undertake a programme of targeted communication to community groups that represent these religious groups through distribution of the 'Say No to Abuse' and 'What Happens After You Report Abuse' leaflets. This work is still a priority for the BSAB and features heavily in our 2020-21 workplan.

## Workforce development and safeguarding training

An important function of BSAB is to monitor the implementation and impact of safeguarding training. Our PQA subgroup receive regular reports (as part of the BSAB quarterly monitoring dataset) from partners of compliance with the National Competence Framework for Safeguarding Adults.

The Council's adult social care workforce development team provides a comprehensive range of multiagency training for staff from within the council and from partner agencies. This is led by the Principal Social Worker who plays an important role in ensuring that the programme improves the quality of safeguarding practice across the partnership.

The programme includes a variety of courses, briefings and forums delivered within the London Multi-Agency Safeguarding Adults policy and procedures framework, based on levels 1-3 and in line with the National Competence Framework for Safeguarding Adults. Additionally, all staff have access to a suite of online learning and the range of courses has been increased from 2 to 4 courses.

- Safeguarding Adults - Level 1
- Safeguarding Adults - Level 2
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards

Safeguarding practitioners also have access to all the multi-agency training delivered by BSCP and Barnet Council's Family Services e.g.: Coercive Control, Domestic Abuse etc.

The BSAB has also ensured that a wide range of relevant training / workshops/ webinars and training material provided by professional bodies such as Research in Practice for Adults (RiPFA), Skills for Care, Social Care Institute for Excellence (SCIE) has been disseminated across the partnership.

Formal training programmes are also supplemented by a range of practice forums which provide reflective learning opportunities for staff to discuss real cases and learn from good practice examples. Practice forums are quarterly and focus on safeguarding, Mental Capacity and the role and function of Best Interest Assessors under the Deprivation of Liberty Safeguards. Safeguarding Adults face to face Training has also been provided to staff from across approximately 30 external providers.

## THE ACCESS TO JUSTICE GROUP

This group was set up in response to concerns that adults with care and support needs may need agencies to proactively change practice so that, if they experience abuse or neglect, they can get redress through the civil or criminal legal system. Over 2019-20 the group's focus was on securing effective Appropriate Adult provision and ensuring Disability Hate Crime has an effective response locally.

### Key Achievements in Safeguarding Adults during 2019-2020

#### Appropriate Adult provision:

The Metropolitan Police force was reorganised into BCU's during this period. The SAB received regular updates from representatives on the impact of these changes and steps taken to ensure safeguarding remained a key priority within the new structure. Police raised concerns regarding the availability of 'Appropriate Adults' to assist adults with disabilities taken into custody. Barnet has a committed volunteer service of Appropriate Adults and BSAB members, working with colleagues across London and the local volunteers, have worked hard to increase volunteer recruitment, improve response times and provide options for a sustainable service going forward. The Barnet Appropriate adult volunteer scheme has been successful in increasing the number of volunteers, but work continued during the period to monitor this provision to ensure that vulnerable adults receive this vital procedural safeguard in a timely way. The Access to Justice group have been monitoring this on an exception basis and no evidence of delay has been reported, providing a level of assurance. It has been agreed that, subject to any further reports or escalations, this action could be closed.

#### Hate Crime Reporting:

A key partner within the SAB, Barnet Mencap has delivered four Disability Hate Crime Reporting Workshops for 37 disabled service users resulting in an increase in disability hate crime reports to the Police via third party reporting centres. They also arranged two Disability Hate Crime Awareness Raising Workshops for 10 family carers of disabled people and Hate Crime Reporting Training for frontline staff working with people from diverse backgrounds and those with physical and learning disabilities, autism and mental health conditions. A total of 9 workshops were held for 99 staff members across the borough.

Barnet Mencap have also supported adults with learning disabilities to report 8 incidents involving disability hate crime and thereafter provided support to those victims and/or signposting or referring them to appropriate support organisations. The Group have prepared a 7-Minute Briefing Paper focusing on identifying and reporting Disability Hate Crime. The Briefing Paper has been circulated within Barnet Council Teams and is aimed at acting as a quick reference guide for staff, particularly those working with vulnerable adults.

The Access to Justice group also carried out research with disabled people's groups to identify why disability hate crimes are not being reported to the Police and preparing recommendations for the SAB and Community Safety Team to increase reporting of disability hate crime in Barnet. They continue to work across partner organisations to ensure that all incidents involving disability hate crime are being recognised by staff and logged accurately whether they are investigated and resolved by the organisation, reported to the Police and/or raised as safeguarding concerns. The group also engaged with over 200 Barnet residents as part of the Hate Crime Reporting Champion Scheme to raise awareness of hate crime against vulnerable adults.

### Safe Places Scheme:

The scheme was a Project led by Inclusion Barnet which has come to an end however the successful project is being handed to Barnet Mencap, as the project has set up safe places where vulnerable people can go to get support if they are out and have become distressed . There are cards issued, a list of local locations (including libraries) has been identified and businesses who have committed to be places of safety which have a Safe Place sticker displayed. The scheme will continue to be part of the National Network.

### Scams Awareness & Prevention Programme:

Another key partner agency (Age UK) has led the way in raising awareness of scams which target older adults with care and support needs and provided guidance to them on how to keep themselves safe and report these illegal activities. During 2019-20 this programme ran 27 sessions to raise awareness of the risks of scams, reaching 615 people. They provided targeted support to 100 victims of scammers, recovering £10,600. They also recruited 3 'scam marshals' to help quickly identify new scams, enabling us all to protect ourselves against these criminals. More details of what scam Marshals do is available at: <https://www.friendsagainstscams.org.uk/shopimages/articles/files/Scam%20Marshal%20Leaflet.pdf>

Age UK's work is empowering older people to feel safer, more secure and more confident. It is preventing older victims of fraud from becoming repeat victims. Age UK (working with Action Fraud) will continue to assess whether older people who have reported crimes to Action Fraud could benefit from Age UK's support and advice. They are working to create a model of joint working between the police and the voluntary sector to be replicated in other parts of the UK. The team are developing tools and resources to be used across the Age UK network and more widely in supporting services aimed at tackling scams amongst older people. The achievements from this project are wide-ranging. Apart from the statistics, the soft outcomes achieved are invaluable:

- Re-building of confidence and tackling isolation by empowering people to engage in community activities

- Assisting people through the Later Life Planning Service to access welfare benefits, concessionary transport applications, explore housing options and helping people to engage with social services
- Writing letters of appeal to banks, telecom companies, financial ombudsmen.

### Other examples of Safeguarding Partnership work in 2019-20

During the year the BSAB organised and participated in some events and joint working initiatives with partners for example

- **Multi Agency Tri – borough Learning Event** - ‘Working Together: Mental Capacity Act conference was organised by the BSAB in January 2020 where our keynote speaker was Michael Preston Shoot- a leading academic and safeguarding consultant. The event was well attended and appreciated by staff.
- **Coordinating the NCL SAB sub regional safeguarding meetings-** Over 2019-20 BSAB chaired this group, working with colleagues to coordinate shared priorities. The NCL safeguarding conference was held on 04.11.19 and a large number of BSAB partners attended and were active in the discussions about how to improve practice to better support those at risk of abuse and experiencing homelessness.
- **Brent Adults Safeguarding Annual Conference** – Brent hosted a conference inviting strategic safeguarding leads from neighbouring boroughs. BSAB was represented by our new BSAB Business Manager, providing an excellent networking opportunity and showcase for the work we are doing across the area.
- **Conference on Trafficking, Modern Slavery and Prostitution-** Learning from this conference has fed into our BSAB operational plan, this will involve working with Community Safety staff to tackle ‘Violence Against Women and Girls’ and Public Health colleagues to agree actions to improve system response to modern slavery in Barnet. The work will be progressed in 2020-21
- **London Safeguarding Conference** –the voice of those who experience abuse was the theme of this event. Following the conference, BSAB continues to be represented on the Task and Finish Group for the **Voice of the person with lived experience**. The aim is to ensure the involvement and engagement of people with safeguarding experience with a focus on ‘Making Safeguarding Personal’ and ensure that people with lived experience of safeguarding are part of the London SAB or local safeguarding Boards.

**Multi-agency Risk Panel** - This was set up by the Barnet Safeguarding Adult Board and has been operational for a number of years. The multi-agency panel considers high risk cases where there are challenges in working with the individual; or where the nature of the issues is particularly complex, such as severe self-neglect, hoarding and fire risk. Any practitioner from any agency can bring a case to the panel. The panel will advise and develop an agreed multi-agency plan. 35 cases have been presented to the Panel this year with more than half returning to Panel to discuss the outcome or for further support.

**London Fire Brigade (LFB)** - LFB undertake around 3000 Home Fire Safety Visits (HFSV) each year in Barnet. In 2018/19 they completed 3277 HFSVs, with 82.2% of these for high priority/at risk people.

**Barnet Safeguarding Board meetings in 2019-20 were themed as follows**

Date of Meeting	Theme
27-June	Advocacy & service user engagement
12-September	Transitions
12-January	Modern Day Slavery
26-March	COVID 19 – Impact and Update form Partners

***Measuring the impact of the BSAB: What our partners said about the work we do***

During 2019-20 we changed the way in which we asked partner agencies for feedback on their evaluation of the effectiveness of safeguarding across the ‘system’. Instead we asked for careful consideration of the effectiveness of BSAB’s work and whether partners believed more should be done, or things done differently, to increase the impact of our collective efforts to reduce the risk of abuse and neglect of adults with care and support needs. Within the evaluation feedback we received all partners stressed their commitment to safeguarding adults at risk and provided details of how this is achieved within their organisation and the work they undertake. All partners had designated safeguarding leads within their organisations. Many referenced actions taken within the BSAB’s 2019/20 workplan to demonstrate how they work together as a partnership.

