

**MEETING**

**HEALTH & WELLBEING BOARD**

**DATE AND TIME**

**THURSDAY 14TH JANUARY, 2021**

**AT 9.00 AM**

**VENUE**

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

**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 meeting. Therefore, the deadline for this meeting is 10AM on Monday 11 January. 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 - 10
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	11 - 14
7.	COVID-19 Verbal Update - Dr Tamara Djuretic and Dr Charlotte Benjamin	
8.	Vaccination Update COVID-19 and Influenza	15 - 40
9.	COVID-19 and its impact on Barnet Hospital and the Royal Free Hospital - Caroline Clarke - Verbal update	
10.	Draft Joint Health and Wellbeing Strategy report - (Including update on Integrated Care Partnership from Dr Charlotte Benjamin)	41 - 142
11.	Presentation Foodbanks - Oliver Scott Verbal update	
12.	Update on contingency accommodation of asylum seekers in Barnet	143 - 152
13.	Any Items the Chairman decides are urgent	

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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.

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# Decisions of the Health & Wellbeing Board

1 October 2020

Board Members:-

- \* Cllr Caroline Stock (Chairman)
- \* Dr Charlotte Benjamin (Vice-Chairman)

AGENDA ITEM 1

- |  |                        |                           |
|--|------------------------|---------------------------|
| * Dr Tamara Djuretic                     | * Dawn Wakeling        | * Dr Nikesh Dattani       |
| * Cllr Sachin Rajput                     | * Madelline Ellis      | * Caroline Collier        |
| * Cllr Richard Cornelius<br>Chris Munday | * Sarah McDonald-Davis | * Fiona Bateman           |
|  | * Dr Clare Stephens    | * Ben Thomas (Substitute) |

\* denotes Member Present

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

The Chairman of the Health and Wellbeing Board, Councillor Caroline Stock welcomed Board Members and all attendees to the virtual meeting.

The Board welcomed Dr Jo Sauvage, NCL CCG Chair, Francis O' Callaghan, Accountable Officer NCL CCG and Colette Wood Director of Transformation for Barnet NCL CCG.

The Chairman also welcomed the new Board member, Sarah McDonald-Davies, who is Executive Director of Borough Partnerships at the NCL CCG, replacing Kay Matthews on the HWBB. The Chairman thanked Kay Matthews on behalf of the Board for all her contributions, enthusiasm, encouragement and support to the Board.

It was **RESOLVED** that the minutes of the previous meeting of the Health and Wellbeing Board held on 23 July 2020 be agreed as a correct record.

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

Apologies were received from Chris Munday, Executive Director for Children and Young People who was substituted by Ben Thomas, Assistant Director- Education, Strategy and Partnerships.

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

Dr Charlotte Benjamin, Vice-Chair of the HWBB declared a non-pecuniary interest on behalf of herself, Dr Clare Stephens and Dr Nikesh Dattani as primary care providers via their respective GP Practices in the interest of transparency.

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

None, however it was agreed that a written response would be circulated in addition to the verbal update provided regarding the question on COVID-19 Champions and volunteering.

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

None.

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

The HWBB 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 Salar Rida, Governance Service.

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

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

**8. COVID-19 PANDEMIC UPDATE - VERBAL (Agenda Item 8):**

The Chairman invited Dr Tamara Djuretic Director of Public Health and Dr Charlotte Benjamin NCL CCG to provide an update on this phase of the pandemic from the Council and NHS perspective.

Dr Djuretic noted that most recent figures show that infection rate for Barnet to be 25/100,000 and that London was put on national watchlist. In terms of testing it was noted that testing has increased in Barnet and that approximately 5,100 tests were done through community testing. Weekly updates on COVID-19 infection rates locally can be accessed on Barnet's website [here](#).

Dr Djuretic spoke about the continued approach towards public health communication, community engagement, increased testing and enforcement which includes following government advice on social distancing, self-isolation, wearing face coverings on public closed spaces such as public transport and practicing good hand hygiene.

The Board noted that new guidance was issued regularly on enforcement and engagement and the importance of getting the balance right for the benefit of the community and to avoid further spread of COVID-19.

Dr Djuretic briefed the Board about the new fixed testing centre in Burnt Oak. This is a Local Testing Site (LTS) with walk-in capabilities and will supplement Mobile Testing Units that are available at different sites across the borough.

The LTS has been risk assessed and it is COVID-19 Secure, with all mitigation risks being put in place to minimise any disturbance to surrounding neighbourhoods.

Dr Benjamin updated the Board on NHS COVID-19 preparedness and access to the NHS services locally. The Board noted that GP practices across the borough are using webinars, e-consultation format, phone and email in addition to walk-in availability for patients. This will help to protect patients and reduce the risk of picking up infection from a clinical setting. Dr Benjamin also informed the Board about using a range of communication channels to inform the wider community including communication through partners.

The Chairman thanked Dr Djuretic and Dr Benjamin for the updates.

Update on Long COVID-19

Upon invitation of the Chairman, the Board welcomed Emma Lewis and Bernadette Henderson, Therapy Services Lead Children Governance from Barnet Hospital to provide an update on Long COVID-19.

The Chairman noted the importance of learning and understanding the implications of this new condition. The Board noted the presentation from Emma and Bernadette about Long COVID-19 and the current context.

The Board heard that some patients appeared to experience Long COVID-19, particularly around the extent of COVID-19 conditions over six months and longer as well as its impact on peoples' lives such as fatigue conditioning and psychological factors.

The Chairman thanked Emma Lewis and Bernadette Henderson for the informative presentation.

**9. HEALTH AND WELLBEING OF STUDENT POPULATION - VERBAL UPDATE  
(Agenda Item 9):**

The Chairman invited James Kennedy, Chief Financial Officer from Middlesex University to the meeting.

The Board noted the presentation from Mr Kennedy who provided an update on the Health and Wellbeing of the student population at Middlesex. The Chairman welcomed the presentation and noted the importance of this topic in light of the number of students coming to Middlesex from outside the borough.

Update from Young Barnet Foundation

The Chairman welcomed the update on the impact of COVID-19 on the student population and the findings and plans for future engagement. She invited to the meeting Dr Alison Megeney (Director of Design Engineering and Mathematics Programmes) Matthew Jones (Associate Professor in Mathematics) both from Middlesex University and Janet Matthewson (CEO of Young Barnet Foundation).

Following the Youth Voice survey, Janet spoke about the analysis of the data and the themes from the questionnaire. Matthew noted that the data shows the issues which respondents have expressed concerns about. The data shows that doing well at school, university and future careers were among the emerging themes.

The Board also heard that there was a correlation between year group and levels of worry. Students have become worried at a younger age about going to university. Data also highlighted good levels of support available and received by students from different sources.

Dr Djuretic welcomed the data and expressed interest in working together to utilise the data and inform the Joint Health and Wellbeing Strategy updates and other workstreams.

The Chairman welcomed the presentation and thanked guest speakers on behalf of the Board.

**10. UPDATE REPORT ON BARNET INTEGRATED CARE PARTNERSHIP (ICP)  
(Agenda Item 10):**

The Board received a presentation and summary of the report from Jess Baines-Homes (Assistant Director Adults Joint Commissioning), Collette Wood (Director of Primary Care and Transformation Barnet Directorate, NCL CCG) and James Mass (Director of Adult Social Care). Julie George also joined the Board and spoke about the Black, Asian and other Minority Ethnic groups (BAME) Community Prevention work.

Fiona Bateman welcomed the report and the opportunity to integrate workstreams together particularly around same day access. The Chairman commended the progress on local integration work, being emphasised by lessons learnt from the COVID-19 pandemic and the plans presented.

It was **RESOLVED:**

**That the Health and Wellbeing Board noted the update on the progress of the Barnet Integrated Care Partnership.**

**11. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019-20 (Agenda Item 11):**

The Independent Chair of the Safeguarding Adult Board, Fiona Bateman presented the report. The Board thanked the entire workforce across the voluntary sector, partnership and everyone involved for producing and contributing to this report.

Ms Bateman spoke about the critical work being delivered by all partners around minimising safeguarding risks, suicide prevention and mental health.

Councillor Sachin Rajput welcomed the report and the work being delivered. He highlighted the importance of increasing awareness of reporting of abuse.

In response to Councillor Rajput's query about spreading the message and circulating the poster, Ms Bateman welcomed all forms of communication to spread the message as widely as possible.

Dr Benjamin welcomed the annual report and noted the importance of continued multi-agency working as a system to tackle abuse particularly in light of COVID-19.

Ms Wakeling informed Board Members that the move to virtual working has helped to increase the speed of aspects of safeguarding workstreams such as referrals and decision making.

It was **RESOLVED:**

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

Update from North West and End of Life Care Support

The Board received an update from Dr Charlotte Benjamin, Vice-Chair of the HWBB.

Dr Benjamin spoke about the need to enable and support care around end of life and to take a holistic approach towards patient care, particularly for patients who are frequently in/out of hospital.

The Chairman also welcomed the update from Paula Plaskow Team Manager at North West and End of Life Care Support to link with the Barnet Health Strategy and End of Life Care Planning. Ms Plaskow noted the benefits of advance care planning which enables people to record the issues that matter to them. She also spoke about the work around encouraging people to speak about their health wishes as standard practice which will also support NHS care providers.



The Chairman thanked Dr Benjamin and Ms Plaskow for the updates.

**12. UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY DEVELOPMENTS 2021-2025 (Agenda Item 12):**

Director for Public Health and Prevention, Dr Tamara Djuretic presented and summarised the item as set out in the report. She spoke about the consultation and community engagement work which will inform the development of the draft JHWB Strategy.

Barnet Healthwatch Manager, Madeleine Ellise spoke about the progress of the engagement work with communities and recording the emerging themes to develop the Strategy.

It was **RESOLVED**:

- 1. That the Board granted authority to approve the draft strategy and begin the consultation period to Director of Public Health and Prevention (Chief Officer) in consultation with the Chairman and Vice-Chairman.**

**13. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):**

The Chairman thanked Board Members for the discussion and contributions.

The meeting finished at 11.45 am

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### Health and Wellbeing Board abbreviations

<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>PSED</b>	Public Sector Equalities Duty
<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

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AGENDA ITEM 8

	<b>Health and Wellbeing Board</b> <b>Thursday 14<sup>th</sup> January 2021</b>
<b>Title</b>	<b>Vaccination Update – (COVID and Influenza)</b>
<b>Report of</b>	Colette Wood - Director, Primary Care Transformation – North Central London CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 – NCL Vaccinations Programme update
<b>Officer Contact Details</b>	Nicholas Ince – Assistant Director of Vaccination Transformation, North Central London CCG  Daniel Glasgow – Director of Vaccination Transformation, North Central London CCG Janet Djomba- public health consultant, LBB Public Health

<h2>Summary</h2>
<p><b>Ambition: This is an unprecedented year and it is our responsibility under COVID to be ambitious and drive a campaign to vaccinate ALL eligible patients in North Central London for seasonal influenza.</b></p> <p>The purpose of this report is to give an update on the approach to support seasonal influenza <b>and</b> COVID vaccinations. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups, as well as delivering 1.6million COVID vaccinations across North Central London.</p> <p>The report outlines the uptake rates across the main eligible groups and the approach that we are adopting across Barnet, including how system partners are contributing towards the achievement of the considerable ‘flu and COVID targets.</p>

## **Recommendations**

**That the Board note the following:**

- 1. The approach taken across Barnet to deliver influenza and COVID vaccinations**
- 2. The current uptake rates across the borough for influenza and COVID**
- 3. The actions being undertaken to improve the vaccination rates**

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

- 1.1 The purpose of this report is to give an update on the approach to support seasonal influenza and COVID vaccinations. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups, as well as delivering 1.6million COVID vaccinations across North Central London.
- 1.2 The report outlines the uptake rates across the main eligible groups and the approach that we are adopting across Barnet, including how system partners are contributing towards the achievement of the considerable 'flu and COVID targets.
- 1.3 The flu vaccine is given to people who:
  - Are 50 and over (including those who'll be 50 by 31 march 2021)
  - Have certain health conditions
  - Are pregnant
  - Are in long-stay residential care
  - Receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
  - Live with someone who's at high risk from coronavirus (on the nhs shielded patient list)
  - Frontline health or social care workers
- 1.4 The NHS is currently offering the covid-19 vaccine to people most at risk from coronavirus. The vaccine is being offered in some hospitals and from hundreds of local vaccination centres run by GPs. It is being given to the following cohorts of patients:
  - Some people aged 80 and over who already have a hospital appointment in the next few weeks
  - People who live or work in care homes
  - Health care workers at high risk
- 1.5 The vaccine will be offered more widely, and at other locations, as soon as possible. The order in which people will be offered the vaccine is based on advice from the joint committee on vaccination and immunisation (jcv).



## **2. REASONS FOR RECOMMENDATIONS**

2.1 Influenza is causing many deaths, hospital admissions and severe illness every year, especially among elderly and groups at higher risk, as outlined above. It therefore vital to protect those at highest risk through providing free flu jabs. This year the flu vaccination is particularly important because:

- if you are at higher risk from coronavirus, you are also more at risk of problems from flu
- if you get flu and coronavirus at the same time, research shows you are more likely to be seriously ill
- it will help to reduce pressure on the NHS and social care staff who may be dealing with coronavirus

2.2. The COVID-19 vaccine aims to protect people from getting COVID-19. Uptake level will have a significant impact on further course of the pandemic. Details of COVID-19 vaccination programme are outlined in attached presentation.

### **2.3. Uptake of flu vaccination**

The attached presentation is showing the current status of flu uptake. As the vaccination programme continues, it will be updated before presenting at HWBB.

### **2.4. COVID-19 vaccination programme**

The attached presentation is showing the current status of COVID-19 vaccination programme in Barnet. It will be updated according further development before presenting at HWBB.

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

3.1 Not applicable

## **4. POST DECISION IMPLEMENTATION**

4.1 Not applicable

## **5. IMPLICATIONS OF DECISION**

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

5.1.1 Health protection is a statutory duty of LA public health, therefore both influenza and COVID-19 vaccination are of highest priority.

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

5.2.1 There are no direct financial implications to LB Barnet.

### **5.3 Social Value**

5.3.1 Not applicable

## 5.4 Legal and Constitutional References

### 5.5 Under the Council's Constitution, the terms of reference of the Health and Wellbeing Board include the following responsibilities:

- 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

## 5.6 Risk Management

Risk No	Description	Impact	Likelihood	Total	Mitigation	Responsible Officer
1	Demand and uptake for the vaccine is low in some communities	3	4	12	<ul style="list-style-type: none"> <li>• Use of community champions and tailored messaging through community groups</li> <li>• Targeted communications and engagement campaign to engage all eligible cohorts, as well as focusing on populations with lower uptake</li> <li>• Digital campaign through social media channels to target specific populations</li> <li>• Ensure ability to monitor uptake (HealthIntent) across population to drive decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Nicholas Ince</li> <li>• Vee Scott</li> </ul>
2	Provider and public focus on COVID vaccination	3	3	9	<ul style="list-style-type: none"> <li>• Continue to engage providers and ensure delivery of flu vaccinations continues through December and into January. This will incorporate an element of performance management with those with lowest uptake</li> <li>• Further messaging to patients stressing the importance of receiving a flu vaccination, incorporating national messaging for patients to receive the flu vaccination at least 7 days before the COVID vaccination</li> <li>• Encourage providers to have a targeted focus (e.g. community pharmacy focus on 50-64 not at risk, make every contact count in all Trusts)</li> <li>• Continue to support with targeted communication and engagement with patients</li> </ul>	<ul style="list-style-type: none"> <li>• Daniel Glasgow</li> <li>• Nicholas Ince</li> <li>• Borough flu leads</li> </ul>
5	Supply of the vaccine is interrupted or less than originally anticipated	4	2	8	<ul style="list-style-type: none"> <li>• Continue dialogue with all practices and support the ordering of DHSC stock of vaccines</li> <li>• Support mutual aid between providers to ensure all available vaccine is being utilised</li> <li>• Escalate issues experienced by providers (including community pharmacy) to regional colleagues and support the unblocking of the issues</li> </ul>	<ul style="list-style-type: none"> <li>• Nicholas Ince</li> <li>• Borough flu leads</li> </ul>

## 5.7 Equalities and Diversity

### 5.7.1 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. The protected characteristics monitored and considered to shape the programme approach are:

- Age
- Disability
- Pregnancy and maternity

- Race
- Religion or belief
- Sex
- First language spoken

## 5.8 **Corporate Parenting**

5.8.1 No direct implication as a result of this report. In line with the Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council.

## 5.9 **Consultation and Engagement**

5.9.1 Not applicable

## 6. **BACKGROUND PAPERS**

6.1 None.

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North Central London  
Clinical Commissioning Group

# NCL Vaccinations Programme update

Barnet Health and Wellbeing Board

14<sup>th</sup> January 2021



**NORTH LONDON PARTNERS**  
in health and care



**North Central London**  
Clinical Commissioning Group

# Influenza Programme Update

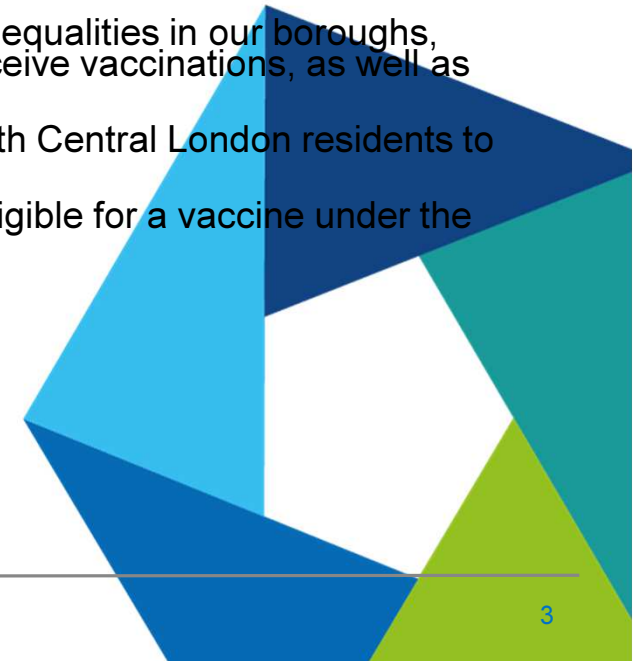


# NCL flu vaccinations programme

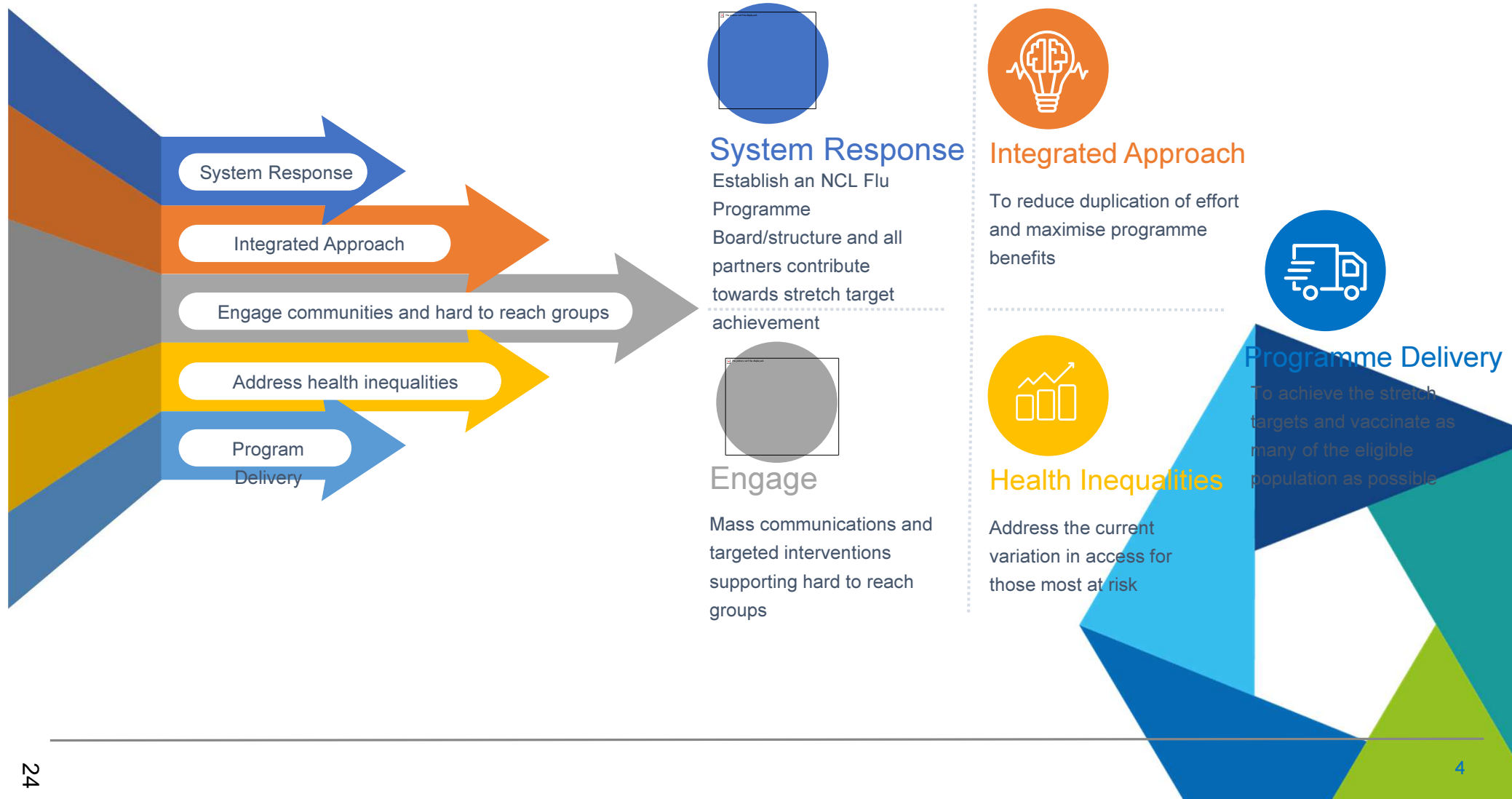


North Central London  
Clinical Commissioning Group

- This year is the largest influenza campaign ever undertaken across the country and we are asking for a concerted effort to significantly increase influenza vaccination coverage and achieve a minimum 75% uptake across all eligible groups.
- In order to achieve these incredibly ambitious targets, we introduced a number of new measures, including:
  - ✓ Working as a system to achieve these ambitious targets, with all providers playing a role in “Making Every Contact Count”.
  - ✓ Introducing an LCS in Barnet, Enfield and Haringey borough directorates, bringing them in line with local incentives offered in Camden and Islington.
  - ✓ Provide all primary care networks (PCNs) with infrastructure funding to support them to undertake what will be the largest vaccination programme in history.
  - ✓ Developed a HealthIntent dashboard to support delivery and address inequalities in our boroughs, specifically targeting those population groups who traditionally do not receive vaccinations, as well as those at greatest risk as a result of flu and COVID-19.
  - ✓ A communications and engagement plan that is designed to support North Central London residents to ‘Stay Well and Seek Help during winter’.
  - ✓ A vaccination programme that vaccinates NCL CCG staff, who are not eligible for a vaccine under the NHS E and I health and care workers scheme.



