

MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 30TH SEPTEMBER, 2021

AT 9.30 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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	Nitish Lakhman
Chris Munday	Caroline Collier	

Substitute Members

Dr Barry Subel	Councillor Rohit Grover	Dr Murtaza Khanbhai
Dr Julie George	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 27 September. 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

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 10
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Public Questions and Comments (if any)	
5.	Report of the Monitoring Officer (if any)	
6.	List of Health and Wellbeing Board (HWBB) Abbreviations	11 - 14
7.	Forward Work Programme	15 - 18
8.	COVID-19 Pandemic update and Barnet Hospital update (verbal)	
9.	ICS Development update (verbal)	
10.	COVID-19 and Flu vaccination update	19 - 30
11.	Healthwatch Presentation - Accessing your GP remotely	31 - 40
12.	Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025	41 - 52
13.	Joint Strategic Needs Assessment (JSNA) 2021	53 - 68
14.	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2020-21	69 - 92
15.	Any Items the Chairman decides are urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES

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

FIRE/EMERGENCY EVACUATION PROCEDURE

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

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

Do not stop to collect personal belongings

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

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

This page is intentionally left blank

Decisions of the Health & Wellbeing Board

15 July 2021

AGENDA ITEM 1

Board Members:-

* Councillor Caroline Stock (Chairman)

* Dr Charlotte Benjamin (Vice-Chairman)

Dr Tamara Djuretic

Caroline Collier

* Nitish Lakhman

* Cllr Richard Cornelius

Dr Clare Stephens

* Cllr Sachin Rajput

* Dr Julie George (Substitute)

* Dr Nikesh Dattani

* Chris Munday

* Dawn Wakeling

* Fiona Bateman

* Colette Wood

*Members present

1. Minutes of the Previous Meeting

The Chairman of the Health and Wellbeing Board, Councillor Caroline Stock welcomed all attendees to the meeting being held at Hendon Town Hall and noted the Covid-secure measures in place throughout the meeting.

It was RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 8 April 2021 be agreed as a correct record.

2. Absence of Members

Apologies for absence were received from:

- Dr Tamara Benjamin who was substituted by Dr Julie George, Deputy Director of Public Health
- Dr Clare Stephens
- Caroline Collier

3. Declaration of Members' Interests

Dr Charlotte Benjamin, Vice-Chair of the HWBB declared an interest on behalf of herself and Dr Nikesh Dattani, who attended the meeting virtually, in relation to the relevant agenda items as primary care providers via their respective GP Practices and GP Federation in the interest of transparency.

Councillor Sachin Rajput declared an interest in relation to agenda item 16 by virtue of being a Trustee of Nicholl & Daniel Homes.

4. Public Questions and Comments

None.

5. Report of the Monitoring Officer

None.

6. List of Health and Wellbeing Board (HWBB) Abbreviations

The Board noted the standing item on the agenda which lists the frequently used acronyms in HWBB reports.

7. Forward Work Programme

The Board noted the items due to be reported to future HWBB meetings including the items on ICS and ICP. The Annual Safeguarding Adults report will also be included on the Forward Work Programme (**Action:** FWP).

RESOLVED that the Board noted the Forward Work Programme.

8. COVID-19 Pandemic, Vaccination Programme and Barnet Hospital verbal update

The Chairman welcomed Deborah Sanders, Chief Executive Royal Free Hospital who provided an update on Barnet Hospital, the pressures experienced in the system around primary care patients and the number of patients treated in respect of COVID-19. Dawn Wakeling, Executive Director for Adults and Health noted the increase in the number of referrals and particularly for mental health services and the importance of continued dialogue amongst partners to address issues effectively.

Dr Julie George provided an update on the COVID-19 cases within Barnet and noted that there have been fewer cases of Covid resulting in hospitalisations compared to past peak periods. She noted the concerns around the anticipation in the increase of the number of Long COVID cases. Given the easing of COVID restrictions, people are urged to wear face coverings, consider social distancing and consider the number of people they come into contact with.

Dr Charlotte Benjamin spoke about the vaccination programme noting that 231,000 people have been vaccinated in Barnet with 171,000 people having received their second vaccination dose. Dr Benjamin informed the Board about the significant amount of work taking place across NCL to promote and encourage vaccination uptake. The engagement work includes a number of workstreams designed to inform and engage with residents by answering queries around the vaccine and delivering webcasts in different languages for communities in Barnet.

The Chairman thanked the Board for the update and the discussion.

9. Final Barnet Joint Health and Wellbeing Strategy 2021-2025

The Chairman welcomed the final JHWB Strategy for Barnet 2021-2025 which has been developed through extensive engagement with residents.

Dr George presented the item which was previously discussed in April and includes the consultation report and one page summary. In terms of future reporting, she noted that the Board will be updated on the implementation of the Strategy.

It was RESOLVED:

- 1. That the Health and Wellbeing Board approved the final version of the Barnet Joint Health and Wellbeing Strategy 2021-25 for implementation.**
- 2. That the Health and Wellbeing Board noted and discussed as above the proposed approach to outcome monitoring and implementation plan, to be fully developed and presented at HWB Board in September.**

10. North Central London Integrated Care System (ICS) Development presentation

The Chairman welcomed Richard Dale, Executive Director of Transition at NCL CCG. Mr Dale presented (virtually) and summarised the key points regarding the development of the NCL ICS to the Board. He noted that the engagement work will feed into the development of the plans which includes working closely with Healthwatch and other partners to help shape plans and ensure that the system incorporates patients' views.

The Board noted the presentation.

11. An update on the Barnet Integrated Care Partnership and Integrated Care Systems

The Chairman welcomed the report and commended the extraordinary integration work delivered throughout the pandemic.

Dawn Wakeling, Fiona Bateman and Colette Wood spoke about the importance of joint working and the continued commitment towards partnership collaboration, including taking into account the safeguarding perspective.

It was RESOLVED that the Health and Wellbeing Board noted and commented as above on the report.

12. Suicide Prevention Strategy 2021-2025

The Chairman welcomed Dr Elliott Roy-Highley who presented and provided a summary of the report to the Board. Dr Roy-Highley spoke about the overarching aims and the comprehensive action plan. He spoke about the need to engage and build further collaboration with partners. The Board was encouraged to share and

disseminate the suicide prevention training link contained within the report. Update reports will also be brought to the Board.

Following a query from the Board regarding measures being taken, it was noted that a number of actions will be implemented to address and reduce risk factors and support a broader range of people including through sign posting.

Dr Roy-Highley welcomed the opportunity to engage with family services and adult social care services and feed into the Strategy.

The Board agreed the motion to include an additional recommendation to read:

That the Strategy incorporate views from Family services, children's and adult social care services

It was therefore RESOLVED that

- 1. That the Board discussed as above and noted the report.**
- 2. That the Strategy incorporate views from Family services, children's and adult social care services**
- 3. That the Board receive an annual update in 2022 and 2023 following a review of progress against the 2021-2023 action plan.**
- 4. That the Board receive the 2023-25 action plan in 2023.**

13. North Central London Clinical Commissioning Group Strategic Review of Community and Mental Health Services

The Chairman welcomed Joanne Murfit, Programme Director for NCL CCG Strategic Reviews of Community and Mental Health Services.

Daniel Morgan, Director of Commissioning NCL CCG, also joined the meeting and spoke about waiting times and actions being taken to address this across NCL and involving parents and children.

Chris Munday highlighted the importance of ensuring that the review will involve parents, children and carers and that they feed into the review. He welcomed the opportunity to work together. Fiona Bateman expressed support towards the review from safeguarding boards point of view.

The Chairman thanked the Board for the discussion and noted that the Board would welcome an update report in the future. **(Action FWP)**

It was RESOLVED that the Health and Wellbeing Board noted the progress of the reviews of community and mental health services and advise on further engagement actions that would support these reviews.

14. Healthwatch Update Presentation

Nitish Lakhman, Healthwatch Manager, presented the slides to the Board and provided a summary. The Board welcomed the presentation and Fiona Bateman noted the importance of ensuring a clear understanding about digital exclusion.

The Board noted the presentation.

15. Barnet Together - Inclusion Barnet Update Presentation

The Chairman noted that this item will be discussed a future meeting of the HWBB.
(Action FWP)

16. Health and Wellbeing Needs Assessment of Rough Sleepers in Barnet

The Chairman invited Louisa Songer – Public Health Strategist who joined the meeting. Ms Songer presented the report and spoke about the creation of the homelessness forum which will aim to take forward recommendations from the needs assessment and report into Housing & Growth Committee and HWBB where appropriate.

The Board welcomed Joe Lee CEO of Homeless Action in Barnet, who informed the Board about the current situation with homelessness in Barnet. He discussed the experience of a service user and the importance of access to health care and services for rough sleepers.

Chris Munday highlighted the need to refer to children and young people as part of the assessment, particularly links between care leavers and homelessness. Ms Songer stated that going forward the work will work together with Children's services to address this issue.

The Chairman thanked the Board for the discussion.

It was RESOLVED:

- 1. That the Board note the finding and recommendations of the needs assessment.**
- 2. The members of the Board commit to joint working to addressing the needs identified through the needs assessment of this underserved population.**
- 3. That the Board agree to receive future reports on action plans and progress on implementation of the recommendations of the needs assessment.**

17. New Warding Arrangements Presentation

The Chairman welcomed Emily Bowler, Head of Assurance and Business Development and John Bailey Head of Elections who presented the new Boundary Review outcomes and its implications on Barnet.

The Board noted the presentation.

18. Any Items the Chairman decides are urgent

None.

The meeting finished at 12.15 pm

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
BASB	Barnet Adults Safeguarding Board
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
CNWL	Central and North West London NHS Foundation Trust
CRAT	Carer Recruitment and Assessment Team
CWP	Children's Wellbeing Practitioners
CYP	Children and Young People
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

AGENDA ITEM 6

EPS	Electronic Prescription Service
FAB	Fit and Active Barnet
GLA	Greater London Authority
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
IPC	Infection Prevention and Control
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
MDT	Community Multi-Disciplinary Team model
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 (CCG)	North Central London Clinical Commissioning Group: Barnet, Camden, Enfield, Haringey and Islington
NCMP	National Child Measurement Programme
NEL	North East London

NP	Non-Pharmaceutical Interventions
OCHT	One Care Home in-reach Team
OT	Occupational Therapist
OHS	Occupational Health Service
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
STP	Sustainability and Transformation Partnerships
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
VCSE	Voluntary, Community and Social Enterprise
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

**Health and Wellbeing Board
Work Programme**

2021-2022

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

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision
30 September 2021				
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer	Non-key
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer	Non-key
COVID-19 Pandemic Update (verbal)	The Board to note the update	Director of Public Health and Prevention Vice Chair of the HWB	Director of Public Health and Prevention Vice Chair of the HWB	Non-key
ICS Development update (verbal)	The Board to note the update.	Chair NCL CCG, Accountable Officer NCL CCG	Chair NCL CCG, Accountable Officer NCL CCG	Non-key
COVID-19 and Flu vaccination update	To note the update	Director of Public Health and Prevention Vice Chair of the HWB	Director of Public Health and Prevention Vice Chair of the HWB	Non-key
Healthwatch Presentation	To note the presentation	Healthwatch Manager	Healthwatch Manager	Non-key
Health and Wellbeing Strategy Implementation Plan and Metrics	The Board to note and approve the update report.	Director of Public Health and Prevention	Kirsty Dutton	Key
Joint Strategic Needs Assessment (JSNA) refresh	The Board to note and approve the refresh.	Director of Public Health and Prevention	Jeremy Hooper, Insight and Intelligence Lead	Non-key
Annual Adults Safeguarding Report	To note the recommendations	Independent Chair, Annual Adults Safeguarding Board	Independent Chair, Annual Adults Safeguarding Board	Non-key
9 December 2021				
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer	Non-key

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

Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer	Non-key
COVID-19 Pandemic Update (verbal)	The Board to note the update	Director of Public Health and Prevention Vice Chair of the HWB	Director of Public Health and Prevention Vice Chair of the HWB	TBC
COVID-19 Champions	To note the update.	Director of Public Health and Prevention	Director of Public Health and Prevention	TBC
Deep Dive – Key Area 1 of the HWB Strategy	To approve the recommendations.	Director of Public Health and Prevention	Director of Public Health and Prevention	TBC
Review membership of the HWB Board	To approve the recommendations.	Governance Public Health	Governance Public Health	Non-key
Barnet Together Update Presentation	The Board to note the recommendations and update.	CEO Inclusion Barnet	CEO Inclusion Barnet	Non-key
Neighbourhood Model Working (linked to key area Joint Health and Wellbeing Strategy)	To note the report.	Director of Public Health and Prevention Director of Integration, NCL CCG	Director of Public Health and Prevention	TBC
Prevent Update for Health and Wellbeing Board	To note the report.	Prevent Education Officer	Prevent Education Officer	TBC
24 March 2022				
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer	Non-key
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer	Non-key
COVID-19 Pandemic Update (verbal)	The Board to note the update	Director of Public Health and Prevention Vice Chair of the HWB	Director of Public Health and Prevention Vice Chair of the HWB	TBC

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

	Health and Wellbeing Board 30th September 2021
Title	COVID-19 and Flu Vaccination Update
Report of	Dr Charlotte Benjamin NCL CCG, Vice-Chair of Health and Wellbeing Board
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Katrina Watson Head of Primary Care NCL CCG Katrina.watson5@nhs.net
Summary	
This report provides an update on the COVID-19 and flu programme for Barnet.	

Recommendations
That the Health and Wellbeing Board note the update report.

1. WHY THIS REPORT IS NEEDED

- 1.1 Barnet has been delivering an extensive Covid vaccination programme since December 2020, via Primary Care Network (PCN) hubs, pharmacies and a mass site at StoneX. In addition to on site activity, sites have also delivered ‘pop-up’ clinics and outreach activity.
- 1.2 To date, Barnet has delivered a first dose of the vaccination to a total of 245,717 patients (data as of 31 August, source: North London’s Population Health Management platform, HealthIntent). Over 220,771 patients have now had their second dose.

1.3 The table below shows the percentage of eligible patient cohorts who have had their vaccination, by dose.

Cohort	Description	1st Dose uptake	2nd Dose uptake	No. unvaccinated
1-9	Patients aged 50+	83%	81%	26,761
	CEVs, Care Home residents and Carers			
	16-64 with underlying health conditions			
10	Age 40-49	68%	64%	17,941
11	Age 30-39	57%	48%	28,823
12	Age 18-29	54%	37%	28,483
12	<18	29%	n/a	6815

1.4 Vaccinating 12-15 year olds

Under Joint Committee on Vaccination and Immunisation (JCVI) and NHS England guidance, the vaccinating of cohort 12 have been carefully phased. Since the guidance of the 5th August, 16 to 17 year olds can all now be vaccinated with Pfizer.

12-15 year old patients who are clinically extremely vulnerable (CEV) may also be vaccinated with Pfizer as may those who are 12-15 years who live in the same household as a patient who is immunosuppressed.

Practices across Barnet have used EMIS (Egton Medical Information Systems) searches to identify eligible patients, totalling 202 within the borough. The (Primary Care Network) PCN4 vaccination Hub at Lane End have offered their services Pan Barnet to vaccinate this cohort. To date running 4 clinics for this cohort.

JCVI guidance was then updated further for the CEV 12 to 15 year olds expanding the eligibility criteria to include conditions:

- haematological malignancy
- sickle cell disease
- type 1 diabetes
- congenital heart disease
- chronic respiratory disease

- chronic heart conditions
- chronic conditions of the kidney, liver or digestive system
- chronic neurological disease
- endocrine disorders
- immunosuppression
- asplenia or dysfunction of the spleen
- serious genetic abnormalities that affect a number of systems

The number of eligible children within this cohort is now 701. Practices are identifying patients and referring them to clinics as appropriate for vaccination.