### **Making Safeguarding Personal ['MSP']**

Partners reported that the MSP principles are understood by those with safeguarding roles, and partners have welcomed the training provided by the SAB to improve practice. Partners identified how their staff applied MSP and how compliance was monitored. Most were able to identify ways in which the partnership worked well to embed MSP, including highlighting the importance of the chair's role and active participation in the Community Safety Partnership and Health and Wellbeing Board in achieving progress in MSP across relevant strategic plans (e.g. the Homelessness strategy). They also highlighted the way in which MSP was influencing other risk management processes such as the SAB's multi agency risk panel.

However, some cited the turnover of staff and misunderstanding of data protection regulations and confidentiality as issues that create challenge in practice. There is more to be done before MSP is understood more widely and firmly embedded in practice across partner agencies. One strand of this is to support the voluntary sector increase their understanding of MSP which is part of the SAB's 2020-21 work programme. Another strand is to improve feedback to VCS partners about safeguarding enquiries, within GDPR requirements.

Further consideration also needs to be made regarding how we engage residents and people with lived experience with the SAB. BEH reported their patient experience team have a database of experts by experience and suggested that these colleagues could support specific pieces of work of the Board. In 2020/21 we will be asking all partners to share details of relevant forums and consultation mechanisms with local residents so that we can utilise those resources more efficiently in each of our workstreams.

### **Application of MCA 2005**

MCA training is mandatory for health and social care practitioners and monitoring reports indicate strong compliance with this training within those sectors. In addition, most partners responding confirmed regular audits were completed to ensure application of the MCA was within expected standards. The importance given within BSAB audit and Case Reviews to the application of MCA is a positive influence and demonstrates the importance of compliance with MCA requirements in keeping people safe whilst exercising choice. Challenges described by partners were:

- Maintaining legal literacy, given the frequency of judgments
- Lack of resources (time/ skilled staff who know the person well to carry out assessments).
- Voluntary sector colleagues reported their staff would benefit from increased information and training on Mental Capacity.

Whilst it is reassuring that safeguarding leads are central to the implementation plans for Liberty of Protection Safeguards (LPS) partners have identified a need for the BSAB to have 'robust and co-ordinated oversight of the proposed framework for implementing

LPS'. As a consequence, BSAB agreed the current LPS implementation group becoming a BSAB task and finish group reporting directly to the PQA group and this will continue for the foreseeable future now that implementation of the LPS has been delayed until March 2022.

### Learning from SARs

Some partners welcomed the difference the BSAB had made to achieve progress, in particular commending the use of 7-minute briefings to reach wider audiences. Many partner agencies reported they have mechanisms in place to ensure dissemination of the 7-minute briefings and ensuring that key learning from all local, regional and national SARs are incorporated into training materials for their staff and commissioned services.

Suggestions for improved practice were:

ensure CRG had opportunity to consider learning from regional and national SARs, DHRs and SCRs  
 streamlining the process so it is more timely, more effective use of all communication channels to disseminate information and wider thematic reviews to ensure effective learning and positive practice changes have been embedded. The CRG has also identified plans to improve the qualitative and quantitative data collected so as to better demonstrate the impact.

### Safeguarding Adults Board Attendance 2019-20

Green indicates attendance and red is for non-attendance

BSAB PARTNERS	June 2019	September 2019	January 2020	March 2020
Barnet Clinical Commissioning Group	Green	Green	Green	Green
Local Authority – Adult Social Care	Green	Green	Green	Green
Local Authority – Public Health	Green	Green	Green	Green
Local Authority – Community Safety	Green	Green	Green	Green
London Metropolitan Police: Barnet	Green	Green	Green	Green
Barnet Enfield and Haringey NHS Mental Health Trust	Green	Green	Green	Green
Care Quality Commission	Green	Green	Green	Green
Central London Community Healthcare NHS Trust	Green	Green	Green	Green
General practitioners	Green	Green	Green	Green
Healthwatch Barnet	Green	Green	Green	Green
London fire Brigade	Green	Green	Green	Green
Community Rehabilitation Company	Green	Green	Green	Green
Royal Free London NHS Foundation Trust	Green	Green	Green	Green
The Barnet Group	Green	Green	Green	Green
Department for Work and Pensions	Green	Green	Green	Green
Safeguarding Children's Partnership Business Manager	Green	Green	Green	Green
Voluntary sector (Barnet Mencap/ Inclusion Barnet, Barnet Carer's Trust / Community Barnet)	Green	Green	Green	Green

## *What should you do if you think someone is being abused?*

Everybody can help adults with care and support needs to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you or someone you know is being harmed in any way by another person, please do not ignore it.

Any information you provide to us will be treated in the strictest confidence.

Contact the Barnet Adult Multi Agency Safeguarding Hub (MASH)

Tel: 020 8359 5000 (9am- 5pm, Mon to Fri),  
or 020 8359 2000 (out of hours – emergency duty service)

Email: [socialcaredirect@barnet.gov.uk](mailto:socialcaredirect@barnet.gov.uk)

Or call the police on 101.

This page is intentionally left blank

	<b>Health and Wellbeing Board</b>  <b>1<sup>st</sup> October 2020</b>
<b>Title</b>	<b>Update on Joint Health and Wellbeing Strategy developments 2021-2025</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix I: Draft Health and Wellbeing Strategy Appendix II: Summary of JHWS staff workshop findings Appendix III: Draft proposal for Healthwatch Barnet JHWS Community Engagement
<b>Officer Contact Details</b>	Tamara Djuretic, Director of Public Health and Prevention, <a href="mailto:Tamara.djuretic@barnet.gov.uk">Tamara.djuretic@barnet.gov.uk</a>

### Summary

In July 2020, the HWBB was updated on the progress of the Joint Health and Wellbeing Strategy (JHWS) 2021-2025.

Since then, a series of workshops have taken place to work-up further details underneath each priority and to consider COVID-19 impact on longer-term health and wellbeing of our residents as well as transformation of local health and care services.

HWB Strategy development has been impacted by COVID-19 response however we remain committed to finalise the strategy by March 2021 as it would provide clear strategic direction on the system's intentions to improve local health and wellbeing of our communities.

Appendix I provides emerging draft HWB Strategy with Key Areas 1 and 2 being most developed. Key Area 3 will be incorporating all the work from Integrated Care Partnership.

Appendix II provides a summary of the main findings from stakeholders' discussions that will be incorporated into the Strategy.

Appendix III describes Healthwatch proposed engagement with local residents and their involvement in development of the strategy.

## **Recommendations**

- 1. That the Board review the draft strategy and provide feedback on its emerging content.**
- 2. That authority to approve the draft strategy and begin the consultation period be delegated to Director of Public Health and Prevention (Chief Officer) in consultation with the Chairman and Vice-Chairman.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 Producing a JHWS is a statutory duty of the Health and Wellbeing Board. The current Barnet JHWS is due to expire in March 2021. The Public Health team in collaboration with partners are in the process of producing a new JHWS for 2021 to 2025. A recent staff engagement workshop on the JHWS has supported the development of our key areas for the strategy (Appendix II). This report follows on from the update on the strategy development presented to HWBB on the 23<sup>rd</sup> July 2020. The next phase of the strategy development programme, if approved by HWB Board, is to prepare a draft strategy and to subsequently consult with the public. It is envisaged to bring near final draft of the HWB Strategy to the HWB Board for approval early in 2021, providing that this process does not get interrupted with COVID-19 emergency response.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Developing a new JHWS is one of our key priorities and a statutory duty even during this unprecedented period of COVID-19 Pandemic. These recommendations give the HWBB oversight of the JHWS development thus far and provide opportunities for the Board to shape this work. Approving delegated sign off will allow the team developing the JHWS to devise a more efficient schedule for development, whilst still having HWBB members (Chair, Vice-Chair and Chief Officer) approve the transition into the consultation phase.
- 2.2 This paper includes the draft strategy document (Appendix I) including key areas and strategic aims for the JHWS.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Alternative options were not considered due to nature of this work and the strategy development process.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 Once approved, the Public Health team will work with partners to complete the draft JHWS for wider consultation. The public consultation planned for October to December 2020 will be implemented alongside the engagement from Healthwatch Barnet described in Appendix III. Following consultation and

engagement, a final version of the JHWS will be prepared to be presented to the Board in March 2021 for approval and publication.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

5.1.1 The purpose of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Priorities articulated in the Strategy will link to the refreshed Corporate Plan.

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 In recognition of the financial situation, development of the JHWS will need to be affordable and funded within the existing budget and staffing from the PH Grant.

### **5.3 Social Value**

5.3.1 Not applicable

### **5.4 Legal and Constitutional References**

5.4.1 Developing a JHWS is a statutory responsibility of the Health and Wellbeing Board, as set out in the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).

The requirements of the Equality act 2010, and in particular the Public Sector Equality Duty (PSED) under s149 apply when drafting the JHWS.

The PSED requires that public bodies have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups; and
- Foster good relations between people from different groups.

5.4.2 Article 7 Committees, Forums, Working Groups and Partnerships of the Council's Constitution sets out the terms of reference of the Health and Wellbeing Board which includes:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social

wellbeing.

- Specific responsibilities for overseeing public health and developing further health and social care integration

## **5.5 Risk Management**

5.5.1 Due to unpredicted nature of COVID-19 Pandemic, it is possible that the Strategy will not be finalised by March 2021. In order to mitigate those risks, development of the Strategy has started early, and sufficient time has been allocated to develop the Strategy, within limited capacity and resources that may be diverted to respond to the Pandemic.

## **5.6 Equalities and Diversity**

5.6.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. 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 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 and Asian Minority Ethnic Groups.

## **5.7 Corporate Parenting**

5.7.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the Health and Wellbeing Strategy development, the objectives set out in the strategy 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.

## **5.8 Consultation and Engagement**

5.8.1 Once the draft strategy has been approved, a six-week consultation period will take place. Within this period residents and stakeholders will be asked to complete an online survey to provide feedback on the JHWS that will be then reflected in the final version.

5.8.2 In addition to the consultation, Public Health will commission Healthwatch Barnet to provide focused engagement with residents/service users on their health and wellbeing. This project will be linked to determining the impact of COVID-19 and residents' views on health and wellbeing services in Barnet. The draft proposal for this project is included as Appendix III.

