

MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 8TH APRIL, 2021

AT 9.30 AM

VENUE

VIRTUAL MEETING LINK: <https://bit.ly/3fxv74y>

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

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

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

Substitute Members

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

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Thursday 1 April. Requests must be submitted to Salar Rida at 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
Media Relations Contact: Gareth Greene 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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| 8. | Long COVID Verbal presentation - Dr Katie Coleman | |
| 9. | COVID-19 and Recovery verbal update - Caroline Clarke Royal Free Hospital | |
| 10. | Barnet Joint Health and Wellbeing Strategy 2021-25 | 15 - 44 |
| 11. | Cancer Screening for people with Learning Disabilities - Ray Booth Barnet Mencap (verbal) | |
| 12. | Healthwatch Update on COVID-19 - Nitish Lakhman Healthwatch Barnet (verbal) | |
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| 14. | Update Presentation on Barnet Integrated Care System and Integrated Care Partnership (ICP) | |
| 15. | Any Items the Chairman decides are urgent | |

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Decisions of the Health & Wellbeing Board

14 January 2021

Board Members:-

AGENDA ITEM 1

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

| | | |
|--|------------------------|---------------------------|
| * Dr Tamara Djuretic | * Dawn Wakeling | * Dr Nikesh Dattani |
| * Cllr Sachin Rajput | Madeleine Ellis | * Caroline Collier |
| * Cllr Richard Cornelius 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 all attendees to the virtual meeting.

Subject to the correction that there was one public question which was responded to in writing, it was **RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 1 October 2020 be agreed as a correct record.**

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Chris Munday who was substituted by Ben Thomas, and
- Madeleine Ellis who was substituted by Caroline Collier.

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 and GP Federation in the interest of transparency.

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

The Board noted the submitted Public Questions and the responses provided. There was one supplementary question from Ms Angie Hudson who asked whether the system for extended self-isolation payments will revisit people who have been rejected previously, particularly in respect of the expanding criteria. Dr Djuretic noted that a response will be provided in writing. (**Action:** Public Health)

The Chairman thanked the COVID Health Champions for all their work, in particular the work done to engage with communities in Barnet.

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.

7. COVID-19 VERBAL UPDATE - DR TAMARA DJURETIC AND DR CHARLOTTE BENJAMIN (Agenda Item 7):

The Chairman welcomed Dr Tamara Djuretic, Director of Public Health and Vice-Chair Dr Charlotte Benjamin, NCL CCG to provide an update on COVID-19 in Barnet.

Dr Djuretic provided an update and noted information about COVID cases and their impact in Barnet. She also referred to the weekly COVID update report which is published on the Council website and updated on a weekly basis on the weblink [here](#)¹. The latest figures show that the infection rate for Barnet is 996/100,000. In relation to age groups, it was noted that there was an increase particularly among the younger population and other age groups.

The Board noted the work of the COVID Health Champions towards channelling feedback and concerns through from and to communities across the Borough using a range of communication channels, particularly around vaccine acceptance. In relation to vaccine hesitance, Dr Djuretic spoke about the work being delivered as part of the London wide network. She also noted that the COVID email inbox has been set up to gather intelligence from the public.

Dr Benjamin noted the work delivered in collaboration with all partners to cope with the pressures across the system and support people who are in hospitals. She also spoke about the measures taken to support hospitals and increase hospital bed capacity, such as opening up community beds and stepping down COVID patients where possible.

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

8. VACCINATION UPDATE COVID-19 AND INFLUENZA (Agenda Item 8):

The Chairman invited Ms Colette Wood, Director of Transformation for Barnet NCL CCG to present the report to the Board.

The Board noted the presentation and Ms Wood highlighted the scale of the flu vaccination campaign delivered and the early challenges around supply which was addressed. She noted the performance improvements compared to last year's performance.

Dr Benjamin spoke about the lessons learnt and foundations established which will be taken forward for the COVID vaccination process. She emphasised that residents will be

¹<https://www.barnet.gov.uk/coronavirus-covid-19-latest-information-and-advice/Barnet-weekly-COVID-19-dashboard>

contacted through NHS communication for COVID vaccination as the system and particularly GPs have received many enquiries around the roll out of the vaccination. The roll out has been set centrally and will be mapped out soon. Each cohort will receive communication about the vaccination within the timelines. Dr Benjamin highlighted that the set protocol will be followed across the system.

Following a query from the Board about dosage, it was noted that all vaccines are subject to two dosage which will help to protect and save lives.

Dr Djuretic and Dr Benjamin both stressed the importance of intelligence directed through the COVID Health Champions to inform the local vaccine approach and communication with communities.

It was **RESOLVED** that the Board noted 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**

9. COVID-19 AND ITS IMPACT ON BARNET HOSPITAL AND THE ROYAL FREE HOSPITAL - CAROLINE CLARKE - VERBAL UPDATE (Agenda Item 9):

The Chairman welcomed Caroline Clarke, group Chief Executive at the Royal Free Hospital to speak on the impact of COVID-19 on Barnet Hospital and the Royal Free Hospital.

Ms Clarke spoke about the measures taken at the hospitals to keep staff and residents safe. The Board heard about the opening of the new Rainbow ward which enables the hospital to look after more COVID patients.

She also welcomed the approach towards the COVID vaccine programme and thanked the staff and local communities for all their support. Ms Clarke stated that there has been good innovative collaborative working across Public Health hospitals and primary care GP Practices – where wards have been less busy, staff have been deployed to support other hospitals.

The Chairman and Councillor Cornelius thanked all staff for their work and invited NHS colleagues to contact local Councillors to support the system and local areas.

In relation to a query from the Board about the new variant of the virus, Dr Djuretic noted that the new variant may not necessarily carry a higher risk for more severe infection but appears to be more transmissible, particularly with children and young people. As such, schools have largely been operating with minimum number of staff and pupils.

The Chairman thanked Caroline Clarke and the Board for the presentation and discussion.

10. DRAFT JOINT HEALTH AND WELLBEING STRATEGY REPORT - (INCLUDING UPDATE ON INTEGRATED CARE PARTNERSHIP FROM DR CHARLOTTE

BENJAMIN) (Agenda Item 10):

Dr Djuretic introduced the item and the Board received a presentation from Oliver Taylor, Health in All Policies Officer. Mr Taylor spoke about the focus on delivering the three key areas in order to drive improvements in health and wellbeing, namely:

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

He noted that following approval of the Draft Strategy by the Board, the feedback received during the six-week consultation period will inform the final Strategy which will be reported back to the Board.

Dr Charlotte Benjamin updated the Board about the Integrated Care Partnership. The Board noted that the long-term plan was launched last year in January and that lessons learnt this year will inform the approach towards continued collaborative working.

In relation to the two options for Integrated Care system, Dr Benjamin noted that in NCL the preferred option is for a corporate body with statutory functions to enable an effective integrated care system taking into account local population health needs.

Fiona Bateman, Independent Chair of the Safeguarding Adults Board welcomed the Strategy report and informed the Board that she will provide a collated response on behalf of the SAB.

It was **RESOLVED:**

1. **That the Board reviewed the draft strategy and provide feedback on its content.**
2. **That the Board noted the preliminary findings of the engagement conducted by Healthwatch Barnet.**

11. PRESENTATION FOODBANKS - OLIVER SCOTT VERBAL UPDATE (Agenda Item 11):

The Chairman welcomed Oliver Scott Food Hub Project Manager, Groundwork London and Janet Matthewson CEO of Young Barnet Foundation who provided the Board with a presentation on the coordination of Food Banks in Barnet.

The Board noted the aim for Food Secure Barnet to ensure joined up working and address food insecurity. It was noted that hubs have also been utilised as a platform for positive messaging around food and nutrition – particularly to improve understanding of good nutrition and food knowledge.

Board Members welcomed the presentation. Ms Matthewson highlighted the importance of continued partnership working towards tackling food poverty and encouraged the Board to disseminate information about the work of Foodbanks and to help raise awareness about nutrition.

The Chairman thanked Mr Scott and Ms Matthewson for the informative presentation.

12. UPDATE ON CONTINGENCY ACCOMMODATION OF ASYLUM SEEKERS IN BARNET (Agenda Item 12):

Mr William Cooper, Deputy Head of Strategy presented and summarised the report to the Board. Mr Cooper noted that the number of people accommodated in hotels has increased.

The Board noted that improvements have been made to the services provided as well as improvement to access to services. Access to primary care and health screening has improved as well as enhanced health screening.

Mr Cooper stated that approximately 70% of the cohort have registered with local GP services and have received health screening. He also noted the issues around the need for greater housing in respect of the exit strategy for hotel accommodation.

Ms Bateman welcomed the report and the opportunity to share data to support people in accommodation.

It was **RESOLVED** that the Board noted the update in this report.

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

There were no urgent items. The Chairman thanked all partners noting the importance of continued collaborative joint working.

The meeting finished at 11.15 am

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Health and Wellbeing Board abbreviations

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

AGENDA ITEM 6

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

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

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| | Health and Wellbeing Board 8 April 2021 |
| Title | Final Joint Health and Wellbeing Strategy 2021-25 |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | Yes |
| Enclosures | Appendix I: Final Joint Health and Wellbeing Strategy 2021-25 |
| Officer Contact Details | Oliver Taylor, Health in All Policies Officer, oliver.taylor@barnet.gov.uk |
| Summary | |
| <p>This report provides the final update on the development of the Joint Health and Wellbeing Strategy (JHWS) 2021-25. Since the last update to the board in January 2021, progress has been made to finalise the Strategy and, prior to its intended implementation, the final version of the draft strategy is presented to the board for their approval.</p> <p>Appendix I provides the final strategy document with the plan for its implementation.</p> | |

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| Recommendations |
| <p>1. That the Health and Wellbeing Board approve the final version of the Joint Health and Wellbeing Strategy 2021-25 for implementation.</p> |

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 Directorate in collaboration with partners are producing a new strategy for 2021 to 2025.

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. Health and Wellbeing Board oversees and approves the Strategy for the borough. Following on from previous updates to the board, these recommendations provide the board the opportunity to review the final draft of the strategy and approve the transition from the development phase of the strategy process to the implementation phase.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Alternative options were not considered.

4. POST DECISION IMPLEMENTATION

- 4.1 Upon approval of the strategy, the document will be sent for design. This designed version will be published and disseminated widely. Implementation Plan will be supported by a set of outcomes, aimed at tracking the progress. Regular updates to the board on the progress of the strategy implementation will be made by the Director of Public Health and Prevention, in collaboration with local partners.

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 and wider system.

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 April 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 Public consultation on the draft strategy was conducted for six weeks from 29th January 2021 to 12th March 2021. This was done via an online questionnaire

which received 71 responses. A consultation report containing the findings of this engagement will be produced in the near future. Once completed the report will be presented to the Health and Wellbeing Board.

5.8.2 In addition to the public consultation, internal and partner stakeholders were engaged on the contents of the draft strategy and provided feedback on its contents.

5.9 **Insight**

5.9.1 Not applicable

6. BACKGROUND PAPERS

6.1 Draft Joint Health and Wellbeing Strategy 2021-25 (January 2021 update)
Available at:

<https://barnet.moderngov.co.uk/documents/s62735/Draft%20JHWS%20board%20paper%20January%202021.pdf>

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

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Foreword

We are delighted to introduce the new Barnet Joint Health and Wellbeing Strategy that sets a vision for creating a borough of health together with our residents, communities, NHS partners, Voluntary and Community Sector, Healthwatch, small and medium business, educational sector, police, fire and others.

It is more important now than ever that we join our forces across the system, take all the learnings emerging from the COVID-19 pandemic and build on excellent work taking place locally. We are committed to improve health and wellbeing of all people who live, work and study in Barnet with a particular focus on reducing inequalities and helping those who need help most, faster and at scale.

We have an ambition to make meaningful changes on the big issues that people told us matter to them. Our priorities therefore cover commitments to work across the whole system to create an environment where the healthier choice is the easier and affordable choice, provide support to start, live and age well and, where needed, have timely and appropriate access to local health and care services, in seamless and integrated way.

Having the right Strategy that articulates commitments and vision is the first step and what will count next is how we deliver our ambitions together. If we are to improve the outcomes, all sectors, organisations, and communities have a role to play to really make a difference for health and wellbeing in Barnet.

Let's do it together!

[Cllr Stock photo]

[Dr Benjamin photo]

[Cllr Stock signature]

[Dr Benjamin signature]

Councillor Caroline Stock
Chairman,
Barnet Health and Wellbeing
Board

Dr Charlotte Benjamin
Vice-Chairman,
Barnet Health and Wellbeing
Board
Clinical Representative for Barnet,
NCL CCG

Introduction

The 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 of focus for health and 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 forward integrated improvements in health and wellbeing in the borough. These areas are chosen as 'added value' where the local system partnership can come together to achieve accelerated changes and therefore it is not intended to cover the whole breath of health and wellbeing business as usual. 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 of these areas we identified 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. However, whilst we will continue to respond to the COVID-19 pandemic we will also use the capacity and resilience of our systems and partnerships to support the borough to recover.

Alongside this, Barnet Council has also been developing a new Corporate Plan and has identified the strategic themes - Thriving, Family Friendly, Healthy and Clean Safe and Well Run as priority outcomes. These outcomes represent both existing strengths and challenges facing the borough. The themes and actions within each theme are designed to be mutually supportive and are underpinned by cross cutting work streams on Prevention and a stronger focus on Equalities, Diversity and Inclusion. We acknowledge that we do well in some areas of prevention and want to scale up local best practice to build on our successes. At a time when public services and finances are under pressure,

and the local population is growing and living longer, there are further potential opportunities to transform how we work together with residents, communities and partners to support people to have good life experiences, while we achieve efficiency and deliver good quality services. The Council will embed a preventative and asset-based culture across the whole organisation and with our partners, focussed on services, staff and solutions that build resilience, enable and are sustainable in the long-term. Corporate Plan's Outcome on Healthy and cross-cutting theme on Prevention are complemented by the Health and Wellbeing Strategy.