JCVI announced on 14th September that all children age 12 to 15 will be eligible for 1 dose of Pfizer vaccine. At the time of writing this report there are no set plans for Barnet as discussions on the mobilisation, consenting and timescales for delivery of the programme are still in discussion. It is however anticipated that this will be delivered in schools with the support of primary care if required.

1.5 **Mass site vaccination**

Barnet launched its mass vaccination site at the StoneX ground on 28th April. Patients are booking directly into the site via the National Booking system. At present, it is offering Pfizer only. To date the site has delivered 82,870 vaccinations, Source: Foundry 2nd September 2021). Of these, 52,753 have been 1st doses and 30,117 have been 2nd doses.

The StoneX site is due to close on 30th September 2021. At the time of writing this report there are no immediate plans for another mass site in Barnet.

1.6 **Key patient groups**

The table below outlines the core vaccination models for key patient groups and current performance on uptake.

Patient group	Model of delivery	Performance
Homeless	NCL Homeless Task & Finish meet bi-monthly Vaccination offered via Find and Treat and Gateway Chemist (pharmacy closest to HAB)	Difficult to ascertain exact figures due to transient nature of homeless population
Asylum Seekers	COVID vaccinations offered via PCN Local Vaccine Site (LVS). However, this will change	COVID vaccination monitoring for this cohort is incredibly complex due to the high turnover of

	<p>to be delivered by Find & Treat as PCNs LVS pause.</p> <p>Local Commissioned Service (LCS) continues to be commissioned from GP practices – service extension now until 30th September 2021 – resulting in more individuals accessing needed NHS pathways;</p>	<p>residents (4-6 weeks generally speaking) in each of the hotels, therefore there is no fixed denominator.</p>
New Care Home Residents	<p>Care Home/GPs use Housebound referral process to Federation who work with Central London Community Healthcare Trust (CLCH) to vaccinate</p>	<p>These are ad hoc referrals of small numbers.</p>
Remaining Housebound patients	<p>GPs referral to Fed who work with (CLCH) to vaccinate in appropriate clusters</p> <p>AstraZeneca only</p> <p>1st and 2nd Doses</p>	<p>93% of patients identified as housebound/bedbound have been vaccinated. (Source, HealthIntent 16th August 2021)</p> <p>147 Housebound patients remain to be vaccinated across Barnet (EMIS: 1st September)</p>
Patients with Learning disabilities	<p>Mixed model of operation. Learning Disabilities task and Finish meet fortnightly to direct efforts appropriately</p>	<p>84% have had 1st vaccine, 78% have had 2nd vaccine, 4% have declined vaccine</p> <p>(Source: EMIS Searches 1st Sept)</p>
Care Home Staff	<p>Encouraged to access mass sites across NCL and/or pharmacy sites</p> <p>Ran 1-2-1 engagement sessions with clinicians to discuss vaccination hesitancy factors</p> <p>Ran fertility discussion drop in sessions</p>	<p>Uptake May to date has increased from 72.5% to 85.7% (Source London Borough of Barnet (LBB) Care Home Capacity Tracker 16th August)</p>

1.7 Outreach and Pop-up activities

Mobile vaccination service

Barnet has been offering a mobile vaccination service through a vaccine bus, developed and delivered in collaboration between StoneX, Royal Free, Barnet Primary Care Team and Barnet Borough. The bus carries a supply of Pfizer vaccine along with staff to administer the vaccine. From 19th July it has been offering a regular schedule of stops at Brent Cross Shopping Centre, St Agnes Church in Cricklewood and The Unitas Youth centre, ClitterHouse project, new Southgate recreation ground, Grahame Park and a view to schedule activity McDonalds Colindale in future weeks. Since the 12th July, the team have vaccinated approximately 1590 patients; up until 29th August 2020.

The existing bus programme will run up until 17th September.

From October onwards we are looking to run a new enclosed model bus which will take us into Autumn/Winter. We envisage running a schedule to support the 'evergreen' offer of 1st and 2nd vaccines but also the phase 3 booster programme. Further details and schedule is being worked up and will be shared when finalised.

1.8 Phase 3 Booster Programme

The Phase 3 Coronavirus Vaccination Enhanced Service Specification was published on 14th July. Full specification documents can be found here

[Coronavirus » Enhanced Service Specification – phase 3 coronavirus vaccination \(england.nhs.uk\)¹](https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-phase-3-coronavirus-vaccination/)

The specification seeks to run from 6th September to 31st January 2022, covering a booster vaccination programme and an 'evergreen' offer of vaccination to those yet unvaccinated. The model of delivery is set as a PCN grouping offering. We are pleased that 50 out of 51 practices signed up to deliver the Enhanced Service.

Four new sites have been approved by NHSE in Barnet, these are Practice@188 (PCN6), Longrove, Oakleigh Road and Torrington (PCN2&3). These together with the existing sites from phase one total 9 sites across the borough. Preparations are now underway for sites to begin operating phase 3 towards the end of September or early October, subject to JCVI announcements in the forthcoming weeks regarding eligible first cohort.

It is anticipated that the covid vaccine will be co-administered with the Flu vaccine to eligible patients as appropriate.

¹ <https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-phase-3-coronavirus-vaccination/>

1.9 Flu

Since 2013, influenza vaccination has been offered to children in a phased roll-out to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

The expanded influenza vaccination programme that we had last year will continue in 2021 to 2022 as part of our wider winter planning when we are likely to see both influenza and COVID-19 in circulation. This means that as a temporary measure the offer for 50 to 64 year olds will continue this year to protect this age group, as hospitalisation from COVID-19 also increases from the age of 50 years onwards.

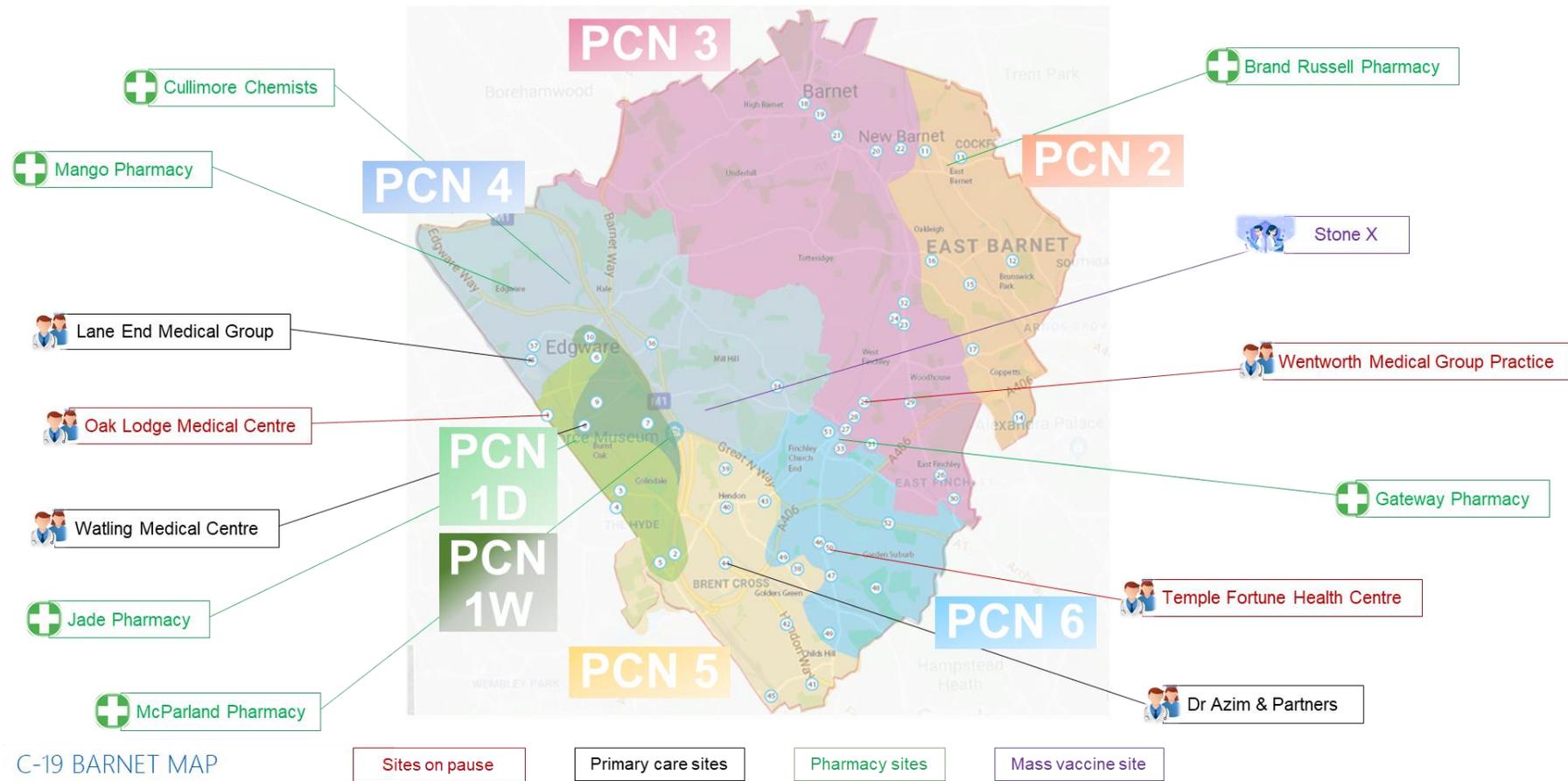
As a temporary measure, the programme will also be extended this year to 4 additional cohorts in secondary school so that all those from years 7 to year 11 will be offered vaccination. Vaccinating children reduces transmission of influenza and JCVI have recommended that expanding into secondary schools would be cost-effective, particularly if COVID-19 is still circulating.

1.10 Therefore, those eligible for NHS influenza vaccination in 2021 to 2022 are:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff employed by:
 - a registered residential care or nursing home
 - registered domiciliary care provider
 - a voluntary managed hospice provider
 - Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.

All frontline health and social care workers are expected to have influenza vaccination to protect those they care for.

Barnet COVID-19 vaccination sites



1.11 BARNET POP UPS AND OUTREACH

FOCUS	DETAILS
Faith based groups	<p>14th Feb - Hendon Mosque pop up — approx. 15pts vaccinated</p> <p>28th Feb - Jesus House – Pilot multi faith event – 33 patients vaccinated</p> <p>7th March - Jesus House Pop multi faith event - 140 patients vaccinated</p> <p>9th March - Jesus House pop up multi faith event - 161 patients vaccinated</p> <p>29th April – PCN 5 Dr Azim Pop Up at the Muslim Centre, Hippodrome, Golders Green over 45 patients from PCN 5 rather and some from Multi-faith engagement work vaccinated</p>
Homeless and Asylum-seeking communities	<p>Homeless vaccination via roving teams across March - 36 people vaccinated at Ramada Inn, Finchley</p> <p>26th March - A COVID vaccination pop-up clinic at the Homeless Action in Barnet site for individuals experiencing homelessness took place delivered by PCN2 & PCN3, vaccinating 19 people.</p> <p>23rd April, PCN2/3 hub at Wentworth ran a pop-up clinic at Homeless Action in Barnet. The event delivered vaccine to 24 individuals.</p> <p>28th April - PCN 6 with direct support from The Practice@188, supported the delivery of a pop up at the Holiday Inn in Brent Cross. The targeted audience for the clinic were homeless and the asylum-seeking population. At least 102 COVID-19 vaccinations were administered, as well as 25 MMR vaccines, 10 MenACWY vaccines and 2 pneumonia vaccines.</p> <p>20TH May Holiday Inn Express – 63 vaccinations to homeless and asylum seeker communities</p> <p>26th May Holiday Inn Brent cross 121 vaccinations aimed at asylum seeker communities</p>

<p>Accessing ethnic communities</p>	<p>Farsi and Pashto webcast delivered on 26th March</p> <p>Romanian Event was held on 21st May and was a Facebook live event and a number of Romanian clinicians have come forward to support it. The Watling hub then hosted a dedicated vaccination clinic at their premises for those who attended the live event</p>
<p>Local populations</p>	<p>Watling Medical Centre hosted a successful pop-up vaccine clinic on Sunday 11th April. 46 people from the local area were vaccinated during the session and had a chance to find out more about the vaccine from GPs and other health professionals.</p> <p>9th May – PCN5 Dr Azim hosted a 2nd dose pop-up event for the local community at Jesus House, vaccinating over 100 people</p> <p>26th and 27th June – Stonex walk in weekend vaccinated 1500 patients</p> <p>12th, 14th and 16th July Brent Cross Pop up week with Vaccine Bus – 238 patients vaccinated</p> <p>17th July – Pop up at Watling Market by PCN5 and Vaccine Bus team – 71 patients vaccinated</p> <p>19th July onwards – Barnet Vaccine Bus schedule – 1590 vaccinated so far</p>

2. REASONS FOR RECOMMENDATIONS

2.1 To provide an update to the Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Any post decision action will be taken forward through the relevant organisations.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The areas identified in the report are aligned with the Council's Corporate

Plan, Barnet 2021-2025, Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

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

5.2.1 None in the context of this report.

5.3 Social Value

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

5.4 Legal and Constitutional References

5.4.1 Under the Council's Constitution, Article 7 the terms of reference of the Health and Wellbeing Board include the following responsibilities:

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

5.5 Risk Management

5.5.1 Risks will be managed in relation to Barnet's corporate approach to risk management.

5.6 Equalities and Diversity

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

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

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

5.7 **Corporate Parenting**

5.7.1 Not applicable in the context of this report

5.8 **Consultation and Engagement**

5.8.1 Consultation and engagement within in the vaccines programme is achieved in various formal forums with stakeholders across health and social care.

5.9 **Insight**

5.9.1 Data and reporting sources used include healthanalytics and the National Immunisation Management Service

6. **BACKGROUND PAPERS**

6.1 None.

This page is intentionally left blank

Accessing your GP Remotely

Health and Wellbeing Board

30th September 2021



Project Background

- In March 2020, NHS England issued guidance that GPs should embed a triage system whereby most patients are seen remotely at first instance.
- Digital transformation was underway prior to the pandemic - NHS LTP Chapter 1 & 5, every patient to have a right to access their GP digitally.
- In July 2021, NHS England withdrew its primary care standard operating procedure (SOP) that aimed to formalise the triage model due to concerns raised.
- As a result of changes to GP services and feedback from local residents on their challenges with accessing their GP remotely we set out to gather local people's experience of accessing their GP remotely.



What We Did

- We collected insight from May - July 2021.
- We had three core methods of collecting insight from residents:
 - Community focus groups - online and in-person
 - 1-2-1 telephone interviews
 - Online survey
- In total, we gathered **376** experiences of local people across all of Barnet.
- The experiences we captured come from a diverse and broad range that includes people with mental health issues, learning disabilities, autism, hard of hearing/deaf, visual impairment, digitally excluded and people whose first language is not English.



What We Found

Aspects people liked

The New GP Process

- **Before Appointment** - Ease of using the online booking system.
- **During Appointment** - Turnaround time from requesting an appointment and seeing your GP.
- **After Appointment** - Prescription collection working very well.

Convenience

- Remote appointments were more convenient, quick and time-efficient for many reasons, i.e. not travelling to the surgery, can book an appointment at any time of the day etc.

Personal Safety

- Some people expressed that they felt safer having a remote appointment with their GP compared to attending in person due to the risk of catching COVID-19.

Sarah's Case Study

“ I've got three children and we've had quite a few Doctor's appointments obviously over the last year between us and I think actually the telephone system has worked really well for me because you don't have to drag all the kids down there if you just need to ask something or ask them to prescribe something and it's done.

Also, the eConsult system has worked quite well to be able to send photos of rashes that they've had, and things they've had, and they've been dealt with very quickly with prescriptions at the Doctor's within a couple of hours, so we haven't even have had to have an appointment sometimes.

Saving time and probably even saving their time so they can deal with things that are more serious rather than me taking a child who needs treatment but doesn't often need an emergency appointment. GPs have done video calls after the phone calls so they've done extra things when they need to.