## **5.9 Insight**

5.9.1 Not applicable.

## **6. BACKGROUND PAPERS**

6.1 Joint Health and Wellbeing Strategy 2021–2025 development: update – Available at:

<https://barnet.moderngov.co.uk/documents/s59521/JHWS%202021%20-%202025%20development.pdf>

This page is intentionally left blank

# Draft Barnet Joint Health and Wellbeing Strategy 2021-2025

## Contents

Foreword .....	3
Introduction .....	4
Our Strategy in Context.....	5
What is a Health and Wellbeing Board? .....	5
The Health and Care Landscape – National, regional and local .....	5
Barnet’s Health in Data .....	7
Our vision and guiding principles .....	10
How we developed this strategy .....	11
Our 3 Key Areas for Improving Wellbeing .....	12
Key Area 1: Creating a healthier place and resilient communities .....	13
Key Area 2: Starting, living and ageing well .....	17
Key Area 3: Ensuring coordinated and holistic care, when we need it.....	22

# Foreword

[Foreword to be added]

## Introduction

This Barnet Joint Health and Wellbeing Strategy (JHWS) sets out our vision for improving the health and wellbeing of the people who live, study and work in Barnet. It describes:

- Our strategy in context: The current health and care landscape, Barnet's key health data and our guiding principles.
- Our 3 Key Areas for wellbeing: why they were chosen, what we plan to achieve, and how we will measure our success.

For the next four years, the Barnet Health and Wellbeing Board (HWBB) will focus on three Key Areas in order to drive improvements in health and wellbeing in the borough. These key areas are:

1. Creating a healthier place and resilient communities
2. Starting, living and ageing well
3. Ensuring coordinated holistic care, when we need it

Within each key area we identify several priorities. Our priorities will inform the work we do over and above our current 'business as usual' in order to improve Barnet's health and wellbeing.

This strategy was written during the unprecedented national challenge of the COVID-19 pandemic. We have had to adapt to new ways of working, living, and providing services in response to this public health emergency which has had a vast impact on the overall physical, social, mental and economic health and wellbeing of the Borough. The long-term impact of the pandemic will likely extend beyond the four-year scope of this strategy. We will continue to respond to the COVID-19 pandemic. But we will also use the capacity and resilience of our systems and partnerships to support the borough to recover, restore and thrive.

We know that we face some big health challenges in Barnet, but our long-term vision remains the same. By working together as partners, we can continue to make positive differences to everyone's wellbeing in Barnet.

## Our Strategy in Context

### What is a Health and Wellbeing Board?

Key partners in Barnet come together to form the statutory Health and Wellbeing Board (HWBB). These are partners who are in a position to help make a difference to our health and wellbeing, and include local Councillors, the council (including adult social care, children's services and public health), the NHS, local voluntary and community sector organisations, and Healthwatch Barnet who represents the voice of Barnet people.

Developing this JHWS is one of the statutory responsibilities of the HWBB as set out by the Health and Social Care Act 2012. All HWBB members including the local authority and the North Central London Clinical Commissioning Group (CCG) must regard this strategy in the delivery of their respective health and wellbeing responsibilities.

### The Health and Care Landscape – National, regional and local

The fast-changing Health and Care landscape in England provides many opportunities to maximise the health outcomes for people in Barnet through systems improvements and partnership working. The NHS long-term plan sets out key ambitions for the NHS in improving outcomes and experience of care. Barnet works closely with regional neighbours through several partnerships.

### **North Central London Sustainability Transformational Programme (NCL STP)**

Barnet works closely with partners across North Central London (NCL) to develop a strategic, place-based plan for transforming the health and care system. Joint working on this wider footprint will help in addressing the complex challenges we face and improve health of the population.

### **North Central London Clinical Commissioning Group (CCG)**

In April 2020 the NCL borough CCGs (Barnet, Camden, Enfield, Haringey, Islington) were brought together to form North Central London CCG. This merger allows commissioning of health services at scale for North Central London while retaining borough-level commissioning of local services where appropriate.

## **Integrated Care Partnerships**

Integrated Care Partnership (ICP) is an alliance of Local Authority and NHS organisations that works together to deliver coordinated care. Barnet ICP has been established in Autumn 2019, and includes local hospitals, community services, GPs, social care and public health.

## **Primary Care Networks**

Primary Care Networks (PCNs) – a network of GPs – aims to deliver greater provision of proactive, personalised and coordinated health and social care. In Barnet, seven PCNs have been formed and started working to address specific needs of their community, including Social Prescribing services.

## **Partnership working during COVID-19**

Barnet will continue to contribute to and influence national structures such as Public Health England / National Institute of Health Protection and NHS Test and Trace to ensure an efficient whole systems response to the pandemic.

## Barnet's Health in Data

### Barnet is a growing, thriving and diverse borough

Barnet has **400,600** residents

By 2024, this is expected to grow to **416,000**

**60%** of residents are from backgrounds **other than White British**

Between 2018 and 2030 there will be a **33% increase** in people aged **65+**

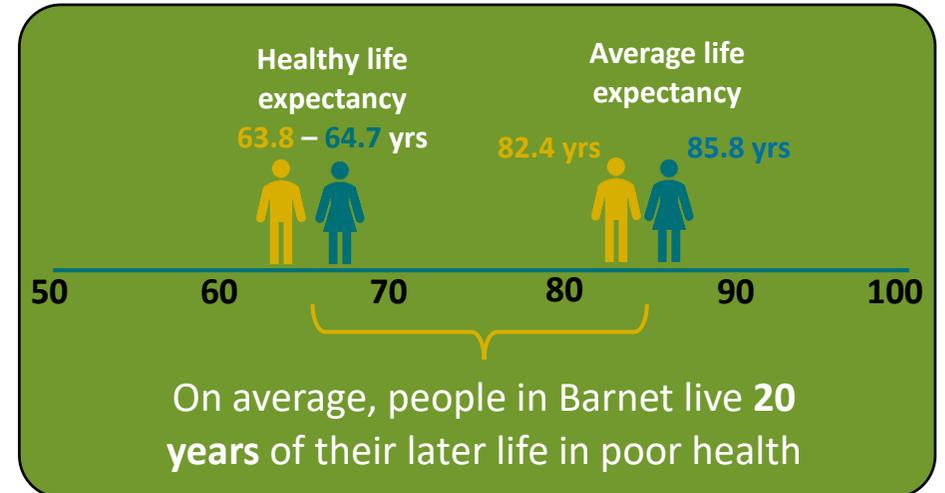
**8th least deprived** out of 33 London boroughs (IMD 2019)

### The borough is generally healthy...

Average life expectancy is **82.4 years** for males and **85.8 years** for females

Average male and female life expectancies for Barnet are **higher than London and England**

### ...but can be even healthier



An estimated **3,971** people aged 65+ in Barnet were living with **dementia**.

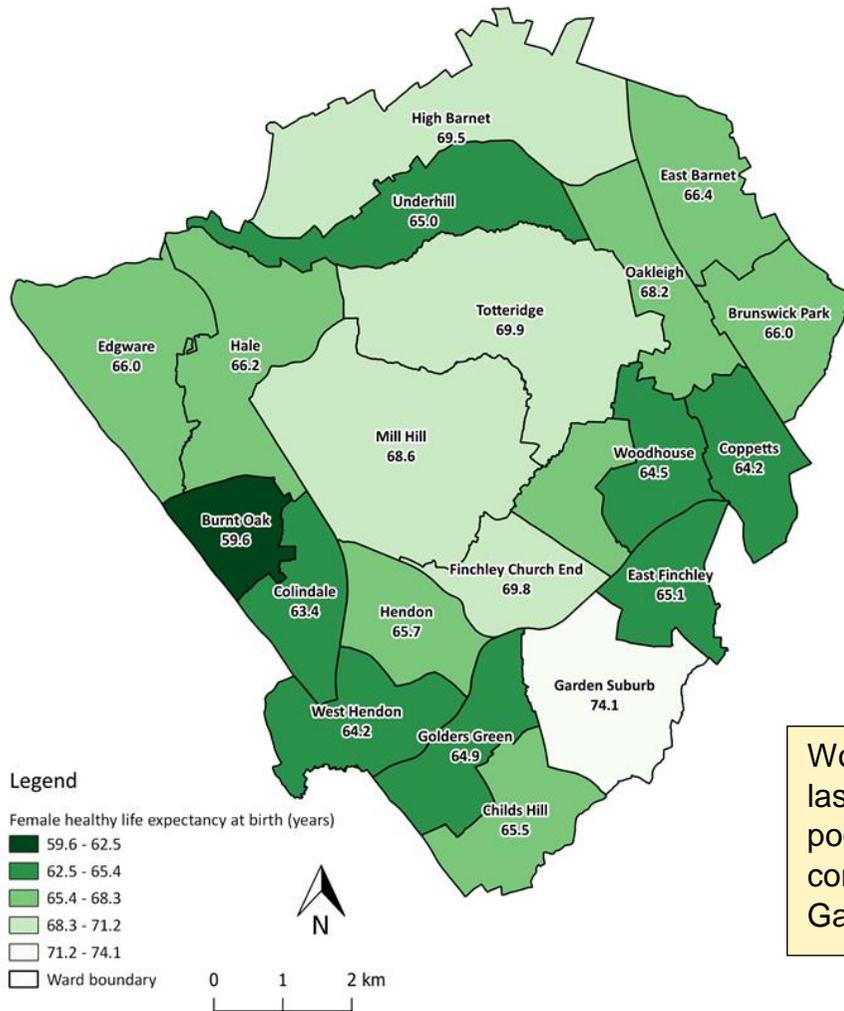
**22,229** people live with diagnosed diabetes

