

MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 17TH MARCH, 2022

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)

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

Substitute Members

| | | |
|----------------------------|----------------|---------------------|
| Councillor Rohit Grover | Debbie Bezalel | Dr Barry Subel |
| Councillor David Longstaff | Nitish Lakhman | Dr Murtaza Khanbhai |
| Dr Julie George | Colette Wood | Ben Thomas |

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Monday 14 March 2022. 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: Allan Siao Ming Witherick allan.witherick@barnet.gov.uk
Media Relations Contact: Tristan Garrick 020 8359 2454 Tristan.Garrick@Barnet.gov.uk

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 Office (if any) | |
| 6. | List of Health and Wellbeing Board (HWBB) Abbreviations | 11 - 14 |
| 7. | Forward Work Programme | 15 - 20 |
| 8. | COVID-19 Pandemic Update (verbal) | |
| 9. | <p>Deep Dive - Joint Health and Wellbeing Key Area 2: Starting, living and aging well</p> <p>Covering:</p> <ul style="list-style-type: none"> • Improve children's life chances • Promote mental health and wellbeing • Get everyone moving • Support a healthier workforce • Prevent a long-term conditions | 21 - 94 |
| | Business items | |
| 10. | Achievements of the Health and Wellbeing Board over the last four years and a proposed way forward | 95 - 110 |
| 11. | Pharmaceutical Needs Assessment (PNA) Update | 111 - 116 |
| 12. | Prevention Framework | 117 - 150 |
| 13. | Health and Wellbeing Needs Assessment of Rough Sleepers - Action Plan | 151 - 160 |

| | | |
|-----|---|-----------|
| 14. | NCL NHS Update on Mental Health and Community Services Review | 161 - 176 |
| 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 Allan Siao Ming Witherick allan.witherick@barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

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

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Decisions of the Health & Wellbeing Board

9 December 2021

Board Members:-

AGENDA ITEM 1

- * 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 Nikesh Dattani | Chris Munday | * Colette Wood |
| * Dawn Wakeling | * Fiona Bateman | |

*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. She also thanked Salar Rida for all his commitment to the HWBB and is sorry to see him leaving and went onto welcome the new governance officer Alan Witherick.

It was RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 30 September 2021 be agreed as a correct record.

2. Absence of Members

Apologies were received from Dr Nick Dattani and Chris Munday who was substituted by Ben Thomas and Brigitte Jordaan.

3. Declaration of Members' Interests

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

4. Public Questions and Comments (if any)

None.

5. Report of the Monitoring Officer (if any)

None.

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

RESOLVED that 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. Any suggestions in the future should be submitted to Allan Witherick who will provide governance support for the HWBB going forward. The Chairman on behalf of the Board thanked Salar Rida for his work and governance support over the years.

RESOLVED that the Board noted the Forward Work Programme.

8. COVID-19 Pandemic Update (verbal)

The Chairman noted comments sent to the Board by Debbie Saunders, CEO of Barnet Hospital and invited Dr Tamara Djuretic Director of Public Health and Prevention and Dr Charlotte Benjamin NCL CCG to provide an update on COVID-19 in Barnet.

Dr Djuretic updated the Board on the work delivered to increase vaccination uptake and the additional outreach sessions including walk-in sessions. The Board noted the COVID-19 roadmap which involves the requirements to self-isolate, wearing of face masks in shops, public transport and to self-isolate if you have symptoms following notification by NHS Test and Trace.

The Board heard the update from Dr Charlotte Benjamin regarding the vaccination and booster rates, which is higher in comparison to London data and that pressures across hospitals continue. Dr Benjamin noted that work continues to offer vaccination to children who are home educated. She also informed the Board that outpatient recovery is currently 95% of what it was prior to COVID-19.

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

RESOLVED that the Board noted the verbal update.

9. Joint Health and Wellbeing Strategy Key Area One deep dive

The Chairman invited Dr Janet Djomba, Public Health Consultant to co-ordinate the presentations for this agenda item and for the relevant Council Officers and external partners to jointly deliver the presentation.

Dr Djomba introduced the report which provides an update to the Board on projects underway to deliver the outcomes of Key Area One of the Strategy and the work across the council to improve health and wellbeing by creating a healthier place and resilient communities.

The Board noted the presentations on the various workstreams to deliver the outcomes of Key Area One under the Joint Health and Wellbeing Strategy.

Radlamah Canakiah, VAWG Manager spoke about the public consultation for the draft Domestic Abuse and Violence Against Women & Girls Strategy 2021-2024 which is live on Engagement Barnet and encouraged dissemination of the consultation link available here: <https://engage.barnet.gov.uk/da-vawg-strategy>

Dr Julie George Deputy Director of Public Health and Fatima Patel Managing Director Mediscript Ltd spoke about the work of the COVID-19 Health Champions. The Board noted the work and the impact of the distribution of fact-based information on the uptake of the vaccination through various workstreams such as promotion through infographics and translation of flyers into various languages.

Seher Kayikci, Senior Public Health Improvement Specialist addressed the Board and spoke about Social Prescribing in Barnet and the increase in the number of referrals as well as the improvement to patients' health. The Chairman also invited Brendan who informed the Board about the Thyme4change allotment project which has helped residents to improve their mental health and wellbeing.

The Board welcomed the presentations and provided the following feedback:

- In relation to Air Quality, for traffic to move freely and good air quality
- Refill water station service in relation to healthier high streets and more accessible disabled toilet facilities
- Promotion of the Barnet Healthier High Streets logo p.27 of the agenda with the addition of the wording 'it's a right not a privilege'
- Work collaboratively towards child weight management and addressing challenges around child obesity
- Consider air quality in terms of moving traffic comparative to standing traffic

Board Members commended the work delivered and the Chairman thanked the presenters and the Board for the discussion.

It was RESOLVED:

- 1. That the Board noted the Key Area One overview presentation.**
- 2. That the Board noted the progress report on Key Area One.**

10. Future of Health and Wellbeing Board update (verbal)

The Chairman invited Dr Tamara Djuretic to give a verbal update on the future of the Health and Wellbeing Board, in light of the forthcoming Health and Care Bill. Following a meeting with the lead members of NCL HWBBs she noted the importance of ensuring that a relevant and strong Board continues to be in place in Barnet.

Dr Djuretic noted that the Health and Care Bill carries a number of changes and its impact on the HWBB will include linkage to the Integrate Care Partnership at a local level. As a result of this, it is proposed to hold a workshop session in February prior to the next HWBB, for the Board to discuss this matter. **(Action)**

Dawn Wakeling, Executive Director for Adults and Health welcomed the proposal and highlighted the importance of the links between place based partnerships and the HWBB as well as tackling health inequalities.

Dr Charlotte Benjamin also welcomed the proposal for the workshop discussion and noted the importance of effective representation of Barnet representation at NCL level.

RESOLVED that the Board noted the verbal update and agreed to hold a workshop session in February 2022.

11. London Borough of Barnet Suicide Prevention Strategy 2021-2025: Children and Young People Action Plan Updates

The Chairman invited Maeve Gill Public Health registrar to present the update report.

Maeve Gill summarised the report and noted the updates to the action plan following the initial presentation of the report to the Board in July. Brigitte Jordaan, Director of Children Social Care welcomed the report and commended the work delivered through the joint collaboration opportunity.

Ms Gill welcomed the comment from the Board about addressing risks of substance misuse and stated that this will be looked into further.

It was RESOLVED that the Board discussed (as above) and noted the amendments to the action plan.

12. OFSTED Report on Children in Care

The Chairman welcomed Brigitte Jordaan, Director of Children Social Care who presented the report and noted the improvements delivered particularly during COVID-19 as set out in the report appendix.

It was RESOLVED that the Health and Wellbeing Board noted the letter and recommendations made by Ofsted.

13. North Central London Children and Young People's Mental Health Transformation Plan

The Chairman welcomed Daniel Morgan Interim Director of Aligned Commissioning NCL CCG and Dionne Usherwood Deputy Director, Children and Young People's Commissioning NCL CCG to present the item.

The Board noted the summary presentation. The speakers noted that CAMHS has presented a good learning opportunity for the future, particularly collaborative partnership working. The Board also heard about the opportunity for the development of the Transformation Plan informed by children.

It was RESOLVED that the Board approved Barnet's priorities for inclusion in this plan and approved publication of the Transformation Plan on Barnet's website alongside NCL CCG's.

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

The Chairman welcomed Daniel Morgan and Mary Morgan NCL CCG to present and summarise the report.

Following comments from the Board, Daniel Morgan noted the work to address funding gaps and imbalance across NCL and particularly for Barnet.

It was RESOLVED that the Health and Wellbeing Board noted the progress of the NCL CCG reviews of community and mental health services.

15. Better Care Fund Plan 2021-22

The Chairman invited Muyi Adekoya Head of Joint Commissioning and Dawn Wakeling Executive Director for Adults and Health to present the report.

The Board welcomed the report and encouraged early reporting to the HWBB for approval of the BCF in the future.

It was RESOLVED that the Health and Wellbeing Board approved the Barnet Better Care Fund plan for 2021-22.

16. Any Items the Chairman decides are urgent

The Chairman thanked the Board. The Board noted that the next meeting scheduled for 24 March 2022 is to be changed to 17 March 2022 and is due to be noted by Council.

The meeting finished at 12.15 pm

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Health and Wellbeing Board abbreviations – March 2022

AGENDA ITEM 6

| | |
|----------------|--|
| 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 |
| BBP | Barnet Borough Partnership |
| 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) |
| BOP | Barnet On Point |
| BSPP | Barnet Suicide Prevention Partnership |
| CAFCASS | Children and Family Court Advisory and Support Service |
| CAW | Case Assistant Worker |
| CBT | Cognitive Behaviour Therapy |
| CC2H | Barnet Care Closer to Home |
| CCG | Clinical Commissioning Group |
| CCS | Concepts care solutions |
| CDOP | Child Death Overview Panels |
| CEAM | Child exploitation and missing tool |
| 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 |
| CVD | Cardiovascular Disease |
| CWP | Children's Wellbeing Practitioners |
| CYP | Children and Young People |
| DBT | Dialectical Behaviour Therapy |
| 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 |
| EIA | Equality Impact Assessment |
| EHC | Emergency Hormonal Contraception |
| EET | Education, employment and training |
| EP | Educational Psychologist |
| EPS | Electronic Prescription Service |
| FAB | Fit and Active Barnet |
| GLA | Greater London Authority |
| HCA | Health Care Assistants |
| HCC | Healthier Catering Commitment |
| HEE | Health Education England |
| HEP | Health Education Programme |
| HEYL | Healthy Early Years London |
| 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 |
| IRO | Independent Reviewing Officer |
| JCEG | Joint Commissioning Executive Group |
| JHWS | Joint Health and Wellbeing Strategy |
| JOY | Joining Old and Young |
| JSNA | Joint Strategic Needs Assessment |
| KM | Kilometre |
| Kooth | Online Counselling and Emotional Wellbeing |
| KPI | Key Performance Indicators |
| LACS | Local Authority Children's Services |
| LCRC | London Coronavirus Response Cell |
| LCS | Locally Commissioned Service |
| LD | Learning Disabilities |
| 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 |
| LTC | Long Term Conditions |
| LTP | Local Transformation Plan |
| MDT | Community Multi-Disciplinary Team model |
| MTFS | Medium Term Financial Strategy |
| MASH | Multiagency Safeguarding Hub |
| MHFA | Mental Health First Aid |
| 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 |
| NDPP | National Diabetes Prevention Programme |
| NEL | North East London |
| NHS E/I | National Health Service England/Improvement |
| NP | Non-Pharmaceutical Interventions |
| OCHT | One Care Home in-reach Team |
| OT | Occupational Therapist |
| OHS | Occupational Health Service |
| PBS | Positive behaviour support |
| PEP | Personal education plans |
| 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 |

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|-----------------|---|
| 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 |
| UASC | Unaccompanied Asylum-Seeking Children and Young People |
| 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 |

**London Borough of Barnet
Health and Wellbeing Board
Forward Work Programme
2022 / 2023**

Contact: Allan Siao Ming Witherick (Governance) allan.witherick@barnet.gov.uk

| Subject | Decision requested | Report Of | Contributing Officer(s) | Key decision |
|---|---------------------------------|---|---|--------------|
| 14 July 2022 | | | | |
| Reference items | | | | |
| 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 |
| Deep Dive | | | | |
| Joint Health and Well Being Strategy Implementation Plan update | Topic to be decided | | | |
| Cardiovascular Disease Prevention | | Director of Public Health and Prevention | Julie George / Lily Barnett (Barnet Officer) | |
| Business items | | | | |
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| | | | | |
| 29 September 2022 | | | | |
| Reference items | | | | |
| 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 |

*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

| Subject | Decision requested | Report Of | Contributing Officer(s) | Key decision |
|--|---------------------------------|---|---|--------------|
| 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 |
| Deep Dive | | | | |
| Joint Health and Well Being Strategy Implementation Plan update | Topic to be decided | | | |
| | | | | |
| Business items | | | | |
| Health and Wellbeing Needs Assessment of Rough Sleepers - Action Plan Update | The Board to note the update | Director of Public Health and Prevention | Public Health Strategist | Non-Key |
| | | | | |
| 19 January 2023 | | | | |
| Reference items | | | | |
| 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 |
| Deep Dive | | | | |

| Subject | Decision requested | Report Of | Contributing Officer(s) | Key decision |
|---|---------------------------------|---|---|--------------|
| Joint Health and Well Being Strategy Implementation Plan update | Topic to be decided | | | |
| | | | | |
| Business items | | | | |
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| | | | | |
| 14 May 2023 | | | | |
| Reference items | | | | |
| 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 |
| Deep Dive | | | | |
| Joint Health and Well Being Strategy Implementation Plan update | Topic to be decided | | | |
| | | | | |
| Business items | | | | |
| | | | | |

| Subject | Decision requested | Report Of | Contributing Officer(s) | Key decision |
|---|-------------------------------|---|--|--------------|
| | | | | |
| | | | | |
| Suggested future items | | | | |
| Enhanced care in Care Homes | | | | |
| Air Quality | | | | |
| SEND Strategy | | | | |
| Integrated Care Partnership Update | | | | |
| Annual business items | | | | |
| Suicide Prevention Plan Update: Children and Young People | To approve additional actions | Director of Public Health and Prevention and Executive Director of Children and family Services | Public Health consultant | Key |
| Better Care Fund Plan | To endorse approved plan | Executive Director of Adults and Health | Head of Joint Commissioning - Older Adults & Integrated Care (Muyi Adekoya) | Key |

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AGENDA ITEM 9

| | |
|--------------------------------|---|
| | Health and Wellbeing Board 17th March 2022 |
| Title | Joint Health and Wellbeing Strategy Key Area Two deep dive |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | Appendix I: Overview of Key Area Two presentation Appendix II: Progress report on Key Area Two: Starting, Living and Ageing well |
| Officer Contact Details | Rachel Wells, Consultant in Public Health Rachel.Wells@Barnet.gov.uk |

Summary

Key Area Two of the Barnet Joint Health and Wellbeing Strategy (JHWS) 2021 to 2025 is about residents starting, living, and aging well. Within this key area are five outcomes which are Improve children’s life chances, promote mental health and wellbeing, Get everyone moving, Support a healthier workforce and Prevent long term conditions.

This report provides an update to the Board on projects underway to deliver the outcomes of Key Area Two and the work across the council to improve health and wellbeing by helping our residents to start, live and age well.

Appendix I is a presentation containing an overview of Key Area Two projects.

Appendix II is the progress report on key area one and includes progress updates on workstreams, next steps to be delivered and a log of key risk and issues.

Recommendations

- 1. That the Board note the Key Area One overview presentation**
- 2. That the Board note the progress report on Key Area One**

1. WHY THIS REPORT IS NEEDED

- 1.1 This report gives the Board an update on the activity of projects to implement key area two of the Barnet Joint Health and Wellbeing Strategy (JHWS). In addition to an overview of performance indicators for this area the report provides a deep dive into projects that support residents to start, live and age well currently underway in Barnet, including projects relating to the children and young people in the borough. The full deep dive to key area two is included as appendix I of this report.
- 1.2 The first outcome of this area is Improve Children's Life Chances. We have successfully launched our Infant Feeding Pathway which will bring partners together across the council. As part of Improving Children's Life Chances we are supporting projects within schools such as the SMILE project, delivering healthy eating discussions and giving children healthy school food. To further support the aims of this outcome, an Immunisation Co-ordinator has been appointed to help accelerate improvements in local childhood immunisation rates. The next steps for projects under this outcome is to work towards targets set to engage schools and business further in the work that we do, such as recruit up to four schools to take part in the SMILE project after the Easter break.
- 1.3 The second outcome is to promote mental health and wellbeing. This outcome is addressed through projects on improving mental health for adults and children. Campaigns have been taking place and community outreach to men is underway, leading to the first phase of the Suicide Prevention campaign being nearly finished. Work around children and young people's mental health has also been taking place with the Children & Young People Action Plan being strengthened and the CYP Health and Wellbeing Board inputting specific actions into the Suicide Prevention Strategy, overseen by the Suicide Prevention Partnership. Upcoming work will be to formally evaluate the impact of the Suicide Prevention strategy and ensuring that all schools have access to suicide prevention training with a minimum of one Youth Mental Health First Aider.
- 1.4 Get Everyone Moving is the third outcome of key area two. This outcome includes physical activity for adults and children. The final Fit and Active Barnet (FAB) Framework 2022-26 will be presented to Adults & Safeguarding Committee on the 7th March 2022 for endorsement, together with an Implementation plan (2022-23). The implementation plan details a series of actions and workstreams across the FAB Partnership that seek to achieve the vision of 'a more active and healthy borough. In partnership with Public Health Barnet, Middlesex University is currently working across pilot primary schools in Barnet, assessing the impact of participating in Barnet's Golden kilometre on pupils' physical activity and physical literacy levels. The project has received a great response from pupils, parents, and teachers taking part. Barnet not only supports the implementation of the Barnet Golden Kilometre but also supports schools taking up other physical activity and movement

campaigns such as the Daily Mile, 10 Minute Shake up, This Girl Can. Next steps will be for the FAB Framework to be improved and take the learning from the Golden Kilometre research to reshape development of the programme locally.

- 1.5 The fourth commitment of key area two is to Support a Healthier Workforce. Within Barnet we have trained over fifty new Mental Health First Aiders (MHFA), with twenty-five MHFA's receiving a refresher course and fifteen members of staff being trained in suicide reduction. Staff have been supported through initiatives such as staff sports day and the pay day step challenge. Next steps for supporting a health workforce is to continue work and finalise the council's Workplace Health and Wellbeing Strategy and looking to develop an action plan to support businesses in the borough to invest in the health and wellbeing of employees.
- 1.6 The final outcome of Key Area Two is the Prevention of Long Term Conditions. There is an ongoing recovery of the national cancer screening programme, with it on track to recover by March 2022. Alongside this, local organisations and campaigns are being run in partnership with the local Voluntary Community Sector (VCS) to continue to deliver awareness raising messages. The Integrated Care Partnership (ICP) Inequalities workstream is in place around cardiovascular disease (CVD) Prevention, with a Task and Finish Group being established and a draft CVD Prevention Programme and action plan being worked on. Future work in this outcome looks to conclude the initial phases of cancer awareness and review the impact before planning the next phase. Furthermore, the council will look to commission and launch the community health screening by early 22/23.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The contents of this deep dive showcase the progress to date of the projects to implement the JHWS that was approved in July. This report showcases the partnership working that will improve health and wellbeing for all who live work and study in Barnet. This update also provides the opportunity for the Board to engage with these workstreams and ensure its continued active role in implementing the JHWS.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable

4. POST DECISION IMPLEMENTATION

- 4.1 For the duration of this strategy, regular updates will be provided to the Board by the Director of Public Health and Prevention. These updates will give the Board oversight of the key performance indicators (KPIs) and implementation

plan for the strategy. Following this report, a separate deep dive for the one remaining strategy key areas will be presented to the board in due course.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 This report provides updates on key projects and outputs for key area two of the Joint Health and Wellbeing Strategy (JHWS). This deep dive provides narrative updates on workstreams linked to the priorities and aims of the JHWS. This includes projects which further the shared priorities of the JHWS and aligns with the Barnet Corporate Plan.

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

5.2.1 Implementation of the JHWS will need to be affordable and funded within the existing budget and staffing from the (non-Covid-19) PH Grant and wider system.

5.3 Social Value

5.3.1 Not applicable for this report.

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). This report is an update on the progress of activities within the JHWS.

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 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 As part of the risk management for the JHWS implementation plan, there is a risk register which is regularly reviewed to ensure that risks are effectively managed and escalated as appropriate. Risks associated with the delivery of projects related to this key area are identified in the appendix with mitigations

where required.

5.6 Equalities and Diversity

- 5.6.1 A whole systems approach to prevention has been taken along with health and care integration with a focus on health inequalities which persist amongst groups with protected characteristics.

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 HWBS 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 Not applicable for this report.

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 The KPIs within Key Area Two have been amended from the original approved by Board, inline with the approval to update with continuous reviews to ensure we are monitoring the correct KPIs.
- 5.9.3 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. The KPIs will be informed by data and monitored accordingly.

6. BACKGROUND PAPERS

- 6.1 Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025. Available at:
<https://barnet.moderngov.co.uk/documents/s66682/Board%20Paper%20HWBS%2022.09.pdf>

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KEY AREA 2: STARTING, LIVING AND AGEING WELL

Key Area 2 Deep Dive

Health and Wellbeing Board

17th March, 2022



Our commitments

Improve children's life chances

We will improve children's life chances by supporting their health and wellbeing from very early age and through to their transition into adulthood.



Promote mental health and wellbeing

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



Get everyone moving

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



Support a healthier workforce

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



Prevent long term conditions

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



There is so much excellent work underway to make Barnet a healthier place! Today will be highlighting just *some* of these areas. Partners will be presenting brief updates on the following workstreams:

Improve Children's Life Chances

- SMILE
- Breast Feeding Strategy
- Healthy Early Years

Promote Mental Health and Wellbeing

- Resilient Schools
- Suicide Strategy Partners

Get Everyone Moving

- Golden KM

Support a Healthier Workforce

- How we are supporting staff

Prevent Long Term Conditions

- Overview update
- Cardiovascular Disease Prevention Programme

Improve children's life chances

We will improve children's life chances by supporting their health and wellbeing from very early age and through to their transition into adulthood.





BARNET
LONDON BOROUGH



SMILE PROJECT

School Meals Initiative to
Learn Healthy Eating



What is the SMILE project?

- The SMILE project is a school initiative to help KS1 children learn about healthy eating and encourage children to make healthier food choices.
- The project involves the delivery of healthy eating discussions and replacing the traditional school meal trays with SMILE trays (see the image on the right).
- Lunchtime observations are completed to determine changes in children's food choice behaviours.

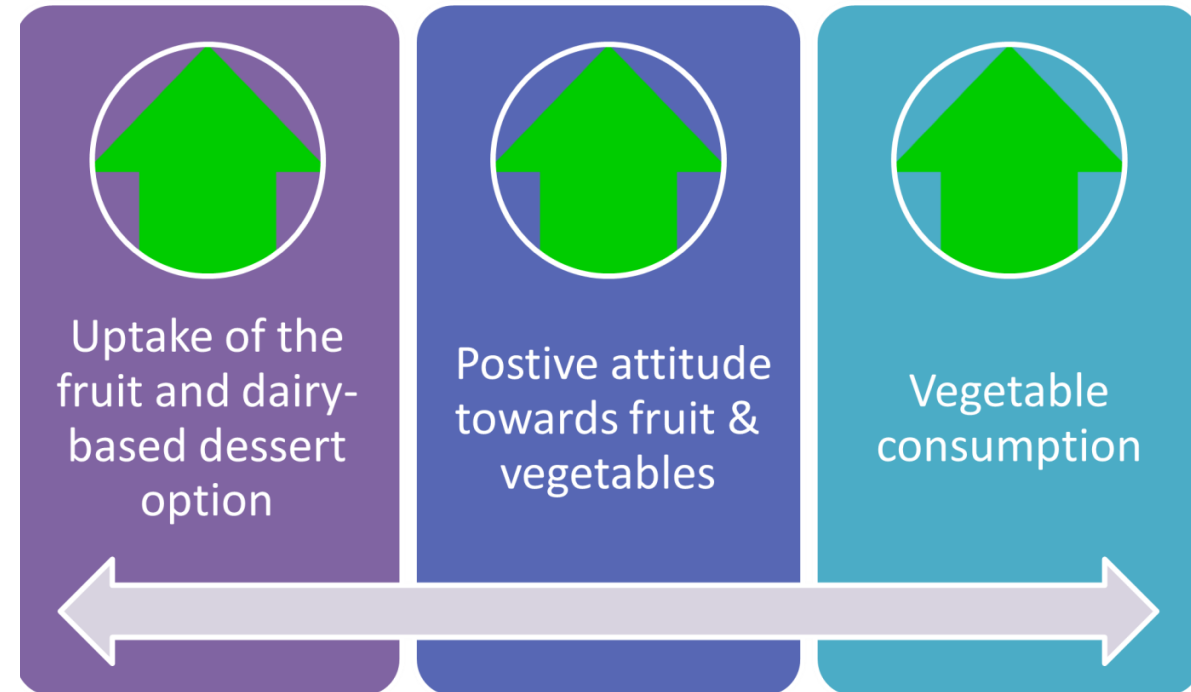


Evaluation

- The SMILE project has been enjoyed by children and school staff and parents have been positive about the intervention.
- Evaluation has found that children's attitudes towards healthy foods improve as a result of the intervention.
- Children were observed to make more healthier food choices post-intervention.

‘ Overall, I would recommend this project. I really liked the principles of the project, and it really encouraged the children to fill the different food group sections of their tray.’

33 **Miss Sands, Headteacher at Garden Suburb Infants**



‘It helps me eat my vegetables’
Student from Annunciation Y2

Barnet Infant Feeding Strategy 2021-2025



Barnet's Infant Feeding Strategy aims to:

- Support more women to initiate breastfeeding
- Support more women to continue breastfeeding
- Identify areas of low uptake and target services accordingly
- Normalise breastfeeding Borough wide

'Breastfeeding my child was so important for me for the health benefits and bonding experience. I think I would have really struggled and maybe even given up without the support from the NHS services I was offered'

Lucy, Barnet Mother

'I wanted to breastfeed to give my baby the best start in life'.

Anonymous, Barnet mother

Supporting Breastfeeding in the Borough

- **The London Borough of Barnet Infant Feeding Forum** is a multi-professional group with service user input, and has been established within Barnet for the purpose of supporting existing work, identify barriers to breastfeeding, and work collaboratively to overcome these, thus supporting this Strategy.
- **Midwifery services**
- **Health Visiting/0-19 Service**
- **Barnet Breastfeeding Support Service (BBSS)**
- **0-19 Early Help Hubs**

In 2021 Barnet also launched its new **Infant Feeding Pathway**, bringing partners together across the course of a potential breastfeeding journey.