”



What We Found

Aspects people did not like

The New GP Process

- **Before Appointment** - Online form is lengthy with irrelevant questions, longer waiting time to get routine appointments and system inefficiencies resulting in increased access (40)% to more acute pathways.
- **During Appointment** - Scheduled appointment time slot too wide causing inconvenience for patients, some patients feeling rushed or the GP being late.

Patient Choice

- Many people wanted autonomy to choose between a face-to-face appointment and a telephone appointment. There are various reasons for this such as difficulties in describing symptoms over the phone, accessibility challenges for some people and personal preference.

'Digital Diagnosis'

- Many people expressed a lack of confidence and trust in exploring and/or receiving an adequate and correct diagnosis over a remote appointment and felt face-to-face appointments were more appropriate in these situations.

Meeting Accessibility Needs

- For some older people, people with learning difficulties, autism, hearing difficulties, sight impairment, people whose first language is not English, and people who are digitally excluded, remote appointments presented additional challenges.

What We Found

Aspects people did not like

Privacy & Data

- Some people expressed concerns about their privacy, the data being shared on remote appointments, and finding an appropriate place to take the GP's phone/video call.

Communication

- Some people highlighted the gaps in communication with their GP and GP surgery, which also included other services such as hospitals and pharmacies.

Telephone

- People who did not use the online booking system to request an appointment, either because they are digitally excluded or have a personal preference, and called the practice but experienced much longer waiting times.

Frustration about face-to-face access

- Some people were frustrated with the lack of face-to-face access and felt GP practices were playing catch up with the rest of society because other public sector services and organisations were open.

Rose's Case Study

“ I have seen the health service when it started, I've experienced the time when things were private and people had to pay their medical care and most of them had lack of medical care because they couldn't afford it. So when the welfare state and the health system came in it was wonderful and I can only speak from the experience of my mother at the time, she had the most wonderful treatment that we couldn't afford for her.

But over the years I've seen tremendous change and I'm afraid from my experience has not always been good. Now I am a geriatric and the service to me of course is only as good as the people who are running it and I find that things are not going well. I'm finding it extremely difficult to get service from a GP now, you have to phone and the line is always engaged, you get a receptionist and to get to a Doctor, I find it extremely difficult.

The consequences are because I'm not mobile anymore I just don't bother. I say I'd like to speak to a GP and then I get a time for approximately when the Doctor will call me but then I get a call at a different time from the Nurse. I don't mind the nurse but she's not a GP. I'm supposed to get a blood test every month, I get a cab or see if my kind neighbours will take me because I'm not able anymore to take public transport. I'm 98 years old.

”

Our Recommendations

- Offer a hybrid model of GP service delivery that includes remote and face-to-face appointments that takes into account the patient's choice and personal preference to meet their needs, and not based solely on clinical need.
- Several small process changes to improving the existing system, e.g. option on the booking form, shorter time window, simplify the form etc
- Address data concerns through individual surgery's internal channels to all patients to demonstrate how the surgery manages its General Data Protection Regulation responsibilities.
- Continue to improve communications on patient's individual care and on any service changes and its rationale, taking into account, how patients may have different communications needs.

This page is intentionally left blank

	Health and Wellbeing Board 30 September 2021
Title	Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Joint Health and Wellbeing Strategy Action Plan Appendix 2 – Outcomes and KPIs
Officer Contact Details	Kirsty Dutton, Project Development Manager - Kirsty.dutton@barnet.gov.uk
Summary	
<p>This report provides an update on the development of the Joint Health and Wellbeing Strategy (JHWS) 2021-25 Implementation and Action Plans.</p> <p>Appendix I provides the Joint Health and Wellbeing Strategy plan for its implementation. Appendix II provides the proposed approach towards monitoring the progress of the Strategy and outcomes and KPIs.</p>	

Recommendations
<ol style="list-style-type: none"> 1. That the Health and Wellbeing Board approve the final version of the Key Performance Indicators (KPIs) for the Joint Health and Wellbeing Strategy 2021-25 for implementation. 2. That the Health and Wellbeing Board note the proposed approach to outcome monitoring and engagement reports.

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 July 2021, the Public Health Directorate have been in collaboration with partners are to produce a new strategy for 2021 to 2025. In order to ensure that the council and partners are delivering on the JHWS, Key Performance Indicators (KPIs) have been drafted to measure progress. Actions have also been captured to aid the KPIs being delivered. Different measures have been used for the KPIs, some of which are new to the Council and directorate so have not been baselined as there is no previous data to utilise.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Implementing the new JHWS is one of our key priorities and a statutory duty even during this unprecedented period of COVID-19 Pandemic. The Health and Wellbeing Board oversees and approves the Strategy and related documents for the borough. Following on from previous updates to the board, these recommendations provide the board the opportunity to review the first phase of the Implementation and Action plans for the JHWS.
- 2.2 This Implementation and Action Plans have been developed from the JHWS, splitting actions into different phases. Phase One is actions that will be focused on in years one to two, Phase Two is years two to three and Phase Three is years three to four. The priorities within this have been refined through engagement with our partners across the health and care system and with key departments within the local authority. Other actions have been defined in line with the local merger of clinical commissioning groups, the national development of integrated care systems and the development of the new Barnet Plan.
- 2.3 In order to implement this strategy and deliver our key areas we will be delivering planned interventions to improve the health of residents around our strategic priorities. We take an evidence-based approach to identify these interventions. Evidence is also useful in the process to identify the most impactful interventions to reduce health inequalities and support our priorities. Due to the evidenced based approach to Implementation and Action prioritising, the Actions and KPIs may change based on the data available, in order to achieve the goals of the strategy and the best for residents.
- 2.4 The KPIs identified within the Implementation plan will be used in order to ensure that progress is being made on the aims of the JHWS. These have been linked to the Barnet Plan and will be reported on across the council, utilising different Boards available to create a collaborative approach to health across the borough. This also extends to partners outside of the council, with colleagues from the CCG being involved in the process of creating the KPIs outlined and implementing them.
- 2.5 The Actions identified have been developed from the JHWS, alongside each area lead. This has enabled the prioritisation of actions utilising data and tacit knowledge. Leads from throughout Public Health have been identified in Key Areas One and Two to have responsibility for different actions. Key Area Three

is with collaboration with the CCG so leads will be taken from the CCG and LBB, but have been noted as a collaboration.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Alternative options were not considered.

4. POST DECISION IMPLEMENTATION

4.1 The 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.

4.2 Actions will be monitored to ensure that the right approach is being taken to achieve the desired results of the JHWS

4.3 Any KPIs or Actions identified as not being achieved will be reviewed and appropriate action taken. In order to monitor this, progress will be reviewed at relevant internal Boards/groups across the council.

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 and the Actions and KPIs will be fundamental to achieving these goals. The actions and KPIs link to The Barnet Plan 2021 to 2025.

5.1.2 In addition to linking to corporate priorities, the outcome monitoring approach is included within these documents. This approach will provide outcomes and measurables for each key area and align with the implementation plan included in the final strategy document.

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

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 Actions and Implementation Plans will not be ready by Board in September 2021. In order to mitigate those risks, development of these documents has started early, and sufficient time has been allocated to develop them, within limited capacity and resources that may be diverted to respond to the Pandemic.

5.5.2 Part of the implementation of the Strategy will include a risk register, which will be regularly reviewed so that any risk that need to be escalated are appropriately dealt with.

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 the COVID-19 pandemic has shone a further light on disproportionality of the health outcomes amongst various groups, reviewed Health and Wellbeing Strategy process will include an engagement with diverse communities with a particular focus on Black, Asian and Minority Ethnic Groups.

5.6.2 Any evidence that demonstrates a disproportionately will be reviewed within the Actions and, if necessary, edited to ensure that the goal of equality within health is as tangible as possible.

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 actions set out

in the plan do provide opportunities to support the council's role as corporate parent through the health and wellbeing improvement interventions for children and young people residing in the borough including children in care.

5.8 Consultation and Engagement

5.8.1 The JHWS underwent a consultation on the draft strategy between 29 January 2021 and 12 March 2021. This consultation consisted primarily of an online questionnaire with an engagement session taking place with Barnet MENCAP users. The option of alternative questionnaire formats was advertised but not taken up by respondents. 72 responses were received for the questionnaire.

5.8.2 From the consultation with the public and engagement across the organisation and CCG, actions and KPIs have been identified in order to achieve the overarching goals of the JHWS.

5.9 Insight

5.9.1 The KPIs and actions for the JHWS have been chosen with evidence and data at the forefront of decisions. Different sources of data have been used and identified to best demonstrate how we are performing against the goals of the strategy. These have been sourced from across the Health sector and include the JSNA, Fingertips and the Public Health Outcomes Framework.

5.9.2 Looking forwards, to the implementation of the strategy, data will continue to inform the actions that are performed across Public Health. Any issues identified within the data currently available to the council, will be monitored and actioned as appropriate, striving for equality in health regardless of background, race, religion, gender.

5.9.3 The KPIs will be informed by data and monitored accordingly.

6. BACKGROUND PAPERS

6.1 Final Joint Health and Wellbeing Strategy (April 2021) Available at: <https://barnet.moderngov.co.uk/documents/s64507/Final%20JHWS%20board%20Report.pdf>

6.2 The Barnet Plan 2021 to 2025, Available at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/corporate-plan-and-performance>

This page is intentionally left blank

Barnet Project Management

Project Activity	Lead	Time Required	Actual Start Date	Planned Finish Date
Integrate our data to provide longitudinal view of the patient to support direct patient care and population health management	LBB/CCG	Phase 1/2/3	Sep-21	Sep-25
Further develop our digital offer to support prevention and provide timely accessible care, including risk monitoring	Public Health Strategist	Phase 2	Sep-22	Sep-23
Address inequalities in access to digital services	Head Of Customer Services & Digital	Phase 1/2/3	Sep-21	Sep-25
Develop contingency plans for older carers of adults with learning disabilities	Head of Learning Disabilities	Phase 1	Sep-21	Sep-22
Develop a new carers and young carers strategy	Improvement Consultant ASC	Phase 1/2	Sep-21	Sep-23
Perform an audit/gap analysis around carers and their health and wellbeing	Public Health Officer	Phase 1	Sep-21	Sep-22
Put in place risk monitoring around providing timely accessible care	LBB/CCG	Phase 1/2/3	Sep-21	Sep-25

Develop intergrated pathways around frail elderly residents	Assistant Director Commissioning Family Services	Phase 1	Sep-21	Sep-22
Develop aligned intervention pathways with the ICP for CYP	Assistant Director Commissioning Family Services	Phase 1	Sep-21	Sep-22
Develop intergrated pathways around CVD	Primary & Secondary Care	Phase 1/2	Sep-21	Sep-23
Increase range of services participating in MDTs and rolling out model across all areas	LBB/CCG	Phase 1/2/3	Sep-21	Sep-25
Embed prevention in PCN work through use of population health management	LBB/CCG	Phase 1/2/3	Sep-21	Sep-25
Audit materials used to ensure that they are accessible in terms of channels, ease of language and translated languages	Corporate Web Manager	Phase 2	Sep-22	Sep-23
Implement a strategic framework and acrion plan to respond to the needs of the homeless population	Public Health Strategist	Phase 2	Sep-22	Sep-23
Perform a homeless needs assessment	Public Health Strategist	Phase 1	Sep-21	Sep-22

APPENDIX I – MEASURING SUCCESS OF THE JOINT HEALTH AND WELLBEING STRATEGY 2021 – 2024

This paper is starting to describe our process for monitoring the progress of the Strategy implementation over the next four years. Implementation plan will be delivered in three phases: Year 1-2; Year 2-3 and Year 3-4.

For each Key area of the Strategy, three outcomes have been identified with proposed key performance indicators, baseline performance and a specific target that will be set to enable progress to be monitored.

Outcome	What is being measured	Baseline	2025 Target	Internal Lead
KEY AREA ONE: CREATING A HEALTHIER PLACE AND RESILIENT COMMUNITIES				
Barnet is a healthy place to live, work and study	Number of free drinking water stations installed in the borough	2021 Refill participating businesses – 76 businesses Fountains – 0	Two free drinking water facility per town centre ¹ and at least one water fountain in Barnet	Public Health Strategist (Prevention)
	Number of businesses involved in Healthier High Streets programme	New metric (collecting baseline information)	200 eligible businesses ²	Public Health Strategist (Prevention)
	The proportion of overweight or obese children at Year 6 (ages 10-11)	2019-20 34.4%	No increase	Public Health Strategist (Children and Young People)
Air we breathe in Barnet is cleaner	Number of deaths attributable to air pollution	201 deaths in Barnet (8.4 per 10,000)	No increase	Public Health Consultant
	Number of trees planted a year along Barnet's road network	2021/22 211 trees	100 trees per year on the highway	Tree and Woodlands Manager
	Proportion of residents who walk or cycle for travel (at least once a week)	2018-19 Cycling – 5.5% Walking – 49.1%	Cycling – 7% Walking – 60%	Sport & Physical Activity Service Manager
Barnet communities are resilient and safe	Number of people in contact with social prescribers/Prevention and Wellbeing Co-ordinators	2020/21 3,224	Interim target ³	Prevention and Wellbeing Manager

¹ Town centres is defined as the 15 main and district town centres in the borough.

² Eligible businesses are those that meet the requirements to apply for any of the Healthier High Streets programmes

³ ASC are looking into a wellbeing quality measure across Barnet

KEY AREA TWO: STARTING, LIVING AND AGING WELL				Internal Lead
More children and young people will have good health⁴	Dental Checks of Children in Care	tbc	tbc	tbc
	Annual Health Assessments for Children in Care	tbc	tbc	tbc
	Good Level of Development at end of EY foundation Stage (annual)	tbc	tbc	tbc
	Children Access to therapies	tbc	tbc	tbc
More residents will be physically active	Proportion of physically active adults	2019-20 63.7%	80%	Public Health Strategist (Prevention)/Sport & Physical Activity Service Manager
	How many days a week are you physically active? (young people)	New measure (collecting baseline information)	To be determined	Public Health Strategist (Children and Young People)
Residents will enjoy good mental and physical health for longer	Suicide rate per 100,000	2017-19 6.7	Yearly reduction in rate	Public Health Consultant
	People with diabetes Type 2 who have their BMI recorded	2018-19 82%	95%	Public Health Strategist (Adults)
KEY AREA THREE: ENSURING DELIVERY OF COORDINATED AND HOLISTIC CARE, WHEN WE NEED IT				
Carers have good health and wellbeing	Number of carers registered with their GP	2021 12125	No decrease	Programme Support Officer (ASC)/ Integrated Care Partnership Programme Manager
	Proportion of carers who feel socially isolated	2021 49	No increase	Programme Support Officer (ASC)/ Integrated Care

⁴ Being developed with Family Services – Placeholder measures

				Partnership Programme Manager
Barnet's health, care and education is digitally enabled	Proportion of Barnet population digitally excluded	2021	Interim measure ⁵	Head of Customer Services and Digital
People will access timely seamless care	Stage of diagnosis for Cancer/Percentage of cancer diagnosed at stages one and two	2018 57.9		Programme Support Officer (ASC)/ Integrated Care Partnership Programme Manager
	Emergency admissions from ambulatory care sensitive conditions	March 2021 6,971	6,500	Programme Support Officer (ASC)/ Integrated Care Partnership Programme Manager
OVERARCHING INDICATORS				
We will decrease the number of years people live in poor health	Life expectancy at 65	2017-19		Director of Public Health
	Female	23.1	23.8	
	Male	20.93	21.8	
We will reduce life expectancy gap in Barnet	Life Expectancy at birth	2017-19		Director of Public Health
	Female	86.0	86.6	
	Male	82.9	83.8	

