

**MEETING**

**HEALTH & WELLBEING BOARD**

**DATE AND TIME**

**THURSDAY 14TH JULY, 2022**

**AT 9.30 AM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

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

Chairman: Councillor Alison Moore (Chair),  
Vice Chairman:

Councillor Paul Edwards	Sarah McDonnell-Davies	Nitish Lakhman
Councillor Pauline Coakley Webb	Chris Munday	Caroline Collier
Dr Tamara Djuretic	Dawn Wakeling	Fiona Bateman
Colette Wood	Dr Nikesh Dattani	

**Substitute Members**

Councillor Ross Houston	Dr Julie George	Jess Baines-Holmes
Councillor Barry Rawlings	Debbie Bezalel	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 11 July 2022. Requests must be submitted to Salar Rida at [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

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

Governance Services contact: Allan Siao Ming Witherick [allan.witherick@barnet.gov.uk](mailto:allan.witherick@barnet.gov.uk)  
Media Relations Contact: Tristan Garrick 020 8359 2454 [Tristan.Garrick@Barnet.gov.uk](mailto:Tristan.Garrick@Barnet.gov.uk)

**ASSURANCE GROUP**

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## Decisions of the Health & Wellbeing Board

17 March 2022

Board Members:-

AGENDA ITEM 1

Councillor Caroline Stock (Chairman)

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

\*Members Present

### 1. Minutes of the Previous Meeting

**RESOLVED that the minutes of the meeting held on 09 December 2021 be agreed as a correct record.**

### 2. Absence of Members

Apologies were received from Cllr R Cornelius.

Apologies were received from Dr Charlotte Benjamin, NCL CCG (North Central London Clinical Commissioning Group).

Apologies were received from Dr Clare Stephens, NCL CCG, who left after the first report.

Apologies were received from Caroline Collier, Inclusion Barnet, who was substituted by Debbie Bezalel.

Apologies were received from Fiona Bateman, Barnet Safeguarding Adult Board.

### 3. Declaration of Members' Interests

None.

### 4. Public Questions and Comments (if any)

None.

### 5. Report of the Monitoring Office (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 Siao Ming Witherick, Governance Officer.

**RESOLVED** that the Board noted the Forward Work Programme.

During the meeting the following actions and items were identified:

Item	Title	Description	Next due?
8	COVID-19 Pandemic Update	COVID-19 Pandemic Report	July 2022
		Resilience Forum report on COVID-19 lessons learnt	tbc
9	Deep Dive - Joint Health and Wellbeing Key Area 2: Starting, living and aging well	FAB (Fit and Active Barnet) Strategy – Update report	tbc
		CVD (Cardiovascular Disease) Prevention update	July 2022
10	Achievements of the Health and Wellbeing Board over the last four years and a proposed way forward	Future of Health & Wellbeing Board with Health and Care Bill outcomes	July 2022 / September 2022
11	Pharmaceutical Needs Assessment (PNA) Update	Report on progress	September 2022
12	Prevention Framework	Annual Update	tbc
13	Health and Wellbeing Needs Assessment of Rough Sleepers – Action Plan	Report on progress	tbc
14	NCL NHS Update on Mental Health and Community Services Review	Future meeting	tbc

**8. COVID-19 Pandemic Update (verbal)**

Dr Clare Stephens, gave a short update on the COVID-19 situation. Work continued to improve immunisation rates with the vaccine bus scheduled to visit Hendon Library, community centres and venues such as Brent Cross Shopping Centre. GP practices have been proactive in reaching out to patients about vaccinations and having dialogues with families.

Planning for Autumn 2022 had also started, and further information was available on request.

Dr Tamara Djuretic, Director of Public Health noted that it had been two years since the first lockdown and thanked people for their hard work, including residents, for the preventative measures which had been taken.

Rates were increasing but most of the population had some level of immunity with advances in medical treatment supporting the most vulnerable and at risk groups. Infection control measures had helped see the transition from pandemic to endemic as it moved to being an established pathogen in the environment. The number with two or more episodes in Barnet was slightly lower than average and appeared to mirror population density.

Vaccination plans had benefitted from national funding and with good support from the voluntary and community sector. They were targeting areas and preparing for the next variant of significant concern. As such this was likely to be the last update. A report would come to the July meeting and would include some of the work which was being done at a London wide level.

Clarification was requested about the death rate from COVID-19 compared to the annual flu. This information was analysed at a national level, but would be difficult to quantify as the cause of death wasn't always recorded.

There remained concerns about the spread of new variants, the ongoing effects of long COVID, and how child development, loss of speech, language and other aspects would play out, as well as lessons learnt for the next pandemic. Some learning points, such as the impact on early intervention and cancer screening programmes, had already been identified. It was reported that the Resilience Forum was undertaking some of the lessons learnt from the pandemic management and would be reported to the Health & Wellbeing Board. A more detailed reports on long COVID would also be taken to future Boards.

The Chair thanked everyone for their help behind the scenes throughout the COVID-19 pandemic.

**Action: Lessons learnt from COVID-19 to be brought to the July or September 2022 meeting. Resilience Forum report on COVID-19 lessons to come to a future meeting.**

## **9. Deep Dive - Joint Health and Wellbeing Key Area 2: Starting, living and aging well**

Rachel Wells, Consultant in Public Health lead the presentations that covered a number of areas.

**SMILE (School Meals Initiative Learning healthy Eating)** – to promote healthier eating and choices, not just with the pupils but also parents, carers, staff and the caterers. Brightly coloured trays showing portion sizes and food types had helped to increase vegetable consumption and a switch from sugary puddings to fruit. The aim was to branch out to other schools.

There was interest about how this could be promoted for adults, for example in care homes to move away from meal replacement liquids to make use of blended foods, possibly through inclusion in Service Level Agreements with providers for the Council. It was noted that work was also going on through programmes to support weight management for adults.

**Infant Feeding Strategy** – work continued to change attitudes to breast feeding with libraries as a starting place and reaching out to local businesses. This helped to promote the health and wellbeing of families for both mother and child.

**Healthy Early Years** – the award had now been around for two years with the local scheme transitioning in to one that had support from the Mayor of London due to the prestige that this brought to schools. It covered a number of key priorities and included raising awareness of oral health, speech language and emotional wellbeing. It supported children transitioning from home to school settings. Childminders, nursery schools and the voluntary sector were all provided support to help upskill the workforce and improve outcomes.

There were concerns about the paperwork burden and this was under review to help make it more accessible.

**Children in Care-** prior to the pandemic there had been a good level maintaining individuals in education and employment, with many continuing (not furloughed) through out. It was noted that the number being supported had increased and this was important to consider as Corporate Parents. More work had been done around peer support as individuals preferred to talk to those similar in age about resilience for example those about to become parents or about healthy relationships. This included making use of venues which they identified as safe spaces to help reinforce support.

There were a number joining the care system later and had traumas and experiences that did not quite meet the thresholds for support. They were looking at what services could be put in place and had seen an escalation during the pandemic as many had lived on their own which had meant that levels of isolation during the pandemic had been high. The number of unaccompanied asylum seekers coming in at age 17 was also an area being looked at.

There was a care leavers conference being held in May and they would bring back out comes to a future board meeting.

**Resilient Schools** – starting from a small pilot to de-stigmatise mental health and to help people understand and prevent escalation, they had now rolled it out to over 70 schools with the intention to eventually cover all schools. The offer has been streamlined to training, forums and various forms of support with engagement with the voluntary sector to help tackle areas such as suicide prevention and early intervention.

**Youth MHFA (Mental Health First Aiders)** - training as Mental Health First Aiders had helped to build confidence to identify, approach and support young people. A guest speaker from a local school described the impact that this had, including buy in from the Senior Leadership Team at the school. This resulted in a number of the staff being trained and sixth form students also helping to provide peer support. This had allowed them to reach far more people than a single school counsellor could support. COVID-19



had also reinforced how important the support and approach could be, providing an important tool kit.

In some cases this work was extending beyond the school and they were looking at how parents could be reached, for example through the use of online training.

It was noted that with the significant number of refugees and asylum seekers that these groups, both children and parents, would need support to ensure that they did not feel isolated. This was being achieved using community cafes for example.

**Golden Kilometre** – this initiative was being undertaken with Middlesex University and looked to increase activity by 1km a day running, walking or jogging, in addition to their normal activity. The initial pilot had started with 14 schools to identify areas for improvement. The focus had been on physical outcomes however there had been an improvement in confidence and they had measured how people felt before and after the activity.

It was noted that the Council was looking at how facilities and sports centres could be accessed including non-cost activities due to the rising cost pressures on families.

It was noted that an update on FAB (Fit and Active Barnet) should come to a future meeting.

**Workplace wellbeing** – Support had been given to staff in a number of different ways from equipment and provision of mental health first aid through to online solutions. Overall the response was positive with a low level of absence recorded. They were now looking at how this could be promoted to partners and other local businesses by acting as an exemplar. Nationally there was a big focus on ensuring people returned to work and how people transitioned back from remote delivery to face to face.

**Long-term conditions and CVD (Cardiovascular Disease) Prevention Programme** – some screening programmes had been paused during COVID-19 and they were now looking at how to get back on track. This included using community providers to support local health screening programmes. The population appeared to have either got more, or less fit, during COVID-19, with the risks that this brought. For example, in the over 75s there were many with potentially undetected heart conditions. Diabetes had overtaken other areas as a cause of heart attack.

There were a small number with chronic needs that used a lot of health care resources and work was being undertaken to look at how they could where possible be supported to recover their health.

Funding had also been secured for a lifestyle hub to address behavioural changes in areas such as smoking, alcohol and obesity.

The Chair thanked officers for the comprehensive update.

**Action: FAB (Fit and Active Barnet) to come to a future meeting.**

**CVD (Cardiovascular Disease) Prevention update to come to July 2022 meeting.**

## **10. Achievements of the Health and Wellbeing Board over the last four years and a proposed way forward**

The Director of Public Health presented the report on what had been achieved by the Health & Wellbeing Board. There had been many positive outcomes although some of the outcomes of the preventative work would take longer-term to fully manifest in data.

Some proxy measures of success over the last four years were reductions in hospital admissions for self-harm, reduction in suicide rates and increase in a number of people who stopped smoking.

Going forward the focus would be preventative interventions on specific groups and tackling inequalities in a targeted manner.

An informal workshop had been held to discuss the future of the Health & Wellbeing Board, its membership and a role in the wider emerging Integrated Care System. As the Health and Care Bill was still awaited, as this may have implications for the future shape of the Board, the intention would be that a paper with more concrete proposals would be brought to the July or September 2022 meeting, once the Bill is published.

Operationally it was noted that the Health & Wellbeing Board used to take a place-based approach. This included going to community centres and libraries for the meeting itself and engaging local communities in discussions. This was being revisited as a possibility and would be held in communities where there were examples of best practice or with high levels of need to help link to local partners.

**Action: Paper on future of the Health & Wellbeing Board and Health and Care Bill outcomes for July or September 2022.**

## **11. Pharmaceutical Needs Assessment (PNA) Update**

The Director of Public Health reported that the three-yearly publication of Pharmaceutical Needs Assessment (PNA) was a statutory duty. The report set out the steps in the process of PNA production and that further updates would be presented to the Health and Wellbeing Board.

**Resolved to:**

- 1. Note that the process to produce a revised PNA by 1 October 2022 had commenced.**
- 2. Note the Terms of Reference (ToR) for the Barnet PNA Steering Group.**
- 3. Note the update on progress and the project plan timelines from the Barnet PNA Steering Group, on the production of the 2022 Barnet PNA.**
- 4. Delegate the sign-off of the draft and final PNA to the Chair of the Health and Wellbeing Board and Director of Public Health.**
- 5. Agree that progress against completion of the PNA be brought to a future HWBB.**

## **12. Prevention Framework**

The Head of Insight & Intelligence reported on the development of Prevention Framework, principles and delivery of prevention across the whole of Barnet Council and wider. The Framework will be supported by 500k proactive investment from the Public Health Grant reserves and interventions will be evaluated for its effectiveness.

The Board queried how the impact and outcomes were measured. The Director of Public Health responded that the evaluation framework is in development and it would be brought to the Board once it is completed.

**Resolved that an annual update on progress against the Framework and Implementation be provided to the Health & Wellbeing Board.**

**13. Health and Wellbeing Needs Assessment of Rough Sleepers - Action Plan**

The Deputy Director of Public Health & Prevention presented the Homelessness action plan that was being taken forward by a multi-agency group. They had tried to ensure that it was a measured but ambitious programme and that it would need to be monitored.

It was noted that concerns had been raised about its impact on Children and Young People. Whilst this was a cross-cutting issue, there appeared to be limited links to Children's Services around running away and the risk of homelessness and long-term implications. It was agreed that there would be further discussions to address this.

**Resolved that the Health & Wellbeing Board would receive future reports on progress of the Rough Sleepers Action Plan.**

**Action: Executive Director, Children's Services and Deputy Director of Public Health & Prevention to liaise on Children and Young People.**

**14. NCL NHS Update on Mental Health and Community Services Review**

The update was noted and that a full report would come to a future meeting.

**15. Any Items the Chairman decides are urgent**

The Chair noted that this was the last meeting prior to municipal elections and thanked the Board for their time and dedication and for the privilege of having worked along side them.

Councillor S Rajput thanked the Chair on behalf of the Health and Wellbeing Board for their work.

The meeting finished at 11.34 am

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**THE PRIMARY CARE GROUP**  
**COMMUNITY BARNET**

AGENDA ITEM 4

Chair Barnet Health and Wellbeing Board

June 28th 2022

Dear Councillor Moore

**Question for the Health and Wellbeing Board**

We are a group of volunteers from Community Barnet Primary Care Group. We assess patient services and experiences with the aim of improving those services to the benefit of all NHS patients. More information about the group can be found on the following website <https://communitybarnet.org.uk/portfolio/community-barnet-primary-care-group>

We, as a group, are writing to you as Chair of the HWB for Barnet because we have concerns outlined below.

The group is well aware of one of the priorities set out in the NHS 2022/23 priorities and operational planning guidance, namely to “Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level”.

Members of the group, having looked at several publicly available documents are concerned about the number of GPs working in the borough, particularly as it states in the Joint Strategic Needs Assessment the population is estimated by the ONS in 2020 to be 399,000 and is estimated to grow by 5.2% over the next 10 years and that it is stated in the Barnet Growth Strategy 2020 – 2030 that , to meet the borough housing target of 46,000 homes by 2036, equating to over 30,000 homes by 2030; this needs a wider focus beyond existing Opportunity Areas and housing estates.

It is also stated in the JSNA that Life Expectancy for both males and females in Barnet has continued to increase, a female born in Barnet in 2020 can expect to live to around 86 years, and for a male, life expectancy is around 83 years. However, Healthy Life Expectancy (the years a person can expect to live in good health) has reduced over the last few years. In Barnet, for both males and females, healthy life expectancy is around three quarters of life expectancy; suggesting for males around 21 years of their life will not be lived in good health and for females it is 22 years. This again could lead to a greater demand for services to support older populations living in the borough”. It is also mentioned that the proportion of residents aged over 65yrs will increase faster.

In the document titled General Practice Clinical Capacity in Barnet dated 23rd September 2015 it states “To respond to the population growth in the Aerodrome Road/Colindale Avenue area, a new health centre and GP service is being planned to over time serve 15,000 patients”. Also” Existing health centre at Grahame Park due for demolition in 2017/18 when the ‘Plot 11’ area of Grahame Park Concourse is redeveloped → Site currently houses Everglade Practice and Park View MC (branch). New centre planned opening 2018-2020

(subject to land availability)". Referring to development in the Brent Cross area it stated "Significant developments in the immediate and surrounding area of Brent Cross and Colindale will put additional pressure on the capacity of the surrounding GP practices as more people move into the area. → Part of the re-development of the Brent Cross locality should incorporate a new health facility → There is also capacity for further growth in the Cricklewood HC in the south of the borough". It concluded that "Based on the predicted population growth of 26,991 residents over the next 7 years in Barnet it is estimated that Barnet will need an additional 15 GP FTE and 19 GP and Nurse FTE combined".

The information in the above paragraph has been apparently updated in a document entitled Draft Barnet Infrastructure Delivery Plan CIL Submission Update 12 August 2021. This outlines the following:

“Colindale Regeneration zone – A new primary Care and Community Care facility: • Estimated Scheme Completion: 2023 – 2024

Brent Cross Regeneration zone – A new Primary and Community Care facility: • Estimated Scheme Completion 2026-28”

It does not mention Grahame Park.

**The question we wish to ask is three parts:**

- A) What is the number of GP Full Time Equivalents practising in Barnet currently expressed as a total number and number per 100,000 residents?
- B) What is the number of GP Full Time Equivalents required in Barnet in 2030 to maintain the resident/GP ratio and who is responsible for this calculation?
- C) What is the plan to get from A to B?

The group is looking forward to receiving the response from HWB and, in advance, thanks you for it.