The Corporate Plan recognises that meeting the needs of residents and business is at the heart of our work and anticipates a deeper level of partnership working, particularly with the Voluntary, Community and Faith sectors, as the council take forward the priorities in the plan.

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. By working together with local residents and partners, we can continue to make positive differences to everyone's wellbeing in Barnet.

Appendix I starts to define specific pieces of collaborative work that we are proposing to implement over the next four years. Implementation Plan development is an iterative process and will be reviewed and updated annually. Specific indicators will be developed to monitor progress of Joint Health and Wellbeing Strategy implementation.

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, Family 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 Systems¹ and the NHS long-term plan² 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. The Health and Wellbeing Board and its partnerships are 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 the 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 the health of the population and the NCL Population Health Plan is being delivered. This will form a central driver for commissioning and provision of health and care services via our emerging NCL Integrated Care System.

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

² 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 the 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), looking at place-based health and care integration. The proposals suggest that all STP footprints should have an ICS in a shadow form by 1st April 2021 and work towards a 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 Partnership

Integrated Care Partnership (ICP) is an alliance of Local Authority and NHS organisations that works together to deliver coordinated care. Barnet ICP was established in Autumn 2019, and includes local hospitals, community services, mental health 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 / UK Health Security Agency 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 (4th 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...

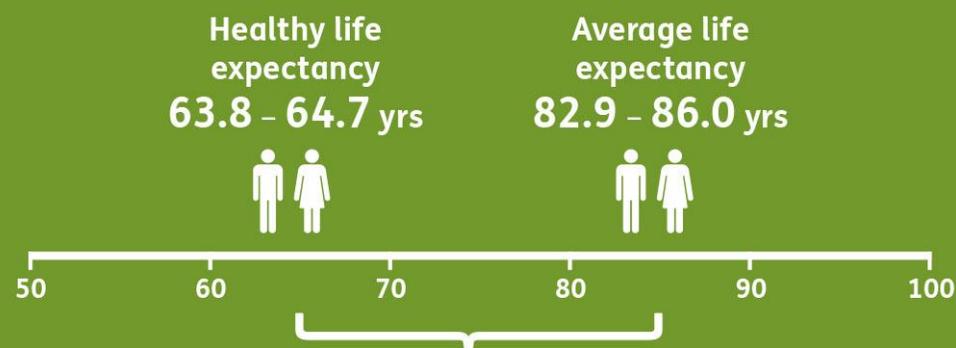
Average life expectancy is **82.4** years for males and **85.8** years for females

2nd lowest mortality rate for cardiovascular diseases in London (51.1 per 100,000)

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



...but can be even healthier



An estimated **4,434** people aged 65+ in Barnet were living with dementia.

22,229 people live with diagnosed diabetes

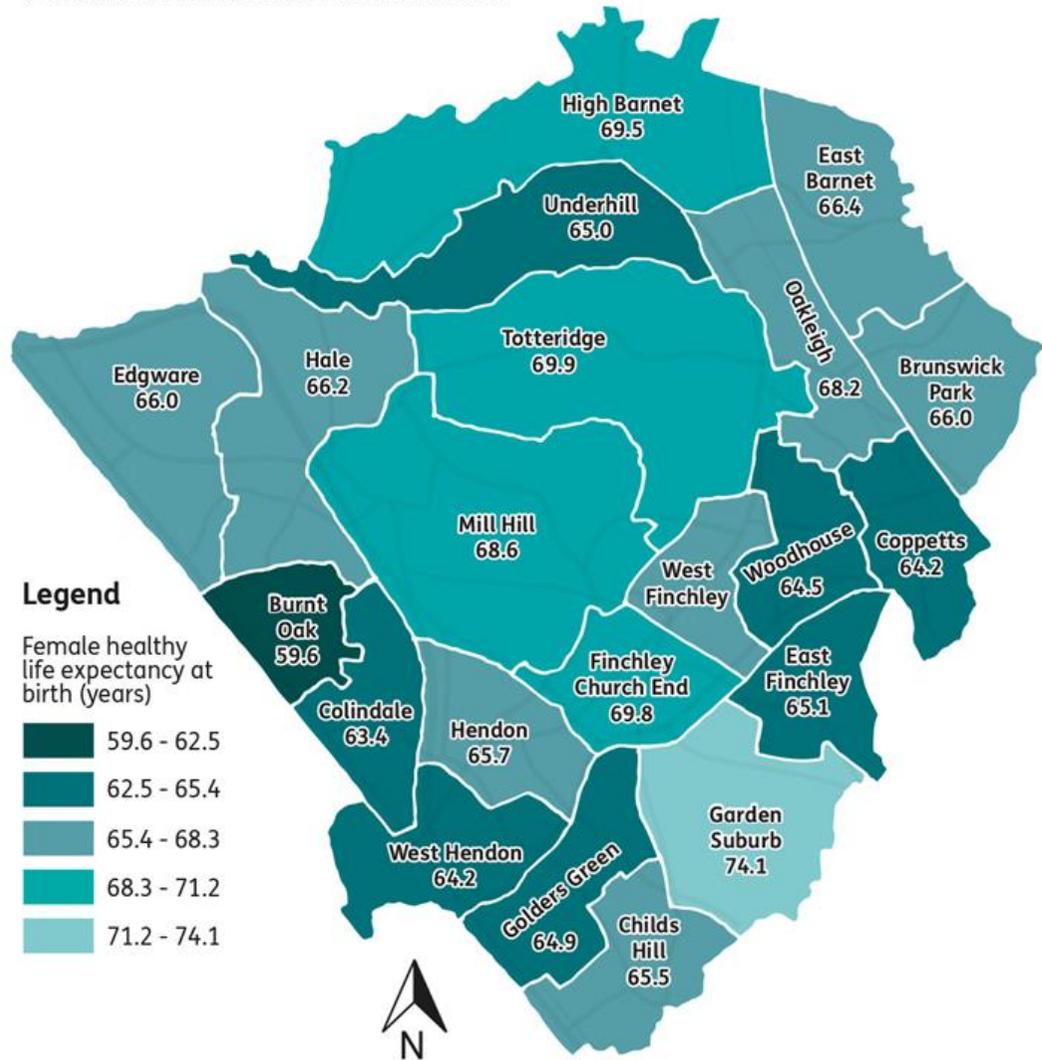
1 in 5 children aged 4-5 years in Barnet are overweight or obese

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



Source: Office for National Statistics (Health state life expectancy at birth age 64 by 2011 Census wards, England and Wales, 2009 to 2013)

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



Adapted from: The Health Foundation (What Makes Us Healthy?)

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

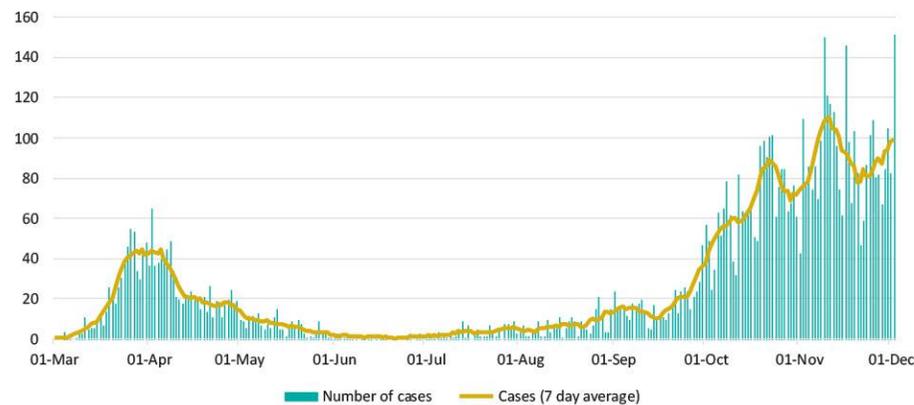
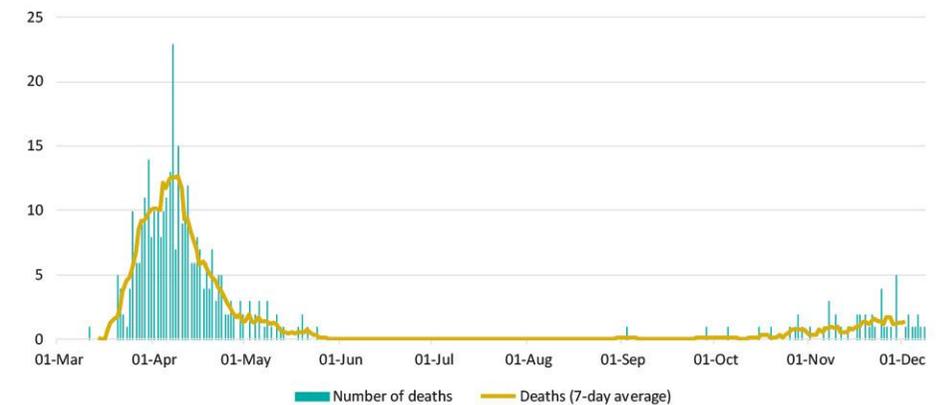


Figure 2: Number of deaths as COVID-19 on death certificate



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

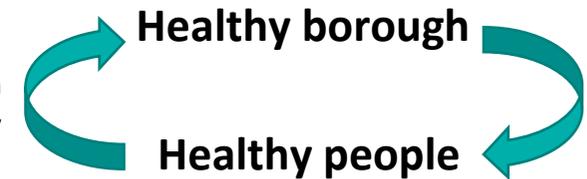
49% of residents felt the pandemic has negatively impacted their personal relationships

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 results in a healthy population. 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 quality housing and secure employment. A healthy borough supports access to local green spaces and active travel. High quality health and social care is available for anyone when they need it. A healthy borough reaches out to, supports and protects 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 work 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 the HWBB can add the most value. Key areas specified in the Strategy are therefore in addition to our 'business as usual'.

3. Evidence-based decisions

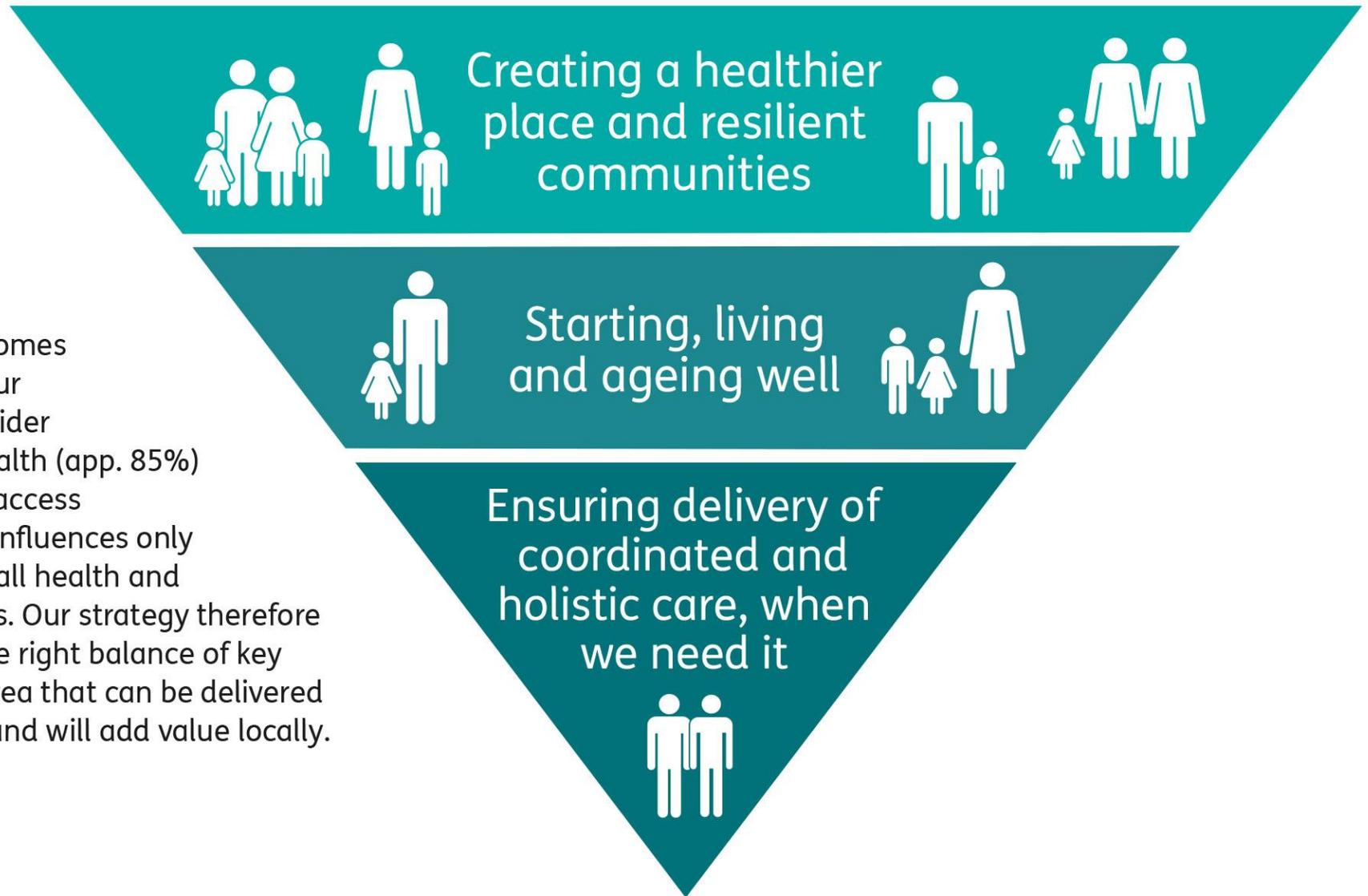
We will use a robust evidence base to inform our decisions, ensuring that our investment creates maximum value for money and our resources are distributed equitably and fairly.