Barnet Breastfeeding Support Service



The aims of the Breastfeeding Welcome Scheme are to-

- Support families to feel confident breastfeeding out and about
- Be a way that communities and businesses can show they welcome and support breastfeeding
- Raise awareness about the benefit and barriers to breastfeeding

The Breastfeeding welcome scheme is an initiative that makes it easier for mums to recognise places where they're welcome and support mothers to breastfeed their baby



You have the **LEGAL RIGHT** to breastfeed in Public
Breastfeeding is **ACCEPTED** and **PROTECTED** here

As a Breastfeeding Welcome venue:

- We train our staff to protect, promote and support Breastfeeding
- We want you to feel comfortable however you chose to feed your baby
- We welcome you to breastfeed here
- We work with our community to support breastfeeding in Barnet
- We welcome all families

Breastfeeding Welcome is being adopted by businesses in Barnet. [to join or for more](#)

Progress and Next Steps

- BF Welcome Logo sticker and poster developed
- Barnet Webpage and online application created
- Promotion to phase 1 premises-Early Year settings and Libraries
- 25 premises have signed up and received info and promotional material to display
- Phase 2-Healthier High Streets, Businesses to be recruited on to the scheme
- New Public health Engagement Officer to recruit businesses and audit premises
- Audit Process in development and will be presented at the next infant Feeding forum



Healthy Early Years London





ADDRESSES KEY PRIORITIES



A school ready child



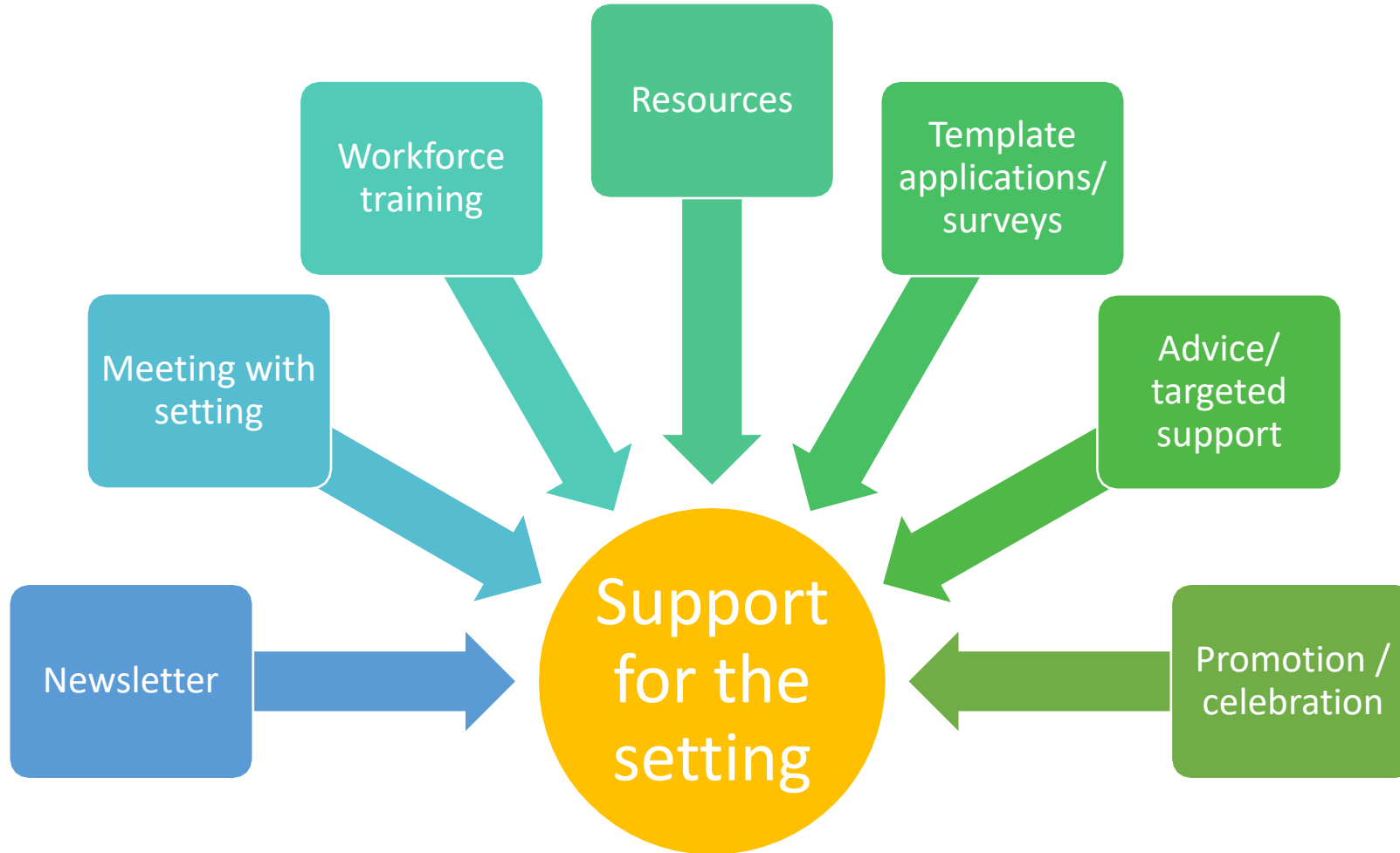
Healthy Early Years Partnership
London Borough of Barnet



Support available to settings



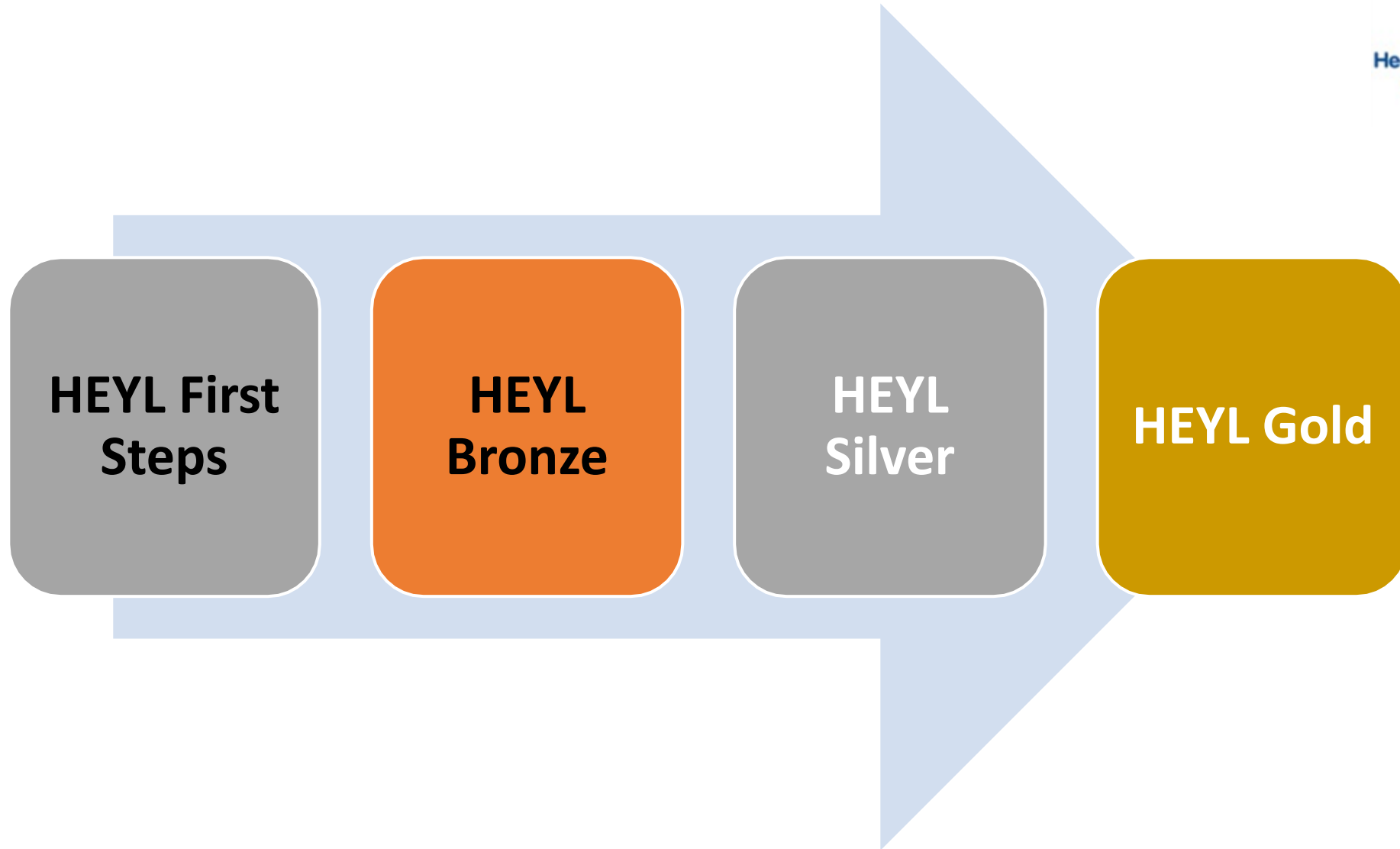
Healthy Early Years Partnership
London Borough of Barnet



HEYL Award pathway



Healthy Early Years Partnership
London Borough of Barnet



Healthy Early Years London



Healthy Early Years Partnership
London Borough of Barnet

Barnet Engagement

- 99 Registered settings (Nurseries, Children's Centers, PVI's, Schools, Childminders)
- 89 EY Settings have 'First Steps' Certificate
- 40 Bronze Awards
- 12 Silver Awards
- 1 Gold Award

Qualitative feedback from HEYL Review 2021

Been to quite a lot of meetings where Barnet was the beacon of good practice

The way Barnet has done it has been very successful, how it has been commissioned, recognising the need”

Standout compared to other LAs in terms of the support given



I don't know if we would have had the confidence to become sugar free without it



HEP and the team – every setting says how amazing they are



- To continue to support settings throughout the HEYL programme process to gain their awards
- To continue to offer online training for all early years staff
- To continue to work in collaboration with Early Years colleagues
- To explore other ways in which evidence can be provided and reduce the length of applications (GLA working on a refresh) inline with new Ofsted requirements (interviews, photos, visits)
- To book in celebration events for the recognition of all our settings on the programme that have achieved awards for this Summer 2022

The Wellbeing of Care leavers

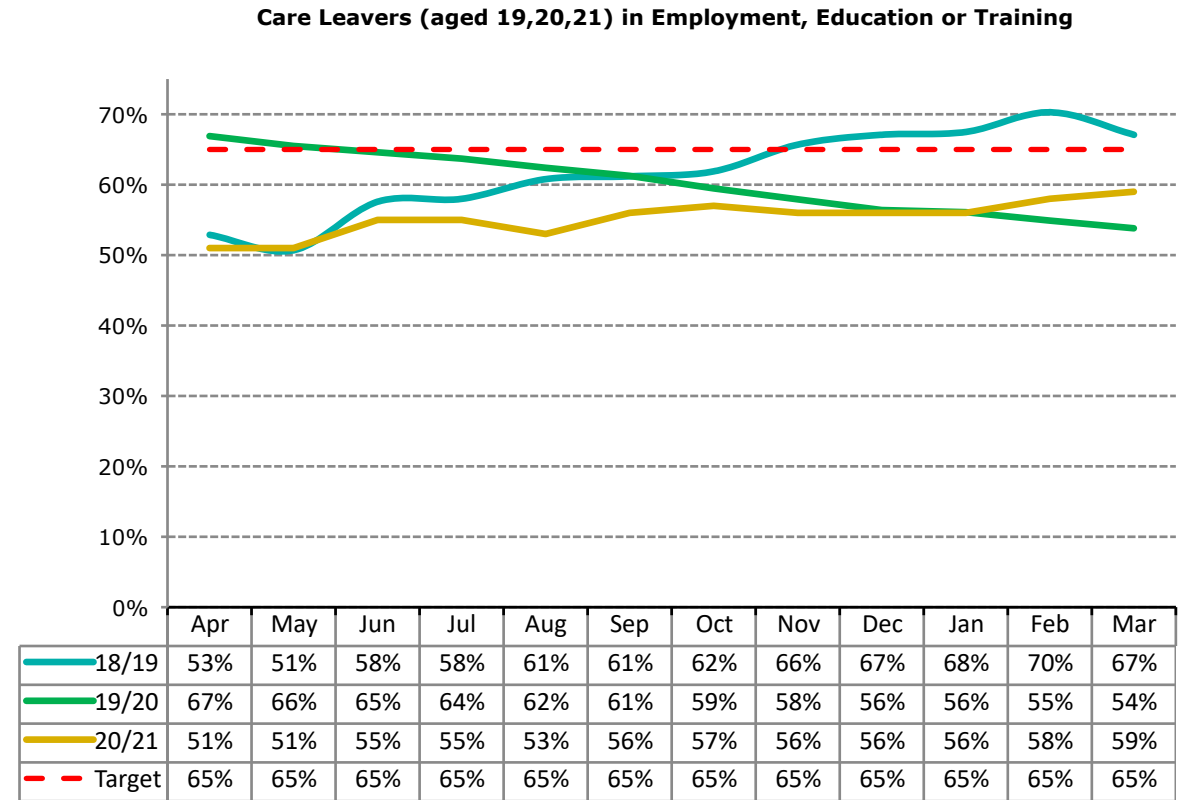
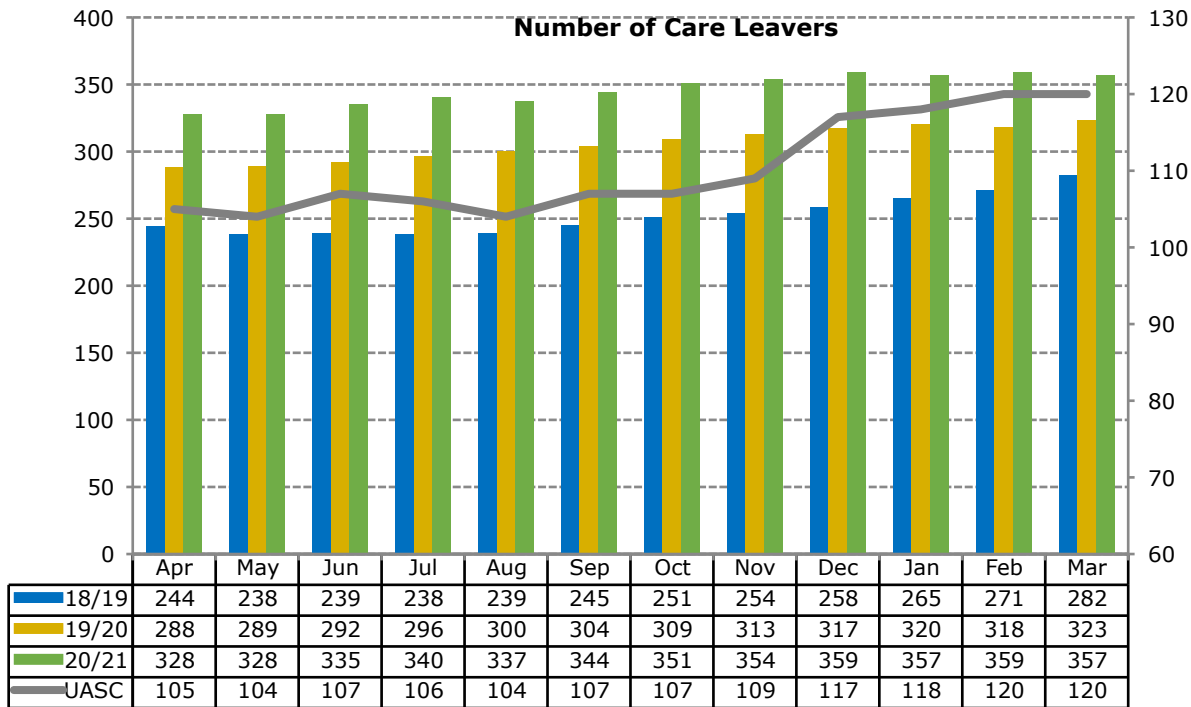
Key Area 2 Deep Dive

Health and Wellbeing Board

17th March, 2022



In Barnet we want the same things for the children and young people in our care as any good parent would want for their child. We want our children to be resilient; by that we mean for them to have a healthy and happy childhood, to feel valued and loved, and to have the chance to grow, develop and learn so that they can find their own way in the world as an adult.



Strengths and Resilience Group

- The Strengths and Resilience Group provides a space for social and emotional connection for care experienced young adults throughout the year.
- The groups continue to be facilitated by our new Expert by Experience with the support of a Personal Advisor.
- The Strengths and Resilience Group meets once a month with about 10-15 young people joining in on the sessions. The sessions are care leaver led, meaning that they choose the topics they want to discuss and raise in the sessions.
- Some of the themes covered have included:
 - anxiety and best ways to cope with it;
 - self-esteem;
 - mindfulness/remaining present;
 - things that make us happy/what we are grateful for;
 - what being a care leaver means to us and;
 - relationships and domestic violence.
- They watch films and have conversations/debates afterwards on issues arising from the film. In these sessions they talk, draw and journal their thoughts.
- During care leavers week in October 2021, we had a selection of activities chosen by the young people that include barbering, hairdressing, nail technicians, food and films.
- As part of the consultation process for the Corporate Parenting Strategy, the Head of Service attended two group sessions to hear young people share their views on what they need from their corporate parent. The themes from these discussions centred around housing, employment and confidence to be in the world. This feedback has led to a revision in the Care Leaver Housing Protocol, the NEET/EET project and the Independent living project, all launching in 2021/2022.

The emotional wellbeing of our care experienced young people

Terapia Therapeutic Services

- Onwards and upwards commission 5 trainee therapists to work with staff and care experienced young people
- Group supervision session for personal advisors provide the professional space needed to explore and understand our young people's experiences and to develop our approach to respond to changing needs
- Individual therapy offered to young people, both virtual and in person
- Therapeutic services are commissioned to work with mild to moderate concerns and are currently working with 14 young people. With new therapists about to start with the service a further 12 young people will be able to access support.
- This service provides therapy for young people who are not likely to meet the criteria for adult mental health services but who without mental health support will become more unwell with lasting impact.

Promote mental health and wellbeing

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





Jayne Abbott
Resilient Schools Programme Manager



What is the Barnet Resilient Schools Programme?

The Programme Aims To:

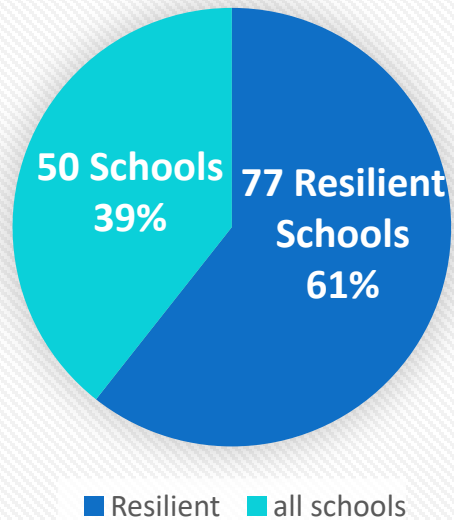
Raise awareness and de stigmatise mental health


Help school communities (pupils, staff, parent and carers to recognise their own and others mental health needs and be confident to seek support for themselves and others.

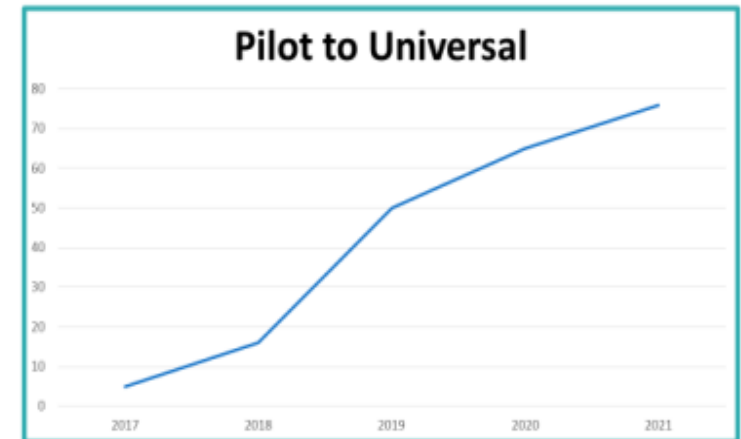
Through awareness be able to intervene early to prevent the escalation of poor mental health



Uptake of Resilience Schools Programme



Resilient Schools 2017 - 2021 



6 Special Schools (2 remaining)
15 Secondary Schools (17 remaining)
56 Primary Schools (38 remaining)



RESILIENT SCHOOLS UNIVERSAL OFFER

CORE COMPONENTS

- Mapping Tool
- Mental Health First Aider
- Suicide Prevention
- Digital Resilience
- Kooth and Qwell

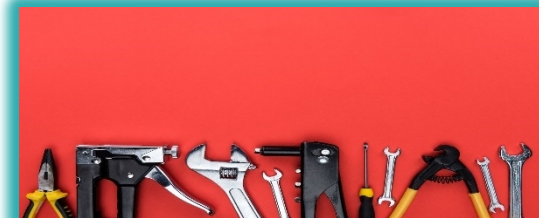
Evidence of being a Resilient School

SUPPORT

- Network Meetings
- Peer to Peer Support
- Support through Programme Manager and Health Improvement Officer
- Resilient Schools website
- Links to new evidence-based support and resources
- Resilience in Schools Forum – Inclusion Advisory Team
- Pastoral Forum – Barnet Integrated Services

TRAINING

- Mindfulness
- Department for Education Return to Wellbeing
- Physiological First Aid
- Emotion coaching
- Unconscious Bias
- Restorative Justice
- Zones of Regulation



Parkfield, Childs Hill, Claremont Federation

Childs Hill and Claremont Primary Academies,
both proud members of The Elliot Foundation
Academies Trust (TEFAT)

Claire Cunningham



Youth Mental Health First Aid (MHFA)

- To preserve life where a person may be a danger to themselves or others
- To provide help to prevent the mental health problems developing into a more serious state
- To promote the recovery of good mental health
- To provide comfort to a person experiencing a mental health problem

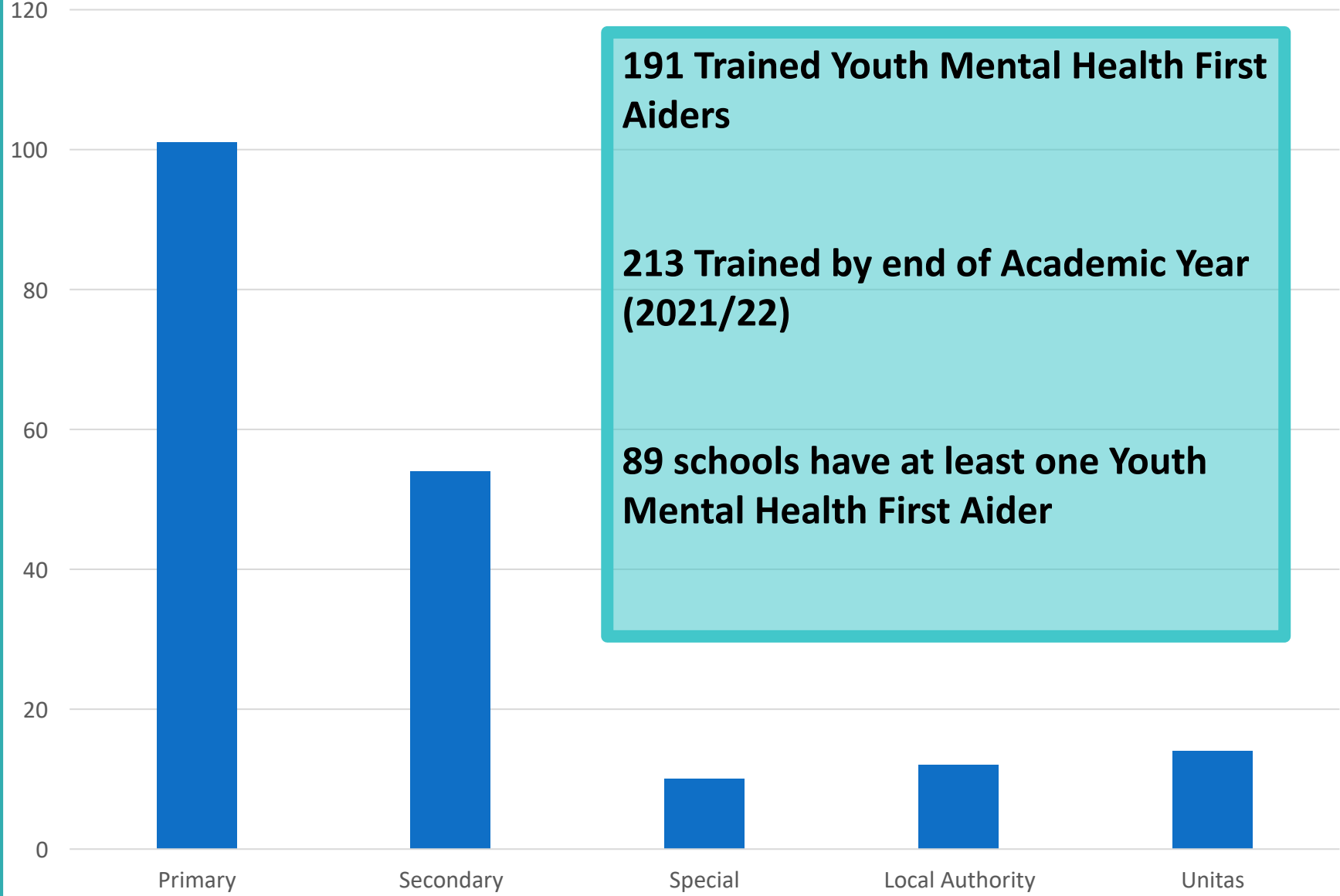
Covering the Mental health problems of:

- Depression ~ Anxiety ~ Eating Disorders ~ Psychosis ~ Self Harm and Suicide

Covering the Mental health Crisis Situations of:

- Suicidal behaviour/thoughts
- Panic attack/Acute stress reaction
- Acute psychotic behaviour

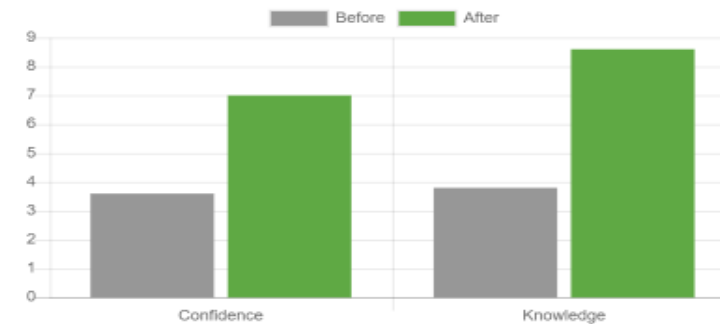
Youth Mental Health First Aid



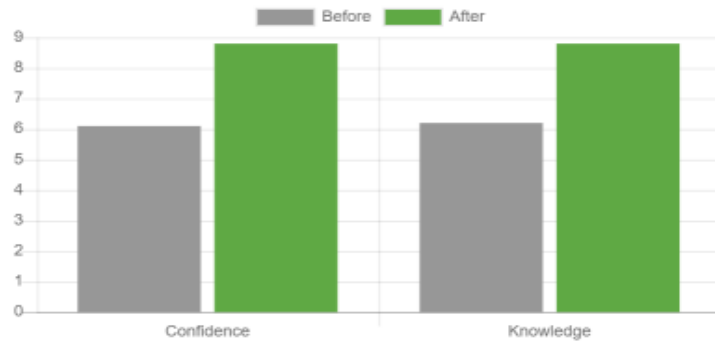


‘Thought-provoking. I genuinely feel that the course has changed my way of thinking. I realise that you don't know what is going on in people's lives. I shall always try to be kind and tolerant and remember if someone is behaving unusually, there is most likely to be a reason for it.’

Average confidence and knowledge improvements after completing the course.



Average confidence and knowledge improvements after completing the course.



‘The course was delivered in a very personal yet professional manner. It was discussed in detail to support my understanding and develop my knowledge in this field. Completing this course has enabled me to have the confidence to share my experience and knowledge of this subject with my team and family who live alongside this. It has given me a broader scope in how to support a young person experiencing these issues in their life and to use the correct terminology to support them. It has been hugely beneficial and I am honoured to be part of this community and look forward to making a difference in society. Thank you’



MHFA to speak about the training and implementation



Lessons Learnt From Our Pilot Phase



Moving into the Universal Offer

- That's many schools address most of the Whole School Approach – they just need to demonstrate it and map out gaps.
 - That schools want to do everything but don't have the capacity.
 - That schools need recognition for their achievements – RS logo.
 - That a programme works well when it continues to be co produced.
 - Resilience in Schools Forum – support with the key principles of Resilient Schools
 - Youth Mental Health First Aid Training for ALL schools
 - Pastoral Forum – working in partnership with Barnet Integrated Clinical Team
 - Availability of Programme Manager and Health Improvement Officer when needed
 - Self Harm and Suicide Document
 - Development of RS website
- Delivery of Mental Health Awareness throughout the school community – a commissioned service.
 - Recognition for Schools using the Resilient Schools Logo
 - Peer Champions - a commissioned programme for 16+
 - Training and support for our Youth Mental Health First Aiders
 - Continue to work closely with schools to inform future decision making.
 - Ensure RS continues to align with pathways for mental health in Barnet using the Thrive approach and continues to work in partnership with others.

Get everyone moving

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





Middlesex
University
London

Barnet's Golden kilometre

Shannah Anico – Middlesex University

In partnership with Barnet Public Health



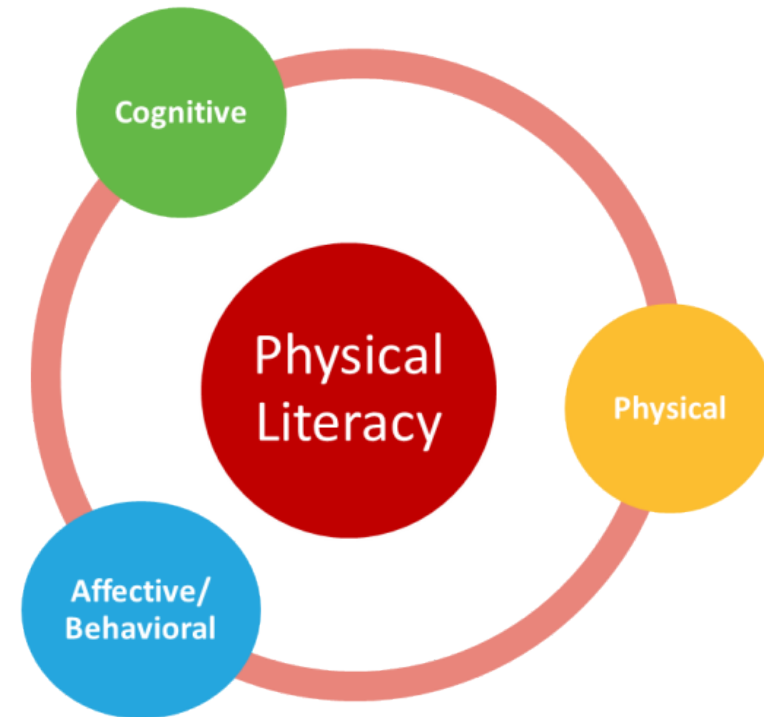
Barents Golden kilometre



- Primary aged children walk, jog or run 1km everyday at school lead by school staff. This is in addition to PE.
- Feasible, low cost, simple, no equipment
- Provide an **opportunity** for daily physical activity which supports physical, social & mental well-being and **positive behaviour change**

Research aim:

- To Identify the effects on physical literacy components of primary school children who complete Golden kilometre for 1 school year.