# REDACTED

Redacted

Co - Chair

**Health and Wellbeing Board abbreviations – July 2022**

AGENDA ITEM 6

<b>AOT</b>	Adolescent Outreach Team
<b>ACT</b>	Adolescent Crisis Team
<b>ACE</b>	Adverse Childhood Events
<b>ASC-FR</b>	Adults Social Care Finance Return
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ASC</b>	Autism Spectrum Condition
<b>BACE</b>	Barnet. Active. Creative. Engaging. Holidays!
<b>BAME</b>	Black, Asian and Minority Ethnic Groups
<b>BAS</b>	Barnet Adolescent Service
<b>BASB</b>	Barnet Adults Safeguarding Board
<b>BBP</b>	Barnet Borough Partnership
<b>BCF</b>	Better Care Fund (NHS and local government programme which joins up health and care services so people can manage health, live independently and longer)
<b>BEH MHT</b>	Barnet, Enfield and Haringey Mental Health Trust
<b>BOOST</b>	Burnt Oak Opportunity Support Team (multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team)
<b>BOP</b>	Barnet On Point
<b>BSP</b>	Barnet Suicide Prevention Partnership
<b>CAF/CASS</b>	Children and Family Court Advisory and Support Service
<b>CAW</b>	Case Assistant Worker
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CC2H</b>	Barnet Care Closer to Home
<b>CCG</b>	Clinical Commissioning Group
<b>CCS</b>	Concepts care solutions
<b>CDOP</b>	Child Death Overview Panels
<b>CEAM</b>	Child exploitation and missing tool
<b>CEPN</b>	Barnet Community Education Provider Networks
<b>CHIN</b>	Care and Health Integrated Networks
<b>CETR</b>	Care, Education and Treatment Reviews
<b>CLCH</b>	Central London Community Healthcare
<b>CNWL</b>	Central and North West London NHS Foundation Trust
<b>CRAT</b>	Carer Recruitment and Assessment Team
<b>CVD</b>	Cardiovascular Disease
<b>CWP</b>	Children's Wellbeing Practitioners
<b>CYP</b>	Children and Young People
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DCT</b>	Disabled Children's Team
<b>DPR</b>	Delegated Powers Report
<b>DPP</b>	Diabetes Prevention Programme
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DPH</b>	Director of Public Health
<b>CWP</b>	Children and Young People Wellbeing Practitioners

<b>DSH</b>	Deliberate Self Harm
<b>DIT</b>	Dynamic Interpersonal Therapy
<b>DOT</b>	Direction of Travel status
<b>DRP</b>	Disability and Resource Panel
<b>DToC</b>	Delayed Transfer of Care
<b>EIA</b>	Equality Impact Assessment
<b>EHC</b>	Emergency Hormonal Contraception
<b>EET</b>	Education, employment and training
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Electronic Prescription Service
<b>FAB</b>	Fit and Active Barnet
<b>GLA</b>	Greater London Authority
<b>HCA</b>	Health Care Assistants
<b>HCC</b>	Healthier Catering Commitment
<b>HEE</b>	Health Education England
<b>HEP</b>	Health Education Programme
<b>HEYL</b>	Healthy Early Years London
<b>HLP</b>	Healthy London Partnership
<b>HSL</b>	Healthy Schools London Programme
<b>JEG</b>	Joint Executive Group (Health and Wellbeing Board)
<b>IAPT</b>	Improving Access to Psychological Therapy
<b>iBCF</b>	Improved Better Care Fund (Additional money given directly to local government)
<b>ICB</b>	Integrated Care Board
<b>ICS</b>	Integrated Care System <b>OR</b> Integrated Care Strategy (2022 onwards)
<b>ICP</b>	Integrated Care Partnership
<b>IPC</b>	Infection Prevention and Control
<b>IPS</b>	Individual Placement Support
<b>IPT</b>	Intensive Psychotherapy Treatment
<b>IRIS</b>	Identification and Referral to Improve Safety
<b>IRO</b>	Independent Reviewing Officer
<b>JCEG</b>	Joint Commissioning Executive Group
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JOY</b>	Joining Old and Young
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>KM</b>	Kilometre
<b>Kooth</b>	Online Counselling and Emotional Wellbeing
<b>KPI</b>	Key Performance Indicators
<b>LACS</b>	Local Authority Children's Services
<b>LCRC</b>	London Coronavirus Response Cell
<b>LCS</b>	Locally Commissioned Service
<b>LD</b>	Learning Disabilities
<b>LGA</b>	Local Government Association



<b>LGD</b>	Local government declaration of sugar reduction and healthier eating
<b>LOMP</b>	Local Outbreak Management Plan
<b>LOS</b>	Length of Stay
<b>LOCP</b>	COVID-19 Local Outbreak Control Plan
<b>LCS</b>	Locally Commissioned Service
<b>LTC</b>	Long Term Conditions
<b>LTP</b>	Local Transformation Plan
<b>MDT</b>	Community Multi-Disciplinary Team model
<b>MTFS</b>	Medium Term Financial Strategy
<b>MASH</b>	Multiagency Safeguarding Hub
<b>MHFA</b>	Mental Health First Aid
<b>MIT</b>	Market Information Tool
<b>MHST</b>	Mental Health Support Team
<b>MOMO</b>	Mind of my own app
<b>NCL (CCG)</b>	North Central London Clinical Commissioning Group: Barnet, Camden, Enfield, Haringey and Islington
<b>NCMP</b>	National Child Measurement Programme
<b>NDPP</b>	National Diabetes Prevention Programme
<b>NEL</b>	North East London
<b>NHS E/I</b>	National Health Service England/Improvement
<b>NP</b>	Non-Pharmaceutical Interventions
<b>OCHT</b>	One Care Home in-reach Team
<b>OT</b>	Occupational Therapist
<b>OHS</b>	Occupational Health Service
<b>PBS</b>	Positive behaviour support
<b>PEP</b>	Personal education plans
<b>PPE</b>	Personal Protective Equipment
<b>PSED</b>	Public Sector Equalities Duty
<b>PSR</b>	Priorities and Spending Review
<b>PCN</b>	Primary Care Network
<b>PMHW</b>	Primary Mental Health Worker
<b>PQA</b>	Performance and Quality Assurance
<b>RAG</b>	Red Amber Green rating
<b>REACH</b>	Resident, Engaged, Achieving Children Hub
<b>RMN</b>	Registered Mental Health Nurse
<b>RFL</b>	Royal Free London
<b>SEAM</b>	Sexual Exploitation and Missing
<b>SENCO</b>	Special Educational Needs Coordinator
<b>SEND</b>	Special Educational Needs and Disabilities
<b>STP</b>	Sustainability and Transformation Partnerships
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>SPA</b>	Sport and Physical Activity
<b>QAM</b>	Quality Assurance Monitoring Panel

<b>QIPP</b>	Quality, Innovation, Productivity and Prevention Plan
<b>QIST</b>	Quality Improvement Support Team
<b>QWELL</b>	Online support for professionals and parent/carers/staff
<b>S7</b>	Significant Seven Training to support staff in early identification of deterioration of patients
<b>SAB</b>	Safeguarding Adults Board
<b>SAC</b>	Safeguarding Adult's Collection
<b>SALT</b>	Short and Long Term support
<b>SARG</b>	Safeguarding Adolescents at Risk Group
<b>SCAN</b>	Service for children and adolescents with neurodevelopmental difficulties
<b>SEND</b>	Special Educational Needs and Therapy
<b>SENDIASS</b>	Special Education Needs and Disabilities Information, Advice and Support Services
<b>SMILE</b>	School Meals Initiative Learning healthy Eating
<b>STP</b>	Sustainability and Transformation Plan
<b>STPP</b>	Short Term Psychoanalytic Psychotherapy
<b>TOR</b>	Terms of Reference
<b>TTT</b>	Test, Track and Trace
<b>UASC</b>	Unaccompanied Asylum-Seeking Children and Young People
<b>VARP</b>	Vulnerable Adolescents at Risk Panel
<b>VAWG</b>	Violence Against Women and Girls
<b>VCS</b>	Voluntary and Community Sector
<b>VCSE</b>	Voluntary, Community and Social Enterprise
<b>VOC</b>	Variants of Concern
<b>VCSE</b>	Voluntary Community and Social Enterprise
<b>YCB</b>	Your Choice Barnet
<b>YOT</b>	Youth Offending Team
<b>WDP</b>	Westminster Drug Project
<b>WHO</b>	World Health Organisation

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

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

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
<b>14 July 2022</b>			
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
<b>Deep Dive</b>			
Joint Health and Well Being Strategy Implementation Plan Priority 3 – Ensuring delivery of coordinated and holistic care, when we need it	The Board to comment on and note progress in this area, and identifies further strategic opportunities for delivering this priority	Chair and Vice Chair of the HWB	Deputy Director, Public Health – LBB (Julie George)  Director of Integration (Barnet Borough), North Central London Integrated Commissioning Board (ICB) (Colette Wood)
Cardiovascular Disease Prevention Programme and Action Plan	The Board to comment on and approve the programme and action plan	Director of Public Health and Prevention	Julie George / Lily Barnett (Barnet Officer)
<b>Business items</b>			
Living with COVID19 and other communicable diseases (Verbal)	The Board to note and comment on the report	Director of Public Health and Prevention	Director of Public Health and Prevention Vice Chair of the HWB

Subject	Decision requested	Report Of	Contributing Officer(s)
North Central London Integrated Care System and Future Role of Health and Wellbeing Board (Verbal)	The Board to note and comment on the report	Chair of Health and Wellbeing Board  Director of Integration (Barnet Borough), North Central London Clinical Commissioning Group	
NCL NHS Update on Mental Health and Community Services Review	The Board to note and comment on the report	Director of Integration (Barnet Borough), North Central London Clinical Commissioning Group	Alexander Smith Director of Transformation, North Central London ICB  Daniel Morgan, Interim Director of Aligned Commissioning (MH, LD/ Autism and CYP), North Central London ICB
NCL Start Well Consultation	The Board notes the report, and makes comments as part of the consultation process	Chief Development & Population Health Officer Designate, North Central London ICB	Chloe Moralesoyarce Anna Stewart; North Central London ICB
SEND Inspection and Action Plan	The Board to note and comment on the outcome of the inspection, and the Action Plan	Executive Director of Children and Families	Assistant Director Joint Commissioning, CCG, Chief Executive BELS
FAB (Fit and Active Barnet) Strategy – Year 1 Delivery	The Board notes and comments on the Year 1 Action Plan	Executive Director of Adults and Health	Service Manager – Sport & Physical Activity (Courtney Warden)

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Pharmaceutical Needs Assessment (PNA) – Consultation	The Board to note the start of consultation and delegation arrangement.	Director of Public Health and Prevention	Public Health Performance Analyst (Jeremy Hooper)
Suicide Prevention Strategy Annual Update	The Board notes and comments on the Annual Update on the Strategy	Director of Public Health and Prevention	Senior Health Improvement Specialist (Seher Kayikci)
<b>29 September 2022</b>			
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
<b>Deep Dive</b>			
Neighbourhood Review – Grahame Park	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
<b>Business items</b>			
Joint Strategic Needs Assessment (JSNA) Refresh – Barnet	The Board notes and comments on the report, and agrees the recommendations put forward.	Director of Public Health and Prevention	Public Health Performance Analyst (Jeremy Hooper)

Subject	Decision requested	Report Of	Contributing Officer(s)
Joint Health and Wellbeing Strategy – Year 1 Performance, and Year 2 Implementation Plan	The Board notes and comments on the report and agrees the recommendations put forward	Chair and Vice Chair of the HWB	Health and Wellbeing Policy Manager (Claire O’Callaghan)
Director of Public Health Annual Report	The Board notes and comments on the report and agrees the recommendations put forward	Director of Public Health and Prevention	
Progress on Barnet Prevention Framework	The Board notes and comments on progress on the Framework, and identifies any further strategic direction required.	Director of Public Health and Prevention	
Future of Health & Wellbeing Board	The Board agrees the recommendations on the future role and membership of the Barnet Health and Wellbeing Board.	Chair and Vice Chair of the HWB	Director of Public Health and Prevention  Director of Integration (Barnet Borough), North Central London Clinical Commissioning Group (Colette Wood)
Dementia Strategy	The Board notes and comments on the draft Dementia Strategy.	Executive Director for Adults and Health	Senior Commissioning Officer (Jo Kamanu)

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Pharmaceutical Needs Assessment (PNA) – Final Version	The Board notes the final version, and its recommendations	Director of Public Health and Prevention	Public Health Performance Analyst (Jeremy Hooper)
<b>19 January 2023</b>			
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
<b>Deep Dive</b>			
Neighbourhood Review	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
<b>Business items</b>			
Better Care Fund Plan	The Board notes and comments on the plan.	Executive Director of Adults and Health	Head of Joint Commissioning - Older Adults & Integrated Care (Muyi Adekoya)
Enhanced Care in Care Homes	The Board to notes and comments on the update.	Executive Director of Adults and Health	Head of Joint Commissioning - Older Adults & Integrated Care (Muyi Adekoya)
Health and Wellbeing Needs Assessment of Rough Sleepers - Action Plan Update	The Board to notes and comments on the update.	Director of Public Health and Prevention	Public Health Strategist (Louisa Songer)



Subject	Decision requested	Report Of	Contributing Officer(s)
<b>14 May 2023</b>			
<b>Reference items</b>			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
<b>Deep Dive</b>			
Neighbourhood Review	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
<b>Business items</b>			
FAB (Fit and Active Barnet) – Year 2 Delivery	The Board notes and comments on the Year 2 Action Plan	Executive Director for Adults and Health	Service Manager – Sport & Physical Activity (Courtney Warden)

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## Health and Wellbeing Board

Thursday 14<sup>th</sup> July 2022 NDA ITEM 8

<b>Title</b>	<b>Joint Health and Wellbeing Strategy – Key Area Three Deep Dive</b>
<b>Report of</b>	Director of Public Health and Prevention & Director of Integration (Barnet Directorate)
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – Overview of Key Area Three presentation Appendix B – Progress Report on Key Area Three: Ensuring delivery of coordinated and holistic care, when we need it
<b>Officer Contact Details</b>	Julie George, Deputy Director of Public Health <a href="mailto:Julie.george@barnet.gov.uk">Julie.george@barnet.gov.uk</a> and Claire O’Callaghan, <a href="mailto:Claire.ocallaghan@barnet.gov.uk">Claire.ocallaghan@barnet.gov.uk</a>

### Summary

Key Area Three of the Barnet Joint Health and Wellbeing Strategy (JHWS) 2021 to 2025 is about ensuring the delivery of co-ordinated and holistic care to residents, when they need it.

Within this key area are three outcomes, which are:

- Support digital transformation of services
- Enable carers health and wellbeing
- Deliver population health integrated care

This report provides an update to the Board on projects underway to deliver the outcomes of Key Area Three and the work across the council to improve delivery in this area.

Appendix I is a presentation containing an overview of Key Area Three projects. Appendix II is the progress report on Key Area Three and includes progress updates on workstreams, next steps to be delivered and a log of key risk and issues.

### Officers Recommendations

1. That the Board note the Key Area Three overview presentation

2. That the Board note the progress report on Key Area Three

## 1. Why this report is needed

- 1.1 This report gives the Board an update on the activity of projects to implement Key Area Three 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 integrated and holistic services for residents. The full deep dive to Key Area Three is included as appendix I of this report.
- 1.2 The first outcome of this area is to *support digital transformation of services*. Work in this area focusses on two elements of digital transformation. The first is on the integration of data to enable health and care workers to access an integrated care record for their patients or clients and build a richer picture of population health to help direct the wider provision of services. The second focuses on increasing the use of tools and interventions to support individual-level prevention and timely accessible care, while recognising that we need to address inequalities in access to digital services.
- 1.3 The second outcome is to *enable Carers Health and Wellbeing*. Both formal and informal carers can be vulnerable to their own poor health outcomes, often prioritising the people that they care for. Action in this area focuses on how to identify informal carers; how we support both informal carers with their own health and wellbeing; understanding and addressing the changes faced by carers in the pandemic and post pandemic eras; and looking forward to developing our future strategy to support adult and young carers.
- 1.4 The third and final outcome of Key Area Three is to *deliver population health integrated care*. The purpose of this outcome is to focus on ways to make it simpler and easier for residents to access care that prevents poor health outcomes. Areas of work include:
  - the integration of care and pathways for both adults and children, considering how primary and secondary prevention can be incorporated into pathway design;
  - building neighbourhood models of service delivery, with teams of different professionals that work together for the benefit of patients/clients in a local area;
  - Ensuring the right kind of support for those with Covid and long Covid; and
  - Improving the way in which services work together to deliver support for individuals with complex health and social needs, such as being homeless, substance misusers and/or having a mental health issue.

## 2. Reasons for recommendations

- 2.1 This report provides updates on key projects and outputs for Key Area Three 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 which demonstrate progress in delivery of the overall strategy.

## 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 of the strategy as it develops.

## **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 Three 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. Key Area Three of the HWBS particularly focusses on those areas of integration where working across partners will make the greatest difference to local residents.

### **5.3 Legal and Constitutional References**

- 5.3.1 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.
- 5.3.2 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

### **5.4 Insight**

- 5.4.1 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.

5.4.2 Some of the KPIs within Key Area Three have been amended from the original approved by Board, in line with the approval to update with continuous reviews to ensure we are monitoring the correct KPIs.

5.4.3 Looking forwards, to the implementation of the strategy, data will continue to inform the actions that are performed across partners. 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

## 5.5 Social Value

5.5.1 Not applicable for this report.

## 5.6 Risk Management

5.6.1 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 when required.

## 5.7 Equalities and Diversity

5.7.1 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.

## 5.8 Corporate Parenting

5.8.1 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.

## 5.9 Consultation and Engagement

5.9.1 Not applicable for this report.

## 5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations.

## 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%202022.09.pdf>

[Appendix 1 - HWBS Action plan.pdf \(moderngov.co.uk\)](#)

[Appendix 2 - Outcomes and KPIs HWBS.pdf \(moderngov.co.uk\)](#)

Appendix B - Progress report on Key Area Three: Ensuring delivery of coordinated and holistic care, when we need it

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## PRIORITY: Support digital transformation of services

Work is underway to agree specific KPIs around digital transformation with a focus on capturing digital exclusion. There are challenges around identifying public data sources that are routine and regularly updated. Current candidates include broadband availability by postcode, number of LSOAs in Barnet that count as Census Hard to Count, and number of residents supported through digital inclusion schemes.

Overall Rating: AMBER				
Key Performance Indicator	Baseline Date	Baseline Data	Current Data	Target Data
Indicators continue to be under development in this area with the wider partnership				

### Progress Update:

#### ***Integration of data for direct patient care and population health improvement.***

North Central London Partners in Health and Care procured two digital products from Cerner for roll-out across NCL:

- London Care Record (was Health Information Exchange but now being rolled out across London and beyond now)
- HealthIntent – a population health management platform

The **London Care Record** enables health and social care staff to have one secure view of a person's relevant health and care information at the point of care. Even if a person's details are held in other London, Hertfordshire, West Essex or Milton Keynes care organisations, information can still be accessed safely and securely by their clinician or social worker. For example, if someone from Barnet (North Central London) attends the emergency department at Chelsea and Westminster Hospital (North West London), staff directly involved in their care can access the information they need to treat and care for that person quickly and safely. This could include information on allergies, current medications, existing long-term conditions, or hospital admissions. Information is transferred securely, via a health information exchange system - this enables more effective care at the first point of contact.