**1 in 5** children aged 4-5 years in Barnet are overweight or obese

**Just over a half** of Barnet adults (56.4%) are overweight or obese

## Health starts where we live, study and work

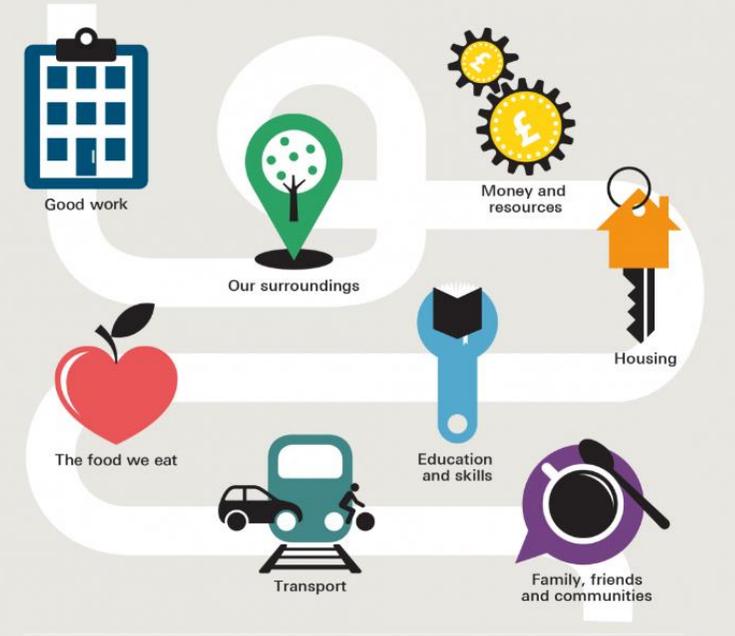
As little as 10% of population's health and wellbeing is linked to access to health care. Across Barnet, there is a wide variation in health outcomes.



Women in Burnt Oak lived last **22 years** of life in poor health (LE = 82 yrs), compared to **15 years** in Garden Suburb

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



Source: Health Foundation

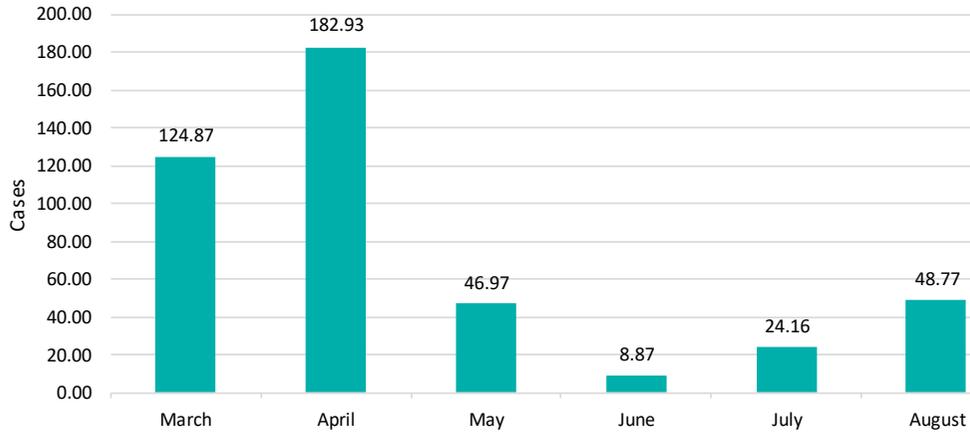
	Lowest	Highest
Men	59.2 yrs (Burnt Oak)	72.6 yrs (Garden Suburb)
Women	59.6 yrs (Burnt Oak)	74.1 yrs (Garden Suburb)

Source: Office for National Statistics (Health state life expectancy at birth and age 65 by 2011 Census wards, England and Wales, 2009 to 2013)

Contains National Statistics and Ordnance Survey data © Crown copyright and database right 2019

## The impact of COVID-19

COVID-19 Cases per week in Barnet



**Figure 1:** Average cases in a week per month in Barnet

Source: HM Government (Coronavirus in the UK)

**70.8%** of Barnet COVID-19 deaths were in hospital and **20.7%** were in care homes (up to 4<sup>th</sup> Sept)

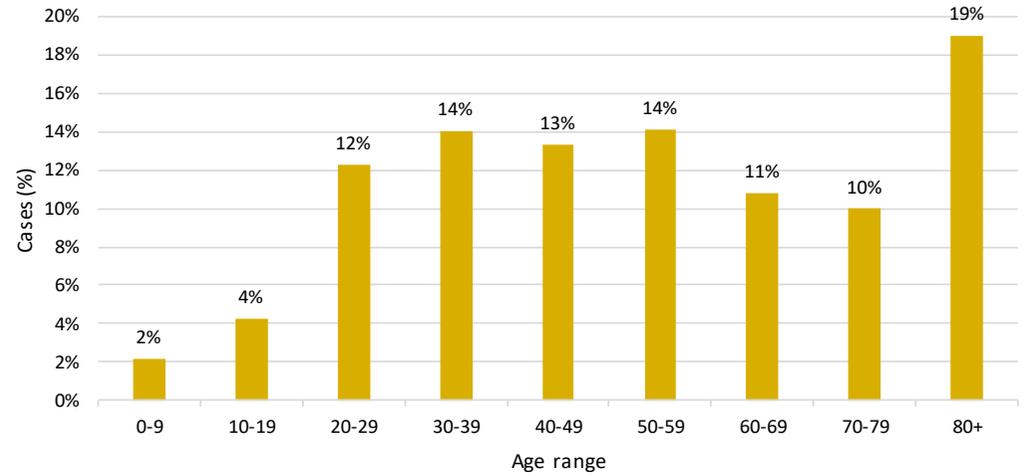
**33.5%** of Barnet deaths in hospital were COVID-19 related (up to 4<sup>th</sup> Sept)

**91.1%** of deaths in England and Wales involving COVID-19 had at least one pre-existing condition

**67.5%** of COVID-19 deaths in England were in people aged 80 and above

Like many Local Authorities in the UK, Barnet has been impacted by the COVID-19 pandemic. Delivering health protection is a key part of our public health function and part of all the work we do within and in addition to this strategy. We continue to monitor the impact of COVID-19 in the borough and how populations are affected by the pandemic (Figures 1 and 2). As data is constantly changing these figures are accurate at time of publication but may have changed in the future.

Cases in Barnet\* by age



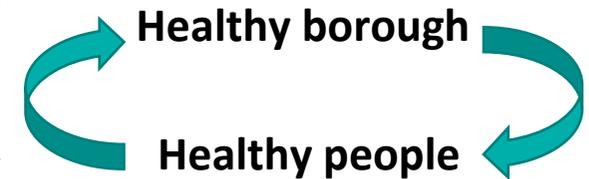
**Figure 2:** COVID-19 cases in Barnet by age range

\*Case data up to 14<sup>th</sup> Sept

## Our vision and guiding principles

### **Our vision is to make Barnet the London Borough of Health.**

A healthy borough makes healthy people. It is where the environment around us supports and promotes our health and wellbeing. In a healthy borough, everyone has access to a good education and can experience good and secure housing and employment. High quality health and social care is available for anyone when they need it. A healthy borough reaches out to the most vulnerable, giving everyone opportunities to thrive. With healthier and happier residents, communities are strengthened to support each other, and the local culture and economy flourishes.



### **Our five principles**

#### **1. Making health everyone's business**

We will ensure health is everyone's business, not just for agencies primarily concerned with health and wellbeing, but also for those that works to improve wider determinants of health.

#### **2. Collaborative partnership**

We will work in collaborative partnership across organisational boundaries and learn from different viewpoints across the whole system. We will focus on the areas where collaborative work makes the most difference and HWBB can add the most value.

#### **3. Evidence-based decisions**

We will use robust evidence base to inform our decisions, ensuring that our investment creates maximum value for money and our resources are distributed equitably.

#### **4. Considering everyone's needs across the life course**

We will consider needs of all parts of the population in all that we do. This includes children and young people and people with complex needs such as mental health issues and learning disabilities.

#### **5. Co-design approach**

We will champion co-design approach to resolve our challenges, making sure Barnet residents' needs are met and resulting services are practical and sustainable.

## How we developed this strategy

Under the sponsorship of the HWBB, this strategy has been developed through a rigorous process triangulating the evidence base, HWBB's perspectives and residents' views on health and wellbeing in Barnet.

Barnet Joint Strategic Needs Assessment (JSNA) formed the basis for this strategy. The JSNA provides detailed assessment of health needs in Barnet, and is available at: <https://jsna.barnet.gov.uk/>

HWBB members' perspectives on health needs and the board's role were gathered through one-to-one interviews.

We were also keen to understand residents' views in shaping our strategy. This was done through:

- Online development survey (9<sup>th</sup> September – 13<sup>th</sup> October 2019)
- engagement at Annual Care Summit (26<sup>th</sup> September 2019).
- engagement to gather views of young people at Youth Board (26<sup>th</sup> September 2019).



Future engagement work includes working with Healthwatch Barnet to engage with residents on various aspects including Health & Wellbeing and the impacts of COVID-19 (planned for October to December 2020).