4. Considering everyone's needs across the life course

We will consider the needs of all parts of the population in all that we do. This includes children and young people, women and girls and people with complex needs such as mental health issues, learning disabilities and autism. We recognise the importance of starting life healthy for the rest of one's remaining life and therefore the health and wellbeing of children and young people features throughout all three key priorities.

Our Key Areas of focus

Barnet, the London Borough of Health



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 (NO2) pollution within the borough is largely due to transport, areas of higher NO2 pollution are mainly concentrated around the main roads and junctions, including the A1, M1, A406 and A1000.

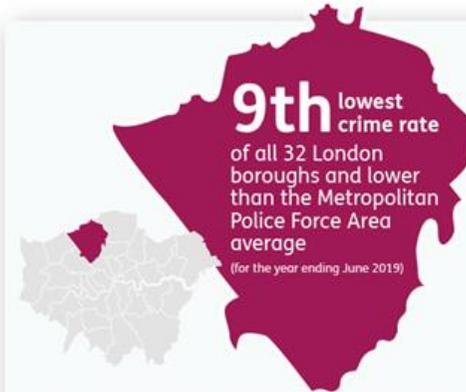
In 2016/17, over half
(53%) of
adults in Barnet had
excess weight.



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.

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.



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.

Number of domestic abuse offences in Barnet



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

Integrate healthier places
in all policies

Create a healthier environment

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, healthy food and physical exercise

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. We will make domestic abuse and violence against women and girls everyone's business.

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.

Causes of death in Barnet

Circulatory disease
2,319 deaths

Cancers
1,853 deaths

Respiratory disease
996 deaths

Behavioural disorders
830 deaths

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.

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

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%**.

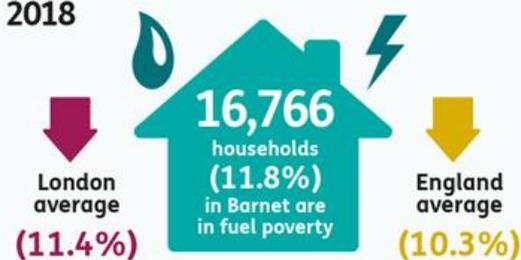


As of **2015**, the total green space provision of the borough is **888** hectares (nearly 10% of the area).

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%).

2018



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

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.

Our priorities for Starting, Living and Ageing Well

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 and through to their transition into adulthood

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, substance misuse 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.



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

Barnet has approximately **2,500 care beds,**



one of the largest number 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.

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



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

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 work together to provide digital care and support for all who can benefit from it, as well as using the power of linked electronic health and care records to improve population health

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 across the life course, delivered in collaboration with local communities at neighbourhood level.

Appendix I: 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.
- 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.
- Work together to ensure all large local organisations such as Barnet Council and local NHS are established anchor institutions and create a healthier environment by addressing sustainability and the environment within their own organisations.

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.

What have we done so far?

- Recruited 15 Social Prescribing Link Workers. Invested in a digital platform to enable effective reporting. 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.
- Supported the Community Safety Partnership to develop an evidence-based Violence Against Women and Girls (VAWG) Strategy
- Invested £41.5m into 2 brand new leisure facilities at Barnet Copthall 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?

- We will roll out training for Making Every Contact Count (MECC) and further build the Social Prescribing infrastructure locally to strengthen communities, through these techniques, to be able to address underlying causes of ill-health.
- 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
- Support the VAWG delivery group to develop appropriate preventative interventions that tackle the root causes of violence, which includes challenging societal and cultural norms that can lead to violence, and placing greater emphasis on the wider determinants of health.
- 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
- Continued VCS participating in social prescribing.
- Monitor actions as outlined within the defined trigger trio action plan.
- A long-term reduction in violence and abuse at population level
- 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

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 will be aligned with this strategy. We have multiple programmes to improve life chances through the Healthy Child Programme, Healthy Schools London and Healthy Early Years London, 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.
- Commissioned and delivered health coaches programmes in the borough to support vulnerable families and parenting.
- Engaged with secondary schools on period poverty and raised awareness of the issue with schools and various forums.
- Routinely record breastfeeding data and rates at 6 – 8 weeks and have shown a year on year increase
- Commissioned preventative health promotion groups and workshops in the borough to reduce inequalities, improve parenting and school readiness.
- Undertook an 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 ongoing planning
- Developed a whole school approach to raising awareness of mental health across all schools as part of the CAMHS Transformation Plan

What are we going to do next?

- Ensuring access to adequate and healthy Food.
- 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 by building on the commissioning of the oral health team and promoting it widely with partners
- Work with partners and stakeholders 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.
- Collaborate with service users, partners and stakeholders to write an infant feeding strategy and pathway to ensure breastfeeding is normalised and a parents first choice of nutrition for their infant.
- Introduce a 'Breastfeeding welcome' scheme to Barnet and promote with business linking to other Public Health initiatives e.g. access to drinking water and accessible toilets.
- Continue to support sexual health education and healthy relationships among our young people
- Ensure that a universal approach is delivered to all schools to raise awareness of mental health and reduce stigma

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.
- Increased engagement and co-production with young people throughout CYP relevant programmes
- Percentage of children living in low income families (for monitoring purposes).
- Increased uptake of Flu, MMR, and other CYP routine immunisations
- Increased knowledge of the impact of mental across all ages groups and confidence to get help
- Increased breastfeeding rates at 6 – 8 weeks
- Percentage of schools that access the PHS portal and provide free period products to school aged children
- Engagement in sexual health and healthy relationship education and support

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.
- Adopting a “movement through entire lifespan” approach in promoting physical activity and working closely with sport and leisure colleagues
- 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, falls prevention 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.
- Work with relevant partners to develop a new Barnet physical activity strategy which will promote leisure, daily and transport related physical activity and support Barnet residents being active through their lifespan.
- 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,
- Provide more opportunities for residents to engage in physical activity for recreation and to engage with their local area such as 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.
- Develop a healthy weight management strategy that support schools promote a healthy environment and to support key target groups
- 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 including those with physical and sensory impairments

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 health and 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?

- Continue to support local employers to create healthy and inclusive workplaces. Barnet Council to lead by example by ensuring our policies and processes are modern and fit for purpose, healthy workforce and equality is promoted throughout our workforce
- Encourage local organisations to consider staff wellbeing and achieve the LHWA
- Continue to help people to gain employment. This includes employability support, removing barriers to work and developing strategies to cope with difficulties that people are going through while seeking employment.
- Continue to help people to maintain their employment. E.g. continue to work with SMEs and their employees to prevent job losses due to mental health problems
- Support local NHS organisations as anchor institutions to support a healthier workforce by taking forward staff health and wellbeing within their own organisations.

What will show our progress?

- Delivery of the Workplace Health Action Plan
- Maintain LHWA Excellence status
- Increased SME engagement with the Working Well programme
- 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

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 (RS) Programme, the Healthy Schools London 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
- Completed an Autism needs assessment to inform the joint autism action plan
- Improved access to improving access to psychological therapies (IAPT) and increased provision in the borough through work by the CCG
- We have a long-established Adult Social Care enablement network
- The CCG have commissioned the Barnet Wellbeing Service for all residents in the borough
- Worked closely with Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) to deliver community mental health services and support including intensive support
- Developed perinatal Mental Health service including perinatal mental health coaches.
- Commissioned digital options and a new substance misuse provider with a focus on alcohol use, prevention and early intervention

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).
- 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, including referral to activities which support the 5 ways to wellbeing
- Sustain and broaden our digital offer of wellbeing support to the wider population
- Develop and implement a refreshed Barnet Suicide Prevention Strategy which includes reviewing lives lost to suicide amongst mental health service users as well as broader prevention aims.
- Continue developing the perinatal mental health service including pathway design and promotion
- Working with partners to support implementation of a new community framework for mental health
- Increase alcohol screening and improve access to support for people who are using alcohol problematically

What will show our progress?

- Number of schools participating in the 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 health services
- Sexually health data regarding infections and service use
- Improved access to mental health support and services
- Improved performance of SMI physical health checks for people with severe and enduring mental illness
- Uptake of perinatal mental health coaches and service referrals
- Increase the number of annual health checks for people with learning disabilities
- Increase number of people accessing brief and structured interventions for alcohol use

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?

- We will develop a cardiovascular disease (CVD) prevention programme, supporting residents to avoid developing CVD or better manage existing conditions, addressing inequalities in outcomes from CVD.
- We will focus on collaborating with communities at higher risk (including Black, Asian and other ethnic minority communities)
- We will work on cancer prevention through addressing inequalities in uptake of national screening programmes and increasing awareness of common risk factors, signs and symptoms in underserved groups.
- We will empower community health champions to engage their family, friends, neighbours and communities on how to make positive health promoting choices, building from the COVID champion programme.
- We will improve our digital prevention offer, providing a coherent range of options across multiple platforms

What will show our progress?

- Champions reflect on the key demographics of the Barnet population, with a focus on under-served communities
- Reduction in new diagnoses of CVD, while reducing inequalities
- Reduction of hospital admissions due to CVD, while reducing inequalities
- Improved uptake of NHS Health Checks in underserved groups
- Improved uptake of National Diabetes Prevention Programme in underserved groups

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
- Provision of preventative programmes like the National Diabetes Prevention Programme on-line.

What are we going to do next?

- Integrate our data to provide longitudinal view of the patient to support direct patient care and population health management
- Further develop our digital offer to support prevention and provide timely accessible care, including risk monitoring
- Address inequalities in access to digital services

What will show our progress?

- Wider range of health and care professionals able to see whole patient record
- Reduction in variation in care through use of population health management approaches
- Difference in participation between the digital deprived and general population

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
- Commissioned additional support during COVID restrictions for older carers of adults with learning disabilities
- Identification of informal carers to support them to access the COVID vaccination programme.

What are we going to do next?

- Build on approaches to identifying informal carers so they can be supported to continue in their caring role.
- 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
- Developing a new carers and young carers strategy

What will show our progress?

- Reduction in carers who feel isolated
- Increase satisfaction in carers
- Carers and young carers strategy 2021-2026
- Increase in contingency plans for older carers of adults with learning disabilities

What have we done so far?

Integrating health and social care, to improve CYP's mental health, physical health and wellbeing

- Developed a Perinatal service which includes perinatal mental health services
- Commissioned the Healthy Child Programme for Barnet

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 Integrated Care Partnership Workforce (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 – Barnet General Hospital, Royal Free, University College London Hospital

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 Your Choice Enablement, the default provider for Barnet Borough
- Increased usage of 111 to triage minor illness away from local services

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, including a team of local area co-ordinators and supported by a network of commissioned evidence-based prevention services
- Conducted a Homeless Health Needs Assessment and developed a multi-agency response to supporting homeless people through the covid-19 pandemic

What are we going to do next?

Integrating health and social care, to improve CYP's mental health, physical health and wellbeing

- Continue working with partners from across the system of children's services so that we can work toward integrating services better for the benefit of CYP and their families.

Integrate clinical pathways including primary and secondary prevention by:

- focussing on areas identified from population needs assessment i.e. frail elderly and cardiovascular disease pathways to make greatest impact reducing inequalities and improving health outcomes
- Continue to develop understanding and approach to addressing the health needs of local residents with long COVID

Continue integration of health and care in care settings by:

- Increasing range of services participating in MDTs and rolling out model across all areas

Build on the neighbourhood model of service delivery by:

- Collaborating with local communities to co-design services
- Embed prevention in PCN work through use of population health management and collaboration with preventative services

Address the 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

Supporting those with complex needs by:

- Ensuring rapid access to care in the most appropriate way
- Implement a strategic framework and action plan to respond the needs of the homeless population, driven by findings of the homeless needs assessment

What will show our progress?