The London Care Record had over 1 million views in May 2022, by over 49,000 unique users and the programme is working to increase this usage. The number of health and care settings using it, including care homes, is being expanded, as are the number of digital systems connected to it. The main local statutory health and care partners are party to the London Care Record, including local GP practices and the GP Federation, the Royal Free Group, London Borough of Barnet, Central London Community Healthcare Trust, and Barnet Enfield and Haringey Mental Health Trust, amongst others.

**HealthIntent** is a digital platform that will allow health and care professionals in NCL to be more proactive in the care of clients, patients and communities. It is an essential tool to enable more integrated working between different care teams, to improve care and outcomes for clients, patients and communities, and to reduce health inequalities.

The digital platform links elements of health and care information from different sources (GPs, acute hospitals, mental health and community trusts, adult social care) and enables



health and care professionals to manage and plan care for individuals and groups of patients in relation to health or social care in 'near real' time – the data is refreshed every 24 hours. Health and care professionals directly involved in a patient or client's care can view the person's joined-up record, showing information collected by different care teams over time. The joined-up record helps to spot trends, concerns or gaps in care for both individuals and groups of patients, and inequalities in access and outcomes.

Teams across NCL have been using HealthIntent to support with:

- **Flu and Covid-19 vaccinations** – particularly the identification of inequities in vaccination rates by different equalities group and by geographical location to inform community engagement and vaccine bus routes, for example.
- **Childhood immunisations** – GPs and practice nurses have been using the platform to identify children who still require vaccination.
- **Frailty and structured medications reviews** – community pharmacists have been using the platform to identify patients who have missed a review.
- **Elective recovery** – GPs have had the waiting lists for elective recovery for the first time and are working with hospitals and a wider integrated care team to proactively support those waiting for care.

In addition to the analytics and case lists that HealthIntent provided, there are also registries which are for a specific cohort (e.g. people with diabetes). These registries identify where individuals have gaps in care for evidence-based interventions. For diabetes, gaps would include having a blood glucose that is above the recommended levels or being overdue on an annual foot examination. These gaps will shortly be available to all frontline health and care professionals who are using the London Care Record. NCL wants to make a cultural shift so that there is mutual accountability for closing these gaps and we can shift towards earlier intervention.

Registries that will be available include: diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation (risk for stroke), childhood asthma, physical health checks for people with severe mental health illness and learning disabilities, high blood pressure, care after cancer, multi-morbidity, prevention, and chronic kidney disease.

### ***Digital Offer to Support Prevention and Timely Accessible Care***

Although prior to the pandemic, people were already accessing services to support their health and wellbeing online, the pandemic has had a profound impact on the way people use digital technologies, with an unprecedented growth in delivery of services online. The overarching aim in this area is to ensure that we have tools in place to support those who require services to receive pro-active, well planned, personalised care helping them to lead the happiest and healthiest lives possible.

There are a number of digital projects underway currently. North Central London (NCL) Digital Care Home programme is working with care homes to increase their access to digital tools which can improve care, whilst also working alongside care home staff to provide training. This digital care programme includes, amongst other aspects, working with care homes to:

- Increase care home connectivity,
- Invest in and pilot digital tools such as
  - remote monitoring: Using the Whzan blue box
  - acoustic technology for falls prevention.
- Meet key data security standards

A second project has been to roll out digital consultations using the e-consult form for primary care services. Patients complete key information about their current health issue in the on-line form which allows GP practices to triage patients more efficiently. This has led to an increase in the number of patients that GPs are able to speak to within 48 hours but has presented some real challenges for access for some patients who struggle to use the form. Healthwatch England produced [a report](#) which highlighted the experience of accessing GP services digitally.

Some areas of health improvement use apps or websites to support individuals to improve their own physical or mental health without needing to access NHS services first. For example, Public Health commission DrinkCoach ([www.drinkcoach.org.uk](http://www.drinkcoach.org.uk)) which helps individuals assess the risk from their alcohol consumption and be supported to reduce their levels of drinking either on their own or with an online personalised support service. For people with more complex issues, they are referred into the substance misuse treatment pathway. Public Health have also promoted use of the Staying Alive app as part of the high-profile suicide prevention campaign this year. The app provides information on support services for those in crises but also helps individuals make a safety plan and store images that are important to them. Young families have access to Ask Teddi, an early years (0-5 years of age) robo-support app, provided as part of our Healthy Child Programme contract. The Teddi app provides advice and support to families, and is built on evidence-based data, resources from trusted sources, knowledge from key subject matter experts, insights from large teams of Health Visitors and School Nurses, parenting expertise, user feedback, and advances in AI. Users can have a general conversation with Teddi, ask Teddi questions, or talk about issues or concerns they may have. There are other services such as the C-Card scheme for young people to access condoms from participating outlets and Kooth which provides on-line mental health support which support or improve children and young people's health.

### ***Address inequalities in digital access to health services***

Digital exclusion is a multifactorial issue, with a number of areas requiring intervention. Barnet Council have developed a programme to address digital exclusion. The programme includes:

- **Identifying digitally excluded residents** to target interventions through digital triage to make every contact count and provide an accurate picture of need.
- **Improving digital skills and confidence** through digital champions within frontline services and community groups providing digital skills drop-in sessions and workshops close to home.
- **Ensuring council services are accessible to all** including ensuring residents have a clear view of support on offer, and that communications and information is accessible. But also providing business support to help high street and micro-businesses take advantage of digital tools.
- **Improving digital connectivity and affordability of connections** through free fibre connections for community centres, to create a network of localised digital inclusion hubs; alongside free fibre-for-a-year for unemployed and low-income households to help them get online at home.
- **Improving access to the equipment to get online** through free refurbished laptops for residents to help with access to study and work opportunities and to build their independence online.

- **Providing jobs and employment support** through investment in digital infrastructure, including jobs, apprenticeships, and work experience opportunities in the digital and telecoms sector.

The results of the Healthwatch report mentioned above, as well as local experiences of residents collected by LBB, will be part of the CCG’s emerging sector-wide programme on digital exclusion, in which LBB are participating.

**Next Steps:**

1. Develop robust KPIs to monitor improvements in this area.
2. Further development of HealthIntent with a focus on data quality and cultural change. See below for requests for support from the Board.
3. LBB Digital Exclusion Forum to continue to promote digital skills, capabilities, and inclusion to ensure no one is left behind and all thrive in a digital era, through:
  - co-design and provide services and technology around the needs of the people using them
  - ensure staff and the public feel confident using technology, investing in digital capabilities and skills, and providing access for all
  - ensure digital inclusion and support is at the heart of the digital strategy and we leverage our technology supply chains to support digitally excluded staff, residents, and businesses
  - develop work programme with NCL ICS colleagues around digital inclusion affecting access to health and care
4. Continue to deliver the NCL Digital Care Home Project in Barnet
5. Continue to adapt the e-consult tool to reduce access issues for those adversely affected by the tool.
6. Strengthen the systematic use of health improvement apps and websites through the redevelopment of the Public Health microsite.

**Key Issues and Risks:**

Summary	Mitigating Actions	Rating
If the data used in population health systems is poor, incomplete or contradictory, front-line staff will stop using the system and population health gain will be lost.	HealthIntent team is working to secure collective commitment from local organisations as data controllers to prioritise making improvements to data quality systems, including funding resources required to do this. Support from the Board on this point is requested	AMBER
If the partnership does not focus on ensuring that all residents have the ability to electronically access to health services, then a switch to digital only methods will disenfranchise some people, and	<ul style="list-style-type: none"> <li>- Partnership focusses on delivering programme of overcoming digital barriers for residents accessing services</li> <li>- Alternative non digital methods of accessing services remain in place</li> </ul>	AMBER

Summary	Mitigating Actions	Rating
potentially have a negative impact on their health and wellbeing	for those who are unable to access them digitally	

***Support Requested from Health and Wellbeing Board:***

1. Realising the benefits of new population health management tools requires care teams to work differently together and to adopt the tools, as well as wider cultural change for mutual accountability and responsibility for closing gaps in care. While there is an increasing focus on the conditions for adoption of these tools across the system, support from the Board is requested to ensure further development in this area is aligned with the emergence of the ICB and place-based partnerships.
2. Realising the benefits of new population health management tools requires care teams to work differently together and to adopt the tools, as well as wider cultural change for mutual accountability and responsibility for closing gaps in care. While there is an increasing focus on the conditions for adoption of these tools across the system, there needs to be further development in this area aligned with the emergence of the ICB and place-based partnerships.
3. Individual organisations are asked to support the ICS digital exclusion work to ensure that inequalities are not increased through wider roll-out of digital services.

## PRIORITY: Enable carers health and wellbeing

<b>Overall Rating: GREEN</b>				
Key Performance Indicator	Baseline Date	Baseline Data	Current Data	Target
Number of carers registered with their GP	2021	12,125	12,297 ↑ (June 2022)	12,500
Proportion of carers who feel socially isolated	2018/2019	26%	25% ↓ (2021/22 Survey)	20%

### Progress Update:

#### ***Identifying informal carers unknown to health and social care***

During the pandemic, a collaboration between the council, the Carers Centre and Adult Social Care, identified a significant number of additional carers who were previously unknown to health and social care. This work not only ensured that they could access the COVID vaccination which was offered to carers before the general population but also means they are now aware of the support and further assessment offer (see below). A priority focus for Barnet Carers Centre under their new contract (from 1<sup>st</sup> April 2022) is to ensure that the service reaches the borough's diverse carer population from a range of ethnic backgrounds, social circumstances and age profiles.

#### ***Support for informal carers***

The council commissions Barnet Carers Centre to deliver a holistic support offer to informal carers of all ages. The service offers a range of peer and group support to help sustain people in their caring role through access to information and advice, training opportunities, emotional support, social contact and informal respite. The service also delivers carers assessments on behalf of the council, which is an opportunity to discuss and plan how the carer can be supported to best manage their own health and wellbeing. Where there is an assessed need, a carer's budget will be offered. This could be used to fund health and wellbeing support, such as massage therapy or to purchase a laptop to facilitate access to online exercise classes and promote social inclusion.

In addition to the Carers Centre, there are a number of other voluntary community and faith sector partners across the borough who provide support to carers who are collaborating on strategy development.

#### ***Support for care staff***

All care staff working in Barnet are encouraged to sign up to [Proud to Care Rewards](#) which offer members a range of savings and benefits. The Informal Carers Network for Council staff provides (online) peer support, information and advice to Barnet Council staff members who have an informal caring role.

Commissioned care providers are required to have robust support arrangements in place for their staff, for example opportunities to reflect and debrief following an incident.

#### ***New Carers Strategy for Barnet***

Barnet's all-age carers strategy is being refreshed in 2022/23 in co-production with local residents. The strategy will ensure that the voice of carers is heard in the review and future

shaping of the support offer to informal carers in Barnet. Amongst other things, the strategy will reflect upon:

- Identification of informal carers, including young carers
- Equity of access for minoritized communities
- Support for carers to look after their own health and wellbeing
- Social connectedness amongst carers

The strategy is due to be presented to Adults and Safeguarding Committee, and the relevant bodies/partnerships for Children’s in March 2023, with a draft due in late 2022.

***Address the COVID risk to staff from Black, Asian, and other minority ethnic groups***

Information about how to protect against Covid19 and its effects has been regularly communicated through forums targeting employees in public sector organisations. One of the main ways of protecting against the impact of Covid19 is to be vaccinated. Information has been produced in a variety of different languages and circulated to voluntary groups, as well as outreach events held in areas where there are higher proportion of BAME communities.

**Next Steps:**

1. A carers steering group has been established and is meeting regularly in order to drive forward the refresh of the carers strategy (it also acts as the carers workstream of Adult Social Care reform programme);
2. An engagement plan has been drawn up to drive the refresh process, including workshops with carers and young carers of all ages to develop strategy, and other methods of engagement in order to reach the widest possible audience.

**Key Issues and Risks:**

<b>Summary</b>	<b>Mitigating Actions</b>	<b>Rating</b>
Other system pressures occur, leading to the loss of momentum on identifying and connecting informal carers to services to support them, resulting in carers not being supported and their health and wellbeing suffering No Board level risks identified	<ul style="list-style-type: none"> <li>- Continue and build on funded service with Barnet Carers Centre</li> <li>- Continued development work with carers groups to inform the partnership of the picture on the ground</li> <li>- Carers Strategy update to understand what is working currently, and what needs to be a priority in future</li> </ul>	GREEN

**Support Requested from Health and Wellbeing Board:**

1. Board members asked to assist identifying informal carers amongst their staff so they can access the support available and to feed into strategy when asked for their input.

## PRIORITY: Deliver population health integrated care

Further work is needed to agree KPIs which measure integration of services and the impact this integration has on residents' health and wellbeing. Early diagnosis of cancer is a good proxy measure for how well the system including preventative care are working together to deliver integrated care.

<b>Overall Rating: GREEN</b>				
Key Performance Indicator	Baseline Date	Baseline Data	Current Data	Target Data
Stage of diagnosis for Cancer/Percentage of cancer diagnosed at stages one and two	2018	57.9%	National reporting on indicator stopped during C19 pandemic	75% by 2028
Emergency admissions from ambulatory care sensitive conditions	March 2021	6,971	Awaiting confirmed data	6,500
Resident satisfaction on overall care and perceived integration/joined up care	New indicator	New indicator – no baseline available	New indicator	New indicator
Carer satisfaction - overall care and perceived integration/joined up care	New indicator	New indicator	New indicator	New indicator
Staff satisfaction – overall care and view of integrated working	New indicator	New indicator	New indicator	New indicator

Nick Goodwin, in a paper on [Understanding Integrated Care](#) identifies that integration can be described in the following ways:

- the *type* of integration (i.e. organisational, professional, cultural, technological);
- the *level* at which integration occurs (i.e. macro-, meso- and micro-);
- the *process* of integration (i.e. how integrated care delivery is organised and managed);
- the *breadth* of integration (i.e. to a whole population group or specific client group); and

- the *degree or intensity* of integration (i.e. across a continuum that spans between informal linkages to more managed care co-ordination and fully integrated teams or organisations).

Integration can also take a number of key forms:

- *Horizontal integration.* Integrated care between health services, social services and other care providers that is usually based on the development of multi-disciplinary teams and/or care networks that support a specific client group (e.g. for older people with complex needs)
- *Vertical integration.* Integrated care across primary, community, hospital and tertiary care services manifest in protocol-driven (best practice) care pathways for people with specific diseases (such as COPD and diabetes) and/or care transitions between hospitals to intermediate and community-based care providers
- *Sectoral integration.* Integrated care within one sector, for example combining horizontal and vertical programmes of integrated care within mental health services through multi-professional teams and networks of primary, community and secondary care providers;
- *People-centred integration:* Integrated care between providers and patients and other service users to engage and empower people through health education, shared decision-making, supported self-management, and community engagement; and
- *Whole-system integration:* Integrated care that embraces public health to support both a population-based and person-centred approach to care. This is integrated care at its most ambitious since it focuses on the multiple needs of whole populations, not just to care groups or diseases.

The Barnet partnership has examples of a range of different integrated provision which is already established, as well as further work ongoing to increase the extent and the depth of integration. Our ambition that we are working to is whole-system integration, so it can streamline the journey of all residents, and capitalise on opportunities to support them to prevent ill-health and improve their overall health and wellbeing.

In the section below, we describe both existing integration of services and current transformation underway.

### **Existing Work**

<b>Type of integration</b>	<b>Examples in Barnet</b>
Shared priorities and outcomes across the population	<ul style="list-style-type: none"> <li>• Barnet Borough Partnership</li> <li>• Joint Health and Wellbeing Strategy</li> </ul>
Shared strategies, priorities and outcomes, focussed on particular group(s)	<ul style="list-style-type: none"> <li>• Dementia Strategy</li> <li>• All-ages Autism Plan</li> <li>• Children and Young People’s Plan</li> <li>• SEND Strategy</li> <li>• Carers and Young Carers Strategy</li> </ul>
Virtual and In Person Multi Disciplinary Teams	<ul style="list-style-type: none"> <li>• Adults and Children’s Multi-Agency Safeguarding Hubs (MASH) – brings partners together to ensure collaboration and consistency when responding to safeguarding concerns.</li> <li>• Multi-Agency Adults risk panel – provides a forum for partners to come together and discuss joint approaches to high risk cases.</li> </ul>



Type of integration	Examples in Barnet
	<ul style="list-style-type: none"> <li>• 0-19 Early Help Hubs – co-location and co-delivery of Early Help to children and families, including Health Visitors, schools and appropriate VCS organisations</li> <li>• Dementia Multi-Disciplinary Team (MDT)</li> <li>• Care (Education) and Treatment Reviews (MDT)</li> <li>• Paediatric Multi-Disciplinary Team (MDT) sessions enable joint collaborative discussions which continues to scale and develop in PCNs within Barnet, in collaboration with local Consultant paediatricians from Royal Free NHS Foundation Trust.</li> <li>• Frailty Multi-Disciplinary Team (MDT) provides personalised, proactive and holistic care for patients over 65 years who are (or at risk of) moderately and severely frail. The team continue to work on the referral pathway and clinical model of the pan Barnet Frailty MDT model, which it intends to launch in the summer of 2022</li> </ul>
Borough Wide Sectoral integration / aligned working	<ul style="list-style-type: none"> <li>• Integrated discharge team – LBB, CLCH, NCL CCG/ICB – A collaborative approach to ensuring adults have the right care and support put in place quickly to allow them to leave hospital as quickly and safely as possible.</li> <li>• Integrated Adults learning disability team – LBB, CLCH and BEH MHT. A joint team that brings together health and social care practitioners to provide holistic services to adults with a learning disability.</li> <li>• Admission prevention service at the front door to emergency department at Barnet Hospital (BH) and other hospital sites – LBB/BH. A new team being trialled this year to more quickly intervene and avoid hospital admissions through social care interventions.</li> <li>• Integrated community equipment service– LBB and NCL CCG. The council and CCG have jointly commissioned a service that all health and social care professionals can effectively utilise.</li> <li>• Mental Health teams / services – LBB, BEH MHT, VCS. The health and social care teams across health and social care, alongside VCS colleagues, work closely to join up services for adults in Barnet.</li> <li>• 0 – 25 Tripartite Panel – LBB, BELS (Barnet Education and Learning Service) and NCL CCG/ICB</li> </ul>
Borough/Cross borough Joint Appointments and Pooled Budgets	<ul style="list-style-type: none"> <li>• Director of Integrated Commissioning – LBB and NCL CCG/ICB</li> <li>• Adults Joint commissioning team – LBB and NCL CCG/ICB</li> <li>• Better Care Fund - LBB and NCL CCG/ICB</li> <li>• NCL Public Health Team – NCL ICS / NCL DPHs</li> </ul>

***Transformational Work Currently Underway***

*Integrated Health Services for Children and Young People*

Children's and Young People priorities will be driven by the Barnet Borough Partnership Integrated Care Strategy for Children and Young People (currently in development) and overseen by the Children & Young People's Partnership Board. Existing programmes are listed above. New areas currently being developed / rolled out are summarised below

#### Paediatric Multi-Disciplinary Team

These Multi-Disciplinary Team (MDT) sessions enable joint collaborative case-based discussions with secondary care Consultant Paediatricians, early years representatives and primary care GP's, to help facilitate early expert advice and care and provide education and support to primary care clinicians to enable enhanced care in the community. Sessions are taking place in two Primary Care Networks (PCNs) currently, with local Consultant paediatricians from Royal Free NHS Foundation Trust. The sessions have been favourably received and have received excellent engagement from secondary care colleagues. The Barnet Borough Partnership (BBP) team are reviewing the scope to expand further to CAMHS support and wider roles such as social prescribing link workers and supporting further rollout across the borough. The number of children seen by the team will be published in July 2022.