⁵ Measure being developed with LOTI

AGENDA ITEM 13

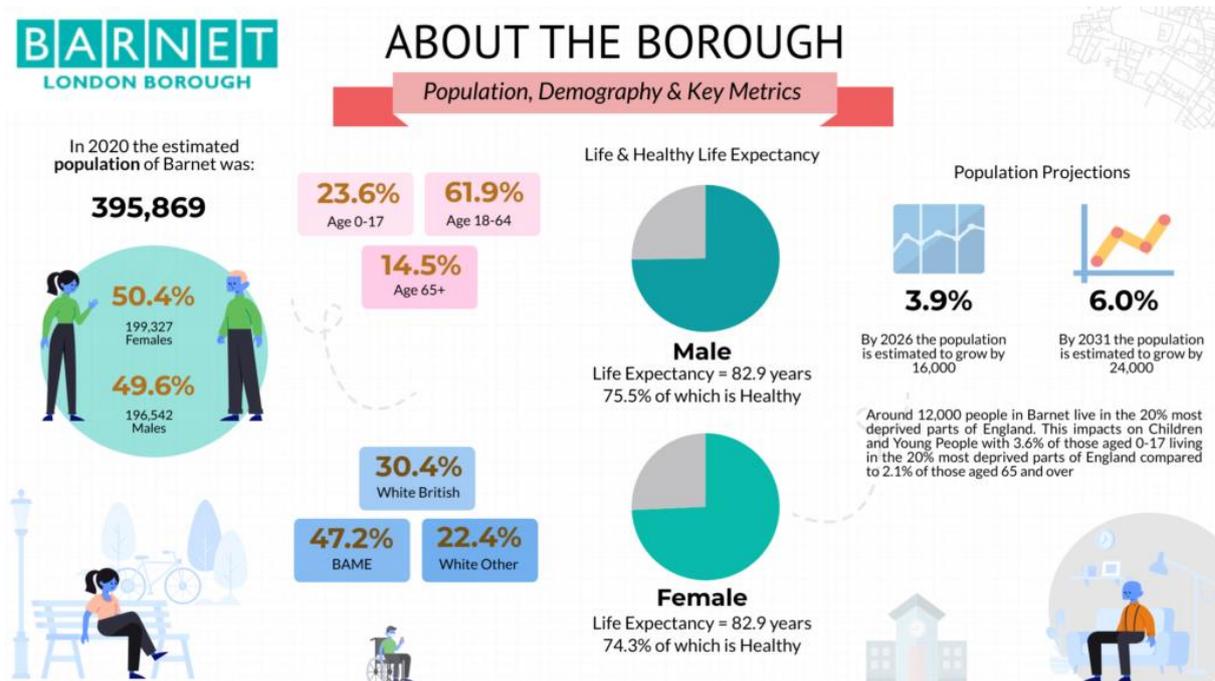
	Health and Wellbeing Board 30 September 2021
Title	Joint Strategic Needs Assessment (JSNA) 2021
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key Decision	No
Enclosures	<p>Appendix 1 – JSNA Borough Summary</p> <p>The full JSNA can be found here*</p> <p>*https://open.barnet.gov.uk/insight-and-intelligence/jsna/</p>
Officer Contact Details	<p>Jeremy Hooper, Insight and Intelligence Lead – Public Health, jeremy.hooper@barnet.gov.uk</p> <p>Nayer Malik, Project Development Manager- Public Health, nayer.malik@barnet.gov.uk</p>
Summary	
<p>The council has a statutory obligation under the Health and Social Care Act 2007, working in collaboration with the Clinical Commissioning Group (CCG), to produce a Joint Strategic Needs Assessment (JSNA) to facilitate improvement of the health and wellbeing of the local community and reduce inequalities for all ages.</p> <p>The JSNA presents data to support the local authority, local NHS organisations and other public and private organisations including the voluntary sector, assess the current and future health, care and wellbeing needs of the borough and our community to inform local decision making. It enables decision makers to consider wider factors that impact on the communities’ health and wellbeing; focussing local resources and interventions to improve outcomes and reduce inequalities across the borough.</p> <p>Historically, the council, as per its obligations has produced a JSNA; the delivery of this has been reviewed, resulting in a refreshed format, linked to the Borough Plan. The ‘new’ JSNA will provide a more interactive dataset and associated summary report, hosted online, as part of the Barnet Open Data Portal to ensure accessibility and transparency.</p>	

There are a range of key indicators used in creating the JSNA, which have been grouped into the below categories and centred around the Barnet Plan. The indicators are:

- Borough Summary
- About the Borough
- Clean, Safe & Well Run
- Family Friendly
- Healthy
- Thriving
- Insight Reports

Each Borough Plan priority section contains an overview of the data presented, as well as contextual narrative where appropriate, with most data refreshed on an annual basis (where available and relevant data will be updated more frequently).

The 'About the Borough' infographic (below) shows some key summary information about Barnet:



The summary report highlights that Barnet residents have a life expectancy at birth which is significantly better than the England and London average, but the Health Life expectancy at birth is not as good, which Barnet residents spending around a quarter of their life in not good health. In addition, there are some areas of disproportionality in health outcomes and social determinants of health and wellbeing which the prevention workstream and other initiatives are looking to address.

Recommendations

1. The Board approve the Joint Strategic Needs Assessment (JSNA) for publication.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Corporate plan set out a vision for the borough and a focus on 4 priorities, to make Barnet: Clean, Safe & Well Run, Family Friendly, Healthy, Thriving.

Simultaneously the Barnet Joint Health and Wellbeing Strategy 2021-2025 set a focus on three key areas to drive improvements and health and wellbeing within the borough, which help realise the vision laid out in the Corporate plan:

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

Additionally, the council has a statutory obligation under the Health and Social Care Act 2007, working in collaboration with the Clinical Commissioning Group (CCG), to produce a Joint Strategic Needs Assessment (JSNA) to facilitate improvement of the health and wellbeing of the local community and reduce inequalities for all ages.

The JSNA not only delivers this statutory obligation but also, provides the data and evidence base to enable the realisation of the Barnet Plan and JHWBS visions, enabling ensure the efficient direction of resources on the priorities identified.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Producing a JSNA is a statutory obligation under the Health and Social Care Act 2007 and what has been produced fulfils the obligation and discharges the Council's duty.
- 2.2 The HWBB is asked to approve publication of this report in line with our statutory obligations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 No alternative option available as production of a JSNA is a statutory obligation

4. POST DECISION IMPLEMENTATION

- 4.1 Once the recommendation has been approved, the JSNA will go-live on the Barnet Open Data Portal ([Joint Strategic Needs Assessment – Barnet Open Data](#))¹, which will also be visible to the general public.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The council has an equal and joint duty along with CCGs to prepare a JSNA and a Joint Health and Wellbeing Strategy (JHWBS) and to use this to consider how services might be reshaped and redesigned to address needs identified in JSNAs and reduce inequalities. Using local JSNA evidence and agreed JHWBS priorities means local service change and commissioning plans will complement other; and this will encourage greater integration across health and social care services.

¹ <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

5.1.2 The JSNA will provide a firm evidence base with which resource and service planning can take place, and efficient, effective decisions can be made in regards of deployment of capital, resources and assets.

5.1.3 Utilisation of the JSNA will allow identification of areas of deprivation, health inequalities, and areas of concern within the borough under the JHWBS priorities, facilitating timely and appropriate action being taken to address these. Through this, the health and wellbeing needs, both current and future can be better managed and health outcomes of the local population improved, whilst reducing inequalities.

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

The 'new' JSNA has been developed in-house within the Insight & Intelligence Hub, therefore there was no direct implication on staffing.

The JSNA is hosted on the Open Barnet Portal, which is already in place to support delivery of Barnet's transparency agenda.

5.3 **Social Value**

Not applicable for this report

5.4 **Legal and Constitutional References**

5.4.1 The Local Government and Public Involvement in Health Act (2007) sets the requirement for local authorities and health authorities to produce a Joint Strategic Needs Assessment (JSNA), it is a statutory obligation upon the council

5.4.2 Under the council's Constitution, Article 7 - Committees Sub-Committees Area Committees and Forums and the Local Strategic Partnership, the Health and Wellbeing Board has the following responsibilities:

(1) 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.

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.

(3) 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 resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

(4) 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.

(5) Specific responsibilities for: - Overseeing public health - Developing further health and social care integration.

In order to facilitate the fulfilment of the aforementioned obligations, and to meet the statutory obligation, a JSNA must be produced.

Risk Management

5.4.3 In not approving the publication of this report; there is a risk of the following:

- There is a risk that the council will be in breach of a statutory obligation if the JSNA is not approved.
- There is a risk that health inequalities in the borough could widen and there could be an increase in poor health outcomes for residents if the JSNA is not approved.
- There is a risk that health and wellbeing needs of the borough are not adequately understood and the effectiveness and efficiency of resource and financial management/planning is negatively affected, if the JSNA is not approved.

5.5 Equalities and Diversity

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

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

The JSNA will facilitate the advancement of the above aims of the Equality Act and assist the council in paying due regard to these as required.

5.6 Corporate Parenting

Not applicable for this report

5.7 Consultation and Engagement

Not applicable for this report

5.9 Insight

5.9.1 The JSNA provides insight and intelligence on the current picture of the utilisation of services and needs of the local population; highlighting where there might be unmet need which allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes.

5.9.2 The aim of the JSNA is to provide a shared, trusted, and impartial evidence base across the council and wider Barnet partners, irrespective of organisational or departmental boundaries, to ensure a co-ordinated approach to service design and provision, with the aim of improving outcomes of Barnet residents.

- 5.9.3 There are a range of indicators used in creating the JSNA, which have been grouped in the themes of Barnet Plan. In refreshing this JSNA, Barnet have adopted a new format comprising of embedded dashboards, which are interactive – Each section also contains an overview of the data presented as well as contextual narrative where appropriate.
- 5.9.4 Whilst the majority of the data will be refreshed on an annual basis, it is open to updates throughout the year, where data is available, to ensure the information is up to date and relevant.

6. BACKGROUND PAPERS

- 6.1 Barnet Corporate Plan 2020-2025

<https://www.barnet.gov.uk/sites/default/files/2021-03/022176%20-%20BC2135%20-%20BARNET%20Corporate%20plan%202021%20-%202025%20-%20FINAL%20%281%29.pdf>

- 6.2 Barnet Joint Health and Wellbeing Strategy 2021-2025

https://www.barnet.gov.uk/sites/default/files/jhws_2021_to_2025.pdf

- 6.3 JSNA 2019

<https://jsna.barnet.gov.uk/>

Introduction:

The Barnet Joint Strategic Needs Assessment (JSNA) is the evidence base for understanding population-level need in Barnet. It has been designed to support and inform joined up decision making and commissioning by Barnet Council and Health Partners, alongside the wider public and voluntary sectors, and private sector service providers.

The purpose of a JSNA is to allow the local partnership to improve the health and wellbeing of the population and to reduce disproportionality across the Borough; leading to better outcomes, improved services meeting the needs of the population and better lives for people who live in Barnet. The JSNA is a shared evidence base across partners in the Health and Wellbeing Board (HWBB) and wider public services, enabling alignment of activity and resources around common issues and need across the Borough.

This summary report sits alongside a refreshed JSNA, which is more interactive and allows users to access greater levels of information about the Borough and how it compares to London and England averages. The format of this JSNA also provides an opportunity to understand internal variation across the Borough, through analysis by gender, ward, area committee and deprivation quintiles.

The structure of the JSNA aligns to the Borough Plan and the Joint Health & Wellbeing Strategy, the summary section called 'About the Borough', sits alongside the four sections of the Borough Plan:

1. Family Friendly
2. Healthy
3. Thriving
4. Clean, Safe & Well Run

The measures in each section, where possible, align with the measures which have been identified through each of the workstreams as gauges of progress against objectives within the plan. There are also additional measures which will have an impact on these objectives, as drivers to delivery. To summarise the key statistics, an infographic is also available as part of each section.

Complimenting the JSNA, are ward level insight profiles which provide a local picture of the population and their needs. These summary profiles have been developed using the Local Insight Tool* (<https://barnet.communityinsight.org/>).

*The Local Insight Tool provides additional borough and national information presented through a map and reports, alongside local service level data where provided.

About the Borough:

Barnet is the largest Borough in London, as measured by its population; the population is estimated by the ONS in 2020 to be 399,000 and is estimated to grow by 5.2% over the next 10 years.

Whilst the population of Barnet is generally similar in age to that of London, it is younger than the England average. Key statistics for our population demographics are:

- The population aged 65 and over in Barnet is around 58,000, and this is expected to grow by around a quarter in the next 10 years.
- The population of Children and Young people aged 0-17 is currently estimated to be around 85,300, this is expected to remain similar over the next 10 years.
- The working age population age 18-64 is currently estimated to be around 255,500 and is expected to slightly increase by 2.5% in the next 10 years.

The dependency ratio for Barnet is expected to reduce slightly from 1.9 to around 1.8 in 2030; indicating the dependent population is growing slightly faster than the working age population. This may lead to a greater demand for services to support older populations living in the Borough.

Barnet is a very diverse place to live, currently 48% of the population is not White; this diversity is expected to continue and grow.

Life Expectancy for both males and females in Barnet has continued to increase, a female born in Barnet in 2020 can expect to live to around 86 years, and for a male, life expectancy is around 83 years. However, Healthy Life Expectancy (the years a person can expect to live in good health) has reduced over the last few years. In Barnet, for both males and females, healthy life expectancy is around three quarters of life expectancy; suggesting for males around 21 years of their life will not be lived in good health and for females it is 22 years. This again could lead to a greater demand for services to support older populations living in the borough.

Family Friendly:

Creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best.

Disproportionality:

We know that children who grow up in poverty are likely to suffer poorer health outcomes throughout their lives compared to children who do not. When it comes to the socio-economic circumstances, in Barnet, in 2018, 12.6% of children were living in relative poverty, significantly lower than the comparable rates for London (16.9%) and England (18.2%). For the same period, 10.7% of children were living in absolute poverty in Barnet. Again, this is considerably lower than comparable rates for London (14.1%) and England (15.1%). Whilst this is generally positive there are pockets of deprivation in areas of the Borough.

There were over 5,000 children classified as in need during 2018 across the borough. Although this equates to a lower rate than the London average, the rate in Barnet is increasing. In 2018 there were around 6,600 pupils eligible for Free School Meals (FSM) across both primary and secondary schools. This is likely to have increased during the COVID-19 pandemic.

The Barnet Public Health team addresses health inequalities as part of the work it undertakes and targets actions to those children, young people and their families in greatest need, where appropriate, through localised programmes for support and action.

Early Childhood & Maternal Health

In 2019 there were 4,618 babies born in Barnet. The infant mortality rate in 2017-19 was 2.7 per 1,000 live births which was the eighth lowest infant death rate in London. It is estimated the number of children across Barnet will decrease by 7,000 over the next 20 years, with the number of babies being born slowly declining over the last few years (1.6% lower than in 2018 and 4.2% lower than in 2017).

The proportion of women receiving a 6–8-week health visitor review in Barnet was low prior to 2020/21 and therefore breastfeeding data was unreliable. Based, on locally available data, the proportion of mothers who continue with breastfeeding, as measured at 6-8 weeks, is higher in Barnet at 57% than the England average of 48% (although the England average is likely to underrepresent the true figure). A new infant feeding strategy, co-produced with LBB's partners, is in development and aims to increase breastfeeding rates across the borough.

Vaccinations

The childhood immunisation programme is well established and is designed to provide protection to children and the wider population from vaccine preventable diseases, which can be deadly or have long term impacts. It is generally accepted that a population uptake of up to 95% is needed to provide high levels of population protection and reduce the incidence of these conditions. Generally, for childhood immunisations, in Barnet, the uptake is less than 90% and for some vaccines lower than 85%. The uptake varies for different vaccines and dosages. An action plan is in place to increase uptake of childhood immunisation.

School age

Barnet Public Health supports all educational settings to be healthy environments and communities through promoting the Healthy Early Years London and Healthy Schools London Award schemes. 118

schools and 96 early years settings have registered for the scheme, with many having received awards.