Integrating health and social care, to improve CYP's mental health, physical health and wellbeing

- Development of aligned intervention pathways

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

Supporting those with complex needs

- Increase in carer's and patients' satisfaction
- Fewer people rough sleeping and a reduction of A and E presentations for homeless people

AGENDA ITEM 13

| | |
|--|--|
| | Health and Wellbeing Board 8th April 2020 |
| Title | Local Outbreak Management Plan |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | Appendix 1 - Local Outbreak Management Plan document |
| Officer Contact Details | Bhavita Vishram, Public Health Strategist, Bhavita.Vishram@barnet.gov.uk , |
| Summary | |
| <p>The COVID-19 Local Outbreak Management Plan (LOMP) is required to be produced by each Local Authority (LA) within a national framework, supported by NHS Test and Trace and PHE regional and national teams, and other government departments as needed. COVID-19 local outbreak plans are based on the tried and tested practice of preventing and containing outbreaks in individual settings like workplaces and care homes, enhanced with a broader range of partners, capacity, communications and clear governance. Each local system is required to publish its LOMP.</p> <p>Barnet Council already has a LOMP local outbreak plan developed in line with the Association of Directors of Public Health guiding principles that set how local systems work together to develop and implement the plans. However, as more of the population is vaccinated, levels of immunity in the population rise and prevalence declines, we increasingly expect to be dealing with localised outbreaks that require decisive local-led action. Our biggest challenges will be tackling enduring transmission and Variants of Concern, that have the potential to undermine the progress we have collectively made. For this reason, the LOMP has been updated to set out an effective response to these issues, with the support of NHS Test and Trace to support and enable this local response</p> | |

The Local outbreak plans centres on the following themes:

- High-risk workplaces (including healthcare, prisons and education settings), communities and locations
- Vulnerable and underserved communities
- Governance
- Resourcing
- Communications and engagement
- Data integration and information sharing

The plan reflects the approach to the core aspects of the end-to-end COVID-19 response including:

- Community testing
- Contact tracing
- Support for self-isolation
- Outbreak management
- Surveillance

The current plan also addresses the following developments:

- Responding to Variants of Concern (VOC)
- Action on enduring transmission
- Enhanced Contact Tracing, in partnership with HPT
- Ongoing role of Non-Pharmaceutical Interventions (NPIs)
- Interface with vaccines roll out
- Activities to enable 'living with COVID' (COVID secure)

Recommendations

- 1. That the Health and Wellbeing Board approve the Local Outbreak Management Plan (LOMP).**
- 2. That in respect of the LOMP authority be delegated to the Director of Public Health and Prevention in consultation with the Chairman.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The purpose of the Barnet Local Outbreak Management Plan (LOMP) is to set out how the council will respond to outbreaks of COVID-19 outbreaks in the borough and coordinate efforts across all stakeholders to keep residents safe. The primary audience for the plan are local decision makers, advisors and stakeholders (e.g. member of Barnet resilience forum) who may be affected by the plan. The LOMP will also be published on Barnet Council's website and available to the general public. The plan is a collaborative effort developed locally across the council describing our interface with NHS Test and Trace, PHE regional and national teams, and other government departments as needed. Each LA already has a local outbreak plan developed in line with the Association of Directors of Public Health guiding principles that sets out how

local systems should work together to develop and implement the plans, including across geographical and administrative boundaries.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Each local authority is required to develop and publish their LOMP. The updating of LOMPs should involve local and regional system partners, building on the extraordinary work undertaken during 2020 and early 2021. For example, the health protection teams, voluntary and community sector, business community, blue light responders, Integrated Care Systems and local NHS providers. Effective actions to respond to COVID-19 require strong partnership with local communities, on the basis of tailored communications and engagement, and informed consent.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable, as LOMP is a requirement for LAs set out by Government.

4. POST DECISION IMPLEMENTATION

- 4.1 The report will be published on the Barnet council website and submitted to PHE and DHSC.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 LAs have responsibility and priority to respond to Covid-19 pandemic. The performance of LOMP will be monitored within the council and in relevant boards including:

- Barnet Health protection board
- Barnet resilience forum

- 5.1.2 Implementing the LOMP and responding to Covid-19 pandemic has immediate and long-term implications on health and wellbeing of Barnet's residents. The mid- and long-term implications of Covid-19 pandemic are also reflected in the new Health and Wellbeing Strategy, with the aim to support Barnet Council at delivering services for health and wellbeing of Barnet's residents while also responding to Covid-19 related matters.

- 5.1.3 The Covid-19 pandemic has impacted health and wellbeing needs of the local population already and the impact will continue in future as well including both physical & mental health and wider determinants of health (as identified in Barnet's Joint Strategic Needs Assessment).

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

5.2.1

LAs have received funding for implementing LOMP through the National Containment Framework which covers the financial decisions that need to be made.

5.3 **Social Value**

- 5.3.1 The LOMP (and the wider response to Covid-19 pandemic) is addressing social- economic inequalities and is providing equal support for all residents.

5.4 **Legal and Constitutional References**

- 5.4.1 The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

- 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 Two risks in the Corporate Risk Management Framework are associated with this decision:

1. PH06: Pandemic type disease outbreak
2. STR21: Covid-19 recovery planning

5.6 **Equalities and Diversity**

The LOMP is equally addressing people from different groups.

5.7 **Corporate Parenting**

5.7.1 Not applicable

5.8 **Consultation and Engagement**

5.8.1 Consultation with relevant council services and colleagues from other LAs has taken place.

5.9 **Insight**

5.9.1 National and regional data sources have been used to inform the LOMP.

6. **BACKGROUND PAPERS**

6.1 Local Outbreak Management Plan draft (see Appendix 1)



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Pack_Draft 6.pdf

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Barnet Local Outbreak Management Plan (LOMP) for COVID-19 infection

Barnet COVID-19 Health Protection Board

Dated ²⁷produced: 12.03.2021 for draft and final version planned for 31st March 2021

DRAFT

*Please note this is a draft document

Introduction

- [Epidemiological Principles](#)
- [LOMP Themes](#)

Governance

- [National, Regional and Local Responsibilities](#)
- [London Coronavirus Response Cell \(LCRC\)](#)
- [Local governance](#)
- [National lockdown easing approach](#)

Contact Tracing

- [National Contact Tracing](#)
- [Enhanced Local Contact Tracing](#)

Testing

- [Testing Strategy](#)
- [Symptomatic Testing for Residents](#)
- [Testing For Adult Social Care](#)
- [Testing with Lateral Flow Devices](#)

Responding to Variants of Concern

- [Local Approach](#)

Vaccination Programme

- [National Approach](#)
- [Local Approach](#)

Addressing Inequalities

- [Community Engagement](#)
- [COVID-19 Health Champions](#)
- [Inclusion Health](#)
- [Support for self-isolation: National Scheme](#)
- [Support for self-isolation: Extended Grant](#)
- [Support for self-isolation: Wrap-Around Support Offer](#)

Enduring Transmission

- [Safe re-opening of our High Streets](#)
- [Enforcement](#)

Data & Reporting incld., Waste Water Surveillance

- [Local Data Reporting](#)
- [Waste Water Surveillance](#)

Communications

- [Communications Strategy](#)
- [Aims of the Communications Strategy](#)

Managing a Local Outbreak

- [Outbreak Identification and Rapid Response Framework](#)
- [PCR Testing for outbreak investigation](#)
- [High-Risk Settings Action Cards](#)
- [Data Reporting During and Outbreak](#)

As we are approaching next phase of the pandemic and aiming to implement national roadmap, the main aim of Barnet LOMP is to:

- Be aligned with refreshed National Containment Framework;
- Ensure that future plans concentrate on the local strategies to contain the virus spread by:
 - Focusing on the comprehensive vaccination programme;
 - Local strategy on testing;
 - Local enhanced contact tracing;
 - Preparedness for containing variants of concern and
 - Managing outbreaks locally

Four key epidemiological principles that should guide us through the next phase of exiting the pandemic and living safely with COVID-19

Transmission

- Transmission of the virus needs to be brought, and kept, as low as possible
- Reducing viral transmission to the stage where we can exit lockdown
- A well-articulated, careful, and gradual “opening up” which is carefully chosen.

Surveillance

- Surveillance of transmission and variant emergence must be optimal
- Ongoing, monitoring, modelling, surveillance, and adjustment

Test, trace and isolate

- Test, trace and isolate to work with a clear testing strategy
- Mitigate the impact of NPIs – understand how NPIs including social distancing

Vaccines

- Vaccines must be effective and delivered equitably with high take up
- Continuing improvements in and adjustments to vaccine and treatment

Local Outbreak Management Plan Themes

We have identified the following priority areas to help us learn to 'live with COVID' and manage future outbreaks as we enter the endemic stage of COVID-19

- 1 Understand and agree local, regional and national roles.** Relationship between local, regional and national roles within the pandemic response; responsibilities in the event of an outbreak; support high-risk settings and safe sector plans for reopening of retail; local enforcement strategy
- 2 Contact Tracing.** Outlining our enhanced local contact tracing strategy and offer, supporting national contact tracing efforts.
- 3 Testing Strategy.** Support testing of both symptomatic and asymptomatic residents and testing within complex settings
- 4 Respond to Variants of Concern.** Defining our local response to the identification of a VOC
- 5 Vaccination programme.** Outlining the national and local approach to vaccination.
- 6 Addressing Inequalities & Inclusion Health.** Community mobilisation; self isolation support packages; support vulnerable groups with T&T and vaccinations
- 7 Data & Reporting Includ., Waste Water Surveillance.** Overview of routine data analysis at a local level; role of waste water surveillance in management of future outbreaks; data monitoring during an outbreak
- 8 Communications.** Clear and consistent communications. Ensuring everyone has the skill set to live and work safely in a COVID-19 endemic environment

DRAFT

Governance: Local, regional and national roles

Local

Local Authority ,PHE Health Protection Teams

- Develop Local Outbreak Management Plan
- Manage specific IMT for cases and clusters
- Provide local intelligence to inform contact tracing activity
- Convene Health Protection Board to oversee development and provide assurance of Local Outbreak Plans and escalate risks to CMT Gold
- Review COVID-19 local intelligence data e.g. test and trace and Vaccine Uptake data

Regional

(PHE, JBC, NHS Test and Trace, London councils and ADPH)

- Oversight of the all contain framework activity, epidemiology and Health Protection issues across the region.
- Prioritisation decisions on focus for PHE resources with LA and sub regions
- Sector-ed improvement to share improvement and learning
- Liaison with the national level

National

(PHE and JBC)

- National oversight identifying sector specific and cross regional issues that need to be considered.
- Provide expertise on specialist issues such as genome sequencing
- Link to Joint Biosecurity Centre on wider intelligence and data sources

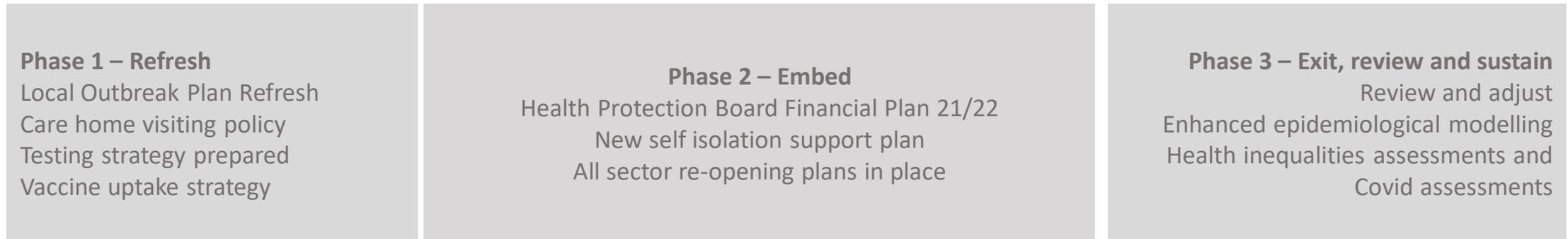
Governance: LCRC/Local Authority Responsibilities

| | Local Authority | LCRC Health Protection Team |
|---|--|---|
| Case and contact investigation management | <ul style="list-style-type: none"> Receive notifications of cases via national test and trace system Investigate and manage cases & contacts as per local guidance Escalate to LCRC/HPT if meets criteria as agreed in national test and trace protocols | <ul style="list-style-type: none"> Receive notifications of cases Investigate and manage high risk cases and contacts as per local guidance. |
| VOC's (or other cases of concern) | <ul style="list-style-type: none"> Investigate and manage VOC cases and contacts Establish IMT to investigate and manage VOC cases and clusters with enhanced case and contact tracing, and targeted testing including surge testing. | <ul style="list-style-type: none"> Initially investigate and manage VOC cases and contacts Investigate and manage any identified settings Advice and support Local Authority IMT to investigate and manage VOCs |
| Enhanced contact tracing (cluster) investigation and management | <ul style="list-style-type: none"> Identify and investigate clusters and convene IMTs if required. Provide advice and manage cases and clusters as per local guidance for settings (testing, infection control, | <ul style="list-style-type: none"> Overview of cluster identification and management Overview of management of priority settings Support Local Authority in their risk assessment of and response |
| Settings (care homes workplaces, schools, ports, prisons, homeless etc) | <ul style="list-style-type: none"> Receive notification of cases and clusters from LCRC, or identify community clusters through local data, intelligence and surveillance. Manage cases and clusters in settings, convene IMT (if required) Undertake risk assessment with the settings, recommend ongoing control measures and provide support on contact tracing, isolation, infection control practices, COVID safe environments and control measures Provide local guidance and information materials to the setting | <ul style="list-style-type: none"> Receive notification of cases and clusters through Test and Trace system or other surveillance systems Support Local Authority in their risk assessment of and response to an identified community cluster and attend IMTs if required. Review and update resources Develop and provide communications to stakeholders Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting |

Governance: National plans for easing lockdown in England



BARNET HEALTH PROTECTION BOARD TIMELINES



- One objective of NHS Test and Trace is to co-ordinate the contact tracing function
- Contact tracing is a core public health intervention measure to stop spread of infectious disease, have been around for decades. It's used to identify all who may have been exposed to an infectious disease to either offer a prevention (e.g. vaccine or antibiotics or immunoglobulin) or recommend quarantine (in case of COVID-19);
- Contact tracing is a specialised skill and it is used in containment phases of the pandemic to prevent sustained community infection spread;
- Anyone who is being tested positive for COVID-19 is contacted by NHS Test and Trace and asked to self-isolate and identify any contacts (being together for longer than 15 minutes within 2m distance) who would be advised to self-isolate too;
- Tier 3 – 15, 000 call handlers operated by SERCO for simple contact tracing
- Tier 2 – 3,000 NHS Health Professionals – This tier will receive a download of all COVID-19 confirmed cases and triage to Tier 3, if simple or Tier 1 if more complex. They'll also receive referrals from the app, when operational
- Tier 1 – PHE Regional centre (PHE LCRC) – Up to 75 people - Complex outbreaks in settings (schools, prisons, health centres, care homes).