#### Long Term Condition Work – Asthma exemplar

CYP partners are progressing integrated approaches whereby services work together to mitigate the impacts of asthma on school attendance and other aspects of Children and Young People development. Part of this work is ensuring LBB strategies and services consider the impacts on Children and Young People with asthma, for example environmental strategies and approaches to improving the quality of housing provision.

#### Children and Young People Mental Health & Wellbeing Strategy

A Barnet-focused strategy is currently being drafted and a Mental Health & Wellbeing Partnership Board established with the aim of bringing together the whole system to develop an integrated coherent offer to children and young people which also addresses wait times.

#### SEND – Integrated Therapies

The LA, CCG and Lead Provider continue to work together to develop the service offer to Children and Young People and to early years settings, mainstream and special schools so that interventions are delivered in an integrated way within settings.

#### SEND - Autism and Child Development Centre

As part of the Autism All-Ages Plan, a cross-service project is developing integrated pathways and seeking to ensure that teams of different specialists are co-located. When all plans come to fruition, the Centre will enable families to access a range of services and support from the same location.

#### *Integration of Clinical Pathways for Adults, including Primary and Secondary Prevention*

#### Frailty Multi-Disciplinary Team (MDT)

The Frailty MDT approach provides personalised, proactive and holistic care for patients over 65 years who are (or at risk of) moderately and severely frail. PCN2 ran a pilot frailty MDT to develop processes and assess impact, while PCN 5 did similar with a dementia MDT approach. Both pilots included the Adult Social Care Prevention and Wellbeing team as part of the model. The Barnet Frailty Working Group have now reviewed this model and others from across the system and engaged with stakeholders to design a finalised model and identified workforce needed to take this work forward. Central London Community Healthcare are recruiting to new roles to enable a new, dedicated pan-Barnet Frailty MDT, including dementia nurses and advisors and frailty nurses/ case managers and therapists, to support MDT meetings, case management and proactive care in the community with continued engagement and support from secondary care and voluntary care sector to ensure a holistic, integrated model. This model will launch across all PCNs in the summer of 2022.

#### Cardiovascular Disease (CVD) Prevention Integration with new LTC Locally Commissioned Service

A new NCL Local Care Service focusing on Long Term Conditions (LTC) is being developed for North Central London, intended for introduction in 2022/2023. Primary care clinical representatives (commissioner and provider) across NCL and London-wide Medical Committee, supported by Public Health, are involved in the development of the new service, which will focus on metabolic and respiratory conditions and builds on the excellent examples of LTC care already in place in NCL. It aims to streamline monitoring and support for people with a Long-Term Condition, with a view to improving their health and reducing the impact of their condition.

The new Cardiovascular Disease Prevention (CVD) Programme provides a whole-system approach to supporting the CVD aspects of the LTC LCS, integrating primary and secondary prevention into these pathways. The programme includes workstreams to co-ordinate general population awareness of CVD, to address the behavioural risk factors for CVD, bringing in community pharmacy as well as general practice for clinical risk factor management, and supporting individuals to sustain their behaviour change through peer support and other programmes. A pan-Barnet Task and Finish Group is overseeing the development and implementation of the programme, with wide-ranging membership.

Key to the plan is addressing health inequalities, especially the greater risk and worse outcomes of CVD for local residents from Black African, Black Caribbean and South Asian communities. A joint partnership bid between Inclusion Barnet and Public Health, supported by the Barnet Borough Partnership, has been designed to develop an integrated peer-support approach to CVD prevention and management, called Healthy Heart Peer Support. The project focusses on providing support to these residents to educate themselves and others on CVD prevention and management starting initially with hypertension management. The Peer Support Team leader and Peer Support Workers have been recruited and are currently developing the work programme.

Barnet is also represented on the NCL CVD and Stroke Prevention workstream to ensure that local voices are heard in that forum and local place-based initiatives are in line with sector-level work.

#### Continued Development of Pathways for Long Covid

Work to develop appropriate clinical pathways for Long COVID have continued as the understanding of this condition, also known as Post-COVID Syndrome (PCS), has

developed. The pathway has been developed by the NCL Long COVID Steering Group, informed the NCL PCS Needs Assessment. The needs assessment was initially undertaken in August 2021 and most recently updated in June 2022. It has been informed by the extensive report published by Healthwatch in all five NCL local authorities, entitled [People's experience of Long Covid in North Central London | Healthwatch](#).

A crude estimate of cases of Long COVID in Adults in Barnet are 3,027 men and 4,286 women, using the ONS prevalence of 1.54% of men and 2.15% in women combined with local population figures. Similar synthetic estimates have been produced for age groups, deprivation areas and ethnic groups in Barnet, using the ONS survey results. There are no Barnet figures available for primary-care-diagnosed cases since this data was not available to the NCL Commissioning Support Unit. Elsewhere in NCL there is a significant gap between primary care diagnosis and the estimated prevalence. It should be noted that Long COVID is more likely in unvaccinated individuals as well as those with a variety of other risk factors such as being female, being middle-aged, larger number of symptoms during acute COVID phase, higher BMI, and pre-existing long-term conditions, especially asthma.

The NCL PCS service for Adults (aged 18+), in line with NICE guidance on PCS, consists of:

1. **Identification** (in acute and primary care)
2. **Assessment** in primary care
3. **Onward referral** through a single point of access (SPA) to:
  - Specialist UCLH Clinic
    - Specialist secondary care
  - Community rehabilitation
    - Physiotherapy
    - Psychological therapy
    - Fatigue Management
  - Supported self-management and digital platforms

To date, the specialist service at UCLH has assessed 1585 NCL patients, 72% of whom were referred by primary care. The demographics of these patients were broadly in line with ONS estimates. 47% went on to be receive rehabilitation services, 17% support from social care or the voluntary sector and 14% referred for self-care. The remainder are still being assessed.

The Healthwatch report identified impacts of Long Covid on health, life and healthcare experiences. The Long COVID Steering Group has developed an action plan to address the issues raised in the Healthwatch reports which is currently being implemented, along with other improvements to streamline the pathway. Health Champions have also been active in promoting the care pathway as well as approaches to self-care using NHS resources.

#### *Build on the neighbourhood model of service delivery*

Barnet Borough Partnership has set up a programme board to lead the programme, and is currently working through the principles and developing a shared understanding of what neighbourhoods are and the future ways of working. Public Health and the LBB Strategy Team are co-leading developing an example of neighbourhood working on the Graham Park estate. Building on a joint needs assessment, work is underway to develop more localised programmes addressing the priorities identified by the needs assessment.

#### *Reducing the impact of COVID and LTC on BAME communities in Barnet*

The focus of the partnership over the past 12 months has primarily been about raising both awareness of Covid19, and the Covid19 vaccine. This has led to a range of programmes to improve understanding and countering misinformation about Covid19 and the Covid19 vaccine. Work has been delivered through the:

- Health Champions programme, which has involved people of different cultures and communities to share messages about COVID and increasingly about other health topics that support COVID resilience such as CVD and mental health.
- Infographics and videos prepared in different languages and shared via different channels
- Outreach virtual and in-person events held with communities who are lower take up of the vaccination, e.g. Romanian community

Significant funding (£485,000) from the Department of Levelling Up, Housing and Communities (DLUHC) was secured to further address inequalities in COVID vaccine take-up. The COVID Vaccine Champions programme is embedding Health Ambassadors within community organisations in communities with the lowest uptake to work with local residents to address COVID vaccine confidence but also help with other health issues.

*Support those with complex needs (homeless, substance misuse and/or mental health) by ensuring rapid access to care in the most appropriate way*

To appropriately address the needs of street homeless people in Barnet through the pandemic, a multi-agency partnership task and finish group was established. This group developed a [needs assessment](#) to understand the support needs and complexities of this group, and a partnership [workplan](#) was developed. This work has been reported to the HWBB previously.

The partnership group has worked collaboratively to embed the new rough sleeping substance misuse team and ensure pathways work effectively. The team are funded through a grant from the Office of Health Inequalities and Disparities and consists of a lead nurse, a substance misuse worker, and a floating support worker employed by Change Grow Live (the local substance misuse provider), a complex needs worker employed by BEH MH Trust, and a Romanian speaking worker employed by local VCS organisation Romanian Culture and Charity Together. Although the team are employed by three different organisations, they work to the same line manager and within a single service. This ensures the service is truly multi-disciplinary. The team co-locate with local homeless organisations such as Homeless Action in Barnet and work alongside Barnet Homes in a task orientated way. Service users benefit from a rapid, holistic approach which addresses their physical health, mental health, substance misuse and housing issues in a proactive manner.

In addition, NCL CCG are reviewing the locally commissioned homeless health services. A new service specification has been drafted that will transform the current specialist service to a more holistic and multidisciplinary offer. The specification supports improved pathways to broader health, mental health and wellbeing services. Furthermore, practices will be encouraged to sign up to a new specification which supports them to deliver the “safe surgery” model. Safe Surgeries recognise the barriers to healthcare access that exist, particularly for migrants and homeless people in vulnerable circumstances, and believe that small changes in practice can make a difference. They are willing to lead by example and work to ensure that nobody in their community is excluded.

Mental health access remains a significant challenge for people who are homeless. This was a theme echoed throughout the health needs assessment. Service users and staff working in

homelessness services report that the pathways are difficult to navigate and not responsive for the client group. The Barnet Safeguarding Adults board is currently conducting a review relating to the potentially avoidable death of an individual with a recent history of long-term homelessness and a second recent death of a homeless person will also be referred to the board. Learnings from these deaths will be noted in the Homeless Health Action Plan.

**Next Steps:**

1. Continue to work to develop relevant KPIs for this complex area of work.
2. Integrated Health Services for Children and Young People
  - Integrated Therapies - Continue to work together to develop solutions to reduce wait times for assessment and treatment including early intervention, SEN support and delivery of specified provision in EHCPs.
  - Integrated Paediatric Clinics – Expand the number of integrated primary and secondary paediatric clinics into two more PCNs in Summer 2022.
  - Mental Health – Finalise the Children and Young People Mental Health & Wellbeing Strategy
3. Frailty MDT, Cardiovascular Prevention Programme, and the LTC LCS
  - Expansion of both teams to more Primary Care Networks to take place in Summer 2022
  - Continue development of the service specification, and transition to the new delivery model in 2022/23
  - Implementation of the CVD Prevention Programme, once approved by the HWBB
4. Neighbourhood Model of Service Delivery
  - Confirm objectives for neighbourhood working, and develop the model of service delivery
  - Look at ways of expanding the Graham Park approach to larger geographical area.
5. Reducing the impact of COVID and LTC on local communities from different ethnic groups
6. Continue to roll out the Covid Vaccine Champions programme, adapting as lessons are learnt from early implementors.
7. Complex needs
  - Continue to identify ways to improve the way in which the mental health needs of residents with complex needs are met.

**Key Issues and Risks:**

Summary	Mitigating Actions	Rating
Providing rapid access to suitable mental health support for homeless people has been a challenge. The existing pathway is not effective for homeless people and there is no community mental health specialist offering in-reach to homelessness services.	- A complex needs role has been funded to work in the substance misuse service which will be employed by BEH. The role has failed to recruit on two occasions. The budget has been uplifted and person specification being changed to accept applications from nurses, social workers and	AMBER

Summary	Mitigating Actions	Rating
	psychologists. - A meeting has been scheduled with LB Barnet Public Health, Head of Mental Health commissioning and HAB to explore pathways.	
Support to build a relationship with Youth Justice and Police services to help them understand how to work with young adults with autism	- Explore ways of engaging with youth justice and police in this work	AMBER
Review and create an offer Mental Health in Schools and Colleges for Autistic children with mild to moderate anxiety	- Explore ways of engaging with relevant services to develop the offer	AMBER

***Support Requested from Health and Wellbeing Board:***

1. NHS Board members are asked to strengthen leadership of Early Help Assessments by Health professionals, with more Health professionals leading plans where needed

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## Health and Wellbeing Board Thursday 14<sup>th</sup> July 2022

NDA ITEM 9

	<b>Health and Wellbeing Board Thursday 14<sup>th</sup> July 2022</b>
<b>Title</b>	<b>Barnet Cardiovascular Disease Prevention Programme &amp; Action Plan</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix I – Draft Barnet Cardiovascular Disease Prevention Programme 2022-26 Appendix II – Draft Barnet Cardiovascular Disease Prevention Programme Action Plan 2022-2024
<b>Officer Contact Details</b>	Julie George, <a href="mailto:julie.george@barnet.gov.uk">julie.george@barnet.gov.uk</a> , 020 8359 4645 Lily Barnett, <a href="mailto:lily.barnett@barnet.gov.uk">lily.barnett@barnet.gov.uk</a> , 020 8359 2242

### Summary

A 4-year Cardiovascular Disease (CVD) Prevention Programme and 2-year action plan have been developed in collaboration with system partners, through the Barnet Borough Partnership CVD Prevention Task & Finish Group within the Health Inequalities Workstream. The Programme and associated Action Plan sets out 4 priority areas of focus for CVD Prevention in Barnet and a set of actions to reduce prevalence of CVD, improve management of risk factors, reduce overall premature mortality and inequalities in outcomes.

This report introduces the Barnet CVD Prevention Programme and Action Plan to the Board. Appendix I is the Draft Barnet CVD Prevention Programme 2022-2026. Appendix II is the Draft Barnet CVD Prevention Programme Action Plan 2022-2024.

### Officers Recommendations

- 1. That the Board approve the Barnet Cardiovascular Disease Prevention Programme 2022-2026**
- 2. That the Board approve the Barnet Cardiovascular Disease Prevention Programme Action Plan 2022-24**

## 1. Why this report is needed

- 1.1 Cardiovascular disease (CVD) is one of the major causes of deaths in under 75s in Barnet (55.0 per 100,000 population) and is the single largest cause of inequality in premature mortality between the most and least deprived areas in Barnet. There remain significant opportunities for the prevention of CVD through primary prevention, early detection, public health action, and secondary prevention - clinical care (especially in primary care) to reduce the burden of risk factors and maximise the uptake of known effective care.
- 1.2 This report gives the Board an introduction to the proposed 4-year CVD Prevention Programme and 2-year action plan. The overarching aims of this work are 1) to reduce premature mortality from CVD in Barnet and 2) to reduce inequalities in CVD outcomes relating to geography, ethnicity, deprivation, living with learning disabilities or severe mental illness. The Barnet CVD Prevention Programme proposes 4 areas of focus, each with a set of priority outcomes. The action plan sets out proposed actions and measures to progress towards these outcomes over the next 2 years. The full programme and action plan are appendices to this report.
- 1.3 The first set of priority outcomes relate to improving population awareness of CVD risk, how to prevent it and the services available in Barnet. It also highlights the importance of enhancing patient activation and empowerment to take action to reduce or manage their risk of CVD. Using a collaborative approach with LBB Public Health, lifestyle service providers, Barnet voluntary and community sector (VCS), local health leaders and champions, a comprehensive communications plan will be developed, with a series of targeted awareness campaigns and events delivered to achieve these outcomes.
- 1.4 The second set of priority outcomes relate to detection and management of 3 key behavioural risk factors, specifically 1) smoking 2) drinking to harmful levels 3) obesity. Through a more in-depth mapping exercise of local need and service availability, as well as an interrogation of barriers to referral and uptake of lifestyle services, a number of hyper-targeted interventions will be delivered relating to overconsumption of alcohol, smoking, weight management, healthy eating and physical activity in populations who are at highest risk. This activity aims to improve equity of access to and increase referrals and uptake of local lifestyle services and reduce the prevalence of these behavioural risk factors in populations at high risk.
- 1.5 The third set of priority outcomes relate to detection and optimal treatment of 4 key clinical risk factors, specifically detection and optimal treatment of hypertension, atrial fibrillation; pre-diabetes & type 2 diabetes and raised cholesterol. This sees a coordinated effort of detection and treatment in primary care through the delivery of the North Central London Long Term Conditions Locally Commissioned Service; a refreshed approach to health checks, delivering health screening in community settings; a hyper-targeted intervention of hypertension detection within community pharmacy in areas where there is lower coverage and the scoping and delivery of CVD prevention at neighbourhood level through the Grahame Park Neighbourhood Model.
- 1.6 The fourth and final set of priority outcomes relate to self-care and sustainability. These focus on supporting people with behavioural and clinical risk factors of CVD to feel empowered to sustain behaviour change or manage their condition. Through a pilot model of peer support, the Healthy Heart Peer Support Project, people of South Asian, Black African, and Black Caribbean heritage living with hypertension will be empowered

to make sustainable behaviour change and manage their condition. The lessons learned and impact of this project could lead to potential expansion to wider community groups and localities. In addition, work will be done to understand mechanisms for remote and/or digital support for people living with CVD and pilots scoped, with increasing availability and use of remote or digital interventions to assist long term behaviour change.