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It provides the data for child excess weight indicators in the Public Health Outcomes Framework (PHOF) and is part of the government's approach to tackling childhood obesity. The risk of obesity in adulthood and risk of future obesity-related ill health, are greater as children get older. The measurements are taken for children in Reception and Year 6.

In 2019/20, Barnet was the seventh lowest London borough for overweight, including obesity prevalence in Reception aged children, with a rate of 19.1%. This is lower than the overall rate for London (21.6%) and significantly below the England rate (23%). For the same period and measurement for Year 6 children, Barnet was the fourth lowest London borough with a prevalence rate of 34.2%. The comparable rate for London and England was 38.2% and 35.2% respectively.

Barnet has a comprehensive programme of action supporting healthy weight management from early years, through school ages to adolescents. Middlesex University is working with Barnet Public Health to research how we can improve physical literacy within primary school children. Additionally, the Mayor's Golden Kilometre scheme encourages physical activity within the school day. Barnet has a Healthy Weight Strategy with an intervention pathway from birth to adulthood for those who need additional support.

Children with poor mental health are more likely to have lower educational attainment, which is further influenced by their family socio-economic circumstances. In 2020, 2.61% of Barnet school pupils were identified as having social, emotional, and mental health needs. This is marginally higher than the overall rate for London (2.49%), and slightly lower than the England average (2.7%).

When it comes to their attainment, during 2018/19, in Barnet, 74.3% of children achieved a good level of development at the end of Reception. This is above the overall average for London (74.1%) and England (71.8%). For the same period, 63.3% of children who received Free School Meals (FSM) achieved a good level of development at the end of Reception in Barnet schools. This is slightly lower than the overall London rate, (64.1%) but significantly higher than the England average (56.5%).

Healthy:

A place with fantastic facilities for all ages, enabling people to live happy and healthy lives

Mortality:

In 2020, there were 2,942 deaths of Barnet residents, an increase of 27% (627 additional deaths) compared to 2019. Of these, 517 deaths had a mention of COVID-19 on the death certificate. Around 70% (2,092 deaths) were in those aged 75 and over, resulting in approximately a third (850 deaths) classed as premature.

The biggest cause of premature mortality in Barnet is cancer, which accounts for around 40% of deaths under the age of 75, around 98 per 100,000 population, and is lower than the London and England average. Similarly, the rate of deaths in those under the age of 75 for cardiovascular and respiratory diseases are also lower than the London and England averages.

Early diagnosis of cancers through screening programmes and population awareness of symptoms, alongside equitable access to treatment can help to reduce premature mortality for cancers. In 2019, around 57% of cancers across Barnet residents were diagnosed in the early stages. This is similar to the average seen in London and England. However, this was a slight reduction compared to 2018, whereas the London and England averages both increased slightly during the same period.

Diagnosing and managing the conditions which may lead to cardiovascular disease, such as diabetes and high blood pressure (hypertension), is important to reducing early deaths. In Barnet, around 4,500 people (16% of those expected to be diabetic) are potentially diabetic and undiagnosed. This is a higher percentage than the London and England picture and an area of potential focus for the emerging NHS Integrated Care Partnership. For hypertension, around 37,000 people are perhaps undiagnosed, which is around 40% of the expected figure and higher than the London and England averages, which are both around 33%.

Lifestyle:

In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight (i.e., a Body Mass Index (BMI) larger than or equal to 25). This proportion whilst higher than the London average (55.7%), was lower than the England average (62.8%).

Around a quarter of adults in Barnet (23.7%), took part in less than 30 minutes of moderate physical activity per week, during 2019-20. Similar to the London average (23.8%) but higher than the England average (22.9%).

The levels of smoking in Barnet continue to fall and there are several estimates of smoking prevalence. We know smoking levels are higher in more deprived areas and among those with routine and manual occupations. This creates a level of disproportionality across the wards in Barnet.

Admissions for alcohol related conditions using the broad definition as defined by Public Health England and alcohol related mortality in Barnet is lower than the London and England average.

Mental Health

The rate of suicide in Barnet in 2017-19, was lower than the London and England average, equating to 66 residents of Barnet taking their own lives during these three years. Reducing suicides is a priority for Barnet and a dedicated Suicide Prevention Lead is in post.

The rate of admissions for intentional self-harm in Barnet for 2019-20 was higher than the London average but lower than England. There were 350 residents of Barnet admitted to hospital for intentional self-harm during this period.

Wider Determinants

The rate of domestic abuse related crimes in Barnet for 2019-20 was higher than the London and England average.

Thriving:

A place fit for the future, where all residents, businesses and visitors benefit from improved sustainable infrastructure & opportunity.

Thriving town centres, are a well-supported framework for supporting residents seeking to achieve their economic potential and opportunities for residents to participate in their communities, supporting others and helping to develop the voluntary organisations which we work with are important factors. The economic position of residents is central to achieving good health and wellbeing.

Out of work Benefit Claimants:

The number of Out of Work Benefit Claimants has more than doubled in the past fifteen months and is equal to 6.6% of Barnet's population, which is lower than London's average of 7.4%. The wards with the highest number of claimants are Colindale, Burnt Oak and Child's Hill. An Employment & Skills Strategy has been developed to address this increase.

Percentage of people aged 16-64 in employment:

The number of people who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker) and are of working age (16-64), has been gradually rising in Barnet over the last few years which has been consistently lower than London and England averages; in 2019/20 75.1% of the working age population in Barnet were in employment, equal to London's average, but lower than England's average (76.2%).

16-17-year-olds not in education, employment or training (NEET) or whose activity is not known:

Young people who are NEET, are at a greater risk of a range of negative outcomes, including poor health, depression, or early parenthood. This measure is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training, and work. The percentage of 16-17-year-olds NEET, is consistently lower in Barnet and in 2019 it dropped further to 4.55%. This is 63% lower than London's average of 12.5% and over 73% lower than England's average of 16.4%.

In Work Benefit Claimants:

The number of Universal Credit (UC) Claimants has more than doubled in the past fifteen months and is equal to 9.9% of Barnet's population claiming UC. As with those claiming out of work benefit claimants, the most affected wards are Colindale, Burnt Oak and Child's Hill. However, for this measure, the additional wards of Hendon, Golder's Green and West Hendon are closely behind.

Employment rate gap:

The gap in employment between those with:

- long-term health condition and the overall employment rate in 2019/20, was lower in Barnet (9.5%) compared to the London (11.5%) and England (10.6%) averages.
- learning disability and the overall employment rate in 2019/20 is lower in Barnet (66.7%) compared to the London (68.1%) and England (70.6%) averages.
- in contact with secondary mental health services and the overall employment rate in 2019/20 in Barnet (68.1%) is equal to London's and higher than England's (67.2%) average.

Mean score of the 14 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) statements at age 15

The WEMWBS is formed of statements covering a range of feelings and attitudes towards life. When it was last measured in 2014-15, Barnet had higher levels of satisfaction of life than London and England averages. People with higher well-being are known to have lower rates of illness, recover more quickly, live longer, and generally have better physical and mental health. It is felt that economic measures e.g., Gross Domestic Product (GDP) whilst necessary, are not sufficient to reflect a nation's overall progress or well-being.

Clean Safe & Well Run

A place where our streets are clean and anti-social behaviour is dealt with, so residents feel safe. Providing good quality, customer friendly services in all that we do.

Crime:

Property Crimes cover areas such as burglary and vehicle offences. The rates of these crimes in Barnet are slightly higher than the rate seen in London. For burglary offences in 2020-21, the rate in Barnet is 6.6 per 1,000 population compared to 6.2 in London. The rate of vehicle offences in Barnet is 12.1 per 1,000 population compared to 11.2 in London. There is variation within the Borough for burglary offences, e.g., Garden Suburb (9.1 per 1,000 population) has the highest rate while East Barnet has the lowest (3.7 per 1,000 population). For vehicle offences, West Hendon (18.2 per 1,000 population) has the highest rate and Burnt Oak (8.4 per 1,000) the lowest.

Personal Crimes such as violence or sexual offences in Barnet are generally lower than the London rate. For violence offences, the rate per 1,000 population in 2019-20 for Barnet was 18.9 compared to 24.9 in London and was the third lowest in London. For sexual offences in 2019-20, Barnet had the second lowest rate in London at 1.3 per 1,000 population compared to 2.0 in London.

When it comes to re-offending rates, the percentage of offenders who re-offend within 1 year stands at 28.5% in London and 29.1% for England; Barnet is the seventh lowest borough in London with a 25.9% reoffending rate. However, when measuring the average number of re-offences per re-offender Barnet is seen as the twelfth highest London borough with the average number of re-offences per re-offender equal to 3.6 which is slightly higher than London's average of 3.4 but lower than England's average of 4.0.

Environmental:

There are several direct and indirect links between exposure to noise and health and wellbeing outcomes. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that long term exposure to elevated levels of noise can cause direct health effects such as heart attacks and other health issues. In 2018/19 Barnet had the fifth lowest rate of complaints about noise at 5.1 per 1,000 population compared to London's 17.0 and England's 6.8 per 1,000 population. The percentage of the population of Barnet, exposed to road, rail and air transport noise of:

- 55 dB(A) or more during the night-time' equates to 18.4%, making Barnet the ninth highest borough in London, where the average is 15.9% and significantly higher than England's average of 8.5%
- 65dB(A) or more, during the daytime' equates to 14.6% making Barnet the eleventh highest borough in London, where the average is 12.1% and significantly higher than the England average of 5.5%.

Air pollution in the form of fine particulate matter, is calculated as an annual concentration of human-made fine particulate matter at an area level. In 2019, Barnet had a value of 11.1 ($\mu\text{g}/\text{m}^3$), making it the twelfth lowest borough, compared to the London average of 11.4 ($\mu\text{g}/\text{m}^3$) and England average of 9.0 ($\mu\text{g}/\text{m}^3$).

A further indicator measuring air pollution refers to the fraction of mortality attributable to particulate air pollution and is calculated through mortality burden associated with long-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of

annual deaths from all causes in those aged 30+; during 2019, 6.3% of Barnet deaths (twelfth lowest in London) were attribute to this, compared to 6.4% across London and 5.1% across England.

Fuel Poverty:

In 2018 the percentage of households across the borough who were experiencing fuel poverty (based on the 'Low income, high cost' methodology) were 11.8%, compared to 11.4% across London and 10.3% across England.

AGENDA ITEM 14

	<h2>Health and Wellbeing Board</h2> <h3>30th September 2021</h3>
Title	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2020-21
Report of	Fiona Bateman, Independent Chair of the Safeguarding Adults Board
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Summary Safeguarding Adults Board Annual Report 20-21 Appendix B: Safeguarding Adults Board Annual Report 20-21
Officer Contact Details	Joyce Mbewe, Safeguarding Adults Board Business Manager e-mail: joycembewe@barnet.gov.uk Tel: 0208-359 2519
<h3>Summary</h3>	
<p>The Local Authority is required (by virtue of s.43 Care Act 2014) to establish a Safeguarding Adults Board ['SAB'] for their area. Each SAB must publish an annual report setting out details of what it has done to achieve objectives within its strategic plan and steps taken to implement the learning from any Safeguarding Adults Reviews undertaken during the period. This annual report sets out in the first section the level and types of abuse that were reported for investigation during the 2020-21 period, whilst the second section details the work of Barnet SAB (BSAB) , including the steps taken to implement the strategic plan. There is also an attached executive summary, designed to be displayed as a poster in order to raise awareness of the work of Barnet SAB and the importance of safeguarding for those with care and support needs in Barnet.</p> <p>Board members will be aware that the Coronavirus Act 2020 did not provide for any 'easement' of safeguarding responsibility for the SAB or partner agencies. As such it was</p>	

very much 'business as usual'. BSAB sought and received assurance that safeguarding remained a priority and that partners were working in a coordinated way to address the likely risk that Covid 19 restrictions presented and the anticipated surge in safeguarding concerns as restrictions are eased. LBB's Adult Social Care Service, Barnet Homes, the Public Health team, North Central London Clinical Commissioning Group, Royal Free, Central London Community Healthcare NHS Trust and Barnet Enfield Haringey Mental Health NHS Trusts, London Fire Brigade and the Barnet Safeguarding Adults Board partners from the voluntary sector provided assurance reports on steps taken to reduce risk for adults with care and support needs.

Recommendations

- 1. That the Health and Wellbeing Board note the Safeguarding Adults Board Annual Report 2020-21.**
- 2. That the Board note that following initial reporting to the Adults and Safeguarding Committee meeting, the Annual Report will be published on the Council website and BSAB webpages.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Care Act 2014 (the Act)¹ requires each local authority to establish a Local Safeguarding Adult Board for their area pursuant to Section 43(1). The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 it adopted the following terms of reference.
- 1.2 The Barnet Safeguarding Adults Board is a partnership of voluntary, statutory and community organisations. BSAB purpose is to enable partner agencies to review practice across the entire 'system' and provide positive cross-agency challenge to encourage accountability and strengthen a culture of continuous improvement. It is a very active partnership with commitment from across the statutory, voluntary and community-based organisations.
- 1.3 The SAB's governance arrangements ensure that it reports work to the Council through the Adults and Safeguarding Committee and, due to the important multi-agency arrangements and the role of health, the Board's Annual Report is noted by the Health and Wellbeing Board as well as each partners executive Board.

2. REASONS FOR RECOMMENDATIONS

¹ The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

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

4. POST DECISION IMPLEMENTATION

- 4.1 The Barnet Safeguarding Adults Board Strategic Plan and annual report is a public document and following this meeting, will be published on the Council's website. The Board's Annual Report has also been reported to the Adults and Safeguarding Committee for sign off as well as each partners' executive Board for noting.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The work of the Barnet SAB supports the Health and Wellbeing Strategy commitment to create a healthier place and resilient communities through facilitating networking and capacity building between local communities and promote safety and cohesion while preventing violence and crime.
- 5.1.2 The work of the Barnet SAB supports the health and wellbeing needs of the local population as identified in Barnet's Joint Strategic Needs Assessment by supporting adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live safely.

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

- 5.2.1 There are no additional resource implications arising from the recommendations of this report. The activities listed will be managed within the appropriate organisation's existing budgets.
- 5.2.2 Safeguarding training is currently provided by the Council's Adults and Health Directorate and this training are mandatory for all Adults and Health staff
- Safeguarding training is also offered to all care providers commissioned through Adults and Health and the provision is covered within the Adults and Health budgets.

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

Table 1: BSAB Partner Financial Contributions 2020-21

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

5.3 Social Value

5.3.1 The BSAB supports the Public Services (Social Value) Act 2012 by ensuring that robust safeguarding procedures are in place throughout the borough. The council ensures that care providers commissioned to work with adults accessing social care services have the required skills and training to support effective safeguarding throughout the borough and the Board aims to publicise the key issues surrounding safeguarding within the Borough to strengthen the public's awareness of safeguarding issues.

5.4 Legal and Constitutional References

5.4.1 The Care Act 2014 (the Act)² places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).

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

5.4.3 The responsibilities of the Health and Wellbeing Board are contained within the Council's Constitution – Article 7 and include the following responsibilities:

- (1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
- (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its

² The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

implementation to ensure that improved population outcomes are being delivered.

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, 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 resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

(4) To provide collective leadership and enable shared decision making, ownership and accountability

(5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

(6) To explore partnership work across North Central London where appropriate.

Specific responsibilities for:

- Overseeing public health and promoting prevention agenda across the partnership
- Developing further health and social care integration.

5.5 Risk Management

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

5.6 Equalities and Diversity

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

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

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

- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.6.3 The annual report provides progress against the business plan 2018-21 which was the third year of the 2018-21 Strategic Plan. Our key priorities are:

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

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

5.7 Corporate Parenting

5.7.1 The Adults Safeguarding Board works closely with the Barnet Safeguarding Children's Partnership. It recognises the need for everyone to 'think family' when addressing their safeguarding functions. The two partnerships also have mechanisms in place to coordinate on work priorities arising from case reviews where they impact on respective safeguarding duties.