Contact Tracing: Enhanced Local Contact Tracing

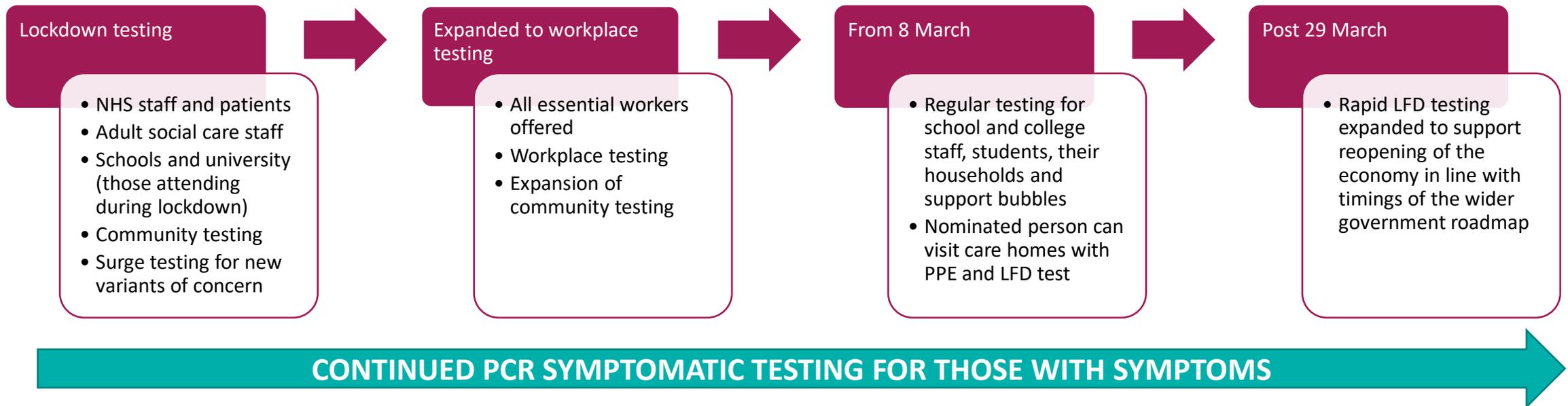
- The Barnet Contact Trace Service helps support the national Test and Trace service, helping to encourage residents to self-isolate, signposting them to sources of support and identifying their contacts. The service takes on cases which the national team cannot reach in 24 hours.
- The Barnet Contact Tracing Service is fully operational. The service runs seven days a week, with operating hours being from 8am to 8pm.
- The team send out an email and SMS to residents to alert them that we are trying to speak to them after receiving the resident's details from the national team.
- The service offers the opportunity to speak to residents in a variety of languages, helping to contact those across the borough from different communities.
- The service will try calling a resident three times. If they cannot get through to the resident, a leaflet is posted asking them to self-isolate, get in contact with the team and signposting them to support available. This leaflet also goes out with key messages in a variety of languages.
- Weekly Quality Improvement meetings ensure that the service is responsive to changes in policy and continually responds to feedback and insight to improve the success of the service.
- LBB is currently reviewing opportunities for development of the service. We have implemented changes to ensure local contact tracing can respond to any cases from surge testing for variants of concerns (first surge testing in March 2021). We are also adapting our insight processes for more regular review of the common exposure and postcode coincidences data, in preparation for possible participation in enhanced contact tracing when this is rolled out in London.

Testing strategy

Aims and Purpose of testing

- To find people who have the virus, trace their contacts and ensure both self-isolate to prevent onward spread
- Surveillance, including identification for vaccine-evasive disease and new strains
- To investigate and manage outbreaks
- To enable safer re-opening of the economy

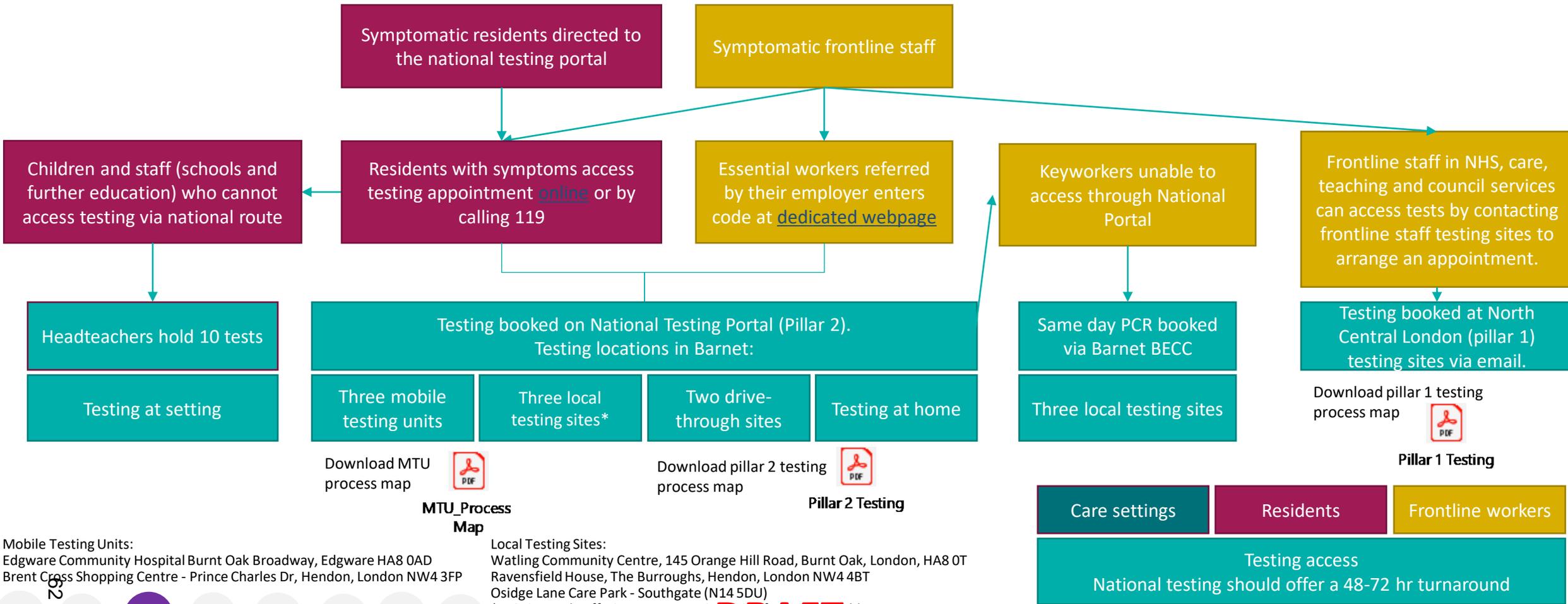
INCREMENTALLY EXPANDING REGULAR TESTING; MAKING RAPID LFDs PART OF OUR WEEKLY ROUTINE



Symptomatic (PCR) testing for residents

Lead: Pillar 1 - Hannah Logan (NCL STP), Pillar 2 - Katie Wood (LBB BECC)

All residents can request tests through the national testing portal (pillar 2 testing), with schools and outreach testing available to widen access. Frontline staff can also access testing through the North Central London (pillar 1 testing) capacity. Process maps for MTU's, pillar 1 and pillar 2 testing can be found via embedded documents below.



Mobile Testing Units:
 Edgware Community Hospital Burnt Oak Broadway, Edgware HA8 0AD
 Brent Cross Shopping Centre - Prince Charles Dr, Hendon, London NW4 3FP

Local Testing Sites:
 Watling Community Centre, 145 Orange Hill Road, Burnt Oak, London, HA8 0T
 Ravensfield House, The Burroughs, Hendon, London NW4 4BT
 Osidge Lane Care Park - Southgate (N14 5DU)
 *LTS sites only offering symptomatic testing from 8am-midday

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Testing for adult social care

Lead: Ella Goschalk (LBB), Debbie Fitzgerald (Care Quality), Sam Raffell (Care Quality)

Care homes can access testing via the national care settings testing portal (pillar 2 testing). Testing in other care settings is supported by shared North Central London STP pillar 1 testing capacity.

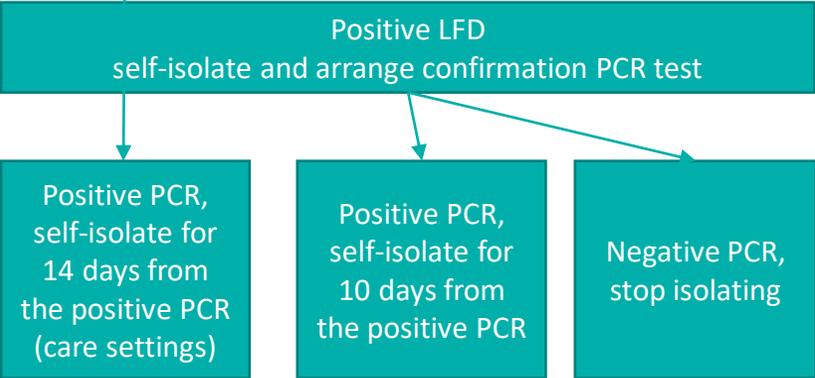


Testing access Care settings

Rapid Testing with Lateral Flow Devices (LFD)

Rapid testing aims to identify people who have COVID-19 but do not show symptoms, so they can self-isolate. Results are given within 60 minutes, and the test does not require a laboratory for processing. Rapid testing is available through national testing schemes in a number of settings.

| DHSC | | DfE | | | Barnet Council | | | |
|------------------------|--------------|----------------|------------------|--------------------|-------------------|-------------------|--------------|-------------------|
| Adult social care | NHS | Primary School | Secondary School | Universities | Services | | Residents | |
| Test at workplace/home | Test at home | Test at home | School/home | Test at university | Community Collect | Test at workplace | Test at ATS | Community collect |
| Twice weekly | Twice weekly | | Twice weekly | Twice weekly | Twice weekly | | Twice weekly | Twice weekly |



Positive LFD triggers self-isolation payment and contact tracing, 10-day isolation begins the day after the test.

A confirmatory PCR is required for a positive test result via a home test, confirmatory PCR is not required for a test taken at a test site or workplace.

| | | |
|-----------------|------------------|-------------------|
| Care settings | Residents | Frontline workers |
| Testing outcome | Lead institution | |

Variants of Concern (VOC): Local Planning Approach

Sara Hale Covid BECC Manager

The Director of Public Health informed of a Variant of Concern within the Borough. The Incident Management Team raised the need to formally discuss and agree a way forward. This resulted in formal discussions about carrying out Surge Testing. The below provides an outline of how future VOC's should be carried out, based on the work done in this first instance:

- 1. Agreeing the purpose of surge testing:** Is it about containment, in which case, rapid mobilisation is needed, or is it about wider surveillance. What is the evidence for specific postcode testing versus targeted and informed by contact tracing information?
- 2. Geographical Location** – Agreement needs to be made as to what the geographical radius/boundaries will be once confirmation that a VOC has been identified in the Borough. Preferred local approach would be targeted testing informed by local contact tracing information rather than a specific number of tests given by the Government.
- 3. Operational Requirements (high level)** – Agreement needs to be made on what operational needs there are, how quickly they need to be put in place and where.
- 4. Comms (high level)** – Agreement needs to be made on strategy for Comms, what the message is, being very clear and consistent and ensuring that it reaches the right audience.
- 5. Local Contact Trace Service** – Plans and agreements need to be put in place to enhance the current offer at a local level and to be able to provide a larger scale when needed (be on alert and ready, but no changes at this point).
- 6. Setup of Core Group** – A sub group of the wider team to be agreed upon and created, usually key leads from each area (such as PH, BECC, Comms, Insight, Commercial, Number 8 Events Ltd etc.)
- 7. DHSC Proposal** – A formal proposal needs to be written up (there is a formal DHSC form template to use) outlining the plan on how Surge Testing will take place; specifically focusing on: Testing, Comms, Contact Tracing / Self Isolation, Agreed mobilisation dates, Key metrics and monitoring of delivery & Risks and Mitigation.
There is also a formal request for funding form that can be completed and sent to the DHSC (though clarity needed on how long funding will be available for this).
- 8. Bronze Approval** – This is the green light for being able to move forward with the Surge Testing and LBB's opportunity to then go back to the DHSC (after getting this Approval) with any revised dates or changes to the plan due to any delays etc.

Local VOC Planning Approach (Cont'd)

Sara Hale Covid BECC Manager

8. **Specifics (Door Knockers/Fixed Test Sites)** – Mobilisation of these needs to be put in motion once Bronze Approval has occurred and Go Live date has been set formally with DHSC. If using an Event company then checks with them need to be made, however, if using volunteers then there should be a Lead person to report into.
9. **Specifics (MTUs)** – Confirmation that Annexe E form has been approved by MTU Alerts team. Ensuring that land owners have been kept up to date of when everything will happen. Liaising with MTU Alerts team to ensure that the teams have been briefed locally on the plans.
10. **Specifics (Comms)** – With the Bronze Approval, Comms should be liaising with DHSC Comms team to confirm dual press releases occur, that leaflets are all proof read and ready to be delivered etc.
11. **Specifics (Logistics)** – Risk assessments are in place for all door knockers, MTU staff, Council staff on site etc. Central Control Room (hub where door knocking/fixed test site is occurring) is all setup with relevant kit (home test kits, leaflets, QR code business cards etc.) keys and handover of buildings have all happened.
12. **Monitoring Process** – Numbers of test kits handed out, returned, registered, completed via MTU etc. all need to be checked and verified to ensure that robust monitoring of the target number is happening on a daily basis. There also needs to be monitoring (if doing door knocking) of roads and house numbers visited to avoid duplication and/or wrong addresses being visited.
13. **Final Strategy** – Once you are close to the target, in that all roads have been visited and bookings at MTU's are declining, it is good to have a strategy in place to get those final numbers. Whether it is about changing up comms, moving door knockers to info point officers handing out leaflets etc.
14. **Finish & Mop Up** – Verification of numbers needs to be received from DHSC of final numbers. Once this has happened, all logistics and MTU's need to be decommissioned. There also needs to be confirmation of process, incidents, risks/issues and lessons learnt documented and shared with the Wider Group.