## **2. Reasons for recommendations**

- 2.1 The CVD prevention programme and associated action plan provide an ambitious but achievable evidence-based plan which should reduce premature mortality from CVD while also reducing inequalities in health outcomes related to CVD. The programme has been developed in collaboration with a broad coalition of local partners including strong representation from community groups and clinicians. It has been co-produced applying the Barnet Borough Partnership principles. The programme incorporates work that fall within the scope of CVD prevention being implemented at sector and borough level, adding value to those initiatives by identifying connections between different programmes and adding actions where there are gaps.

## **3. Alternative options considered and not recommended**

- 3.1 Not applicable

## **4. Post decision implementation**

- 4.1 The milestones for the action plan will be finalised over the next two months, with the programme and action plan published in September 2022.
- 4.2 Oversight of delivery of the action plan will be through the Barnet Borough Partnership CVD Prevention Task and Finish Group. This Task and Finish Group forms part of the Health Inequalities workstream, which reports regularly to the Barnet Borough Partnership Delivery Board, with planned updates to the GP Cabinet and other relevant groups.
- 4.3 For the duration of this programme and action plan delivery, annual updates will be provided to the Health and Wellbeing Board. These updates will give the Board oversight of the progress being made against the action plan and desired outcome measures.

## **5. Implications of decision**

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

- 5.1.1 CVD Prevention sits under Key Area 2 of the Health and Wellbeing Strategy (Starting, Living and Ageing Well).

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

5.2.1 Implementation of the CVD Prevention Programme actions will be funded within existing budgets and staffing the public health department, other council departments, partner agencies such as NHS, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes. Where additional funding sources are identified such as NCL funded initiatives, applications for additional resources will be made.

### 5.3 **Legal and Constitutional References**

5.3.1 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.

### 5.4 **Insight**

5.4.1 The Joint Strategic Needs Assessment identifies the under 75 (premature) circulatory mortality rate and compares this with the national and London rate.

5.4.2 The CVD Prevention Programme will monitor and evaluate local data on rates of CVD mortality, behavioural and clinical risk factors using various datasets to ensure we have an ongoing accurate insight into changing risks and outcomes.

### 5.5 **Social Value**

5.5.1 The stated aim of the CVD Prevention Programme and action plan is to reduce premature mortality from CVD in Barnet and reduce inequalities in outcomes relating to CVD. The cross-cutting strategic actions fall within the prevention and healthy themes of the social value framework.

### 5.6 **Risk Management**

5.6.1 The Barnet CVD Prevention Programme 2022-2026 requires collective effort across the multi-agency Barnet Borough Partnership (BBP) to reduce the rate of premature mortality from CVD in Barnet. If the council or partners do not engage with the programme and progress their actions, it may lead to poor overall delivery of the 2022-2024 Action Plan. Poor engagement may also lead to failure to agree a 2024-2026 Action Plan. This could have a detrimental impact on local CVD prevention.

5.6.2 The following controls and mitigations are in place:

5.6.2.1 The multiagency Barnet CVD Prevention Task & Finish Group and Barnet Borough Partnership Delivery Board were consulted throughout initial programme

development and co-owns the programme and action plans. Plans have been adapted in response to feedback.

5.6.2.2 The Barnet CVD Prevention Task & Finish Group meet regularly to re-engage partners, align activities, and implement changes based on new insights.

5.6.2.3 The Barnet CVD Prevention Programme 2022-2026 will be presented to the Health and Wellbeing Board and is included in Barnet's Health and Wellbeing Strategy. Partners' progress against the action plan can be reported annually to the Health and Wellbeing Board if requested.

## 5.7 Equalities and Diversity

5.7.1 A whole systems approach to prevention has been taken. Particular vulnerable groups have been identified through national evidence and local insight. Actions have been put in place to focus on certain communities and individuals with protected characteristics or who may be at a higher risk of CVD. These include specific ethnic groups at increased risk of developing CVD, people living with learning disabilities and serious mental illness.

## 5.8 Corporate Parenting

5.8.1 The Barnet CVD Prevention Programme focusses on Adult Health Improvement while recognising that the roots of cardiovascular disease start in childhood. The Public Health Children and Young People's team are taking a number of actions to address risk factors for development of CVD, but that work is outside the scope of this programme.

## 5.9 Consultation and Engagement

5.9.1 The programme has been co-produced with a number of voluntary organisations as well as statutory organisations. Individual elements of the programme are being further developed in consultation with local residents. Formal consultation is therefore not planned for this programme.

## 5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations.

## 6. Background papers

6.1 [NHS Long Term Plan \(2019\) » Cardiovascular disease](#)

6.2 [Health matters: preventing cardiovascular disease - GOV.UK \(www.gov.uk\)](#)

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# Barnet Cardiovascular Disease Prevention Programme

2022 – 2026

DRAFT

# About this programme

Why?	What?		Development
<p>Although health has improved over the last 30 years, over the last 10 years improvements in mortality rates have slowed.</p> <p>Cardiovascular disease (CVD) is the one of the largest causes of premature mortality in deprived areas. It is one of the major causes of deaths in under 75s in Barnet (55.0 per 100,000 population) and is the single largest cause of inequality in premature mortality between the most and least deprived areas. <b>There remain significant opportunities for the prevention of CVD</b> through both primary prevention, early detection, public health action, and secondary prevention - clinical care (especially primary care) to reduce the burden of risk factors and maximise the uptake of known effective care.</p> <p><b>We need to respond to a changing landscape brought by COVID-19 which has highlighted</b> persisting health inequalities in our society, including in Barnet. CVD and the risk factors for CVD (which are themselves unequal), increase the chance of severe illness or death from COVID-19. In 2019, The National CVD Prevention System Leadership Forum (CVDSLFF) set out 7 x 10-year ambitions for CVD, underpinned by an aim to reduce inequality in CVD deaths.</p> <p>Areas of focus for CVD Prevention in Barnet need to be agreed, in line with both national ambitions and local priorities.</p>	<p><b>4 year programme 2022-2026</b></p> <p><b>Aim:</b> to develop a CVD prevention programme to reduce prevalence of CVD, improve management of risk factors, reduce premature mortality and inequalities in outcomes.</p> <p>The programme aims to be complementary to and not replace what is being planned and done locally.</p> <p>The programme will be guided by:</p> <ul style="list-style-type: none"> <li>• Local needs</li> <li>• Evidence from existing and planned interventions</li> <li>• Knowledge of what has worked in other areas partnership working</li> <li>• Innovation</li> <li>• Regional and national drivers</li> </ul>	<p><b>2 year action plan 2022-2024</b></p> <p><b>Aim:</b> to detail proposed outcomes and activities to meet those outcomes to be carried out over a two year period, and longer where it effective or requires and extended length of time to embed properly.</p> <p>We want the action plan to be further refined and validated through engagement with the CVD Prevention Task &amp; Finish Group and the wider Barnet Borough Partnership (BBP).</p> <p>The agreed CVD Prevention Programme Action Plan will be taken forward through the CVD Prevention Task &amp; Finish Group with periodic update to BBP Delivery Board and the Health and Wellbeing Board.</p>	<p>This programme and action plan has been co-produced with system partners across the Barnet Borough Partnership (BBP) through the CVD Prevention Task &amp; Finish Group, as part of the BBP inequalities workstream.</p> <p>Input has been sought through a series of task &amp; finish group meetings, a detailed mapping exercise and system wide partnership workshops, involving representatives from primary and secondary care, community providers, voluntary and community sector, faith groups and local authority officers, who have collectively driven the priorities and actions presented.</p>

**Cross cutting themes**

- **Health inequalities: geographical, deprivation; populations at risk; inc. people with learning disabilities and serious mental illness**
- **Integration, transformation and partnership work**



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# List of abbreviations

- ABC - AF, blood pressure & cholesterol
- AF – Atrial fibrillation
- AWM – adult weight management
- BBP - Barnet Borough Partnership
- HBP – High Blood pressure
- CCG – Clinical Commissioning Group
- CHD – Coronary Heart Disease
- COPD – Chronic Obstructive Pulmonary Disease
- CVD – Cardiovascular Disease
- CVDSLFF - CVD Prevention System Leadership Forum
- DSR – Directly Standardised Rate
- FAB – Fit and Active Barnet
- GP – General Practice/Practitioner
- HbA1c – blood sugar
- HCA – Health care assistant
- HENRY – Health, Exercise and Nutrition for the Really Young
- LBB – London Borough of Barnet
- LDL – low-density lipo-protein
- LTC – Long Term Condition
- LTC LCS – Long Term Condition Locally Commissioned Service
- MDT – multi-disciplinary team
- MECC – Making Every Contact Count
- NCL – North Central London
- NDPP – National Diabetes Prevention Programme
- NHS – National Health Service
- NHSE & I – NHS England & Improvement
- NICE – National Institute for Health and Care Excellence
- OHID – Office for Health Improvement & Disparities
- PAM – Patient Activation Measure
- PCN – Primary Care Network
- PH – public health
- PHE - Public Health England
- PWLD – people with learning disabilities
- QOF – Quality and Outcomes Framework
- RF – risk factor
- SATOB - smoking at time of booking
- SATOD - smoking at time of delivery
- SMI – serious mental illness
- TIA – transient ischemic attack
- UCLP – UCLPartners
- VCS – Voluntary & Community Sector

# Background

Prevention is at the heart of the NHS Long Term Plan. In addition to substantial commitments to tackle obesity, alcohol and smoking, the Plan includes a major ambition to prevent 150,000 strokes and heart attacks over the next ten years by improving the treatment of the high-risk conditions – hypertension (high blood pressure), high cholesterol and atrial fibrillation (AF).

## National NHS context: premature mortality & risk factors

The NHS Long Term Plan (2019) & Global Burden of Disease Study (2017) set out the current position and areas of focus:

- Top 5 causes of early death for the people of England include:
  - Heart disease
  - Stroke
  - Dementias
- Top risk factors that cause early death in England include:
  - Smoking
  - High blood pressure
  - Obesity
  - Poor diet
  - Alcohol & drug misuse
  - Air pollution
- Life expectancy stalled or fallen for most deprived 10%
- Some parts of population are at substantially higher risk of poor health and early death:
  - Black, asian & minoritised ethnic communities
  - adults with a learning disability
  - people with serious mental illness (SMI)

- CVD is the largest cause of premature mortality in deprived areas
- CVD is the single biggest area where the NHS can save lives in the next 10 years
- Preventable through action on:

1. **Early detection and optimal treatment of CVD.** People routinely knowing their 'ABC' (atrial fibrillation (AF), blood pressure, cholesterol) through use of digital technology and VCS, public sector and NHS staff.
2. **Improving the effectiveness of the NHS Health Check** – working with VCS, community pharmacy and GPs
3. **Better support for heart failure patients through increased access to testing in primary care & multi-disciplinary teams (MDTs)**
4. **Fast and effective action for people suffering cardiac arrest** – building a national network of community first responders and defibrillator
5. **Increase access to cardiac rehabilitation**

# Background

There are a number of CVD prevention programmes underway at a national, regional and local level.

## National NHS context: CVDPREVENT & BP@Home

CVDPREVENT is a national primary care audit that automatically extracts routinely held GP data, covering diagnosis and management of six high-risk conditions that cause stroke, heart attack and dementia:

- atrial fibrillation (AF)
- high blood pressure
- high cholesterol
- diabetes
- non-diabetic hyperglycaemia
- chronic kidney disease

It will provide a foundation for professionally led quality improvement in individual GP practices across Primary Care Networks (PCNs). It will support primary care in understanding how many patients with the high-risk conditions are potentially undiagnosed, undertreated or over treated.

The first collection (for the year 2019-20) was at the end of December 2020. Data collection is now a quarterly extract.

## BP@Home Service

Home blood pressure monitoring has been identified as a priority for CVD management as the NHS recovers from the COVID-19 pandemic to ensure that patients can manage their hypertension well and remotely, reducing the need to attend GP appointments.

NHS England & Improvement have distributed BP monitors around England so that patients can record their BP and send their reading to their GP for review remotely through the BP@Home initiative.

## UCLPartners Proactive Care Frameworks

UCLPartners (UCLP) have developed real world frameworks to support proactive care of long term conditions in a post COVID-19 primary care.

The programme looks to identify patients at varying levels of risk by condition, using risk stratification tools. Then, utilising the breadth of the primary care workforce (e.g. health care assistants (HCAs), practice pharmacists) patients are contacted and proactively managed; given health & wellbeing advice, signposted to local support services and digital support tools to support remote and self management.

There are currently 6 (soon to be 8) high impact condition frameworks, of which 4 relate to CVD prevention: atrial fibrillation (AF), blood pressure, cholesterol and type 2 diabetes.

## North Central London context

### NCL Long Term Conditions Locally Commissioned Service

NCL CCG are designing a more consistent NCL approach to long term conditions care, via a pan-NCL LCS for patients and practices (the NCL LTCLCS). Initial focus will be on metabolic and respiratory conditions due to be introduced in early 22/23 with a preparatory period of up to one year.

### NCL CVD and Stroke Network

Established, February 2022 - championing, commissioning and overseeing Proactive Care programmes and transformation initiatives across CVD & stroke prevention pathways and working to reduce health inequalities.

### BP@Home

NCL were part of the pilot BP@Home programme: 3 PCNs in Barnet took part: PCNs 1W, 1D and 5.

# Background

COVID-19 has brought a sharper focus on persisting health inequalities in our society, including in Barnet. CVD and the risk factors for CVD (which are themselves unequal), increase the chance of severe illness or death from COVID-19.

The National CVD Prevention System Leadership Forum set out 7x 10-year ambitions for CVD, underpinned by an aim to reduce inequality in CVD deaths.

## National OHID context: CVD ambition

In 2019, the National CVD Prevention System Leadership Forum (CVDSLFF) - made up of 40 organisations and convened by Public Health England (PHE) now Office for Health Improvement & Disparities (OHID) - set out 7x 10-year ambitions for CVD. These are:

- ✓ 85% of people with AF are detected and 90% are adequately treated.
- ✓ 80% of people with hypertension are detected and 80% are adequately treated.
- ✓ 75% of 40-74 year olds have had a CVD risk assessment and cholesterol check in the past 5 years and 45% of those identified as high risk are treated with statins.
- ✓ 25% of people with familial hypercholesterolaemia are diagnosed and treated.

These ambitions are underpinned by an overall aim to reduce significantly the gap in amenable CVD deaths between the most and least deprived by 2029.

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## COVID-19 and CVD

Those in **more deprived areas** have **higher likelihood of contracting and dying from COVID-19.**



**CVD:** 3.9x higher odds of severe COVID-19 disease and 2.7x higher odds of mortality.



**Hypertension:** 2.6x higher odds of severe COVID-19 disease and 2.5x higher odds of mortality.



**Diabetes:** 2.5x higher odds of severe COVID-19 disease and 2.1x higher odds of mortality.



**Current smoking:** 1.8x higher odds of severe COVID-19 disease, but not mortality.



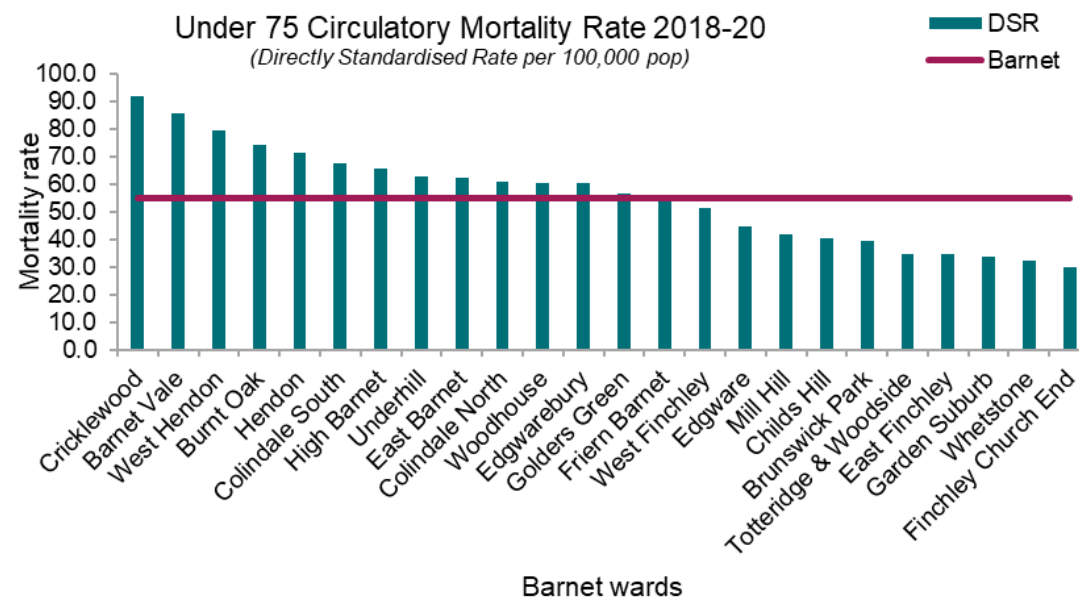
**Obesity:** significantly associated with severe COVID-19 disease and 2.2% higher odds of mortality.