Current situation

- Whole school perspective
 - Students, Parents and Teachers
- Chart pupils physical literacy journey
 - MGkm & Physical literacy Questionnaires
 - Health status measures
 - Fundamental movement skills
 - Physical activity recording

“It’s good because everyone gets fit and they do exercise”

Yr3

“I thought it was a really good idea... It helps keep everyone fit”

Yr4

“I feel very happy because like, I like to do more exercise”

Yr5



Next steps

- Follow-up measures scheduled
- Chart progression in physical literacy
- Continuing to recruit
- Contact details: s.anico@mdx.ac.uk



Support a healthier workforce

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



Support a healthier workforce

Where are we now?



Trained **>50** new MHFAs

>25 MHFA have had refresher

>15 trained in suicide reduction



187 members of staff vaccinated against flu



87 members of staff seen for a health MOT & 27 referred to GP



>100 participants in staff sports day September 2021



120 staff took part in January 2022 pay day step challenge

Next steps



Drafting Council's **Workplace Health and Wellbeing Strategy** and action plan, to build on current strategies and actions



Integrating workplace wellbeing agenda into FAB framework and Employment & Skills delivery plan



Develop an action plan to support businesses in the borough to invest in health and wellbeing of employees



Incorporate learning from Working Well project and utilise contacts to further support SMEs businesses in borough



Ensure health and wellbeing remains on agenda of workstreams across council

Prevent long term conditions

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



Preventing Long Term Conditions (LTCs)

Recovery of national cancer screening programmes & awareness raising

Update

- Backlog on national cancer screening programmes nearly cleared, uptake recovering
- NCL Cancer Awareness campaign delivered with Voluntary and Community Sector (VCS)
- Barnet Mencap on track to delivering 15+ cancer awareness and screening training to care providers for people with Learning Disabilities (LD) across NCL

Next steps – NCL wide

- Conclude and evaluate phase 1 of LD project
- Plan projects to address health inequalities in breast screening programmes (NHSE/I bid)



<https://www.barnetmencap.org.uk/cancerscreeningpack/>

Recovery of National Diabetes Prevention Programme (NDPP)



Update

- Centralised referral to high risk patients using text messages led to 2 fold increase in referrals in September 2021, which led to almost 3 fold increase in group attendance in September and 3 fold increase in October
- On track to meet NHS E/I end of contract target of 85% uptake by June 2022

Next steps

- Plan & deliver community testing and engagement events in areas of high deprivation
- Stimulate primary care referrals through newly recruited engagement officers
- Complete national process for NDPP provider re-procurement

ICP inequalities workstream - CVD Prevention

Update

- Established a cross-system Cardiovascular Diseases (CVD) Task & Finish Group
- Submitted joint bid (Public Health & Inclusion Barnet) for Healthy Heart Peer Support roles to work with South Asian and black African/ Caribbean communities in Barnet with an initial focus on hypertension management.
- Drafting CVD Prevention Programme and action plan

Next steps

- Launch Healthy Heart Peer Worker project
- Finalise draft CVD Prevention Programme and Action Plan



Refinement and launch of NCL LTC LCS

Update

NCL Long Term Conditions Locally Commissioned Service (LTC LCS) is in development. It aims to achieve a more consistent NCL approach to LTC care, to deliver better outcomes for all the population. Initial focus on metabolic and respiratory conditions.

Next steps

- Due to launch early 22/23

Introducing community health checks



Update

- Taking a version of the NHS health check model into the community to increase opportunities for the public to check on their health

Next steps

- Commission, launch & promote

Cardiovascular Disease (CVD) prevention programme (1)

Aim: to develop a CVD prevention programme to reduce prevalence of CVD, improve management of risk factors, reduce premature mortality and inequalities in outcomes.

Four themes based on Public Health England / National Institute of Clinical Excellence (NICE) framework on inequalities and intervention decay, with specific areas of greatest need identified through intelligence and in line with regional & national policy



Population awareness & patient activation



Behavioural risk factor management



Clinical risk factor detection & optimal intervention



Self care & sustaining change

Health behaviours focus on:

- Smoking
- Alcohol
- Obesity

Clinical risk focus on:

- Hypertension
- Atrial Fibrillation
- Pre-diabetes/Type 2 Diabetes
- Raised cholesterol

CVD prevention programme (2)

Work already underway / being developed

- Community screening for CVD risk factors as well as NHS Health Checks
- Development of Long Term Condition Locally Commissioned Service (LTC LCS)
- Healthy Heart Peer Support programme
- Lifestyle hubs within secondary care
- Stop smoking services

Further major gaps that need addressing

- General comms campaign / health literacy to support LTC LCS and other prevention work
- Further work around excess alcohol
- Local approaches in areas of highest need

Process to develop detailed action plan for CVD Prevention Programme

- Working through Barnet Borough Partnership CVD Prevention Task and Finish group to agree draft plan and agree specific actions to take forward in next 2 years
- Bring to July Health and Wellbeing Board

Key Area 2: Summary

- Collaboration across the council and partners to achieve Key Area Two outcomes - from Public Health, to family services to the NHS and colleagues in education
- This deep dive has highlighted just some of the amazing work that has been done and what is planned for the future
- An update on the Health and Wellbeing Strategy also went to Children's Partnership Board where it was received positively and there was good recommendations to take onboard around children with SEND
- Next Steps:
 - Bringing updates and/or highlight reports to the Health & Wellbeing Board on a regular basis
 - Keep tracking progress against targets
 - Increasing collaboration across stakeholders
 - Health and Wellbeing Strategy to go to other Boards across the council to raise awareness and help increase collaboration
- Feedback and suggestions are much appreciated and will help future deep dives and updates

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Appendix II - Progress report on Key Area Two: Starting, Living and Aging Well

Contents

More Children and Young People Will Have Good Health...... 2

More Residents Will Be Physically Active...... 6

Residents will enjoy good mental and physical health for longer...... 10

Related Updates 13

More Children and Young People Will Have Good Health.

1. Children in Care
2. Health in Children

| Children in Care | | |
|--|----------------------|---------------|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Dental Checks of Children in Care | December 2021 47% | 85% |
| Annual Health Assessments for Children in Care | December 2021 85% | 95% |

Progress update:

- Annual Health Assessments for Children in Care has remained steady at 85% over the past year. There have been some delays on account of COVID-19 restrictions impacting on staffing and GP availability throughout the year, however this is not an ongoing issue.
- Some delays have been attributed to children/young people and their carers having to self-isolate and in some instances carers' hesitancy in attending appointments due to health concerns. This is not considered to be an ongoing issue
- Dental checks for children in care has been significantly impacted by COVID-19 pandemic and the closure of dental surgeries throughout the pandemic.
- The Healthy Smiles Looked After Children's Oral Health Pilot was launched to support children having the statutory oral health assessments and access dental care during the COVID pandemic. A clinical care pathway has been developed with volunteer general dental practices adopting a pan-London approach. Children's social workers and the looked after health team are referring children into this service.
- Looked after health team review dental data for children over 5 annually and children under 5 twice a year

Next steps:

- Social workers and looked after health team to continue to refer children into the dedicated Looked After Children Dental Referral Service
- Children's outstanding dental and health assessments to continue to be reviewed and monitored by the looked after health team, including the expectation that children have twice yearly dental checks.
- Outstanding health and dental checks to be reviewed in line with looked after children's reviews and All About Me plans
- Supervising social workers to review and monitor foster carers' attendance with health and dental checks for looked after children as part of their supervision requirements
- Looked after health team to continue to attend foster carer forums throughout the year to ensure looked after children's health needs are prioritised and information shared.

Key Issues & Risks:

| Summary | Mitigating Actions | Rating |
|--|--|--------|
| <ul style="list-style-type: none"> Children attending review health appointments Children's dental checks to be prioritised and progressed | <ul style="list-style-type: none"> Children attending their health and dental appointments to be reviewed as part of their looked after children reviews Social worker to ensure children are referred to the Healthy Smiles pilot | Green |

Support requested from Health & Wellbeing Board

N/A

| Health in Children | | |
|---|---|-------------------------------------|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Good level of Development at end of Early Years Foundation Stage | TBC with Family Services Colleagues | TBC with Family Services Colleagues |
| Proportion of 5-year-olds who received MMR first and second doses | 76% (data extracted from HealthIntent on 15 th February 2022) | |
| Proportion of 2-year-olds with a first dose of MMR | 83% (data extracted from HealthIntent on 15 th February 2022) | 95% (WHO target) |
| Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review | 2021/22 Q1 56% Q2 57% Q3 16% (6 week reviews were stopped for all but vulnerable service users due to staffing issues.) | 60% |

Progress Update

- Breastfeeding data was improving and becoming more robust. Unfortunately, Health Visitor staff are experiencing capacity issues and the 6 – 8 week review was reduced to vulnerable service users and safeguarding. A telephone call has now been introduced at 6 weeks to capture this data and establish how the service user is. This should begin to improve the recording of breastfeeding in the borough from March 2022.
- The Barnet Childhood and School-aged Strategy and Action Plan has been developed to improve immunisation coverage in Barnet, with recognition that partnerships are essential to the delivery of an effective, equitable and quality assured immunisation service. A combined level of expertise and resource across members of the working group will drive the strategy forward. Representations from Barnet Council Public Health, North Central London Clinical Commissioning Groups (CCG), CLCH, UK Health Security Agency (UKHSA) were involved in devising the strategy and are integral in implementing the strategy with collaboration with wider stakeholders such as Family Services, Barnet Education and Learning Services (BELS), and

community organisations. Collectively, there is an urgent need for the action plan to address declining coverage trends, reduce inequalities and protect our population against vaccine preventable diseases. The strategy has been presented to Health Overview Scrutiny Committee and signed off by the Barnet flu and immunisations forum.

- Five key priority areas have been identified to improve coverage in the borough over the next two years (2021-2023):
 - Service delivery missed vaccinations
 - Data sharing and data quality
 - Training and development
 - Community engagement and promotion
 - Reducing inequalities
- Strategies have been developed for each priority area in partnership with stakeholders using evidence base to inform action.
- In parallel, the Barnet Integrated Care Partnership (ICP) have identified childhood immunisations as a priority for the inequalities workstream, a task and finish group has been set up to address this. The group has appropriate representation across Barnet ICP to help the success of the workstream. The ICP childhood immunisations task and finish group are contributing to the delivery of the action plan.
- An in-depth analysis of the childhood immunisation data to assess uptake in Barnet has been completed. The analysis has informed the following actions:
 - Development of a parent/carer survey to understand the barriers, motives, and opportunities to promote vaccination uptake in children aged 0-5 living in Barnet (drafted and finalised)
 - A survey to understand the operational delivery of childhood immunisations in low and high performing GP practices (drafted and finalised).

Next Steps

- The only acceptable source of breastfeeding data is via the Health Visitor 6 – 8 week review so plan to monitor closely the breastfeeding data with the service.
- To ensure the transition to the new provider is smooth and the importance of collecting this data is clear.
- Launch the parent/carer survey and undertake the GP engagement survey with a sample of GP practices.
- Commission a research organisation to undertake qualitative research in the form of focus groups to understand attitudes towards childhood immunisations.
- Developing a communications and engagement plan to help support an increase in the number of people getting their children vaccinated.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|---|--------|
| That breastfeeding data does not reflect the true rates of breastfeeding in the borough. This has an effect on demonstrating | The Breastfeeding forum meets quarterly and oversees the strategy and action plan problem solves this area. | Amber |

| | | |
|---|--|-------|
| services impact on this important Public Health area. | The service specification clearly details the responsibility to robustly collect breastfeeding data. | |
| Resource to undertake the GP engagement survey | Finding alternative solutions such as sourcing funding to commission research | Green |

Support Requested from Health & Wellbeing Board

N/A

More Residents Will Be Physically Active.

1. Physical Activity Adults
2. Physical Activity Children

| Physical Activity Adults | | |
|---|--------------------|---|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Active Adults (16+): active for at least 150 minutes per week | 60.5% Nov 19/20 | Under review with FAB Partners considering the refreshed strategy (2022-2026). Also undertaking a benchmarking exercise across London boroughs. |

Progress Update

- The latest Sport England Active Lives release (May 20/21) demonstrates that 61.6% of adults aged 16 and over in Barnet are active for at least 150 minutes per week. This result is a 1.1% increase from the Nov 19/20 dataset. Barnet has experienced the highest increase (4.4%) across all London boroughs since the commencement of the survey in 2016.
- A report submitted to Adults & Safeguarding Committee on 14th September 2021 identifies several successes and achievements pertaining to physical activity since the launch of Fit & Active Barnet (FAB) in 2016. Examples of key achievements include:
 - Delivery of the FAB campaign and development of the FAB Hub (one stop resource for physical activity and wellbeing)
 - 37,839 residents registered with a FAB Card (as of January 2022)
 - Formation of a Disability Physical Activity Network which has supported collaborative working to deliver inclusive interventions such as wheelchair rugby, dementia swimming and multi-sports sessions
 - Delivery of two new leisure facilities at Barnet Copthall and New Barnet, supported by £44.9million Council investment and £2million from the Sport England Strategic Facilities Fund
 - Circa. £2million investment from Better (Barnet's leisure operator) to enhance facilities at Burnt Oak, Finchley Lido, and Hendon Leisure Centres
 - Delivery of targeted interventions via Better e.g., adult weight management, falls prevention, physical activity on referral and cancer rehabilitation
 - Delivery of community-based participation interventions e.g., Parkrun, Our Parks, Health Walks, Healthy Heritage Walks and Goodgym
 - More than 2.5 million visits to the boroughs five leisure centres operated by Better between 1 January 2018 to 31 March 2020 - an increase of 9% based on the same reporting period in 2016-2017.
- In consultation with partners, providers, and residents, leads within Sport & Physical Activity and Public Health have led on a refresh of the FAB Framework – developed through a series of engagement sessions. The draft FAB Framework (2022-26) was approved by Adults and Safeguarding Committee on 11th January 2022 and commenced public consultation via the Councils consultation platform, Engage Barnet on 12th January 2022 until 9th February 2022.

Next Steps

- The final FAB Framework 2022-26 will be presented to Adults & Safeguarding Committee on 7th March 2022 for endorsement, together with an implementation plan (2022-23) which has been developed with input from partners, providers, and contributions via the public consultation (Engage Barnet). The implementation plan details a series of actions and workstreams across the FAB Partnership that seek to achieve the vision of ‘a more active and healthy borough’.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|--|--------|
| The Active Lives data set should be reviewed cautiously given the 500 random sample recruited to participate in the survey | Results should be reviewed in alignment with other datasets/insight to better reflect and respond to local participation levels e.g., Resident Perception Survey and leisure centre attendances (via Barnet’s leisure operator Better) | Green |
| The sector continues to recover and live within a COVID-19 society | Optimising partnership working to ensure the sector is supported to recover and residents are supported to engage/re-engage | Green |

Support Requested from Health & Wellbeing Board

- Continue to link all aspects of physical activity to Fit & Active Barnet as this will provide a platform that promotes collaborative working across all sectors where physical activity is deliberate or unintentional – making physical activity everyone’s business
- Support referrals and signpost to physical activity (FAB) via health professionals and pathways
- Support with identifying funding streams to deliver increased opportunities for residents to lead more active and healthy lifestyles (in the context of people, place, and partnerships)

| Physical Activity in Children | | |
|---|------------------------------|---|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Active Children and Young People (5-16 years): active for an average of 60+ minutes a day | 43.5% Academic Year 18/19 | Under review with FAB Partners considering the refreshed strategy (2022-2026). Also undertaking a benchmarking exercise across London boroughs. |

Progress Update

- Active Lives Children Young People survey provides information on Physical activity in Barnet
- In partnership with Public Health Barnet, Middlesex University is currently working across pilot primary schools in Barnet, assessing the impact of participating in Barnet’s Golden kilometre

on pupils' physical activity and physical literacy levels. The project has received a great response from pupils, parents, and teachers taking part.

- Barnet not only supports the implementation of the Barnet Golden Kilometre but also supports schools taking up other Physical Activity and movement campaigns such as the Daily Mile, 10 Minute Shake up, This Girl Can
- Participating in Physical Activity is a key component for early years settings and schools achieving Healthy Early Year's London/Healthy Schools London awards.
- Increasing Physical activity is a core action for schools as part of the Resilient Schools programme.
- The latest Sport England Active Lives Children and Young People Survey conducted in Barnet (academic year 2018-2019) identified that 43.5% of 5–16-year-olds are active for an average of 60 plus minutes per day
- A report submitted to Adults & Safeguarding Committee on 14th September 2021 identifies several successes and achievement pertaining to physical activity. Examples of key achievements relating to physical activity in children include:
 - c.2,000 young people participated in the London Youth Games
 - 36 young people represent Barnet at the London Mini Marathon (annually)
 - c.1,800 young people aged 14-19 years participated in the SHAPE programme
 - Introduction of Junior Parkrun into the borough (Friary Park)
 - 11 schools engaged in the Mayors Golden KM challenge, with a further 27 schools listed as supporting other similar physical activity schemes for e.g. the Daily Mile
 - 77 schools are engaged with the Resilient Schools programme, this includes an additional 20 minutes per day of physical activity
 - 119 schools are signed up to the Healthy Schools London Award programme. National evaluation demonstrates this results in increased participation of children in physical activity in and out of school.
 - Delivery of interventions via Better; XPLORE (child weight management); Activate Schools; free swimming for under 8's; swimming for £1 for 8 – 15 year olds; free swimming for young carers, children in care and care leavers; junior gym, lessons and courses and children centre delivery.
- In consultation with partners, providers, and residents, leads within Sport & Physical Activity and Public Health have led on a refresh of the FAB Framework – developed through a series of engagement sessions. The draft FAB Framework (2022-26) was approved by Adults and Safeguarding Committee on 11th January 2022 and commenced public consultation via the Councils consultation platform, Engage Barnet on 12th January 2022 until 9th February 2022.

Next Steps

- Need to align with local datasets such as the PE and Sport Strategy for Young People survey (conducted by Barnet Partnership for School Sports) and Young People Survey (Resident perception survey equivalent) with Active Lives– which has now had a question included around CYP achieving an average of 60+ minutes of PA a day.
- Learning from the Golden Kilometre research will help reshape development of the programme locally.
- Physical activity targeted at adolescents and teenagers will be supported as part of the Teenage Healthy Weight Action plan as well as FAB refresh.
- The final FAB Framework 2022-26 will be presented to Adults & Safeguarding Committee on 7th March 2022 for endorsement, together with an implementation plan (2022-23) which has been developed with input from partners, providers, and contributions via the public

consultation (Engage Barnet). The implementation plan details a series of actions and workstreams across the FAB Partnership that seek to achieve the vision of 'a more active and healthy borough'.

- Continue to integrate physical activity and support collaborative working via the newly established Barnet Health in Schools Partnership

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|--|--------|
| Impact of COVID measures on participating schools in the Golden Kilometre Middlesex University research | Much of the baseline work has now been completed and plans in place for the next stage evaluation can be adapted or paused as required. | Green |
| The Active Lives Children and Young People data set should be reviewed cautiously given the recruitment approach – with schools randomly selected to participate | Results should be reviewed in alignment with other datasets/insight to better reflect and respond to local participation levels e.g., Young People Survey conducted by Barnet Council; Physical Education, School Sport and Physical Activity (PESSPA) survey conducted annually by the Barnet Partnership for School Sport; and leisure centre attendances (via Barnet's leisure operator Better) | Green |
| The sector continues to recover and live within a COVID-19 society | Optimising partnership working ensure the sector is supported to recover and residents are supported to engage/re-engage | Green |

Support Requested from Health & Wellbeing Board

- Assist in promoting the importance of "keeping moving" for all.
- Continue to link all aspects of physical activity to Fit & Active Barnet as this will provide a platform that promotes collaborative working across all sectors where physical activity is deliberate or unintentional – making physical activity everyone's business
- Support referrals and signpost to physical activity (FAB) via health professionals and pathways
- Support with identifying funding streams to deliver increased opportunities for residents to lead more active and healthy lifestyles (in the context of people, place, and partnerships)

Residents will enjoy good mental and physical health for longer.

1. Mental Health
2. Long term illness

| Mental Health | | |
|----------------------------------|------------------|-----------------------|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Suicide rate per 100,000 | 6.7 2017-2019 | Yearly reduction rate |

Progress Update

- Multi-agency Suicide Prevention Partnership have been meeting on a quarterly basis to review areas of actions agreed as part of the Suicide Prevention Strategy (2021 – 25). The meetings are scheduled to focus on two areas of the strategy so we can have time for more in-depth conversations and moving those actions forward.
- Children & Young People (CYP) action plan has been further strengthened. The CYP Mental Health and Wellbeing Board will provide input into the delivery of specific actions but the Suicide Prevention Partnership will be responsible for overall monitoring of the strategy implementation.
- The first phase of the Suicide Prevention Campaign is nearly finished. The Stay Alive campaign ran from October to December 2021 on Facebook and Google using creative imagery with a view to encourage self-help behaviour such as visits to the website for support, or downloading the app. Early indication shows strong engagement with the campaign and increased downloads of the app.
- The community outreach to engage with men from lower income groups is underway. Wellbeing Conversations were held with the staff from Barnet Depot, Wates Group, Mace, Barratt London and more planned with GLL/Better Gyms, Barnet Homes. Very positive feedback so far, companies requested follow up visits.
- Public Health worked with the VCSE partners to submit a bid to Department of Health to enhance their suicide prevention offer focusing on high-risk groups. Awaiting results.

Next Steps

- The impact of the campaign will be formally evaluated with the final to be available in March 22. We will analyse results from the different elements of the campaign and review lessons learnt with a view to plan the next phase.
- We are in the process of developing multiple suicide response plan to respond to intelligence from Real Time Surveillance System.
- All schools to have access to suicide preventions training. All schools to have a minimum of one Youth Mental Health First Aider.
- Engaging with the forthcoming NICE guidance on self-harm

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|----------------|---------------------------|---------------|
|----------------|---------------------------|---------------|

| | | |
|---|--|-------|
| Suicide is a complex issue with multiple partners having a role to play. If the council or partners do not engage with the strategy and progress their actions, this could have a detrimental impact on local suicide and self-harm prevention. | Suicide Prevention Strategy has clear actions for all partners and progress is reviewed regularly. Currently there is strong engagement and commitment to deliver strategy action plan. | Green |
|---|--|-------|

Support Requested from Health & Wellbeing Board

- Leadership on making suicide prevention everybody’s business.
- For members to encourage their own organisations to undertake Zero Suicide Alliance training
- Encourage residents in particular men, to download Stay Alive app. and signpost to Andy’s Man Club.

| Long term illness | | |
|--|----------------|--------|
| Overall Rating: Green | | |
| Key Performance Indicator | Baseline | Target |
| Patients, aged 45+, who have a record of blood pressure in the preceding five years | 84.6% 20/21 | |
| Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %) | 60.2% 20/21 | |

Progress Update

- **Community Health Screening:** Working to improve the effectiveness and reach of approaches such as the NHS Health Check, taking a version of the model into the community to increase opportunities for the public to check on their health through tests for high blood pressure and other high-risk conditions and if identified to be at risk, appropriate preventative treatments to be offered in a timely way. Tender in process.
- **Cancer screening programmes:** Ongoing recovery of national cancer screening programmes post COVID-19 with bowel and cervical screening recovery ahead of breast, which should be on track to recover by March 2022. Awareness raising work continues, second phase of NCL Cancer Awareness campaign commenced in September and ended in December 2021 – ongoing collaboration with local VCS organisations to continue to deliver awareness raising messages. Barnet Mencap continue to disseminate the cancer awareness and screening video for carers of people with learning disabilities across Barnet and NCL, on track to deliver 15+ training sessions by March 2022.
- **National Diabetes Prevention Programme (NDPP):** Referrals to the NDPP post pandemic continue to recover, albeit slowly with continued COVID-19 pressures on primary care over the winter. NCL Diabetes Prevention Programme Steering Group have been finding other ways to drive referrals: centralised referrals approach using targeted EMIS searches based on eligibility

criteria and patients at high risk to send out SMS invitations. This saw a 2-fold increase in referrals and 3-fold increase of group attendance in September and 2-fold in October. Recruited practice engagement officers to support practices. On track to reach 85% profiled target of uptake by end of contract (June 2022). Entering into the National re-procurement process.

- **ICP Inequalities workstream - CVD Prevention:** Established a CVD Task & Finish Group. Drafting a CVD Prevention Programme and action plan. Joint bid to the ICP inequalities fund from Barnet Public Health and Inclusion Barnet for funding to deliver “Healthy Heart Peer Support” workers with South Asian and black African/Caribbean communities in Barnet with an initial focus on hypertension management.

Next Steps

- **Community Health Screening:** To commission and launch early 22/23.
- **Cancer screening programmes:** Conclude initial phase of Learning Disability cancer awareness and screening training video project and review impact/reach; plan next phase. Plan project aimed at addressing health inequalities in breast screening programmes based on NHS England bid (NCL level).
- **National Diabetes Prevention Plan:** Planning and delivery of community testing and engagement events in areas of high deprivation across NCL to drive awareness of risks and identify undiagnosed population. Practice engagement officers increasing engagement with primary care/Primary Care Networks to boost referrals. NDPP provider re-procurement process commencing Feb 2022. Contract with current provider ends June 2022.
- **Integrated Care Partnerships Inequalities workstream- CVD Prevention:** Launch healthy heart peer worker project. Complete draft of CVD Prevention Programme & action plan.
- **NCL Long Term Conditions Locally Commissioned Service (LTC LCS):** The LTC LCS launching in early 22/23 aims to achieve a more consistent NCL approach to LTC care. It will be proactive, use population health management to deliver better outcomes for all the population, not just those with current ill health and improve health and wellbeing and reduce health inequalities. Initial focus on metabolic and respiratory conditions.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|--|--------|
| Multiple small programmes being implemented at ICS level | Need clear programme to ensure the various parts work together. CVD prevention programme will address in relation to CVD activity. | Green |

Support Requested from Health & Wellbeing Board

Related Updates

Social Prescribing

Progress Update

- Between April – December 2021 the team received 4,138 referrals from all 52 GP surgeries. The number of referrals are almost doubled in comparison same period last year (April December 2020 2,223 referrals).
- There is a total of 18 employed Social Prescribing Link Workers to meet the increase in referrals and demand.
- Females were more frequently referred than men and the highest referring age groups were 35 to 45 year-olds.
- The most common referral reasons were for anxiety and depression followed by, housing information, benefit support, carers support, loneliness and isolation. The service signpost or refer to over 250 services within Barnet and in surrounding boroughs.

Next Steps

- Plans have begun for piloting a self-referral pathway for social prescribing. Looking to launch the trial within one of the PCNs by the end of this financial year, to increase our accessibility to the service for GP registered patients in Barnet.
- Evaluation: analysis of the impact on GP attendance and secondary care usage will be available in March 22.
- Ensuring as many community providers logging into Elemental software to keep their services up to date and increase interaction with the social prescribing network. Elemental has the ability to create a public facing webpage for the Directory of Services (DOS) which is a future development we could adopt in Barnet.
- Exploring pathways to Prevention and Wellbeing Co-ordinators and Social Prescribing for older people who are discharged from the Royal Free Group.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|---|---|--------|
| Social Prescribing may create an additional demand to already stretched services. | Using Community Innovation Funds to address lack of capacity in some the services | Amber |

Support Requested from Health & Wellbeing Board

- Continue to commitment of building a strong and sustainable voluntary sector in Barnet

Barnet Young Brushes

Progress Update

- 18 Early Years settings recruited – with a further 11 who have committed to start or are asking for further detail.

- 68 EY workers trained within 13 EY settings. Parent's sessions are being arranged for all settings. 317 children have been reached by the intervention (as of 17th January).
- 12 EY settings have not responded yet to contact from the Oral Health promotion team and these are under discussed with the Early Years teaching team to see how this can be brokered.
- In addition, the team have received approaches from a few EY settings not on the original targeted list who are expressing an interest and they will join a waiting list.

Next Steps

- To continue to engage with the identified EY settings
- To ensure a smooth transition of the project when the service transfers to Solutions4Health on 1/4/2022
- To consider which settings can join for Phase 2 post June 2022.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|--|--------|
| The Barnet Young Brushers project along with the Oral Health Promotion service transitions from Central London Community Healthcare NHS Trust to Solutions4Health on 1.4.2022 which has a risk for service delivery if staff do not choose to TUPE with the service. | There is robust mobilisation and demobilisation plans underway. S4H have plans in place for succession plans if the service is disrupted for a time. | Amber |

Support Requested from Health & Wellbeing Board

- Assist with raising awareness within the community of oral health management programmes available in Barnet.