Vaccination Programme: National Approach

Lead: LBB Public Health: Janet Djomba

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI):

| Stage | Priority group | Description | Timeline for completion |
|-------|--------------------------------------|--|--------------------------------|
| 1 | 1 | Residents in a care home for older adults and their carers | 15 th February 2021 |
| | 2 | All those 80 years of age and over and frontline health and social care workers | |
| | 3 | All those 75 years of age and over | |
| | 4 | All those 70 years of age and over and clinically extremely vulnerable individuals | |
| | 5 | All those 65 years of age and over | 15 th April 2021 |
| | 6 | All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality | |
| | 7 | All those 60 years of age and over | |
| | 8 | All those 55 years of age and over | |
| | 9 | All those 50 years of age and over. | |
| 2 | All remaining adults aged 16 years + | | End of July 2021 |

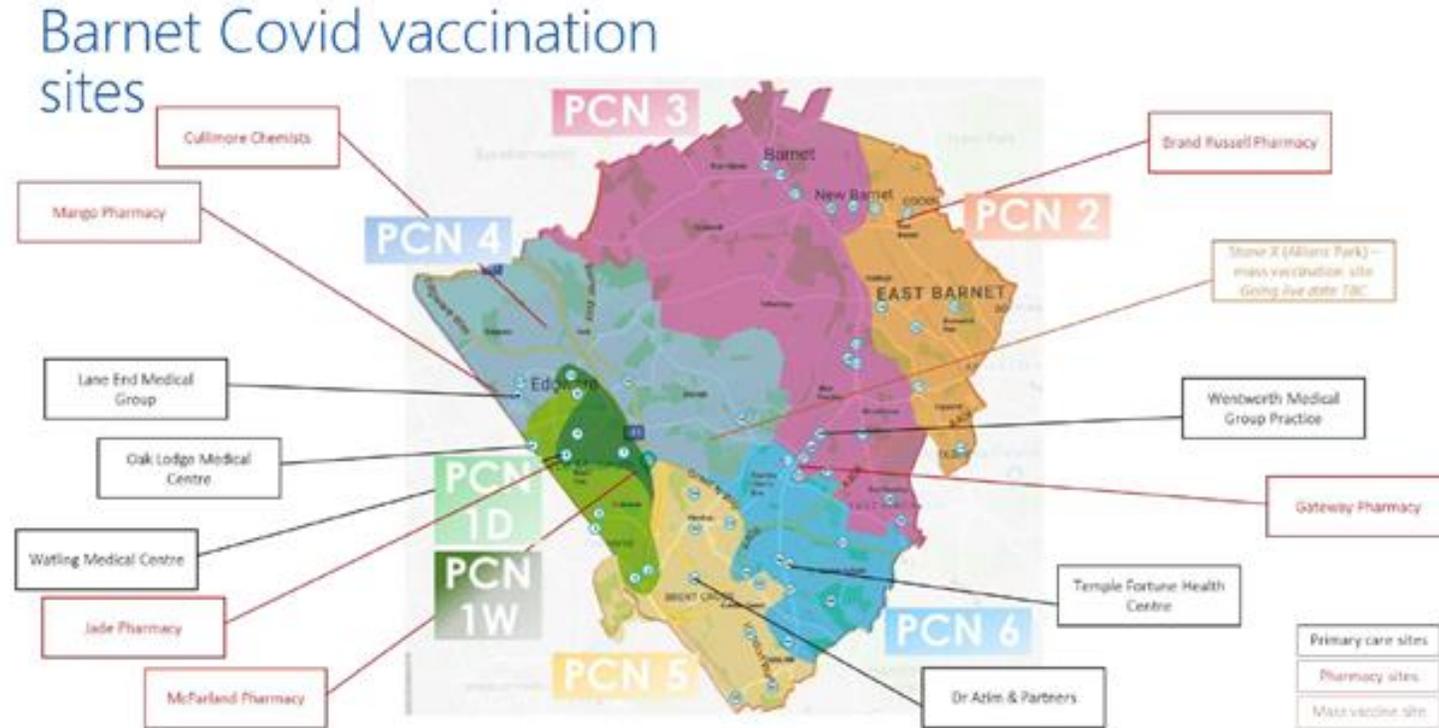
Future development and open questions:

- Pregnant women: The latest advice from JCVI is that COVID-19 vaccines should be considered for pregnant women when their risk of exposure to the virus is high and cannot be avoided, or if the woman has underlying conditions that place her at a very high risk of complications of COVID-19. However, COVID-19 vaccines should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the woman and her baby.
- Prioritisation of specific professional groups: discussion is currently ongoing on prioritising professional groups such as teaching staff, frontline police force, transport staff, retail etc.
- Children: Research is currently ongoing to assess use of COVID-19 vaccines in children
- VOC and VUI: existing and emerging variants of SARS-CoV2 virus are studied to enable future vaccines to be effective against new variants.

Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

In Barnet COVID-19 vaccine is offered at 6 PCN vaccination hubs, 6 community pharmacies and 1 mass vaccination site (going live 29th March 2021). In addition, pop-up clinics are being delivered in areas of lowest uptake and/or communities with lowest uptake.



Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

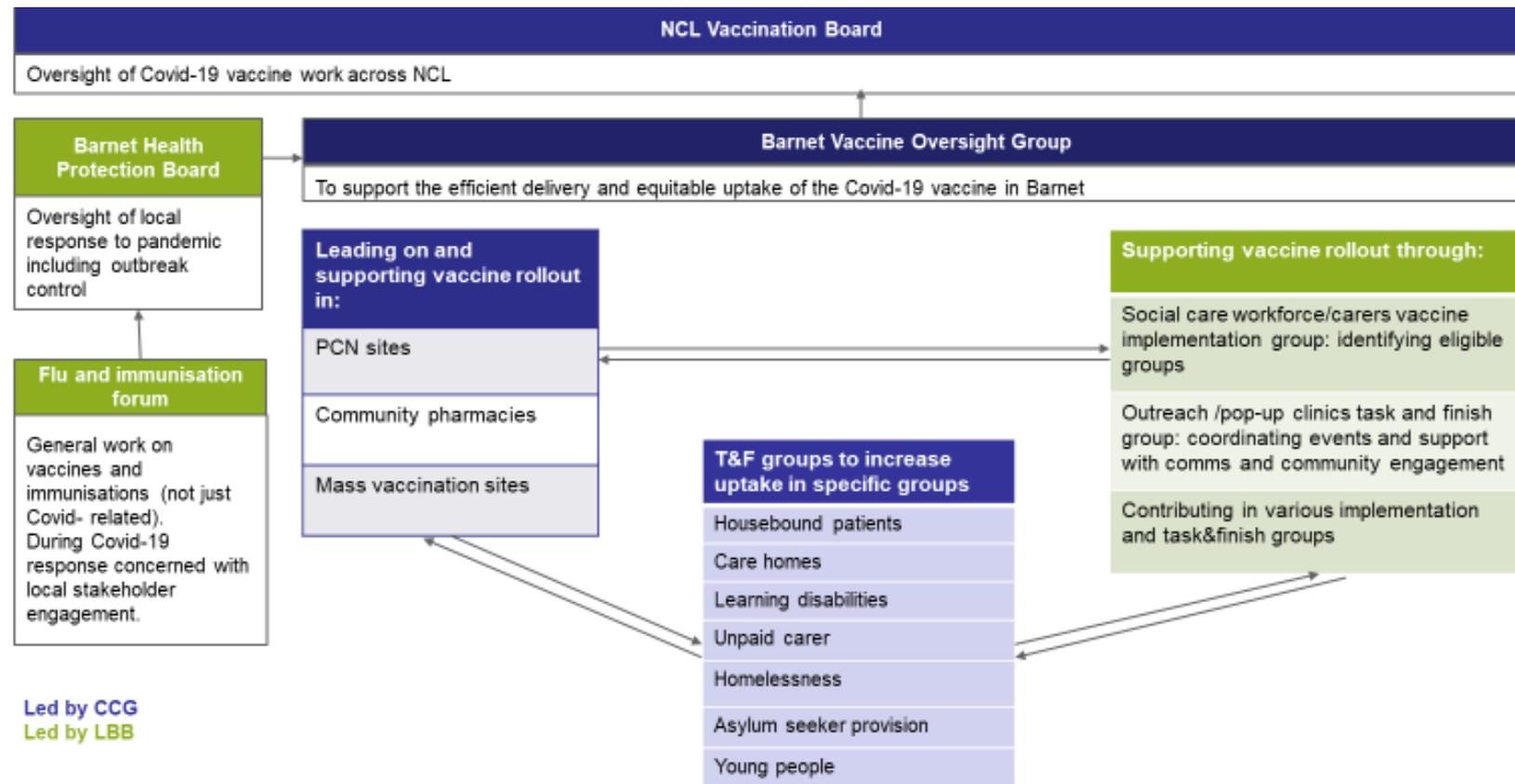
The Council is working closely with NCL CCG to increase vaccine uptake through:

- Monitoring vaccine uptake and producing reports to inform stakeholder and relevant working groups;
- Developing COVID-19 vaccine communication plan to increase the uptake in some ethnic minority groups, deprived areas and in those who are at increased risk of COVID-19;
- Working with community and faith leader, CCG and vaccination hubs to support outreach work and pop-up vaccination clinics in diverse communities;
- Identifying eligible professional groups within the wider health/social care group;
- Participating in CCG working groups:
 - Planning and logistics for mass vaccination sites
 - Task & finish and implementation groups concerning specific groups

Vaccination Programme: Local Approach

Lead: LBB Public Health: Janet Djomba

The map shows governance and main work streams to support the vaccine rollout in Barnet:



Addressing Inequalities

Lead: Public Health Team, Communications & Strategy Team

LBB is taking a multi-pronged approach to address the inequalities in the way in which COVID affects our local residents. We have specific programmes to support people with multiple disadvantage detailed elsewhere in this plan. We recognise the challenges of keeping safe for those living in Houses of Multiple Occupation by providing specific information for residents and landlords. We also provide additional financial support to those who are ineligible for the national self-isolation grant to ensure those with financial challenges are able to self-isolate should they become ill with COVID. We are also addressing the lower uptake of the COVID vaccine in our more deprived areas. Finally, we are working through our COVID Champions programme to empower local residents to support family, friends and members of their local communities with evidence based information about how they can stay safe. More details can be found in the following slides:

- [Community Engagement Approach](#)
- [COVID-19 Health Champions](#)
- [Inclusion Health](#)
- [Support for those self-isolating](#)

Addressing Inequalities: Community Engagement

Lead: Marianne Sladowsky, COVID-19 Communications Lead



Barnet's COVID community engagement has focused on engaging the following groups:

- 1. Ongoing community engagement with groups who have either suffered higher than average rates of COVID-19 or were unable to always follow national measures to contain the virus.**
 - Identifying groups to engage with on a weekly basis from weekly Barnet statistics and therefore keeping engagement current.
 - Forging a group of key contacts in each community, who we engage with on both the nature of our communications and help disseminate it.
 - Flagging upcoming dates which require COVID-19 engagement such as festivals or national holidays and creating comms tailored to that community.
 - Engaging with VCS colleagues on a regular basis for their feedback into our COVID engagement response.
 - Actively recruiting COVID-19 Health Champions from communities across Barnet, to cascade tailored infographics to their social networks and to feed their views into our ongoing comms (see [here](#) for more information on the programme).
 - Ensuring that there is strong cross-community communications with initiatives such as a hard hitting campaign, urging everyone in Barnet to stay at home. This means that no individual community feels unfairly 'targeted' by more specific community engagement.
 - Ensuring that key COVID-19 assets are translated into the languages of Barnet's key communities.
 - In addition, LBB are working with partners in the Barnet ICP and the North Central London ICS to address worse health outcomes for local Black, Asian and other ethnic minorities residents, starting with addressing inequalities in access or uptake in programmes to address risk factors for COVID including diabetes and other cardiovascular disease.

Addressing Inequalities: Community Engagement (Cont'd)

Lead: Marianne Sladowsky, COVID-19 Communications Lead



2. Taking a ward by ward approach to COVID-19 engagement and implementing a targeted engagement strategy with wards that have higher COVID-19 rates and wider health inequalities. Actions include:

- Ward-specific social media posts urging residents to follow national measures, get tested and be made aware of national and local self-isolation support.
- Creating targeted assets for the specific communities in these wards and engaging with local VCS groups to disseminate them.

3. Particular focus has been placed on the campaign to engage Barnet's vaccine hesitant communities by:

- Holding community specific vaccine pop ups with a community group and a local PCN hub e.g. 3 very successful pop ups at Jesus House church with the help of Dr Azim's surgery. More communities are being identified for future pop ups.
- Identifying local community champions, who will record short videos for their communities addressing hesitancy concerns and disseminate that and other useful assets to their communities to convince them to have the vaccine.
- Launching an Out of Home campaign for all Barnet communities, showcasing faces from Barnet's most vaccine hesitant communities, urging everyone to have the vaccine.
- Building a community database with key voluntary sector groups from vaccine hesitant communities, who can receive info targeted to them and translated into different languages if need be. They can also feedback concerns from their communities that can then be addressed.
- Webinars for interested communities and regular voluntary sector group round tables.