# Key Programme Priorities





# Barnet Influenza Performance (1)



North Central London  
Clinical Commissioning Group

- Performance is ahead of the previous year across all boroughs based on Week 50 of the campaign last year
- Our measures are having a positive effect on performance this year across the system and this has resulted in the best ever start to a influenza campaign and we are significantly ahead of our previous years performance
- There have been issues with vaccine stock supply which have now been resolved and stocks across the system are now being replenished

## Over 65s



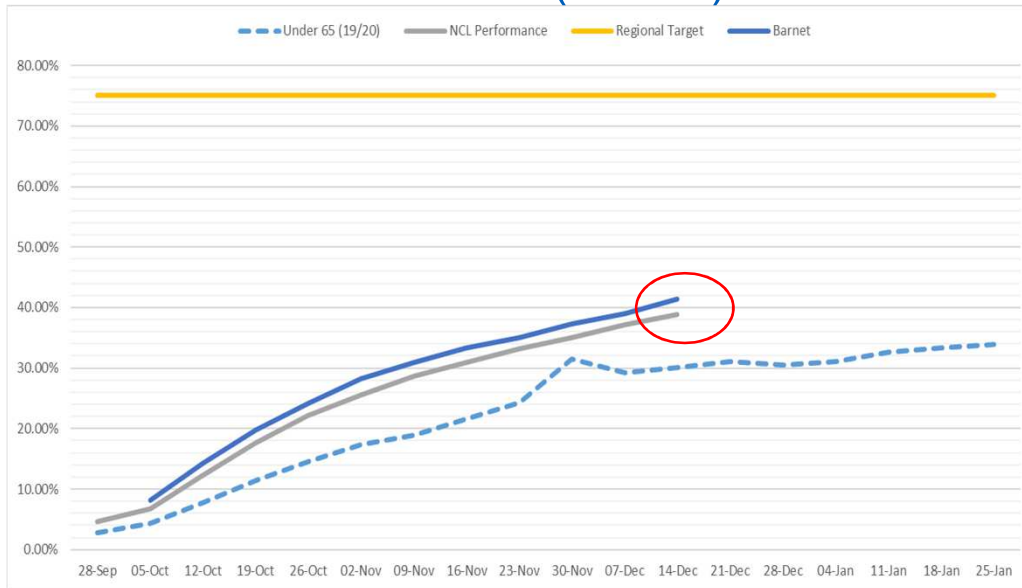
- 71.7% over the over 65 population have been vaccinated
- This is 8% better than the same point in 19/20
- Barnet has already exceeded the amount of vaccinations given during the entire flu season in 19/20

# Barnet Influenza Performance (2)



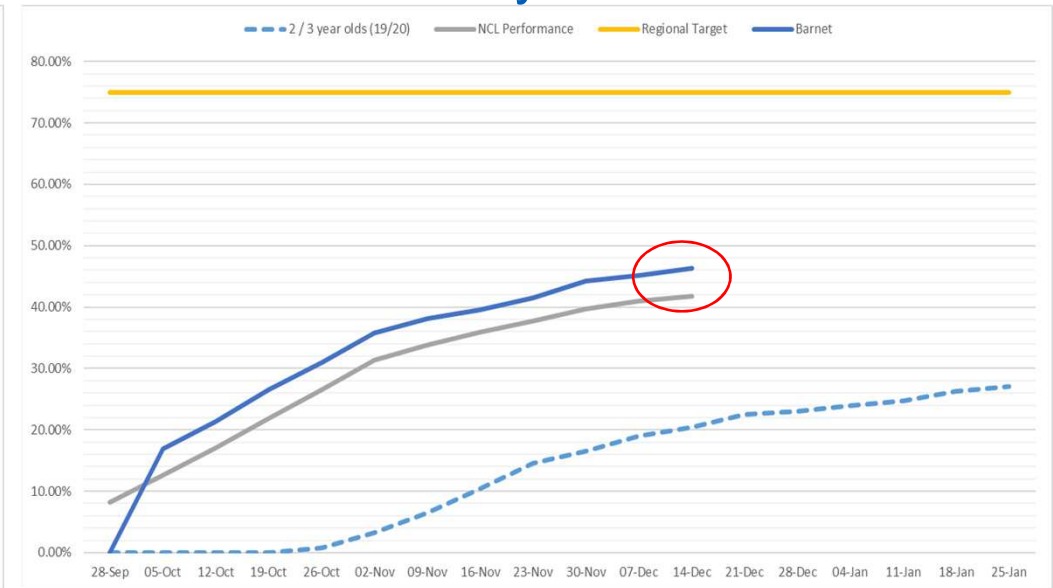
North Central London  
Clinical Commissioning Group

## Under 65 (at-risk)



- 41.4% over the under 65 population have been vaccinated
- This is 7% better than the same point in 19/20
- Barnet has almost exceeded the amount of vaccinations given during the entire flu season in 19/20

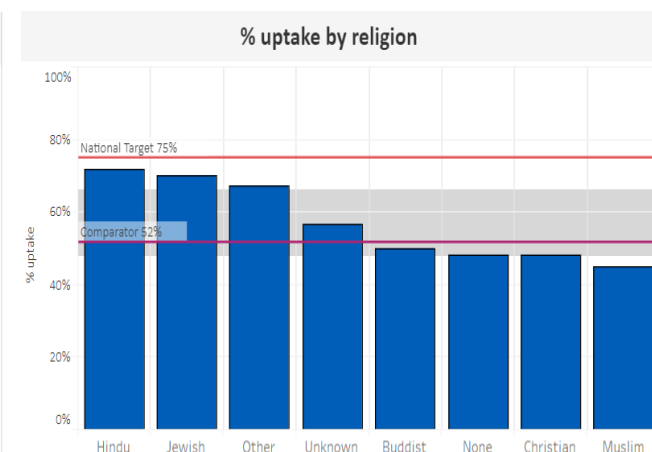
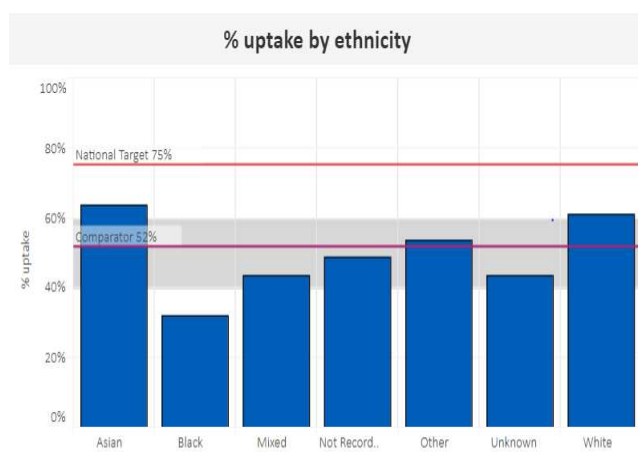
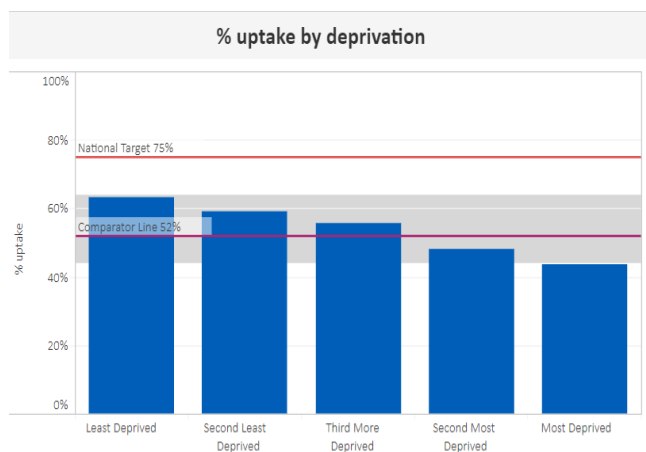
## 2 – 3 year olds



- 45.1% over the 2/3 years population have been vaccinated
- This is 24% better than the same point in 19/20
- Barnet has significantly exceeded the amount of vaccinations given during the entire flu season in 19/20

# Barnet Influenza – Focus on Inequalities

- 52.8% of Black, Asian or Minority Ethnic population vaccinated
- Asian ethnicity has the highest uptake (63%)
- Black ethnicity has the lowest uptake (32%)
- 44.0% uptake living in the most deprived quintile
- Hindu population have the highest uptake by religion (72%)
- Muslim population have the lowest uptake by religion (45%)
- Out of the Top 5 languages spoken, Gujarati has the lowest uptake (78%)
- Out of the Top 5 languages spoken, Romanian has the lowest uptake (16%)



# NCL Influenza – Focus on Communications and Engagement

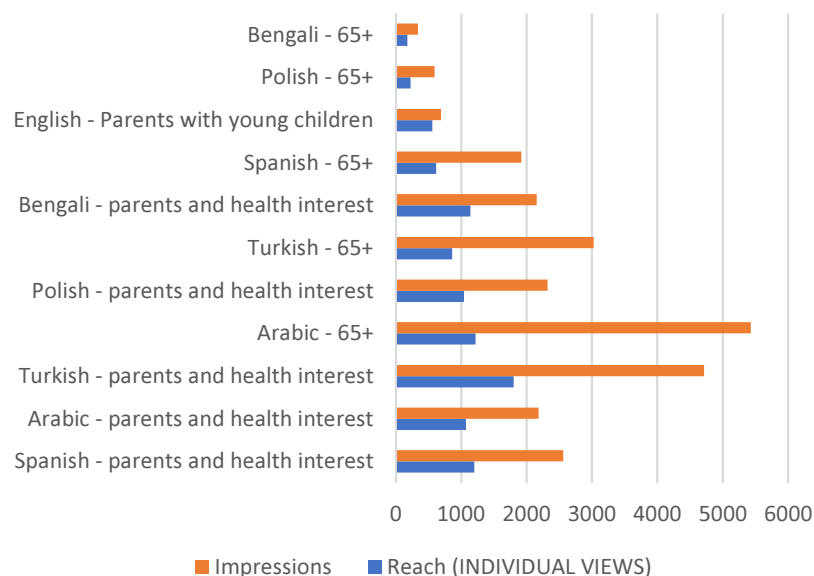
NCL are undertaking a comprehensive communications and engagement plan working with local authority partners and providers to deliver through shared channels, including:

- Social media campaign – sharing digital assets across London STPs
- Advertising programme across digital platforms Facebook, Instagram, InYourArea, Nextdoor, Mumsnet and Gransnet - geographically targeted and will be regularly adjusted informed by HealthIntent uptake data
- Targeted engagement with communities disproportionately affected by COVID-19 to understand barriers and promote uptake

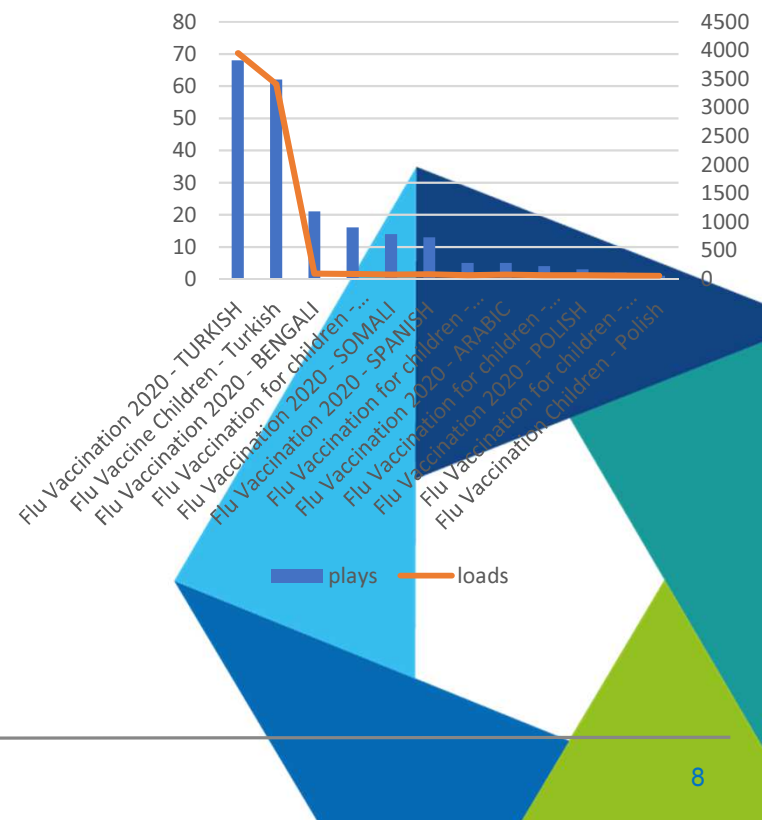
Below is a summary of the impact of the social media campaign up until 23/11/2020:

**Social Media campaign:**  
106,810 views  
8,356 clicks  
8% conversion rate

Social Media - Impressions to Views



Social Media - Plans to Loads



# LOCAL AUTHORITY FLU INITIATIVES



North Central London  
Clinical Commissioning Group

- Barnet health protection (flu and immunisation) forum meetings are held monthly, amongst other monitoring flu uptake and supporting settings.
- Comms plan (covering all risk groups) has been agreed with public health and relevant services
- Article published in Barnet First magazine in October and December
- Up to date information available on Barnet website.
- Translated materials have been sent out to community leaders.



# SCHOOL AGED VACCINATION



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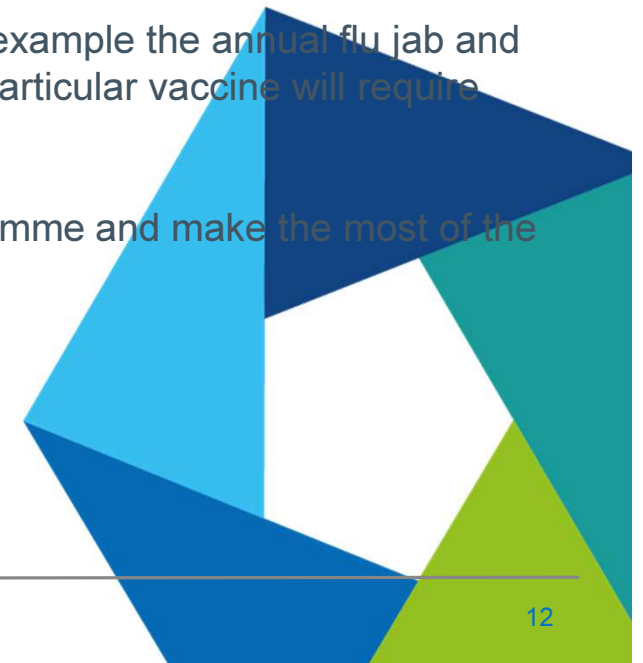
- Current uptake 53.4% in reception (slightly lower than this time last year at 57.4%) and 48.7% in year 7.
- All schools have been approached.
- Inactivated injection to those who refuse due to porcine gelatine has been offered for the first time.
- Catch up clinics for both nasal spray and injection available till at least mid January. Information has been supplied to schools on booking appointments.

# Covid-19 Programme Update



# Covid-19 vaccinations in NCL: Overview

- Significant work is currently being undertaken across North Central London – with the involvement of your organisations – to prepare, and to start delivering vaccines.
- We know that if each resident needs two injections, this would mean over 1.6 million vaccinations in North Central London alone.
- We have well established plans for delivering vaccinations across NCL, for example the annual flu jab and routine immunisations for children and pregnant women but know that this particular vaccine will require work at pace and scale with stronger links to communities.
- In NCL, we want to take a whole system approach to the vaccination programme and make the most of the strengths of all partners.





# What we know about the vaccines

- Plans will continue to evolve as we gain clarity on when and what vaccines will be approved for use – only the Pfizer / BioNTech vaccine has been approved by the MHRA to date.
- Vaccines by Oxford-AstraZeneca and Moderna are currently being considered by the MHRA. Potential for this to be available in January.
- Vaccination will proceed at a pace that matches the available supply of the vaccine – using all that we are provided with to benefit our local population.
- Whilst our ambition must be to do everything possible to maximise uptake, our assumption for planning purposes is 75%, except for residential care settings where the assumption is 100%.

# Priority groups

- The independent Joint Committee on Vaccination and Immunisation (JCVI) have identified a priority list of those most vulnerable to Covid-19. In NCL, we will be targeting these priority groups first. The priority groups are:
  - residents in a care home for older adults and their carers
  - all those 80 years of age and over and frontline health and social care workers
  - all those 75 years of age and over
  - all those 70 years of age and over and clinically extremely vulnerable individuals
  - all those 65 years of age and over
  - all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
  - all those 60 years of age and over
  - all those 55 years of age and over
  - all those 50 years of age and over.

# Our collective challenge in NCL

We need to vaccinate over 800,000 residents and staff in NCL by April 2021. Each individual will need two injections, so we are looking at more than 1.6 million vaccinations in total.

Cohort	Total People	Vaccinations	75% uptake people	75% uptake vaccinations
Care home residents	4,220	8,440	3,165	6,330
Residential care workers	10,814	21,627	8,110	16,220
80+	44,682	89,363	33,511	67,022
Healthcare workers	43,965	87,912	32,967	65,934
Social care workers	26,380	52,761	19,785	39,570
75 – 79	29,757	59,514	22,318	44,636
70 – 74	42,315	84,629	31,736	63,472
65 – 69	45,713	91,425	34,285	68,570
High risk <65	7,167	14,334	5,375	10,750
Moderate risk <65	92,068	184,136	69,051	138,102
60 – 64	38,171	76,342	28,628	57,256
55 – 59	50,971	101,942	38,228	76,456
50 – 54	63,967	127,935	47,976	95,952
Other adults 18 – 49	585,421	1,170,842	439,065	878,130
<b>Totals</b>	<b>1,085,601</b>	<b>2,171,203</b>	<b>814,200</b>	<b>1,628,400</b>

# How vaccines will be delivered

We will be providing different delivery methods for the different population groups:



Local vaccine services – smaller scale sites provided by GPs and pharmacies within local communities.

**Five PCN sites now live.  
Six further PCN sites live later this week.**



Hospital hubs – located within local hospitals will be clinics run by hospital staff administering vaccines primarily to inpatients, outpatients, NHS and care staff.

**Royal Free Hospital now live.  
Other hospital hubs live from January.**



Vaccination centres – large scale sites convenient for transport networks that support high volumes in a fixed location for an extended period.

**Live from January 2021.**



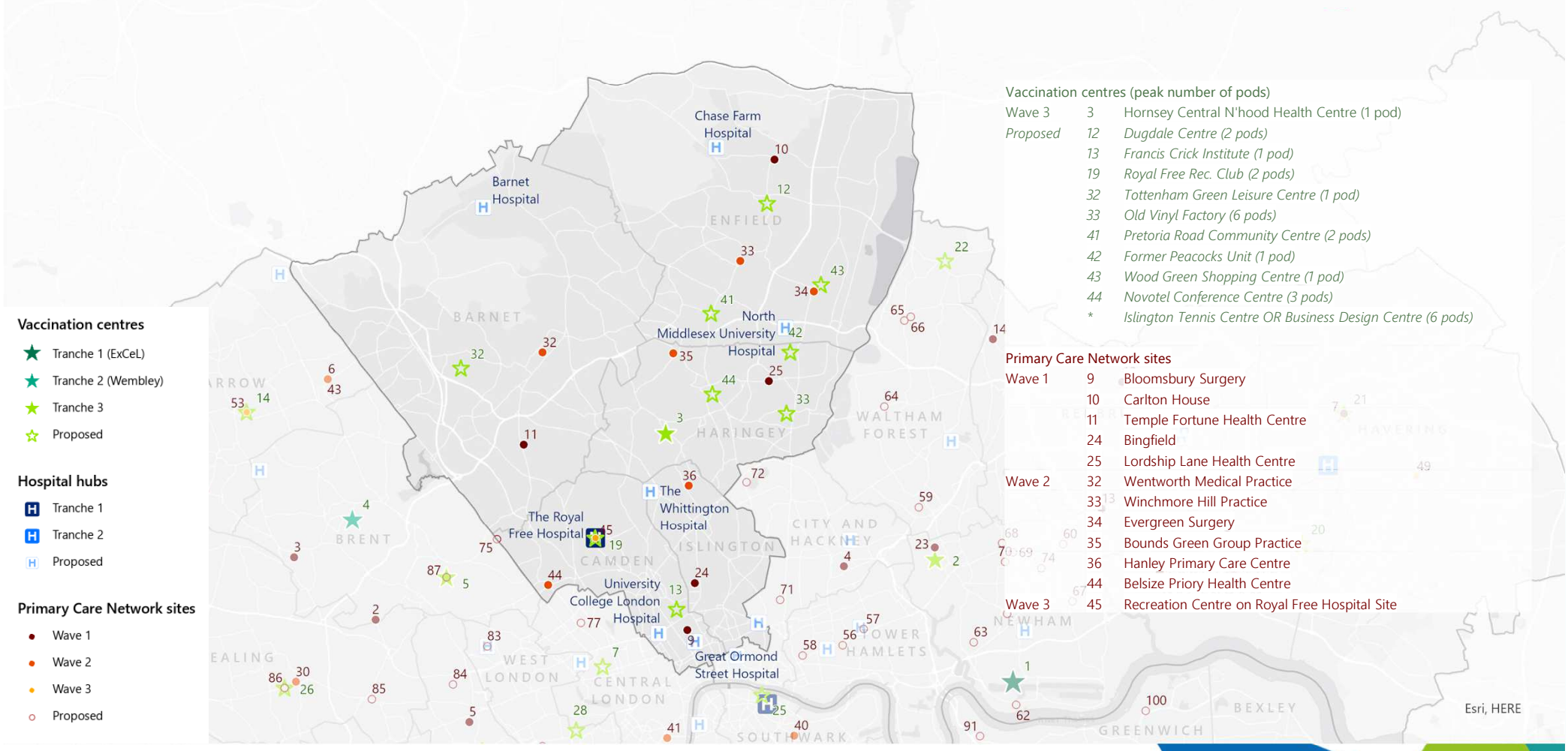
Roving models – comprising vehicles that can deploy vaccinators, vaccine and supplies on an outreach basis, for those housebound or in care settings, such as care homes.

**Live from January 2021.**

# High level delivery plan

- PCNs will work through their lists in line with JVCI criteria focussing on the older and vulnerable in the community. Their community links will be essential in building trust and confidence for older and more vulnerable groups. This will be complemented by pharmacy sites and capacity when these come online in the new year.
- Community trusts are working with primary care with plans for the rapid roll out of roving models to care homes (and supported living/extra care) as soon as the vaccine can be safely moved. A consent process has been started to support rapid delivery. Care home staff will also be able to access the roving models.
- NHS acute sites will lead on vaccination of NHS staff and care staff. With staff then supporting the delivery of sites out in the community.
- We have a number of community sites across boroughs, these will come online in to support the delivery of vaccinations for large numbers of the population. These will be focussed on the larger, younger cohorts.
- We will be tracking uptake across our communities using our population health dashboard and adjusting our approach to maximise uptake across the delivery channels and ensure no one is missed. This will allow us to flexing our workforce across sites as required.
- Services will come online incrementally – to benefit from lessons learnt and allowing us to adapt our approach to communities needs, without delaying roll out.

# Overview of planned/pipeline sites



### Vaccination centres

- ★ Tranche 1 (ExCeL)
- ★ Tranche 2 (Wembley)
- ★ Tranche 3
- ☆ Proposed

### Hospital hubs

- H Tranche 1
- H Tranche 2
- H Proposed

### Primary Care Network sites

- Wave 1
- Wave 2
- Wave 3
- Proposed

### Vaccination centres (peak number of pods)

Wave 3	3	Hornsey Central N'hood Health Centre (1 pod)
Proposed	12	Dugdale Centre (2 pods)
	13	Francis Crick Institute (1 pod)
	19	Royal Free Rec. Club (2 pods)
	32	Tottenham Green Leisure Centre (1 pod)
	33	Old Vinyl Factory (6 pods)
	41	Pretoria Road Community Centre (2 pods)
	42	Former Peacocks Unit (1 pod)
	43	Wood Green Shopping Centre (1 pod)
	44	Novotel Conference Centre (3 pods)
*		Islington Tennis Centre OR Business Design Centre (6 pods)

### Primary Care Network sites

Wave 1	9	Bloomsbury Surgery
	10	Carlton House
	11	Temple Fortune Health Centre
	24	Bingfield
	25	Lordship Lane Health Centre
Wave 2	32	Wentworth Medical Practice
	33	Winchmore Hill Practice
	34	Evergreen Surgery
	35	Bounds Green Group Practice
	36	Hanley Primary Care Centre
	44	Belsize Priory Health Centre
Wave 3	45	Recreation Centre on Royal Free Hospital Site

# Primary care vaccination sites

- Groups of practices are coming together to pool resources and ensure as many residents can be vaccinated as quickly as possible – when an approved vaccine is made available.
- 12 sites across NCL have been approved by NHS England to deliver vaccinations to residents. As of the 22<sup>nd</sup> December, 3 sites have been approved in Barnet and a further 3 are awaiting approval by NHSE.
- There will be further sites (up to 30) coming online over the coming months.
- Community pharmacy will also play an important role in delivery of the vaccines. We are working with pharmacy colleagues to develop the plans in this area.