HSL (Healthy Schools London) and HEYL (Healthy Early Years London)

Progress Update

- Public Health are continuing managing the contract for HSL/HEYL and PSHE support to Secondary schools. The current contract, delivered through Health Education Partnership, finishes at the end of July 2022. Half termly contract meetings are taking place and current KPI's are in progress.
- Currently Barnet has 119 schools registered for HSL and 99 early year settings registered for HEYL.
- The first Health in Schools Partnership meeting took place, aiming to co-ordinate and share good practice across multiple partners involved in supporting health education programmes in Primary and Secondary Schools in Barnet. Meetings are themed to facilitate focussed discussion and collaboration.
- We have sustained good engagement with many schools across our programmes despite the ongoing challenges they are facing due to the impact of COVID-19. Our programmes and

delivery have been adapted to best meet the needs of settings during this time and into recovery.

- The quality assurance group (QUAG) for HEYL continues to go from strength to strength and meets on a termly basis to review applications and to co-ordinate support for early year settings. This is a partnership and collaborative approach.
- Continuation of termly Secondary school Physical Social and Health Education (PSHE) leads network is well established and growing. Extending the support to Primary Schools for PSHE leads will enable universal public health support across all schools. Additional Primary schools PSHE support is to be delivered primarily by Health Education Partnership, to enable transition to the new contract arrangements in August 2022.
- Ongoing procurement process for the new contract to deliver HSL/HEYL and PSHE support for both Primary and Secondary Schools for contract start August 2022. The specification has been developed through consultation with the early years team, BELS (Barnet Education and Learning Services) and PSHE leads.

Next Steps

- The focus of the next Health in Schools Partnership meeting will be on physical activity.
- A training programme available for Primary and Secondary schools is delivered by Health Education Partnership and by Brook for the remainder of this academic year to support PSHE/Relationship and Sex Education (RSE) and Healthy Schools London (HSL) leads. A tailored training programme is also available for early year settings for HEYL.
- Market engagement for the new contract is in progress. The specification is to be finalised and the tender process opened and implemented. The new contract is expected to be awarded in June 2022 for an August start.
- If permitted due to COVID-19 measures, we hope to be able to continue with Early Years setting site visits as part of the QUAG process moving forward as part of the HEYL assessments
- A celebration event is also being planned for settings to raise visibility of the successes in both HEYL and HSL award achievements.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|---|---|--------|
| Impact of COVID-19 on settings through staff/ pupil absence, COVID-19 measures in place, and impact on overall award achievement. | Review impact of COVID on all schools/settings and impact on programme- adapt programme to meet changing needs of settings Workforce development/training and networking support continued to be offered online for staff | Green |
| Other competing priorities within schools and early year settings | Health in schools Partnership meeting to continue termly to make sure co-ordination and leadership around health education. Ensure links and connections to HSL and other corporate programmes. QUAG (HEYL) to ensure joined up approach with family services and co-ordinated corporate approach to supporting HEYL delivery. | Green |

Support Requested from Health & Wellbeing Board

- Assist in promoting the HSL/HEYL award programmes as important opportunities for whole school approaches and strengthening healthy environments for children and young people

Childhood healthy weight programmes

Progress Update

- GLL Xplore continue to deliver targeted tier 2 Xplore sessions- nutrition & physical activity programme for children (aged 4-13) and their families. Children in need are identified through National Child Measurement Programme and referrals.
- Healthy weight nurses (HWN's) continue with offering targeted children (aged 4-12) 1:1 healthy weight management support. Children in need are identified through National Child Measurement Programme and referrals.
- Sugar Smart Barnet is being promoted to early years and schools and we are making available resources and webinars for educational staff to support the implementation. Alongside this we are implementing the 'Sugar & trans-fat project', which aims to empower children to make informed choices about their sugar & trans-fat consumption.
- HEYL/HSL supports settings to foster health-promoting environments and develop healthy lifestyle behaviours.
- As part of HEYL/HSL, the settings undertake a food audit to facilitate a whole setting approach to the food and drink offer across the whole school day. We will be developing the school Food Standards initiative with schools and with caterers to further support a whole school approach to food/ drink delivery across the whole school day. This will include the London-wide water only schools' initiative.
- The SMILE project pilot (which involves implementing school meal trays designed to support children to make healthier food choices and portion control) is currently being evaluated with already successes being highlighted.

Next Steps

- Continued promotion of the GLL Xplore Tier 2 weight management service to schools. This includes promotion of the 'Activate' sessions and wider physical activity offers for young people and families provided through GLL.
- Update the healthy weight management referral pathway and promote to GPs and other relevant services.
- Continue with developing targeted and collaborative working across all relevant services to support children/ young people who need additional support with healthy weight management and to keep updated the CYP Healthy Weight Management Action Plan.
- Developing and implementing a focused approach for adolescent weight management as a universal and targeted service.
- Reviewing the impact and delivery of the SMILE project to consider extending the programme to other schools and target groups such as SEND.
- Continue to input into other corporate strategies such as Fit and Active Barnet and Healthy Weight Strategy.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|---------|--------------------|--------|
|---------|--------------------|--------|

| | | |
|--|---|-------|
| GLL Xplore capacity and impact from COVID-19 | Support targeting and promotion of referral pathway | Amber |
| Changes to the healthy child programme contract could cause disruptions to the HWN's service | Increasing collaboration with the HWN's. | Amber |

Support Requested from Health & Wellbeing Board

Assist with raising awareness within the community of the childhood and adolescent healthy weight management programmes available in Barnet.

Healthy Start

Progress Update

- Continued promotion of Healthy Start at various meetings such as food security meetings, foodbank meetings, Housing BOOST meetings, health visitor forums, early years team meetings.
- Continued communications on an ongoing basis with Barnet Council comms and internal comms to Health visitors and early years teams
- Current scheme to go digital with paper vouchers to be phased out by the end of March 2022. Toolkits for local authorities have been developed graphics and messages shared with appropriate teams to make sure families do not end up going without. All families on the current scheme will need to move over by March 2022
- Continued attendance at Healthy Start Showcase meetings to get the most up to date information on scheme developments

Next Steps

- To await data from the NHS business Authority to see uptake on the new digital scheme and those still needing to move over from the paper scheme
- New online application means some families may miss out, so working on digital inclusion with the BOOST team in Barnet-messaging to also go out to libraries and early years settings where families can use computers to fill in applications
- To continue to feed into the food security meetings and update progress there

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|---|--------|
| Families not moving over to the new digital scheme | To ensure communications are out to Barnet residents and data is provided on uptake | Amber |

Support Requested from Health & Wellbeing Board

Assist with raising awareness within the community of the roll out of the new digital healthy start scheme

Period Poverty project

Progress Update

- A survey of young people was completed in August 2020
- The government commissioned a sanitary products portal for schools to access free products.
- The portal was extended in December 2020 to primary schools.
- Barnet PH have extensively promoted the portal and access to free period products to schools via the schools bulletin.
- Children educated at home are not eligible to access the scheme as the scheme is designed to 'prevent children missing school' and if children are educated at home then they do not miss school. Barnet PH have made information available on the Educated at Home website for access to period products and signposting.
- PHS group who run the portal provided the stats below in December 2021 for Barnet. Out of 130 institutions:
 - 88.5% contacted by PHS to promote the portal.
 - 43% still haven't ordered at all
 - 37% Have placed orders and used majority of the budget
 - 8% have place an order but not used full allocation
- School nurses have worked with young people via PSHE sessions and individually to cope with periods and period stigma.

Next Steps

- To continue to raise awareness of the portal with schools especially as the scheme has been extended to September 2022.
- To continue to raise awareness of period poverty in Barnet
- To work towards reducing period stigma with children and young people through PSHE.

Key Issues & Risks

| Summary | Mitigating Actions | Rating |
|--|---|--------|
| That children will miss school due to lack of sanitary products. | The portal is free for schools to access and then provide free products to children. Barnet PH have been proactive with PHS portal in seeking data about Barnet schools to inform them of next steps. | Amber |

Support Requested from Health & Wellbeing Board

- Assist with raising awareness within the community and schools in Barnet of free period products available in Barnet.
- Assist with raising awareness within the community of reducing period stigma in Barnet.

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| | Health and Wellbeing Board 17th March 2022 |
| Title | Highlights of achievements of the Health and Wellbeing Board over the last four years and a way forward |
| Report of | Director of Public Health |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | Appendix I – Health and Wellbeing Board Achievements |
| Officer Contact Details | Dr Tamara Djuretic (tamara.djuretic@barnet.gov.uk) Director of Public Health and Prevention |
| Summary | |
| <p>This report provides a high-level summary of the main achievements delivered under Barnet’s Health and Wellbeing Board since new leadership was established in 2018, including improvements in residents’ health and wellbeing outcomes and a response to the pandemic and propose way into the future role and leadership of the Board, considering the wider health and care reform and local health and wellbeing challenges faced by Barnet residents.</p> | |

| |
|--|
| Recommendations |
| 1. That the Health and Wellbeing Board notes and celebrates achievements over the past four years. |
| 2. That the Health and Wellbeing Board discuss proposals for the way forward and put forward recommendations to the Full Council in the second half of 2022/23. |

1. WHY THIS REPORT IS NEEDED

Background

1.1 Over the last four years, the Board has overseen implementation of the Health and Wellbeing Strategy 2015 – 2020 with a range of interventions that supported three main priorities agreed in 2018:

- Mental Health and Wellbeing across the life course
- Healthy Weight
- Health and Care Integration

Highlights of the main achievements are presented in Appendix I. During this period, some of the population health outcomes have improved such as a significant reduction in people completing suicides, slow and steady decrease in childhood obesity, reduction in people smoking and increase in the overall physical activity of the borough.

1.2 The Board has also overseen delivery of the pandemic during the last 18 months and Barnet has been seen as the place of best practice for the UK when dealing with COVID-19 outbreaks in care settings and places of worship, our approach to community testing and fantastic achievements in the overall COVID-19 vaccination rates as well as our hyperlocal approach to reducing inequalities in COVID-19 outcomes and vaccination. The Council distributed 87,000 Lateral Flow Device test kits within communities at higher risk (in addition to the distribution across the whole borough) and over 3,000 COVID-19 vaccines have been given at pop-ups and vaccine bus in areas with most needs. As of now, NHS has led one of the most successful vaccination programmes locally with over 267,000 people vaccinated with a first dose, 250,000 with a second dose and 190,000 people receiving booster in Barnet. All the way throughout the pandemic response, residents have been engaged in a two-way communication: two extraordinary Health and Wellbeing Boards were held with schools and faith communities in 2020 and regular communication with residents have been delivered via the excellent COVID-19 champions' network. Barnet most recent residents' perception survey conducted during the pandemic suggested an increase in trust with the Council for all matters related to health and wellbeing.

1.3 Responding to the pandemic has been a challenging yet rewarding steep learning curve, but the Board has not taken its eye off the strategic and longer-term wider impacts of the COVID-19 pandemic, recovery, and wider public health issues. As COVID-19 pandemic shone a light on disparities in health, it was even more important to capitalise on this by developing longer-term strategies that continue to energise local partnerships and the Council to embed the prevention and population health approach in all we do. The Board has approved new the [Joint Health and Wellbeing Strategy 2021-2025](#) and the Suicide Prevention Plan in July 2021 and revamped the [Joint Strategic Needs Assessment](#) in September 2021. The Board will be asked on 17th March 2022 to endorse the Prevention

Framework – with a whole-Council approach to embedding prevention, supported by an investment of £500k from Public Health Grant reserves. The Prevention theme runs through recently published [Barnet Plan 2021-25](#). The approach of the Board has been one of a true collaboration, transformational thinking and the whole system delivery at place supported by community engagement and reducing health inequalities approach.

- 1.5 As the Board emerges from the pandemic and considering the publication of [White Paper: Integration and Innovation: working together to improve health and social care for all](#) in February 2021 and the February 2022 integration white paper, [Joining up care for people, places and populations \(publishing.service.gov.uk\)](#) as well as the imminent completion of the passage through parliament of the Health and Care Bill 2022, it was important to take stock, reflect on achievements and challenges and discuss a way forward for the Board in the changing landscape. An informal workshop including the Health and Wellbeing Board members and North Central London CCG colleagues was held in February 2022 to discuss some options on the future membership of the Board and its operational delivery, how does the Board relate to newly established Barnet Borough Partnership (non-statutory collaboration between local NHS partners, Barnet Council, Healthwatch and voluntary and community sector aimed at improving overall health and wellbeing outcomes of Barnet residents by working in a more integrated way) and other emerging governance structures in the North Central London Integrated Care System (NCL ICS) that will become statutory from 1st July 2022. Whilst borough partnerships are not referenced in the primary legislation, the February 2022 white paper is clear that working at the level of place (usually co-terminus with local authority boundaries) will be a key part of all ICS, with ‘place’ seen as the key delivery level in the ICS guidance. This white paper sets out the intention that in each ‘place’ there will be a single accountable person responsible for integrated health & care outcomes, agreed by the NHS and local government. There will be a national outcomes framework for integrated care, with ICSs and place-based partnerships expected to deliver against this, with the discretion also to identify local outcomes. In addition, the HWB will need to reflect on its relationship with the Integrated Care Partnership (statutory body established as an equal partner to the ICP – see engagement document <https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation>) and consider the implications of relevant guidance, such as ‘Thriving Places’, published by NHSE and the LGA.
- 1.6 It is proposed to discuss some of the main areas for consideration such as governance, operational delivery, and membership.

- 1.6 Below are some themes that emerged from informal meeting, for the HWB Board’s discussion:

Governance

- There are several statutory and non-statutory Partnership Boards, Committees and meetings in Barnet and well-established decision-making processes that have wide impact on the overall health and wellbeing of Barnet’s residents. It was proposed to map all the relevant Boards, Partnerships and Committees locally that consider health and wellbeing of residents to articulate their relationships with the Health and Wellbeing Board and ensure the Board brings added value to the system. Importance on the clarity of a decision-making process in relevant forums was highlighted.
- At present, one of the priorities in the Joint Health and Wellbeing Strategy is Health and Care Integration. The report of the Barnet Borough Partnership is also standing item on the HWBB agenda. It is proposed to strengthen governance arrangements between the Board and the Barnet Borough Partnership, once statutory the NCL ICS is established. Further work is underway across North Central London to scope out what would these arrangements look like, in anticipation of the Health and Care Bill publication planned for July 2022.
- It is unclear if the Bill will review statutory responsibilities of the Health and Wellbeing Board, so it is proposed to await publication of the Bill before formal proposals are put forward, for decision.
- It was proposed to undertake mapping of wider the NCL governance structures, including the NCL Population Health and Inequalities Committee to ensure there are clear links to strategy and outcomes that would benefit Barnet’s residents in most efficient and productive way.
- The recently published White Paper on health and care integration states that “NHS Bodies and Health and Care Partnerships will have formal duties to have regard to HWB plans”. It will therefore be crucial to articulate and strengthen HWB Board role as a conduit between the Borough Partnership and NCL ICS, once further guidelines are published.

Operational delivery

- Before the pandemic, we took the Board closer to communities and had dialogues on various matters important to the communities, that were then incorporated into some interventions. It is proposed to re-start doing this from July 2022 to promote a role of the Health and Wellbeing Board as place-based leader and a ‘planner’ (as the White Paper states) of the Health and Wellbeing Strategy and it’s implementation.
- It is proposed to visit different areas each time and invite residents, communities and local organisations to have a ‘spotlight’ on the agenda, engaging with board members about work that is happening, their views and

suggestions; showcasing innovation, success and good practice. This place-based approach could focus on areas where health and care needs are greatest or/and where we have excellent examples of evidence-based preventative approaches that improve outcomes of local residents. It is proposed to pilot this approach for two meetings and then develop a forward programme taking into account what worked well with the initial two meetings.

- The Board will also need to agree the way in which specific actions based on this engagement will be taken forward either within the Health and Wellbeing Strategy action plan or through other mechanisms.

HWB Board membership

- To review membership in light of the North Central London Integrated Care System (NCL ICS) being established on 1st July 2022 and to give consideration to inclusion of up to three local clinical leads (General Practitioners) who are representatives of local Primary Care Networks (PCNs) in Barnet or/and GPs who will have NCL clinical leads roles. The PCNs will be a cornerstone in future neighbourhood / place-based work so strengthen representation on the Board will enhance our local work.
- To agree Vice-Chair of the Board which could be NCL Chief Medical Officer or their deputy;
- To retain core membership (with changes described above), as it is now, and have extended membership to include NHS local providers representatives, Mental Health Trust representatives, Police, Fire, Middlesex University, as and when relevant themes are discussed at the Board. It will be important not to duplicate conversations with relevant stakeholders that may take place at other Partnership Boards locally.

2 REASONS FOR RECOMMENDATIONS

- 2.1 Barnet Health and Wellbeing Board has a crucial partnership role at place that brings together local democracy, experts in the health and care system and grounded community engagement. By strengthening the Board's membership to include major local players in the wider health and care system that reflect statutory NCL Integrated Care System post 1st July and agreeing more focused place-based approach already tried and tested would result in improving health and wellbeing outcomes for Barnet's residents, with faster improvements in areas where needs are highest.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4 POST-DECISION IMPLEMENTATION

- 4.1 Following the agreement and feedback of HWB Board, agreed way forward would be taken to the Full Council, once statutory NCL Integrated Care System is established. This is likely to be between July and September 2022.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The purpose of the Health and Wellbeing Board is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Priorities are articulated in the Strategy link to the current Corporate Plan and Prevention Framework.

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

- 5.3 The Joint Health and Wellbeing Strategy 2021-25 is delivered within existing resources (including Public Health Grant) and additional investment into the whole system prevention was agreed by the lead Chief Officer, Director of Public Health and Prevention and the Council Management Team.

5.4 Social Value

- 5.4.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. A whole systems approach to prevention considers the ways that their service areas can promote healthier communities, contributing to each of these wider benefits.

5.5 Legal and Constitutional References

- 5.5.1 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

- 5.5.2 Membership of the Board includes: Chairman, an elected member appointed by Council and Vice Chairman as Chair of Barnet CCG Governing Body, three Members of the Council, Director of Public Health and Prevention, Executive Director for Children and Family Services, Executive Director for Adults and

Health, Barnet Clinical Commissioning Group Board three members (general practitioners), Barnet Clinical Commissioning Group- Chief Officer, Barnet Healthwatch representative, Barnet voluntary and community sector representative and Independent Chair of the Adults Safeguarding Board (Non-Voting Member). Requirement for proportionality is waived and voting rights allowed to members other than Members of the Council. The Quorum should consist of at least one Councillor and one health representative.

5.6 Risk Management

5.6.1 None identified.

5.7 Equalities and Diversity

A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. Consultations that took place and ongoing engagement with appropriate stakeholders champions are informing the whole systems approach to prevention and are aimed at preventing unintended harms against marginalised groups and promote health equity.

5.8 Corporate Parenting

5.8.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the HWB Board's changes, the overall HWB Strategy developments and actions 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.

5.9 Consultation and Engagement

5.9.1 Consultation and engagement activities have been a crucial part of developing Health and Wellbeing Strategy 2021-25 and the pandemic response. It is envisaged to transit COVID-19 Champions into more general health and wellbeing champions to support ongoing delivery of the Joint Health and Wellbeing Strategies. Plans have been agreed with Groundworks and transition has commenced.

5.10 Insight

5.9.1 The data in this report was gathered from former Public Health England's national data sources and publications, latest Public Health Outcomes Framework data and updated Joint Strategic Needs Assessment.

6 BACKGROUND PAPERS

6.1 Barnet's Health and Wellbeing Strategy

[Barnet Joint Health and Wellbeing Strategy 2021 to 2025 - full document.pdf](#)

6.2 Barnet's Joint Strategic Needs Assessment

[Joint Strategic Needs Assessment – Barnet Open Data](#)

6.3 Public Health England fingertips

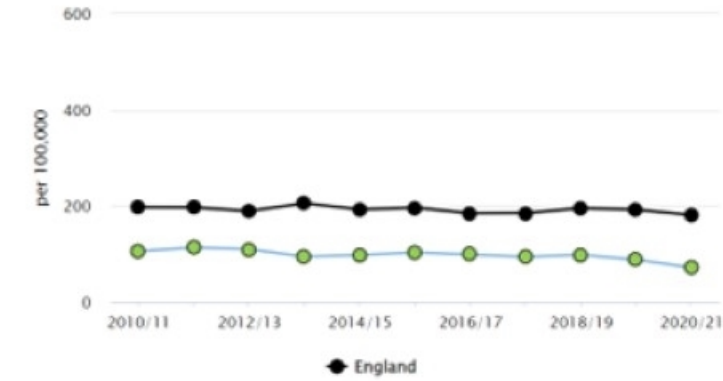
<https://fingertips.phe.org.uk/>

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Appendix I – Health and Wellbeing of Barnet’s residents: Highlights over the last four years



Show confidence intervals Show 99.8% CI values

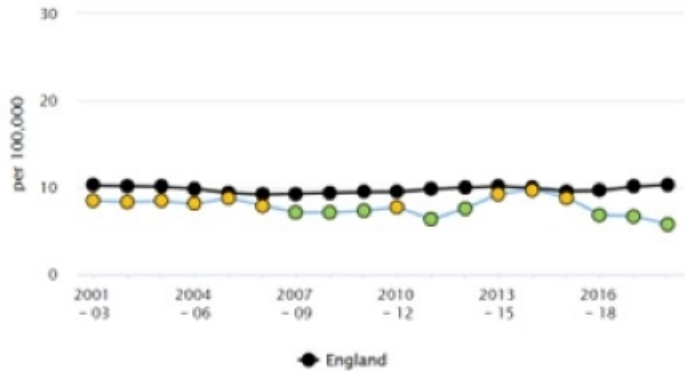


Recent trend: ↓ Decreasing & getting b

| Period | Barnet | |
|---------|--------|-------|
| | Count | Value |
| 2010/11 | 400 | 106.3 |
| 2011/12 | 429 | 113.5 |
| 2012/13 | 405 | 110.1 |
| 2013/14 | 356 | 94.9 |
| 2014/15 | 379 | 98.2 |
| 2015/16 | 399 | 103.6 |
| 2016/17 | 386 | 99.3 |
| 2017/18 | 367 | 94.4 |
| 2018/19 | 390 | 98.8 |
| 2019/20 | 350 | 88.4 |
| 2020/21 | 285 | 71.8 |

Suicide rate

Show confidence intervals Show 99.8% CI values



Recent trend: Could not be calculated

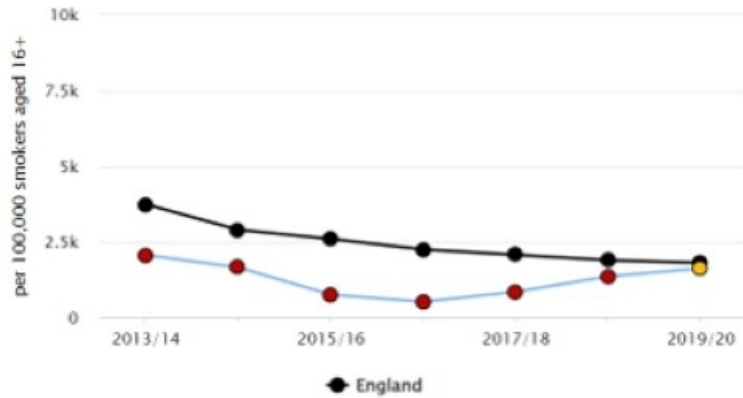
| Period | Barnet | |
|-----------|--------|-------|
| | Count | Value |
| 2001 - 03 | 71 | 8.5 |
| 2002 - 04 | 68 | 8.3 |
| 2003 - 05 | 69 | 8.4 |
| 2004 - 06 | 66 | 8.1 |
| 2005 - 07 | 74 | 8.8 |
| 2006 - 08 | 67 | 7.9 |
| 2007 - 09 | 63 | 7.1 |
| 2008 - 10 | 64 | 7.1 |
| 2009 - 11 | 69 | 7.3 |
| 2010 - 12 | 71 | 7.7 |
| 2011 - 13 | 58 | 6.3 |
| 2012 - 14 | 68 | 7.6 |
| 2013 - 15 | 84 | 9.3 |
| 2014 - 16 | 91 | 9.8 |
| 2015 - 17 | 85 | 8.9 |
| 2016 - 18 | 67 | 6.9 |
| 2017 - 19 | 66 | 6.7 |
| 2018 - 20 | 58 | 5.8 |

Mental Health and wellbeing

- Youth Mental Health First Aid teaches adults and Peer Champions networks established in over 100 schools in Barnet
- Resilient Schools support education around mental health for pupils, parents and staff in 72 schools and the plan is for this to become a universal offer for all Barnet Schools
- To support the mental health and wellbeing of our care leavers, Onwards and Upwards work with Terapia was set up offering group work and individual interventions and it is led by expert by experience who is a care leaver
- Launched extensive suicide prevention campaign aimed at working-aged men in autumn 2021. The campaign combined outdoor advertising, digital marketing and targeted engagement with local male-dominated businesses such as construction companies, gyms and taxi services and other community organisations, encouraging use of the Stay Alive app as well as talking about mental health. The app was downloaded 11,138 times during the period, with our digital content displayed online over 2,000,000m times.