Addressing Inequalities: COVID-19 Health Champions

Lead: Barnet Council in partnership with Groundwork London, part of Barnet Together



One way we have implemented engagement with communities is through COVID-19 Health Champions. COVID-19 Health Champions enable Barnet residents to remain up to date on the latest advice about COVID-19, so they can help family, friends and other community members make sense of the latest guidelines and information about the virus. If you live, work, volunteer or study in Barnet you can become a Health Champion. As a Health Champion, you will receive regular updates on COVID-19 by email, WhatsApp or in live information sessions, and be able to share onward the key and current health messages with your networks, in whatever format that you like.

Key Success so far:

- 225 Health Champions registered and sent a welcome pack
- Representation from all 21 wards in Barnet
- High attendance to Welcome Sessions, running every Thursday
- Launched 'Friday Facts' - Health Champion weekly newsletter
- An online resource bank was created to include a wide range of infographics, FAQs and translated materials in different community languages.
- The most popular communications channels for the Champions to share information are WhatsApp and email followed by word of mouth.
- Twitter and Facebook are the most used social media sites for sharing information by the Champions.
- Infographics and reminders sent via email and WhatsApp broadcast

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DRAFT

Date modified:
10th March 2021



Homeless & Rough Sleepers Support

Multi agency task and finish groups are in place to ensure strategic and co-ordinated offers (Homelessness, Asylum Hotels, VAWG) and to respond quickly to presenting issues such as supporting vulnerable people to self isolate.

COVID secure risk assessments have been completed by all providers for residential and day care provision and discussed with public health/health and safety team.

Appropriate testing options are in place for vulnerable groups:

- Mobile testing unit visiting homeless hostels and domestic abuse refuges
- GLA & PHE have commissioned Find & Treat to provide testing to all asylum hotels

Multi agency groups have also been working to improve access to and uptake of COVID -19 Vaccination via:

- Roving vaccination clinic provided by Find and Treat to homeless provision. Priority is being given to people who may be street homeless in April due to having no recourse to public funds.
- PCN's working to ensure people in asylum hotels are vaccinated
- All staff supporting homeless people, substance misuse and in domestic abuse settings have been offered vaccinations.

Houses of Multiple Occupations

We are updating the COVID-19 information and advice leaflet for people living in shared accommodation (HMO) to include a description of the leaflet contents and an offer of translation in 11 different languages in order to ensure those whose first language is not English are not excluded from available advice and support.

Actions Cards and Supporting Documents

Will be added here.

Addressing Inequalities: Supporting Self-Isolation

Lead: Allan Clark, Head of Finance

Since 28th September 2020, eligible individuals are entitled to a Test and Trace Support Payment of £500 to support those on low incomes. There are two elements to the scheme and the qualifying criteria is as below:

| | |
|---|---|
| <p>Main Scheme</p> <ul style="list-style-type: none"> • Have been told to stay at home and self-isolate by NHS Test and Trace or via the NHS COVID-19 App, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive and; • Have responded to messages received from NHS Test and Trace and have provided any legally required information and; • Are employed or self-employed and; • Are unable to work from home and will lose income as a result; and • Are currently receiving, or are the partner of someone in the same household who is receiving, Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker’s Allowance, Income Support, Housing Benefit and/or Pension Credit. | <p>Discretionary Scheme</p> <p>Applicants must meet the main scheme criteria apart from being in receipt of a benefit and;</p> <ul style="list-style-type: none"> • Were earning less than £250 per week prior to being instructed to self isolate or; • In receipt of Council Tax Support or; • At the discretion of the Assistant Director of Finance or Director of Resources where they deem an application outside of LBB’s additional eligibility criteria would cause unnecessary financial hardship |
|---|---|

How to apply: Applicants apply for a payment via a webform on the council’s website within 28 days of the start of their isolation period and supply evidence of their income, benefits and a bank statement. The Test and Trace number is verified via the NHS Test and Trace Eligibility Checker and other income or benefit checks are undertaken as appropriate via the Department for Work and Pensions Searchlight service. If successful, and once all checks have been done, a payment is made within 3 working days.

Below provides an overview of applications made under the national scheme:

| Applications received | Applications successful and paid | Amount paid | Applications unsuccessful | Application query and with claimant |
|-----------------------|----------------------------------|-------------|---------------------------|-------------------------------------|
| 3387 | 2033 | £658,500 | 35 | 2 |

*Payment and application information valid as of 12.03.21

Addressing Inequalities: Supporting Self-Isolation



Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning

In addition to the national isolation payment schemes, LBB are offering isolation payments to those on low pay who are ineligible for the national scheme with our extended self-isolation grant, including parents who must stay home to look after children who need to self-isolate.

** The scheme has been in operation since 15th February, with eligibility based on self-isolation periods starting after 8th February.*

We have used Control Outbreak Management Fund monies to provide self-isolation support to residents in the grey economy.

- Residents without national insurance numbers, working in insecure gig economy and cash-only jobs are ineligible for government test and trace support grants, but are often economically unable to take time off work.
- Subject to eligibility criteria, if these residents can prove that they have been asked by NHST&T to self-isolate they can claim a grant. To give relative parity with government grants, the maximum amount we will fund is £400 (£200 per week).
- We have commissioned our voluntary sector infrastructure partner Inclusion Barnet to work with a network of trusted frontline community organisations. These will administer the grants to residents who they come into contact with.
- Community organisations will also provide advice about self-isolation and infection control, in community languages where required.

Below provides an overview of applications received under this scheme:

| Applications received | Applications successful and paid | Amount paid | Applications unsuccessful | Application query and with claimant |
|-----------------------|----------------------------------|-------------|---------------------------|-------------------------------------|
| 21 | 10 | £4,000 | 10 | 1 |

*Payment and application information valid as of 12.03.21

Addressing Inequalities: Supporting Self-Isolation

Lead: Jess Baines-Holmes, Assistant Director for Adults Joint Commissioning



As part of our support for those required to self-isolate, we also have a number of wrap-around support services available for those in need.

- **NHS responder service:** collect shopping, medication or other essential supplies; a regular, friendly phone call which can be provided by different volunteers each time or by someone who is also shielding and will stay in contact for several weeks. Please call 0808 196 3646 between 8am and 8pm to arrange support . More information is available at www.nhsvolunteerresponders.org.uk
- **AgeUK:** Provide support to over 55s in the Borough. Services include: Non-urgent shopping/prescription pick up service (small subscription fee), guidance on how to access supermarket delivery slots on line. There is lots of information on the website www.ageuk.org.uk/barnet
- **BOOST:** The Welfare Rights Reform Taskforce and the Crisis Loan roles are also now part of the offer. Residents can contact BOOST directly: Call 0208 359 2442 or Email: boost@barnet.gov.uk or visit <https://boostbarnet.org/>
- **The Barnet Wellbeing Hub:** Offers support with a focus on improving your individual needs and wellbeing, mental and emotional health. There are a range of activities, and therapies and lots of information and advice. For more information visit www.barnetwellbeing.org.uk or call 0333 344 9088 or email info@barnetwellbeing.org.uk
- **Covid 19 Bereavement Support and Counselling:** Available to those who have suffered a loss during the COVID-19 pandemic. Please Email: bereavement@mindinbarnet.org.uk or Tel: 020 8446 3676
- **Barnet Help Hub;** Further information about services available in Barnet can be found at www.engage.barnet.gov.uk/communityhelphub or alternatively please call the Barnet Council Covid 19 Help Hub on 0808 281 3210.

As part of our strategy for exiting the pandemic phase of COVID-19, we will ensure every sector has the skills and knowledge to be COVID safe. This will help create the epidemiological conditions to keep transmission as low as possible, allowing businesses to remain open long term.

We will achieve this by:

- Business communications: business letter drop confirming roadmap to easing lockdown; social media; business newsletter
- Support high-risk settings with prevention and management of COVID-19 outbreaks via strong communications, testing, contact tracing and guidance. Guidance and action cards for high-risk settings can be found [here](#)
- Promote COVID-19 safe events (including exhibition and outdoor events) to encourage safe re-opening of our high streets (in line with the national exit plans outlined [here](#))
- Temporary street space fund and pavement licenses for high street businesses to increase outdoor capacity
- Where necessary, use enforcement to keep our high streets safe. Further enforcement activities are outlined [here](#)
- Ensure businesses are aware of their obligations regarding self-isolation of employees and if necessary, work with metropolitan police colleagues to report any abuse of self-isolation rules.

Enduring Transmission: Enforcement

Lead: Clair Green, Director of Assurance, Declan Khan Head of Investigations and Enforcement Operations, James Armitage, Regulatory Services (RE)



- **To report COVID-19 regulation breaches, please email covid19enforcement@barnet.gov.uk**
- *Emails sent to the enforcement inbox are monitored daily and assigned to an enforcement officer for follow-up.*
- The following actions are also being taken to prevent further outbreaks in Barnet:
- Around 70 COVID Monitoring Officers have a presence across the borough, checking for and reporting on levels of both compliance and non-compliance of all commercial premises in the borough. There is increased deployment of these officers in areas where infection rates are highest
- 24/7 COVID-19 dedicated police patrols in Barnet.
- Around 16 Investigation and Enforcement Officers provide enhanced enforcement actions where persistent non-compliance is evidenced. They are also available to officer advice and support to businesses to ensure they operate in a way that is safe for staff and members of the public

Data and Reporting: Local data reporting

Lead: LBB Public Health Intelligence - Jeremy Hooper

Current LBB reporting mechanisms are outlined in the table below.

| | Reports sent to DPH | | Data sets in public domain | | | LBB produced reports |
|-------------------------|---|---|---|--|--|--|
| Report title | Confirmed COVID-19 cases (from LCRC) | Test and Trace report (LA level) | Coronavirus in the UK (HM Gov) | Death registration and occurrences by local authority (ONS) | Deaths involving COVID-19 by local area and deprivation (ONS) | Cases by care setting |
| Dataset /report content | <ul style="list-style-type: none"> Cases by postcode Cases by age at onset Number of people who have received a vaccination. | <ul style="list-style-type: none"> Confirmed cases in Test and Trace Cases completed Total number of contacts reported Contacts completed | <ul style="list-style-type: none"> Daily confirmed cases in Barnet Daily confirmed cases in London Rate of cases (per 100,000) for London boroughs | <ul style="list-style-type: none"> COVID-related death registrations by place of death COVID and non-COVID death registration for Barnet | <ul style="list-style-type: none"> COVID-related deaths by MSOA Age standardised death rate by London boroughs | <ul style="list-style-type: none"> List of care setting affected by Covid-19 Total confirmed and suspected cases in Barnet care settings |
| Frequency of reporting | Daily | Daily | Daily | Weekly | Infrequently | Daily |
| Further analyses done | Daily 7 day rolling average case numbers by age band, gender, ethnicity and deprivation are discussed at a daily sit rep meeting | Data on cases not reached by the National Test & Trace team is used by the Local Team to support local contact tracing | | Weekly update for Health Protection Board which provides updated position within the Borough and informs the public reporting. | | |

Data and reporting: Vaccine uptake

Lead: LBB Public Health Intelligence - Jeremy Hooper

Current LBB reporting mechanisms on vaccine uptake are outlined in the table below

| | Sent to DPH | Available via restricted access | | | |
|------------------------------|--|---|--|--|---|
| Report/dataset title | Weekly NCL CCG Covid vaccination update | PHE portal-vaccine uptake | NIMS-Vaccine uptake | HealthIntent-vaccine uptake | ASC dashboard |
| Content/dataset | Summary of CCG vaccination activities including numbers of jabs given in PCN hubs. | Number of Barnet residents by JCVI Grp and Ethnicity who have received vaccination. | Vaccine numbers & uptake in Barnet residents & registered with breakdown on ethnicity, age and gender. | Vaccine numbers & uptake in patients registered with Barnet GPs with breakdown on eligible groups. | Vaccine uptake in care home residents and staff. |
| Frequency of reports/updates | Weekly | Weekdays | Daily | Weekly | Weekly |
| Further analysis/use | Circulated to inform Health Protection Board and CMT GOLD | Weekly vaccination update for HPB and relevant working groups | Weekly vaccination update for HPB and relevant working groups | Weekly vaccination update for HPB and relevant working groups | Weekly vaccination update for HPB and relevant working groups |

How can wastewater epidemiology support the pandemic response in Barnet?

- Wastewater-Based Epidemiology (WBE) provides health information on communities. It is based on the analysis and interpretation of chemical and/or biological compounds in wastewater.
- Research has demonstrated that individuals with COVID-19 shed SARS-CoV-2 in their stool, regardless of whether they have symptoms. Wastewater epidemiology has advanced to enable monitoring infection levels in communities.
- The Joint Biosecurity Centre (JBC), working with Thames Water, has been conducting waste water sampling for SARS-CoV-2 at around 30 sites around London since mid-December 2020.

Method

- The reported SARS-CoV-2 wastewater data are the number of virus' nucleocapsid (N1) gene copies (gc) detected in wastewater samples.
- Samples of wastewater are collected four times per week from wastewater treatment plants across England.
- The N1 abundance is reported as gene copies per litre of wastewater sample collected.

Data

The general COVID-19 wastewater epidemiology process is as follows:

1. The wastewater network is mapped.
2. Wastewater auto-sampling units are strategically placed in the sewage network to collect wastewater from a region of interest (ROI).
3. The autosamplers gather wastewater over a set time period (in some cases grab samples are taken due to the availability of autosamplers or network characteristics.)
4. The laboratory will perform assays to calculate the total amount of SARS-CoV-2.
5. A total viral load in the ROI is reported.