Borough	Site name
<b>Barnet</b>	Wentworth Medical practice
<b>Barnet</b>	Temple Fortune Health Centre
<b>Barnet</b>	Oak Lodge Medical Centre
<b>Barnet</b>	<i>Dr Azim and Partners – awaiting NHSE approval</i>
<b>Barnet</b>	<i>Lane End Medical Group – awaiting NHSE approval</i>
<b>Barnet</b>	<i>Watling Medical Centre – awaiting NHSE approval</i>



# Communications and engagement

- The programme is progressing at pace and communicating the latest information to key stakeholders will be vital. Programme information will be shared via communications lead to support internal planning. While regular updates to key stakeholders and wider groups will ensure audiences remain informed of progress, uptake and key challenges and successes.
- We are working with public health colleagues, LA communications teams and DASSs to develop and roll out materials across the system.
- We are putting in place extensive community outreach and communication channels via close working with partners including councils, voluntary and community groups. For example work underway to progress Somali language WhatsApp information/video.
- We will be utilising community champions to improve uptake and provide local voices. Uptake will be closely monitored across population groups and will be used to drive decision making.
- Tailored local messaging via community groups will be key to increasing uptake of the vaccine and also improving community attitudes to vaccinations more generally.



AGENDA ITEM 10

	<b>Health and Wellbeing Board</b>  <b>14 January 2021</b>
<b>Title</b>	<b>Draft Joint Health and Wellbeing Strategy 2021-25</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 2021-2025 (Jan 2021) Appendix II: Healthwatch Community Engagement report draft Appendix III: Barnet Community Innovation Fund ICP
<b>Officer Contact Details</b>	Oliver Taylor, Health in All Policies Officer <a href="mailto:oliver.taylor@barnet.gov.uk">oliver.taylor@barnet.gov.uk</a>

### Summary

This report provides an update to the Board on the progress of the Joint Health and Wellbeing Strategy (JHWS) 2021-25 since reported to the Board in October 2020.

Since that update, further development has taken place on the draft strategy document. The draft document has been redesigned to better suit its content and now provides more context on the impact that the COVID-19 pandemic has had on the progression of strategic priorities.

Appendix I provides the emerging draft strategy document with the three Key Areas further developed and the draft implementation plan that accompanies the document.

Appendix II provides the preliminary findings of engagement from Healthwatch Barnet on our health and wellbeing priorities and the impact of COVID-19.

Appendix III provides an update on Barnet Community Fund – Key Area three of the Strategy.

### Recommendations

- 1. That the Board review the draft strategy and provide feedback on its content.**

<b>2. That the Board note the preliminary findings of the engagement conducted by Healthwatch Barnet.</b>
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## **1. WHY THIS REPORT IS NEEDED**

- 1.1 Producing a JHWS is a statutory duty of the Health and Wellbeing Board. With the current strategy extended to March 2021, the Public Health team in collaboration with partners are producing a new strategy for 2021 to 2025. Following on from the previous JHWS report to the HWBB this report provides an update to the progress of developing a strategy and presents engagement activities that have been conducted since the board last met in October 2020.
- 1.2 Since the last update the draft strategy document has been further developed and this update provides an opportunity for board to shape the draft document as we progress towards developing a final version of the document in March.

## **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. This update is also an opportunity to share an update on part of the engagement activities that have taken place that relate to the strategy development and gather valuable insight on the impact of COVID-19.
- 2.2 This paper includes the updated draft strategy document and preliminary findings from engagement by Healthwatch Barnet.

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

- 3.1 Alternative options were not considered.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Public Health team and partners will continue to work to finalise the draft strategy document and collate the findings from engagement activities. The next stage of this process will be to bring a final JHWS 2021-25 to the board in March for approval to implement from March 2021 onwards.

## **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, Barnet 2024.

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

- 5.2.1 Development of the JHWS will need to be affordable and funded within the

existing budget and staffing from the (non-Covid-19) 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, Asian and 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 by the Board in January 2021, 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 The council engaged with residents via a Coronavirus Residents' Survey which was open from 19<sup>th</sup> October until the 6<sup>th</sup> December 2020. The purpose of this survey was to understand the impact of coronavirus on local people and any current and future needs that may arise so we can plan accordingly. The findings are to be reported at a later date.
- 5.8.3 Healthwatch Barnet have been commissioned to provide focused engagement with residents on their health and wellbeing. This project is linked to determining the impact of COVID-19 and residents' views on health and wellbeing. This project is still ongoing with preliminary findings reported in appendix II.

## **5.9 Insight**

- 5.9.1 Not applicable

## **6. BACKGROUND PAPERS**

- 6.1 Update on Joint Health and Strategy developments 2021-25 Available at: <https://barnet.moderngov.co.uk/documents/s60298/Update%20on%20JHWS%20Oct%20HWBB%20Report.pdf>

# Draft Barnet Joint Health and Wellbeing Strategy 2021-2025: Creating a borough of health together!

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# Foreword

[Foreword to be added]

## Introduction

This Barnet Joint Health and Wellbeing Strategy (JHWS) sets out our whole system 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 delivering three Key Areas in order to drive integrated 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 delivery of 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, if anything, COVID-19 pandemic just highlighted further existing public health challenges and disparities in health and wellbeing. Therefore, our vision has been reinforced although somehow it is now further stretched! By working together with local residents and partners, we can continue to make positive differences to everyone's wellbeing in Barnet.



## Our Strategy in broader 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 population health outcomes for people in Barnet through systems improvements and partnership working. Emerging Integrated Care Systems<sup>1</sup> and the NHS long-term plan<sup>2</sup> set out key ambitions for the NHS in reducing inequalities and commissioning for population health outcomes. This direction will give greater responsibilities across the system in engaging residents and voluntary and community sector, as well as other partners in improving the overall wellbeing of local residents. Health and Wellbeing Board and its partnership is central to local leadership of the whole system and we have been working very closely to articulate our ambition and vision through this strategy. Below is a brief description of emerging structures.

#### **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 and NCL Population Health Plan is being delivered. This will form a central driver for commissioning and provision of health and care services via emerging Integrated Care System.

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<sup>1</sup> Integrating Care -Integrating Care – The next steps to building strong and effective integrated care systems across England [NHS England » Integrated care systems](#)

<sup>2</sup> NHS Long Term Plan: [NHS Long Term Plan](#)

### **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.

### **NCL Integrated Care System**

NHS England is currently consulting on the future of Integrated Care Systems (ICS): health and care integration at the place. The proposals suggest that all STP footprints should have ICS in a shadow form by 1<sup>st</sup> April 2021 and work towards statutory organisation established fully in April 2022. Barnet Council and its residents will play an important role in health and care partnership across North Central London. Further details will be included here, as they emerge.

### **Barnet 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. It is envisaged that Barnet ICP will be an integral part of local partnership and will be articulating needs of local population in a wider, North Central London ICS.

### **Barnet's 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.

## What is our health and wellbeing locally?

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

Barnet has **392,453 residents**  
By 2024, this is expected to grow to **404,208**

**80% of residents** are economically active (higher than London (79.2%))

Target to build **31,340 new homes** over the next 10 years (4<sup>th</sup> highest in London)

**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...

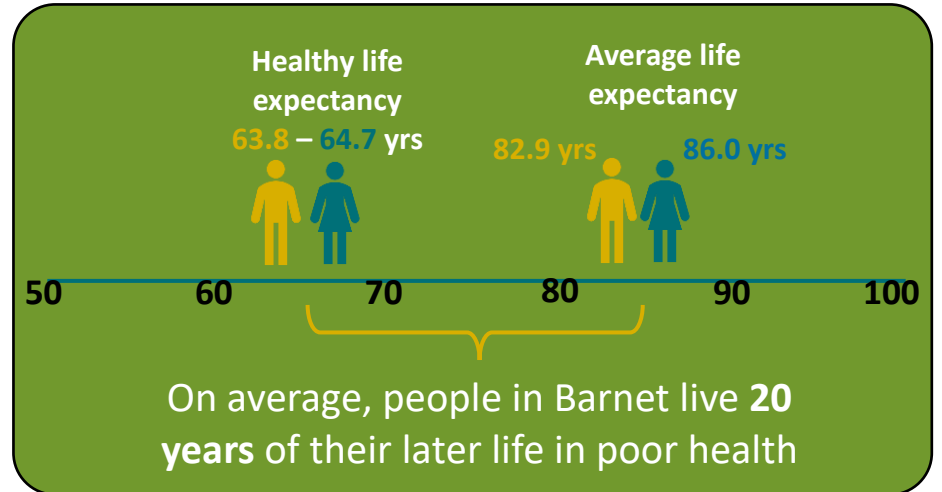
Average life expectancy is **82.4 years for males and 85.8 years for females**

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

**2<sup>nd</sup> lowest mortality rate** for cardiovascular diseases in London (51.1 per 100,000)



### ...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

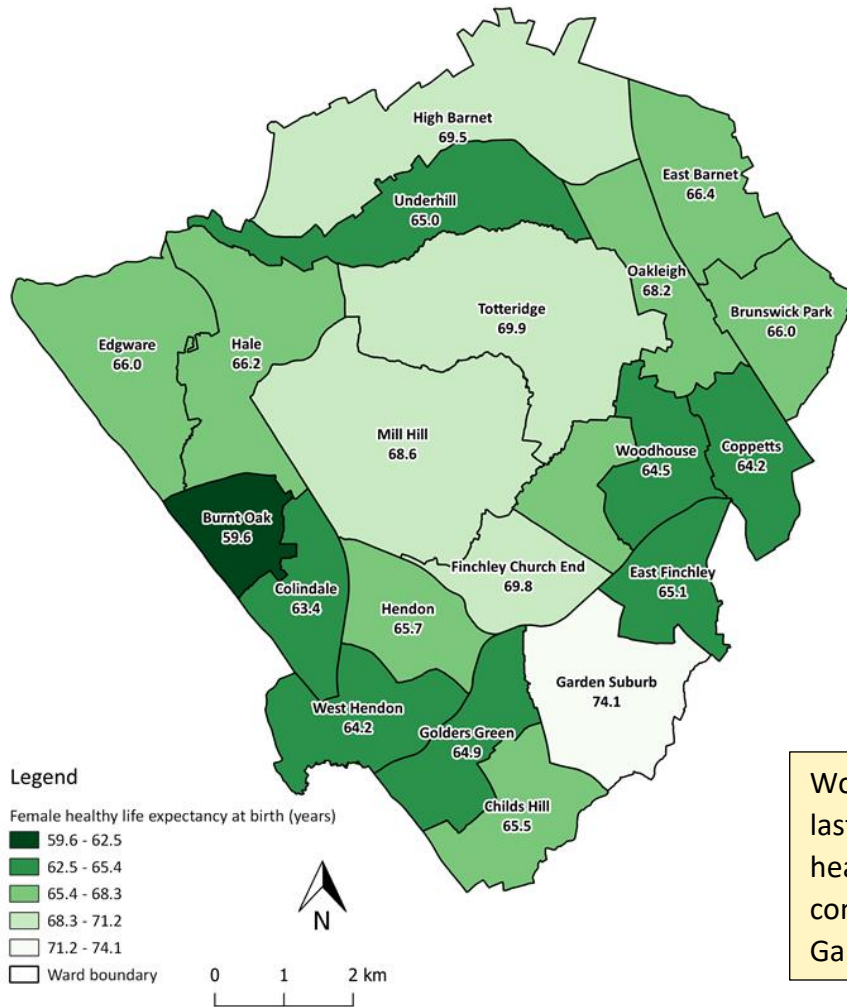
**1 in 5** children aged 4-5 years in Barnet are overweight or obese

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

## Variation in local health outcomes

### 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.



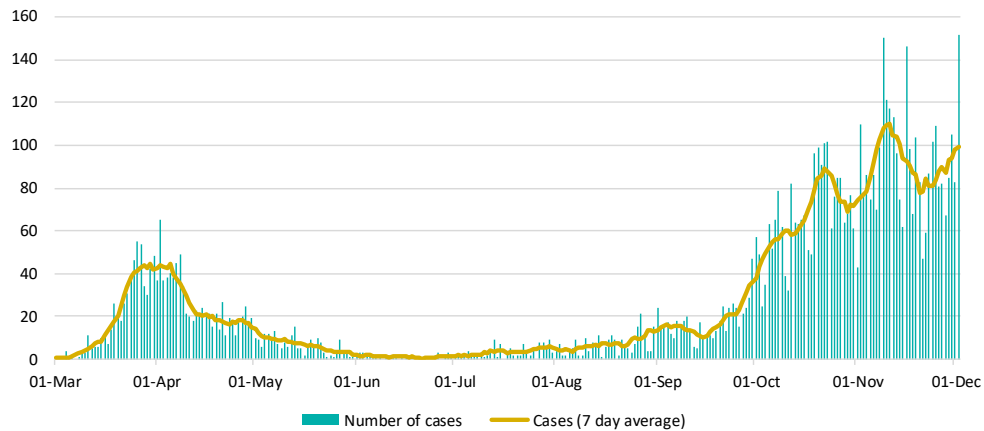
Women in Burnt Oak lived last **22 years** of life in poor health (LE = 82 yrs), compared to **15 years** in Garden Suburb

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

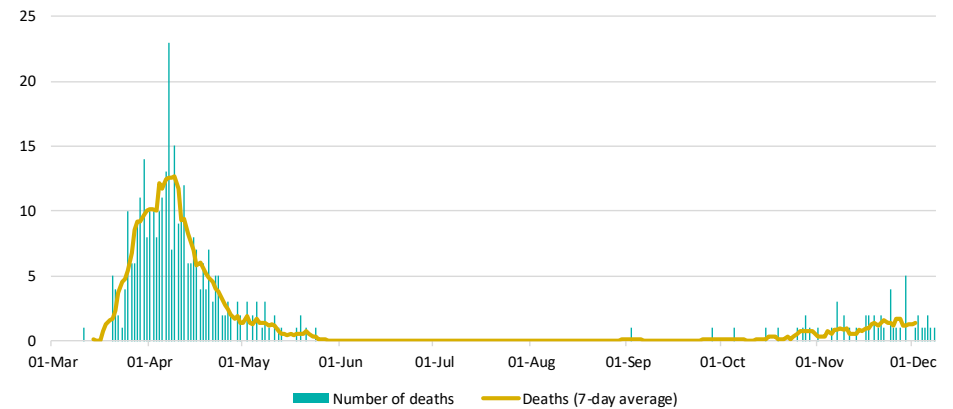
## Impact of COVID-19 Pandemic on Barnet's residents

Given the age profile of our local residents and size of the borough, Barnet has been impacted significantly during the pandemic. Over 2% of local population tested positive for the virus (with the highest numbers in people over 80 years of age) and, of those, 484 people died (as of beginning of December 2020). It is estimated that a total number of truly positive cases is much higher than that.

**Figure 1:** Trend in Barnet COVID-19 cases (n=7,700 ) as of beginning of December



**Figure 2:** Number of deaths as COVID-19 on death certificate



The pandemic also has had an indirect impact on wider wellbeing aspects such as unemployment (over 40,000 people furloughed locally), mental ill health, domestic violence, lack of physical activity and economic hardship. Recent resident's survey conducted in October-November 2020, highlighted the following aspects on local residents' lives:

**38% of residents** strongly agree that they have been worried about COVID-19

**43% of residents** felt that their community has pulled together during the pandemic

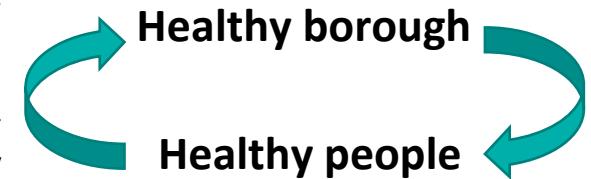
**47% of residents** felt the pandemic has negatively or very negatively impacted their personal relationships

The pandemic has had detrimental effects on all aspects of our life and highlighted a multitude of complex issues that indelibly impact on people's health and wellbeing. This strategy is aiming to incorporate lessons learnt into all we propose to deliver over the next four years.

## 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:

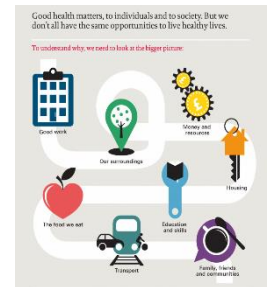
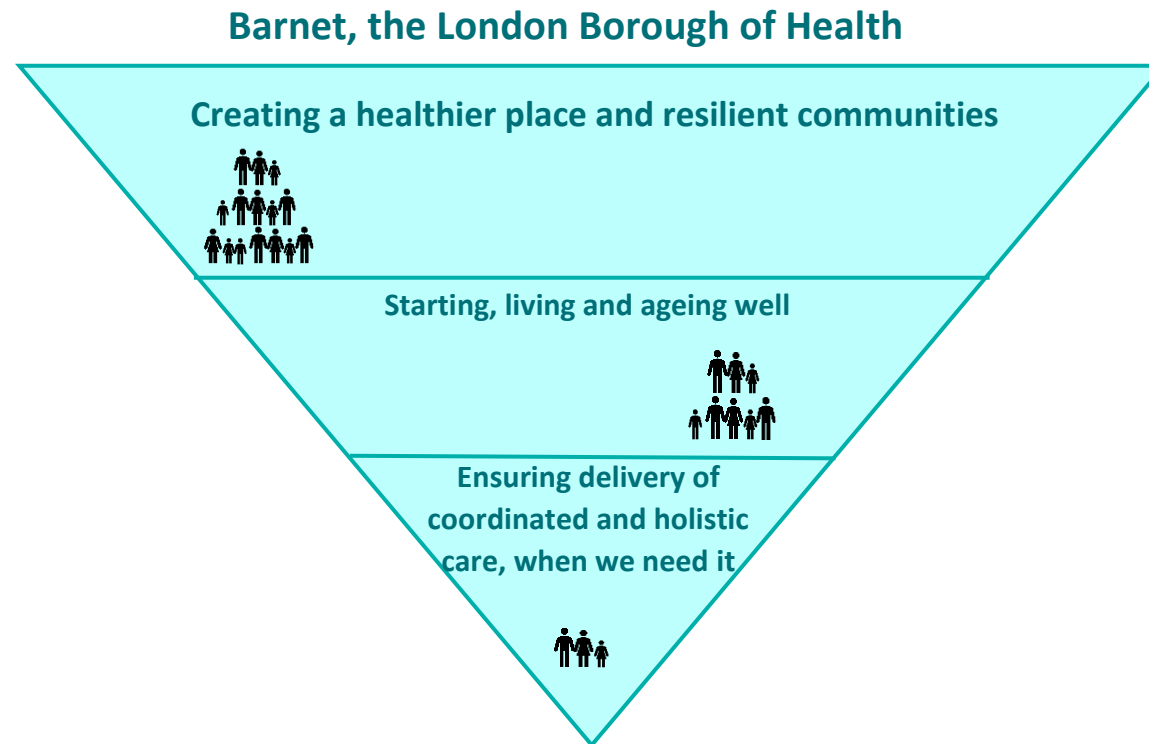
- Online development survey (9<sup>th</sup> September – 13<sup>th</sup> October 2019)
- engagement at Annual Care Summit (26<sup>th</sup> September 2019).
- engagement to gather views of young people at Youth Board (26<sup>th</sup> September 2019).
- Commissioned research from Healthwatch Barnet to engage with residents on Health and Wellbeing and the impacts of COVID-19. This included specific engagement with BAME communities in Barnet (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 Key Areas of focus

We recognise that most of our health and wellbeing outcomes are influenced by our environment and wider determinants of health (app. 85%) while good quality access to health and care influences only 10-15% of the overall health and wellbeing outcomes. Our strategy therefore starts to identify the right balance of key transformational area that can be delivered across the system and will add value locally.





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

### Why is this important in Barnet?

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 (NO<sub>2</sub>) pollution within the borough is largely due to transport, areas of higher NO<sub>2</sub> pollution are mainly concentrated around the main roads and junctions, including the A1, M1, A406 and A1000.

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.

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).

#### Residents have said that Barnet could be a healthier place to live, work and learn if;

- Air quality was improved, there was less road traffic and more support for active travel.
- There was an increased feeling of community safety.
- There was greater access to healthy food and junk food was less available.
- There was less child poverty and better social housing provision.

#### What residents see as priorities:

- Clean air, streets and well-maintained parks and open spaces.
- Creating an environment where healthy eating is the easy choice.
- Building stronger communities by making community space and funding available.

## Our priorities for Creating a healthier place and resilient communities

57 Integrate healthier places in all policies

Create a healthier environment

12 Strengthen community capacity and secure investment to deliver healthier places

## Our commitments for creating a healthier place and resilient communities

### Integrate healthier places in all policies

We will ensure that all of our policies and strategies across the system include specific actions on improving health and health equity through creating good housing, employment opportunities, active travel links and other economic and commercial conditions in Barnet

### Create a healthier environment

We will create healthier choices locally with a focus on improving access to clean air, water and healthy food

### Strengthen community capacity and secure investment to deliver healthier places

We will facilitate networking and capacity building between local communities and promote safety and cohesion while preventing violence and crime

## Key Area 2: Starting, Living and Ageing Well

### Why is this important in Barnet?

Taking a life course approach in Barnet enables us to prevent diseases at key stages of life from pre-conception, pregnancy, infancy, childhood, through to adulthood. Barnet has been forecast to have the largest number of children and young people (CYP) of any London borough in 2020 and we will continue to see a growth in the CYP up until 2025.

Tackling the wider determinants of health will enable us to focus on critical stages and settings (such as the early years, schools, opportunities for healthy lifestyles and workplaces) in order to improve health outcomes for Barnet.

In adults, 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.

#### Residents have said that Barnet could be a healthier place to live, work and learn if;

- There was better support for active travel.
- They were enabled to eat healthily and do more physical activity.
- We used social media platform to communicate messaging by young people, for young people
- There were clearer pathways to enable families to easily access the CYP services they require.
- It was dementia friendly.

Focusing on the life course allows us to intervene during these stages in life:

- Preconception and becoming a parent
- Infancy and early years (0-5)
- Childhood and adolescence (5-19)
- Working age (16-64)
- Ageing well

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.

#### What residents see as priorities:

- Mental wellbeing promotion
- Green space and affordable leisure facilities
- Support for employment and workplace health
- Child poverty and improving life chances

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".

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%).

## Our priorities for Starting, Living and Ageing Well

59  
•Improve children's life chances

•Promote mental health and wellbeing

•Get everyone moving

•Support a healthier workforce

•Prevent long term conditions

## Our commitments for starting, living and ageing well

### Improve children's life chances

We will improve children's life chances by supporting their health and wellbeing from very early age

### Promote mental health and wellbeing

We will promote good mental and emotional health across all ages and different communities and work together to prevent severe mental illness and suicide

### Get everyone moving

We will improve choices for physical activities locally for all ages and abilities, and ensure residents know how to access it

### Support a healthier workforce

We will invest time and resources to ensure our workforce is supported to be healthy, happy and productive at work

### Prevent long term conditions

We will work with communities to understand what support can be offered to reduce risks of developing long term conditions and recognise early signs and symptoms

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

#### Why is this important in Barnet?

Barnet has an aging population with an estimated 15% of residents being aged 65 and over. In 2018/19, 50% of those admitted to hospital for an emergency admission longer than 1 day were 65 or over. The large population of Barnet also means it has 85 care homes which is the largest number of care beds for over 65s in London.

Barnet has approximately 2,500 care beds, one of the largest numbers in London and it has the largest care market in North Central London. Residents in care settings have been heavily affected by COVID-19 pandemic and it is of a paramount that we work across the partnership to ensure we support residents to live healthy and independent life as long as possible and safeguard those most vulnerable.