Smokers that have successfully quit at 4 weeks

Show confidence intervals Show 99.8% CI values



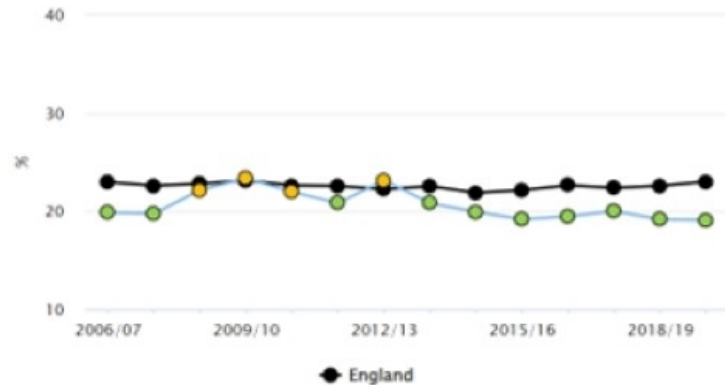
Recent trend: Could not be calculated

| Period | Barnet | |
|---------|--------|-------|
| | Count | Value |
| 2013/14 | 916 | 2,063 |
| 2014/15 | 680 | 1,653 |
| 2015/16 | 327 | 750 |
| 2016/17 | 232 | 518 |
| 2017/18 | 444 | 843 |
| 2018/19 | 457 | 1,360 |
| 2019/20 | 561 | 1,618 |

Source: Population Health Analysis Team, PH

C09a - Reception: Prevalence of overweight (including obesity)

Show confidence intervals Show 99.8% CI values



Recent trend: No significant change

| Period | Barnet | | |
|---------|--------|-------|----|
| | Count | Value | Lo |
| 2006/07 | 544 | 19.9% | |
| 2007/08 | 611 | 19.8% | |
| 2008/09 | 698 | 22.2% | |
| 2009/10 | 826 | 23.4% | |
| 2010/11 | 725 | 22.0% | |
| 2011/12 | 710 | 20.8% | |
| 2012/13 | 873 | 23.1% | |
| 2013/14 | 810 | 20.8% | |
| 2014/15 | 783 | 19.9% | |
| 2015/16 | 800 | 19.2% | |
| 2016/17 | 828 | 19.5% | |
| 2017/18 | 839 | 20.0% | |
| 2018/19 | 796 | 19.2% | |
| 2019/20 | 730 | 19.1% | |

Health Weight and other lifestyle behaviours

- Signed Local Government declaration on Sugar reduction and Healthier Food
- Launched Sugar Smart Campaign
- Launched interactive Making Every Contact Count e-module
- Organised Diabetes Awareness raising events at Brent Cross and identified over 100 people at risk of diabetes
- Food security work programme delivered more than 100,000 food parcels to vulnerable residents last year, commissioned budget cooking programmes and digital videos specific to African Heritage or Caribbean Heritage foods (groups at risk), delivered cooking sessions with local employment team for council tenants and issued more than 13,500 food vouchers for children via different schemes
- Invested in smoking cessation aimed at increasing uptake in smoking cessation interventions across the borough including those with mental ill health and other underlying conditions

Heritage Points

- 1 Underhill and East Barnet
- 2 Red Lion Pub
- 3 High Barnet
- 4 Barnet Museum, Ravenscroft Almshouses and Elizabeth Allen School
- 5 Leathersellers Almshouses and Ravenscroft Park
- 6 Christ Church Mimms Side
- 7 The Battle of Barnet, Hadley Green
- 8 Saint Mary the Virgin, Monken Hadley
- 9 Livingstone Cottage
- 10 Barnet Union Workhouse, The Old Town Hall and Saint Mary the Immaculate Church

APPROX. DISTANCE: 3.5km/2.2 miles
 APPROX. STEPS: 8,700 steps
 APPROX. TIME: 1.5 - 2 hours

Healthy Heritage Walks
Barnet and Hadley Walk

Heritage Points

- 1 The George Town Public House
- 2 Woodhouse Road
- 3 Longfolds Lane
- 4 Longfolds Farm
- 5 Longfolds Farm
- 6 Longfolds Farm
- 7 Longfolds Farm
- 8 Longfolds Farm
- 9 Longfolds Farm
- 10 Longfolds Farm

APPROX. DISTANCE: 4.3km / 2.67 miles
 APPROX. STEPS: 7,000 steps
 APPROX. TIME: 1.5 hours

Healthy Heritage Walks
Totteridge walk

Healthy Heritage Walks
Hendon to Mill Hill walk

Charles Serpight Way
 Sanders Lane (Bus Stop)
 END

INGLS BARRACKS - OFFICERS' MESS

Heritage Points

- 1 Hendon Town Hall
- 2 The Boroughs
- 3 Saint Mary's Church
- 4 Hendon Aerodrome
- 5 Ashley Lane
- 6 Hendon Cemetery & Crematorium
- 7 Hendon Golf Club
- 8 Dissolved railway bridge
- 9 Inglis Barracks - Officers' Mess

APPROX. DISTANCE: 6km / 3.7 miles
 APPROX. STEPS: 7,000 steps
 APPROX. TIME: 1.5 - 2 hours

Heritage Points

- 1 Islington and St Pancras Cemetery
- 2 The chapel
- 3 The parachutist
- 4 The Mond Mausoleum
- 5 The Melesi Mausoleum
- 6 Coppetts Wood
- 7 Friern Barnet old town hall
- 8 Colney Hatch Asylum

APPROX. DISTANCE: 4.3km / 2.67 miles
 APPROX. STEPS: 7,000 steps
 APPROX. TIME: 1.5 hours

Healthy Heritage Walks
East Finchley to New Southgate Walk

Healthy Heritage Walks

- Since launching in July 2019, the Healthy Heritage Walks webpage has had 15,209 people visit
- The Healthy Heritage Walks audio tours have been played over 1,000 times across a variety of platforms
- The most listened to walk is East Finchley to Finchley Church End Walk, second most listened to is the Totteridge Walk
- The Healthy Heritage Walks webpage is in the top 3 most visited pages
- Social media promotion of the Heritage Walks receives good engagement with residents. Recent posts on:
 - Facebook: had 365 clicks, 9728 impressions i.e. number of times the post was seen and were shared 20 times
 - Twitter: 261 engagement and 4180 impressions, 104 link clicks and were retweeted by The Barnet Society
- Hampstead Garden Suburb walk will be launched in Spring 2022

Health and Care integration

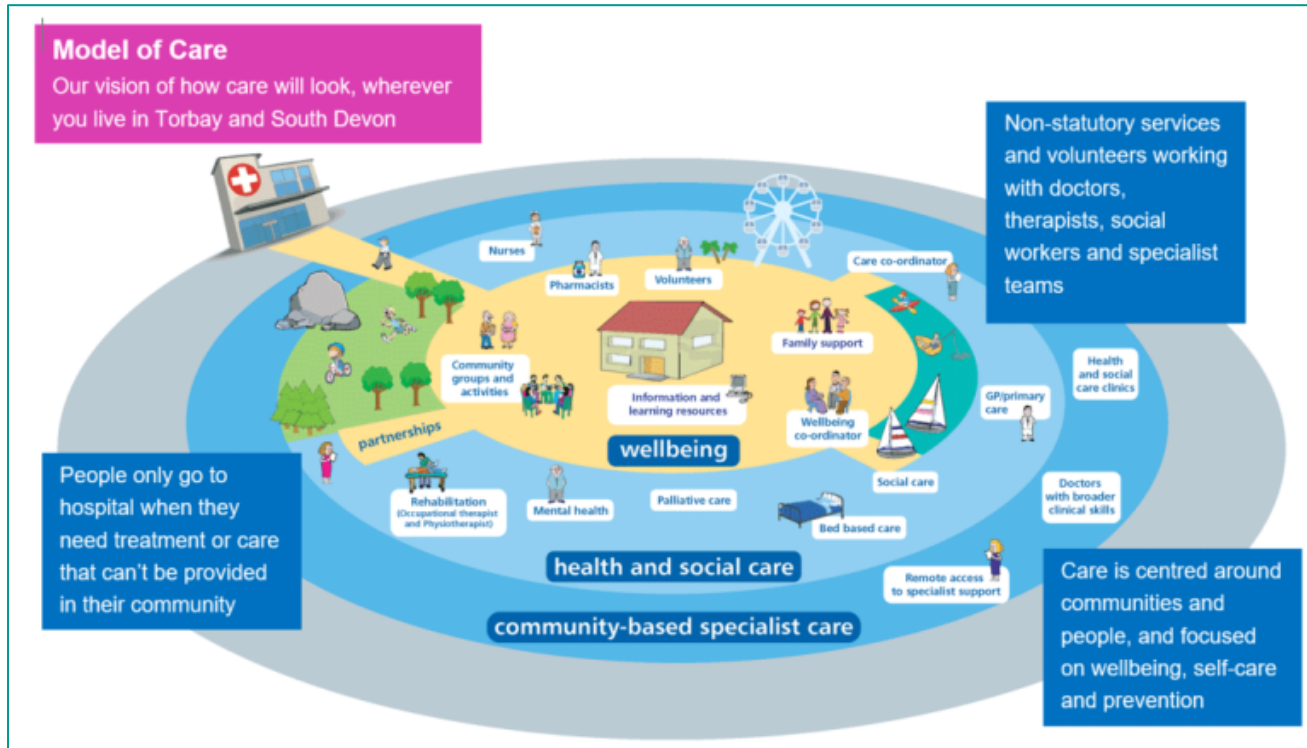


Image from Devon and Thurrock neighbourhood model

- Set up governance for Barnet Borough partnership and identified priorities for work: mental health and wellbeing, health and wellbeing of children and young people and reducing inequalities
- Started developing neighbourhood models, based on Manchester example and other best practice across the country and wider
- Secured health inequalities funding from the NCL ICS to stand up Barnet Young Brushers, a supervised toothbrushing to 41 Early Years settings to address tooth decay in young children in our most deprived areas. Over 350 children have been part of this project so far
- Secured additional NCL ICS inequalities fund resources to develop an approach to peer support model for tackling cardiovascular diseases in areas of most deprivation in Barnet
- Delivered excellent joint response to the pandemic in care settings by setting up One Team Barnet, a multi-disciplinary NHS and LA team to support management of COVID-19 as well as wider health and care support for residents of care settings in Barnet

Barnet Council's Covid-19 response in numbers

From the start of lockdown on 23 March to 28 August, we have continued to provide our core services as well as essential support and relief to those most affected by the outbreak.



Response to the pandemic

- Run a 7 days on-call rota providing public health and health safety advice
- Managed outbreaks in care settings and schools. Set up local contact tracing, PPE hub and testing sites
- Set up a network of 260 diverse community COVID Champions
- Run, with NHS colleagues, oxygen saturation monitoring pilot that won regional NHS Parliamentary award for innovation
- Supported hyperlocal approach to vaccinations with pop-up clinics in areas of lowest uptake
- Distributed 87,000 LFD test kits within communities at higher risk and over 3,000 COVID-19 vaccines have been given at pop-ups and vaccine bus
- Were selected as one of the London sites for Best Practice COVID Network on care settings and places of worship COVID-19 management
- Supported workforce wellbeing with actions centred around maintaining staff mental and physical health through provision of resources, advice, timely access to PPE and equipment

Community engagement for health and wellbeing

- 3224 Social Prescribing referrals in the last year
- Barnet Innovation Fund launched in spring 2021 (£600k), jointly funded by all Barnet Borough Partnership members (NHS acute and community trusts and LA) to stimulate local voluntary and community sector in scaling up initiatives that matter to residents. Its criteria are linked to priorities of the Borough partnership and areas of highest deprivation
- Recruited 269 health champions in all 21 wards, 20% of champions are under 35 years old, 40% come from Black, Asian and other ethnic minority communities. Over 70 zoom sessions were held and 150+ infographics created in collaboration with the champions to communicate clearly ever-changing guidelines
- Currently expanding vaccination champions programme with successful award from Department of Levelling Up, Housing and Communities of £461,000

BECOME A COVID-19 HEALTH CHAMPION



Do you want to help your family and friends?

Anyone living, working or studying in Barnet can get involved.



Get live updates on COVID-19

Receive the latest information and government guidelines on how to stay safe and healthy.



Become a COVID-19 Health Champion

Join our network of local people to help during the COVID-19 pandemic.



Spread the word

Share COVID-19 this information with your family, friends, work colleagues and the wider community.



You can help to stop the virus

Keeping our communities well informed will help minimise the risk of the virus spreading.

Register to become a Champion

Visit: www.engage.barnet.gov.uk/health-champions
Email: barnethealthchampions@groundwork.org.uk

Together, we can make sure everyone in Barnet has the information they need to stay safe and healthy.



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Report to Barnet Council Health and Wellbeing Board AGENDA ITEM 11

| | | | |
|-------------------------|---|--------------|-----------------------------------|
| Item No: | | Date: | 17th March 2022 |
| Subject: | 2022 Pharmaceutical Needs Assessment | | |
| Report From: | Tamara Djuretic – Director of Public Health | | |
| Summary: | <p>The publication of a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of all Health & Wellbeing Board's (HWBB). The HWBB has a responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area.</p> <p>Data contained within the assessment will be used to plan pharmaceutical services in the borough to best meet local health needs.</p> <p>A joint programme of work has commenced across North Central London Partners to update and publish a PNA for Barnet by 1 October 2022.</p> <p>This report provides an update on progress to date, project plan for completion of the PNA, and recommendations/ask of the HWBB</p> | | |
| Recommendations: | <ul style="list-style-type: none"> • To note that the process to produce a revised PNA by 1st October 2022 has commenced • To receive and note the Terms of Reference (ToR) for the Barnet PNA Steering Group • To receive and note the update on progress and the project plan timelines from the Barnet PNA Steering Group, on the production of the 2022 Barnet PNA. • To formally delegate, the sign-off of the draft and final PNA, to the Chair of the Health and Wellbeing Board and Director of Public Health • To note and agree progress against completion of the PNA will be brought to future HWBB. | | |
| Contacts: | <p>Tamara Djuretic – Director of Public Health – tamara.djuretic@barnet.gov.uk</p> <p>Kirsty Dutton – Public Health Project Development Manager - Kirsty.Dutton@barnet.gov.uk</p> | | |

Introduction

- 1.1 The PNA is a report of the present needs for pharmaceutical services across the Borough. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision.
- 1.2 To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

- 1.3 The PNA Steering Group had its first meeting on (13.01.2022). At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the completion of the PNA were agreed.
- 1.4 The steering group are presently collecting information from service providers, commissioners, and the public on current pharmaceutical service provision this is due to be completed by the end of February 2022.
- 1.5 An external resource, Soar Beyond Ltd, has been commissioned jointly through NCL boroughs, to support the preparation of the PNA 2022 report.
- 1.6 Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015 and 12 in 2018. This company supported Barnet in producing its last report in 2018 too.

Key Considerations and Sustainability

- 2.1 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision across the Borough. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a statutory responsibility of the HWBB.
- 2.2 The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.
- 2.3 Proposed timeline of actions around PNA.

| Action | Date |
|--|-------------------------------|
| Surveys will be undertaken with the public, commissioners in Barnet, and community pharmacy contractors in the borough, to seek opinion on current pharmaceutical services provided in Barnet. | By end of February 2022 |
| Draft PNA being written | February to end of April 2022 |
| Draft PNA review by Steering Group | Week commencing 02/05/2022 |
| Post approval, draft consultation for 60 days | 30.05.2022 until 25.07.2022 |
| Draft Consultation to go to HWBB for note | July 2022 |
| Consultation results shared with Steering Group | 18.08.2022 |
| Final PNA produced for publication | August to September 2022 |
| Sign off from Chair of HWBB and Director of PH | September 2022 |
| Final PNA to go to Board for note | September 2022 |

| | |
|---------------|--|
| PNA published | No later than 1 st October 2022 |
|---------------|--|

2.4 It is proposed that the approval to publish the final PNA is delegated to the Chair of the Health and Wellbeing Board and Director of Public Health for Barnet, and the final assessment provided for information to the Health and Wellbeing Board in September 2022.

Financial Considerations

3.1 Funding for the production of the Pharmaceutical Needs Assessment for 2022 has already been allocated by Barnet council through Public Health Reserve

Legal Considerations

4.1 None

5 Equality Impact Assessment

5.1 An Equality Impact Assessment will be produced and maintained by the provider, Soar Beyond Ltd. The London Borough of Barnet have also produced and EQIA and this forms part of the wider project documentation. With consideration being made to all protected characteristics.

Appendix A Terms of Reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Health and Well Being Boards in North Central London, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated Responsibility

Director of Public Health/Chair of the HWBB

Accountability

The Steering Group is to report to the Director of Public Health / Chair of HWBB

Membership

Core members for each council:

- Consultant for Public Health / Nominated PH Lead
- NHS England representative.
- Local Pharmaceutical Committee representative.
- CCG representative.
- Health Watch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health / nominated PH lead per council will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance per council, one of which must be an LPC member from the respective council. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG Commissioning Managers
- NHS Trust Chief Pharmacists
- Local Medical Committee representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by North Central London Councils to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board.

Responsibilities

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care Pharmaceutical Needs Assessment Information pack for local authority health and wellbeing boards published on Oct 2021.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area.
 - Any Local Medical Committee for its area.
 - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.

- Any Local Pharmaceutical Services Chemist in its area.
 - Any Local HealthWatch organisation for its area.
 - Any NHS Trust or NHS Foundation Trust in its area.
 - NHS England.
 - Any neighbouring HWBB
-
- Ensure that due process is followed.
 - Report to Health & Wellbeing Board on both the draft and final PNA.
 - Publish the final PNA by end 1st October 2022.

Appendix B Project Plan

| | | 29/11/2021 | 06/12/2021 | 20/12/2021 | 27/12/2021 | 03/01/2022 | 10/01/2022 | 17/01/2022 | 24/01/2022 | 31/01/2022 | 07/02/2022 | 14/02/2022 | 21/02/2022 | 28/02/2022 | 07/03/2022 | 14/03/2022 | 21/03/2022 | 28/03/2022 | 04/04/2022 | 11/04/2022 | 18/04/2022 | 25/04/2022 | 02/05/2022 | 09/05/2022 | 16/05/2022 | 23/05/2022 | 30/05/2022 | 06/06/2022 | 13/06/2022 | 20/06/2022 | 27/06/2022 | 04/07/2022 | 11/07/2022 | 18/07/2022 | 25/07/2022 | 01/08/2022 | 08/08/2022 | 15/08/2022 | 22/08/2022 | 29/08/2022 | 05/09/2022 | 12/09/2022 | | | | | |
|---|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|--|--|--|--|
| | | | | BH | BH | | | | | | | | | | | | | | BH | BH | | | BH | | | BH x 2 | | | | | | | | | | | | | | BH | | | | | | | |
| NCL Draft PNA Barnet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage One: Project Planning and Governance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Contract Award | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Kick Off Meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | First Steering Group Meeting - agree what data is to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Data and information requests CCG, NHSE and LA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Comms plans agreed for mobilisation questionnaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Sign off Contractor list for map production | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Questionnaires Live | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Questionnaires Closed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Health Needs Chapter Ready | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Receive back all data, information and strategic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Maps Ready | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Analyse questionnaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Second Steering Group Meeting - Sign off data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage Two: PNA Development - Barnet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Populate PNA Template | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Complete draft PNA including recommendations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Proof read and format draft PNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Circulate draft PNA to Steering Group and NHSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Third Steering Group - Agree the draft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Finalise draft PNA following Steering Group meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Final proof read and format of draft PNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage Three: Consultation - Barnet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Consultation Start | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Consultation End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Produce consultation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stage Four: Final PNA Production - Barnet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Produce draft final PNA from consultation report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Circulate draft Final PNA to Steering Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Fourth Steering Group Meeting - Sign Off Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Amend final PNA for feedback from Steering Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Final proof read and format of draft PNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barnet | Submit final PNA to local authority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

AGENDA ITEM 12

| | |
|--------------------------------|--|
| | Health & Wellbeing Board 17 March 2022 |
| Title | Prevention Framework |
| Report of | Tamara Djuretic – Director of Public Health |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | Appendix A – Prevention Framework |
| Officer Contact Details | Yogita Popat – Head of Insight & Intelligence Yogita.popat@barnet.gov.uk Helen Wang – Insight & Intelligence Officer helen.wang@barnet.gov.uk |

| |
|--|
| <h2>Summary</h2> |
| <p>The Prevention Framework provides an overarching approach to the delivery of Barnet’s preventative agenda. The ambition is that all those that are born, grow, live, learn, work and age in Barnet have the fair opportunity for healthy, fulfilling lives in thriving, safe and prosperous communities.</p> <p>To support Barnet to thrive, be family friendly, healthy, clean, safe and well run, the Framework aims to mobilise system-wide leadership to embed prevention, as a golden thread, across all we do. Delivery will be informed by insight and intelligence on where to focus efforts and the impact of delivered interventions.</p> <p>The purpose of the Framework is to:</p> <ul style="list-style-type: none"> • Define what prevention means in Barnet in its widest sense, • Embed a prevention focussed culture across the system, • Achieve recognition that all services have a part to play in implementing the Framework and a commitment towards delivering it, and • Support and contribute to the success of the Barnet Plan’s delivery. <p>Delivery of the Framework will be supported by one-off Prevention Fund (£500k from public Health Grant reserves) to stimulate innovation and best practice across the Council. It is envisaged that interventions delivered will be monitored to capture improvements in service delivery, resident’s outcomes and value for money in order to mainstream preventative approaches into business-as-usual work.</p> |

Recommendations

1. That the Board discuss and approve the approach to the Framework.

2. That the Board receive an annual update on progress against the Framework and implementation thereof.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report outlines the overarching principles and delivery of prevention across Barnet. It intends to highlight how the organisation will both embed but also amplify prevention activity as business as usual to deliver better outcomes for residents.
- 1.2 The benefits of prevention go beyond improved lives for individuals and reduced pressure on services. The results of investment in prevention can have a positive impact on the economic prosperity and social wellbeing of the borough. All Council staff and wider partnership have a role to play in embracing and supporting prevention. This extends, but is not limited, to Members, staff, residents, providers, statutory, non-statutory, independent, private and third sector organisations.
- 1.3 In Barnet, we will aim to provide the right support at the right time, with the right environment and resources to help people thrive and be independent, whether this be ensuring their housing or business environment is right, that educational attainment or job opportunities are the best they can be, or that people age well and can remain independent of care services for as long as possible.
- 1.4 Thus, the aim of the Prevention Framework is to develop and implement a whole system approach spanning across all services delivered by Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1 To have the greatest impact, Prevention must be implemented across the whole system, spanning across all services delivered by Barnet and supported by the whole system partnership.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None

4. POST DECISION IMPLEMENTATION

- 4.1 In order to amplify our existing Prevention activities and embed Prevention as a golden thread, in all that we do, we will take a phased approach in alignment with the Barnet Plan framework.
- 4.2 The Framework will be delivered through a set of activities and action groups that support the identified and agreed workstreams that will report progress to the Prevention and Insight Think Tank.

- 4.3 The overall progress will be measured by achievement against a selection of outcomes from the Barnet Plan.
- 4.4 It is envisaged to launch Prevention Fund in early 2022/23 to stimulate innovation across the Council and in partnership with a wide range of stakeholders and residents.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Prevention is identified as an enabler of delivering the four priorities of the Barnet Plan – *we will deliver our vision using a preventative approach.*
- 5.1.2 As an enabler, the focus on prevention states: *The best way to ensure that residents can live healthy and fulfilling lives, in safe and thriving communities, is to tackle problems before they arise – a focus on prevention.*

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

- 5.2.1. In order to support the demand and savings from prevention activities we will need to both, review evidence of what works and/or support early pilot activities through 'pump-priming funding'*. (This will be from an initial c.£500k Prevention Fund drawn from the Public Health Reserves).
- 5.2.2. This is in recognition that prevention activities are seen as an opportunity and not only as a response to challenges, with these early activities acting as a catalyst for wider transformational change, that demonstrate our commitment to prevention, alongside signalling that further investment is required in this area.
- 5.2.3. Where need is recognised, individual business cases for proposed interventions/ activities will be brought forward to the Prevention and Insight Think Tank, resulting in an overall evidence informed and 'pump-primed' plan to deliver this Framework.
- 5.2.4. Any requests for pump-prime funding (see 5.2.1) will be assessed against the procurement framework and relevant activity will be undertaken against this. Interventions will be led and delivered by the Council and, where relevant, in partnership with stakeholders.
- 5.2.5. The Head of Insight and Intelligence is workstream lead for Prevention, the activity in the Framework is designed to be delivered as business as usual.
- 5.2.6. The Insight & Intelligence Hub will provide data/insight support to drive prevention activities.
- 5.2.7. One of the first projects the Prevention Framework will support will be to promote digital inclusion and support residents to become IT literate, enabling them to have greater access to information, advice, support, training, employment and social interaction

- 5.2.8. Prevention is a system-wide approach to delivery, this will be further enhanced through our delivery of our commitment to achieving net-zero as a Council.
- 5.2.9. There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a positive impact on the Council's carbon and ecology impact, or at least it is neutral.

5.3. Social Value

- 5.3.1. The Social Value policy has been updated to foster and advocate for a preventative approach throughout service development, procurement, and commissioning activity.

5.4. Legal and Constitutional References

- 5.4.1. Barnet Council Constitution, Article 7 – Committees, Forums, Working Groups and Partnerships, Health and Wellbeing Board responsibilities:

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its 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.

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

5.5. Risk Management

- 5.5.1. The lack of a prevention focused culture may result in problems escalating, therefore resulting in poorer outcomes for residents across the borough. If the whole system does not engage with the framework it will lead to an increased risk across all aspects of life for residents across the borough. This could have a detrimental impact on outcomes.

- 5.5.2. To reduce this risk the following controls and mitigations are in place:

- A Prevention Framework has been development and is being implemented across the council and its partners
- The Prevention and Insight Think Tank meets 6-weekly to engage services across the council, align activities and implement changes based on new insights
- The Prevention Framework is designed to be an enabler of the delivery of the Barnet Plan, and therefore should be delivered as business as usual. Progress against the delivery of outcomes will be measured through the Barnet Outcomes Framework.

5.6. Equalities and Diversity

- 5.6.1 The use of insight to enable decision making will support us to understand the impact of our actions on residents across the borough.

5.6.2 The equalities impact will be revisited on each of the proposals/activities as they are developed.

5.7. Corporate Parenting

5.7.1. The Prevention Framework is designed to support all residents across the borough, by intervening early we reduce the risk of escalation.

5.7.2. It is intended the Prevention Framework and associated actions will better outcomes for children and young people across the borough.

5.8. Consultation and Engagement

5.8.1. The Prevention Framework has been developed through consultation and engagement with members of the Prevention and Insight Think Tank.

5.9. Insight

5.9.1. Our strategy, prevention framework, aims, objectives and actions are built upon the national evidence, 'what works' for prevention, and insights from local and national data.

5.9.2. Targeted insights will drive the actions and areas of focus to deliver outcomes of the Borough Plan.

6. BACKGROUND PAPERS

6.1. The Prevention Framework, should be read alongside other Barnet Strategies (not limited to but including):

- Barnet Plan 2021-2025
- Joint Health and Wellbeing Strategy 2021-25
- Social Value Policy
- Work, Skills and Productivity Action Plan 2021-2025
- Barnet Community Participation Strategy 2021
- Barnet Long Term Transport Strategy 2020-2041
- Barnet Sustainability Strategy 2021-2035/40
- Barnet Children and Young People's Plan 2019-2023

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The Barnet Prevention Framework & Fund

2021-2025

Last updated: 03/03/22

1 - Our Vision and Principles

Our prevention vision

Enable our residents to enjoy Barnet, stay well and achieve their best potential

Our ambition for all those that are born, grow, live, learn, work and age in Barnet is to have the fair opportunity for healthy, fulfilling lives in thriving, safe and prosperous communities. This is expressed in all four Priorities of the Barnet Plan.

To support Barnet to thrive, be family friendly, healthy, and clean, safe and well run, we will mobilise our system-wide leadership to **embed prevention, as a golden thread, in all that we do**. We will be informed by insight and intelligence on both where to focus our efforts (to enable our residents to enjoy the place, stay well and achieve their full potential) and the impact this has had on them.

Purpose of the framework and mission

- **To define clearly what prevention means in Barnet:** A clear definition of what prevention looks like in Barnet that goes beyond our statutory duties and in line with our place-based approach to reducing health inequalities
- **To embed a prevention focussed culture at Barnet:** We are a prevention focussed organisation and our culture reflects this and we make decisions about strategy and policy through the lens of our preventive ambitions. We are advocates of prevention in everything we do
- **To achieve recognition that all services have a part to play implementing this framework and commitment towards delivering this** by working in more preventive ways and that includes partners and key stakeholders; recognising that this may require additional focus, commitment and investment in resources
- **To support and contribute to the success of the Barnet Plan and underlying Priorities,** recognising prevention as an outcome of all workstreams



What does prevention mean for Barnet

“The best way to ensure that residents can live healthy and fulfilling lives, in safe and thriving communities, is to tackle problems before they arise – a focus on prevention.”

– The Barnet Plan 2021-2025

In Barnet, we will aim to provide the right support at the right time, with the right environment and resources to help people thrive and be independent, whether this be ensuring their housing or business environment is right, that educational attainment or job opportunities are the best they can be, or that people age well and can remain independent of care services for as long as possible.

Thus, the aim of the prevention framework is to develop and implement a whole system approach spanning across all services delivered by Barnet.

Defining Prevention

Prevention is not about rationing or restricting access to services or limiting service provision. It includes:

- **Being universal:** Engage, empower and support all individuals, communities and society, at all stages of their lives, at any point
- **Encouraging self-serve and resilience:** Identify, self-serve and seek effective solutions
- **Identifying problems earlier:** Avoid adverse outcomes by identifying problems earlier
- **Investing to save:** Reducing costs by taking an invest to save approach
- **Ensuring all services encourage prevention:** Going beyond statutory duties and being equally accessible to all.

Why prevention?

The benefits of prevention go beyond improved lives for individuals and reduced pressure on services. The consequences of investment in prevention can have a positive impact on the economic prosperity and social wellbeing of the borough. All Council staff have a role to play in embracing and supporting prevention. This extends, but is not limited, to Members, staff, providers and partners, statutory, non-statutory, independent, private and third sector organisations.

How can prevention help?

Improved outcomes for residents

Prevention enables residents to live longer, achieve more and reduces risk later down the line

Savings and social return

c.£14 of social benefit for every £1 spent across a broad range of prevention areas (BMJ 2017)¹

Reducing pressure on services

Tackling issues before they arise can help slow the increasing demand

Boosting Barnet and beyond

Prevention is everybody's business and can have local, regional and national impact

¹ Masters et al., [Return on investment of public health interventions: a systematic review](#), BMJ, 2017



Investing to save with prevention – case studies

Part of our definition of prevention includes the contribution to **reducing costs through an invest to save approach**. As part of the research, we conducted to develop this framework, we reviewed the evidence base for prevention and case studies from multiple industry sources and evaluations (see appendix for more detail). The following case studies demonstrate the significant ROI and impact prevention can have.

Reducing youth reoffending in Bradford with insight

- A 65% reduction in detected offences in one quarter, delivered a saving of £1.39m - this would deliver an annual saving of over £5.5m if extrapolated.
- The project was resourced by a £67k grant

100% Digital Leeds

- In February 2020, annualised savings as a result of individual behaviour changes and channel shift were £781,612
- Overall, digital inclusion interventions showed a ROI of £6.40 for every £1 spent

Partnerships for Older People Projects (POPP) – Department of Health and 29 LAs

- For every £1 spent, approx. £1.20 was saved
- Over a quarter of a million people used one or more of these services (targeted at older people to promote their health, wellbeing and independence)

Outside Edge Theatre Company, West London

- 94% of service users reporting it is supporting their recovery and 23% more ethnic diversity than national services
- The local ROI is £1 investment = £6.07 return

Buckinghamshire Business First

- During 2020/21, they have assisted 50,000 businesses, helped create 710 jobs, and helped bring 400 new products to market
- For £1 contributed by Buckinghamshire, BBF can leverage that funding to generate £14 of additional funding (economies of scale)

Birmingham City Council Be Active (free leisure scheme)

- For every £1 spent on the scheme, approximately £20.69 was saved in health benefits. This has helped the team behind the project build a case for continued funding



Our principles

At a time when public services and finances are under pressure, and the local population is growing and living longer, there are further potential opportunities to transform how we work together with residents, communities and partners to support people to have good life experiences, while we achieve efficiency and deliver good quality services.