5.8 Consultation and Engagement

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

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

5.9 Insight

5.9.1 The annual report was developed using insight from the Local Authority Mosaic system and contributions from the SAB partners.

6 BACKGROUND PAPERS

6.8 Barnet Safeguarding Adults Board strategic plan 2018-21 available at: https://www.barnet.gov.uk/sites/default/files/bsab_strategy_2018-21_final_v2_comms_0.pdf

6.9

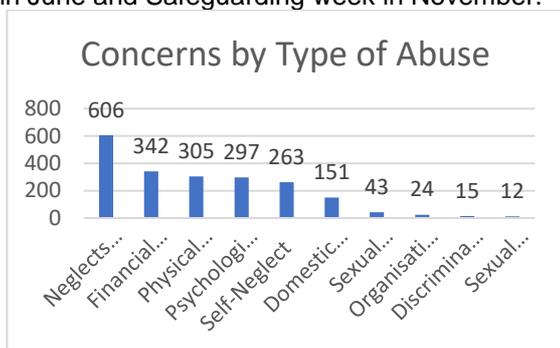


Barnet Safeguarding Adults Board Summary Annual Report 2020-21

The Safeguarding Adults Board [‘BSAB’] is a partnership of voluntary, statutory and community organisations. Our vision is for all ‘adults at risk’,¹ in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live safely.

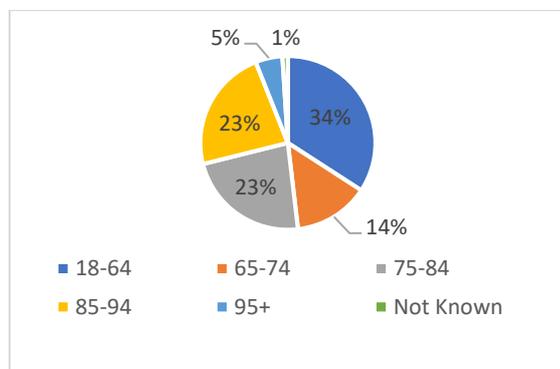
Safeguarding activity in Barnet in 20-21 There was a 3% increase in activity with 1794 safeguarding decisions completed. Initially in Barnet (as nationally) referrals reduced during the first lockdown in March, but overall safeguarding activity was increased both in numbers of cases and in the **complexity** of safeguarding enquiries

Concerns by types of abuse Again, in common with findings from national data, there was a rise in concerns regarding domestic abuse, self-neglect and psychological abuse (compared with 2019). This provided a focus on public consultations and awareness sessions to highlight new powers under the Domestic Abuse Act 2020 and inform the issues discussed in on-line community engagement events during Carers week in June and Safeguarding week in November.



Concerns by Gender 60% of concerns related to female adults at risk, 38% referred were male (2% gender was not recorded). This is a similar pattern to 2019-20 and is largely in line with national statistics.

Concerns by age

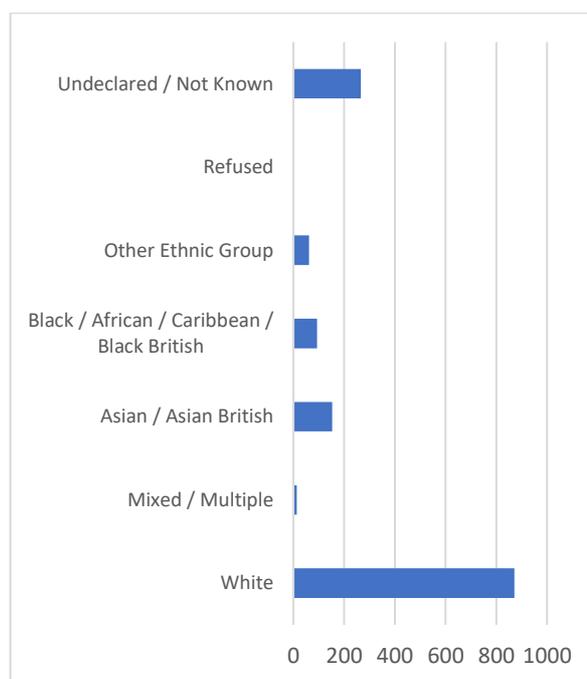


Source of Referral for Concerns

Source of Referral	Total	%
Health staff	457	27%
Social care staff	360	21%
Police	233	14%
Anonymous	162	10%
Family, friends, neighbours	142	8.4%
Self-referrals	28	2%

Safeguarding concerns are most often raised by police, health and social care staff. This is because of the high level of safeguarding training across that workforce, but also because of the professional responsibility to recognise and report safeguarding concerns. This year we have seen a welcome rise in reporting from family, neighbours, friends and from those wishing to remain anonymous as more people come into contact with adults at risk during the pandemic.

Concerns by Ethnicity Whilst data suggests more people from our diverse communities know how to report abuse, we know we still need to do more to build confidence and to ensure that partners record ethnicity, so that from the beginning of discussions we are considering the adult at risk’s needs in a culturally sensitive manner.



¹ Defined by s42 Care Act 2014 as adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves

How BSAB partners worked together to respond to these concerns and address our work priorities

	<p>BSAB partnership response to Covid-19 pandemic</p> <p>Throughout 2020-21 partners provided regular assurance reports to the BSAB about the work they were doing within their own organisation and collectively to anticipate new risks that emerged due to Covid-19, mitigate the risks associated with the changing nature of how support was provided and manage safeguarding duties as 'business as usual' given the exceptional pressures across the health, social care and criminal justice workforce.</p>
	<p>Learning lessons through local & national safeguarding adult reviews</p> <p>In 2020-21 the CRG commissioned 2 review:</p> <ul style="list-style-type: none"> • Gabrielle- exploring lessons arising from the refusal by family members to the provision of health care worried about the risk of cross infection from Covid-19 • Thematic review- supporting learning disabled adults at risk from hoarding behaviours and not accessing health checks <p>Both reports are available on the website and details of what steps have been taken to implement recommendations are within the Annual Report</p>
	<p>Establish consistent practice across partnership agencies which reflect the 'Making Safeguarding Personal' principles</p> <ul style="list-style-type: none"> • PQA heard from each partner agency on the steps they have taken to embed MSP within their organisation. • Worked with the Voluntary, faith and community sector organisations to produce a guide 'Making Safeguarding Personal- Steps to success'
	<p>Ensure 'adults at risk' are heard and understood and their experiences and views shape continuous improvement</p> <ul style="list-style-type: none"> • BSAB amended constitution to enable an 'expert by experience' to act as vice co-chair alongside our voluntary sector rep. • Ensure every action within the work plan details how experts by experience will be involved in shaping improvements. • Our Board Manager worked with London SAB 'voices group' to develop job descriptions and publicity to enable the recruitment of experts by experience to our BSAB and SABs across London.
	<p>Advance equality of opportunity, including access to justice for 'adults at risk'</p> <ul style="list-style-type: none"> • Continued to receive reports and data on the availability of appropriate adults services for adults with care and support needs in custody. • Championed hate crime reporting, sadly we saw an increase in racist hate crime against our Chinese community in the early months of the pandemic.

The BSAB is working towards making safeguarding everybody's business

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

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



Barnet Safeguarding Adults Board Annual Report 2020-21



Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster



There is no way that I could do justice within this introduction to the remarkable effort that volunteers and colleagues across the partnership put in to reduce harm to adults with care and support needs during the pandemic. It was awe-inspiring.

I would, however, like to take the opportunity to remember all those who died, their families and friends who have suffered such loss and to those who remain unwell. I must also pay tribute to so many people who put themselves in harm's way to protect our vulnerable residents and to those who worked tirelessly to reduce risks, wherever possible, and provide care and comfort. This report was written as we were in the grip of a third wave in London so the threat remains, but so too does the remarkable response.

Throughout 2020-21 partners provided regular assurance reports to the Barnet Safeguarding Adults Board [hereafter referred to as 'BSAB' or 'Board'] about the work they were doing within their own organisation and collectively to:

- anticipate new risks that emerged as a consequence of Covid-19;
- mitigate the risks associated with the changing nature of how support was provided; and
- manage safeguarding duties as 'business as usual' given the exceptional pressures across the health, social care and criminal justice workforce.

As the data shows, staff involved in safeguarding enquiries continued to see an increase both in the number and complexity of the concerns being referred. This data isn't intended to capture activity that prevents harm before any safeguarding concerns arise. Such preventative work has such a positive impact on the lives of our most vulnerable residents so we have therefore provided examples of this work done by partners in the voluntary, community and statutory sectors to demonstrate the breadth of activity. There is, of course, more that we hope to achieve in the coming year.

We have also heard a strong commitment from BSAB members to reflect on the innovation that we have seen this year and to use what we have learnt to ensure that systems work to address the inequalities that the pandemic emphasised.

Thank you for taking the time to read through this report. Please do take a few minutes to think about others within your circle of friends, colleagues or people you come into contact with through your work or volunteering activities that could also benefit from the information within the report or available on the BSAB website and share these with them. I hope you find much of interest within this report and that it provides reassurance that there is clear commitment to working together to keep our most vulnerable residents safe and supporting system wide practice improvement.

Best wishes,



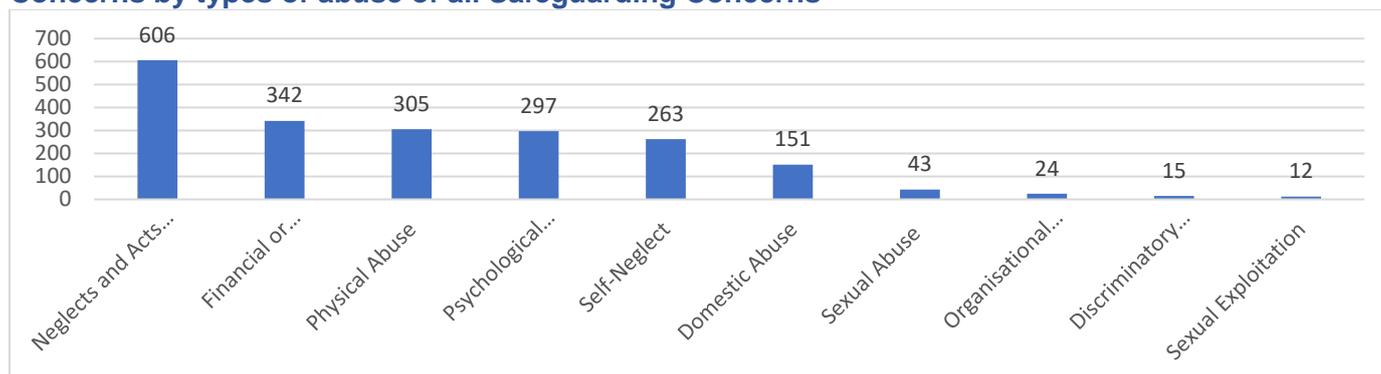
Fiona Bateman,
BSAB Independent Chair

Safeguarding activity in Barnet 2020-21

Between April 2020- March 2021 there were 1695 safeguarding concerns received by Barnet Council's adult social care service. This is a slight decrease from the number the previous year, but 1794 safeguarding concerns decisions were completed in the 2020-21 year, a 3% increase in activity. This is in line with reports nationally¹ that, despite an initial reduction in notifications during the first lockdown period in March 2020, safeguarding concerns rose steadily. Nationally, rates of safeguarding concerns were overall higher than in the previous year. National data also demonstrated a significant increase in the **complexity** of safeguarding enquiries.

Of the concerns received, 412 went on to require a full enquiry, a conversion rate of 23%. On first glance this may appear low, but it is worth noting that not all concerns raised will require a formal enquiry in line with s42 Care Act 2014. Staff within the Multi-Agency Safeguarding Hub [the 'MASH'] review referrals and, where there is a more appropriate mechanism for assessing and addressing risks they will direct the concern to those processes. For example, as noted below locally, in common with patterns nationally, there was a rise in domestic abuse concerns.² In response to this, the MASH team worked with partners to ensure that where adults did not have care and support needs, the domestic abuse risks were assessed in line with the Multi-Agency Risk Assessment Conference process ['MARAC'] overseen by the Barnet Council Community Safety Team. Similarly, where concerns relate to the provision of commissioned health or social care services, these would be addressed through NHS investigation procedures or the Provider Concerns Protocol, as agencies with regulatory and contractual obligations have established procedures in place to work together with providers to address operational concerns and respond at a strategic level.

Concerns by types of abuse of all Safeguarding Concerns



The largest number of safeguarding concerns by abuse type in 2020-21 was 'Neglect and Acts of Omission' (29% of the total). 'Financial or material' abuse was the second highest (17% of the total). This is similar to previous years and in line with national and regional comparators. In Barnet, in common with national data, there was a rise in concerns regarding domestic abuse, self-neglect and psychological abuse (compared with 2019). Partners responded to this change in the nature of abuse locally, by providing awareness campaigns for practitioners and members of the public to highlight new powers under the Domestic Abuse Act 2020 and inform the issues discussed in on-line community engagement events during Carers week in June and Safeguarding week in November 2020.

Source of Referral for Safeguarding Concerns

Traditionally we have always seen a much higher percentage of safeguarding concerns raised by partner agencies' staff than from other sources. This is because of the high level of safeguarding training across that workforce, but it also reflects professional practice standards that provide personal responsibility to recognise and report safeguarding concerns. What stands out this year is the rise in referrals from family, neighbours, friends and from those wishing to remain anonymous. The National Insight Report noted an increase

¹ National Insight Report 2021 available at: <https://local.gov.uk/publications/covid-19-adult-safeguarding-insight-project-second-report-july-2021#part-1-safeguarding-concerns>

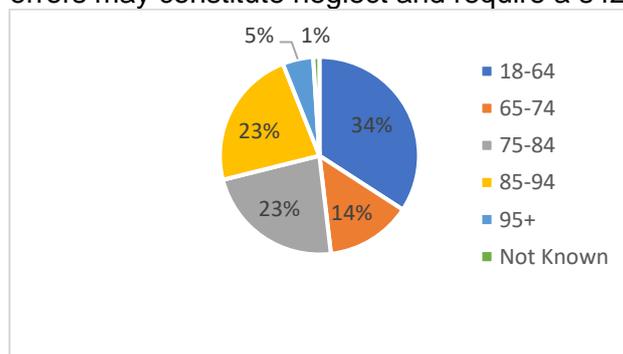
² This amounted to 7% of concerns reported to the local authority, though it is possible that this may not reflect the full picture as often concerns are attributed to the most obvious form of harm (e.g. physical or psychological). In fact where abuse is suspected and people are or were in family or intimate relationships this should be categorised as domestic abuse.

nationally from emergency services and volunteers who were taking part in providing COVID-19 related support during the lockdown periods. That report identified that neighbours, the 'general public' and volunteers tended to raise safeguarding concerns because they were supporting people through the pandemic and were coming face-to-face with adults who may appear to be experiencing abuse and neglect, particularly regarding self-neglect, hoarding and residents living in poor conditions. The increase in community awareness during Covid of risks faced by adults with care and support needs is something all partners wish to build on in the future, so this data will be monitored closely over the coming year to ascertain where we may best target campaigns to improve early identification of harm.