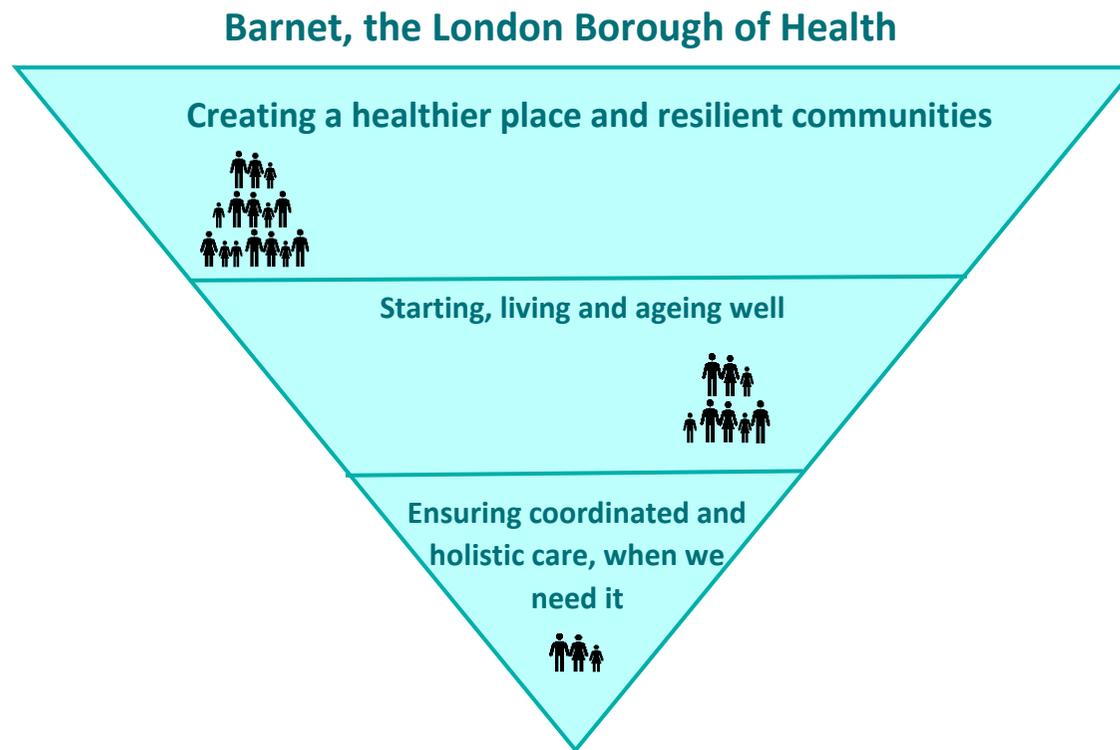
This strategy also links in with various other strategies and plans in Barnet, including Barnet Council's Corporate Plan and CCG's Business Plan.

## Our 3 Key Areas for Improving Wellbeing

To make Barnet a healthier borough, we identified three key areas:

- Creating a healthier place and resilient communities.
- Starting, living and ageing well.
- Ensuring coordinated, holistic care, when we need it.

This diagram describes how each key area influences the one below it and depicts the size of population it is likely to have impact on. Priorities within each key area will form our work plan. We will review our work plan annually to ensure they remain relevant to the needs of Barnet people.



## Key Area 1: Creating a healthier place and resilient communities

Key Area 1: Creating a healthier place and resilient communities				
<p>Why is this important in Barnet?</p> <p>According to the World Health Organisation toxic air is the leading environmental risk of early death, with 7 million deaths occurring annually due to air pollution. Long term exposure can produce respiratory symptoms and affect lung function, with high concentrations causing inflammation of the airways. Nitrogen Dioxide (NO2) pollution within the borough is largely due to transport, areas of higher NO2 pollution are mainly concentrated around the main roads and junctions, including the A1, M1, A406 and A1000.</p> <p>In 2016/17, over half (53%) of adults in Barnet had excess weight. The food and drink environment is one of the main risk factors for obesity - the availability of calorie-rich food now makes it much harder for individuals to maintain healthier lifestyles.</p> <p>Barnet has the 9<sup>th</sup> lowest crime rate of all 32 London boroughs and lower than the Metropolitan Police Force Area average (for the year ending June 2019). The burglary rate was slightly higher than the force average for the Metropolitan Police, but the violent, sexual and drug offences were lower than force average for the metropolitan police. In the rolling year to December 2017, there were 24 gang flagged offences in Barnet, and 51 youth victims (aged under 25) of knife crime with injury. Violence against women is a major public health concern. The number of domestic abuse offences in Barnet rose by almost a third (31%) between January 2018 (n = 194) and December 2019 (n = 255).</p>		<p>Residents have said that Barnet could be a healthier place to live, work and learn if;</p> <ul style="list-style-type: none"> <li>• <i>Air quality was improved, there was less road traffic and more support for active travel.</i></li> <li>• <i>There was an increased feeling of community safety.</i></li> <li>• <i>There was greater access to healthy food and junk food was less available.</i></li> <li>• <i>There was less child poverty and better social housing provision.</i></li> </ul> <p>Residents have identified the following as priorities for increasing their health and wellbeing:</p> <ul style="list-style-type: none"> <li>• <i>Clean air, streets and well-maintained parks and open spaces.</i></li> <li>• <i>Creating an environment where healthy eating is the easy choice.</i></li> <li>• <i>Building stronger communities by making community space and funding available.</i></li> </ul>		
Priority	What have we done so far?	What we are committing to do next?	How are we going to do it?	How will we measure our progress?
Use strategy and policy to promote health and wellbeing through the built environment	<p>Health and Wellbeing has been at the forefront of policy development in the past few years. Examples include: the Growth Strategy, Local Plan, Long Term Transport Strategy, Infrastructure Delivery Plan, Local Plan and Air Quality Action Plan, Housing Strategy and Community Safety Strategy.</p> <p>Enable and promote active travel across Barnet. Town Centres Project Board is overseeing the creation of a temporary, light segregated cycle lane along the A1000. As one of the main north-south routes through the borough, the A1000 links the town centres of Chipping Barnet, North Finchley and East Finchley. This work is intended to provide an easily installed cycling route allowing residents to access a number of important local centres and transport hubs (including tube stations). It will comprise a combination of signing, reduced speed limits and partial light segregation in both north and southbound directions.</p>	<p>Support the delivery of strategic outcomes which promote health and wellbeing through behaviour change interventions.</p> <p>Review the digital connectivity of all interventions and infrastructure that supports delivery of active travel in the borough e.g. Active Trails, Health Walks and Heritage Walks</p> <p>Comprehensive evaluations of health benefits obtained from the delivery of strategic outcomes to identify what works well. This will take the form of health impact assessments, consultations with residents and data available from public health outcomes framework.</p> <p>Continue to work with partners to promote health and wellbeing through the built environment with strategy and policy.</p>		

<p>Improve air quality</p>	<p>The Air Quality Action Plan 2017-2022 was produced as part of the council's duty to contribute to London Local Air Quality Management. It outlines the action the council will take to improve air quality in the borough. It replaces the previous action plan which delivered successful projects, such as the Air Quality Champion project.</p> <p>The Barnet Tree Policy was adopted October 2017 and lays out the boroughs plans for the improving the tree planting and maintenance across the borough. It commits us to planting an additional 4,500 trees between 2018-2023</p> <p>Active Travel Infrastructure: We have developed and consulted on our new Long Term Transport Strategy 2020-2041, which in September 2020 was approved and adopted by Environment Committee. This lays out our commitment to making travel across the borough more sustainable by supporting and encouraging residents to use active modes of transport.</p> <p>Electric vehicle infrastructure: We have installed over 100 Electric Vehicle Charge Points across the borough</p>	<p>Conduct air quality audits and implement measures on all schools with high air pollution (as identified by TfL). Continue to encourage schools to join the TfL STARS accredited travel planning programme and pilot school streets programmes where appropriate.</p> <p>Continue to invest in measuring air quality across the borough to ensure we can evaluate whether air quality is improving or not; particularly when new interventions are being assessed.</p> <p>Potential additional cycle lanes: As noted under priority 1, the council is delivering the first phase of a new temporary light cycle lane along the A1000 going north from East Finchley. Once installed, officers will assess the initial impact of the cycle lane and will determine whether recommendations should be made to extend this further, in line with the Draft Long-Term Transport Strategy.</p>		
<p>Promote healthier food environments</p>	<p>Development of an overarching Healthy Weight Strategy which promotes access to good food across the life course. This includes healthier catering commitment, Sugar Smart and a food security action plan.</p> <p>Last year, Barnet also became partners with London Refill to promote access to free drinking water.</p> <p>Successful negotiation with for 200m ban of junk food advertising from schools within new council advertising contract.</p> <p>Develop evidence paper for the draft local plan to limit access to takeaways at key points in the borough.</p>	<p>Develop a Council-wide advertising policy which limits junk food advertising where appropriate.</p> <p>Explore opportunities for public access to drinking water within council premises.</p> <p>Consult with partners around the development of an alcohol licensing scheme.</p> <p>Support the ratification of Local Plan policy TOW03 which prevents new hot food takeaways from opening near schools and requires all new takeaways to have signed up to the Healthier Catering Commitment.</p>		
<p>Strengthen community capacity and safety</p>	<p>Social prescribing: Last year working with GP federation. Employed 8 social prescribing link workers. Public health was a leading partner for developing induction and training. SPLW (social prescribing link workers).</p> <p>Promote and support VCS with utilising available tools and training such as Club Matters and 'Join In' to increase their</p>	<p>Social prescribing: We are investing/funding a team manager post and have a contract with AgeUK Barnet. We will closely monitor the outcomes agreed within the direct enhanced services (DES) specification</p> <p>Adopt an innovative approach to volunteering, to ensure community benefit is at the very core. Provide access to high quality, diverse volunteering opportunities that fulfil personal</p>		