To reflect this, the Council will embed a preventative and asset-based culture across the whole organisation and with our partners, focussed on services, staff and solutions that build resilience, enable and are sustainable in the long-term.

There are five principles that are guiding our approach:

'One Barnet'

We understand that prevention is everybody's business and we want to ensure it is considered across all the services and solutions that we deliver

Early Response

We want to be proactive and forward looking, supporting and engaging residents early to prevent any issues escalating. We want to be advocates of prevention.

Evidence Based

We want to take an evidence and insight led approach to ensure we are focused on what works, driving the most impact and best outcomes through prevention

Universal

We recognise prevention can have an impact on every life at every stage and we want to ensure residents from all backgrounds can benefit

Resident Centred

We understand that prevention needs to take a resident centred approach, tailored based on their needs and context and in collaboration with local partners to succeed



Recognising our prevention journey so far

We acknowledge that there is much prevention work already in Barnet and we would like to build on this further and embed and amplify prevention at scale. In particular, prevention work through this workstream has already been carried out in the following areas (we recognise individual service areas will also be doing prevention work which is not shown here):

Debt & Wider Vulnerabilities

Exploring how debt and wider vulnerabilities data can support delivering targeted and preventative support, positive outcomes and inform service development initiative.

Community Participation Strategy (CPS) & Social Value Policy (SVP)

The CPS describes how we will harness existing assets and relationships, while building new ways to work together with communities. The SVP sets out the council's ambition to deliver meaningful social value through its supply chain with a focus on prioritising prevention.

Digital Inclusion

Developing a council-wide view of digital inclusion and improving digital access to residents.

Work, Productivity and Skills Insights and Strategy

Responding to and offsetting the impacts of the pandemic by focusing on developing new approaches to supporting work in our highest growth sectors

Barnet Community Innovation Fund (CIF)

Intervention to increase funding and engagement from VCFS to support proposals for preventative innovations in adult health and wellbeing designed to counteract the impacts of the pandemic and demand reduction.

BAU

Joint Health and Wellbeing Strategy

The focus of the strategy is on delivering three key areas in order to drive improvements in health and wellbeing namely:

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

The Long Term Impacts of COVID-19

Developing a longer-term plan for addressing the social and economic impacts of COVID-19 on our communities

Multiple Vulnerabilities

Preventing substance misuse, mental ill health and domestic violence which are viewed as indicators of increased risk of harm to children and young people.

On Hold

Health and Wellbeing of Grahame Park Estate (GPE)

Currently piloting a place-based and wider regeneration approach to intervention and prevention in Grahame Park Estate.

LD and Autism Pathway

Creating seamless and integrated pathways between health and care, early intervention and promoting independence.

BAU

In addition, prevention currently exists across many existing strategies (listed below) and we hope to build on this work through our Prevention Framework.

- Barnet Plan 2021-2025
- Joint Health and Wellbeing Strategy 2021-25
- Social Value Policy
- Work, Skills and Productivity Action Plan 2021-2025
- Barnet Community Participation Strategy 2021
- Barnet Long Term Transport Strategy 2020-2041
- Barnet Sustainability Strategy 2021-2035/40
- Barnet Children and Young People's Plan 2019-2023



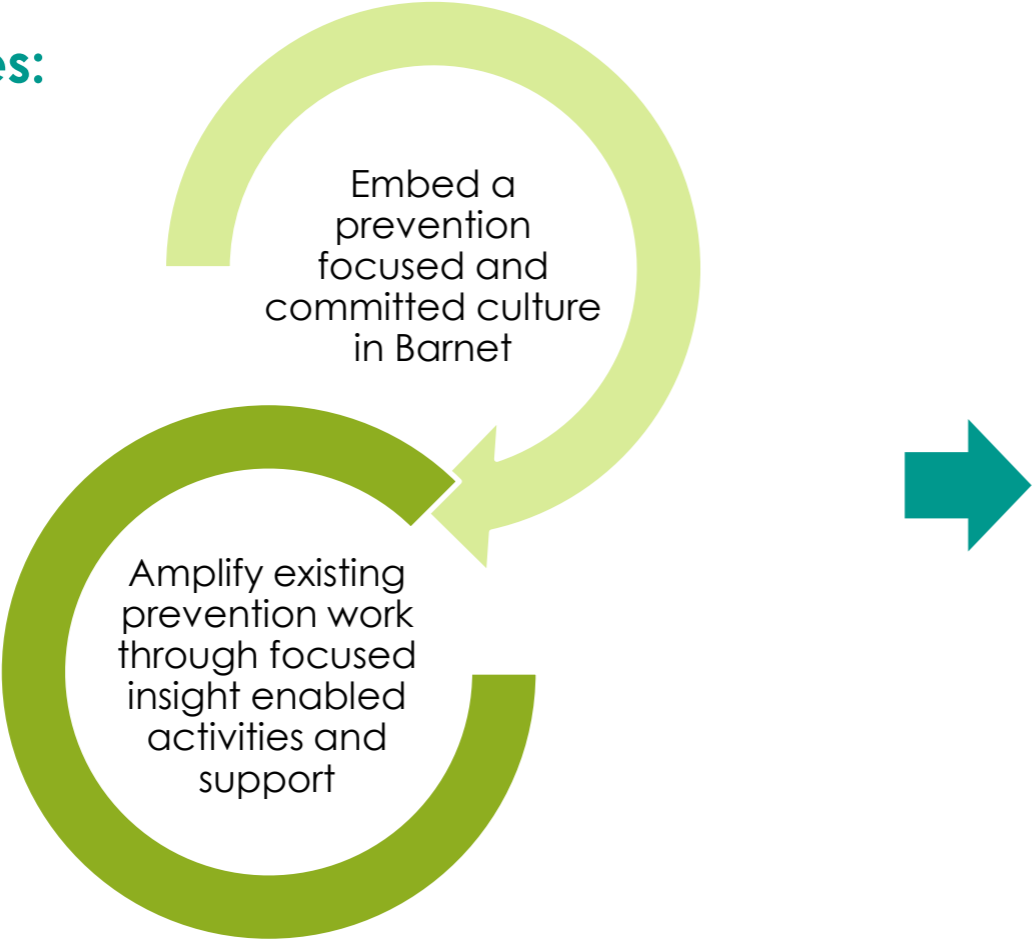
2 – Our Prevention Framework: Embedding and Amplifying Prevention in Barnet

Our priorities and outcomes

Prevention should act as both an enabler and an outcome of the work we carry out in Barnet. Ultimately, the Prevention Framework will support the achievement of the Barnet Plan and its outcomes. This will be achieved through our two priorities of embedding a prevention focused and committed culture in Barnet. And, implemented via a set of new activities and amplification of existing prevention work through focused and insight enabled support.

Our Vision: Enable our residents to enjoy Barnet, stay well and achieve their best potential

Our Priorities:



Our outcomes will ultimately be the achievement of the Barnet Plan outcomes.

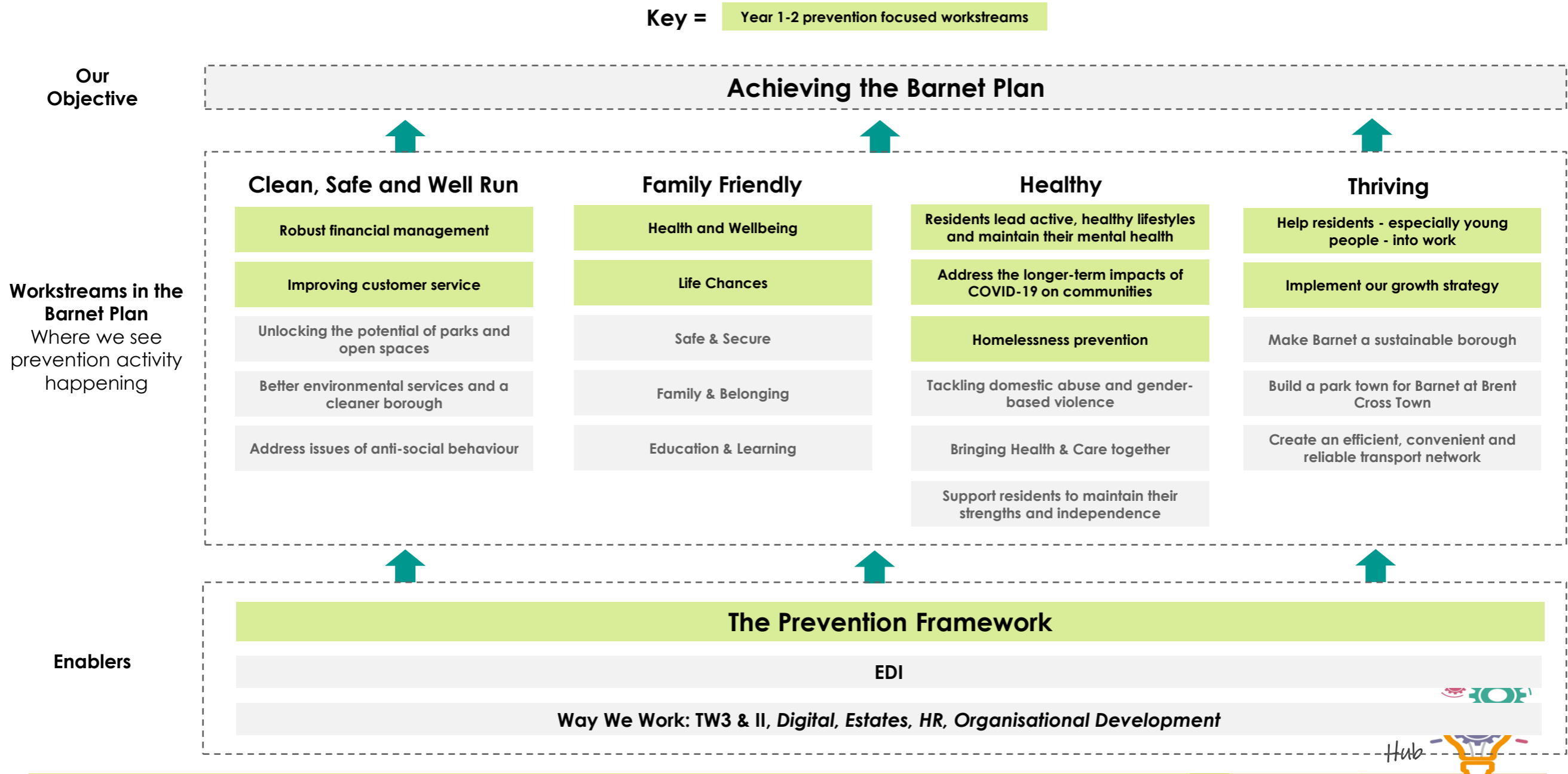
A subsection of Barnet Plan outcomes will be focused on during different years of the Prevention Framework.



Our approach

In order to **amplify our existing Prevention activities and embed Prevention as a golden thread, in all that we do**, we will take a phased approach in alignment with the Barnet Plan framework. The following diagram demonstrates how Prevention (via this framework) will act as an enabler towards the success and ultimate achievement of the Barnet Plan and its underlying workstreams.

The workstreams highlighted in green will be where our focus will be in Year 1-2 with the aim of working with all 21 workstreams by the end of Year 4.



Outline of how we will achieve our framework in Y1-2 (1/2)

In line with our focused approach, we will deliver the aims and priorities of the Framework through a set of activities and action groups that support the workstreams in focus for Y1-2. These will be governed by the Prevention and Insight Think Tank in addition to their own existing Boards. The overall progress will be measured by achievement against a selection of outcomes from the Barnet Plan (however we also acknowledge that other outcomes may be achieved as a result).

What are the Barnet Plan workstreams in focus for Y1-2?

- Robust financial management
- Improving customer service
- Life Chances
- Health and Wellbeing
- Residents lead active, healthy lifestyles and maintain their mental health
- Address the longer term impacts of COVID-19 on communities
- Homelessness prevention
- Help residents - especially young people - into work
- Implement our growth strategy

What are our Y1-2 Prevention Outcomes?*

Progress is monitored through quarterly reporting updates to CMT & Think Tank

Primary Outcomes:

- Increase in % Barnet residents employed and reduction in NEET
- Increase in residents who feel they have a greater access to healthy food and more opportunities for physical activity – to be measured via Residents' Perception Survey
- % of homes and businesses in the borough who have access to high speed internet
- Reduction in homelessness
- Increase in residents who are digitally included
- Identifying Barnet residents who are financially vulnerable

Secondary Outcomes:

- Budget savings are delivered on time or substituted appropriately

** We have chosen a selection of outcomes from the Barnet Plan that we believe best reflect Y1 however we also acknowledge that other outcomes may be achieved because of the Prevention Framework*

How we will deliver the Framework in Y1-2

Governance

Prevention and Insight Think Tank
CMT Sponsor: Tamara Djuretic and Jess Baines-Holmes
Workstream Lead: Yogita Popat

Sharing quarterly reporting updates to CMT & Think Tank

Activities

[New] Embedding a prevention focused culture

Reporting to Prevention Working Group

[In development] Developing the future of employment

Reporting to Employment and Skills Group

[In development] Supporting homelessness prevention

Reporting to Health Programme

[Ongoing] Developing a single view of debt and vulnerability

Reporting to Financial Vulnerability Board

[Ongoing] Implementing the Health and Wellbeing Strategy

Reporting to Health & Wellbeing Board

[Ongoing] Supporting residents with Digital Inclusion

Reporting to Digital Board

[Ongoing] Supporting COVID recovery

Reporting to Healthy Programme



Outline of how we will achieve our framework in Y1-2 (2/2)

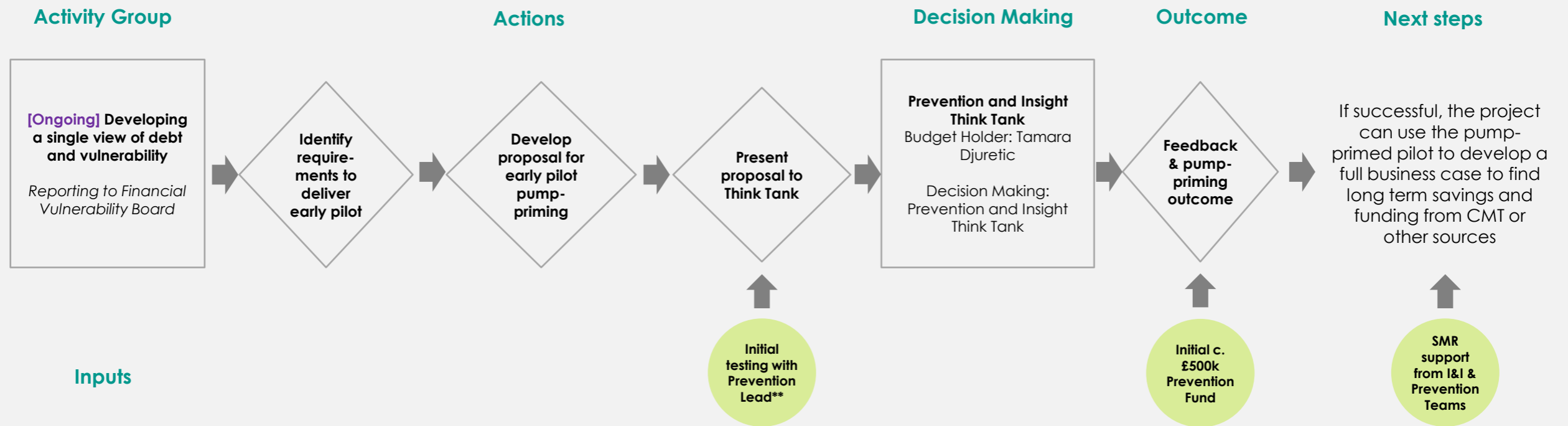
In order to support the demand and savings from the prevention activities outlined in the previous slide, we will need to both, **review evidence of what works and/or support early pilot activities through 'pump-priming funding'**. (This will be from an initial c.£500k Prevention Fund drawn from the Public Health Reserves).

This is in recognition that prevention activities are seen as an opportunity and not only as a response to challenges, with these early activities acting as a catalyst for wider transformational change, that demonstrate our commitment to prevention, alongside signalling that further investment is required in this area.

Where need is recognised, individual business cases for proposed interventions/ activities will be brought forward to the Prevention and Insight Think Tank, resulting in an overall evidence informed and 'pump-primed' plan to deliver this Framework.

Funding Process for Y1-2

Example of the gateway/funding process for the Debt and Wider Vulnerabilities Project



*Pump-priming funding involves pumping small amounts of funds to support the launch of early pilot/ proof of concept activities. This is to stimulate early benefits and the business case for longer term investment from wider sources e.g. CMT, external funding/ grants

**Initial testing will be lead by the Prevention Workstream lead Yogita Popat and will evaluated against a framework (to be developed as part of our initial action plan (slide 13)).

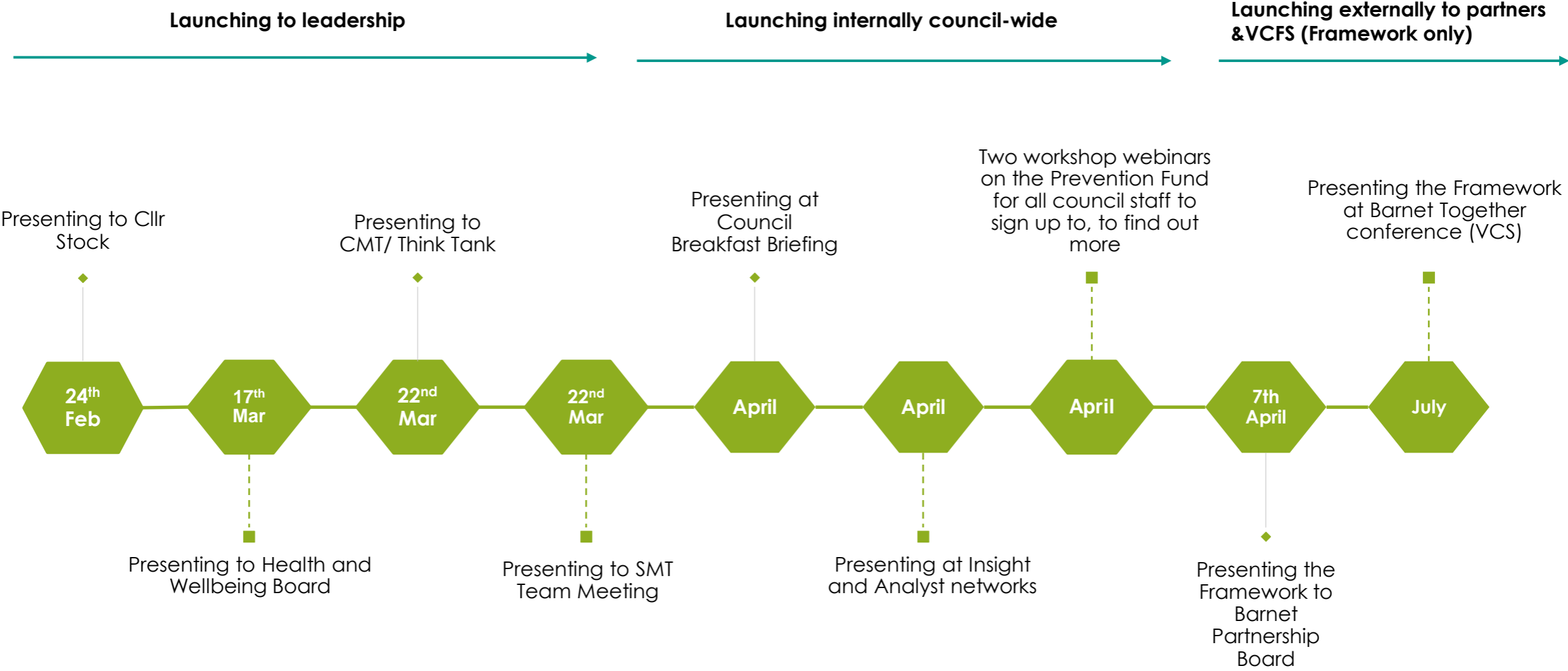


Examples of types of projects that could be funded

| | Resident Research for the Debt & Wider Vulnerabilities Project | Digital triaging tool for the Digital Triaging Project | A motivational targeted marketing campaign for the FAB card rollout |
|---|---|--|---|
| Meeting the funding requirements | | | |
| Does it link to a Barnet Plan outcome? | ✓ Identifying Barnet residents who are financially vulnerable | ✓ Increase in residents who are digitally included | ✓ Increase in residents who feel they have greater access to healthy food and physical activity |
| Does it sit within a Y1-2 Barnet Plan in focus workstream for the Prevention Framework? | ✓ Robust financial management and improving customer service | ✓ Implement our growth strategy | ✓ Health and wellbeing |
| Does it meet the timeline and cost requirements? | ✓ £20k for 4 weeks | ✓ £50k for 6 weeks | ✓ £85k for 3 months (scaled as both PH and Greenspaces and Leisure are involved) |
| Does it have plans for longer term funding post pump-prime funding? | ✓ From CMT | ✓ From Digital Strategy | ✓ From external funding |
| Prioritisation based on the funding criteria | | | |
| 'One Barnet' • Is your proposal collaborative and cross-cutting across services? • Does it bring together a wide range of stakeholders to benefit work wider than your own service? | ✓ Finance, I&I, Adults | ✓ Growth, Customer Services, I&I, BOOST | ✓ Greenspaces & Leisure, Public Health, Strategy and comms |
| Early Response • Is your proposal truly preventative? • Is it forward looking, proactive and supporting the engagement of residents early to prevent issues escalating? | ✓ Resident engagement to understand earlier intervention points | ✓ More effective triaging to identify needs earlier | ✓ Encouraging healthy lifestyles preventing long term issues |
| Evidence based • Will your proposal contribute towards building an evidence base of 'best practice' and 'next practice' in the council? • Is your proposal insight and data led? | ✓ Qualitative research led | | ✓ Using data to target comms |
| Universal • Does your proposal recognise and understand the impact it can have across every life at every stage? • Is your proposal inclusive and considering those that may be disproportionality impacted? | | ✓ Ensuring consistent triaging of resident needs | ✓ Reaching those who may not be traditionally reached |
| Resident centred • How is your proposal resident-centred, taking into account their needs and context? • Does your proposal collaborate with local partners to succeed? | ✓ 1:1 resident interviews based on their needs and context | ✓ Supporting local partners to understand needs better | |



Launching and communicating



Initial action plan for Y1-2

We have developed an initial action plan for years 1-2 which we will build upon as we begin implementing the framework (and working alongside workstream leads), given the constantly changing external landscape and the changing needs of services.

| Action Groups | Actions |
|---|--|
| [New] Embedding a prevention focused culture | <ul style="list-style-type: none"> • Socialise and launch the Prevention Framework and Fund internally • Develop and launch a communications plan to advocate for prevention • Develop a Prevention Fund evaluation framework for early pilot bids • Host joint CMT and Prevention and Insight Think Tanks • Launch targeted insights and ward profiles to support horizon scanning and preventative thinking • Work with VCFS partners to further embed prevention across Barnet and document the partnership working |
| [In development] Developing the future of employment | <ul style="list-style-type: none"> • Develop deep dive research and analysis to support the future of employment and prevention of increasing unemployment and the economic impacts of COVID-19 |
| [In development] Supporting homelessness prevention | <ul style="list-style-type: none"> • Support the development of the homelessness prevention strategy through sharing best practice, funding opportunities, innovative service models and insight to maximise the work |
| [Ongoing] Developing a single view of debt and vulnerability | <ul style="list-style-type: none"> • Deliver a proof of concept with a provider to treat the existing level of debt and conduct further resident research • Secure long-term investment from CMT via the Prevention and Insight Think Tank to support the programme (invest to save) |
| [Ongoing] Implementing the Health and Wellbeing Strategy | <ul style="list-style-type: none"> • Support with preparation for funding applications and new opportunities for preventative projects under the Health and Wellbeing Strategy • Support the delivery groups to develop appropriate preventative interventions that tackle root causes e.g., the VAWG delivery group |
| [Ongoing] Supporting residents with Digital Inclusion | <ul style="list-style-type: none"> • Support the creation of the Digital Hub (e.g. providing case studies) and a cohesive joined up digital inclusion offer to residents • Develop and launch the Digital Triaging Pilot to support resident digital needs assessment |
| [Ongoing] Supporting COVID recovery | <ul style="list-style-type: none"> • Developing research and insight to shape the 'Long Term Impacts of COVID' action plan • Support the inclusion of COVID recovery indicators to the JSNA |



Appendix



Current and future prevention activities in CSWR

What we are doing now

Environment:

- Dedicated Street Scene team to monitor and keep Barnet clean from fly-tipping, graffiti, fly posting and other complex environmental crime
- Establishing a Strategic Working Group to explore opportunities for different and joined up ways of working to improve outcomes and Cross Service & Partner Case Conferences for Fly Tipping and complex environmental crime cases
- Refurbishing and investing into our parks and open spaces through our Pleasant Parks initiatives (incl. invested £323k in Montrose & Silkstream Parks)
- Deploying new CCTV capabilities to tackle fly tipping by identifying, investigating and prosecuting offenders.
- Recruiting more Community Safety officers to investigate and enforce further
- Developing a volunteering approach to cleaning our borough

Crime & Safety:

- Increasing our focus on domestic violence by increasing the frequency of Domestic Abuse Multi Agency Risk Assessment Conference Panel Meetings
- Closely working with the Police to tackle gang related violence, drugs, burglaries and general street crime through REACH, Serious Youth Violence Prevention and Arts Against Knives
- Promoting road safety and investing £6m p.a. in local roads through the Network Recovery Plan

Well Run:

- Expanding services to provide COVID support with £68m of grants to 5,500 businesses and Council Tax support to 28,000 households
- Continuing safe provision of leisure and play equipment in parks
- Delivering a prioritisation plan for infrastructure projects (Infrastructure Delivery Plan/ CIL)
- Partnering with LOTI to support digitally excluded residents

Further opportunities

- Developing an education and communications programme to promote ownership of the local environment incl. waste management and fly tipping
- Improving air quality through reducing the contribution to emissions from non-sustainable travel
- Maintaining use of parks and open spaces
- Reducing the risk of increased road accidents
- Developing a community safety approach to prevention across all ages, violence against women and girls (VAWG) and working proactively to prevent crime (potentially through a multidisciplinary team approach)
- Reducing 18-25 youth offending



Current and future prevention activities in Family Friendly

What we are doing now

Mental Health:

- Through the Barnet Integrated Clinical Service (BICS), providing social, emotional, behavioural and mild to moderate mental health support to children, young people and families including provision of Mental Health Teams in Schools, Children Wellbeing Practitioners, Primary Mental Health Teams, family Clinics, Kooth (online counselling), Terapia (psychotherapy for care leavers), Rephael House (play therapy) and Kidstime Workshops (children living with adult cares who have mental health needs)
- Increasing mental health awareness, early identification of mental health issues and mental health first aid across schools through the Resilient Schools Programme

Schools:

- Providing support to schools before, during and after the school closure period and beyond through the Schools Improvement Team
- Engaging with young people at risk of educational exclusion and supporting their engagement with education provision through MOPAC Violence Reduction Unit funding
- Mentoring students attending Pupil Referral Units via Saracens through MOPAC VRU funding
- Supporting 16+ young people not in Education, Employment or Training through Barnet Education, Employment and Training Support (BEETS)

0-19 Early Help Services:

- Providing targeted interventions and support programmes for children, young people and parents including children with ASD/ ADHD, children affected by domestic violence and children at risk of exploitation and serious youth violence through services including:
 - Early Years Parenting Hub, Strengthening Communities Parenting Programmes, AVA children's group, Children Centre outreach, breast feeding clinics, Parental Conflict Groups, Parent Champion Network in partnership with Khulisa
 - Empowering People Empowering communities (EPEC)
 - Trusted Relationships in partnership with Art Against Knives, MAC-UK and Growing Against Violence
 - Youth Endowment Funded Sibling Mentoring project
 - Supporting Families Programme (formerly Troubled Families), RISE domestic abuse services, SOLACE Women's Aid, Education Welfare, Welfare Advisors, CGL substance misuse services
 - Duke of Edinburgh Awards
 - Health Visiting, Midwifery, Perinatal Mental Health
 - Barnet Wellbeing Service
 - Barnet Mencap

Crime Prevention & Diversion:

- Providing tailored and restorative activities to divert young people from the criminal justice system and knife enabled offending and building trust and confidence between the school community and police through:
 - The weekly Out of Court Disposals (OOCD) Panel
 - 'No Knives, Better Lives' police-led which takes place at the Old Bailey with groups of young people, their parents and professionals following identification of a risk of knife enabled offending
 - Weapon Awareness Programme (WAP)
 - The Safer Schools Police Team provide a dedicated, Police "Safer Schools" Officer with signed up schools providing positive engagement to build trust and confidence between the school community (young people, school staff and parents) and the police
 - The NW BCU Youth Engagement Team are setting up Youth Independent Advisory Groups and have established a Youth Referral System aimed at children identified at risk of offending
 - Operation Turning Point – police-led diversion programme (RCT)