# Background

Improvements in treatment for CVD and behaviour change has seen overall death rates from CVD decrease year on year but inequalities persist. To ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

## Barnet context: premature mortality

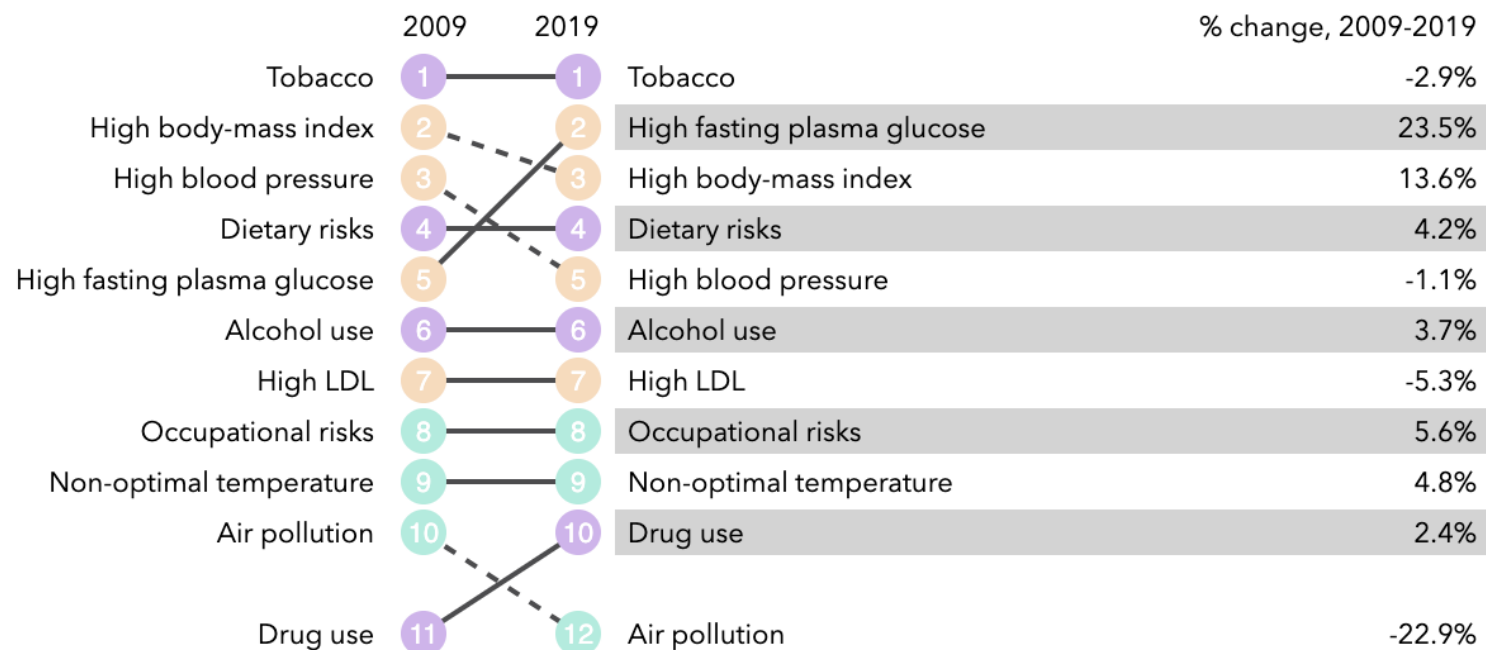
- There is a life expectancy gap in Barnet:
  - Women in the most deprived areas live just over 6 years less than those in the least deprived areas.
  - Men in the most deprived areas live just under 7 years less than those in the least deprived areas.
- CVD is one of the major causes of deaths in under 75s in Barnet (55.0 per 100,000 population)
- Although the under 75 CVD mortality rate in Barnet continues to decrease and is in fact lower than that seen in London (69.1 per 100,000 population) or England (70.4 per 100,000 population), it varies considerably between the borough's wards, with clear links to deprivation
- The rate of under 75 CVD mortality in the Cricklewood (91.9 per 100,000 population), is more than triple that of Finchley Church End (30.1 per 100,000 population).



# Background

There are many risk factors (RFs) for CVD, including metabolic, environmental and behavioural risks. The risks are not evenly distributed in society. Tackling these RFs can prevent CVD or reduce the risk of poorer outcomes in those already with CVD. In this programme, we are focusing on the top 3 behavioural risk factors.

The risk factors that drive the most death and disability in the UK are:



Source: Global Burden of Disease study, UK profile

Examples of CVD risk factors in Barnet:



In 2019, **11.1% of the Barnet population were estimated to be smokers** (similar to London average). This hides variation, however. Higher rates of smoking were recorded in those with serious mental illnesses, routine & manual occupations, and (across NCL) living in more deprived communities.



**Over half (57.7%) of adults aged 18+ in Barnet are overweight or obese (2019).** The wards with highest prevalence of adult obesity are Burnt Oak, Colindale and Underhill.

Obese adults are 2.5 times more likely to develop high blood pressure and are 5 times more likely to develop type 2 diabetes, significant risk factors for CVD.

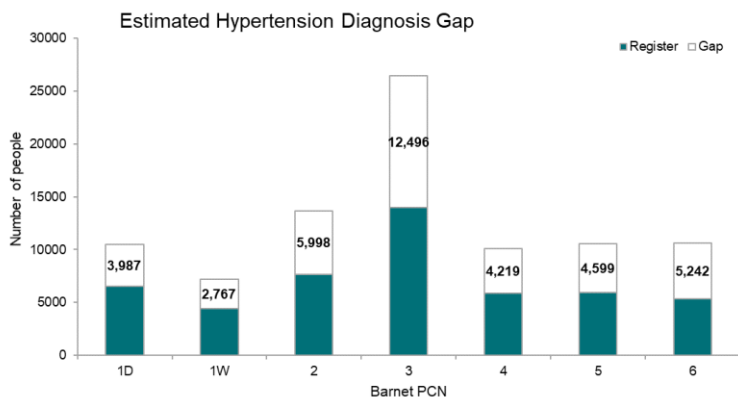
# Background

## National ambitions (CVDSL) by 2029:

- ✓ 85% of people with AF are detected
- ✓ 80% of people with hypertension are detected

There is a large degree of variability by PCN and GP practice. We need to look to reduce this variation.

### Barnet hypertension diagnosis gap

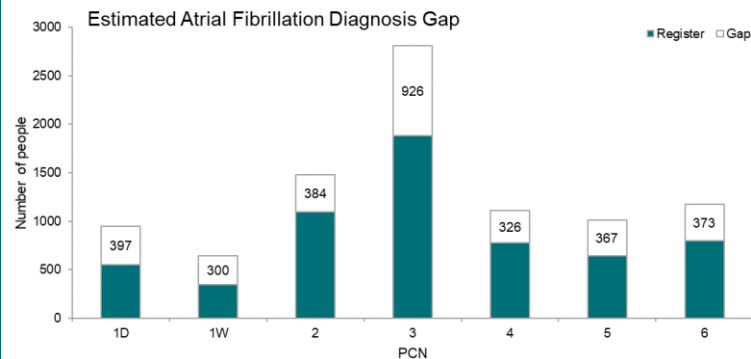


There are nearly 50,000 patients diagnosed with hypertension on the GP QOF Registers in Barnet (2020-21), and the estimated number of people living with hypertension for Barnet registered population is around 89,059.

This suggests around 39,000 people in Barnet may have undiagnosed hypertension.

**Range of variation at practice level is 36% to 74% diagnosed**

### Barnet atrial fibrillation diagnosis gap

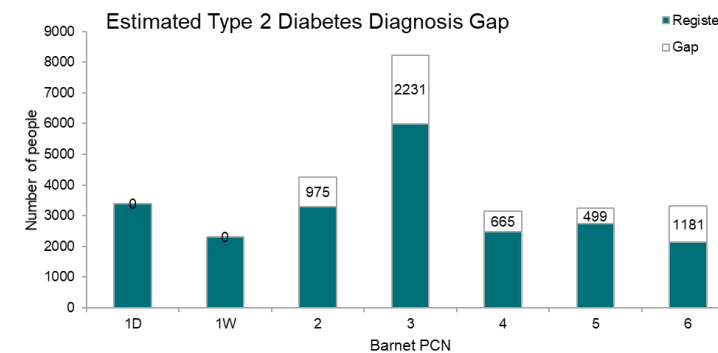


There are around 6,102 patients on the QOF AF register in Barnet.

It is estimated that only 67% of AF has been detected in the population (2020-21), suggesting around 3000 people in Barnet may have undiagnosed atrial fibrillation.

**Range of variation at practice level is 32% to 100% diagnosed**

### Barnet diabetes diagnosis gap



The estimated total prevalence of type 2 diabetes in Barnet is 27,599 (diagnosed and undiagnosed) and there are around 22,336 patients with type 2 diabetes on the GP QOF register in Barnet (2020-21). This suggests nearly 5,550 people in Barnet may have undiagnosed type 2 diabetes.

**Range of variation at practice level is 43% to 100% diagnosed.**

There are an estimated 34,084 people in Barnet with non-diabetic hyperglycaemia or pre-diabetes (2015). While only 19,042 are on the QOF register (2020-21). Suggesting 15,000 people in Barnet have undiagnosed pre-diabetes and are at increased risk of going on to develop type 2 diabetes.



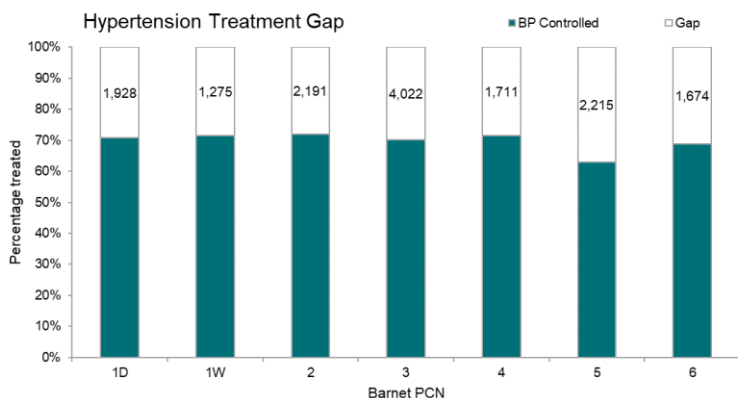
# Background

National ambitions (CVDSLF) by 2029:

- ✓ 80% of people with hypertension are adequately treated
- ✓ 90% of people with AF are adequately treated

There is a large degree of variability by PCN and GP practice. We need to look to reduce this variation.

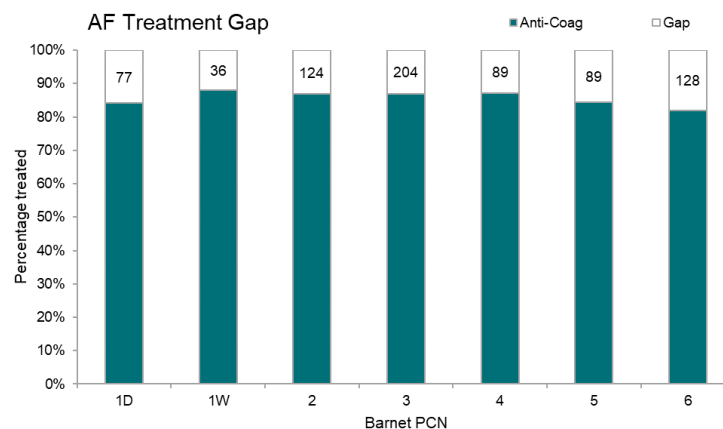
## Barnet hypertension treatment gap



Around 15,000 of the patients registered with hypertension in Barnet do not have their blood pressured controlled to the QOF suggested level (2019-20)

**Range of variation at practice level is 50.2% and 85% treated to NICE guidance**

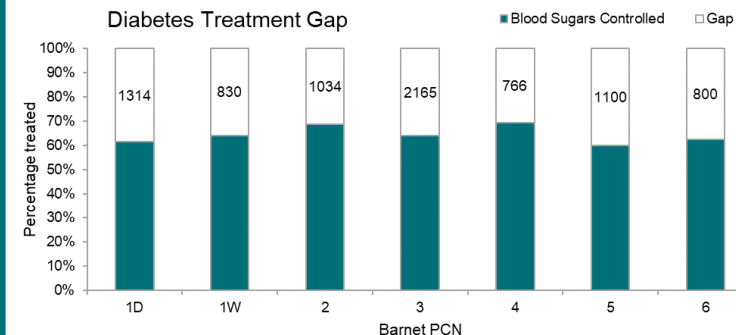
## Barnet atrial fibrillation treatment gap



Around 747 of the patients registered with atrial fibrillation in Barnet are not anticoagulated (2019-20)

**Range of variation at practice level is 70.7% and 96.7% treated to NICE guidance**

## Barnet type 2 diabetes treatment gap



Around 8,000 patients on the diabetic register do not have their blood sugars controlled to the level suggested in the QOF contract (2019-20).

This is only 1 of 3 treatment targets for diabetes in adults: HbA1c (blood sugar), cholesterol and blood pressure set by NICE.

# Background

We will incorporate neighbourhood working into the CVD Prevention Programme by focusing some of the activities on Grahame Park Estate; a population in Barnet who are disproportionately affected by CVD and related risk factors.

## CVD, Grahame Park & the Neighbourhood Model

### CVD Prevention & Grahame Park

We know cardiovascular diseases (CVD) are a major cause of preventable illness and premature mortality in Grahame Park and this population are disproportionately impacted by certain risk factors, i.e. smoking and alcohol consumption.

The Healthy Heart Peer Support Project will have an initial focus on delivery in Burnt Oak and Colindale, in which Grahame Park is part. This will be in collaboration with local voluntary organisations and community groups.

### What is the Neighbourhood Model?

The Neighbourhood Model is, first and foremost, a place-based approach. There is an emphasis on using local insight, and making use of local assets, to meet the unique needs of residents. It will also be coproduced with residents - they will be involved in the conception, design, steering, and management of interventions, rather than only being consulted occasionally.



High blood pressure is the most prevalent condition (11.6%) amongst residents.



Smoking prevalence is higher in Grahame Park (19.1%) than London (14.9%).



Cardiovascular diseases are the leading cause of excess deaths.



Hospital admissions for alcohol-attributable harm are some of the highest in Barnet.



Over 6 in 10 children aged 10-11 are overweight or very overweight.

# Background

Intervention decay shows that there are inequalities at every stage of CVD prevention. From an individual recognising they are at risk of CVD, to them being able to sustain the optimal treatment plan.

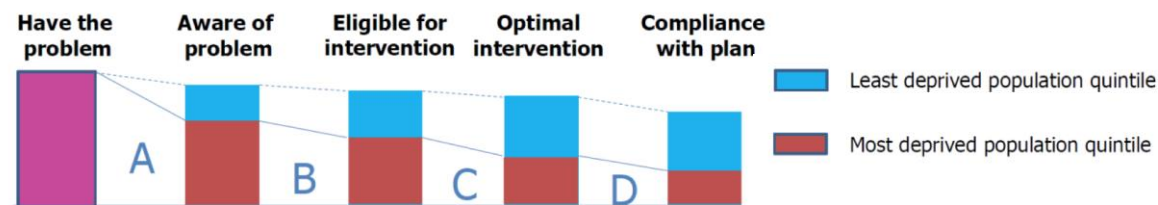
## Addressing inequalities

- Some groups are more likely than others to die prematurely (under the age of 75 years) from CVD. They are also more likely to have some key risk factors:
  - Men
  - People with serious mental illness
  - People from Black Caribbean and Black African ethnic backgrounds
- Not everyone who has a long-term condition (LTC) will be aware that they have it, and of those who are aware, not all will sustain optimal treatment - 'intervention decay'
- There is widening inequality between most and least deprived as progress through the different stages of intervention decay
- This CVD Prevention Programme aims to identify and tackle the drivers of inequality at each of these levels, with the goal of both reducing the intervention decay slope and decreasing disparity.
- The programme will consider both individual prevention programmes and overall risk of CVD, recognising that many who are at high risk of CVD will benefit from more than one preventative activity, and therefore successful integration and coordination of these different programmes will impact upon overall compliance.

67 The programme is aligned with the NHS Core20PLUS5 approach to support the reduction of health inequalities at both national and system level.

## Addressing Intervention Decay in heart disease for rapid impact

A	B		C	D
	Partnership	GP		
Social marketing programmes	Frontline Making Every Contact Count (MECC)	Patient register search	↑ consistency of clinical outcomes: • CHD • Hypertension • AF	Structured self-management education
Community based focus to awareness raising	Enhanced focus on target communities: Share No Man's Land	Flag: opportunistic review		
Community Champions and Ambassadors	Health Check	Health Check	Upgrade TIA and stroke pathways	Support ↑ completion of cardiac and stroke rehab
	'No wrong door' for health queries	'Hidden' CHD: • Diabetes • COPD • Severe Mental Illness • Learning Disabled		
	Single point of access/helpline			Peer support to self-managed care
	Peer support: • Champions • Navigators • Advocates			Wrap-around socio-economic support
				Social prescribing



Intervention decay, Chris Bentley 2012

# CVD prevention in children & young people: Background

Many adults with risk factors for CVD will live in families so improving their outcomes will impact on children's health.

Preventing children and young people from taking up smoking, minimising alcohol consumption and healthy weight in children will shape the health outcomes of the adults of the future.



## Young people in Barnet

- Almost a quarter of Barnet's population is 0-19 years old (approximately 99,000 young people)
- Over half (52%) of children and young people in Barnet are from Black, Asian and other ethnic backgrounds, compared with 30% across England.



## Healthy weight

- Nationally there is concern at the continuing rise of childhood obesity and the implications of excess weight persisting into adulthood.
- Key findings within 2019/20 National Child Measurement Programme report for Barnet:
  - Levels of excess weight in Reception Children in Barnet has remained around 19%, which is slightly lower than London (21.6%) and England (23.0%).
  - Levels of excess weight in Year 6 Children in Barnet has remained around 34%, which is slightly lower than London (38.2%) and England (35.2%).
  - 1244 children in the Borough over the 91st percentile that would benefit from public health support.
  - Reports from young people and from teachers have highlighted the impact of COVID-19 on weight and physical activity.



## Physical activity

Active Lives Children and Young People Survey for Barnet (academic year 2018/19) tells us that for 5 – 16-year-olds:

- 43.5% are active for an average of 60+ minutes a day
- 35.2% are active for less than an average of 30 minutes a day
- In a recent survey reflecting the impact of COVID measures in 2021:
- 87% of teachers believe children's physical fitness is worse and 78% of teachers believe children returned to school following COVID measures with excessive weight.