Data and Reporting: Waste Waters Surveillance

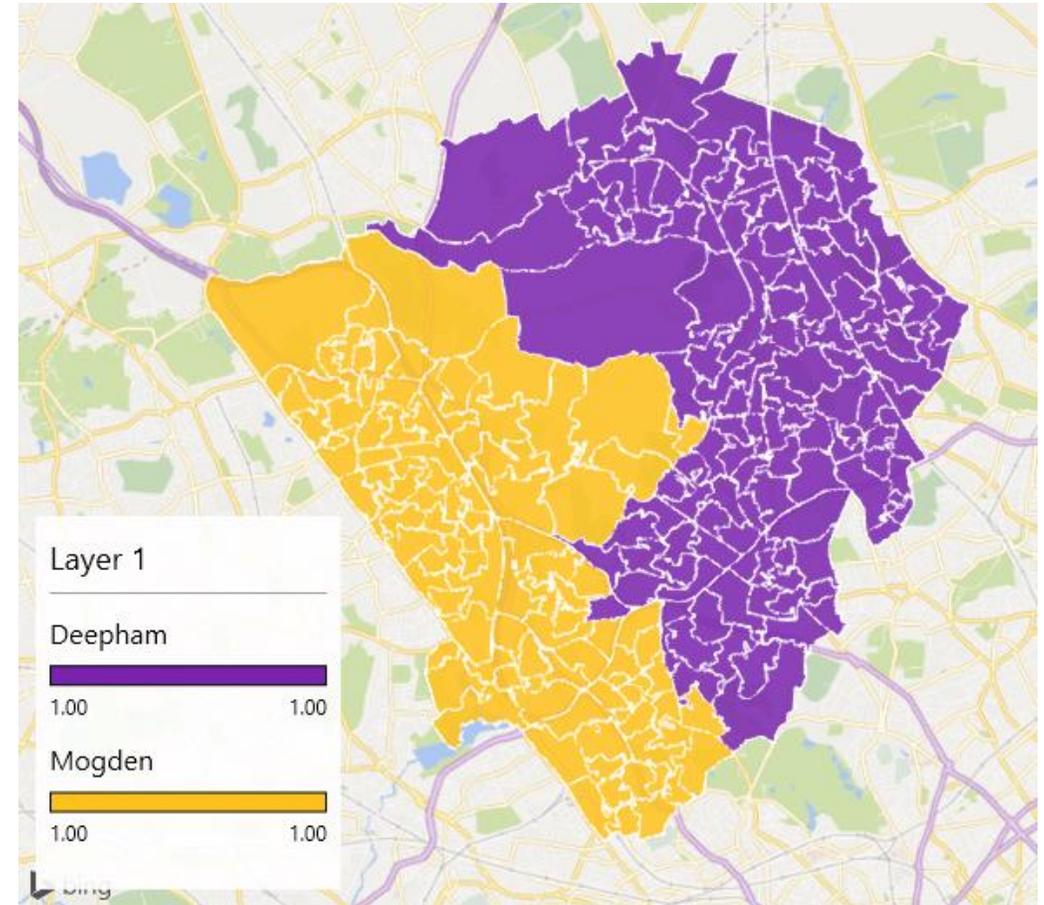
Lead: LBB Public Health Intelligence - Jeremy Hooper

Barnet is covered by two wastewater monitoring stations:

- **Deepham**
- **Mogden**

Wastewater can be sampled either from a large community area (at the wastewater plant) or 'up-stream' to monitor a smaller region of interest or at the outlet of a single building (eg. campus, school, care home, HMO).

Although viral concentrations cannot not yet be directly converted into population prevalence, trends over time and comparisons in results between sites can provide insight into the relative levels of COVID-19 circulating in the population.



Introduction

This plan is intended as an update to the Test and Trace comms plan from June 2020, which focused on reducing rates of COVID-19 by increasing trust in and take up of Test and Trace. Since then, we have started to communicate other work streams in the fight against COVID and the Government has asked us to promote a series of new national measures to reduce rates of the virus. We have also decided to take a hard hitting and proactive approach in our local communications, which took the form of a new high vis COVID-19 campaign in Jan 2021. This plan will pull these different workstreams together.

Communications: Strategy Aims

Lead: Marianne Sladowsky, COVID-19 Communications Lead

The aims of the communications strategy are:

1. Raise awareness of the importance of following the changing national rules to contain the spread of COVID-19, as well ongoing COVID-safe practises.
2. Ensure residents are informed about when, how, and where to test for COVID-19 and that they are aware of the importance of Test and Trace.
3. Inform residents about the vaccine and build trust for it, especially amongst communities with a traditionally low vaccine take up
4. Inform residents and businesses about the penalties faced if rules are flouted
5. Create a plan for a safe exit from lockdown and then eventually from all national measures.

Communications: Raise Awareness

Lead: Marianne Sladowsky

We will achieve this by:

- Disseminating changes in national measures to all Barnet residents via regular comms channels: Barnet First e-news and magazine, the COVID-19 website hub, social media posts, VCS newsletters, Barnet COVID-19 Health Champions.
- Barnet-wide out of home campaigns, such as the COVID Can Cost You Everything campaign from Jan 2021 and the upcoming vaccine engagement campaign.
- Engage communities and wards that have higher than average COVID-19 rates (see inequalities section for more detail)
- Work with councils across London as part of the Keep London Safe campaign to use common assets and research to underpin communications initiatives.
- Engage Barnet communities on particular events, which require more targeted communications, such as Christmas and Purim (more detail in health inequalities section).

Communications: Inform Residents on T&T

Lead: Marianne Sladowsky



We will achieve this by:

- Regular website, social media and Barnet newsletter comms about the importance of PCR testing when people have symptoms and the rules around self-isolation, as well as financial and voluntary sector support for it. COVID-19 Health Champions assets to support.
- Comms planning around the introduction of LFD testing via previously mentioned channels as well as some targeted comms to businesses in areas around testing centres.
- Continued promotion of national test and trace initiatives such as the NHS Test and Trace App and of local test and trace services as needed.
- Create a comms plan for surge testing in case a variant of the virus is identified. We now have this, along with a set of assets that we can use for future surge testing projects.

Communications: Build Vaccine Trust

Lead: Marianna Sladowsky

We will achieve this by using the following assets:

- Produced by Government, NHS and PHE comms teams.
- Made jointly with our NCL partners, such as an animation for young people produced by Haringey.
- Produced by the **Keep London Safe** campaign
- More multi-media: videos from trusted voices, audio clips, infographics, social media graphics.

Local Outbreak Management: Outbreak Identification and Rapid Response Framework

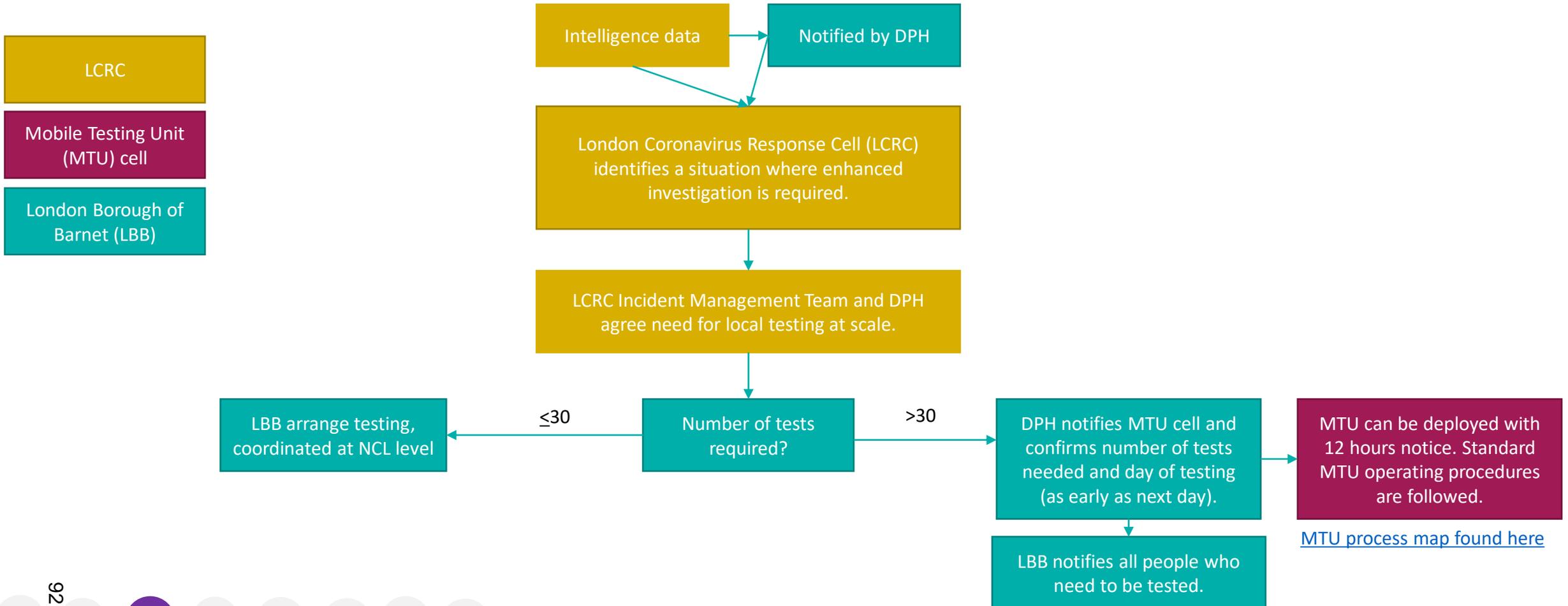
To support local outbreak prevention and management, local guidance documents for organisations and businesses have been produced, to be used across a range of settings for prevention and management of outbreaks. This guidance is intended to keep the setting safe and enables key individuals to know what to do in the event of symptomatic cases of Covid-19 in their setting.

- **Outbreak definition:** An outbreak is defined as two or more cases (suspected and/or confirmed) linked in place and time. The LOCP may therefore be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type.
- **Initial risk assessment:** PHE HPT contact relevant setting to ensure all actions have been taken, conduct a risk assessment to determine the complexity of the situation and whether measures may need to be taken.
- **Infection Control and Response to Enquiries:** IMT to convene with deciding roles of the muliti agency response, agreeing outbreak response. Situation updates fed back to Health Protection Board.
- **Enhanced testing and Contact tracing:** Testing of people within complex settings may be advised, testing will be done in collaboration with local authority, PHE and the DHSC.
- **Intelligence monitoring:** The setting will continue to be monitored by the IMT using regular intelligence updates
- **Control measures:** If the virus continues to spread, activities may be restricted or required to close. This will be decided by the IMT based on risk assessment

PCR testing for outbreak investigation

Lead: Dr Tamara Djuretic (LBB DPH)

In the case of an outbreak we will need to expedite testing. Access to these tests will be determined on a case by case basis, requiring a specific request from our Director of Public Health (DPH).



- LCRC
- Mobile Testing Unit (MTU) cell
- London Borough of Barnet (LBB)

Local Outbreak Management: High-Risk Settings

Lead: Senior Management LBB Public Health-Janet Djomba, Emma Waters, Rachel Wells, Julie George, Mike Koumi

| Setting | Action Card | Plans/Risk Assessment Tools |
|---|--|---|
| Early Years <i>Updated March 2021</i> |  Early Years Action Card | |
| Schools <i>Updated March 2021</i> |  Action Card Schools | LCRC Documents accessible from SharePoint |
| Universities <i>Updated March 2021</i> |  Universities Action Card | |
| Workplaces <i>Updated March 2021</i> |  Workplaces Guidance | Download <ul style="list-style-type: none">- Corporate risk assessment example- Staff risk assessment form example |
| Care Settings |  Care outbreak Management | Barnet Visiting Policy for Care Settings |

Local Outbreak Management: Data & Reporting

Lead: Jeremy Hooper, Public Health Intelligence Lead

- During local outbreak, data will flow as described [here](#);
- Further details on all suspected cases (identified by Contact Tracing and outbreak investigation); positive cases (LCRC) and those tested via increased local testing capacity (CLCH and LCRC) will be analysed daily and reported into Incident Management Team;
- Data will be anonymised and shared on 'need to know' basis in order to contain further spread;
- Individual line listing of cases will not be shared beyond the Public Health team. This will be used to support cluster identification.

Local Outbreak Management: PHE LCRC Data Flow

| | Setting | | | | | | |
|--|--|------------------------|-----------|-----------------|-------------------------------|------------------------|---|
| | Care settings | School and Early Years | Workplace | Health settings | Prison/custodial institutions | Homeless and/or hostel | Community cluster |
| London Coronavirus Response Centre response | <ul style="list-style-type: none"> - Receive notification from Tier 2 - Gather information and undertake a risk assessment with the setting - Provide advice and manage cases and contacts, testing and infection control - Provide information materials to the setting - Recommend ongoing control measures - Convene IMT if required - Provide information to DsPH and advice/recommendations for ongoing support - Communicate and coordinate with other LAs, regions, devolved administrations and internationally as required. | | | | | | <ul style="list-style-type: none"> - Receive notification from Tier 2 - Support Local Authority in their risk assessment of and response to an identified community cluster |
| Local authority response | <ul style="list-style-type: none"> - Prevention work and respond to enquiries - Support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans - Follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and PPE access - Participate in IMT if convened by LCRC - Organise testing and Mobile Testing Unit deployment as required - Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public - Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting | | | | | | <ul style="list-style-type: none"> - Receive notification from Tier 2 - Convene IMT - Provide support to community which may include translated materials, support to self-isolate, advice and enforcement - Liaise with the local CCG, GPs and other healthcare providers - Local communications (e.g. Cllr briefing, local press inquiries, comms with public) |

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