Further opportunities

Health:

- Delivering programmes to promote healthy children and employability for young people including:
 - Healthy Child Programme, UNICEF Baby and Child Friendly, Maternal Early Childhood Sustained Home-visiting (MESCH)
 - Beyond Your Limits programme (developing a partnership with EY Foundation to promote employability for young people), Homestart
 - Barnet Refugee Service
- [Developing and implementing the Health and Wellbeing Strategy](#)



Current and future prevention activities in Healthy

What we are doing now

Being physically active:

- Reopening of the leisure centres safely
- Promoting physical activity and long-term exercise through Fit and Active Barnet (FAB) and Healthy Heritage walks

Mental Health:

- Supporting staff health and wellbeing
- Advisory Groups and have established a Youth Referral System aimed at children identified at risk of offending
- Operation Turning Point – police-led diversion programme (RCT)

Physical Health

- [Delivering prevention programmes to support residents including:](#)
 - [Trigger Trio](#)
 - Diabetes Prevention Programme
 - NHS Health Checks/Smoking Cessation
 - Flu Immunisation
 - Bowel Cancer Screening
 - Community Sexual Health Service
- Tackling domestic abuse and gender-based violence
- [Supporting food security and accessing healthy food](#)

Working with communities

- Engaging with wider communities from Black, Asian and Minority Ethnic Groups to address disproportionate impact of COVID
- Tackling domestic abuse and gender-based violence
- [Supporting communities via the Grahame Park Wellbeing Hub, Prevention and Wellbeing Coordination and Making every Contact Count \(MECC\)](#)
- Delivering a community participation strategy

Addressing long term impacts of COVID 19

- [Supporting the local outbreak plan, test and trace and bereavement services](#)

Further opportunities

- Bringing health and care together
- Mapping of physical activity and participation levels in the borough from communities
- [Supporting the healthy life expectancy workstream](#)
- Developing the Obesity Strategy and Children's Health Impact assessment work
- Further programmes within mental health and wellbeing
- Delivering the learning disabilities pathway across the life course
- Improving customer service and digital inclusion of residents
- Understanding the impact of fuel poverty
- Improving outcomes for homelessness
- Improving access to services and equalities in Adult Social Care
- Understanding the health implications of regeneration schemes
- Applying Strengths Based Practice as an approach to working with communities
- Exploring what more we could do with Social Impact Bonds



Current and future prevention activities in Thriving

What we are doing now

Debt and financial vulnerability:

- [Understanding debt and financial vulnerability of residents including how to help residents manage debt through gaining a single view](#)
- Identifying grants including the School Uniform Grant and Edward Harvest Fund

Employment and skills:

- Working with partners to support those unemployed e.g. BOOST, Housing Associations, Barnet & Southgate College, Middlesex University
- Enhance and embed apprenticeships including the Kickstart apprenticeship scheme within the council
- Launching the Work, Skills and Productivity Strategy and employment and skills needs assessment
- Developing an impact of COVID report
- Improving the Jobs portal
- Supporting 5,500 businesses through the distribution of £68m of grants
- [Launching the Barnet Innovation Community Fund to support the Voluntary, Community Sector and Faith Sector](#)

Active travel:

- Developing and launching the Transport Strategy
- Installing temporary cycle lanes for example A1000 and enhancing neighbourhood measures
- Expanding the Ultra-Low Emission Zone (ULEZ)

Air quality:

- Monitoring and reporting on the air quality status
- Reviewing controlled parking zones (CPZ) and parking policy
- Developing the Sustainability Strategy
- Installing more electric vehicle ports

Digital isolation:

- Securing 400 free fibre broadband connections for residents
- Committing to providing high speed broadband over next three years
- Supporting those who are most digitally isolated including repurposing laptops

Communities and place shaping:

- [Understanding how we can make our high streets healthier](#)
- Developing a Community Participation Strategy
- [Creating ward profiles and Insight Tool to better understand local resident needs and develop programmes such as in Grahame Park](#)
- Place shaping through regeneration planning and the Infrastructure Delivery Prioritisation Framework to support infrastructure projects

Further opportunities

- Improving customer service and digital inclusion of residents
- Developing a Growth Strategy for a growing, more connected and entrepreneurial borough
- Reviewing the council tax exemption policy
- Understanding the difficulties small businesses face when starting up and how we can reduce start-up failure
- Understanding fuel poverty and its impact on vulnerable groups
- Improving the mental health and wellbeing of residents
- Supporting the homeless and providing domestic abuse support, especially once eviction ban is lifted
- Supporting prevention of temporary housing and homelessness
- Utilising more Social Impact Bonds



How we approached the research

1) Looked at the evidence base and case studies on what prevention interventions work from a range of sources including:

- What Works Centres (e.g. NICE, Early Intervention Foundation, Centre for Ageing Better)
- LGA news and case studies
- Government papers (e.g. “Prevention is better than cure”)
- Industry nominated best practice and standards (e.g. MJ Awards, LGC Awards)

2) Selected case studies from the evidence base that met the following criteria:

- Linked to Barnet Priorities
- Linked to Barnet needs (based on previous JSNA topline)
- Strong outcomes/ evidence of impact



Summary of research

Two examples of other councils' Prevention Strategies and 31 case studies featured with outcomes against the priorities and themes in the table below. Some of the themes came from further opportunities identified by workstream leads from our first mapping exercise with the rest coming from what other LAs are doing.

| Barnet priorities | Themes |
|---|---|
| <ul style="list-style-type: none"> • Cross-cutting • Clean, safe and well run • Healthy • Family friendly • Thriving | <ul style="list-style-type: none"> • Digital inclusion • Get Barnet Moving • Single view of resident • Place based working • Reducing 18-25 youth offending • Reducing and managing demand on services • Working proactively to prevent VAWG and DV • Maintaining green spaces • Mental health and wellbeing prevention • Strengths based approach to working with communities • Improving access for disadvantaged communities/ addressing inequalities • Reducing isolation and loneliness • Supporting healthy life expectancy • Preventing homelessness • Supporting SMEs and Microbusinesses • Reducing fuel poverty |

To caveat: there will be things on this list that are already in place/ existing (e.g. under different names) but we will look to remove duplication with workstreams as part of our next steps



Summary of emerging prevention ideas

★ = case studies highlighted in slide 5

| Barnet Priority | Theme | Case study | Outcome |
|-----------------|---|--|--|
| Cross-cutting | <ul style="list-style-type: none"> Get Barnet Moving Improving access for disadvantaged communities/ addressing inequalities | ★ Be Active Birmingham is an award winning scheme offering a diverse range of free activities for all Birmingham residents to enjoy (including swimming, group exercise classes and gym). The aim is to tackle health inequality and associated deprivation levels. | Birmingham's Be Active Programme returned on average £21.3, and up to £23 in benefits for every £1 spent in terms of improved quality of life, reduced NHS use, productivity and other gains to the local authority. |
| | <ul style="list-style-type: none"> Get Barnet Moving Place based working | RBKC and Westminster launched the Tackling Child Obesity Together programme based on a whole systems approach aimed at tackling childhood obesity in one of the most deprived wards. | It helped to create a local environment that would make it easier for children and families to eat well and keep active. The % of overweight children aged between 4 and 11 fell from 27.7% to 26.3%. |
| | <ul style="list-style-type: none"> Getting Barnet Moving Mental health and wellbeing prevention Reducing and managing demand on services | Project ACE is an intervention programme in which retired volunteers (activators) promote physical activity among older adults by supporting them to 'get out and about' and engage with their local communities | ACE participants significantly increased their confidence and felt more supported to be active. 55% of the intervention group reported an increase in vitality. In terms of social wellbeing, 68% reported an increase. 50% of participants improved their functional ability |
| Cross-cutting | <ul style="list-style-type: none"> Single view of resident Reducing and managing demand on services | The Bridge is a tool for data visualisation, designed to display public sector data (health, social care, housing and economic development) and provide effective economic forecasting and market insights and inform decision making in Shropshire. | Use the tool to visualise supply and demand to negotiate better rates for care and deliver cost savings. Combine health care and housing data to predict future needs, e.g. thermal mapping has informed HeatSavers interventions reducing the likelihood of entering A&E by 20%. |
| | | North Tyneside Council worked with Alteryx to develop an analytics platform used to unlock intelligence that helps the council better target resources and reduce demand on services. With all relevant live data sets connected on the platform, there's one place for council service providers to access a unified view of their service user. | Saving 103 hours every month through the automation of its existing work and new work. When the council was better able to assess the trends in service use they could reallocate accordingly. For example, residents at the coast were disproportionately using fewer services, and so once known, resource was moved to more needy community areas |
| Cross-cutting | <ul style="list-style-type: none"> Digital inclusion | ★ 100% Digital Leeds is an award-winning programme by Leeds City Council is considered the benchmark for digital inclusion programmes, working with partners on schemes including tablet lending, Digital Champions, Leeds Dementia Pathfinder and a Digital Inclusion guide and toolkit with Croydon. | In February 2020, annualised savings as a result of individual behaviour changes and channel shift due to the 100% Digital Leeds programme were £781,612. Overall, digital inclusion interventions showed a return on investment of £6.40 for every £1 spent. |
| | | Digital Brighton and Hove is based on Citizens Online's award winning model – a whole system approach to tackle digital exclusion. It includes Engaging Organisations; Recruiting Digital Champions and supporting End Learners (beneficiaries). | Engaged with 241 organisations (target 195). Recruited 436 Digital Champions (target 421). Supported at least 4,503 unique individuals (target 3,200). Recorded 6,944 sessions of digital skills support. A total of 241 partner organisations have been engaged – exceeding the target by 24% |
| | <ul style="list-style-type: none"> Digital inclusion Place based working | DigiKnow Stockport , designed to tackle digital exclusion in Stockport, by developing sustainable and coordinated digital inclusion capacity across the Borough. DigiKnow was unique in its development of a Strategic Alliance of local stakeholders, who played an ongoing role in planning, monitoring and coordinating programme activities. It was led by Good Things Foundation. | DigiKnow is recognised across Greater Manchester Combined Authority as an exemplar of area-based digital inclusion. 8425 people were supported during the two years of DigiKnow programme delivery, against a target of 5000. DigiKnow has exceeded its target of 80% of learners meeting at least one social exclusion criterion. |

Summary of emerging prevention ideas

★ = case studies highlighted in slide 5

| Barnet Priority | Theme | Case study | Outcome |
|---|---|---|---|
| <ul style="list-style-type: none"> Clean, safe and well run | <ul style="list-style-type: none"> Reducing 18-25 youth offending ★ Reducing and managing demand on services Single view of resident | <p>Bradford Metropolitan District Council used customer insight to better understand and engage with young people, divert them from offending and improve compliance with court orders.</p> | <p>A 65% reduction in detected offences achieved by this project in one quarter, delivered a saving of £1.39m - this would deliver an annual saving of over £5.5m if extrapolated.</p> |
| <ul style="list-style-type: none"> Clean, safe and well run | <ul style="list-style-type: none"> Reducing 18-25 youth offending Place based working | <p>Staffordshire's Youth Offending Service prevention project is focused on identifying those children and young people who face much poorer outcomes than their counterparts and intervening early with bespoke projects to help them thrive.</p> | <p>Year-on-year reductions in FTE, with Staffordshire performing well against national and local comparators to date.</p> |
| <ul style="list-style-type: none"> Clean, safe and well run Thriving Healthy | <ul style="list-style-type: none"> Working proactively to prevent VAWG and DV | <p>Up2U is a programme for people who use domestically abusive and unhealthy behaviours in their relationships. It seeks to reduce the incidents of domestic violence, prevent the cycle of abuse, and reduce the numbers of children in child protection services, edge of care or children in care.</p> | <p>22 out of 33 clients completed the programme and there was a 64% reduction in children open to children's social care, a reduction in DV incidents from 22 to 1.</p> |
| <ul style="list-style-type: none"> Clean, safe and well run | <ul style="list-style-type: none"> Maintaining green spaces Place based working | <p>Colchester uses Power BI to heatmaps of problem spots for collections or where residents need more encouragement to recycle</p> | <p>The insights derived from Power BI close the loop for development, providing KPIs that help the Borough improve both the app and recycling services to improve landfill diversion rates.</p> |
| | | <p>Vale of White Horse District Council created collaborative videos and an online recycling quiz to address relevant and common queries from residents and reduce recycling contamination</p> | <p>Recycling contamination has reduced by 2% whilst accommodating for increased tonnages across all waste streams and there has been 1000+ engagements with the content.</p> |
| <ul style="list-style-type: none"> Family Friendly Thriving Healthy | <ul style="list-style-type: none"> Reducing and managing demand on services Mental health and wellbeing prevention Strengths based approach to working with communities Place based working | <p>Local Area Coordination in Derby - an all-age support model and community-based approach that aims to empower individuals to develop their personal strengths and find solutions within their community before considering formal services</p> | <p>A social return of £4 of value for every £1 invested and improved mental health and resilience in community</p> |
| <ul style="list-style-type: none"> Family Friendly Thriving Healthy | <ul style="list-style-type: none"> Strengths based approach to working with communities Mental health and wellbeing prevention Improving access for disadvantaged communities/ addressing inequalities | <p>The Incredible Years parenting programme is a community based programme to help parents of children with ADHD improve parenting skills and promote children's academic, social and emotional skills as well as reduce their disruptive behaviours.</p> | <p>Significant improvements in child and parenting behaviour, parental stress and depression, including similarly high retention rates and good outcomes with the most disadvantaged and hard to engaged families</p> |
| <ul style="list-style-type: none"> Family Friendly | <ul style="list-style-type: none"> Reducing and managing demand on services | <p>Preventing falls with Safe Steps app in Southwark - improve prevention and management of falls to reduce the impact on older residents and the health and social care system</p> | <p>25 – 30% reduction in falls, forecast £398,307 cash savings and £213,150 non-cash savings</p> |



Summary of emerging prevention ideas

★ = case studies highlighted in slide 5

| Barnet Priority | Theme | Case study | Outcome |
|--|--|--|--|
| <ul style="list-style-type: none"> Family Friendly Healthy | <ul style="list-style-type: none"> Improving access for disadvantaged communities/ addressing inequalities Strengths based approach to working with communities Mental health and wellbeing prevention | <p>The Birth and Beyond Community Support service (BBCS) is a community development programme that provides volunteer peer support training and perinatal peer support to parents who are vulnerable during the first 1000 days of parenthood. These include refugees and asylum seekers, BME communities, younger parents and those living in difficult social circumstances.</p> | <p>85% of mothers reported improved knowledge of services. 89% felt more confident to access services. An increase in the use of some services, including Children's Centres and mental health services. Improved feelings of wellbeing (low mood and isolation)</p> |
| <ul style="list-style-type: none"> Family Friendly Healthy | <ul style="list-style-type: none"> Improving access for disadvantaged communities/ addressing inequalities Place based working | <p>The Flying Start programme aims to improve outcomes for children in some of the most disadvantaged areas across Wales. This is done through providing four key Flying Start entitlements to children under four years old and their families.</p> | <p>Those in Flying Start areas had on average 5.7 more visits from the health visiting team than families in non-Flying Start areas. Awareness of, referral to and take-up of parenting programmes and Language and Play was also higher.</p> |
| <ul style="list-style-type: none"> Healthy Thriving | <ul style="list-style-type: none"> Mental health and wellbeing prevention Improving access for disadvantaged communities/ addressing inequalities | <p>Outside Edge Theatre Company offers free drama activities to help people affected by addiction live healthier lives in West London</p> | <p>94% of service users reporting it is supporting their recovery and 23% more ethnic diversity than national services. The local return from investment is £1 investment = £6.07 return.</p> |
| <ul style="list-style-type: none"> Healthy Thriving | <ul style="list-style-type: none"> Supporting healthy life expectancy Mental health and wellbeing prevention | <p>Cannock Chase District Council Inspiring Healthy Lives has an innovative wellbeing service that has used co-production to put their local community at the heart of developing new projects, from allotment groups to cycling schemes.</p> | <p>The Council's culture and leisure facilities and services continue to be used extensively, with annual attendances and visits in excess of 952,800, increasing year on year. It also exceed 60% of its performance measures and targets (total 42) in 2017-18.</p> |
| <ul style="list-style-type: none"> Healthy Thriving | <ul style="list-style-type: none"> Mental health and wellbeing prevention Reducing isolation and loneliness Place based working | <p>Bristol Ageing Better is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.</p> | <p>In the first three years of launch, 7% of those aged 50+ in Bristol participated. 35% reported loneliness improved, 28% increased social contact with non-family and 24% increase social participation.</p> |
| <ul style="list-style-type: none"> Healthy Thriving | <ul style="list-style-type: none"> Mental health and wellbeing prevention Reducing isolation and loneliness Place based working | <p>The Partnership for Older People Projects (POPP) were funded by the Department of Health to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care.</p> | <p>For every £1 spent, approx. £1.20 was saved. Efficiency gains in health service use appear to have been achieved without any adverse impact on the use of social care resources. 12% increase in health-related quality of life was found for those individuals receiving practical help.</p> |
| <ul style="list-style-type: none"> Healthy Thriving | <ul style="list-style-type: none"> Mental health and wellbeing Digital Inclusion Reducing isolation and loneliness Strengths based approach to working with communities Place based working | <p>Community Connectors in Sefton used to support individuals to reduce feelings of loneliness and social isolation, and improve their mental wellbeing by utilising community assets</p> | <p>96% of these recorded an improvement in their mental wellbeing, 91% recorded an improvement in feelings of loneliness and 50% recorded an increase in digital media usage for reducing loneliness</p> |

Summary of emerging prevention ideas

★ = case studies highlighted in slide 5

| Barnet Priority | Theme | Case study | Outcome |
|---|---|--|--|
| <ul style="list-style-type: none"> • Healthy • Thriving | <ul style="list-style-type: none"> • Mental health and wellbeing | <p>MH:2K is a powerful new model for engaging young people in conversations about mental health and emotional wellbeing in their local area in Birmingham. It empowers 14-25 year olds to:</p> <ul style="list-style-type: none"> • Identify the mental health issues that they see as most important; • Engage their peers in discussing and exploring these topics; • Work with key local decision-makers and researchers to make recommendations for change. | <p>Across the four areas that ran MH:2K in 2017-18:</p> <ul style="list-style-type: none"> • 92.8% of decision-makers and researchers who attended a Big Showcase event said that the recommendations are very useful; and 98.5% agreed or strongly agreed that they would do something new or differently as a result of the project; • Citizen Researchers - 91% said that their knowledge of mental health issues had increased.86% to their confidence and 82% to their feelings of wellbeing. 86% said that they now felt more optimistic about their future. • 60% reported gaining a greater awareness of where to go for help, and 47% said they would now have more confidence to seek help if they needed it. |
| <ul style="list-style-type: none"> • Healthy • Thriving | <ul style="list-style-type: none"> • Preventing homelessness | <p>The Trailblazers Homelessness Prevention Pilot in Essex funded ten specialist mentors to support people at risk of homelessness with a focus on complex and vulnerable groups</p> <p>Call B4 You Serve in East Midlands is a free proactive service to landlords to help prevent evictions in the private rented sector (most common reason for homelessness).</p> <p>The Outreach Service as part of the Housing Advisory Service in Enfield was redesigned to deliver early intervention (LIFT dashboard), resident contact, floating support and training and sector development</p> | <p>Homelessness has been prevented in 82% of cases. Almost 6 in 10 of cases successfully supporting clients to remain in their own homes</p> <p>Significant cost saving on temporary accom. And bed & breakfast for evicted tenants and increased signposting and update of LA services offered</p> <p>The prevention rate has risen from 35% to 66%. Financial benefits accrual every year of at least £10million and reduction in households entering temporary accom. by 500+ each year.</p> |
| <ul style="list-style-type: none"> • Thriving | <ul style="list-style-type: none"> • Supporting SMEs and Microbusinesses ★ | <p>Buckinghamshire Business First supports business growth through establishing a place for SMEs and microbusinesses to access support</p> <p>Babergh and Mid Suffolk invested and developed in a virtual high street digital platform, supporting small businesses to advertiser their services and products online.</p> | <p>During 2020/21, they have assisted 50,000 businesses, helped create 710 jobs, and helped bring 400 new products to market. For £1 contributed by Buckinghamshire, BBF can leverage that funding to generate £14 of additional funding (economies of scale)</p> <p>Over 100 businesses have signed to the virtual high street, 70% of whom had no previous online presence. Queue technology has been enabled to grow their business and have taken on two additional staff members to meet demands for the service.</p> |
| <ul style="list-style-type: none"> • Thriving • Healthy | <ul style="list-style-type: none"> • Reducing fuel poverty • Mental health and wellbeing prevention | <p>Warm Homes Scheme in Oldham delivered home energy improvements and advice to people at risk of fuel poverty (focused on people at risk of poor health due to fuel poverty)</p> | <p>75% of participants moved out of fuel poverty as a result of the initiative. 60% of respondents with a physical health problem felt a positive impact on their health and 80% on general health and wellbeing</p> |
| | <ul style="list-style-type: none"> • Reducing fuel poverty • Supporting healthy life expectancy | <p>The Affordable Warmth Access Referral Mechanism (AWARM) in Greater Manchester links health, housing and fuel poverty services, offering advice and help to people living in fuel poverty. Aims to increase referrals from frontline organisations to assist.</p> | <p>A dramatic increase in referrals from across the social and care sectors and an estimated health gain of over £600,000 and est. 2.55 life years gained from living longer.</p> |

Example of other councils' approach

| Council & Document | Key areas of focus | What works well |
|--|---|--|
| Swansea – 2018-2021 Prevention Strategy | <p>Two key aims are driving this strategy:</p> <ol style="list-style-type: none"> 1. A desire for increased organisational and personal resilience; 2. Sustainable services. <p>Aligned outcomes in the Public Services Board well-being assessment with a focus on demand management, customer service and preventative action.</p> <p>They committed £1m for pilot prevention projects in 2014. Here, pilot preventative approaches were delivered that sought to address gaps in services working with children, young people and adults. The proposals were based upon an 'invest to save' approach aimed to change behaviours and prevent the need for involvement in costly specialist services, often followed by a long-term support programme.</p> | <p>Some pilots, because of their success in demonstrating new delivery methods, namely Local Area Co-ordination, The Family Support Continuum and Tackling Domestic Abuse (via the DV Hub) will continue having proved their effectiveness. Others demonstrating better ways of working have been embedded in service delivery, becoming 'business as usual'.</p> <p>Delivery of a range of prevention activities across core Council services including the provision of culture, leisure, community centres and libraries.</p> <p>Consider delivery of staff and member training around the prevention agenda and embedding in the commissioning review process and giving preventative messages through information advice and assistance.</p> |
| Bexley System-wide Prevention Strategy 2020-25 | <p>It is based on four system challenges and covers three domains and six areas:</p> <ul style="list-style-type: none"> • People <ul style="list-style-type: none"> - Giving CYP best start in life and throughout - Improving outcomes for adults and older people • Policies and practice <ul style="list-style-type: none"> - Embedding prevention in policies and practice and health system • Place <ul style="list-style-type: none"> - Creating healthy communities, workplaces and homes - Creating healthy environments, built, green and blue - Creating economic independence and a thriving local economy | <p>Based on system challenges and four clearly defined and measurable over-arching outcomes</p> |



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AGENDA ITEM 13

| | |
|--|---|
| | <h2>Health and Wellbeing Board</h2> <h3>17th March 20</h3> |
| Title | Health and Wellbeing Needs Assessment of Rough Sleepers in Barnet – Workplan |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | No |
| Enclosures | Appendix 1 – Health & Wellbeing Needs Assessment of Rough Sleepers in Barnet – Workplan |
| Officer Contact Details | <p>Louisa Songer – Public Health Strategist Louisa.Songer@Barnet.gov.uk 020 8359 7587</p> <p>With Julie George – Deputy Director of Public Health Julie.George@barnet.gov.uk</p> |
| Summary | |
| <p>In March 2020, in response to the COVID-19 pandemic, the government announced that all homeless people in the UK should be supported into accommodation. These national arrangements ended in Barnet on 10th August 2020. At this time, London Borough of Barnet (LBB) continued to provide accommodation for those who had been placed in accommodation during the pandemic and also continued to offer accommodation to verified rough sleepers who were assessed as being vulnerable.</p> <p>To appropriately address the needs of homeless people in Barnet through the pandemic, a multi-agency partnership task and finish group was established. This group developed the needs assessment to understand the support needs and complexities of this group. Whilst this needs assessment is a broad health needs assessment, COVID brings additional complexities that are to be considered. The partnership included representatives from:</p> <ul style="list-style-type: none"> • Barnet Homes Housing Options Service • Homeless Action in Barnet • LB Barnet Public Health • LB Barnet Community Engagement & Participation • LB Barnet Adults & North Central (NCL) CCG Joint Commissioning Team • North Central London (NCL) CCG | |

The Needs Assessment was presented to the Health and Wellbeing Board in July 2021 with a commitment to return with recommendations translated into a full action plan and regular progress updates.

This paper presents the full action plan with the initial update on actions completed.

Recommendations

- 1. That the Board note the workplan and progress to date**
- 2. The members of the Board commit to joint working to address 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.**

1. WHY THIS REPORT IS NEEDED

- 1.1 In March 2020, in response to the COVID-19 pandemic, the government announced that all homeless people in the UK should be supported into accommodation. This meant that for the first time, Barnet accommodated all rough sleepers, regardless of whether they met eligibility criteria. This included people with no recourse to public funds whom the council do not normally have a duty to accommodate.

In order to provide support to these residents, both in the short term during the pandemic, and on a more long-term basis, a partnership working group was established who led in the development of a health needs assessment.

This report presents the workplan of the needs assessment, and what is required from the Health and Wellbeing Board to support successful delivery of the recommendations.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The proposed recommendations are based on policy, evidence, best practice examples and experiences of local service providers.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The recommendations of this report will be delivered via the delivery mechanisms (Homeless Forum and strategic board) detailed in the report.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Addressing homelessness and the longer-term impacts of COVID-19 is a key priority of the Barnet Corporate Plan 2021-25 within the “healthy” priority. The recommendations in this report directly support partners to achieve this priority.

5.1.2 Addressing the needs of rough sleepers in Barnet aligns with the priority to deliver integrated health services in the Health and Wellbeing Strategy 2021-25. Developing a health-focussed action plan to improve outcomes for homeless people and reduce avoidable secondary care presentations is specified within the HWB Strategy.

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

5.2.1 There are no immediate financial implications for this report. The action plan will be delivered within existing staffing and financial resources in Public Health and Partner agencies such as NHS, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes.

5.2.2 Grant funding has been obtained to date from the Department for Levelling Up, Housing and Communities (DLUHC) and Public Health England (PHE) (Now the Office for Health Improvement and Disparities – OHID) to deliver specific programmes relating to homelessness and substance misuse. £286,598 has been received for deliver from March 2021 – April 2022 and confirmation of extension for a further 12 months has been received. Additional funding has also been obtained to address low uptake of COVID vaccination for a range of target groups which in Barnet will include the homeless population.

5.2.3 Evidence has indicated that addressing the health needs of homeless people at an early stage results in improved outcomes for the person and cost-savings across health and social care services.

5.3 Social Value

N/A

5.4 Legal and Constitutional References

5.4.1 Barnet Council Constitution, Article 7 – Committees, Forums, Working Groups and Partnerships, Health and Wellbeing Board responsibilities:

“(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into

account the findings of the Joint Strategic Needs Assessment (JSNA) and strategically oversee its 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”

“(5) Specific responsibilities for overseeing public health and promoting prevention agenda across the partnership”

5.5 Risk Management

5.5.1 No specific risks associated with this decision.

5.6 Equalities and Diversity

5.6.1 The proposals in this report do not impact negatively on any protective characteristic group, or any other groups. The needs assessment demonstrated how people who are homeless often have worst health and wellbeing than the general population. The recommendations would result in this group having improved access to services and their specific needs met more suitably.

5.7 Corporate Parenting

5.7.1 The Homeless health needs assessment and subsequent action plan relate to adults. However, it is recognised that care leavers and young people transitioning to adulthood have specific health and wellbeing needs that the will be analysed and addressed as part of the action plan.

5.8 Consultation and Engagement

5.8.1 The needs assessment and workplan were developed in collaboration with key partners from:

- Barnet Homes Housing Options Service
- Homeless Action in Barnet
- LB Barnet Public Health
- LB Barnet Community Engagement & Participation
- LB Barnet Adults & North Central London CCG Joint Commissioning Team
- North Central London CCG

Consultation with staff working in and service users accessing homelessness services in the borough was also conducted as part of the report.

The Housing and Growth Committee have been updated on the partnership approach to addressing homelessness in Barnet at regular points throughout the COVID-19 pandemic and were supportive of this needs assessment and workplan.

5.9 Insight

5.9.1 This workplan was developed from recommendations from the needs

assessment which was informed by three main methods:

1. Service user and staff feedback and experience:

Service user feedback and the experiences of staff were collated by Homeless Action Barnet both for the purpose of this needs assessment and to inform continued service improvement.