## Smoking activity

- Of those young people that are smoking regularly at 16 years of age, 40% will remain lifelong smokers.
- 2.6% of Barnet's 15 year olds are regular smokers (nationally 5.5%)
- 21.8% had tried Shisha or other tobacco products
- 62% exposed to tobacco smoke in car and home 57% of this in the home.

# CVD prevention in children & young people: Action

- Promote the importance of healthy body weight and a good diet before and during pregnancy.
- We will support parents and carers to establish a healthy lifestyle (diet and physical activity) for their children from a very early age.
- Support early year settings achieve the Healthy Early Year London awards
- Supportive programmes like Healthy start vouchers, Sugar Smart, HENRY

## Healthy start



- Support schools to achieve Healthy Schools London, whole school approach to food
- We will support children to develop skills and confidence in their physical ability and nutrition knowledge and ability to make informed decisions about their diet and activity.
- Supporting physical activity through programmes like the Golden KM
- Supporting programmes such as Sugar Smart, SMILE, Sugar Transfat, Great Junk Food debate etc.

## School age



- We will support adolescents to maintain and deepen their skills, knowledge and confidence in their physical ability, nutrition knowledge and ability to make informed healthy choices.
- We will work with youth organisations to support them to promote access to a range of healthy food choices, lunch boxes and vending
- Supporting confidence building and skills programmes such as Ministry of Food

## Adolescent/ teenage



*There is ongoing work to address these issues relating to children & young people in other programmes, therefore it is not being addressed within the scope of this programme.*

*However, as part of the CVD Prevention Programme we should consider what a family approach might mean, especially for obesity.*

- When children, adolescents and families are identified as needing support to achieve a healthy weight we will enable them to access relevant and appropriate support.

## Support when needed

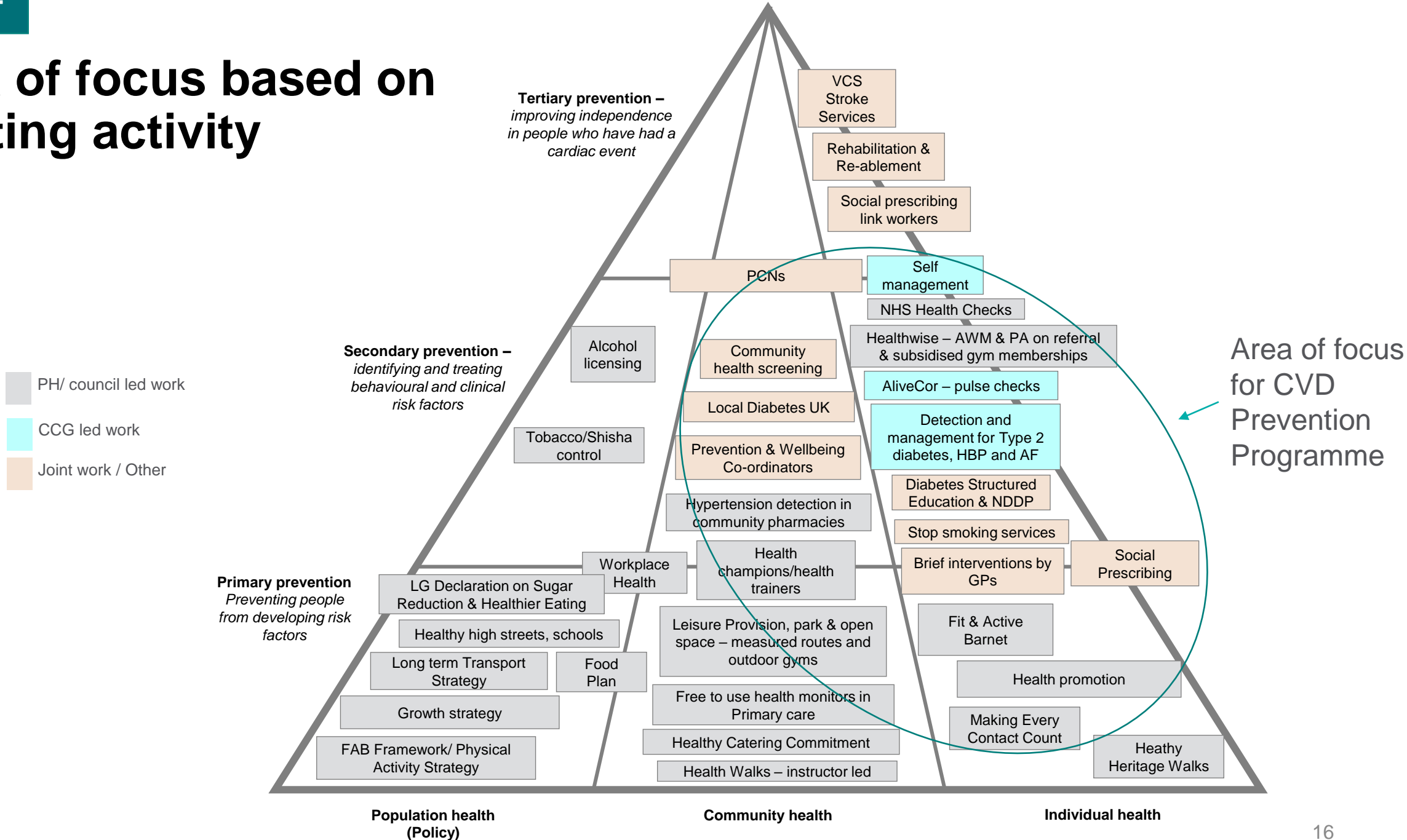


- We will use education and campaigns to support healthier choices being the easier choices.
- We will champion health promoting environments, communities and settings
- We will support health promotion and improvement initiatives in places where children and young people are

## Smoking and other risky behaviours



# Area of focus based on existing activity



# Areas of priority

The overall aims of this programme is to:

1. Reduce the rate of premature mortality from CVD in Barnet
2. Reduce inequalities in premature mortality relating to geography, ethnicity, deprivation, people living with learning disabilities or severe mental illness



Population awareness & patient activation



Behavioural risk factor management



Clinical risk factor detection & optimal intervention



Self care & sustaining change

Reduce racial, geographical and social inequalities in CVD outcomes

# Priority outcomes: Population awareness & activation

**Barnet residents aware of risks of CVD and how to help themselves**

**Barnet residents at increased risk feel empowered to take action**

**Underserved communities are supported to understand risks and take action**



Increased number of local workforce & volunteers trained in MECC, very brief advice & motivational interviewing



Increased awareness of behavioural & clinical CVD risk factors through national and local campaigns



Increased awareness of types of CVD and its consequences



Increased awareness of the importance of early identification & checks available – *NHS health checks, community health checks, annual reviews, self assessment*



Increased awareness of health behaviours that impact CVD risk – *diet, physical activity, weight management*



Increased number of residents who know their ABC – AF, blood pressure & cholesterol



Increased MECC conversations and very brief advice given by health champions and front line staff to inform of benefits of healthy behaviours and signpost to services



Increased visits and click-through rates on LBB public health microsite



Increased awareness in target communities of their increased risk relating to ethnicity, age & family history



Improved resident health literacy so people have the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services



Increased tailored communications to communities at higher risk of CVD e.g. multiple languages, easy read



# Stakeholders involved: Population awareness & activation

- **LBB Public Health**
  - Targeted awareness campaigns
  - Development of public health microsite
  - MECC training dissemination
  - Community health checks promotion
  - NHS Health checks promotion
- **VCS & community leaders**
  - Feedback resident voice/concerns/barriers
  - Disseminate key messaging to target communities
  - Co-design and support targeted awareness campaigns
  - MECC – very brief advice
- **Health services**
  - NHS health checks
  - MECC – very brief advice/opportunistic patient education
  - Motivational interviewing – patient activation measure



Population  
awareness &  
patient activation

# Priority outcomes: Behavioural risk factor detection & management

Reduced prevalence of smoking in deprived communities

Reduced number of residents drinking to harmful levels

Reduced prevalence of obesity in adults



Increased invitations to and uptake of NHS health checks, community screening & utilisation of practice searches



Increased number of routine and manual workers accessing Barnet Stop Smoking Service



Increased number of pregnant women identified as smoking at time of booking (SATOB) during early pregnancy are accessing Barnet Stop Smoking Service

Decreased number of women smoking at time of delivery (SATOD)



Increased number of hospital inpatients offered advice and support regarding smoking cessation if identified to smoke



Increased number of residents assessing their alcohol consumption through Drink Coach



Increased number of patients offered advice through brief intervention or a referral to drug and alcohol services in all health based settings if identified to drink to harmful levels or have alcohol dependence



Targeted interventions to population groups at risk of alcohol misuse delivered



Increased referral & uptake of both local and national adult weight management programmes, particularly from areas of deprivation



Approach to self and supported weight management for people with learning disabilities (PWLD) and severe mental illness (SMI) developed



Increased proportion of residents engaging in physical activity



Improved wrap-around support offer to build resilience around food budgeting and cooking<sub>20</sub>

# Stakeholders involved: Behavioural risk factor detection & management

- **LBB Public Health**
  - NHS Health checks
  - Community health screening
  - Stop Smoking Service
  - Drink coach provision
  - Adult Weight Management (with LBB Greenspaces & Leisure)
  - Healthy eating
  - Targeted interventions
- **Health services**
  - Brief advice & interventions for smoking, alcohol, weight management
  - Referral to services: stop smoking, alcohol misuse, adult weight management
- **VCS & community leaders**
  - Awareness raising of risk factors & impact
  - Signposting to services



Behavioural risk  
factor management

# Priority outcomes: Clinical risk factor detection & management

Detection and optimal treatment of hypertension

Detection and optimal treatment of atrial fibrillation

Detection and optimal treatment of pre- & type 2 diabetes

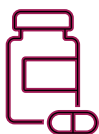
Detection and optimal treatment of raised cholesterol



Increased uptake of NHS Health Checks



Increased detection of 4 key clinical risk factors in general practice & community pharmacy



Increased proportion of patients with any of these clinical risk factors optimally treated



Increased referral to and uptake of the National Diabetes Prevention Programme (NDPP) by high risk populations

<sup>76</sup> NB: General practice aspect to be delivered through the NCL Long Term Condition LCS

# Stakeholders involved: Clinical risk factor detection & management

- **General practice**
  - NCL LTC LCS delivery including:
    - NHS Health Checks
    - Increased detection of clinical risk factors
    - Brief advice & referral to lifestyle services e.g. NDPP, AWM, Stop Smoking, Alcohol misuse services, diabetes structured education programmes
    - Optimal treatment
- **Community Pharmacy**
  - Detection and management of clinical risk factors e.g. hypertension
- **LBB Public Health**
  - NHS Health checks commissioning
  - Community health screening
- **VCS & community leaders**
  - Support/host community screening events
  - MECC – signposting to services



Clinical risk factor  
detection & optimal  
intervention

# Proposed outcomes: Self care & sustainability

People with behavioural risk factors empowered to sustain behaviour changes

People with clinical risk factors feel empowered to manage their condition



Increased use of evidence based digital technology and health applications (e.g. NHS Apps) to support residents to manage both behavioural and clinical risk factors

- Increased referrals into local behaviour change programmes:
-  ➤ Weight management, nutrition & dietetic services
  -  ➤ Physical activity on referral
  -  ➤ Health walks
  -  ➤ Stop smoking services
  -  ➤ Drink Coach & substance misuse services
  -  ➤ VCS programmes
  -  ➤ LBB Public Health microsite



Increased referral and uptake of structured education programmes for type 2 diabetes



Residents have access to support from peers who share the condition and are from similar backgrounds

# Stakeholders involved: Self care & sustainability

- **LBB Public Health**
  - Stop Smoking Service
  - Alcohol misuse services
  - Drink coach provision
  - Adult Weight Management services (with LBB Greenspaces & Leisure)
  - Healthy eating promotion & education
  - Digital tools – scoping & pilots
  - Peer support projects
  - Public health microsite
- **General Practice**
  - Referral to above programmes and others including structured education, social prescribing, BP@Home
- **VCS & community leaders**
  - Peer support projects
  - Signposting



Self care &  
sustaining change

Accompanying CVD Prevention Programme Action Plan 2022-24 in separate document.

If you wish to collaborate on aspects of the programme or need further information contact:

[publichealth@barnet.gov.uk](mailto:publichealth@barnet.gov.uk)



# Barnet Cardiovascular Disease Prevention Programme: Action Plan

2022 – 2024

# Contents

- List of abbreviations
- Implementation of the CVD Prevention Programme – introduction
- Priority area 1: Population awareness & activation
- Priority area 2: Behavioural risk factor detection & management
- Priority area 3: Clinical risk factor detection & optimal treatment
- Priority area 4: Self-care & sustainability
- Contact details

# List of abbreviations

- AF – Atrial fibrillation
- AWM – adult weight management
- BBP - Barnet Borough Partnership
- HBP – High Blood pressure
- CCG – Clinical Commissioning Group
- CVD – Cardiovascular Disease
- FAB – Fit and Active Barnet
- GP – General Practice/Practitioner
- HCPs – Health care professionals
- ICS – Integrated Care System
- LBB – London Borough of Barnet
- LTC – Long Term Condition
- LTC LCS – Long Term Condition Locally Commissioned Service
- MECC – Making Every Contact Count
- NCL – North Central London
- NDPP – National Diabetes Prevention Programme
- PAM – Patient Activation Measure
- PCN – Primary Care Network
- PH – public health
- PWLD – people with learning disabilities
- SATOB - smoking at time of booking
- SATOD - smoking at time of delivery
- SMI – serious mental illness
- VCS – Voluntary & Community Sector

# Implementation of the CVD Prevention Programme & Action Plan: *How it was developed*

*The programme & action plan has been developed in collaboration with a broad coalition of local partners including strong representation from community groups and clinicians. It has been co-produced applying the Barnet Borough Partnership principles. The programme incorporates work that fall within the scope of CVD prevention being implemented at sector and borough level, adding value to those initiatives by identifying connections between different programmes and adding actions where there are gaps.*

# Priority area 1: Population awareness & activation

Strategic objectives	Strategic actions	Action outcome measures	Delivery team
<b>1.1 Barnet residents are aware of risks CVD and how to help themselves</b>  <b>2.2 Barnet residents at increased risk feel empowered to take action</b>  <b>3.3 Underserved communities are supported to understand risks and take action</b>	Understand resident awareness of CVD risks, prevention and available services through focus groups with high-risk groups	Change in percentage of self-reported awareness of CVD prevention in the population	LBB Adults & Healthcare Public Health
	Develop a communications plan to raise awareness of CVD risks, prevention and available services (including promotion of available self-referral routes)	A communications plan developed	LBB communications (Public Health)
	Collate and co-produce materials for resident education on CVD risks and prevention, customising where needed with communities	A suite of materials curated	LBB Adults & Healthcare Public Health in collaboration with Voluntary & Community Sector and clinical reference group
	Develop a suite of case studies to showcase impact of services to use for communications with the public and health care professionals	Case studies developed	LBB Adults & Healthcare Public Health and LBB Public Health Commissioning
	Develop a dedicated area on CVD Prevention on the new public health microsite as a hub for information	An online hub dedicated to CVD Prevention in Barnet launched	LBB communications (Public Health)
	Deliver targeted communications, webinars and events to communities about CVD risk, prevention and services, including self-referral routes in collaboration with VCS & health champions	Number of webinars/events delivered that demonstrate an improvement in understanding	VCS in partnership with LBB communications (Public Health)
	Maintain the suite of MECC factsheets and promote as a resource of simple information, advice and signposting for health & wellbeing for frontline staff and volunteers	Page views of barnet.gov.uk/MECC page Number of downloads of MECC factsheets	LBB Adults & Healthcare Public Health
	Peer support workers/ health champions to deliver information sessions on CVD risks and prevention in local community groups and faith communities	Number of sessions delivered Number of residents engaged	Groundworks Inclusion Barnet
	Evaluate the impact and reach of the communications approach and adjust plan	A refreshed communications plan	LBB Adults & Healthcare Public Health and LBB communications (Public Health)

Strategic objectives	Strategic actions	Action outcome measures	Delivery team
2.1 Reduce prevalence of smoking in deprived communities	Map CVD need, service availability and uptake	Detailed map of geographical areas of focus	LBB Insight & Intelligence
	Understand awareness of and barriers to referral to lifestyle services within NHS and VCS	Baseline % of service uptake	
		Identification of areas of focus for communications	LBB Public Health Commissioning
	Simplify referral processes (if necessary)	Identification of possible changes to referral pathways	
		% referrals from HCPs	LBB Adults & Healthcare Public Health Primary Care
	Deliver MECC (brief advice) training to frontline staff and volunteers across the Barnet Borough Partnership	Numbers trained	
		Number of patients offered brief advice and referral to lifestyle services	LBB Adults & Healthcare Public Health
	Scoping use of patient activation measurement (PAM) as part of implementation of the Long Term Condition Locally Commissioned Service (LTC LCS)	Agreed approach to capturing patient activation on primary care systems	NCL ICS Primary Care Team
	Secondary care trusts deliver their Long Term Plan for tobacco dependency (smoking cessation) – with a specific focus on pregnant women.	Number of pregnant women identified as smokers at time of booking (SATOB)	
		Number of women smoking at time of delivery (SATOD)	LBB Adults & Healthcare Public Health The Royal Free Group and LBB Public Health Stop Smoking Service
Number of referrals to stop smoking service from during pregnancy			
2.2 Reduce number of residents drinking to harmful levels	Embed use of DrinkCoach into primary care referral pathways	% uptake of online alcohol test	NCL ICS Primary Care Team and LBB Adults & Healthcare Public Health
		% uptake of online coaching sessions	
	Scope and delivery of Healthy Living Hubs	To be confirmed	The Royal Free Group
	Deliver hyper-targeted interventions for smoking cessation for routine and manual workers or areas of higher deprivation	Number of routine and manual workers or people from deprived populations accessing the Barnet Stop Smoking Service	LBB Public Health Stop Smoking Service
2.3 Reduce prevalence of obesity in adults	Deliver hyper-targeted interventions relating to weight management for people with learning disabilities (PWLD)	Implementation of the Food Plan	LBB Public Health in all policies team and Barnet Joint Commissioning Team
		Number of people with learning disabilities accessing weight management services	
	Deliver hyper-targeted intervention to improve uptake of physical health checks to help people living with serious mental illness (SMI)	Number of people with SMI having a physical health check	Community Barnet with Barnet Federated GPs
	Development and promotion of self-referral to adult weight management programmes	% uptake local weight management services	LBB Greenspaces & Leisure
			LBB communications (Public Health)
08	Delivery of Fit & Active Barnet (FAB) Framework to increase physical activity	Number of residents aged 16+years moderately active for at least 150 minutes per week (Sport England Active Lives Survey)	LBB Greenspaces & Leisure
			LBB Public Health
	Developing and delivering the Food Plan – promote healthy eating and supporting VCS organisations who work with people at greatest risk, to make sustainable changes to their food offer	Implementation of the Food Plan	LBB Public Health in all policies team
		Long term: proportion of adults eating 5 fruit and vegetables per day	Barnet Food Working Group
Ensure prevention measures are included in Support Plans/My Health Matters folders for people with learning disabilities	Changes if needed in standard support plans		Barnet Mencap and Barnet Joint Commissioning Team <sup>6</sup>
		Number of people with people living with learning disability having annual health check	