The ICP's vision is to maximise health and wellbeing for all people of Barnet by working together as an integrated care partnership. Its aims are:

- A population health management approach that considers the wider determinants of health
- Addressing the challenging commissioning issues to develop integrated solutions
- Addressing performance issues where Barnet is an outlier
- Support residents in self-care and prevention

Embedding a preventative approach meets the triple aim of:

1. improving outcomes for local residents and patients,
2. saves costs for health services
3. reduces the impact on planned care of unplanned events which are common with more severe conditions such as cardiovascular disease.

#### Residents have said that Barnet could be a healthier place to live, work and learn if;

- They had better access to primary care including GPs, with shorter referral times.
- Technology was embraced but not leave anyone behind.
- Care was joined-up and coordinated and met their holistic needs.
- 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)

#### What residents see as priorities:

- Access to GPs and out of hours services (walk in centres and community pharmacies).
- Supporting carers to look after their own health.
- Services to help prevent long term conditions such as weight management, stop smoking and promoting self-care

#### The Barnet ICP brings together:

- NCL CCG
- London Borough of Barnet
- Royal Free London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Barnet, Enfield and Haringey Mental Health Trust
- Barnet Federated GPs

### Our priorities for Ensuring delivery of coordinated and holistic care, when we need it

61 •Support digital transformation of services

Enable carers health and wellbeing

Deliver population health integrated care

**Our commitments for ensuring delivery of coordinated and holistic care, when we need it**

**Support digital transformation of services**

We will create circumstances where access to digital care can be easy for all who need it

**Enable carers health and wellbeing**

We will support care staff and informal carers to look after their health and wellbeing

**Deliver population health integrated care**

We will work together to ensure the Barnet Integrated Care Partnership is centred around resident's need, aims to reduce health inequalities, promotes good physical and mental health and enables seamless access to health and care services

## Appendix: JHWS 2021-25 implementation plan

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

#### Integrate healthier places in all policies

##### What have we done so far?

- Put health and wellbeing at the forefront of policy development such as Growth Strategy, Local Plan, Long Term Transport Strategy, Infrastructure Delivery Plan, Local Plan and Air Quality Action Plan, Housing Strategy and Community Safety Strategy.
- Created a temporary, light segregated cycle lane along the A1000 to enable and promote active travel. As one of the main north-south routes through the borough, the A1000 links key town centres. 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).
- Produced 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.

##### What are we going to do next?

- Support the delivery of strategic outcomes across council departments which promote health and wellbeing through behaviour change interventions, improving built environment or improving air quality.
- 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
- 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.
- Continue to work with partners to promote health and wellbeing through the built environment with strategy and policy.
- Promote WHO Dementia Friendly Neighbourhoods.
- 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.
- 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.

##### What will show our progress?

- Inclusion of health and wellbeing in strategies/masterplans
- Ownership of healthy places related activities and projects by other council departments.
- Feedback from Consultation/evaluations. HIAs and the public
- Measure use of temporary cycle lanes
- Board reports (non-HWBB) have a section detailing how it is relevant to health? How will this report contribute to health?
- Use of relevant health data within applications
- Consultation with different age groups as part of built environment delivery plans.
- References to dementia friendly communities within strategies and reports/masterplans
- Health equity assessments

#### Create a healthier environment

##### What have we done so far?

- Produced the Air Quality Action Plan 2017-2022 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.
- Adopted the Barnet Tree Policy, which lays out the borough's 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
- Adopted our new Long-Term Transport Strategy 2020-2041, which lays out our commitment to making travel across the borough more sustainable by supporting and encouraging residents to use active modes of transport.
- Installed over 100 Electric Vehicle Charge Points across the borough
- Developed 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.
- Barnet has become partners with Refill London to promote access to free drinking water.
- Successfully negotiated for a 200m ban of junk food advertising from schools within the new council advertising contract.
- Developed an evidence paper for the draft local plan to limit access to takeaways at key points in the borough

##### What are we going to do next?

- 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.
- 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.
- 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.
- Develop a Council-wide advertising policy which limits junk food advertising where appropriate.
- Continue to shift towards a healthier food cultures as a part of our Local Government Declaration on Sugar Reduction and Healthier Eating by expanding and Healthier catering commitment, Refill London and Sugar Smart.
- Explore opportunities for public access to drinking water within council premises.
- Consult with partners around the development of an alcohol licensing scheme
- 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.

##### What will show our progress?

- Realisation of Air quality action plan
- Number of schools participating in air quality audits
- Measuring progress against the targets laid out in the Barnet Tree Policy
- Progress updates on cycle lanes and charge point usage within the borough
- Delivery of council-wide advertising policy which limits junk food advertising where appropriate
- Availability of free drinking water
- Number of schools, businesses and other stakeholder participating in Sugar Smart initiatives.
- Monitor policy TOW03 in the Barnet Local Plan.

## Strengthen community capacity and secure investment to deliver healthier places

### What have we done so far?

- Employed 8 social prescribing link workers. Public health was a leading partner for developing induction and training.
- Promoted and supported 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.
- Put in place a comprehensive community safety strategy which public health and health partners support.
- Invested £41.5m into 2 brand new leisure facilities at Barnet Cophall Leisure Centre and New Barnet Leisure Centre.
- Delivered a £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.
- Directed £450,000 of revenue investment into the borough to support delivery of interventions since implementation of the FAB Framework.
- Secured investment from the London Marathon Trust to deliver a sports development initiative at Montrose Playing Fields.
- Submitted bids totalling approximately £12.1M to the Department of Transport (DfT), Transport for London (TfL) and the Ministry of Housing, Communities and Local Government as part of COVID-19 recovery within town centres (including liveable neighbourhoods, cycle lanes etc.).
- Invested in a software to enable data entry by all partners involved in the delivery of social prescribing.

### What are we going to do next?

- 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
- 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 needs, enable utilisation of skills and the development of new skills and experiences
- Lead on Trigger Trio: Working collaboratively across the partnership to identify those most at risk of multiple complexities and intervening early.
- Embed public health approaches to serious youth violence.
- Securing investment through developer contributions (CIL, S106) to support physical activity and community safety infrastructure as outlined in the Infrastructure Delivery Plan.
- 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.
- Actively seek out opportunities for additional funding; monitoring the DfT and TfL for opportunities.

### What will show our progress?

- Directed Enhanced Services (DES) outcomes are achieved
- VCS participating in social prescribing.
- Monitor actions as outlined within the defined trigger trio action plan.
- Serious youth violence: a reduction in crime. We will measure progress against measures in the Jtag. Focus on crimes over-reported in key areas such as Grahame Park including violent crime and vehicle crime.
- Funding applications submitted across the council.
- Secured third part funding to support improvement/opportunities

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

### Improve children's life chances

#### What have we done so far?

- Worked with the multiple agencies on the Family Service led Life Chances strategy, our HWB strategy would be aligned with this strategy. We have multiple programmes to improve life chances through the healthy child programme, healthy schools and early years, resilient schools, and the healthy weight pathway.
- Worked across the council to improve quality of school lunches and holiday hunger programme, during COVID worked with wider council to work on access to essential supplies and free school meals.
- Immunisation action plan for Barnet was implemented in 2019, this has been paused during COVID to focus on working with the CCG and commissioned providers to ensure access to pre-school vaccination, promotion of flu immunisations, and catch up for school aged immunisations post lockdown.
- Commissioned and delivered oral health programmes in the borough.
- Engaged with secondary schools on period poverty and raised awareness of the issue with schools and various forums.

#### What are we going to do next?

- Ensuring access to adequate and healthy Food.
- In line with Barnet's CYP Life Chances strategy we are committed to upholding the UN Convention on the Rights of the Child (UNCRC) including doing all we can to ensure that every child develops to their full potential. The results of our CYP COVID-19 health impact assessment drawing on information fed in by young people, local partners and data, and national research and data will help to inform these commitments.
- Promote oral health
- Work to reduce risk of vaccine preventable infectious diseases by improving uptake of childhood vaccination.
- Provide information and education to boys and girls about periods, period poverty and hygiene to help remove the stigma around talking about this subject
- Encourage schools to access the PHS Group period poverty portal and make period products available to all pupils.

#### What will show our progress?

- Increased number of eligible children accessing free school meals
- Improved school meal quality.
- Improved Life satisfaction as reported by young people.
- Reduced percentage of children with one or more decayed or missing teeth.
- -A and E attendances in under 5s.
- Hospital admissions for asthma in under 19s.
- Hospital admissions for injuries in under 15s and under 24s
- Feedback from young people in the borough.
- Percentage of children living in low income families (for monitoring purposes).
- Increased uptake of Flu, MMR, and other CYP routine immunisations



## Get everyone moving

### What have we done so far?

- Established the Fit & Active Barnet (FAB) Framework, FAB Partnership Board, launch of the Fit & Active Barnet Campaign and introduction of the Fit & Active Barnet (FAB) Hub and Card.
- Delivered targeted interventions and indicatives in partnership with a range of organisations.
- Delivered our leisure management contract, which measurably improves the health and wellbeing of residents.
- Engaged with residents and stakeholders to develop the; Barnet Playing Pitch Strategy, Barnet Indoor Sport & Recreation Study, Parks and Open Spaces Strategy and Fit & Active Barnet Framework.
- Engagement through digital behavioural change intervention for Active Travel.
- Established the Fit & Active Barnet Hub; a dedicated website providing information, advice and guidance on physical activity.
- Installed new technology (facial recognition and cashless) within leisure facilities.
- Provided remote appointments for service users during COVID
- Developed the healthy weight pathway for Barnet

### What are we going to do next?

- Support health intervention pathways, harnessing the relationship between health and activity (e.g. post health check, children & young people healthy weight pathway, weight management and cardio vascular disease).
- Review of the existing FAB Framework to focus on wider engagement for physical activity amongst various population groups (expires March 2021)
- 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.
- Review of partnership strategic outcomes.
- 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.
- 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
- Review where digital innovation developed during COVID may be beneficial to continue as part of a mixed remote and face to face model post COVID, the enhance service user experience and access.
- Expand the CYP section of the healthy weight pathway to support schools promote a healthy environment and daily exercise, and to support teenagers and CYP with SEND better.
- Increasing green space and capitalising on the national interest in daily exercise.
- Demographic specific approach to physical activity / active travel, including working with schools to promote active travel.

### What will show our progress?

- Increase in percentage of the population taking part in sport and physical activity (as defined by Sport England / CMO)
- Increase in the percentage of children and adults utilising outdoor space for exercise.
- Securing investment in parks, open spaces and leisure to create and improve facilities.
- Delivery of masterplan proposals.
- Increased children and adults engaging in active travel.
- Service user feedback
- Group participation level
- Appointment attendance
- NCMP data (increased children of healthy weight in reception and year 6).
- Primary school engagement with physical activity projects
- Increase in percentage of the population taking part in sport and physical activity

## Support a healthier workforce

### What have we done so far?

- Set up the LBB Workplace Health and Wellbeing Working Group and produced an action plan with actions including mental health, physical activity, healthy eating, workplace safety
- Achieved London Healthy Workplace Award (LHWA) Excellence Award
- Provided Mental Health First Aid training
- Commissioned the Working Well service (job retention support to employees of SMEs (Small and Medium Enterprises) and working with employers to work towards becoming a Mindful Employer)
- Introduced 'Able Futures' a staff welfare support service, to run alongside our Employee Assistance Programme and mental health first aiders

### What are we going to do next?

- Ensure resilient workforce that work safely
- Ensure our policies and processes are modern and fit for purpose
- Continue to work with SMEs and their employees to prevent job losses due to mental health problems
- Promote equality throughout our workforce

### What will show our progress?

- Delivery of the Workplace Health Action Plan delivered
- Maintain LHWA Excellence status
- Increased number of Mental Health First Aiders from the baseline
- Working Well service contract targets are achieved
- Reduction in work related ill health and incidents
- Staff feedback and satisfaction

## Promote mental health and wellbeing

### What have we done so far?

- Provided specific services for children and young people in Barnet such as the Resilient Schools Programme, the healthy schools programme, the healthy child programme, sexual health promotion and healthy lifestyles programmes.
- Worked alongside partners to implement the CAMHS transformation plan.
- Produced yearly suicide prevention action plans through the multi-agency suicide prevention working group
- Commissioned comprehensive sexual health clinical services and as well as a sexual health promotion services for young people.
- Developed the healthy weight pathway for Barnet
- Social Prescribing within the Primary Care Networks
- Patient participation groups
- Put in place Recovery college and intensive enablement
- Created integrated community mental health teams including intensive support

### What are we going to do next?

- Support children aged 0-5 and their families to enable them to have a healthy and happy start.
- Provide comprehensive mental and physical health support to schools, including staff education to enable support for children with long term health conditions (eg asthma or mental illness).
- Work with partners to improve access to mental health support for CYP, and implement relevant recommendations from the local CYP COVID HIA (which has been informed by local young people).
- Expand the CYP section of the healthy weight pathway to support schools promote a healthy environment and daily exercise, and to support teenagers and CYP with SEND better.
- Work with partners to promote parity of access to mental and physical health services for children, young people and adults with mental illnesses or SEND.
- Embed a new model of Social Prescribing in the borough
- Local development of Barnet Suicide Prevention Strategy includes reviewing lives lost to suicide amongst mental health service users as well as broader prevention aims.

### What will show our progress?

- Number of schools participating RS programme and with trained MH first aiders, peer mentors, and teachers delivery mindfulness and first aid awareness in schools.
- Number of schools and EYs settings with bronze/silver/gold awards. healthy schools award and holistic healthy lifestyle policies.
- Life satisfactions scores among CYP
- A clear CYP mental health pathway.
- Breastfeeding rates at 8 weeks.
- Primary school engagement with physical activity projects
- Increase in percentage of the population taking part in sport and physical activity
- Directed Enhanced Services (DES) outcomes are achieved
- Reduction in DSH admissions
- Suicide data from ONS, PHE and Thrive London database and feedback from partners.
- Healthy child programme service data and service user and stakeholder feedback.
- Reduction in number of self-harm attempts and lives lost to suicide amongst users of mental

## Prevent long term conditions

### What have we done so far?

- Encouraged 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
- Commissioned the COVID 19 Health Champions programme
- Practice pharmacist virtual clinic review of AF (atrial fibrillation) register for anticoagulation improvement.
- 85% of places taken up for first contract of National Diabetes Prevention Contract completed July 2019. Increased equity of access to programme with targeted primary care communications to practices in areas of high deprivation and eligible population.

### What are we going to do next?

- Residents will be invited from across the borough to join the COVID 19 Health Champions network, to enable people to help their family, friends and other community members to make sense of the facts about COVID 19, so that they can make informed choices and improve the health and wellbeing outcomes of people across the Borough.
- Increasing reach of cardiovascular disease programmes in BAME communities
- Improving our digital prevention offer
- Working with COVID champions in the long term converting to local health champions with a focus on health priorities
- Collaborating within the ICP (Integrated Care Partnership) Pathway workstream to improve CVD prevention (primary & secondary) and reduce inequalities
- Secondary prevention: NCL structured education offer

### What will show our progress?

- Champions reflect on the key demographics of the Barnet population, with a focus on under-served communities
- Increased knowledge and understanding of health messages in relation to COVID-19 amongst the COVID champions and their contacts
- Reduction in new diagnoses of CVD
- Reduction of hospital admissions due to CVD
- Uptake of NHS Health Checks
- Uptake of NDPP

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

### Support digital transformation of services

#### What have we done so far?

- The 'Talk before you walk approach' has been widely adopted in many GPs due to covid-19.
- We are a national leader in use of technology in care

#### What are we going to do next?

- Practices to offer digital training / group participation for Long Term Conditions (LTC)
- Improve digital access for all whilst also ensuring that digital divide does not affect access to services e.g. setting up access to COVID testing service which does not require accessing website by individual.

#### What will show our progress?

- Proportion of patients with LTCs who have participated
- Difference in participation between those in the most deprived areas compared to the least
- Impact on disease-relevant outcomes

### Enable carers health and wellbeing

#### What have we done so far?

- Barnet Flu programme with additional focus on care setting, carers and others
- Specialist dementia support team
- Care Quality Support team
- Commissioned services for carers – wide range in place
- Carers strategy in place for both adult and young carers

#### What are we going to do next?

- Ensure our care staff and informal carers are supported to look after their own health and wellbeing
- Address the COVID risk to staff from Black Asian and Other Minority ethnic groups

#### What will show our progress?

- Reduction in carers who feel isolated
- Increase satisfaction in carers

## Deliver population health integrated care

### What have we done so far?

#### Supporting those with complex needs

- Use of health services by different segments of the population.
- Integrated care in mental health, learning disabilities, urgent care/hospital discharge and primary care networks across Barnet
- 0-19 hubs and integrated support for young people with complex needs in place
- Long standing Prevention and Wellbeing model in Barnet, led by a team of local area co-ordinators and supported by a network of commissioned evidence-based prevention services

#### Integrated care and pathways

- Scoping work completed regarding existing provision of clinics for older people in
- Barnet service mapping complete
- Public Health population health outcomes presentation completed to support
- ICPW development for frail/ older people and LTCs ICPW's work
- Key findings of PCN 2 frailty and palliative care MDT shared
- Long Covid clinics across NCL open to all NCL residents – BGH, RF, UCLH

#### Care settings

- Worked with NCL leads to align the Barnet Multi-disciplinary Team (MDT) model
- Worked with NCL leads to align proposed Barnet MDT process
- Specialist dementia support team
- Care Quality team

#### Impact of COVID and LTCs on BAME groups

- Work with Healthwatch to gather residents' views

#### Same day access and discharge

- Completion of NCL Gap Analysis of the IDT and Peer Review Meeting with CNWL completed
- Review of IDT data reporting across all IDTs being undertaken to ensure consistency of reporting
- Community bed sharing arrangement implemented across NCL units
- Additional brokerage support now available at weekends to support flow, including access to YCE default provider for Barnet Borough
- Increased usage of 111 to triage minor illness away from local services

### What are we going to do next?

#### Supporting those with complex needs

- Ensuring rapid access to care in the most appropriate way

#### Integrate pathways

- Rapid Design Event (November 2020)
- Resource and membership of LTCs TFG to be confirmed
- Key findings and full PCN 2 evaluation to be submitted
- Focus on areas identified from population needs assessment i.e. frail elderly and cardiovascular disease pathways to make greatest impact on health outcomes
- Continue to develop understanding and approach to addressing the health needs of local residents with long COVID

#### Care settings

- CLCH to mobilise MDT
- Liaise with RFL Consultant input into MDT
- Engagement activity with Primary Care and Care homes to introduce MDT pathway
- Further development of ways of partnership working with Barnet ICP within context of North London Health and Care Partnership
- Ensure our care staff are supported to look after their own health.
- Address the COVID risk to staff from Black Asian other ethnic groups

#### Impact of COVID and LTCs on BAME groups

- Co-produce our plan and interventions with members from affected communities, taking into account findings from Healthwatch consultation with different communities on impact of COVID on them.
- Lead by example within each organisation involved in this programme;
- Ensure that any materials we produce are accessible in terms of channels used, ease of language and translated languages used (as appropriate); and
- Deploy cultural competence in developing our approaches taking inspiration for existing strategies such as the NHS People Strategy

#### Same day access and discharge

- Develop local triggers points for use of Barnet community beds by other NCL Boroughs

### What will show our progress?

#### Supporting those with complex needs

- Increase in carer's and patients satisfaction

#### Integrated pathways

- Each partner contribution to specific pathways evidenced
- Overall impact on disease-relevant outcomes
- Reduction in health inequalities for frail elderly population and cardiovascular disease areas of focus.

#### Care settings

- Reduction in impact of COVID on care staff from Black, Asian and other ethnic groups compared to first wave
- Each partner contribution to specific pathways evidenced
- Overall impact on disease-relevant outcomes
- Reduction in health inequalities for frail elderly population and cardiovascular disease areas of focus
- Reduction in emergency admissions from care homes for ambulatory care sensitive conditions

#### Impact of COVID and LTCs on BAME groups

- Uptake of prevention programmes proportionate to the local ethnic group and their risk of LTCs
- Improvement in risk factor measures across all ethnic groups

#### Same day access and discharge

- Maintenance of low number of cases of COVID in care settings
- Reduction in delayed discharges
- Improvement in same day access to medical/professional support using variety of approaches

# HEALTHWATCH BARNET

## JHWB REPORT



2020

**healthwatch**  
Barnet



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## 1. Background and Rationale

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.

As the London Borough of Barnet (LBB) and partners continue to plan for Covid-19 recovery, there is increasing recognition among HWBB representatives that recovery strategies also need to be integrated into the JHWS. 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; and has commissioned Healthwatch Barnet to undertake this research in order to provide insight into Barnet residents' Health and Wellbeing priorities.

In addition to this, in recognition of the disproportionate impact of the Covid-19 pandemic on particular communities, we have also been asked to carry out a limited number of in-depth conversations with Barnet residents of Asian and Jewish backgrounds, in order to provide some qualitative information on how such communities are experiencing the pandemic, with a stand-alone piece of work happening with African-Caribbean residents separately in the new year.

## 2. Project Aims and Objectives

The purpose of this project is to provide Barnet's Health and Wellbeing Board with data that supports the development of their Joint Health and Wellbeing Strategy for 2021-2025 through community engagement. Specifically our aims were broken down into the following 4 key points:

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 speak with Barnet residents from Asian and Jewish communities, in order to gain an in-depth understanding of their experiences of the COVID-19 pandemic.

## 3. Methodology

We conducted this project in two stages.

### Stage 1 – Surveys for the general population

We designed two surveys at the request of the HWBB team; both surveys were hosted on SurveyMonkey.

#### Survey 1

- Survey 1 was designed to gain insight into how Barnet residents were experiencing the pandemic, and how it might be impacting on their physical and mental health and their access to services. *We received 68 responses to this survey.*

#### Aims as agreed with LBB:

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 Focus Groups (which eventually were changed to interviews).

#### Summary of Questions<sup>1</sup>:

1. How has the COVID-19 pandemic affected residents' physical and mental health and wellbeing and changed their needs?

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<sup>1</sup> Full survey questions can be found in Appendix 1



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)

### Survey 2

- Survey 2 was designed to ask about overall wellbeing and attitudes and priorities towards Health and Wellbeing, including HWBB's three strategic priorities for the borough. *We received 47 responses to this survey.*

### Aims as agreed with LBB:

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
  - Improving the healthy life expectancy for all
  - Ensuring coordinated holistic care when we need it
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

### 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?

### Recruitment / Sampling

Our surveys strategy was not designed to obtain a representative sample, instead it was agreed that this survey would take the shape of an online consultation. For this reason, we recruited via social media quite heavily. We used Healthwatch social media accounts to reach out to our strategic partners and partner organisations across Barnet to share news of the survey. We also recruited by posting on popular Facebook groups for Barnet residents. We used LBB's 'People Bank', as well as reaching out to informal residents associations and groups using local professionals' knowledge of such groups.

### Data Analysis

The data was analysed by our researcher with the priority of presenting findings, and not drawing generalisable conclusions from the data, therefore much of what follows offers a descriptive analysis with some recommendations.

## **Stage 2 – Focus Groups**

### Focus Groups

One of the requirements of this project was to collate qualitative and descriptive accounts from key demographic groups about their experience of the pandemic, and health and wellbeing priorities. In response, we designed focus groups with people of Jewish and South Asian descent. Groups were designed to have up to 6 people in, and take place online.

### Recruitment/Sampling

We recruited in much the same way for the focus groups, as we did for the survey, also asking survey respondents if they would like to be contacted in order to take part. Very few respondents left their details, and many people that we spoke to were not at all keen on taking part in online focus groups.

### Informal Interviews

When offered informal interviews, people were much more keen to take part. The focus group question schedule was adapted for interviews, and we interviewed 5 people of Jewish descent, and 6 people of South Asian descent. Interviews lasted between 30-60 minutes and were typed up by the researcher.

### Data Analysis

Much as with the surveys, data from the interviews was not used to provide a general view of life for people that belong to those communities, rather it has been used to add descriptive richness to the work that follows.