	<p>volunteering offer and develop the confidence to engage and support volunteers.</p> <p>We have a comprehensive community safety strategy in plan which public health and health partners support.</p>	<p>needs, enable utilisation of skills and the development of new skills and experiences</p> <p>Lead on Trigger Trio: Working collaboratively across the partnership to identify those most at risk of multiple complexities and intervening early.</p> <p>Embed public health approaches to serious youth violence.</p>		
<p>Prioritise inclusion and diversity within delivery of healthier places</p>	<p>Healthy Equity Impact Assessment on Long Term Transport Strategy, Health Impact Assessment on Local Plan and Growth Strategies. These assessments evaluate the potential direct and indirect health impacts policies and strategies may have on the health of residents, with particular focus on those who are most vulnerable.</p>	<p>Promote WHO Dementia Friendly Neighbourhoods when designing neighbourhoods</p> <p>Encourage developers and planners to use the JSNA as a reference when identifying how their plans will benefit the existing community</p> <p>Work with communities to identify felt needs and priorities when developing programmes and policies. Require policies to consider the needs of older adults and children and young people.</p> <p>Continue to delivery health equity and health impact assessments where appropriate. Require large developments to provide HIAs in line with the draft local plan policy CHW02.</p>		
<p>Secure investment for delivery of healthier places and resilient communities</p>	<p>£41.5m investment into 2 brand new leisure facilities at Barnet Copthall Leisure Centre and New Barnet Leisure Centre.</p> <p>£5.5m transformation of Montrose Playing Field and Silkstream Park, which also included a combination of grants from the Greater London Authority, Environment Agency and London Marathon Charitable Trust.</p> <p>Approx. £450,000 of revenue investment (2019) directed into the borough to support delivery of interventions since implementation of the FAB Framework.</p> <p>Securing investment from the London Marathon Trust to deliver a sports development initiative at Montrose Playing Fields.</p> <p>As part of COVID-19 recovery within town centres (including liveable neighbourhoods, cycle lanes etc.) officers have submitted bids totalling approximately £12.1M to the Department of Transport, Transport for London and the Ministry of Housing, Communities and Local Government. It is</p>	<p>Securing investment through developer contributions (CIL, S106) to support physical activity and community safety infrastructure as outlined in the Infrastructure Delivery Plan.</p> <p>Be prepared for funding opportunities: With Covid-19 significantly changing the funding landscape there is likely to be increased demand for shovel ready' projects, i.e. those that are fully scoped and can be delivered within a relatively short space of time. It remains critical that the council continue to develop and scope works in accordance with council strategy to ensure that we remain in position to access funding.</p> <p>Actively seek out opportunities for additional funding; monitoring DfT and TfL for opportunities.</p>		

	<p>disappointing that the borough has only been awarded £0.79M of this funding so far.</p> <p>TfL LIP funding has been a source of funding for healthy streets, air quality audits and improved walking/cycling infrastructure in previous years. However, TfL LIP funding has been paused as a result of COVID-19 affecting TfL finances. Some funding has been received to support staffing costs up until September 2020.</p> <p>Public Health invested in a software to enable data entry by all partners involved in the delivery of social prescribing.</p>			
--	---	--	--	--

## Key Area 2: Starting, living and ageing well

Key Area 2 is being finalised. It will be similar in format to Key Area 1 and will be included in full prior to consultation.

*Key Area 2: Starting, living and ageing well*

<p>Why is this important in Barnet? In Barnet, the top three broad causes of mortality, and the top three contributors to the gap in life expectancy between the most and least deprived quintiles in the borough for both sexes are circulatory diseases, cancers and respiratory diseases. During 2015-17, circulatory diseases led to 2,319 deaths, cancers caused 1,853 deaths and respiratory diseases resulted in 996 deaths. In the same period, mental and behavioural disorders were associated with 830 deaths.</p> <p>Many of the conditions leading to premature mortality within the borough are strongly linked to lifestyle factors (such as smoking, poor diet, physical inactivity and alcohol consumption), so whilst the mortality rates are generally significantly lower than regional and national levels, there is still room for improvement.</p> <p>As our population becomes increasingly sedentary, physical activity is importantly recognised as an essential component of our wellbeing; providing a positive contribution to our physical, mental and emotional health. Barnet has the 6th highest proportion of adults out of all the London boroughs who were physically inactive – 28.6%. As of 2015, the total green space provision of the borough is 888 hectares (nearly 10% of the area). London Borough of Barnet (LBB) are committed to making the borough’s parks and green spaces “amongst the best in London”.</p> <p>Active travel (including cycling and walking) offers a variety of health benefits including lowering the risks associated with cardiovascular disease, type 2 diabetes, depression, dementia and some forms of cancer. 54% of journeys originating in the borough are made by car - twice the proportion of trips made using active transport (27%).</p> <p>There were an estimated 13,804 households in Barnet in fuel poverty during 2016, which equated to 9.7% of households; this was significantly lower than both the London and England averages. Housing affordability is a major concern with both rents and house prices in Barnet high compared to the national average.</p>	<p>Residents have said that Barnet could be a healthier place to live, work and learn if;</p> <ul style="list-style-type: none"> <li>• <i>There was better support for active travel.</i></li> <li>• <i>They were enabled to eat healthily and do more physical activity.</i></li> <li>• <i>It was dementia friendly.</i></li> </ul> <p>Residents have identified the following as priorities for increasing their health and wellbeing:</p> <ul style="list-style-type: none"> <li>• <i>Mental wellbeing promotion</i></li> <li>• <i>Green space and affordable leisure facilities</i></li> <li>• <i>Support for employment and workplace health</i></li> <li>• <i>Child poverty and improving life chances</i></li> </ul>
--	---

Priority	What have we done so far?	What we are committing to do next?	How are we going to do it?	How will we measure our progress?
<i>Improving children’s life chances</i>		Child poverty Food poverty Immunisations		
<i>Supporting a healthier workforce and working well</i>				
<i>Creating a dementia friendly Barnet</i>		Early recognition of dementia		

*Promoting physical and mental wellbeing throughout the life course*

Increasing participation in sport and physical activity	<p>Establishment of the Fit &amp; Active Barnet (FAB) Framework, FAB Partnership Board, launch of the Fit &amp; Active Barnet Campaign and introduction of the Fit &amp; Active Barnet (FAB) Hub and Card.</p> <p>Delivery of targeted interventions and indicatives in partnership with a range of organisations.</p> <p>Delivery of leisure management contract, which measurably improves the health and wellbeing of residents.</p>	<p>Support health intervention pathways, harnessing the relationship between health and activity (e.g. post health check, children &amp; young people healthy weight pathway, weight management and cardio vascular disease).</p> <p>Review of the existing FAB Framework (expires March 2021)</p> <p>FAB Campaign (2)</p>	<p>In consultation with the FAB Board, Council Officers and via resident engagement.</p> <p>Refine understanding of the needs and barriers to participation amongst priority groups by working with key agencies and service users</p>	<p>Increase in percentage of the population taking part in sport and physical activity (as defined by Sport England / CMO)</p> <p>Increase in the percentage of children and adults utilising outdoor space for exercise.</p> <p>Total number of FAB card registrations (Better).</p>
'Creating a more active and healthy borough' through strategic outcomes.	<p>Establishment of Fit &amp; Active Barnet Partnership Board which includes representation from cross sector organisations.</p> <p>Stakeholder and resident engagement in relation to development of strategic policies for;</p> <ul style="list-style-type: none"> <li>• Barnet Playing Pitch Strategy</li> <li>• Barnet Indoor Sport &amp; Recreation Study</li> <li>• Parks and Open Spaces Strategy</li> <li>• Fit &amp; Active Barnet Framework.</li> </ul> <p>Committee approval of the following strategic masterplans:</p> <ul style="list-style-type: none"> <li>• Montrose Playing Fields / Silkstream Park</li> <li>• Colindale Park</li> <li>• Rushgrove Park</li> <li>• Copthall Playing Fields &amp; Mill Hill Open Spaces</li> <li>• West Hendon Playing Fields</li> <li>• Barnet Playing Fields / King George V.</li> </ul>	<p>Improve strategic alignment to ensure opportunities are concentrated and a range of facilities are utilised to sustain future activity; via the workplace, community, leisure, education, travel and open environment.</p> <p>Review of partnership strategic outcomes.</p> <p>Maximise the use of facilities and identify opportunities for co-location and community hubs, widening access to ensure that facilities and open spaces are better used by the communities they serve.</p>	<p>Stakeholder and Resident engagement.</p>	<p>Securing investment in parks, open spaces and leisure to create and improve facilities.</p> <p>Delivery of masterplan proposals.</p>
Promoting Inclusion and Equality	<p>Promoting Mental Health through adoption of Mental Health Charter for Sport.</p> <p>Creation of a Disability Sports Network (DSN). Co-chaired with Inclusion Barnet, with support from the Council, the DSN has been established as an operational sub group of the FAB Partnership, providing a forum that brings organisations that offer a service to disabled residents in the borough together.</p> <p>Facilitating a partnership between Better and Disability Sports Coach UK (DSCUK) to establish an inclusive 'Community Club' in Barnet.</p>	<p>Align with existing networks/forums that support FAB engagement with target underrepresented groups to fully understand needs and requirements.</p>	<p>Ensure pathways for physical activity and sport are optimised through formal referral by health and social care professionals and self-referrals (e.g. GP surgeries and Social Prescribing).</p> <p>Work in partnership with Health Champions, brokers and organisations to promote borough wide opportunities so they become an 'attractive choice' for service users.</p>	<p>The Barnet DSN has been identified as best practice by London Sport and is used as a case study within a toolkit being developed to support and encourage more networks to be established across London.</p>

<p>Securing investment to create and support active environments.</p>	<p>£41.5m investment into 2 brand new leisure facilities at Barnet Copthall Leisure Centre and New Barnet Leisure Centre.</p> <p>£5.5m transformation of Montrose Playing Field and Silkstream Park, which also included a combination of grants from the Greater London Authority, Environment Agency and London Marathon Charitable Trust.</p> <p>Approx. £450,000 of revenue investment (2019) directed into the borough to support delivery of interventions since implementation of the FAB Framework. Investment includes contributions from Sport England, England Athletics and Better. In addition, the Council Corporate Grants programme, Chipping Barnet Area Committee and Public Health have contributed funding to physical activity across the borough</p> <p>Securing investment from the London Marathon Trust to deliver a sports development initiative at Montrose Playing Fields.</p>	<p>Ensure that through Strategy and Policy physical activity is recognised as an important part of wellbeing – securing investment through S106 and CIL to support.</p> <p>Examples include the Growth Strategy, Local Plan, HWB Strategy, Long Term Transport Strategy and Infrastructure Delivery Plan.</p> <p>Enable and promote active travel across Barnet, through a strategic network which aims to increase use and break down barriers associated with alternative travel methods e.g. walking and cycling.</p>	<p>Influence planners and key policy makers to build and promote healthier and more active communities within new developments and regeneration schemes</p>	<p>Securing third party funding to support improvement / opportunities.</p>
<p>Engagement through digital and innovation.</p>	<p>Engagement through digital behavioural change intervention for Active Travel.</p> <p>Establishment of Fit &amp; Active Barnet Hub; a dedicated website providing information, advice and guidance on physical activity.</p> <p>Installation of new technology (facial recognition and cashless) within leisure facilities.</p>	<p>Review the connectivity of all interventions and infrastructure that supports delivery of active travel in the borough e.g. Active Trails, Health Walks and Heritage Walks</p>	<p>Encourage an innovative approach that seeks to increase participation via less traditional forms of delivery to reach a wider demographic and address barrier to participation.</p> <p>Encourage the use of open data across the Partnership to better understand participation and inform meeting current and future demand</p>	
<p>Developing greater community capacity;</p>	<p>Encourage high quality employment and work experience through the sports and physical activity sector to benefit local residents e.g. supporting the implementation of London Sport's disability sport employment programme 'Activity Works</p> <p>Promoted and supported the VCS with utilising available tools and training such as Club Matters and 'Join In' to increase their volunteering offer and develop the confidence to engage and support volunteers.</p>	<p>Increasing community responsibility and opportunities for residents to design services with us.</p> <p>Adopt an innovative approach to volunteering, to ensure community benefit is at the very core.</p> <p>Provide access to high quality, diverse volunteering opportunities that fulfil personal needs, enable utilisation of skills and the development of new skills and experiences</p>	<p>Extend engagement with the voluntary and community sector to increase alignment with FAB</p> <p>Establish new relationships with residents and the voluntary and community sector (VCS) that enables independence and resilience, encouraging greater responsibility for sport and physical activity in their local areas.</p>	