Source of Referral	Total	%
Police Merlin reports	233	14%
Health partner agencies- CCG	9	28%
Acute hospital trusts	336	
GP and community health providers	112	
NHS Mental Health Trust	21	
Social care agencies– Social work and Occupational Health Staff (LA) Providers (residential, domiciliary care and day centre) Personal Assistants (funded via direct payments)	71 286 3	21%
Friend, Relative or neighbour	142	8.4%
Self-Referral	28	2%
Barnet Group, Housing and trading standards staff	63	4%
Emergency response services (LAS and LFB)	69	4%
CQC	13	0.8%
Advocacy services	8	0.5%
Anonymous	162	10%
Other (Charities, Education, Workplace, Hospice)	115	7%
Grand Total	1695	100%

Profile of Adults at risk in Barnet by age

Contrary to previous years, there was a more even split between those aged 75-95+ years old (51%) and those aged 18-74 (49%) who were the subject of a safeguarding concern in Barnet. Usually adults within the older age ranges have more contact with statutory agencies and, rightly, any concerns are reported by those agencies. The difference this year may reflect national trends, which noted a shift in concerns away from those raised from care and hospital settings to risks faced by younger adults residing in their own homes. Throughout the year partners reported on the steps taken to mitigate risks for those within care settings, for example CQC and Barnet Council reported on work done to protect against 'closed cultures' developing. In addition, we worked with the London SAB and key partner agencies to devise an action plan to improve consistency from partners in responding to allegations of organisational abuse that might arise following the easing of lockdown measures. CLCH also shared useful tools to identify when pressure ulcers or medication errors may constitute neglect and require a s42 enquiry or police investigation.

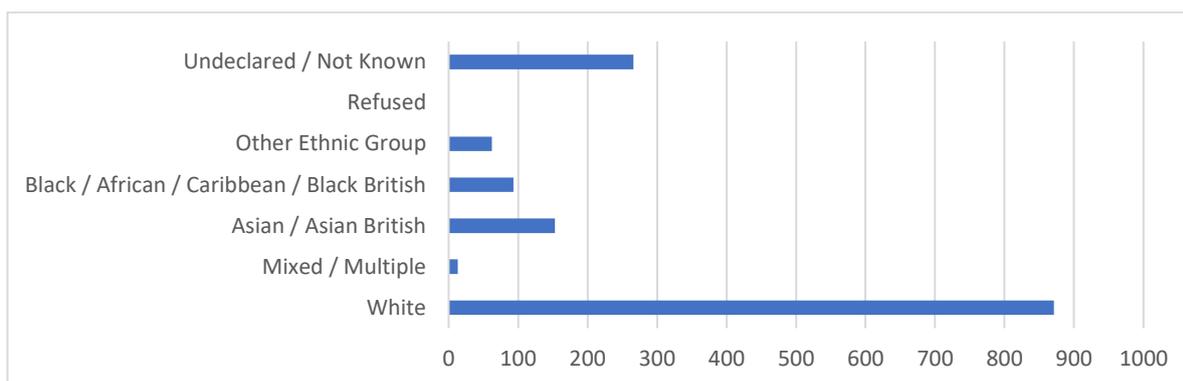


As lockdown measures continue to ease, this data will be carefully monitored to understand the long-term impact of this work.

Safeguarding concerns by Gender: 60% of concerns related to female adults at risk, 38% referred were male (2% gender was not recorded). This is a similar pattern to 2019-20 and is largely in line with national

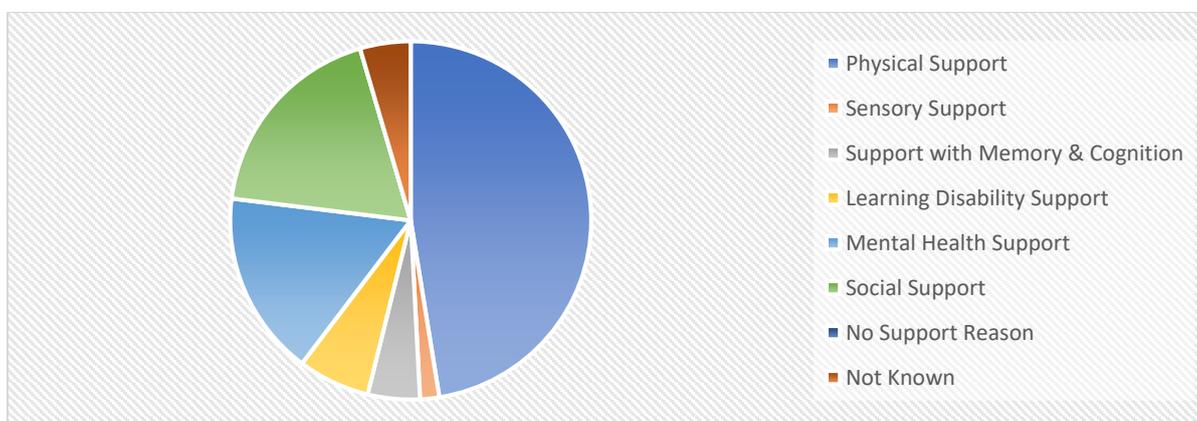
statistics.

Individuals involved in Safeguarding Concerns by ethnic origin: 59% of the people subject to a safeguarding concern in Barnet were described as 'White', lower than the national average of 79% but closely matching our population profile. The number of people described as Asian/Asian British (10%) was higher than the national average of 3%; as was those described as being Black /African/ Caribbean/ Black British (6%) where the national average is 3%. A high priority of the SAB in 2020-21 was to raise awareness within Barnet's diverse communities of the risks of abuse and encourage those communities to report abuse. The number of concerns submitted to the local authority where the person's ethnicity was not recorded rose from 158 (in 2019-20) to 266. This suggests we still need to do more to raise awareness across our partners and the public of the need to report this information into the local authority when raising a concern so that from the beginning of discussions we are considering the adults needs in a culturally sensitive manner.



Safeguarding Concerns by Primary Support reason

In line with previous years and national data, a physical disability or personal care need was the primary support need for adults thought to be at risk or experiencing abuse or neglect (48%). 19% of concerns raised related to those who required social support, 17% of adults at risk were believed to have mental health needs. 6% of safeguarding concerns related to people with learning disabilities and a further 5% required support for memory or cognitive impairments.



Barnet Safeguarding Adults Board: Our vision and purpose

The Safeguarding Adults Board ['BSAB'] is a partnership of voluntary, statutory and community organisations. The BSAB's purpose is to enable partner agencies to review practice across the entire health, social care and criminal justice system so as to provide positive cross agency challenge to encourage accountability and strengthen a culture of continuous improvement.

Our vision is for all 'adults at risk',³ in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live safely. 2020-21 was the final year of our three-year strategic plan, within which we set out three key priority areas, namely:

- Establish consistent practice across partnership agencies which reflect the 'Making Safeguarding Personal' principles⁴
- Ensure 'adults at risk' are heard and understood and their experiences and views shape continuous improvement
- Advance equality of opportunity, including access to justice for 'adults at risk'

BSAB meets as a whole group every three months

Throughout 2020-21 the BSAB moved to virtual meetings to ensure business could continue. The convenience of online meetings meant we saw increased attendance and engagement with the work of the BSAB. A key focus was emerging risks from the pandemic.

In May we held an extra meeting to explore likely issues and suspected hidden demand due to COVID. We also reviewed how practice had changed and what was being done to anticipate risks of abuse and mitigate these. The MASH team also spoke of the changing nature of risk and new ways of working with partner agencies to respond to concerns. They reported a reduction in concerns regarding self-neglect and a rise in complex and high value financial scams linked to Covid. BEH NHS Trust confirmed this was a key area of concern for their community based clients. MASH and Police colleagues also confirmed a rise in domestic abuse concerns during the first lockdown, confirming that within Barnet the prominent challenge was the significant increase in calls requiring police intervention, rather than an increase in serious harm. In response MARAC meetings were held more frequently (weekly). All partners reported good engagement in the virtual meetings. In addition, CCG colleagues reported on SOLACE webinars to GPs and primary health staff to support regarding identification and reporting of safeguarding concerns. Voluntary sector partners, the Police and MASH colleagues reported an increase in concerns involving people struggling with their mental health, particularly that a reduction in face to face support, necessary to prevent the spread of the virus, may increase risks for carers, family members and people the care for. BEH spoke of the steps staff had taken to check on their clients' wellbeing and Barnet Mencap reported on the introduction of Project 300, a joint venture between the Council's learning disability team and Mencap to provide welfare calls and support to access essential supplies or care for residents with learning disabilities and their families.

Our June meeting considered how, as a system, partners could support recovery from the first wave with a particular emphasis on supporting residents with their mental health. Mental Health practitioners reported they saw a huge impact of Covid-19 on their client population- necessitating the reconfiguration of services so that an PICU became a Covid-19 only ward. They reported difficulty in managing infection control for those who had difficulty understanding the new risks and the significant rise in high levels of anxiety within in-patient groups resulting in a rise in safeguarding enquiries for their in-patients. They also reported a rise in safeguarding concerns linked to 'county lines' for community based clients. BSAB partners reviewed the assurance report provided to the Department for Health and Social Care ['DHSC'] on the support provided locally to care home residents to reduce the risks they faced and agreed to amend our SAR protocol to ensure, if referrals were made in line with s44 Care Act for safeguarding adults reviews, we would be in a strong position to respond promptly in preparation for subsequent infection waves.

³ Defined by s42 Care Act 2014 as adults with care and support needs who are at risk of abuse or neglect and unable to protect themselves

⁴ Set out in more detail at: <https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

In September we explored the impact Covid-19 had on increasing the risks of abuse to our diverse communities. We also explored the steps taken by each agency and the BSAB collectively to reach out to our faith and BAME communities to build trust that responses to safeguarding concerns would be appropriate and culturally sensitive. As data above shows, there is still much to be done and the Board has set up a focus group to continue this work as a golden thread running through each of our actions and key priorities in the coming year.

In November the BAME Community Engagement Task and Finish group was set up and the group used Safeguarding Week as an opportunity to start to engage with the BAME community through local organisations, faith communities and professionals. This took place during safeguarding week 16th – 20th November. The events and activities covered the following topics;

- Serious Adult Violence,
- Safeguarding and Hate Crime Webinar,
- Recognising and raising concerns- what everyone needs to know about the safeguarding duty,
- Coping with Lockdown 2,
- Embedding Safeguarding practices in faith organisations,
- Taking a multi-faith approach to safeguarding
- Introduction to the Adults MASH.

In December, in response to concerns raised regarding financial abuse we reviewed the findings from a survey of residents with learning disabilities and their experiences of financial abuse. Work continues, led by BEH, Mencap and the police to improve awareness of these risks and enable practitioners to build into care plans preventative support to reduce risks. Partners were also appraised of the early findings of the 'Gabrielle' SAR (reported below). In addition, the Board agreed actions needed locally to raise awareness of risks within Barnet of Modern Slavery and exploitation in response to the concerns raised regarding risks associated with 'county lines' and to build on work started prior to the pandemic. This work has carried over to our current work plan and will be done in partnership with the Community Safety Partnership and neighbouring boroughs.

In March the BSAB reviewed our governance arrangements, including making provisions to appoint a joint co-chair (alongside a partner from the voluntary sector) who is an expert by experience, so that people who have lived experience of safeguarding process are at the heart of strategic decision making in Barnet. We also signed off the workplan for 2021-22. We received an update on joint work with Barnet Safeguarding Children Partnership to understand responses to transitional safeguarding risks and received the final report of the Gabrielle SAR. The fire safety task and finish group also reported on the completion of their work, in response to the Mr A SAR published in 2019 and two further fire deaths. A key task of the group was to commission an independent audit of case files to provide assurance that arrangements to meet statutory duties are effective and take into account the obligation to prevent needs escalating or reduce fire risk in the Barnet area. The auditor was able to confirm good practice, particularly that practitioners are correctly recognising fire risk and the circumstances that may trigger the duty under s42 Care Act 2014. The audit also confirmed evidence of good partnership working with the fire service, housing, health and care providers.

Throughout this period, despite unprecedented pressures across health, social care and wider partner agencies posed by the pandemic, partners worked within BSAB sub groups to complete our work programme. A summary of the work completed and the impact is given below.

THE CASE REVIEW GROUP ['CRG']:

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

Thematic Learning review: Supporting learning disabled adults at risk from hoarding behaviours

As reported within the last annual report in March 2020 BSAB agreed to carry out a discretionary learning review following the death of an adult with learning disabilities due to her poorly controlled diabetes. Although neglect or abuse had not contributed her death, practitioners agreed a review could assist partners better understand how to respond where there were concerns regarding self-neglect for adults with learning disabilities. This review was paused during the Coronavirus 'lockdown' in order to ensure that frontline officers, re-deployed in the first wave, could actively engage with the review process. During that period another case was referred involving a younger woman with learning disabilities who, despite numerous attempts by her GP and social care, had not had a review of her needs since leaving education. Professionals and neighbours had raised concerns regarding the family's living conditions and ability to meet her needs, but offers of support had been refused by her family. Sadly both her parents became acutely unwell during the first lockdown, necessitating intervention by health and social care. She now has full support and is reported to be thriving, but CRG believed the poor state of her family home and lack of formal support likely had significantly impacted on her development and wellbeing. The BSAB commissioned a thematic review of the two cases to explore opportunities for improved practice across safeguarding partners to prevent similar harm occurring in future cases.

The review was undertaken by an independent reviewer with expertise in learning disabilities. Attempts were made to contact family members involved, but unfortunately they did not wish or could not take part in the review. Practitioners involved in both cases did meet with the reviewer to share their experiences. In addition, the reviewer met with relevant designated safeguarding leads to discuss her findings and understand what steps had already been taken to improve practice. The reviewer presented her findings in June 2021 and a summary of her report and the recommendations is available on the BSAB website.

The reviewer found that in both cases risks associated with hoarding and neglect of health conditions were identified, but there was considerable drift as practitioners struggled with the complexity of both cases. All service providers and partner agencies are required to have clear safeguarding policies and staff are expected to recognise and report safeguarding concerns. In both cases practitioners did seek to offer support, but despite clear safeguarding policies and procedures, practitioners accepted their actions didn't reduce the risks and cases were not escalated in line with the multi-agency safeguarding policy. In one case, the provider raising concerns felt these were dismissed until they could justify a case for increasing the commissioned package with little regard had for the complex nature of the adult's needs or understanding as to why she had 'disengaged' from statutory support. Whilst housing maintenance staff and health professionals had identified that the housing conditions in both cases made it unsafe for them to complete their responsibilities, it was troubling that this did not trigger recognition that this would likely mean (in both cases) the adults were at risk.

Practitioners in both cases reported difficulties in assessing capacity, particularly someone's capacity to execute a decision and that this can make it harder for professionals to offer more support if earlier less invasive offers of support are refused or professional advice is not followed. Practitioners also spoke of conflict in values between different professionals, some prefer paternalistic and risk averse plans whilst others take a more liberal approach. This, coupled with a mixed grasp of legal options that might be available to address ongoing very high risks, can impact on the effectiveness of safety planning.

In both cases more timely, effective interventions would have prevented harm. For example, adopting a more proactive approach to enabling access to healthcare and ensuring take up of annual health checks.

The reviewer was concerned too that, in one case, the adult was discharged from specialist clinics due to non-attendance with seemingly no regard to her disability and how this might make it difficult for her to accept support or attend appointments. In the other, professionals accepted family members' refusal to attend for health checks. Given this was not in her best interests, this should have been actively challenged including, if necessary, through a s42 enquiry process.

Likewise, when s42 enquiry duties were triggered, these did not address the concerns through the lens of the 'family' unit. For example, in one case the adult had been prevented, due to financial abuse concerns, from contact with a close friend who helped manage her health. Whilst there was no criticism that action may have been required to reduce the risk of abuse, the reviewer did question if practitioners took sufficient account of the adult's wish or the impact that such action would have on the adult's ability to manage her own health. A s42 enquiry was also conducted in the second case, but because the subject of that enquiry

was her mother it failed to consider risks to her daughter despite clear indications that her disability would mean she was unable to protect herself. Neither safeguarding enquiry addressed the ongoing risk (incl. fire safety) of hoarding. In addition, the review found that efforts to refer for legal advice were frustrated as too little information as to the circumstances and previous involvement of services were provided to the legal department.