## 4. Summary of Key Findings

### Health and Wellbeing throughout the Covid-19 pandemic

#### Socio-economic Impact

- The most common key factor which tended to impact on people's experience of the pandemic, as reported by respondents in our sample, were socio-economic factors and not ethnicity. Those who felt they had the resources – space, money, stable income reported that their experience throughout the pandemic had in some cases been positive, but were much less impacted than those who did not.

#### Physical Health

- A majority of respondents felt their physical health had declined since April 2020. The most commonly cited reason for this decline was the social impact of lockdown and restrictions.
- However, respondents reported a variety of negative impacts, often relating to access to health and social care services, financial strain, and difficulty exercising or maintaining healthy habits.

#### Mental Health and Wellbeing

- Most respondents experienced either no change or a decline in their mental wellbeing since April 2020.
- Restrictions on social life was the most commonly reported reason for a decline in mental wellbeing.
- However, when interviewees were asked to talk about this in more detail, those whose mental wellbeing had stayed the same, or had gotten better were either of comfortable financial circumstances or had had regular access to private psychotherapy. Those who did not, described struggling with motivation, fear, OCD related behaviours or fatigue.

#### Access to services

- Of the respondents who access services regularly to support their physical and mental health, most have experienced changes in their access to services.

- The impact experienced by respondents who regularly access services have been a mixture of positive and negative changes. Negative changes were reported as reduced access to services and support, particularly face-to-face consultations. These often had profound consequences, such as deteriorating physical and mental health.
- Positive changes were reported as access to phone consultations and needing less frequent prescriptions.
- Of those who had sought out services to help with a new issue, contacted their GP or had a hospital appointment, 71% of respondents felt they had received the care they needed.
- Interviewees almost universally reported frustration with not being able to access GP appointments unless feeling very sick.

### Health Inequalities

Note: our demographic questions were answered by only half of our survey participants<sup>2</sup>

- A majority of respondents (56%) thought a demographic factor had affected their overall wellbeing through the pandemic.
- The most commonly cited reason was age (18%), followed by income (16%) and disabilities or health conditions (14%).
- When participants were asked to share more detail around how their identity, local community and family life had affected their wellbeing, 4 key themes emerged from qualitative analysis of the data: financial stability, health and accessibility, local facilities and community, family ties and responsibilities.
- Those who had greater financial stability reported that this had helped them to adjust to the changing demands of life since the pandemic. Others reported disruption to their employment and financial stability.
- Younger people in good health described how this had helped them feel safer during the pandemic, whereas older people and those with health conditions and disabilities described feeling vulnerable.
- Locality within Barnet also was reported to have impacted wellbeing: some respondents praised their local green spaces, whereas others

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<sup>2</sup> Our demographic questions were mandatory, but were skipped by almost half of our survey respondents, we feel that this may have been a glitch in the survey monkey system, but cannot know for sure how people were able to carry on with the survey without answering them. This then, does not give a representative idea of the demographic breakdown of answers.

complained of limited or disrupted local services. Some respondents described feeling more engaged with the local community, whereas others were worried about compliance with Covid-19 safety guidance locally.

- Family life – or a lack of it – was described by several respondents as having impacted their wellbeing. Several respondents were feeling worried about family members or under pressure because of caring responsibilities. Some reported connecting more with their family. Others were feeling isolated or cut off from loved ones due to restrictions on socialising.

## Health and Wellbeing Priorities and Strategy Feedback

### Overview

- All of LBB's proposed priority areas have strong support from participants
- The most popular priority area was 'improving the healthy life expectancy for all' (94% support), with agreement on 'creating a healthier place and resilient communities' (84% support), and 'ensuring holistic care when we need it' (75% support) coming third and fourth.

### Health and Wellbeing Priorities – General Feedback

- In general, the most important factors for participants in maintaining their wellbeing had not changed drastically from before the pandemic until now. In both cases, the biggest priorities for respondents were access to green spaces, breathing clean air, access to good health services, and spending time with family and friends. The change that participants said would most improve their lives was if health services were improved. Most participants expect their health and wellbeing priorities to stay the same if Covid-19 restrictions were lifted.
- When asked whether they felt other factors were important, the most common response was that family, friends, and having a support network was important. Access to health and social care services and feeling safe in their local areas were also mentioned by several respondents.
- The health and social care provision specifically highlighted by respondents to question 7 were, specifically: support for unpaid carers,

access to GP appointments, hospital appointments and operations, access to audiology services, and better training for healthcare workers.

- When asked which change would improve their life the most from a list from examples related to those already discussed, the most common responses were 'better access to quality health services' (18%) and 'better support with my mental health.' (13%)
- When participants were asked to explain why they had chosen these priorities, many described how lack of access to good physical and mental health services had been detrimental to their wellbeing. Some described how they themselves had been affected whereas others described concern for others, including the burden of taking on caring responsibilities.

## 5. Data Deep-Dive by Theme

### Physical health

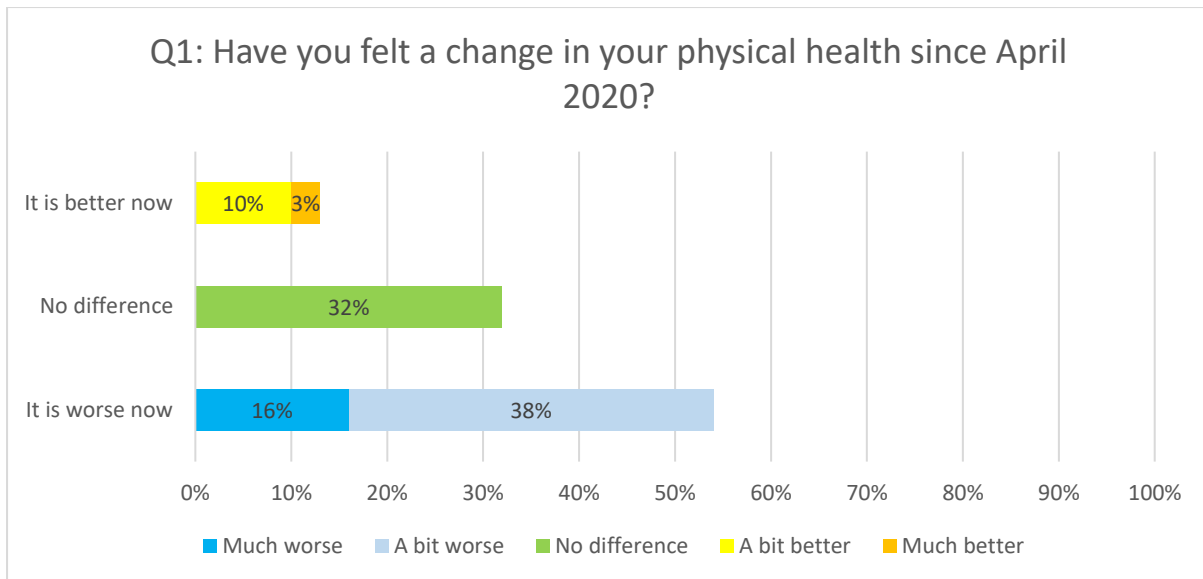
#### Summary of key findings:

- A majority of respondents felt their physical health had declined since April 2020. The most commonly cited reason for this decline was the social impact of lockdown and restrictions.
- However, respondents reported a variety of negative impacts, often relating to access to health and social care services, financial strain, and difficulty exercising or maintaining healthy habits.

#### Key findings:

- A majority of respondents (54%) had experienced a decline in their physical health since April 2020. Of the respondents who felt their physical health had declined, 38% reported that it had become 'a bit worse' and 16% reported that it had become 'much worse.'
- Although a fair proportion of respondents have felt no difference in their physical health, (32%) many have experienced a decline, and relatively few (13%) have experienced improvements.
- The most important factor felt by respondents to have impacted their physical health was the impact of lockdown and restrictions on their social life, which made up 21% of respondents' top 3' reasons cited.
- The second most important factor affecting physical health was lack of access to NHS services, which made up 15% of respondents' top 3 reasons cited. Respondents described not being seen in person, and not having issues attended to quickly.
- Respondents also felt lack of access to their preferred forms of exercise to be important (14% of top 3 responses). Some respondents described how pre-existing health conditions had either prevented them from exercising or been worsened due to lack of exercise. Others described how lack of access to community or group-based exercise classes, or lack of access to a gym, had affected their ability to exercise.
- 23% of respondents (6 people) listed having been ill with Covid-19 as the most important reason for a decline in their physical health. 2 of these respondents went on to describe suffering with 'long Covid' symptoms.





Sample responses to questions 3<sup>3</sup> and 6<sup>4</sup>, selected for detail and representative spread:

‘Long covid, and a lack of understanding among healthcare professionals about how real it is. It is frustrating, mad-making, and so hard to live with.’

**‘As my husband's carer my responsibilities and anxieties about his health have impacted on my own well-being.’**

‘Mentally I feel like I am in a prison and I have done nothing wrong.’

**‘Living alone with no social interaction’**

‘Very stressful work environment’

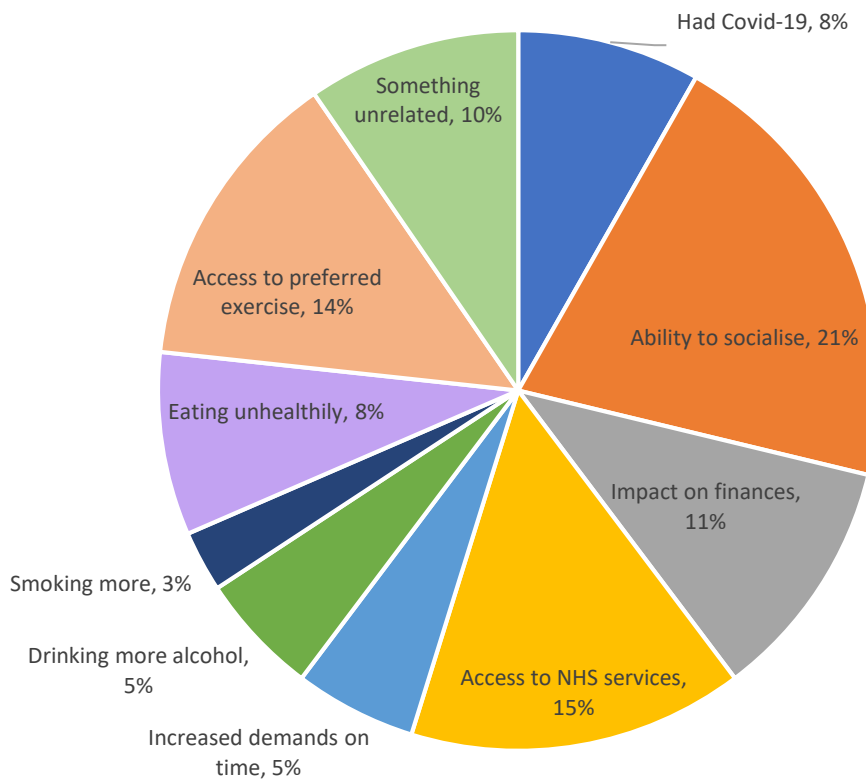
**‘Anxiety about the pandemic and sleeping poorly’**

‘It's also hard not knowing what is irresponsible to do, it's hard to make your own choices anymore for fear of putting others in danger - it's a pickle.’

<sup>3</sup> You told us that your physical health was worse. Please tell us more about why

<sup>4</sup> Q6: We are keen to understand more about the changes in your physical health. Please tell us more about these changes and how they are affecting your life.

Q2: Breakdown of most frequently reported factors to have negatively affected physical health



Only 9 participants had stated in question 1<sup>5</sup> that their physical health had improved; the higher number of responses to question 4<sup>6</sup> therefore suggests that at least some people may have experienced a mixture of positive and negative health impacts. For example, one respondent stated: **“During the spring my exercise was slightly better however my diet went the opposite.”**

Of those who reported positive changes to their physical health, the most frequently occurring ‘top 3’ choice was improvements to finances (24% of top 3 overall). However, the frequency with which this was reported (6 times) was less than that of the frequency of respondents stating that their finances were a top 3 negative impact on their physical health in question 2 (8 times). This is

<sup>5</sup> Q1: Please tell us about your physical health. Have you felt a change in your physical health since April 2020?

<sup>6</sup> Q4: You told us that your physical health is better. Please rate the factors that may be affecting your physical health below, in order of importance, with 1 being the most important.

likely due to the fact that far fewer respondents reported positive changes to their physical health in question 1.

The next most frequently cited top 3 reason for positive health impacts was 'because of how lockdown and restrictions have made social contact with friends more accessible to me, or easier for me': this made up 20% of top 3 positive impact responses. Again, the frequency with which this was reported (5 times) is less than the amount of times respondents cited the effects of lockdown and restrictions on their social lives as a negative health impact in question 2 (15 times).

Other reasons cited by respondents as top 3 reasons were: better access to NHS services (16%), walking/cycling more (16%), fewer demands on their time (12%), drinking less alcohol (4%), exercising online (4%), and eating more healthily (4%). In response to questions 5<sup>7</sup>, 6<sup>8</sup>, and 7<sup>9</sup>, several respondents listed other reasons why their physical health had improved or remained good, including:

'Family visited and helped more often'

**'I started taking food supplements that have dramatically improved my physical health in the past 4 months'**

'I can work from home, in an environment tailored to my sensory needs, and don't have to commute'

**'I've been more active at home and gardening, eating more healthily, mostly home cooked meals.'**

'We got a dog at the start of lockdown, so now have a regular routine of outdoor & playtime.'

**'Doing yoga, joining in prayers everyday online which motivates my mind. Keep thinking positive.'**

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<sup>7</sup> Q5: *If it was something else, please describe here.*

<sup>8</sup> Q6: *We are keen to understand more about the changes in your physical health. Please tell us more about these changes and how they are affecting your life.*

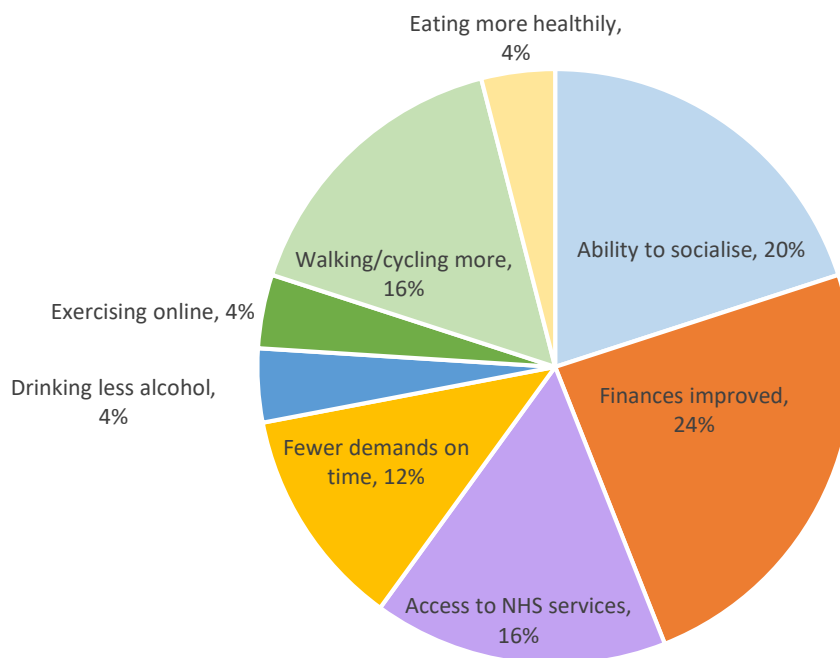
<sup>9</sup> Q7: *If you feel your physical health has stayed the same since April 2020 - please tell us more about how you are keeping fit and healthy?*

'I was running a lot during the first lockdown but got out of the habit. I do YouTube workout videos and weights with my partner once or twice a week. I have also had the energy to cook from scratch a lot more.'

'I'm walking daily, doing an on line aerobics class and do line dancing when we are allowed.'

Considering these responses to questions 4, 5, 6 and 7 in relation to questions 1, 2, and 3 reveals a complex picture: while the general trend is towards a decline in physical health, many respondents have been able to maintain their health and a minority of respondents have experienced positive changes, often due to having experienced an inverse effect resulting from the same restrictions.

Q4: Breakdown of most frequently reported factors to have positively affected physical health



## Mental Health and Wellbeing

### Summary of key findings:

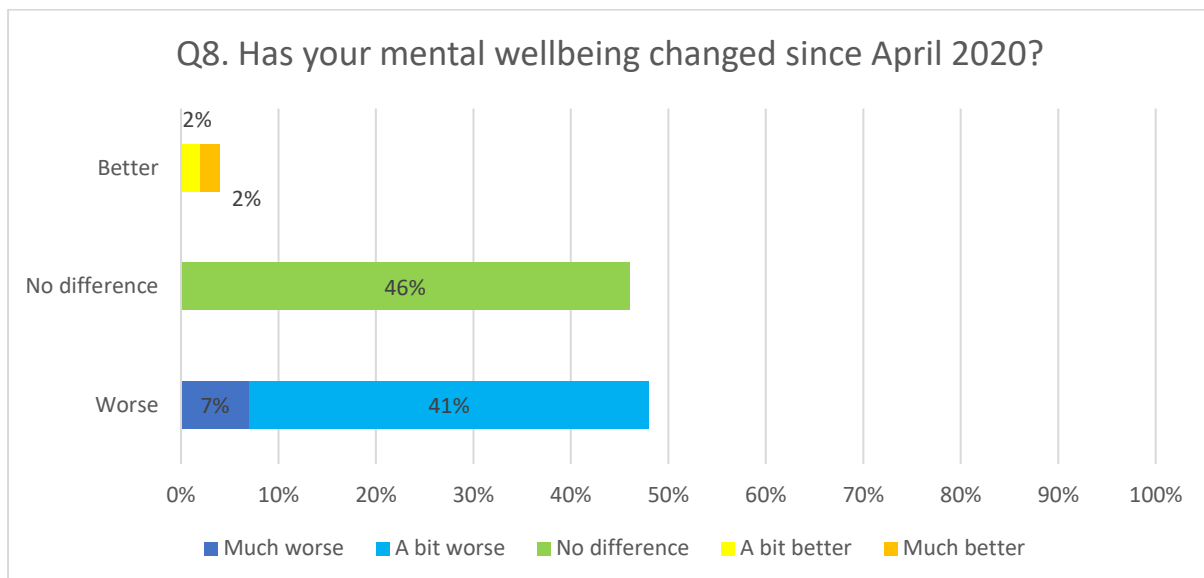
- Most respondents experienced either no change or a decline in their mental wellbeing since April 2020.
- Restrictions on social life was the most commonly reported reason for a decline in mental wellbeing.

### Changes in Mental Health and Wellbeing

#### Key findings:

- Most respondents reported that their mental wellbeing had either not changed (46%) or declined (48%) during the pandemic. Only 4% of respondents reported that their mental wellbeing had improved.
- Of the respondents who reported that their mental wellbeing had declined, the vast majority (41%) reported that it had become 'a bit worse' and only 3 respondents (7% of total) reported that it had become much worse.
- Overall, then, most respondents found that their mental wellbeing had either become a bit worse or not changed, whereas only a few respondents experienced a significant decline or any improvement.
- The social impact of lockdown and restrictions was by far the most commonly cited factor in respondents top 3 reasons for their mental wellbeing declining, constituting 29% of top 3 responses. This was followed by impact on finances (15%), access to NHS services (12%), access to preferred exercise (10%), having had Covid-19 (10%), drinking more alcohol (8%), eating unhealthily (8%), increased demands on time (6%) and smoking more (4%).
- When asked for more detail about how their mental health had changed since the pandemic, a few respondents described positive experiences with socialising online. Many respondents, however, described feeling isolated or cut off from loved ones. Others reported feeling worried about family members. Several respondents reported feeling more stressed and anxious while others described feeling foggy or experiencing a blurring of activities into each other.
- Respondents who had stated that their mental health and wellbeing had remained the same described doing exercise or getting outdoors,

engaging in voluntary work, meditation and/or faith, socialising, and engaging in hobbies.



The key themes that emerged in response how people’s wellbeing may have changed are summarised below, with responses selected based on the level of detail and to provide a representative spread:

***Navigating social life***

‘Less social interaction so more isolation, decreased physical activity and lack of fresh air/sunlight, being in a small flat leading to more bickering etc.’

‘My husband has had two medical procedures and we were shielding for 3 weeks and then 10 days. I am desperate to hold or at least touch my grandchildren but can’t. This makes me very sad and I feel as if I can cry at the drop of a hat and sleeping at night is very difficult.’

‘Voluntary work (counselling etc) cancelled, adding to isolation of Covid-19 reality.’

‘I have found it helpful to keep in touch with people by Zoom. Also to take part in exercise classes by Zoom and then in person after lockdown.’

*Navigating Social Life Continued*

'I'm usually housebound so actually everything ended up online, so it's probably helped me massively to cope with huge stressful issues in my life, so I don't feel any different because of this.'

**'Being worried about being irresponsible by going out has been very hard. Trying to do the right thing and balancing the rest of life with this is a struggle.'**

'I feel much more anxiety about keeping myself and my family safe as well as a responsibility to public health. I have been unable to see family members, including my own disabled son during the periods of lockdown.'

**'The main impact on my mental health has been worry about my family - their physical health, loss of work, safety at uni and potential exposure to the virus.'**

*Anxiety and blurry days*

'Very worried and anxious.'

**'Increased anxiety, as with everyone'**

'Had anxiety attacks and my confidence is lower. Have to force myself to go to work and to join in with online projects. I do it but later than everyone else!'

'It has gotten a bit worse, as it gets increasingly difficult to "compartmentalise" my life, i.e. prioritise between work related, social and household activities. I work less efficiently and less overall, but feel guilty for not getting as much done as I need to. Days also feel very much same-y and there's little difference between weekdays, making it feel like I'm treading water.'

**'Work life balance all blends into one.'**

'More time feeling a little depressed. A foggy brain.'

## Access to services

### Summary of key findings:

- Of the respondents who access services regularly to support their physical and mental health, most have experienced changes in their access to services.
- The impacts experienced by respondents who regularly access services have been a mixture of positive and negative changes. Negative changes were reported as reduced access to services and support, particularly face-to-face consultations. These often had profound consequences, such as deteriorating physical and mental health. Positive changes were reported as access to phone consultations and needing less frequent prescriptions.
- Of those who had sought out services to help with a new issue, contacted their GP or had a hospital appointment, 71% of respondents felt they had received the care they needed.

### Of those people who regularly access services, key findings were:

- The most frequently cited ways of accessing support for mental health and wellbeing during the pandemic were from family and/or friends (66%) and using personal coping mechanisms (50%).
- Of those who accessed organised support, more participants had accessed support from a community or voluntary organisation (25%) than from a GP (22%) or mental healthcare provider (16%).
- 2 participants (6%) had tried to access support from services but could not.
- 16 respondents (50%) said that they regularly access health and wellbeing services. These included: GP services, hospitals, pharmacy and prescriptions, opticians, hearing support, NHS psychiatry, dental services, Barnet Mencap, neurology, blood tests and diabetes check-ups.
- A significant majority of these respondents (69%) reported that they had experienced changes to their access to the services.
- Experiences were mixed but, where detail was given, more participants described negative experiences than positive: 6 were negative, 4 were positive, and 2 were neutral.



- Positive changes included receiving longer-lasting quantities of prescription medication, not having to travel to appointments, and being satisfied with phone consultations with GPs.
- The positive experiences respondents had regarding access to appointments or medications suggest that, if such changes are adopted as longer-term policies, some residents will benefit from these changes.
- The negative impacts reported were often profound. For example, one respondent reported delayed access to services that supported their children with accessibility requirements and health conditions, and consequently, their conditions had worsened. Another respondent reported having missed tests due to not wanting to attend NHS services in person and had consequently become seriously ill with a kidney infection for 6 weeks. The same respondent described how, pre-pandemic, they had declined to use private medical services for ethical reasons but had since accessed a private physiotherapist to avoid attending an NHS hospital.