<i>Promoting physical and mental wellbeing throughout the life course</i>		<ul style="list-style-type: none"> <li>• Mental health promotion and suicide prevention strategy</li> <li>• Health weight action plan update</li> <li>• Strength based activity and falls prevention</li> <li>• Promoting general health knowledge to reduce LTCs</li> <li>• Outdoor gyms</li> <li>• Increasing green space</li> <li>• Demographic specific approach to physical activity / active travel</li> <li>• Social Prescribing</li> </ul>		
---	--	--	--	--

### Key Area 3: Ensuring coordinated and holistic care, when we need it

Key Area 3 is being finalised. It will be similar in format to Key Area 1 and will be included prior to consultation.

<i>Key Area 3: Ensuring coordinated and holistic care, when we need</i>				
<p>Residents have said that Barnet could be a healthier place to live, work and learn if;</p> <ul style="list-style-type: none"> <li>• They had better access to primary care including GPs, with shorter referral times.</li> <li>• Technology was embraced but not leave anyone behind.</li> <li>• Care was joined-up and coordinated and met their holistic needs.</li> <li>• Mainstream healthcare services addressed specific needs of people with complex needs e.g. Learning Disability, Mental Health (long waiting time for a consultation in busy waiting room is a very distressing experience for people with LD)</li> </ul> <p>Residents have identified the following as priorities for increasing their health and wellbeing:</p> <ul style="list-style-type: none"> <li>• Access to GPs and out of hours services (walk in centres and community pharmacies).</li> <li>• Supporting carers to look after their own health.</li> <li>• Services to help prevent long term conditions such as weight management, stop smoking and promoting self-care.</li> </ul>			<p>Why is this important in Barnet?</p> <p>Mental health problems are the single greatest cause of disability in the UK at an estimated annual cost to the economy of £105 billion</p> <p>[local data / context / impact of covid]</p> <p>It is estimated that 12,240 older people in Barnet have a long-term illness where their day to day activities are limited a lot.</p> <p>In 2017-18, 650 carers were supported by the London Borough of Barnet.</p>	
Priority	What have we done so far?	What we are committing to do next?	How are we going to do it?	How will we measure our progress?
Digital transformation, access and exclusion.	The 'Talk before you walk approach' has been widely adopted in many GPs due to covid-19.	Practices to offer digital training / group participation for LTC  Improving digital access for all		
Supporting our care settings and carers		Ensuring our care staff are supported to look after their own health.		
Supporting those with complex needs	Use of health services by different segments of the population.			
Support for those needing treatment for mental health	Patient participation groups			
Cancer care				
Integrating health and social care	Community pharmacies			

## Appendix II - Findings of staff and stakeholders workshop on JHWS

A staff workshop to discuss the Joint Health and Wellbeing Strategy was held on the 29<sup>th</sup> July 2020. This workshop involved the colleagues from across the Council and partners from NCL CCG.

Colleagues were grouped into three groups based on which key area their work related to. The points raised about the strategy and the three key areas are below.

### **Group 1 – Creating a healthier place and resilient communities**

Group 1 found that healthier workforces and working well was missing from this key area as a priority. It was felt that prevention work fits well within this key area and needs to be emphasised so not to be “overshadowed” by the care aspects of the strategy.

Emerging priorities should be equally distributed and shift the focus towards healthier places and make more investment on prevention.

Dementia Friendly Barnet should be a focus area within the key area as its aim is to make Barnet a safer and healthier place where those with dementia can thrive. (Included in Key Area 2, potentially a cross-area objective)

Current pieces of work that support this key area are social prescribing, active travel and air quality as examples. Cross cutting pieces of work were highlighted in the group session such as outdoor gyms that can achieve multiple aims in improving health for residents. Facilities like this will be important to COVID-19 recovery and providing a “bigger hit for a wider demographic”.

Air quality (AQ) was identified as another council-wide and cross-cutting area of work. AQ should influence everything done by the council. The impact of poor air quality on school children and outdoor workers was raised by the group. Investment in this area could be to improve available data and insight.

Future initiatives identified by the group was on increasing green space and encouraging the use of these spaces. There should be a demographic specific approach to physical activity and active travel.

Final points from the group were that the outcomes within the key areas should be equal and that there should be more objectives within this priority.

### **Group 2 – Improving the healthy life expectancy for all**

The group thought that the key area title did not best reflect its content. Suggested title from the session is “starting, living and aging well”.

Mental health needs to be referenced as a priority within this key area and that it was not referenced in the other areas either. This group also felt that children need to feature in the priorities in addition to child poverty/life chances. Unique challenges relating to CYP should be referenced in the JHWS.

Strategy could be used to consider both child and food poverty. Important to note that CYP board have a life chances strategy already. Concern that cancer should also be included within this priority

in addition to CVD (felt was too clinical a phrase). Post-Covid immunisations should be referenced in the strategy (maybe in a different key area).

Query from the group whether LD beyond autism should be considered and discussed with adults and family services to determine what the focus should be. Suggestion the CVD key area be replaced with “promoting physical and mental wellbeing throughout the lifecourse”. Within this key area mental health promotion and the healthy weight action plan could sit. Along with the prevention strategy.

### **Group 3 – Ensuring coordinated holistic care, when we need it**

This group thought that what we have learnt from the pandemic, digitalisation of primary care services and rapid access was missing from the key area. Digital transformation was identified as a priority specifically work on segmenting the population by digital access (ie minor conditions that could be dealt with by a digital intervention compared to complex cases that required face to face needs). A focus on care settings is one of the ICP workstreams and should be reflected in this key area. Carer’s health should also not be forgotten in this key area.

COVID-19 and its relation to physical activity was also highlighted in the workshop. This could be referenced by discussing leisure centres within the strategy and their role in prevention. The group also felt that management of falls and strength-based activity was missing as priorities within the key areas. Promotion of general health knowledge and its link with long term conditions was discussed and flagged as an area to include in the JHWS.

There are current pieces of work that support the delivery of this key area. Delivery could be supported by projects that look at the different use of health services by different segments of the population. The current period was highlighted as the time to make changes and not to go back to “old ways of working”. This key area could be supported by work done by the patient participation groups and the use of community pharmacies in this type of work.

To deliver this key area the two future initiatives discussed were social prescribing and for practices to offer digital training/group participation for long term conditions.

## Appendix III - JHWS Community Engagement Proposal

<b>Project Title:</b> Healthwatch Barnet JHWS Community Engagement	
<b>Project Lead:</b> Madeleine Ellis	
<b>Type of Project:</b> Engagement/Research	
<b>Start Date:</b> Mid-September 2020	<b>End Date:</b> Late-November 2020
<p><b>Background to the project</b></p> <p>The Joint Health and Wellbeing Strategy (JHWS) is one of the Health and Wellbeing Board's (HWBB) 'key responsibilities' (LBB; 2015). The current JHWS is due to end in 2020, and the new strategy for 2021-2025 is currently in development.</p> <p>However, the impact of the Covid-19 pandemic on Barnet communities and service provision has led to a renewed focus on health inequalities within the borough, especially amongst BAME and older communities. There is also an increasing recognition that as LBB and partners continue to plan for Covid-19 recovery, that recovery strategies need to be integrated into the JHWS.</p> <p>The HWBB recognises that community engagement is a vital tool in ensuring that the strategic priorities in the JHWS, and LBB's and partner initiatives reflect the needs of the Barnet residents, including groups who experience health inequalities.</p> <p>Healthwatch Barnet (HWB) have been asked to support the coordination and facilitation of HWBB's and the London Borough of Barnet's (LBB) community engagement around the JHWS. As HWB is both a member of the HWBB and the consumer champion for people who use health and social care services in Barnet, it is well positioned to help do this.</p>	
<p><b>Purpose of Project:</b></p> <p>The purpose of this project is to support Barnet's Health and Wellbeing Board to develop their Joint Health and Wellbeing Strategy for 2021-2025 through community engagement.</p>	

**Aims and objectives:**

1. To gather feedback about Barnet residents' views on the HWBB's Joint Health and Wellbeing Strategy
2. To understand how the pandemic has affected residents' health and ability to access services
3. To understand what Barnet residents' health and wellbeing priorities for 2021-2025 are, and how COVID-19 has shaped, changed, or influenced these
4. To gather information about residents' current use of health services in the borough
5. To gather information about residents' expectations of health and wellbeing programmes in Barnet

**Proposed Methodology**

The proposed methodology aims to answer the research questions and objectives outlined above. The proposed methodology will involve 3 work packages, including: one or two online community surveys and up to 4 online focus groups.