2. Analysis of local and national data

An information sharing agreement was signed by local partners which allowed the partnership data to be analysed by the Public Health team. National data was utilised from a range of sources referenced in the report.

3. Applying principles from national evidence

Rapid literature review was undertaken exploring the impact of homelessness on health. National evidence is applied to help interpret local data and draw conclusions where data is incomplete.

6. BACKGROUND PAPERS

- 6.1 This workplan relates to the Health & Wellbeing needs assessment of Rough Sleepers which was presented to the HWBB in July 2021. Full report can be viewed at: [Barnet rough sleeper HNA 2021 Final 050721.pdf \(modern.gov.co.uk\)](https://modern.gov.co.uk/moderngov/attachments/050721/Barnet%20rough%20sleeper%20HNA%202021%20Final%20050721.pdf)

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**Homelessness Health – Workplan
February 2022**

| Delivery Partners | | |
|--|---------------------------|-------------------|
| Role | Organisation | Named Lead |
| Public Health Strategist | LB Barnet – Public Health | Louisa Songer |
| Head of Housing Options | Barnet Homes | Ian Helcke |
| Head of Commissioning: Mental Health and Dementia | NCL CCG/LB Barnet | Ellie Chesterman |
| Senior Primary Care Transformation Manager | NCL CCG | Carol Murphy |
| As part of the delivery of this workplan, partners across LB Barnet and local VCS organisations will be engaged to deliver specific actions alongside named individuals above. | | |

Status Key:

| | | |
|----------------|------------------|-----------------|
| Overdue | On track/ | Complete |
|----------------|------------------|-----------------|

| Topic | Action | Action Owner | Update | Status and end date |
|---|---|-----------------------|--|----------------------------|
| Primary Care | | | | |
| Improving access to primary care services | Review Healthy London Partnership resources for local implementation. | NCL CCG | | March – July 2022 |
| Updating LCS | Review scope of NCL CCG LCS and identify opportunities. | NCL CCG | Working group in place, first meeting scheduled March 2022 | March – July 2022 |
| Developing a mixed economy of provision to enhance access | Explore opportunities to improve access within primary care networks. | NCL CCG | Working group in place, first meeting scheduled March 2022 | March – July 2022 |
| NICE Guidance | Review draft NICE guidance “Integrated health and social care for people experiencing homelessness.” ⁱ | NCL CCG/Public Health | | March – July 2022 |
| Secondary Care | | | | |
| Improving hospital discharge for homeless people | Establish hospital discharge pathway | NCL CCG/Barnet Homes | Discharge co-ordinator funded and in post | Complete |
| Understand how to address health issues at an earlier stage | Audit A&E presentations of homeless people and develop gap analysis | Public Health | | July – September 2022 |
| Health-related behaviour change | | | | |
| MECC | Train workforce in MECC to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience. | Public Health | | September 2022 |
| Improve vaccination uptake (Flu and COVID-19) | <ul style="list-style-type: none"> - Develop bespoke vaccination clinics for rough sleepers - Develop health educator roles and community of health champions | Public Health | <ul style="list-style-type: none"> - Mobile vaccination clinics in operation - Drop-in service for homeless people at Gateway pharmacy | March – July 2022 |

| Topic | Action | Action Owner | Update | Status and end date |
|--|--|---|--|---------------------------|
| | | | <ul style="list-style-type: none"> - PH Insight work on COVID vaccinations to include understanding barriers for homeless people - Homeless population included in Covid Vaccine Champions Programme 2022/23 | |
| Routine cancer screening | Establish pathways for: <ul style="list-style-type: none"> - FIT screening - Cervical screening - Breast screening | NCL CCG/Public Health | <ul style="list-style-type: none"> - FIT homeless pathway group meeting March 2022 | March – September 2022 |
| Smoking | Explore options and models for accessing stop smoking services | Public Health | | September 2022 |
| Improve access to physical activity opportunities | Explore options within Fit and Active Barnet (FAB) framework to develop mechanisms for homeless people to access leisure provision. | Public Health/LB Barnet Sport & Physical Activity | | March – July 2022 |
| Substance Misuse | | | | |
| Improving access to substance misuse support for current and recent rough sleepers | Develop bespoke project using Rough Sleeping Drug & Alcohol Grant (RSDAG) | Public Health | Project launched July 2021 – funded for 2 years at present. 4 of 5 roles recruited to – dual diagnosis role still to be filled. | June 2021 - June 2022 |
| Dual diagnosis | Establish enhanced support and improved pathways for homeless people experiencing substance misuse and mental health issues | Public Health | Post funded through RSDAG, secondment arrangement agreed with BEHMHT, currently reviewing job description | June 2021 - June 2022 |
| Improving identification of people with problematic alcohol use | Develop plan for systematic use of Identification and Brief Advice (IBA) and Extended Brief Interventions (EBI) for alcohol and implement it, as part of Substance Misuse Strategy | Public Health | | Plan agreed by end 2023 |
| Mental Health | | | | |
| Access to supported accommodation | Establish options and pathways for supported housing for homeless people with mental health issues | NCL CCG/LB Barnet/Barnet Homes | | September – December 2022 |
| Identification and support for people experiencing mental health issues | Improve access to mental health support by improved partnership working including identifying opportunities to engage individuals in assessment and treatment at an earlier stage | NCL CCG/LB Barnet | | September – December 2022 |
| Suicide prevention | Implement actions identified in Barnet suicide prevention strategy: <ul style="list-style-type: none"> - Improved signposting information to local self-harm and suicide services. - Establish referral pathway to suicide prevention services - Train workforce in suicide prevention training | Public Health | Homeless people identified as a priority group in suicide prevention strategy, local partners engaged, workforce training underway. | July 2021 – July 2022 |
| Social Care assessments | Establish pathway for social care assessments for homeless people | Barnet Homes/LB Barnet | Pathway established during pandemic – to be reviewed as return to business as usual | Complete |
| Migrant Health | | | | |
| Improve access to health services for migrant populations | Complete migrant health needs assessment & develop action plan to respond to any gaps identified. | NCL CCG/Public Health | | September 2022 |

| Topic | Action | Action Owner | Update | Status and end date |
|---|--|------------------------|--|---------------------------|
| Improve access to health services for migrant populations | Establish access suitable local translation services | NCL CCG/Public Health | (to be considered with LCS review) | March – June 2022 |
| Broader cross-cutting actions | | | | |
| Young People and Care Leavers | Identifying opportunities specific to young people and care leavers: <ul style="list-style-type: none"> - Prevention of homelessness - Explore specific health and wellbeing issues of rough sleepers with a history of care or are transitioned age (18-25) | LB Barnet/Barnet Homes | | September – December 2022 |
| Prevention opportunities | Consider broader opportunities of homelessness prevention for people who are at risk – including economic risk and behavioural factors such as ASB | Barnet Homes | Homeless Prevention Insight project currently under-way | March – July 2022 |
| Employment, Training & Education | Providing suitable employment, training and education (ETE) options for people who are already homeless | Barnet Homes | Various ETE options in place and to be mapped as part of homeless prevention piece | March – July 2022 |
| Establish governance and oversight of homelessness works | <ul style="list-style-type: none"> - Update LB Barnet Homeless & Rough Sleeper strategy - Establish Governance and oversight Establishing an intelligence framework | Barnet Homes | | March – July 2022 |
| Engaging with Integrated Care Partnership (ICP) | Utilise Barnet Borough Partnership (BBP) health inequalities priority workstream to develop for homelessness prevention through the life-course | NCL CCG/Public Health | | March – July 2022 |

Glossary of terms:

| | |
|-----------|---|
| BBP | Barnet Borough Partnership |
| BEHMHT | Barnet, Enfield, Haringey Mental Health Trust |
| EBI | Extended Brief Interventions (for alcohol) |
| ETE | Education, Training and Employment |
| FIT | Faecal immunochemical test (Bowel cancer screening) |
| IBA | Identification and Brief Advice (for alcohol) |
| LB Barnet | London Borough of Barnet |
| LCS | Locally commissioned service |
| MECC | Making Every Contact Count |
| NCL CCG | North Central London Clinical Commissioning Group |
| NICE | National Institute for Health & Clinical Excellence |
| RSDAG | Rough Sleeping Drug and Alcohol Grant |

ⁱ [NICE Guidance - Integrated health and care for people experiencing homelessness](#)

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Update on Community & Mental Health Service Review; Barnet Health & Well Being Board

March 2022

Update on the Progress of the Community and Mental Health Review

The following slides update the Barnet Health & Well Being Board on the progress of the Community & Mental Health Services Review

They note the work that has been undertaken to develop the core service offer and set out a brief description of what the core services offers will cover

The slides note how service user/resident feedback has been incorporated into the core service offer and how this work is also being used to support the delivery of some specific community and mental health service outcome indicators which will help measure progress and show if the core service offer is making an impact e.g. in terms of reducing variation, improving access etc.

The slides then note the range of current discussions to help find identify funding to implement the core services offer. That includes discussions with providers on productivity and on how for example some services might be organised (not delivered) on a pan NCL basis

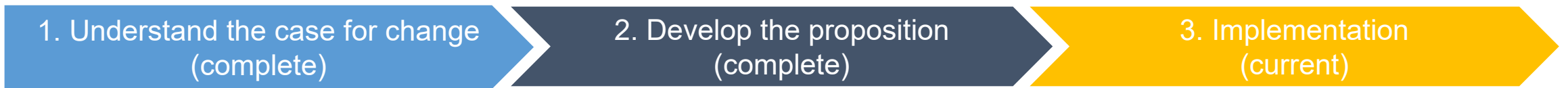
Some funding to start implementation will be agreed as part of finalising 2022/23 contracts but as yet how much and what that means for Barnet is still being worked up

Further discussions are also needed to agree how the core services offer will be delivered at a place level in conjunctions with Borough partners

It is anticipated that at the next Health & Well Being Meeting a much more detailed report will be available for discussion

Introduction and Background

NCL CCG has committed to conducting a strategic review of community services and mental health services to **address long-standing inconsistencies** in **service offer, access and outcomes** for our population. The mental health and community services review are running in **parallel**, with **integrated workstreams**, to ensure that physical and mental health services are joined-up. Both reviews have taken a consistent **three stage approach**. **We have agreed the baseline review findings and the core offer that addresses issues and patient/service user feedback** and are now working on the plan for implementation.



Aim

- Understand current community and mental health services in north central London (NCL) and the variation between boroughs
- Develop a powerful case for change for community and mental health services; available on the CCG website

Aim

- Clinically-led, population need focused, design of a new core offer for community and mental health services, that will be a consistent minimum standard across NCL
- Impact assessment to understand the implications of delivering the core offer (benefits and affordability)

Aim

- Engagement with system partners to plan for implementation and set ourselves up to deliver the core offer

Through this process, a core offer was developed for different age segments of the population and descriptions were drafted for each component of the core offer

Programme Governance, Engagement and Co Design

Mental Health Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GP and Lay member
- Mental Health Trust Chief Executives; Barnet, Enfield and Haringey Mental Health NHS Trust / Camden and Islington NHS Foundation Trust, Tavistock and Portland and Whittington Health
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- 2 Experts By Experience
- Voluntary Sector Representative

Community Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GPs and Lay member
- Community Trust Chief Executives; Barnet, Enfield and Haringey Mental Health NHS Trust, Whittington Health, Central and North West London NHS Foundation Trust (CNWL) and Central London Community Healthcare NHS Trust (CLCH)
- Acute Trust Chief Executive Officer representative
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- Voluntary Sector Representative

Engagement

- Residents Reference Group
- Residents Survey
- Borough Meetings e.g. with Healthwatch In Islington, Bridge Renewal Trust in Haringey
- Specific focused meetings e.g. Mencap in Barnet, Camden Parents of Children with Special Needs

Co Production and Co Design

- Core Service Offer developed with Experts By Experience and some Voluntary Sector Reps
- All community providers
- All mental health providers
- Resident Reference Group input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery); service user co design

Baseline findings – consistent across community and mental spend

The baseline findings from both community and mental health service reviews have confirmed that there is a powerful and compelling case for change



Inequalities

There are stark inequalities in health needs and outcomes across NCL



Provision

There is significant variation and gaps in service provision depending on where you live and this is not aligned to need



Access

The way you access services and how long you wait is also dependent on where you live



Spend

Different amounts are spent per head in different boroughs and this does not correlate with need at borough level



Service user/resident feedback

Services are difficult to navigate, and require service users to repeat their stories

Enfield has over **twice** the prevalence of diabetes as Camden; but **half** the diabetes resource
NCL is the CCG in England **with the most number of people with a severe and enduring mental illness**

Camden's in-reach to care home beds is **25% higher** than Barnet's
Dementia services in North and South of NCL are very different and services in the North provide less on going support

Children in Barnet wait **20 more weeks** than children in Camden for initial SLT assessments
Islington has the highest number of CYP waiting **over 18 weeks** from 1st referral to 2nd contact

Community: In Haringey **£98 / head** is spent vs. **£192 / head** in Islington
Mental Health: In Barnet **£157/per head** vs. **£247/ head** in Camden

Feedback from residents via our Reference Group, along with discussions with residents e.g. from Camden's Citizen Assembly, and data from Health watch notes the distress caused by constant repetition of histories and stressed need for shared records with consent etc.

Core service offers for community and mental health services








The core offer has been co-produced to respond to the case for change with the aim of providing a holistic and transformational minimum service offer for both mental health and community services

The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a **commitment to the NCL population** of the support they can expect to have **access to regardless of their borough of residence**. The core offer will be **holistic and transformative** in the way care is delivered and take a **preventive and proactive approach which focuses on delivery in the community, in peoples homes etc.**

The core offer will provide **clarity to the population, clinicians and professionals** in the system on **what support is available, when it is available and how to access it.**

The core offer contains:

- **A description of care functions and services** that should be available across NCL and how these integrate with the wider health and care system. The components of the core offer include **services delivering care**, as well as **coordinating functions** which will help navigate and integrate services for service users. The core offer describes:

-  Operating hours and out of hours provision
-  Response time for first contact and ongoing contacts (in line with national guidance)
-  Access to the care function and criteria
-  Description of the service, including requirements to meet best practice guidance
-  Integration between the care function and other services and agencies
-  Workforce capabilities required
-  Point of delivery (e.g. in person, virtual)

The core offer will be the minimum service standard across NCL.

The Core Offer

A core offer has been developed for different age segments of the population and consists of core offer outlines, coordinating functions and specifications for services

Core offer outlines provide a summary of elements and services that are part of the core offer for each age profile. The outlines also show elements not within scope of the review but that should be linked in with the core offer, as well as enablers.



Children and young people



Working age adults



Older people

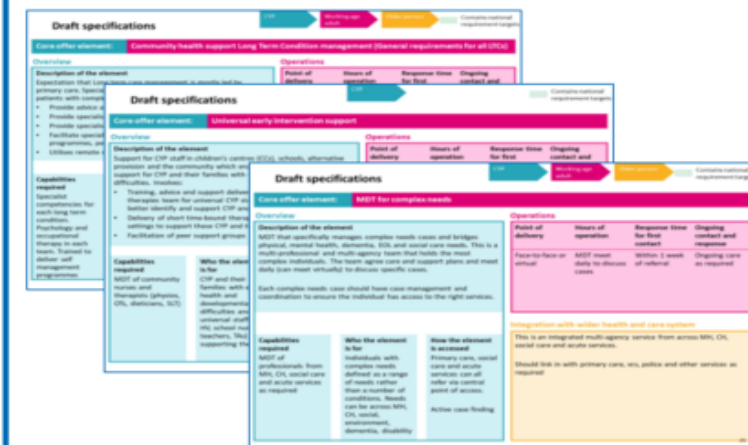
Each outline also contains a set of **coordinating functions** encompassing a central point of access, care coordination and case management.

Coordinating functions to provide a central point of access, navigation and coordination

Service user and their carers/family



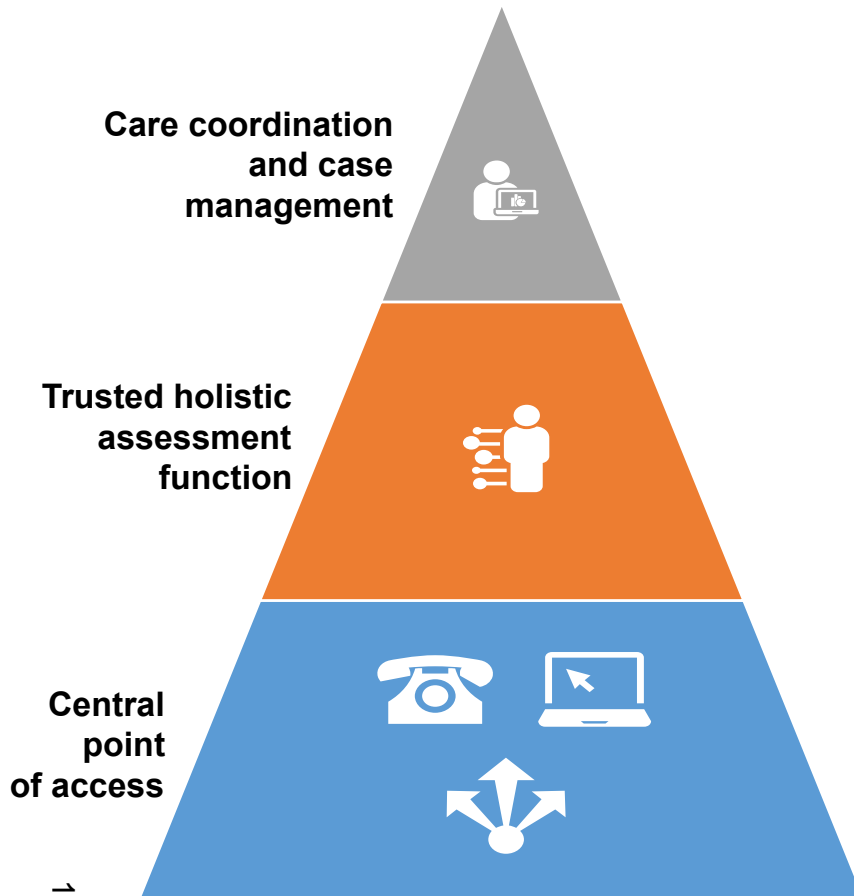
Following each core offer outline, in-scope elements are further detailed in a set of **specifications**. These provide a description of the element and lay out access criteria, hours of operation, capabilities required, where the element should be delivered, waiting times and how the element should link in with the wider health and care system.



The Core Offer – Coordinating Functions

A set of coordinating functions act to support, integrate and navigate care for service users across the layers of the core offer

Increasing complexity of need



- Service users with complex needs are allocated a clinical **case manager**. This individual leads the development of a **holistic care plan and its delivery**
- Care coordinators support this through **organising multidisciplinary team (MDT) meetings** and supporting service users and their families and carers to **navigate health and care appointments**

- Service users have **a single up front holistic assessment of their health needs, functioning, living environment & preferences**
- This is conducted by a senior professional with trusted assessor competencies who has the trust of the full MDT
- Service users and their families and carers **only have to tell their story once**

- Central point of contact at borough or NCL level for initial referrals and contacts with local community and mental health health services
- Provides telephone and/or email hub which **directs referrals or queries to the right individual or service**
- Accessed by any health or care professionals, by service users and families / carers
- Administrators have access to directory of local services and assets and are able to **help service users and professionals navigate the wider available support**

Summary of other benefits of delivering the core offer for community health

| Access: | Quality: | Equity and equality: | Workforce: |
|---|--|---|--|
| <ul style="list-style-type: none"> Standardised service provision Extended opening hours and access to OOH services – more convenient access to services Enhanced services Standardised waiting times (e.g., to first contact and follow up) Simplified referrals processes through a central point of access | <ul style="list-style-type: none"> Focus on prevention and early intervention Enhanced response times to help service users stay well - minimise need for hospitalisation Standardised and enhanced step-down services to support timely and safe discharge of patients from hospital Enhanced older people services | <ul style="list-style-type: none"> Consistent and standardised offer so that all NCL residents have equal support Links and interdependencies with other agencies and support that focus on wider determinants of health Core offer will require a resource redistribution that is aligned with need - residents have health equity | <ul style="list-style-type: none"> Support staff to operate at the top of their license Collaborative working with other professionals and service users Improve staff satisfaction levels Increased joint working to deliver place-based care Defined and shared culture Co-location where appropriate Joint training |

- The ICS is committed to investing in preventative and proactive services that support reduced reliance on inpatient care and to avoid the need for admission. Delivery of the core service offers to achieve these benefits will require net investment.
- A financial impact assessment which estimates the cost envelope required to deliver the core offer, including investment and savings, based upon individual Borough needs and the cost of delivering a full core offer is being developed and discussed with finance colleagues.
- Unlike mental health services where there is a stronger correlation between overall population need and spend, community health services investment is not proportionate to need.
- Analysis of impact that the community services core offer could have on acute activity demonstrates the potential for significant reductions in non elective (emergency) activity has been prudently calculated and shared with NCL system directors of finance.
- The analysis further demonstrates a correlation between increased spend in community services and reduced acute activity as well as improvements in flow. More recently, we have seen first hand how acute hospitals with greater access to community provision have been able to more effectively manage surges during the pandemic.

How Feedback from Resident Engagement Discussions Has Helped Shape the Core Service Offers

As part of the service reviews the CCG has developed a comms and engagement strategy. Some of the feedback we have received is set out below and how this has been incorporated into the core services offer. This work will also feed into our discussions on the community and MH population health indicators


Feedback/Comments from resident engagement discussions:


- Both community and mental health services need to improve access. This includes waiting times, time for first contact and ability to communicate - especially the availability of interpreting services, including British Sign Language.
- Both community and mental health services need to be more dementia friendly and think more about those with other needs, especially sensory problems.
- Both community and mental health services need to reduce the number of hand offs and make better use of technology to avoid people having to frequently repeat their details/stories.
- Both community and mental health services need to improve communications with patients especially when appointments are changed, cancelled etc. and have better processes for responding to patient enquiries etc.
- A move to digital was welcomed by some, but there was a strong counter view that the digital divide was widening and that health services must offer a mix of delivery mechanisms and not just rely on a digital approach.
- All patients wanted services to be personalised and for their care to be considered in the context of their lives and circumstances as well as wanting to be involved in any decisions on their care.
- Transition planning especially from children to adult services was highlighted as problematic and requiring an earlier start than is currently happening.
- Services must be culturally competent and providers need to work with their communities to recruit more local people and use their experience and knowledge to work more effectively with diverse local populations.

How this feedback has been incorporated into the core services offer


- Core service offers include response times, but we will need to address backlog of patients waiting especially in CAMHS. Work has already started in other areas e.g. Therapy waiting times in Barnet, or access to autism/ACHD assessments.
- Core service offer designed around central point of access (or SPA) which could support better direction for some patients to both NHS and local authority / voluntary sector services.
- Core service offer proposes more services with direct access, reducing the need for referral.
- Core service offer supports the personalisation agenda with more care plans, case managers and greater requirement for patient led decision making.
- Core services offer seeks to be more community based and offer pro-active care to reduce number of patient first contact being via A&E or inpatient services etc.
- Core services offer has some integrated working between mental health and community services but this needs more discussion as part of thinking through how the core offer is delivered at a place level.
- Core offer includes focus on transition planning and development of more specific 18-25 services to bridge between CAMHS and adult services.
- Other feedback for providers included further discussion needed on culturally competent services and digital offer, dementia friendly approach etc.


Proposed principles to developing the NCL Population Health outcomes and Population Health Improvement strategy

 Tackling health inequalities

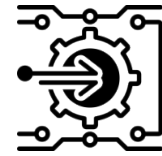
 Prioritising prevention and early intervention


 Empowering communities

 Co-production and personalisation


 High quality of and equitable access to services


 Adding value

 Integration and doing things differently

 Sustainability and greener NHS

 Subsidiarity

 Sharing responsibility and accountability

 Maximising use of enablers: finance, workforce, digital, anchor institutions, Population Health Management

Proposed NCL Population Health outcomes framework ; Specific community & MH outcome indicators will contribute to the delivery of the overall work on population health outcomes.

Start well

Every child has the best start in life and no child left behind

- Improved maternal health and reduced inequalities in perinatal outcomes
- Reduced inequalities in infant mortality
- Increased immunisation and new born screening coverage
- All children are supported to have good speech language and communication skills

All children and young people are supported to have good mental and physical health

- Early identification and proactive support for mental health conditions
- Reduction in the number of children and young people who are overweight or obese
- Improved outcomes for children with long term conditions

Young people and their families are supported in their transition to adult services

- All young people and their families have a good experience of their transition to adult services

172

Live well

Reduction in early death from cancer, cardiovascular disease and respiratory disease

- Reducing prevalence of key risk factors: smoking, alcohol, obesity
- Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduced unemployment and increase in people working in good jobs

- Support people to stay in jobs, including mental health and musculoskeletal services
- Anchor institutions to employ local people including those with mental health illness, physical disability, and learning disabilities, and to buy locally including by using social value-based commissioning and contracting

Parity of esteem between mental and physical health

- Reducing racial and social inequalities in mental health outcomes
- Improved physical health in people with serious mental health conditions
- Reducing deaths by suicide

Age well

Older people live healthy and independent lives as long as possible

- Ensure that people get timely, appropriate and integrated care when they need it and where they need it
- Prevent development of frailty with active aging
- Improved outcomes for older people with long-term conditions, including dementia

Older people are connected and thriving in their local communities

- Older people have fulfilling and meaningful social life
- Older people are informed well and can easily access support for managing financial hardship

NOTE: Due to Borough level differences our approach to delivering an equitable core offer will vary.

The 5 Approaches to funding the delivery of the Core Services Offer

| Efficiency | Opportunities of Scale | System Savings | Redistribution of Resources | Growth Monies |
|--|--|--|---|---|
| <ul style="list-style-type: none"> Providers improve productivity to meet system 'best in class' to release funds for Core Offer. Discussion with CLCH on what this may mean Using technology to stretch the productivity further through such processes as remote monitoring. | <ul style="list-style-type: none"> Providers asked to work together to review services and agree which could be organised at scale i.e. over a larger footprint than 1 or even 2 Boroughs Examples: <ul style="list-style-type: none"> New Services; Virtual wards Large Services; Musculo-Skeletal Services Fragile Services e.g. Specialist nursing Children's Services e.g. continuing and palliative care <p><small>This is for organisation only. Point of delivery remains local</small></p> | <ul style="list-style-type: none"> We seek to reinvest savings from reducing Non- Elective activity arising from a consistent Core Offer. This effectively supports the flow of funds from Acute Providers to Community Providers. | <ul style="list-style-type: none"> Providers change the footprint over which they deliver services and/or share resources to effectively increase investment in areas that are under-invested. | <ul style="list-style-type: none"> Growth monies to be allocated differentially with more growth going to areas needing more investment. |

• We would need use a mix of these 5 approaches and for example Providers will need to make productivity savings to reinvest in the core service offer.
 • For MH the LTP MH Investment standard will support delivery for MH investment. To a lesser degree Ageing Well funding will support the delivery of the community services core offer given the overlaps along with a system investment . How much the system can invest is currently being agreed by NCL Directors of Finance

Progress on implementation planning

- The CCG has taken a broadly similar approach to understanding what a core service offer should contain and what benefits a consistent delivery of the core service offer would bring local people for both community and mental health services.
- The core service offer reflects the minimum service offer and incorporates requirements of the mental health Long Term Plan as well as the requirements of the NHS England Ageing Well programme for community services.
- To implement the core service offer we will need to invest differently in both community and mental health services and differently by borough. How much money is available to be invested in Barnet in year 1 of our 3 year delivery plan is still being determined but it will build on the investment in 2021/22.
- For both community and mental health services we are looking at services at scale to address issues with clinical fragility, workforce vacancies and resilience and the ability to contribute to efficiency savings.
- Addressing workforce issue in NCL especially for community services will be challenging and how to do this is being discussed as part of discussions with the 4 Community on collaboration at scale.
- Providers of community services are working together to develop a plan to achieve greater collaboration and delivery of services at scale e.g. for new services such as virtual wards or for fragile clinical services such as specialist nurses. This relates to organisation and possible management, delivery remains at a local level.

Summary and next steps

- In summary, there is a compelling and powerful case for change underpinning the ambition to deliver a core community and mental health service offer for residents in north central London.
- The focus for system leadership during the next stage of review is to conclude the values that can be attributed to pillars of work e.g. system efficiency to bridge the affordability gap or options to re-profile the implementation of the core offer and benefits realisation plan to achieve this. Implementation plans will include arrangements for monitoring of core offer cost, activity and outcomes to ensure the project remains within affordability and delivers planned clinical benefits.
- For mental health services we are working with Providers to look at opportunities for more collaborative working that will support the delivery of the core service offer.
- For both community and mental health services we will continue to develop an outcomes framework to measure the impact of change and improvements to population outcomes.
- Borough based implementation plans will be developed with borough partnerships once the work on financial planning has concluded.
- Service user and partner engagement will be critical to embed and integrate the core offer with wider place based services. To progress this, we are starting a series of discussions with other partners e.g. NCL Experts By Experience group to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.

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