### **Of those people who needed to access services for a new issue since March:**

#### **Summary of key findings**

- 71% of respondents who had contacted NHS services about a new issue, had got in touch with their GP, or had a hospital appointment since April 2020 received the help they needed.

#### **Key findings:**

- 12% of respondents described ways in which demographic factors had affected their ability to access services for their physical health since the pandemic.
- The reasons for this were varied: some stated that this was because of a disability of health condition, some stated that age was a factor, others stated that this was due to their locality within Barnet, 1 stated that religion was a factor, 1 stated that their income was a factor and 1 stated that having dependents or caring responsibilities was a factor.
- When asked whether demographic factors had affected their ability to access services for their mental health since the pandemic, 7 (23% of 31 respondents) reported that they had, however, little further detail was given.

Sample of experiences reported in question 21<sup>10</sup> and 23<sup>11</sup>, selected for detail to provide a representative spread:

‘Had 3 bouts of diverticulitis and only got a face to face on the 3rd bout. I can’t feel and diagnose my own stomach! Had some cream given for sun damage/pre cancer skin problems diagnosed with photos over the phone. Used cream as prescribed. Called in to report after 4 weeks, no-one has called back to check so I’ve stopped treatment’

‘At UCLH saw a doctor who didn’t believe I had pain.’

‘I had a GP phone appointment then an examination for a breast lump. Referred to hospital quickly and everything was done on the same day and I was discharged.’

‘Fantastic support all the way from the 119 call handler, through to the GP and care provided at Barnet Hospital. Just phenomenal.’

‘Would have liked to have been seen/examined by my GP.’

‘I’ve been reluctant to go to hospitals due to being immunocompromised.’

‘More difficult to attend appointments with the children at home.’

‘I live in West Hendon which is poorly serviced with health and care services, this is why I decided to register with GP at hand.’

‘I mean, the fact that mental health services don't exist has limited me from contacting them. There's so little good access to mental health care - there's social prescribing or nothing unless you're seen as a danger to yourself or others. It's so poor.’

‘I was not able to access NHS mental health services before pandemic and that has not changed.’

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<sup>10</sup> Q21: Did you get the help you needed when needing to contact services about a new issue?

<sup>11</sup> Do you feel that any of the following [demographic] factors have affected your ability to access any services for your physical health since April 2020

## Demographic factors

The response rate was low for questions designed to collect demographic data. Our demographic questions were mandatory, but were skipped by all but 27 of 67 survey respondents. We think that this may have been a glitch in the survey monkey system, but cannot know for sure how people were able to carry on with the survey without answering them. **All demographic answers and breakdowns are available to view in the section below.**

### Key findings<sup>12</sup>:

- A majority of respondents (56%) thought a demographic factor had affected their overall wellbeing through the pandemic.
- The most commonly cited reason was age (18%), followed by income (16%) and disabilities or health conditions (14%).
- A number of respondents reported that more than one demographic factor had made a difference in how the pandemic had affected their overall wellbeing.
- When participants were asked to share more detail around how their identity, local community and family life had affected their wellbeing, 4 key themes emerged from qualitative analysis of the data: financial stability, health and accessibility, local facilities and community, family ties and responsibilities.
- Those who had greater financial stability reported that this had helped them to adjust to the changing demands of life since the pandemic. Others reported disruption to their employment and financial stability.
- Younger people in good health described how this had helped them feel safer during the pandemic, whereas older people and those with health conditions and disabilities described feeling vulnerable.
- Locality within Barnet also was reported to have impacted wellbeing: some respondents praised their local green spaces, whereas others complained of limited or disrupted local services. Some respondents described feeling more engaged with the local community, whereas others were worried about compliance with Covid-19 safety guidance locally.

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<sup>12</sup> The following response rates and figures have been adjusted to remove non-disclosure responses and account for non-completion.

- Family life – or a lack of it – was described by several respondents as having impacted their wellbeing. Several respondents were feeling worried about family members or under pressure because of caring responsibilities. Some reported connecting more with their family. Others were feeling isolated or cut off from loved ones due to restrictions on socialising.

A representative spread of the most relevant responses to questions 27<sup>13</sup> and 28<sup>14</sup> is shown below:

### **Financial stability**

‘I am incredibly grateful that I can afford to have had a garden and ongoing employment at this time

Most of my anxiety has come from feeling the need to protect my children, one of whom is vulnerable.’

**‘Being financially comfortable has helped us buy anything that we needed to adjust to working from home, like buy new equipment, get better broadband.’**

‘As a person of colour - seeing the inequity of the world that I live in has been soul-crushing, but years of austerity and government hate have made life as a person of colour feel very unstable, you never know what is going to happen next. While I wasn't earning, it was having a big impact on my life, now I have a job, it again has impacted my life but in a good way.’

‘We had savings, but I changed jobs at the start of May, which means I was in probation throughout lockdown.’

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<sup>13</sup> *Do you feel that any of the following [demographic] factors have affected your ability to access any services for your physical health since April 2020*

<sup>14</sup>

### **Health and accessibility**

‘I was less worried about my own health than being a carrier.’

‘Asthma and age worry me about my ability to fight COVID if I got it.’

‘Im young and healthy so that’s been easy for me.’

‘I have a disability which means I cannot walk very far. I find that many shops have removed chairs and make customers stand in a queue which I cannot do.’

### **Local facilities and community**

‘We live next to the Welsh Harp, West Hendon playing fields, which was a godsent even during the 1hr exercise/day.’

‘We don't have many services or businesses within walking distance. The only park nearby is always full of people on sunny days so there is nowhere to go if you want to avoid people. I live in a block of flats so noise has also been a factor especially summer nights trying to sleep with the window open. To get anywhere I need to take public transport so that has limited my ability to go out as I am trying to avoid crowded buses and trains.’

‘My local bus route has been re-routed farther away (384 bus) meaning I sometimes have to use cabs for short trips.’

‘We live in a beautiful green area that we all enjoyed.’

‘Have been affected by lack of Long Covid clinic.’

‘We met a lot of our neighbours we otherwise wouldn't have interacted with.’

‘Get stressed about people in the community who do not follow the rules.’

## Family ties and responsibilities

'I am anxious about the well-being of my adult children and older relatives.'

**'I feel my mental health has suffered due to not being able to visit family members (including my own son) for long periods and feeling anxious about protecting him and my other children from infection.'**

'I live with a partner and no dependants, so my home life has been easier than most. However, I have another partner who lives on the opposite side of London and I thus didn't see for a number of months. As a queer person my friends are my chosen family for the most part, and as a Londoner they're spread out across the city. Many also have anxiety and have been reluctant to video chat, so I have been somewhat more socially isolated. Even post-lockdown I have only been able to see my mum twice, as she works in a school and refuses to see me due to potential Covid-19 exposure. The worst part, for me, is that one of my best friends was due to come over from America to stay with me for a month in April. She couldn't due to the pandemic, and so she died suddenly without me getting to see her one last time. That was heartbreaking.'

**'As a family we became much closer and benefited from the increased connection.'**

'Homeschooling and lack of childcare has been an additional load of work.'  
'Just missing my children and grandchildren and as they live in a different tier we are not able to meet up.'

## Demographic data – Survey 1

Response rate was low for questions designed to collect demographic data. The following response rates and figures have been adjusted to remove non-disclosure responses and account for non-completion.

<b>Q29: Age category</b>		
<b>Responses (27 of 68 participants)</b>		
	Frequency	Percentage of responses given
25 – 34 years	5	19%
35 – 44 years	4	15%
45 – 54 years	4	15%
55 – 64 years	4	15%
65 – 74 years	7	26%
75+ years	3	11%

<b>Q30: Gender</b>		
<b>Responses (27 of 68 participants)</b>		
	Frequency	Percentage of responses given
Woman	16	59%
Man	10	37%
Gender non-conforming (e.g Gender queer, non-binary...)	1	4%

<b>Q31: Is your gender different to the sex that was assigned to you at birth?</b>		
<b>Responses (28 of 68 participants)</b>		
	Frequency	Percentage of responses given
Yes	1	4%
No	27	96%

<b>Q33: Sexual orientation</b>		
<b>Responses (25 of 68 participants)</b>		
	Frequency	Percentage of responses given

Asexual	1	4%
Bisexual	3	12%
Heterosexual / Straight	21	84%
Gay or lesbian	0	0%
Other	0	0%

<b>Q34: Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):</b>		
<b>28 responses given by 28 of 68 participants</b>		
	Frequency	Percent
Yes - I am a carer	4	5.9
Yes - I have a disability	5	7.4
Yes - I have a long term condition	8	11.8
None of the above	11	16.2

<b>Q34: Please tell us about your religion or beliefs:</b>		
<b>Responses (25 of 68 participants)</b>		
	Frequency	Percentage of responses given
Buddhist	1	4%
Christian	8	32%
Jewish	6	24%
Hindu	0	0%
Muslim	0	0%
Sikh	0	0%
No religion	9	36%
Other	1	4%

<b>Q35: Ethnic background</b>		
<b>Responses (28 of 68 participants)</b>		
	Frequency	Percentage of responses given
White British	20	71%
Other white background	2	7%
Mixed: White and Asian	1	4%



Asian/Asian British: Indian	2	7%
Asian/Asian British: Chinese	1	4%
Any other Asian background	1	4%
Black African/Caribbean	0	0%
Mixed: White and Black African/Caribbean	0	0%
Arab	0	0%
White gypsy or Irish traveller	0	0%
Other (specified by respondent as British/Jewish)	1	4%

<b>Q36: Please tell us which area of Barnet you live in</b>		
<b>Responses (28 of 68 participants)</b>		
	Frequency	Percentage of responses given
Totteridge	4	14%
West Hendon	4	14%
Colindale	3	11%
East Barnet	2	7%
Edgware	2	7%
High Barnet	2	7%
Mill Hill	2	7%
Oakleigh	2	7%
Burnt oak	1	4%
East Finchley	1	4%
Finchley Church	1	4%
Garden Suburb	1	4%
Woodhouse	1	4%
Brunswick park	0	0%
Childs Hill	0	0%
Coppetts	0	0%
Finchley Church End	0	0%
Golders Green	0	0%
Hale	0	0%
Hendon	0	0%
Underhill	0	0%

West Finchley	0	0%
Somewhere else in Barnet	2	7%

<b>Q37: Please indicate your annual household income</b>		
<b>Responses (24 of 68 participants)</b>		
	Frequency	Percentage of responses given
Less than £15,000	1	4%
£15,000 – £19,999	1	4%
£20,000 – £29,000	2	8%
£30,000 – £39,000	3	13%
£40,000 – 49,000	0	0%
£50,000 - £59,999	0	0%
£60,000 - £69,000	0	0%
£70,000 – £99,000	13	54%
£100,000 - £149,000	3	13%
£150,000 +	1	4%

## Barnet Residents Health and Wellbeing Priorities

### Health and wellbeing priorities

#### Question series

*Q4: Thinking back to before the Covid-19 pandemic, which factors would you have said were the most important to your overall health and wellbeing? Please rate the following options in order of importance.*

*Q5: Are there any other factors you feel were important? Please give details.*

*Q6: Which factors do you feel are the most important to maintaining your overall health and wellbeing now? Please rate the following options in order of importance, with 1 being the most important.*

*Q7: Are there any other factors you feel are important? Please give details.*

*Q8: Which of the following changes do you feel would make the biggest difference to your overall health and wellbeing?*

*Q9: Please tell us more about why you picked these.*

#### Key findings:

- When asked to think back to what their biggest health and wellbeing priorities were before the Covid-19 pandemic, the examples that occurred most frequently in respondents' top 3 choices were 'breathing clean and safe air,' 'access to good health services,' and 'access to parks and green spaces.'
- When asked whether they felt other factors were important, the most common response was that family, friends, and having a support network was important. Access to health and social care services and feeling safe in their local areas were also mentioned by several respondents.
- Since the Covid-19 pandemic, these priorities have remained broadly similar for respondents: 'breathing clean and safe air,' 'access to good health services,' and 'access to parks and green spaces' were again most frequently cited as top 3 most important, but the proportion of respondents who listed these as top 3 factors rose slightly from 40% to 43%.

- The largest percentage increase was for ‘access to parks and green spaces,’ which made up 3% more top 3 responses compared to pre-pandemic.
- When asked whether other factors were important, the responses were broadly similar to those given with reference to before the pandemic. However, some respondents raised specific concerns around family and community, such as their loved ones staying healthy and accessing appropriate support. One respondent mentioned that their family relationships have been put under strain because of the lockdown. Another mentioned concerns around Covid-19 safety in their community, wishing others would ‘take the pandemic seriously and follow the guidelines.’
- The health and social care provision specifically highlighted by respondents to question 7 were, specifically: support for unpaid carers, access to GP appointments, hospital appointments and operations, access to audiology services, and better training for healthcare workers.
- When asked which change would improve their life the most from a list from examples related to those already discussed, the most common responses were ‘better access to quality health services’ (18%) and ‘better support with my mental health.’ (13%)
- This suggests that although participants regard quality physical and mental health support as highly important, they are not currently receiving (either now or pre-pandemic) the level of support they feel they *could* be getting if those services were improved.
- When participants were asked to explain why they had chosen these priorities, many described how lack of access to good physical and mental health services had been detrimental to their wellbeing. Some described how they themselves had been affected whereas others described concern for others, including the burden of taking on caring responsibilities.
- Many participants also highlighted how important healthy food and better environments in which to live and exercise are to maintaining a basic sense of wellbeing. With regard to access to this in the local area, several respondents described a lack of quality amenities locally, such as cafes, activities and shops.
- Several respondents described how their financial security had made maintaining other aspects of their wellbeing easier.

**'Other' responses to question 8:**

'Safer pavements. I have osteoporosis and worry about tripping on uneven pavements.'

'Seeing family. Seeing friends. Access to outside activities not by zoom!'

'Park trails that are usable during winter months for walking and running.'

'Political stability. Reliable/effective government. Better coping strategies (mine to sort out/work on.)'

'Having less pressure from the voluntary organisations I support as they have required a lot of time and energy due to the pandemic. More ability to see family members and friends. Less anxiety about other people's behaviour.'

'Having more living space, being able to live closer to my loved ones, reduced patient administrative burden.'

**Sample of responses to question 9, chosen for detail and a representative spread:**

**Services and support**

'Better access to health services is important because people need to be able to have good and equal care during a pandemic. Better mental health support is also important due to the uncertainty and anxiety and all the new issues the pandemic has created.'

'Our NHS service needs to support the people other than COVID getting their appointments and operations carried out.'

'The things that have caused my most anxiety are supporting others (family members and my voluntary work).'

'Have felt unsupported by NHS psychiatry services, and worsening depression has caused me to lose interest in my job.'

### Services and support continued

‘Being able to pay for good therapy for myself transforms my life - for me, it is the single most important aspect in maintaining my wellbeing, and contributes to the economy as it keeps me in a job, and keeps me away from the doctor. It is the most important and so, for people who can't afford this - I would say better mental health care is key. The pandemic has shown me just how important relationships with my neighbours are - we have been lucky enough to have a dog that facilitates those relationships, but for people who don't, feeling lonely must be very real!’

### Healthy spaces and living

‘Noticed how much cleaner the air was during the first lockdown.’

‘Cleaner air, being continuously let down, charges extortionate amounts to drive and constantly being blamed for poor air quality as a person who drives an awful lot for a living in London.... would be nice if it was transparent as to what percentage of income for Low emissions and congestion charges were actually spent on improving air quality!’

‘Better places for exercises, better environments, will improve physical and mental health.’

‘Healthy food is what helps to keep you strong before anything goes wrong and green spaces keep you sane when you're stuck in the house all day. Shelter is a key human right and is the biggest issue for a lot of people but personally i'm lucky enough to not have to worry about that.’

‘It's difficult to get enough space in London to keep your stuff in and also be able to both live and work. Getting around the city can be difficult, even pre-pandemic.’

### Amenities and leisure

‘There isn’t anywhere locally to go and enjoy the company of others unless it’s a pub. I don’t drink alcohol and would love some nice restaurants and local activities that are affordable so I can socialise a little more in a safe environment.’

‘As a young person, one of the biggest determinants of mental health is socialising and eating out. I feel Barnet has poor offerings for cafes and restaurants etc, and that west Hendon and the new development would benefit from a couple of cafes/shops/restaurants.’

‘Access to food - we obviously have Sainsbury's but access to better quality cafe's and a better high street where we are would make such a big difference to life.’

‘Local services: You read a lot of creative uses of facilities/restaurants, none of which seem to have happened here.’

‘Having extra income makes other things such as free time, family time and time for friends more possible, not having to do 70 hour working weeks due to low rates of pay.’

## Effect of pandemic on Health and Wellbeing Priorities

### Question series

*Q10 Has the pandemic affected your priorities when it comes to your health and wellbeing? If yes, please explain.*

*Q11: If Covid-19 restrictions are completely lifted, do you expect your priorities to stay the same?*

*Q14: Please tell us more about this.*

### Key findings:

- 63% of respondents said that the pandemic had affected their health and wellbeing priorities.
- When asked to explain why, reasons given for this fell into three key areas: the impact of limited access to health and social care services during the pandemic; changing responsibilities and priorities with regard to family and the local community; and changing approaches to self-care and leisure.
- 63% of respondents said that their priorities would remain the same if Covid-19 restrictions are completely lifted. Where more detail was given about why their priorities would *not* remain the same, respondents often described how being able to socialise more and travel more would lessen their focus on their stated priorities.

**Key themes of explanations given in question 10, selected for detail, relevance and a representative spread:**

#### Health and social care

‘As a pensioner just feel service from local GP not as good as it was pre Covid and it worries me to hear from friends how different all the surgeries are doing things.’

‘I had no access to audiology services for over 7 months. Was not able to hear anything as my hearing aids failed. Couldn't get any help. Totally isolated until I was told about a local charity that helped me. Not the NHS, a charity. Thats shameful.’



**Health and social care continued.**

'I am unable to go to my mental health appts with psychiatrist. I have to rely on telephone calls and longer waiting times. I'm suffering with anxiety and stress, I am having to think of ways of keeping myself busy to combat my mental health problems. I'm unable to see friends and family so I'm having to go out on to the streets for some interaction with other humans.'

**Family and community**

'I have always placed health and well being first, but neighbours have played a major part in helping during Covid.'

'Little more appreciative of the need for social support and low-cost local things to do.'

'I have prioritised my children's needs but also realised the value of my situation - I feel I am privileged to be financially secure and living in an area with green spaces and in a secure housing situation with my family.'

'Relationships with my neighbours and a stronger local community is also one thing that I wasn't so bothered about when it was easier to move around.'

'My wife has MS no social groups to attend unable to go to church every Sunday unable to attend my men's group unable to socialise generally, unable to get my operation that I need on my hip replacement, my mental health has suffered and I feel low most days.'

'Talking and interacting with people having a conversation laughing at the same things together rather me alone feeling their touch having a hug a cuddle some sort of jester going for coffee lunch or just chatting. How I miss those things seeing the expression on people's faces.'

### **Healthy living, self-care and leisure**

'I am exercising more as a preventative measure. I'm more aware of infection risks - not just for Covid. I suspect I will continue to be socially isolating beyond the restrictions for safety reasons.'

'It is now more important to me to take rest when I am unwell, and to prioritise my health and well-being and that of my loved ones over work or studies, which I am privileged enough to not have to rely on too heavily for a safe and stable income at the moment.'

'I have realised when i'm alone a lot more i have to focus on my own mental health more than anything as there are less distractions.'

'Access to local green spaces has become much more important. We live close to the welsh harp so we're very lucky.'

'Our local high-street is so much more important. Before we'd spend no time here because there was nothing to do - now we really miss not having something.'

### **Sample of responses to question 11, asking whether priorities would remain the same if Covid-19 restrictions are completely lifted:**

'I'll go back to what I was doing before!'

'Have more time for the people I have missed life is precious we need to enjoy it more.'

'I'm not confident in community compliance or with government directives. So I will continue to limit social contact and exercise to maintain my physical health.'  
'As an elderly disabled person I require these priorities at all times.'

'My current priorities, which were changed by the pandemic, will not change once restrictions are lifted. Just because there are no restrictions does not mean that my health and well-being is any less important.'

'I will focus more on traveling and visiting other countries.'

'I would have more distractions and would not have to spend as much time by myself focusing on my own brain.'

'Will see more friends and socialise more.'

'I will return to doing sport and group activities outdoors.'

'My priorities will still be my family and a healthy environment there will just be more freedom to enjoy these without anxiety.'

## Joint Health and Wellbeing Strategy – Resident Feedback

### Summary of key findings:

- All of LBB’s proposed priority areas have strong support from participants
- The most popular priority area was ‘improving the healthy life expectancy for all’ (94% support), ‘creating a healthier place and resilient communities’ (84% support), and ‘ensuring holistic care when we need it’ (75% support).

### Priority Area 1: ‘Creating a healthier place and resilient communities’

Question series:

*Q12: If these changes are put into place, what difference would it make in your life?*

*Q13: Do you agree that this should be one of the borough’s top 3 priorities for improving the health and wellbeing of its residents?*

*Q15: Thinking back to before the Covid-19 pandemic, would you have agreed that ‘creating a healthier place and resilient communities’ should be one of the borough’s top 3 priorities?*

*Q16: Please tell us more about this.*

### Key findings:

- The vast majority of respondents (85%) agreed that ‘creating a healthier place and resilient communities’ should be one of the borough’s top 3 health and wellbeing priorities.
- When asked to think back to whether this would still have been the case before the Covid-19 pandemic, slightly fewer (81%) respondents said they would have agreed. The proportion of respondents who said they strongly agreed was 34% pre-pandemic and 41% now.
- In summary, priority area 1 has strong support in principle and Covid-19 has positively impacted this support.

### Priority Area 2: ‘Improving Life Expectancy for All’

Question series:

*Q17: If these changes are put into place, what difference would it make in your life?*

*Q18: Do you agree that this should be one of the borough’s top 3 priorities for improving the health and wellbeing of its residents?*

*Q19: Please tell us more about this.*

*Q20: Thinking back to before the Covid-19 pandemic, would you have agreed that ‘improving the healthy life expectancy for all’ should be one of the borough’s top 3 priorities?*

*Q21: Please tell us more about this.*

### Key findings:

- A very strong majority (94%) of participants agreed that ‘improving the healthy life expectancy for all’ should be one of the borough’s top 3 health and wellbeing priorities.

- Compared to what participants said they would have answered before the pandemic, this is a notable increase: the total proportion of those who agreed rose from 87% to 94%, and the proportion of those who strongly agreed rose from 53% to 63%.

### Priority Area 3: 'Ensuring holistic care when we need it'

Question series:

*Q22: If these changes are put into place, what difference would it make in your life?*

*Q23: Do you agree that this should be one of the borough's top 3 priorities for improving the health and wellbeing of its residents?*

*Q24: Please tell us more about this.*

*Q25: Thinking back to before the Covid-19 pandemic, would you have agreed that 'creating a healthier place and resilient communities' should be one of the borough's top 3 priorities?*

*Q26: Please tell us more about this.*

#### Key findings:

- Priority area 3, 'ensuring holistic care when we need it' has strong support from participants, with 75% agreeing it should be a priority, 50% of whom 'strongly agree' and 25% of whom 'agree.'

## 6. Interview Snapshots

Interview data has been integrated into the analysis so far, however, some key findings, recurring themes and significant quotes will be outlined in this section.

As stated in earlier there are two key points to note about this data:

- There was not a significant difference in the interview data collated by ethnicity, generally, both Jewish and South Asian respondents mirrored the views presented above.
- This was a relatively small sample of people and is not representative of the population diversity of these communities.

### Key Findings

- The most common key factor which tended to impact on people's experience of the pandemic, as reported by respondents in our sample, were socio-economic factors and not ethnicity. Those who felt they had the resources – space, money, stable income reported that their experience throughout the pandemic had in some cases been positive, but were much less impacted than those who did not.
- When describing what helps to maintain Health and Wellbeing, most participants answered with non-service related priorities; social factors and freedom to live by ones choices was commonly cited.
- The most common theme which emerged from these interviews was the need for preventative healthcare. For those who were generally well, the key priority was better preventative healthcare; access to GP appointments to discuss issues before issues become serious and regular access to blood sample analysis and overall physicals.
- Paying for therapy was quite common among interview respondents with 3 out of 5 Jewish respondents doing so, and 4/6 south Asian respondents doing so. Those who could not afford it, expressed a desire to have access to therapy, and those who could pay for their own stating how fundamental it was to their overall wellbeing.
- Poor access to GP appointments was a common frustration, both before and during the pandemic.