Each proposed work package is detailed below, however, alternative methods and approaches could be used in addition to or, instead of, these if required.

**Work Package 1- Community engagement survey**

**Objectives:**

- To gain an understanding of what Barnet residents' priorities for health and wellbeing services in the London Borough of Barnet are, and the extent to which COVID-19 has shaped these.

**Aims:**

1. To gain an understanding of how COVID-19 has impacted residents health and wellbeing
2. To gain an understanding of how COVID-19 has impacted on residents' access to health and wellbeing services
3. To gain an understanding of what Barnet residents' priorities for health and wellbeing in the borough are, and how COVID-19 has shaped these.
4. To collect demographic data to provide insights into differences between certain population groups
5. To help identify participants for Work Package 3

**Research Questions:**

1. How has the COVID-19 pandemic affected residents' physical and mental health and wellbeing and changed their needs?
2. How has the COVID-19 pandemic affected residents' access to mental and physical health and wellbeing services in LBB?
  - a. Which services have residents be unable to access?
  - b. Which services have residents be able to access?
  - c. How has access to certain services changed and have these changes been positive or negative for residents
  - d. Have changes to service provision affected certain groups or communities within LBB more than others (including people 65+, people from Black, Asian, and Minority Ethnic groups)

### Methodology:

The primary method used to meet the aims and objectives of this work package and to answer the above research questions will be an online survey.

The survey will include closed and open-ended behavioural, experiential, opinion, and demographic questions. It will aim to collect a mixture of quantitative and qualitative data about residents' experiences of access to health and wellbeing during the COVID-19 pandemic. The survey will be designed using Survey Monkey and will primarily be distributed through an online link. The survey would be open for 3 weeks during which time, we would have three separate communications initiatives to boost participation rates.

### **Sampling**

Because the aim of this work package is, primarily, to gain qualitative, experiential data about residents' wellbeing and access to health and wellbeing services during lockdown, non-probability sampling methods (such as snowball and convenience sampling) will drive the distribution of the survey.

HWB and LBB will help promote the survey through their comms channels (including the People Bank), whilst HWB will work closely with partner organisations to promote participation, particularly amongst groups who may experience health inequalities. Filter questions will be used to ensure respondents are either Barnet residents or that they use services in Barnet.

Efforts will be made to distribute the survey to minority groups within Barnet and those who might be digitally excluded. For example, we will give residents opportunities to

complete the survey over the phone with a researcher rather than online and provide an Easy Read version of the survey if required.

This approach means that data gathered from the survey is unlikely to be representative of the population of Barnet as a whole and therefore will not be generalisable, however, by working closely with Healthwatch Barnet and Inclusion Barnet partner organisations we will use targeted comms strategies to gain feedback from specific groups of interest (as identified by LBB). Because the purpose of this work package is, predominately, to gather rich, qualitative data about experiences rather than quantitative data, a non-probability sampling strategy would be effective here.

Results from the survey will be analysed thematically to draw out key themes within residents' responses.

### Work Package 2 – Community engagement survey

**Objectives:** To gain feedback from residents about LBB's proposed JHWS for 2021-2025

#### Aims:

1. To understand what residents' priorities are for health and wellbeing in Barnet
2. To gain residents feedback on the following proposed priority areas:
  - Creating a healthier place and resilient communities  
Priorities include improving air quality, access to open spaces and leisure activities, accessible healthy food and drinking water and developing one social prescribing model for the borough.
  - Improving the healthy life expectancy for all  
Priorities include tackling child poverty related health issues, autism across the life course, cardiovascular disease (including diabetes) and early recognition of dementia.
  - Ensuring coordinated holistic care when we need it  
Priorities include an aging well model, timely access to primary care (including reducing referral times) and healthcare services that adequately supports the specific needs of those with complex needs such as mental health and learning difficulties.
3. To explore how residents, understand these priorities

4. To identify where residents' priorities align and diverge from the ones proposed in the draft JHWS
5. To help identify participants for Work Package 3

### **Research Questions:**

1. What are LBB residents key priorities for health and wellbeing for 2021-2025
2. To what extent do residents' priorities align with or diverge from LBB's proposed priorities?
3. What are the reasons behind agreement/disagreement, and to what extent are these attitudes shaped by experiences during the COVID-19 pandemic?
4. To collect demographic data to help identify key priorities for certain areas or communities?

### **Methodology:**

The primary method used to meet the aims and objectives of this work package and to answer the above research questions will be an online survey. The survey will include closed and open-ended behavioural, experiential, opinion, and demographic questions with the aim of collecting quantitative and qualitative data about residents' beliefs, attitudes and opinions about health and wellbeing priorities in Barnet.

The survey will be designed using Survey Monkey and will primarily be distributed through an online link. The survey would be open for 3 weeks during which time, we would have three separate communications initiatives to boost participation rates.

Because the aim of this work package is, primarily, to gain qualitative data about residents' beliefs, attitudes and opinions about the health and wellbeing priorities in Barnet we would use non-probability sampling methods (including snowball and convenience sampling). The survey would be distributed and promoted through Healthwatch Barnet's and LBB's communication channels (including the People Bank), as well as through HWB and Inclusion Barnet partners.

Efforts will be made to distribute the survey to groups of particular interest within Barnet. We would develop strategies to ensure feedback from groups who might normally be excluded from engagement activities, or who may be digitally excluded. For example, providing opportunities to complete the survey over the phone with a researcher,

providing Easy Read versions of the survey, distributing the survey via key partners e.g. Age UK Barnet

However, this approach will mean that data gathered from the survey is unlikely to be representative of the population of Barnet as a whole, and therefore conclusions will not necessarily be generalisable to entire population of Barnet.

Analysis of the data will be iterative and predominately thematic. It will be used to feed into the other engagement activities and into the overall analysis presented in the report.

### Work Package 3 - Community focus groups (online)

#### Objectives:

- To gain in-depth insights into the health and wellbeing priorities of key groups within the London Borough of Barnet, specifically: people who are 65+, people from key BAME communities (?) and people who are clinically vulnerable. The groups are to be confirmed by LLB.
- To ascertain the impact that COVID-19 and wider health aspects has on specific population groups (identified by LBB) and how this has shaped their priorities regarding health and wellbeing.

#### Aims:

1. To explore the health and wellbeing priorities of specific population groups in Barnet, and the extent to which these are shaped by experiences of COVID-19
2. To identify the attitudes of specific population groups within Barnet to LBB's proposed JHWS
3. To explore to what extent JHWS priorities align with or diverge from residents' priorities
4. To identify what borough areas / communities may benefit from certain health / wellbeing interventions or focus

#### Research Questions:

1. What are key group residents' priorities for health and wellbeing?
2. To what extent are key group residents' priorities influenced by recent COVID-19 events
3. What are key group residents' attitudes to the LBB's JHWS priorities, what would they change or keep the same?

**Methodology:**

The primary engagement method that will be used to achieve the aims and objectives above, and the outlined research questions, will be a series of online focus groups held over Microsoft Teams.

Participants will be recruited from work packages 1 and 2 and via Inclusion Barnet/Healthwatch Barnet partners.

We will run one three-hour focus group for each population group identified as being at a higher risk of health inequalities (to be identified by LBB).

Each focus group will be made up of 4-5 participants (max 6) and will be facilitated by two Healthwatch Barnet researchers/staff. A schedule of questions and prompts will be developed to allow the primary researcher to guide discussions.

The focus groups will be divided into two sections with a break in the middle:

1. an open discussion about what participants think the priorities need to be for their families/communities, and the impact that Covid-19 has had on their priorities (1 hour)
2. a reflective workshop exploring participants attitudes to draft priority areas (1 hour)

The participants will also be given a pre-meeting home-work task to help them prepare for the focus group.

The focus groups will be video/audio recorded, and the second researcher will be present to make notes and observations during the sessions.

Results will be coded and analysed to identified key themes which emerged from the focus groups and the extent to which participants agreed/ disagreed with the proposed priorities.

**Risks and mitigations**

**Risk:** A poor response rate for Work Package 1 and 2 would limit the insights gained from the data.

**Mitigation:** Three separate comms initiatives will be used to boost feedback rates, including a launch initiative, a reminder initiative and 'last chance to participate' initiative.

**Risk:** There will be an overrepresentation of responses from certain groups and an underrepresentation of other groups of interest in work packages 1 and 2.

**Mitigation:** Once target groups of interest have been agreed with LBB HWB will develop comms strategies to ensure a good response from these sections of the Barnet population, including working with community groups within the voluntary sector.

**Risk:** Difficulties recruiting participants for work package 3 due to difficulty contacting already socially excluded or digitally excluded groups.

**Mitigation:** HWB will work closely with existing partners to recruit to the various population groups. Work package 1 and 2 would also help to identify appropriate participants who would be interested in taking part in the online focus groups.

**Tasks and Timelines:**

WKP1	Date	21/09/2020 – 30/09/2020	01/10/2020 – 22/10/2020	22/10/2020 – 29/10/2020	29/10/2020 – 20/11/2020
	Person Responsible	Madeleine	Rosie	Madeleine + researcher	Madeleine + researcher
	Task	Survey designed/ piloted	Survey open – regular comm to increase responses	Data analysis	Write up
WKP2	Date	21/09/2020 – 30/09/2020	01/10/2020 – 22/10/2020	22/10/2020 – 29/10/2020	29/10/2020 – 20/11/2020
	Person Responsible	Madeleine	Rosie	Madeleine + researcher	Madeleine + researcher
	Task	Survey designed/ piloted	Survey open – regular comm to increase responses	Data analysis	Write up
WKP3	Date	01/10/2020 – 14/10/2020	26/10/2020 – 31/10/2020	02/11/2020 – 06/11/2020	06/11/2020 – 20/11/2020
	Person Responsible	Madeleine/ Eddie	Madeleine/Eddie/ Rosie	Madeleine + researcher	Madeleine + researcher
	Task	Focus groups designed and recruited	Focus groups run	Data analysis	Write up