Practitioners were able to identify changes that have already been implemented in the intervening period. The BSAB Self-Neglect policy enables practitioners to explore cases from different perspectives- promoting creative approaches for family support. It requires that, if risk is not reduced, cases are escalated to the 'Multi-agency Risk panel'. Practitioners across all agencies were also aware of the Community Learning Disability team's Complex Case Panel and spoke of the opportunities this provided to collectively consider needs to prevent safeguarding risks. Practitioners across all agencies reported the new 'safeguarding champions' programme and more accessible training should improve implementation and use of the safeguarding policies and the application of equality and mental capacity legal obligations. Similarly, safeguarding leads from all agencies felt the new BSAB escalation protocol and guidance for third sector groups on 'Making Safeguarding Personal' would improve practice. They welcomed the suggestions that Environmental Health and Barnet Homes colleagues be encouraged to work with private landlords so they too are aware of BSAB's Hoarding policy and safeguarding duties.

SAR in Rapid Time: Gabrielle

Throughout the pandemic BSAB partners remained alert to new risk posed by the necessary changes to health and social care service delivery. During the initial lockdown safeguarding leads from the local authority and community health providers highlighted how many families had, understandably, requested a suspension of carer or district nursing services and the steps taken to mitigate risks to adults with care and support needs. In July 2020 the Board's Case Review Group were asked by our acute health provider to consider a Safeguarding Adults Review in the case of Gabrielle. The group concluded that, whilst partners had taken steps to mitigate known risks to her, a review would identify important learning for all agencies seeking to manage the ongoing complexities posed for adults with care and support needs, particularly those with clinical vulnerabilities advised to 'shield'. The BSAB board therefore agreed in October 2020 to commission a discretionary SAR. Given the ongoing risks associated with further rises in infections at that time, the BSAB sought the assistance of SCIE to complete this as a 'SAR in Rapid Time'. The report was completed by an independent safeguarding expert who heard directly from practitioners and senior safeguarding leads involved in the case. Due to ongoing proceedings, it was unfortunately not possible to involve Gabrielle's family, but very great care was taken to ensure her voice was represented. The report is published on our website.

The review identified issues with the recording of mental capacity assessments and verification of assertions by family members regarding their authority under a lasting power of attorney. It noted that whilst information was passed between professionals, the fact that this was done by way of email or formal referral resulted in a cautious approach to communicating low-level safeguarding concerns. When different agencies have co-located services, there can be a more natural flow of information as 'soft' intelligence is more likely to be shared verbally. The review acknowledged that practitioners need to feel confident that information they share will be used proportionately by other agencies, so that each agency has all of the pieces of the puzzle they need to identify when safeguarding risks are escalating for an adult in need of care and support. The reviewer also found that overwhelming pressure on staffing levels during the pandemic reduced the efficacy of supervision processes, resulting in episodic analysis of information.

There was also evidence of professional over-optimism. In the context of the pandemic, professionals overlooked the rationale of having a refused visit policy, which is to ensure that there is a proportionate response to risk, even when there is a reasonable explanation for the refusal. Assertions by family members in respect of improved health were not considered in the context of the available evidence. An over-reliance on information from families without professional oversight from any agency greatly increases the risk of harm for adults who are wholly reliant on others for their care. Our partners accepted all the reviewer's recommendations and we are working together to implement an action plan to address these.

Finally, the CRG fulfil a vital BSAB function to monitor practice improvements. Partners report, both through their self-evaluation [the 'SAPAT'] and within our challenge and progress events, the steps they have taken to implement recommendations from both these reviews. Partners have complimented the BSAB team on

the 7 step briefings and on training events held during Safeguarding week, relevant awareness days (e.g. in Carers week) and on publication of SAR reports as this eases the dissemination to their staff.

Partners have also provided more details on their own organisations actions to embed learning and monitor practice improvements, including:

1. The CCG Pharmacy team have changed their prescribing policy for emollients to prioritise non petroleum based products. An automatic pop up has been implemented in the system for whenever emollients are prescribed so that the prescriber considers if there are other high risk factors (smoking/ immobility) which may trigger a further offer of support or fire prevention support;
2. Training to GPs and providers (e.g. Jewish Care) re fire safety was provided by CCG and LFB;
3. CLCH reviewed their datix systems reports re pressure ulcers, reviewed their 'no access' policies and made adaptations to supervision policies to mitigate risks during high level of staff redeployment or sickness associated with Covid-19;
4. Disseminating lessons from LEDER reviews and thematic review findings shared with the Learning Disability Steering group to change practice in relation to supporting and protecting people with learning disability or mental health needs;
5. Revising level 3 Safeguarding training to include learning from SARs and ensure local themes, trends and high risks cases emerging from Covid-19 are discussed.
6. Royal Free advised they had considered national SAR reports regarding homelessness and hospital discharge to improve staff confidence to use the 'duty to refer' powers, regularly audited mental capacity assessments regarding refusal of medical treatments to ensure good practice.
7. BEH trust reported their involvement in a London wide SAR prompted implementation of parental mental health training across the Trust, they have also updated their safeguarding supervision documentation and provided staff with targeted 'quick grab' guides as detailed later in this report.

The CRG will continue to monitor the implementation of the action plan arising from these reviews and report on the impact that those actions have had to improve practice and safeguarding our residents.

Professional and Quality Assurance 'PQA' Group

Effective quality assurance drives continuous improvement and is recognised as a critical function of the BSAB. The group provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated to the Independent Chair and BSAB. The Group meets quarterly to review safeguarding performance via an integrated monitoring report which reviews data and key performance indicators from across the partnership. The group also considered reports from partner agencies detailing their internal audits and those conducted to ensure multi-agency protocols were being used effectively. Partners have demonstrated improved client satisfaction and closer adherence to MSP principles and active engagement of service users in line with the BSAB's priorities.

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

The Council's adult social care workforce development team provides a comprehensive range of multiagency training for staff from within the council and from partner agencies. This is led by the Principal Social Worker who plays an important role in ensuring that the programme improves the quality of safeguarding practice across the partnership. The programme includes a variety of courses, briefings and forums delivered within the London Multi-Agency Safeguarding Adults policy and procedures framework, based on levels 1-3 and in line with the National Competence Framework for Safeguarding Adults. Additionally, all staff have access to a suite of online learning and the range of courses has been increased from 2 to 4 courses.

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

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

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

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

THE ACCESS TO JUSTICE GROUP

This group was set up in response to concerns that adults with care and support needs may need agencies to proactively change practice so that, if they experience abuse or neglect, they can get redress through the civil or criminal legal system. The group have met every quarter and meetings have been well attended and the following areas have been explored.

A survey on the financial abuse of people with a learning disability was facilitated by the Access to Justice group because it was concerned to hear reports of the financial abuse of people with learning disabilities and the concern was that this could be so pervasive that many people with learning disabilities did not perceive that it was happening. The survey was sent to people with learning disabilities in July 2020. Barnet Mencap, Barnet's Learning Disability Team and LD service providers were involved in supporting the process. Most of the respondents had some paid support and one focus for further work is what more support workers can do around preventative work. The survey response showed 79% of the respondents did not think they had been financially abused. Following the report, there has been a lot of interest from LD organisations in their staff and the people they support, attending training and awareness raising workshops. Following this survey, the group have agreed to look at what more could be done following disclosure or discovery of financial abuse. It is important that support workers and families can recognise financial abuse, that they know how to report it to the police and to the MASH (Multi-Agency Safeguarding Hub), and for the CPS to consider ways to prosecute offenders.

Project 300 involved the Barnet Learning Disability Service working with Barnet Mencap, which has provided welfare checks for people with a learning disability and autism. By building relationships with people, it has been possible to respond quickly to any risks, and to coordinate the appropriate input from voluntary and statutory organisations. The intention is to further explore such models of support, introduced at the start of the pandemic, which have the potential to really develop the prevention duty and safeguarding.

The Zero Tolerance to Hate Crime Project has collaborated with "Why Me?" – an organisation which provides Restorative Justice Services to victims of crime. Victims of disability hate crime who report incidents through Barnet Mencap are offered restorative justice as a resolution. This is hoped to be particularly helpful in Neighbour Disputes, where the victim of hate crime knows the perpetrator. In 2020 restorative justice was offered to 3 victims, in addition to support with reporting to the Police. In 2021 the Project will continue to offer Restorative Justice to victims. A short film is to be produced by Middlesex University and Restorative Justice Training is being offered to Barnet Council Adult Social Care Teams, to build on the Hate Crime Training Workshops which were delivered to staff in September and October 2020.

The Hate Crime Reporting Champion scheme has been running for three years now. This year, following the pandemic we have had to take registration for the scheme online so that Barnet residents and visitors can register safely and remotely. This is accessed via a dedicated Hate Crime Awareness Week webpage, which will be kept updated with news and information about workshops and awareness raising events.

Data produced by the police, showed that **Appropriate Adults** are not always available in a timely way. The Access to Justice sub-group is exploring opportunities to fund a local scheme through the Mayor's Office for Policing and Crime (MOPAC).

In addition to the assurance reports received at BSAB meetings, each year BSAB partner agencies are asked to complete a self-evaluation of the effectiveness of their own agencies safeguarding work and consider the impact of the BSAB through a London wide audit tool, namely the Safeguarding Adults Partnership Audit Tool or 'SAPAT'. This report draws from our BSAB meeting minutes and SAPATs completed by Barnet Carers Centre, Inclusion Barnet, Barnet Mencap, NCL CCG, BEH Mental Health NHS Trust, Royal Free NHS Trust, CLCH NHS Trust, Barnet Homes, LFB and Barnet Council adult social care.

The rapid way in which partners had worked together to respond to emerging risks during the pandemic was identified by all our partners as both key achievements and as posing ongoing challenges for the BSAB. Much of the rapid innovation we saw during this period has already been reported elsewhere, however it is important to recognise the key innovations and improved safeguarding practice reported by partners. In particular, partners highlighted the following:

1. Swift move to communicating and providing services via online platforms enabled innovation, including:
 - The development of new operational meetings, e.g. weekly meetings between MASH and Designated Safeguarding Leads ['DSL'] within the CCG, Hospital, Community and Mental Health NHS Trusts to assess and review 'live' safeguarding concerns. These ensured continued focus on safeguarding and support to frontline staff working in very challenging conditions;
 - RFL's DSL were involved in designing technical innovations- resulting in positive and substantial impact in patient care (e.g. virtual consultations for patients with learning disabilities and Autistic patients).

2. Strength of existing partnership model enhances partners ability to reconfigure and problem solve during COVID-19, reducing siloed working and risks to vulnerable people. For example:
 - Barnet Carers spoke of "collaboration through crisis" and working together at a faster pace than might otherwise have been achieved. They commended the Adult MASH team, reporting improvements in how they received feedback and were involved in follow up work from safeguarding concerns. They felt there had been concerted effort by partners to involve carers in safeguarding.
 - Barnet homes reported many new initiatives to work jointly with colleagues, for example they offered increased floating support services to address housing related support issues. Staff (working with Your Choice Barnet) made daily contact calls to vulnerable residents to ensure support needs are met, get access to food and medication. They also worked with hospital and social care staff to facilitate hospital discharges and contacted GP when required.

3. A concerted effort to provide information to practitioners and the public highlighted emerging risks and guidance on reducing harmful impacts:
 - Public health, health and social care colleagues worked effectively to ensure PPE available to care homes and, later, to aid the vaccine programme roll out;
 - BSAB provided information on legislative changes and DHSC expectations;
 - Barnet Council provided additional funding to support providers deliver safe care and essential supplies;
 - CCG raised awareness of the risks of domestic abuse, including ensuring that all GPs have posters on how to access support in Barnet visible behind them when conducting virtual consultations.
 - CLCH provided a single point of access for frontline staff and managers from which they could provide (7 days a week) safeguarding advice, they also developed risk assessment tools to assist with prioritising those needing face to face care and revised their supervision model to include restorative supervision- an audit of which demonstrated greater compliance and increased effectiveness;
 - BEH reported their fortnight comms programme with staff had seen improved compliance with higher levels of safeguarding training;

4. Evidence of local learning during the pandemic. Many partners wished to ensure that advances made to collaborative working during the pandemic remain within the system. For example;
 - Establishment of multi-agency practice forums (e.g. Safeguarding Adults Managers forum and Practice Interest Group, Safeguarding) to discuss and agree operational practice improvements.
 - Use of Lead Practitioners 'buddying' to enable cross fertilisation of best practice and robust information sharing between adults and children service areas.

- In response to the increased risks linked to heightened anxiety, BEH's DSL developed 'quick grab guides' for their workforce providing best practice guidance and links to local policies and support services in relation to financial abuse, sexual harm, self-neglect and executive decision making;
- MASH and partners increased frequency and membership of shared risk management forums such as High risk panel, pressure ulcer forums, MARAC and partners welcomed the new forum being set up between mental health and social care, voluntary sector providers and police to tackle financial abuse.
- BSAB members used new ways to reach out to communities to offer reassurance and information throughout the pandemic. For example, working with Meridian wellbeing BSAB members recorded a number of podcasts looking at life in lockdown, mental health, adult safeguarding, peer support and tackling myths about the Covid-19 vaccine. These are available at: <https://www.meridianwellbeing.com/resources>.

What our partner said about safeguarding systems in Barnet and the BSAB's impact

Inclusion Barnet: 'Becoming part of the SAB has demonstrated the importance of skilling up the VCS sector in best practice around safeguarding. The pandemic has been extremely challenging for all sectors, yet the levels of active partnership working between VCS organisations themselves, and between the VCS and the local authority has increased exponentially during this time. The continued development of the Adult MASH has led to a step change in safeguarding.'

Barnet Carers: 'Services have collectively addressed additional challenges faced due to COVID-19 and have shared strategies of best-practice for safeguarding. There has been a considerable improvement to follow up and response from safeguarding concerns raised over the past year as a result of the work of the Adult MASH.'

Barnet Mencap 'Exploring the overlap between safeguarding and disability hate crime has been a key achievement this year. As has the work done by the BAME engagement group to advocate for improved uptake of the Covid-19 Vaccine.'

Barnet (now NCL) CCG: 'The work across the partnership in quickly recognising the increased risk of domestic abuse, using early indicators from China and the Rapid Safeguarding Adult Review (SARs) organised by the Board demonstrates excellent partnership work. In this case the Royal Free hospital recognised hidden harm and referred to the BSAB who respond quickly and commissioning a rapid process so partners could make improvements to avoid similar harms occurring in subsequent lockdowns.'

CLCH 'BSAB delivered multiagency training to improve practice and outcomes for adults at risk and their families. Use of virtual platforms to ensure work continued. MSP now influences risk management processes e.g. Section 42 enquiry, High Risk Panel and partnership working. Another key achievement was the continued emphasis on human rights approaches as evidenced by the work of our Access to Justice subgroup.'

Attendance at the Safeguarding Adults Board meetings 2020-21

Organisation	June 2020	September 2020	December 2020	March 2021
Local Authority – Adults & Health				
Local Authority – Community Safety				
Local Authority – Public Health				
Royal Free London NHS Trust				
North Central London CCG				
Central London Community Healthcare NHS Trust.				
Barnet Enfield Haringey Mental Health Trust				
Barnet Safeguarding Children Partnership				
Care Quality Commission London Region				
Barnet Group				
Barnet Mencap				
London Fire Brigade		5		
Inclusion Barnet				
CommUnity Barnet				
Barnet Carer Centre				
London Metropolitan Police Barnet				
Department for Work and Pensions				
London Community Rehabilitation Company				
Safeguarding Adult GP				

BSAB Partner financial contribution 2020-21

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

⁵ During the period September- December 2020 there was no permanent Commander in place



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

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

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

Contact the Barnet Adult Multi Agency Safeguarding Hub (MASH)

Tel: 020 8359 5000 (9am- 5pm, Mon to Fri),

Or 020 8359 2000 (out of hours – emergency duty service)

Email: socialcaresdirect@barnet.gov.uk

Or call the police on 101 in an emergency call 999.

This page is intentionally left blank