- Many respondents reported feeling anxious about family responsibilities, caring for elderly relatives but also expressed this was something that was an unquestionable responsibility.
- In general, participants were happy with the proposed priorities, but were clear that the way those priorities were designed would really determine success of them. For example, participants spoke of the importance of ensuring services were accessible, or were designed with everyone in mind, including minority communities.
- It was felt among interviewees, especially of South Asian descent that any help within the community was coming from community-led initiatives and not LBB or statutory services.

### South Asian Interviewees – Quotes and Themes

#### Experience of the Pandemic:

“With the pandemic, the main thing is the freedom taken away from you. You feel, isolated and restricted, having that feeling of isolation with no social contact and worried about the, how it’s affecting the older generation and communities and seeing them in pain through the media. It’s very isolated and worrying situation, and it’s dragging on, it’s like, when are things going to get better? Will life ever get back to normal? It’s quite unpredictable and you can’t see it, so it’s invisible too. It’s funny, even though nobody has seen anyone, we’re all in our own bubble and being so busy, all the fun is gone, but all that’s left is work ,work, work. There’s no social factor, no fun anymore, just all intense work, either cooking, kitchen, your job, you can’t switch off, the same space – working in the same bedroom as you’re sleeping and so the vibes are all work vibes, and you just can’t switch off. It’s not anyone’s fault, but you’re just not switching off. No fun, all work”

“We live in a household of 5 people, there just isn’t space for exercise equipment. Work is also an issue, before with the gym I could go after work, but now it’s a bit less secure. It’s darker too.”

“It’s kind of switched me off more from the outside world, it’s like, as I was saying, it’s like you’re in prison, and after a while you don’t like it, but after a while you get used to it, so, even outside, there’s nowhere to go, in that case you just give up hope to go out, and yeah, you detach from the outside world. The pandemic has caused me to become detached, from people, and of course

mentally, it has taken a toll also, which is why my skin is not too good so the loss of freedom, yeah, and has switched me off.”

“Lockdown is getting in the way of my diagnosis, I felt I was finally making progress and getting things moving and then, they said there was a long waiting list, at the time it was ok but it must be so much longer now, I feel like, you know, when you need the help and you don’t get it at that time, the damage that happens to you, it doesn’t necessarily help because things might be worse, or it might feel like it’s too late.”

### **Views of Health and Wellbeing**

Staying well throughout your entire life means...I mean....(struggles) the main thing that comes in my head is peace and quiet. For me, to have peace and quiet, that would mean a lot. To be able to do stuff, even basic stuff, and first of all, because for me, it’s very important to have quiet, maybe because when you don’t have this, when it’s always loud, my dad talks a lot and so, I’m the opposite, because of that, even if I’m doing something I’m on my laptop, he is talking it’s like sometimes you just want quietness. It’s good not to do anything and enjoy the silence, because what comes out of that, that’s really very productive energy. Being well, is...it’s hard even to think about it applying to me, because it’s been so hard since childhood. So it doesn’t hold any value. When all you know is being not well, and all you’ve seen is not well, then it’s really hard to hope for something you’ve never seen, felt, experienced or touched.

Health means to me being able to do what you want to do, being healthy enough to move, and achieve the goals that you want, your heart and mind is in alignment. Being resilient and flexible in life, so that if the issues come up, you’re able to resolve them so that you can lead a balanced life

Most things it just depends, there is always, I’ve never reached the stage of healthiness, there’s always some part of my body which is uneasy from eczema, healthy means being full of energy. Having energy, that’s healthy, because I feel like I’m drained of energy at the moment. Obviously, having issues with mental health drains you, and so physically and mentally feel drained, but still have to find some energy to fight, to do the basics

I think just like everyone, being able to do what you want to do without any problems, at every age the definition changes, but being able to do what your routine activities are and makes you happy, meet, being able to move around,



spend time with your family, sleep well, perform well in your office. It's an overall holistic view.

### **Preventative Healthcare**

Honestly, I've lived all over the place and I get so frustrated with the Barnet healthcare system. I can't get an appointment, GPs have a terrible attitude. I belong to a community with lots of healthcare issues, and I'm relatively healthy, but there is no access to any preventative work. Surely it saves money to make sure people don't get sick, rather than treating them once they are sick.

For one, we need to really start spending money on preventative healthcare, that's where we're really struggling, we need to avoid giving people diabetes and obesity, we need to start when people are younger rather than having the weight when they develop these diseases. If you look at our healthcare and see people to 50-70, there's a very limited amount who really are at risk or have been unfortunate to be in one of the terminal illnesses – most are struggling with lifestyle diseases, so if we're able to focus on preventative healthcare now, when we get to our 60s, that will reduce the stress on the NHS, so for me, again, it would be about how to make that happen, we need more preventative healthcare, more accessible gyms, more accessible routine check-ups, those are the kind of things, GPs have to be better and waiting times need to be reduced significantly. Specifically in our area, we are registered with Hendon way, what they have is a weird concept of not giving appointments, You only get one if there's an emergency, so window of 2 mins for an appointment, or you can't ask them to book an appointment for 2 weeks from now, but if the appointments were earlier we could plan the appointments around our schedule. It works and you can talk to GPs about things other than your emergency health. We're not having the chance to talk to GPs about anything other than If you're ill, so maybe they're overwhelmed, or their process is rubbish. That's one of the major improvements that I'd want to see in the process that my GP follows, or maybe we need more GPs here.

### **Holistic healthcare**

I think receiving excellent healthcare would look like someone who is able to, having a physiologist, emotional, someone, the ones which help to challenge your thinking and I think it would be, this is what you suffer, and what's the impact of this, looking at those needs, at my life as a whole. Sometimes I think they just don't care if I'm in pain, as long as it isn't the worst version of my illness that's fine, but its not a nice way to live.

### **Access to Therapy**

I'm really lucky that I'm able to pay for my own therapy. The pandemic is legitimately bringing up lots of triggering feelings for people who have experienced trauma. Feelings like being locked away, lack of freedom – if you've ever been abused or suffered anything like that, this pandemic is awful. There are a lot of people out there who are also struggling and they don't know it. I honestly think making therapy accessible for everyone, I mean real therapy, not CBT, would make an incredible difference to people's physical and mental health. It has changed everything about how I live my life.

During this pandemic, it has been hard to see all the racism, all belonging to communities that suffer from racism; it's a public health issue. I feel like people laugh when I say this, but the amount of trauma I have from racism; of feeling different, weird, unsafe – that slowly grates on your soul, your confidence. I've only been able to work through that with therapy, I honestly see my friends and people at support groups that I go to, without therapy or somewhere to work on that stuff, life becomes a mess.

### **Making services/information accessible**

One thing I really see in this, a lot of people who are used to navigating services sort of know how to get help they need, if they do need help. But if you've never had to fight for any healthcare in your life and you're told no, for an appointment or whatever, you just listen. That's what I'm noticing. We have to make our system accessible for people who don't know what you need to do to get help.

One thing I've noticed about work as a pharmacist, or from work, certain kinds of scenarios, where I found that people might not be as resilient is they're not really asking for help. They have the help available, but they haven't been asking. One person said she was struggling, I couldn't help her, but many people haven't been asking for help. As much as having organisations there to help people, it's also the willingness of people to ask for help. I think that's kind of what also builds more resilience, once you've asked once, it builds courage.

I think that clarify of information is for everyone, but for Indians, having audio in their languages, or video with pictures would be better. Definitely audio or video in their language is important. Because that's a lot of how they access information, if we want to give them that information if they can hear and see it, then it makes it easier to understand it.

### **Mental wellbeing throughout the pandemic**

Well, in my case, it has been better, (mental health). We are getting more and more time with the family, previously, I was spending a lot of time travelling and working, staying in hotels, all of that disruption is gone. For me this period has been much better, although it also meant that you were taking a load at home, no external help, cleaners etc. I can't imagine what it's like if you don't have any of that.

Usually, people don't see a pandemic as a good thing, but for some people who have stable financial health, for us, it's been a lovely time. After the pandemic I'd want to retain the work from home ability and all of those aspects of this period.

### **Community**

The idea of community is very complex, what we're talking about is – what springs to me is more collaboration and more opportunities for families to support one another in making the community healthy, you can't have one segment of the community healthy, and one unhealthy, and expect collaboration healthy at the same level, so how do we make sure everyone has the same access. In our area, that is lacking

### **Local Facilities**

In our area, that is lacking, for example, the community we live in right now, let's look at a 1km radius, we have no facilities for kids, in terms of open playgrounds, nothing like swimming pools, no gyms for them, whatever is available is a 10-15 minute drive away, so when this community was being built, there were talks of cycle friendly and everything would be in reach, so I had to buy a car because my kids were missing out on everything. The nearest swimming pool was 45 min bus ride away, which is in Wembley. In that perspective, those who can't afford a car, it's a nightmare to do physical activities.

Before the pandemic we spent all our recreational time in Central London, obviously with the pandemic we've basically been here since February. Our high-street is pretty terrible, but we are slowly getting to know our neighbours and our area. One thing that I have definitely thought about a lot lately, is how important it is for all of the new development residents (like us) to know more

about the services in our area and what is here for us. It's like a whole new world when you first get here, and it's tough to get info.

## Jewish Interviewees – Themes and Responses

### More Investment in Prevention

"I hate blood tests, but actually one of the trips 2-3 years ago, in Israel, we paid for it privately in Israel, there's a hospital in the North, we turn up, I had an eye test, weight, a heart stress test, they took bloods, they did a skin test over every freckle and mark, I met with a dietician and what I should and shouldn't eat, a dentist. You name it, from top to bottom, then you get a report. Some people do it every 2,3,4,5 years. They can see what has changed, they do ancestry, and who has died and what from, and they talk about potentials and risks. There's nothing like that here, maybe it's my paranoia, maybe it's because of my history, I know it's a different country and there's a bigger population per doctor, but to have a 5-year check-up that would be helpful"

"Thinking about excellent healthcare is tricky, I think that can be a better way to optimise certain things, so blood tests. I think it doesn't make any sense to jump through so many hoops to get a blood test, I want to pre-emptively not get diabetes. I was a medic in the army, I was a medic, and one of the things that has been, when you're a medical professional you have to get lots of periodic tests so that you're not putting people in danger, in theory, all of the tests are available to everyone. As such, it has highlighted to me, that knowing where you are in terms of your health is key to being healthy long-term, having assessments, health-checks. I'm not talking about more serious, like, MRIs or scans, but literally just blood tests, I don't see why it should be any issue to get an appointment or anything like that. Just small things, being able to access basic answers. Because right now, I don't feel like I have that. I have to get through at least three or four hurdles before I can even get there"

"I've become a quasi-doctor helping myself, there's a mess out there. The biggest mess is GP surgeries, overlooking people with asthma, or diabetes and doctors' surgeries aren't educated enough on diabetes."

### **Welfare and Benefits**

“The direct payments issues, I was so depressed and so miserable, and knew I’d be going further downhill if I couldn’t do anything about it, if I was telling somebody else what to do, what would I do?”

“It often used to scare me to think about the amount of money people had to live on with their benefits. It’s crazy. I lost my job at the start of the pandemic, and wasn’t even entitled to universal credit because my partner earned 35K. We went from 70k to 35k overnight and I wasn’t even entitled to a little money to help make ends meet. I got a job very quickly afterwards but it was a joke. It still makes me angry and upset, honestly”

### **Experience of the pandemic**

“I am very lucky, I’m blessed with good health and quite resilient and have a good marriage, I have nice friends and things, all helps. I think religious faith helps, I think the fact that I believe in god and if we keep behaving as we should it will pass too.”

“If I take it as where we are at the moment then yes, it affected me a lot more at the beginning, the uncertainty and unknown was much more significant, and severe in march and April. And then, I definitely acknowledge that I’m very lucky and there are a lot of people who have struggled financially and emotionally, I have been able to continue working from home”

“Interestingly, when things were hard, I have panic attacks, and I had a really bad panic attack, about 8 years ago when I was in Israel, when I came back to England, I decided to see someone about it. I still see someone once every 2 weeks, and I’ve been with them for 5 years, there’s always something. So just having the ability to speak with him has been amazing”

### **Health and Wellbeing Priorities**

Hm, look, we’re in a very fortunate position that we have our own private gym, before that we did use that, if our gym was bigger or had more equipment or a swimming pool. I’m not much of a swimmer, I do enjoy badminton and I know where’s badminton courts next to the Tesco express, probably for where we are, within a 5 min drive we’ve got a swimming pool, private gym, Middlesex gym, I’m not sure what else, even urban massage come here too. So I think that I dunno what else I would want or need, or think would be helpful.

I think, [building community resilience] is an important priority. I think that it's a good plan for a council to have, I think it's very difficult. We talk about the word community.., I think the word community is a difficult word, one thing about Barnet, as opposed to York which is also metropolitan. In London we mix and we're much more integrated, but the word community is difficult. The word community doesn't include everyone.

"Let me give it a thought, first of all, I guess in a very general abstract way, the way the spaces are designed could allow more for people to space themselves apart, but be more together. I think that as a general rule, what Barnet can do, or what they can do for us is just I think, that's really it, it's um, this might sound really specific, but the lighting situation, when it gets dark, if you want to be outside, we want to be outside more, the lighting in a lot of places is insufficient, as someone who struggles to see in the dark, I find that sometimes I kind of...there aren't very smart, consideration of lighting outside in the evening so that people can still be close, but not too close, which is by all accounts the healthiest way to socialise anyway. I feel lighting can be a lot better, especially in this country. All the energy consideration too, but that speaks to me. I want to be around people in a safe way, being able to do that later in the day, which also means having sheltered spots too. Spaces that are not for smokers, but people can be outside and safe"

### **Holistic Healthcare**

"I guess it means a, finding out what um, what kind of like works for me. That's a very general thing to say, but reading about and talking about health, and finding out, based on what sounds interesting to me, what I can do. Sometimes it's not straightforward, then when you grow up if you're lucky you switch on to the fact that certain things don't work for you. Finding out what feels best and works for you.

I'm certain that, because my parents are in a different place to me healthwise, it's also about attitude to food, and being able to access different schools of thought. I find it chocking that I go to the doctor and they say to me I need to eat grains, not too much fat and food with no cholesterol, for medical history of diabetes, doing a KETO diet is good for me, an open mind and different approaches for people's health, I think my GP is just bizarre. They're telling me that I am doing things wrong, but I feel better than I ever have, having an acceptance of looking into the validity of other people's experience. I guess it's not to say it's very bad, but I'd like to see it get better



## 7. Appendices

### Appendix 1 – Survey 1



Appendix 2 – Survey 2

## Appendix 3 – Interview Schedule

### Conversation Schedule

#### Introduction

- Welcome, and thanks so much for being here, I really appreciate your time.
- Today we will be talking about your health and wellbeing – what it means to you, what is important to you in relation to your health and wellbeing.
- Remember, you may withdraw at any time, and don't have to answer any questions that you don't want to.
- I will be typing some notes, hope this won't disturb you too much.
- Do you have any questions?

#### Introduction Questions

- Can you tell me a bit about what being healthy means to you?
- What does good mental wellbeing, or mental health mean to you?

#### Covid-19

- How would you say your health and wellbeing has been affected by the pandemic?
- Has it made you think differently about what is important to you about your own health?
- How about your mental wellbeing?
- Can you tell me a little about what you feel has been keeping you healthy?

#### Before the pandemic

- Did you experience any barriers to your overall wellbeing, can you tell me a little about them?
- What might have helped you at that point?

### Priorities

- What are the most important factors in keeping you healthy?

#### Priority 1

1. What does '**Creating a healthier place and resilient communities**' mean to you?
  - Does this feel like an important priority?

(Promoting health and wellbeing through the built environment, Improving air quality, Promote healthier food options, Making communities safer)

#### Priority 2

- What does '**staying well throughout your entire life**' mean to you?
- Does this feel like an important priority?

(Promoting sports and physical activity, Engaging in digital innovation, Improving children's life chances, Supporting a healthier workforce).

#### Priority 3

- What does '**receiving excellent healthcare**' mean to you?
- Does this feel like an important priority?

**Gaps?**

- Is there anything missing?

**Close**

- **Thankyou**
- **Any questions?**

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# Appendix III: Barnet Community Innovation & Investment Fund Proposal

Sponsors: Tamara Djuretic & Jess Baines-Holmes

Project Manager: Claire de Gidlow

Version last updated: November 2020



## Business Case

- Adoption of NHS England 'Placed-based' approach to reducing health inequalities and strengthening community resilience;
- Building stronger relationships between the Voluntary and Community Sector (VCS), NHS and Local Authorities is a national priority and part of the NHS Long Term Plan;
- Impact of COVID and increasing demand on funds across the community sector, coupled with a reduction in local authority and NHS commissioners' budgets has highlighted that the sustainability of the VCS is at risk;
- Supporting innovation and creativity, and the coproduction of new initiatives and services delivered by the VCS needs to be a priority if the health and wellbeing of residents is to be improved and demand for statutory services reduced;
- Maximising a very strong community and voluntary sector in Barnet, where there is a good record of volunteering, community orientated social action and resident groups and a strong and thriving faith sector and ensure this invaluable resource is equally accessible and representative of all diverse communities in Barnet;
- Building on the momentum of the partnership work between the council and Barnet Together during the COVID 19 pandemic that supported the delivery of a programme of community-based activity to support residents alongside a wealth of VCS and faith partners, volunteers and resident groups.



## Concept

- Based on the [Wigan Deal for Communities Investment fund](#) and evidence, reviews and best practice emerging around the country where local authorities have supported grassroots community activities to help reduce future demand for services by improving health and wellbeing;
- **Partnership fund** to support the **development of new, innovative, community-based projects** with a focus on **Health and Adult Social Care and Equalities** based initiatives support disproportionately affected BAME groups;
- **Complements** what we already have in place, supports the focus in the **NHS Long Term Plan** on prevention, addressing health inequalities and the role communities can play, is linked to the borough's **population needs** and the ICP shared objectives aimed at **improving health and wellbeing outcomes through Start Well, Live Well, Age Well.**
- **Prevention** a core theme and central to a vision of **a place-based approach for Barnet**, which supports the delivery of **evidence-based interventions** that improve outcomes for residents and reduces demand and future spending on Health and Social Care;
- **Support initiatives** that enable VCS **collaboration** with **social prescribing link workers** and community referrals, such as the **prevention and wellbeing co-ordination model** initiatives and Barnet Federated GPs in partnership with **Primary Care Networks** and the Council to ensure links with **personalised** and **preventative care** in Barnet;
- **Work alongside the council's VCS infrastructure contract** to proactively support VCS to identify sources of funding, training and networking opportunities.



## Our Priorities

### Immediate objectives

- [Early Intervention & Prevention](#)
- Understand where the gaps are in [interventions to 'prescribe' and support VCS to develop and grow those initiatives](#);
- Supporting the [development of a stronger, more resilient and sustainable community partnership](#)
- Increasing [community-based projects and initiatives](#) to better serve residents
- [Supporting the voluntary sector](#) to grow, develop and sustain

### Longer term objectives

- Secure a [well-established, place-based community funding charity](#) similar to other local authorities such as [OneCamden](#); something the council has experience of doing
- [Community partnership](#) working is [fully integrated](#) into the ICP, NHS, council and wider system
- Closer collaboration and engagement with [residents and local communities to shape and deliver our community and placed based agenda](#)

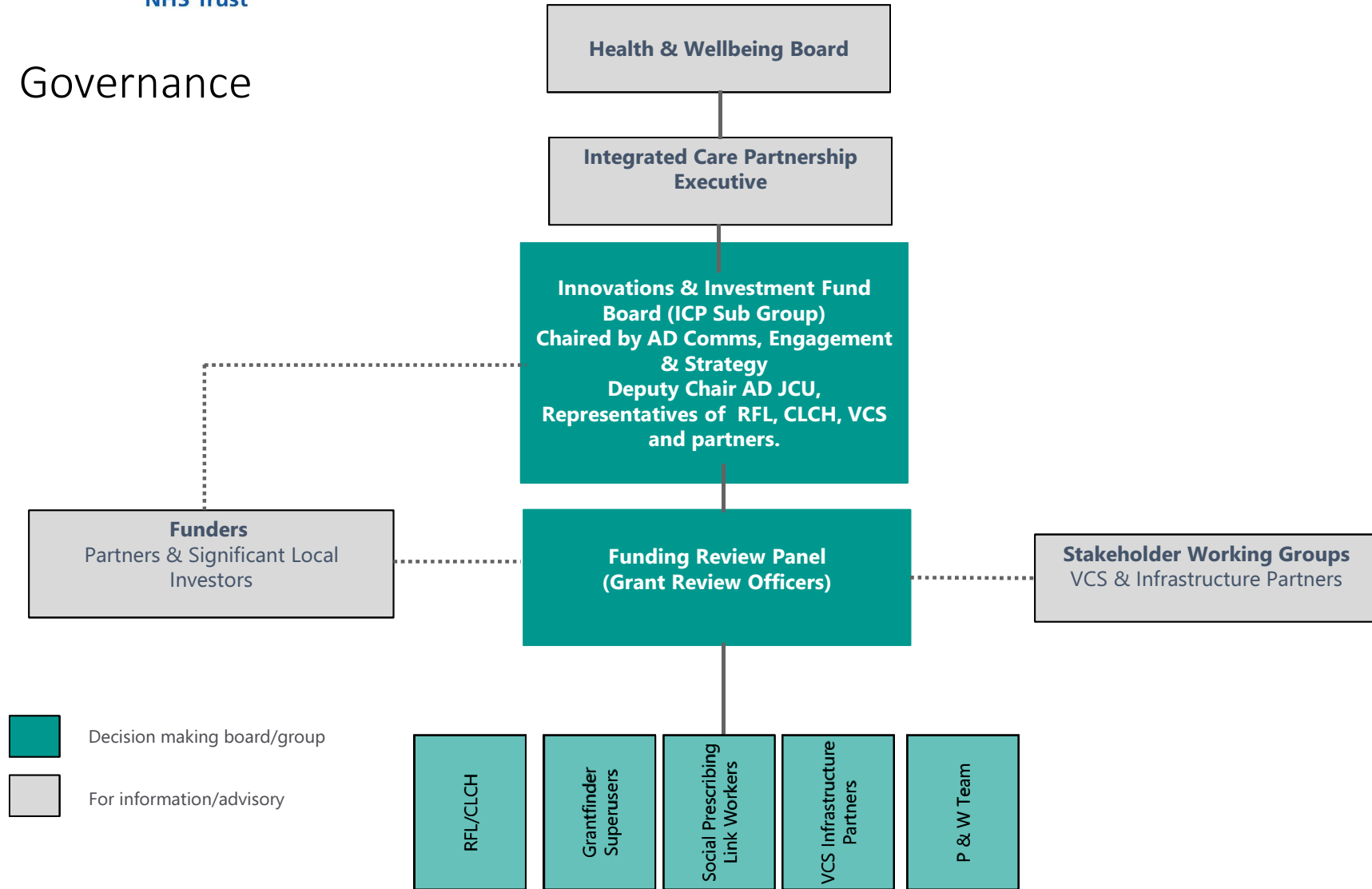


## Delivery Model

- Fund managed by a dedicated Council resource, supported by colleagues from Finance, Community Participation, Insight and Intelligence, infrastructure partners and Barnet Together;
- Proactive identification of service needs/gaps in provision, joining need with funding opportunities, informed by social prescribers, insight, best practice and engagement with residents, stakeholders and the sector;
- Grants awarded by dedicated Grants Panel overseen by the ICP sub-group with panel members from across the funding organisations inc council, RFL, CLCH, VCS and funders, where appropriate;
- Development of VCS funding offer to be supported by Grantfinder\* 'Super Users' located in the council's service teams, who will work closely with their VCS contacts to encourage them to bid for grants via the fund and/or other funding streams to develop their services and activities to meet the needs of the fund and those of residents;
- Working collaboratively with established community partners to further support the VCS; and
- Direct engagement with council services and VCS organisations in the borough to determine priorities for the first round of funding, identify opportunities for future funding, growth and expansion and gaps in support.

\*Grantfinder national database of funding opportunities for which the council holds multiple licences

Governance





## Funding Commitments (so far..)

Initial Funding commitments from ICP and other partners

- Central London Community Healthcare
- Royal Free
- Barnet Council

## Possible Future Funding Streams

### Future funding streams

- Wider strategic partners – e.g. MPS, LFB, LAS, Saracens
- Ringfenced funding; with specific criteria attached
- National and regional Funders e.g. London Community Foundation, City Bridge Trust
- Local trusts, foundations, crowdfunding
- Donations from residents such as voluntary council tax increases
- Social Value – 'in kind' support from local businesses
- Section 106 - Community Infrastructure Levy

## Funding Principles

The Fund can support community groups and projects across Barnet through three levels of investments:

- Money is given as an investment rather than a grant, and the expectation is that projects should be self-sustaining after a set period;
- Monitoring of organisations receiving money from the fund to be, based on the concern that placing onerous requirements on recipients would strangle innovation and prove counterproductive;
- Monitoring is to be based on the high-level goals that will be achieved for local people and communities. Goals should be linked to Barnet's Social Prescribing emerging Outcomes Framework;
- VCS would be supported by statutory partners to help them develop their services and scale them up, including by providing recipients of larger investments with named mentors in the statutory sector;
- VCS encouraged and supported to look for match funding and apply for external funding opportunities.



## Funding Levels

The Fund can support community groups and projects across Barnet through three levels of investments:

- Small investment (up to £2,000)
- Start-up investment (up to 10,000)
- Big idea investment (£10,000 - £100,000)

## First Wave Funding Initiatives

Some of the initiatives first wave funding could support:

- **Respite for carers**; one of the groups who have been most impacted during the pandemic
- **Digital inclusion projects for older people**; to help get them connected during prolonged periods of lockdown and/or social distancing/shielding
- **People who have lost or at risk of losing their jobs.**
- **Mitigating risk of lost functionality and mobility** in older people

## Stakeholder Engagement

### Phase One – to inform first wave of funding

- Funders
- VCS; representative partners and bodies
- NCL CCG
- Council
- CLCH
- Barnet Enfield and Haringey Mental Health Trust
- Wider stakeholders; Clinical Directors, Social Prescribing Link Workers in the PCNs

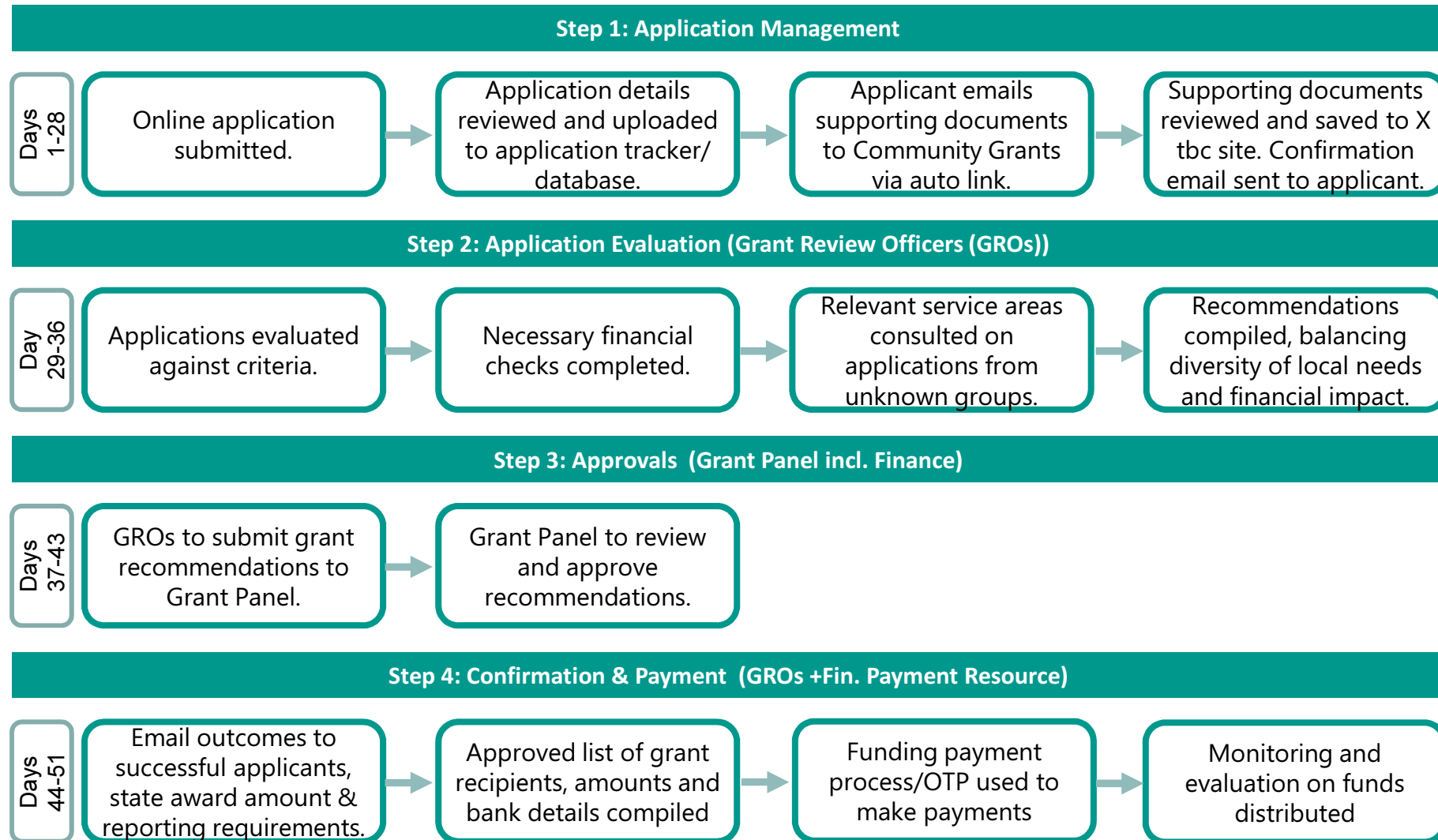
### Phase Two – to inform areas of need and gaps in community support

- Barnet Homes, BOOST, Council's Growth Team, DWP
- Barnet Multi Faith Forum
- Barnet Enfield and Haringey Mental Health Trust
- Communities Together Network
- Fire, Police and Ambulance
- Barnet Resilience Forum
- Barnet Community Safety



## Grant Evaluation Process

Approx timeline depending on urgency





## Evaluation Criteria

- Applications will be evaluated against the following criteria and funds distributed against an agreed
- set of aims.

### Applications will be evaluated against the following criteria:

- Based on the needs of the population
- Aligns with current local policies, strategies or objectives
- Complements what is already in place
- Intends to improve health and wellbeing outcomes of the local population
- Impact on the residents of Barnet and benefits to the local community
- Prevents, reduces or delays demand on statutory and other public sector services
- Foster coproduction and partnership – around funding that aims to enable collaboration with others or something like this

### In addition, funds will be distributed in a way that aims to:

- Be inclusive, taking account of the diversity of the sector and our borough
- Meet the needs of our most vulnerable residents
- Supports projects that maximise opportunities for innovation
- *Address/acknowledge hidden gaps in services/support provision for hard to reach/engage with residents*

## Communications, Branding, Marketing & Training

- Launch targeted at VCS via Communities Together Network Bulletin and presentation partners
- Social Media presence and campaign
- E-Bulletins
- Networking Events; supported by infrastructure partners
- Web platform; council and partner websites or stand alone
- Grantfinder 'Super User' Training

## Outcomes Evaluation

The relationship between Barnet ICP and VCS would be based on collaboration and partnership working rather than rooted in performance management and commissioning-provider split. Outcomes would be:

- Specific to each funding application
- Proportionate and light touch to enable focus on mobilisation and delivery
- Mixture of qualitative and quantitative
- Sharing lessons learnt and best practice

Some of the proposed goals and outcomes can be linked with the 'Aging Well' Outcomes Framework currently being developed and the draft Social Prescribing Outcomes Framework.



## High Level and Long-term Outcomes

### Impact on the health and care system

- Health promotion and prevention averting deterioration and crisis
- Broader range of 'social prescriptions' to support people in the community
- More people to get into work to improve their mental health
- Delaying entry and reducing demand to social care

### Impact on the community

- Stronger, resilient and sustainable community and voluntary sector
- Increase in community-based projects and initiatives available to residents
- Improved relationship and collaboration between VCS, NHS and LBB

### Impact on individuals/residents

- Improved mental health and wellbeing
- Improved social connections and reduction in loneliness
- Increased access to local community provisions
- Improved independence

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	<b>Health and Wellbeing Board</b> <b>Thursday 14 January 2021</b>
<b>Title</b>	<b>Update on contingency accommodation of asylum seekers in Barnet</b>
<b>Report of</b>	Liz Cowie, Assistant Director - Strategy and Communications
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	William Cooper, Deputy Head of Strategy – Strategy and Engagement <a href="mailto:william.cooper@barnet.gov.uk">william.cooper@barnet.gov.uk</a> 020 8359 2236

### Summary

The COVID-19 pandemic has created a bottleneck in the usual dispersal processes for asylum seekers. This has led to large numbers being accommodated temporarily in hotels. Around half of these ‘contingency hotels’ are in London. Barnet currently has around 800 asylum seekers accommodated in four hotels across the borough.

In the autumn, local community organisations began flagging concerns to the council that some of the basic needs of these people were not being adequately met. We have also received a number of age assessment appeals from unaccompanied asylum seekers who were assessed as adults on entering the country but have subsequently been found to be minors.

In order to safeguard the health and wellbeing of these people while they are residents in our borough the council has established an operating model to escalate and tackle these issues and ensure that the asylum seekers are receiving the support they need. This model comprises a structure of multiagency meetings enabling issues from the ground to be reported up to the relevant agencies. The council also provides a strategic coordination role to ensure the local response is properly coordinated and effective.

The Home Office has stated that the use of contingency hotels will continue for several months to come, and the hotels in London will be the last to be decommissioned. This

therefore remains a live and ongoing situation which the council will keep under constant review.

## Recommendations

### 1. That the Board note the update in this report

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 The UK has a statutory responsibility to provide people who have entered the country seeking asylum with temporary accommodation and subsistence expenses while their application for asylum is being considered. This is in accordance with the Immigration and Asylum Act 1999.
- 1.2 The responsibility to provide this support to adults and families lies with the Home Office. Usually, a number of commissioned accommodation providers working under contract from the Home Office will disperse the asylum seekers into temporary accommodation. The COVID-19 pandemic has caused a bottleneck in this process. In order to maintain social distancing and avoid making people homeless during the pandemic, support for asylum seekers was maintained longer than normal after their application decisions. This has led to a shortage of dispersed accommodation and consequently, asylum seekers are being accommodated in hotels – known as contingency hotels. Around half of the contingency hotels being used are located in London. Former military barracks are also being used as contingency accommodation, but only for lone adult males.
- 1.3 Local authorities were first notified of the decision to use contingency hotels in the Spring of 2020, and asylum seekers have been accommodated in hotels in Barnet since April. The number has grown significantly since the autumn though, and there are currently around 800 people housed in four hotels across the borough.
- 1.4 In 2019, seven regional contracts were awarded for the provision of asylum seeker accommodation. These are known as the Asylum Accommodation and Support Services Contracts (AASC), and the AASC provider for the Southern region (including London) is Clearsprings Ready Homes. Under the contract, the AASC provider is required to ensure that asylum seekers are housed in accommodation that is maintained to an adequate standard and condition. They must also ensure that asylum seekers are supported through the asylum system and able to receive a health screening, and access to primary healthcare.



- 1.5 While unaccompanied asylum-seeking children (UASC) are the direct responsibility of the local authority, adults and families awaiting an asylum application decision often have no contact with the council. Their asylum applications are handled by the Home Office and while their decision is pending, they have no recourse to social housing or any benefits. It is only when an asylum seeker triggers a need for one of our services such as social care or education that we would usually become involved.
- 1.6 Nonetheless, the council has a duty to safeguard all residents of the borough and ensure their public health needs are met. Concerns about the scale of the current situation, and the speed with which numbers were growing began to be flagged to officers by local refugee charities in October. London-wide public health networks also began to discuss the situation from the perspective of COVID-19 outbreak planning.
- 1.7 Also around this time, the council's Family Services department began to receive a higher than usual number of age assessment appeals.
- 1.8 An initial judgement on whether an unaccompanied asylum seeker is under 18 is conducted by Home Office authorities at the first point of contact (usually at the port of entry into the country). If deemed to be over 18 they are then placed in dispersal accommodation, which currently means a contingency hotel. If an individual has been incorrectly judged to be an adult, they can dispute this decision and be referred to local children's social care team for an age assessment. This assessment is conducted by two experienced social workers and is informed by case law. If the social workers are satisfied that a person is in fact under 18, they are then placed into care.
- 1.9 Age assessment is a contentious issue, and some asylum seekers may be tempted to falsely claim they are minors. However, almost all of the age assessment appeals made to the council so far have been upheld. This indicates a serious flaw in the Home Office's process for assessing age that risks putting vulnerable young people at further risk. The increased caseload is also placing pressure on the children's social care team. Something that has already been raised with the Home Office.
- 1.10 Another area of concern for council service capacity is the potential for increased numbers of people presenting as destitute should their claim for asylum be unsuccessful. When asylum applications fail, the individuals or families concerned can become classified as 'destitute', and should they meet thresholds for social care they become the responsibility of the local authority. If they don't meet social care thresholds, they can end up sleeping rough, placing greater demand on VCS-run night shelters in the borough.
- 1.11 It became clear in October that due to the scale and complexity of the situation there was a need for the council to become involved at a strategic level. As a minimum, to ensure that we are properly appraised of all the issues on the ground, but also to provide coordination for the many different agencies involved.

- 1.12 The Strategy team in Growth and Corporate Services have a central responsibility for community participation and engagement, and the council's strategic relationship with the voluntary and community sector (VCS). They were therefore best placed to provide coordination support to the agencies working with the hotels. A number of spontaneous meetings had already taken place that the team then formalised into an operating model shown in the table on the following page. The Strategy team provides administrative support to each meeting and ensures that issues are escalated up through the structure where necessary.
- 1.13 Barnet's VCS has been customarily swift to respond and keen to help. Donation of clothing and other essential items was quickly organised at grassroots level and locations have been sourced in which to store and process these.
- 1.14 Providing direct support to asylum seekers requires specialist skills and experience. Barnet is fortunate to have two organisations in the borough who can provide this: Barnet Refugee Service and Persian Advice Bureau. The council has agreed with Clearsprings Ready Homes that these two organisations, in partnership with the national charity Care 4 Calais are our approved VCS partners.
- 1.15 Care 4 Calais works with asylum seekers across the whole dispersal accommodation estate and can therefore provide useful insight on the situation in other boroughs. Their larger size and reach also means they are better placed to assist with donation processing than our local charities.

## Operating model for coordinated support to Barnet asylum seekers

Meeting	Agencies present	Purpose	Frequency
Asylum Hotels meeting	Chaired by the Deputy Chief Executive of the council and attended by senior reps from: <ul style="list-style-type: none"> <li>• Clearsprings Ready Homes</li> <li>• Home Office</li> <li>• Families Services</li> <li>• Public Health</li> <li>• Community Safety</li> <li>• Police</li> </ul>	To discuss any urgent issues escalated from other meetings that require discussion with the Home Office and its commissioned accommodation provider	Monthly
Asylum Seekers Task Group	An internal LBB meeting chaired by the Deputy Head of Strategy and attended by: <ul style="list-style-type: none"> <li>• Housing Options</li> <li>• Families Services Leaving Care team</li> <li>• Community Safety</li> <li>• Public Health</li> <li>• Adults and Health Joint Commissioning</li> </ul>	This group was convened to ensure that the various council teams involved with asylum seekers are joined up and can share information.	Fortnightly
Asylum Seekers Strategy Group	Chaired by the Head of Primary Care Commissioning at North Central London CCG and attended by representatives from: <ul style="list-style-type: none"> <li>• NHS Mental health services</li> <li>• NHS dental services</li> <li>• Clearsprings Ready Homes</li> <li>• Migrant Help (a national charity that holds the contract for advice and guidance to asylum seekers)</li> <li>• Care 4 Calais</li> <li>• Barnet Refugee Service</li> <li>• Persian Advice Bureau</li> <li>• LBB Public Health</li> </ul>	Focusing on health, this meeting seeks to tackle any issues impacting the health and wellbeing of the asylum seekers, and to unblock any barriers to them accessing primary care.  The involvement of the VCS organisations enables reporting directly from the frontline and can help escalate any problems their staff experience gaining access to clients.	Weekly
VCS Asylum Network	Wider VCS network including: <ul style="list-style-type: none"> <li>• All refugee/asylum support organisations</li> <li>• Foodbanks</li> <li>• Faith groups</li> <li>• Members</li> </ul>	An opportunity for Barnet's VCS groups to come together and coordinate support in the community <ul style="list-style-type: none"> <li>• Coordinating wider charitable support offer</li> <li>• Agreeing donation processes</li> <li>• Identifying community assets</li> <li>• Flagging issues to Task Group</li> </ul>	Ad hoc

## 1.16 **Current issues**

Several issues have been identified in recent weeks that the council is working with partner agencies to resolve. The three most pressing ones are listed below.

### 1.17 **Access to primary care and health screening**

Clearsprings Ready Homes report that there are still significant numbers of asylum seekers accommodated in Barnet hotels who have not received a health screening nor a GP registration. This is of particular concern, as many of these people have suffered considerable physical and mental trauma on their journeys to this country. The problem seems to be mainly caused by a combination of insufficient capacity of staff at the hotels, and administrative hold-ups with GP practices. The weekly Strategy Group meetings are working on resolving these as a matter of urgency. The CCG has offered to provide training to volunteers in registering clients for GPs, and VCS organisations are also poised to help.

### 1.18 **Access to hotels for VCS outreach workers**

The council believes that the professional skills and experiences (often lived experiences) of our approved refugee charities mean that their staff the best placed to provide immediate support to the asylum seekers in the hotels. They can communicate in the asylum seekers' first languages and have extensive knowledge, not only of the asylum system but the local community and its services.

1.19 Hotel providers have a duty to keep the asylum seekers safe, so gatekeeping is very important. These are extremely vulnerable people, who are at risk of targeting by far-right activists. Unfortunately, this has already happened. Earlier in the year some activists were able to enter one of the hotels and harass the asylum seekers accommodated there. Access became even stricter during the recent COVID-19 lockdown. Despite this, the council has made it clear to Clearsprings Ready Homes that hotel security staff should allow VCS outreach workers to visit wherever possible. An agreement had been reached on what ID and documentation is required to provide security clearance for VCS staff, but now a new issue with DBS criminal records checks has arisen that once again prevents their access. This is with the Home Office to unblock and the council is seeking an urgent resolution.

### 1.20 **Age assessments**

As mentioned above, a worrying number of unaccompanied asylum seekers who have been assessed to be over 18 by the Home Office, are successfully appealing this decision with our Children's Social Care team. Some of these young people have been assessed by the council to be closer to 16 years old. This points to a serious failing in the age assessment process at ports of entry, leading to vulnerable young people being placed in dispersal accommodation when they should be in care.

As well as the safeguarding risk this presents, it is also placing a burden on our social care staff. The age assessment process and subsequent care

placements are adding significant pressure to the workload of this team. The discovery of these young people among the hotel cohort has also taken our UASC caseload over the threshold of 0.07% of population, making us eligible for additional funding. Again, the Home Office has been informed of this and we await a resolution.

1.21 Other issues being worked on include ensuring that all children and young people of statutory age are in education, and that the process of acquiring HC2 forms is sped up. These are the forms that asylum seekers require in order to receive free prescriptions.

1.22 **Next steps**

The current use of contingency hotels was always intended to be a temporary measure. However, Home Office and Clearsprings Ready Homes have stated that they expect the hotels to be in use until at least March 2021 and possibly as late as the summer. Therefore for now, the current working model and frequency of meetings will be maintained.

1.23 In order to better support our two local refugee charities, emergency funding from the COVID-19 Community Response Fund has been made available to allow them to increase their outreach worker capacity for the next six months.

1.24 Further updates will be brought to this Board as necessary.

**2. REASONS FOR RECOMMENDATIONS**

2.1 Officers feel that the working model and meeting structure we have established provides an effective framework to support the ongoing situation. It provides a communication chain from the frontline right up to senior leadership of the council and other statutory agencies. It also entrusts the specialist work of providing direct support to asylum seekers to the VCS organisations who have the requisite skills and experience.

2.2 This is an evolving situation, and we will therefore keep the structure under constant review to ensure it remains effective and is delivering the right outcomes.

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

3.1 None.

**4. POST DECISION IMPLEMENTATION**

4.1 This report is to note the update.

**5. IMPLICATIONS OF DECISION**

**5.1 Corporate Priorities and Performance**

This work supports two of the Barnet 2024 Corporate Plan priorities: that:

our residents live happy, healthy, independent lives with the most vulnerable protected; and that we create safe and strong communities where people get along well.

5.1.1 This work supports the Health and Wellbeing Strategy theme: Wellbeing in the community, and its priority to create circumstances that enable people to have greater life opportunities.

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

5.2.1 There are no direct financial implications to the council from the use of contingency hotels for asylum seekers. The council has made some funding available to two local VCS groups to provide additional outreach capacity in providing direct support on the ground.

5.3 **Social Value**

5.3.1 NA

5.4 **Legal and Constitutional References**

There is no legal basis to the strategic coordination the council is providing in response to the asylum hotel situation. However, the Council has a duty under Section 2B(1) of the National Health Services Act 2006 to take such steps as they consider appropriate to improve the health of people in their area, which includes:

- providing information and advice;
- providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- providing services or facilities for the prevention, diagnosis or treatment of illness,

Additionally, should asylum seekers have eligible needs under the Care Act 2014 or be assessed to be children requiring assistance under the Children Act 1989, they may then receive statutory services from the council

The terms of reference for the Health and Well Being Board includes:

(5) Specific responsibilities for: Overseeing public health and promoting the prevention agenda across the partnership.

5.5 **Equalities and Diversity**

Asylum seekers have certain special protections due to their status, however they also share - as a minimum - the protected characteristic of Race under the Equality Act 2010.

5.5.1 The aspects of the Act which apply most to this situation however are the provisions in the Public Sector Equalities Duty requiring the council 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 council is working hard with its partners to ensure that no matter how briefly they are resident here, these asylum seekers have the same access to their rights and entitlements as anyone else in the borough.

Asylum seekers are often the target of discrimination and abuse from far-right groups. The council is alert to this risk and both the Police and Community Safety team attend the monthly Asylum Hotels meetings. All the agencies involved with the response are careful not to share any information that might put the asylum seekers at increased risk.

#### 5.6 **Corporate Parenting**

As mentioned above, incorrectly age-assessed UASC are adding significantly to the children's social care caseload.

#### 5.7 **Consultation and Engagement**

No formal consultation is planned at present. There is ongoing informal engagement with the approved VCS organisations.

#### 5.9 **Insight**

The council and CCG receive data reports from Clearsprings Ready Homes at least once a week. These provide a breakdown of the cohort in each hotel, including gender, age, and language spoken. Clearsprings have also agreed to pass details of school age children to the Multi Agency Safeguarding Hub (MASH). There remain some gaps in the data however. Asylum seekers are often reluctant to state their country of origin (or even their spoken language). Often it is only the outreach workers from refugee charities that are able to earn sufficient trust from asylum seekers to obtain the information needed to support them effectively.

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