Strategic objectives	Strategic actions	Action outcome measures	Delivery team
<b>Detection and optimal treatment of:</b>  <b>3.1 Hypertension</b>  <b>3.2 Atrial fibrillation</b>  <b>3.3 Pre-diabetes &amp; Type 2 diabetes</b>  <b>3.4 Raised cholesterol</b>	Review and improve uptake of NHS Health Checks	Numbers (%) invited to an NHS Health Check Number (%) of NHS Health Checks delivered Reduction in diagnosis gap across the 4 key conditions	LBB Public Health commissioning and general practice
	Deliver community health screening pilot in areas identified by mapping and evaluate	Number of patients in target populations (geographical or high risk) screened Number of patients identified for onward referral	LBB Public Health commissioning
	Define approach for wider system to support primary care in the delivery of the LTC LCS as part of baseline year, including use of planned HealthIntent dashboards	Approach defined	NCL ICS Primary Care Team with general practice
	Primary care delivery of the LTC LCS	Number diagnosed and optimally treated with: <ul style="list-style-type: none"> <li>❖ Hypertension</li> <li>❖ Atrial fibrillation</li> <li>❖ Pre-diabetes</li> <li>❖ Type 2 diabetes</li> <li>❖ Raised cholesterol</li> </ul>	General practice
	Work with the new provider of the National Diabetes Prevention Programme (NDPP) and primary care to maintain and increase referrals	Number of gold standard referrals to the NDPP Number of self-referrals to the NDPP Number of attendances at first group (M1) on the NDPP Conversion from referral to attendance at NDPP	NCL ICS Primary Care Team with general practice  LBB Adults & Healthcare Public Health  NDPP provider
	Support NCL projects to improve equity of access to the NDPP	NDPP participants compared with National Diabetes Audit (NDA)	LBB Adults & Healthcare Public Health  NDPP Provider
	Increase the number of community pharmacies offering detection (and management) of hypertension in areas identified by the PNA where there is lower coverage	Number of community pharmacies delivering blood pressure checks Number of patients identified with hypertension in community pharmacy	LBB Adults & Healthcare Public Health  Community pharmacy
	Deliver hyper-targeted pilot intervention (geographical and high risk) to increase number of people diagnosed with hypertension in community pharmacy (potential expansion)	Number of patients identified with hypertension in community pharmacy in target population	LBB Public Health  NCL CCG (Barnet)
	Scope and deliver hyper-targeted CVD prevention through the Grahame Park Neighbourhood model and expand if successful	Implementation of CVD prevention activities in Grahame Park	LBB Public Health

Strategic objectives	Strategic actions	Action outcome measures	Delivery team
4.1 People with behavioural risk factors are empowered to sustain behaviour changes	Delivery of peer support model through Healthy Heart Project and evaluate impact	Number of peer support sessions delivered Number of residents engaged by peer support workers	Inclusion Barnet LBB Adults & Healthcare Public Health
	Support the NCL roll out of new approach to structured education for diabetes	Number (%) referred to structured education for diabetes Number (%) uptake structured education for diabetes	NCL CCG
4.2. People with clinical risk factors feel empowered to manage their condition	Understand mechanisms for remote and/or digital support for people living with CVD, scope to pilot	Identified remote/digital support for people living with CVD	LBB Adults & Healthcare Public Health LBB communications (Public Health)



If you wish to collaborate on aspects of the programme or need further information contact:

[publichealth@barnet.gov.uk](mailto:publichealth@barnet.gov.uk)

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# Health and Wellbeing Board AGENDA ITEM 14

**14<sup>th</sup> July 2022**

<b>Title</b>	<p><b>Special Education Needs and Disability (SEND) Local Area Ofsted Inspection and Action Plan plus: Policy update from the Department for SEND Green Paper.</b></p>
<b>Report of</b>	Chair of the Committee, Councillor Alison Moore
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<p><b>Appendix A</b> – SEND Inspection Letter</p> <p><b>Appendix B</b> – Post SEND Area Inspection Action Plan</p> <p><b>Appendix C</b> - Post Inspection Congratulatory Letter from Will Quince MP (Parliamentary Under-Secretary of State for Children and Families)</p>
<b>Officer Contact Details</b>	<p>Chris Munday, Executive Director, Children’s Services Chris.Munday@Barnet.gov.uk Telephone: 0208 359 7099</p>

## Summary

Between 17 and 21 January 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barnet to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014 and wrote a report of their findings.

In March 2022 the DfE its consultation Green Paper entitled “Right Support, Right Place, Right Time”.

The purpose of this report is to give members of the Health and Wellbeing Board an understanding of these documents and the implications for health, education and social care service for Barnet.

## **Officers Recommendations**

**That the Health and Wellbeing Board:**

- 1. Note the outcome of the SEND Local Area inspection by Ofsted and the CQC attached at Appendix A**
- 2. Note the Action Plan agreed at CES attached at Appendix B**
- 3. Note the Congratulatory Letter attached at Appendix C from Parliamentary Under-Secretary of State for Children and Families**
- 4. Note the contents of the DfE Green Paper “Right Support, Right Place, Right Time” and the potential implications for health, education and social care services in Barnet.**

### **1. Why this report is needed.**

Between 17 and 21 January 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barnet to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014 and wrote a report of their findings. This paper reports those findings. The Government has launched a Green Paper on SEND and the Health and Well-Being Board need to consider its implications.

#### **SEND Local Area Inspection**

- 1.1 It is important that the members of the Health and Well-Being Board understand the outcome of the inspection and are clear about the proposed actions to achieve further improvement.
- 1.2 The inspection was led by one of Her Majesty’s Inspectors (HMI) from Ofsted, with a team of inspectors, including an HMI and a children’s services inspector from the CQC. As part of the inspection:
  - Over 400 parent carers completed the Ofsted/CQC survey
  - There were visits to 3 primary schools, 2 secondary schools, a special school and Barnet and Southgate College
  - Plus, conversations with 2 Out of borough schools (Suffolk and Gloucestershire)
  - Meetings with staff and voluntary groups working in the Early Years
  - The Inspectors audited a sample of EHCPs which they selected
  - An Inspector met with BING (Barnet Inclusion Next Generation – a group of young people with SEND who regular meet to discuss issues and give feedback on SEND services)
  - We sent them the SEF (Self Evaluation Framework), our large Evidence store (or over 200 documents) and some supplementary information
  - They met staff from BELS, Family Services and Health staff

Having gathered all the evidence, the inspection team wrote a report outlining their findings. The full report can be found at Appendix A.

- 1.3 22 Strengths and 7 Areas for Improvement were identified in the Report from Ofsted and the CQC. Due to the positive outcome, the area was not required to write a Statement of Action.

### **Summary of Strengths identified by the inspection team**

- 1.4 The inspection confirmed that our self-evaluation was accurate and that we have a good understanding of our strengths and have prioritised the areas for improvement accurately. It also confirmed that we manage services effectively across education, health and social care.
- 1.5 They reported that children with SEND in Barnet enjoy their time in education and outside of school and that they like to live in Barnet and are well supported. Parents and carers are “typically positive about their children’s experiences in schools and colleges” and that the “education, health and care (EHC) plans make a positive difference in assessing and meeting their children’s needs.” Parents feel respected and valued as part of strategic and operational teams and our co-production work was highly praised. They saw that our Special Educational Needs and/or Disabilities Information and Advice Service (SENDIAS) was well established and effectively used and that parent/carers, children and young people and schools found the Local Offer website useful.
- 1.6 They reported that school and college leaders were complimentary about the leadership of SEND in Barnet and that they received the support needed. Our support throughout the Covid-19 period was praised. The multi-agency training offer was also very well received. The report recognised the improved collaboration between colleges, post-16 settings and secondary schools to assess young people’s needs making the move from secondary schools to post-16 providers more effective.

### **Summary of Areas for Improvement identified by the inspection and plans in place for improvement**

- 1.7 Six of the seven Areas for Improvement were related to health services. An Action Plan has been formulated to address the areas for improvement which is shown in Appendix B
- 1.8 The one education related area for improvement related to outcomes in some EHC plans which do not “typically focus on the steps needed to help children and young people realise their wider hopes and ambitions.” To improve the Outcomes written in EHCPs to better reflect the aspirations of the children and young people we have:
- Amended the EHCP template to include the aspirations of the children and young people at the top of Section E (Outcomes) of the plan
  - Ensured there is a focus from professionals in their reports on transition to adulthood from Year 9 including outcomes related to helping children and young people achieve their ambitions
  - Ensured that there is input at SENCo training on purposeful transition, driven from children and young people's aspirations

- 1.9 One area for improvement related to antenatal contact with some expectant parents not being offered support. For all expectant parents to be offered an antenatal review so their health needs can be identified, the following actions will be put in place from September 2022:
- Parents to receive the full midwifery antenatal offer as part of the healthy child programme. Currently, the Health Visitors only offer a review to targeted parents identified as being vulnerable. A full antenatal review by a health visitor needs to take place.
- 1.10 One area for improvement related to waiting times for essential home equipment for children with SEND. To address this:
- The equipment pathway will be reviewed in order to expedite provision to patients
- 1.11 One area for improvement related to the wait time for specialist child and adolescent mental health (CAMHS) services and specialist autism assessments. To improve access to CAMHS services:
- Mental health community services are carrying out a review to determine priorities for each Borough in North Central London (NCL) which will include a gap analysis
  - Development of a patient treatment list across NCL to ensure that patients waiting for treatment can be identified by borough and service line to better target resources
- 1.12 The remaining four areas for improvement related to the availability of therapeutic provision in Barnet and the increased wait time for therapies. This has been mainly due to recruitment challenges across health services. This was a challenge for the previous provider, North East London Foundation Trust (NELFT), and is continuing to be a challenge with the new provider, Whittington Health. However, the following actions are being put into place to improve recruitment:
- New recruitment campaign underway [Join our Children and Young People's Services \(whittington.nhs.uk\)](https://www.whittington.nhs.uk) including use of social media
  - Developing an apprenticeship programme within Whittington Health
  - Whittington Health have invested in two new additional senior clinical posts
  - Shadowing opportunities within Whittington Health to grow their own and provide development opportunities
  - Increased banding (salary scale) for hard to recruit posts
  - Working with Whittington Health boroughs (Barnet, Haringey, Islington, Camden) to link up vacant posts
  - 'Golden Hello' to make posts more attractive
  - Attending job fairs at local universities
  - To work with schools and consistently communicate the offer available in order to improve the school working environment for therapists

Since taking over the contract Whittington Health have been successful in filling seven vacant posts with a further eight appointed to and going through the normal appointment

processes. This leaves seven posts currently vacant, some of which are being covered by agency staff.

In addition there are also actions in place to improve the retention rate of staff including support for well-being, staff surveys, buddy system, exit interviews, training needs analysis etc

### 1.13 **Monitoring of Action Plan**

The Action Plan will be monitored, evaluated and updated (where necessary) at the termly SEND Development Board Meetings and the SEND Partnership Board Meetings

## **DfE SEND Green Paper**

1.14 In March 2022 the DfE published its consultation green paper entitled “Right Support, Right Place, Right Time”. The consultation closes on 22 July 2022. This Green Paper sets out a vision for a single, national SEND and alternative provision system that will introduce new standards in the quality of support given to children across education, health and care.

The green paper can be found at the below link:

[SEND Review - right support, right place, right time \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/send-review-right-support-right-place-right-time)

1.15 The Green Paper identifies three key challenges facing the SEND system. These are:

- That outcomes for children and young people with SEND or in alternative provision are poor
- Navigating the SEND system and alternative provision is not a positive experience for children, young people and their families
- And that despite unprecedented investment, the system is not delivering value for money for children, young people and families

## **Overview of proposals in the SEND and alternative provision green paper**

1.16 Setting new national standards across education, health and care to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system

1.17 A simplified Education, Health and Care Plan (EHCP) through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child’s needs, meaning less time spent researching the right school

1.18 A new legal requirement for councils to introduce ‘local inclusion plans’ that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when

1.19 Improving oversight and transparency through the publication of new ‘local inclusion dashboards’ to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes

- 1.20 A new national framework for councils for banding and tariffs of High Needs, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future
- 1.21 Changing the culture and practice in mainstream education to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support
- 1.22 Improving workforce training through the introduction of a new SENCo NPQ for school SENCos and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- 1.23 A reformed and integrated role for alternative provision (AP), with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.
- 1.24 The proposals are backed by new funding to implement them, worth £70 million. This will build on the £9 billion government investment in local authority high needs budgets next year and £2.6 billion for new places for children with SEND over the next three years.
- 1.25 The emphasis is on providing the right support to children in the right place and at the right time by:
  - Boosting confidence in the system and raising standards all over the country
  - Changing the culture of mainstream education, putting it on a par with specialist settings
  - Streamlining the system from the early years to post-16 so that every pupil receives a good foundation in support all the way through their education
  - Requiring the different services involved in providing support for children with SEND, from schools and councils to healthcare providers, to work more closely together increasing accountability and scrutiny
  - Ensuring the SEND system is financially sustainable by making sure funding is targeted where it makes the most difference.

### **Implications for Barnet**

We are already well placed to respond to the ambition of the SEND Green Paper. The corporate ambition of the Education and SEND Strategies sit firmly within the Green Paper. Our recent SEND Area Review carried out by Ofsted confirmed that outcomes were strong for children with SEND in Barnet and provision was generally highly effective.

### **Mainstream Schools**

#### **1.26 New National Standards**

Proposed new national standards will set out “when needs can and should be met effectively in mainstream provision” and what support should be available. The government will “steward and regulate” the system.



### 1.27 **Contextual Information**

School performance tables will also be updated to consider “contextual information” about a school alongside its results data. This will “make it easier to recognise schools” that are “doing well for children with SEND”.

### 1.28 **Alternative Provision**

Mainstream schools will have a “clear, tiered package of support” for Alternative Provision. 3 tiers of support:

- “targeted support” for children whose needs “lead to behaviour that disrupts theirs or others’ learning”
- “time-limited” placements in AP for those who need more “intensive support” to address behaviour or anxiety and “re-engage in learning”. Pupils would be dual-registered, and “supported to return to their original school as soon as is appropriate”
- transitional placements for children who won’t go back to their old school, but will be supported to transition to a different school “when they are ready, or to a suitable post16 destination”

We welcome the focus on Alternative Provision within the Green Paper and we propose to carry out a full evaluation of our alternative provision in Barnet to ensure that it meets the requirements of the Green Paper.

## **Barnet LA**

### 1.29 **National SEND standards**

Under the proposals, the government would introduce national SEND standards, standardised education, health and care plans (EHCPs) and national funding bands.

### 1.30 **Single National Formula**

Rather than councils setting “notional” special educational needs budgets for their schools, the Department for Education would instead use a “single, national formula”. The government will decide who pays for support and how councils set funding levels, but it plans to consult on whether some “local flexibility” is required. We understand the rationale for the single national formula but would seek some local flexibility regarding implementation.

### 1.31 **Mediation**

Families and councils must engage in mediation on disputes over EHCPs before registering an appeal in the first tier tribunal. We welcome these proposals if they reduce the number of tribunals.

### 1.32 **Tailored List of settings**

Parents will also be offered a “tailored list” of settings for their child. Councils will allocate the “first available place” in order of the parents’ preference, but the settings “may be

outside” the council region. We await further details of this proposal and how the “tailored list” will be decided upon.

### 1.33 **DfE Regions Group**

The DfE’s new “regions group” – the rebranded regional schools commissioners – will be responsible for holding councils and trusts to account on delivering for children and young people with SEND.

## **Health Implications from the Green Paper**

### 1.34 **Integrated Care Boards**

From July 2022, under the Health and Care Act, the majority of functions currently performed by clinical commissioning groups (CCGs) will be conferred to newly constituted Integrated Care Boards which sit within Integrated Care Systems. We note the proposal in the paper to provide ‘statutory guidance to Integrated Care Boards (ICBs) to set out clearly how statutory responsibilities for SEND should be discharged’ including that ICBs must identify an Executive Lead for SEND who will sit on the Board.

ICBs will also have a duty to cooperate with local authorities and proactively provide input and shape local strategic planning and be responsible for funding and delivery of local health provision to meet the needs of children and young people with SEND. The Health and Care Bill also provides intervention powers for NHS England where ICBs are found to be failing.

### 1.35 **Designated Officers**

There will be greater clarity on the ‘strategic and operational functions’ at both borough and Integrated Care System level of the role of Designated Clinical Officers (DCOs) and Designated Medical Officers (DMOs). This will be reflected in the revised SEND Code of Practice and the revised title of ‘Designated Health Officer’.

## **Data Sharing**

The paper signals that work is underway with NHS England to develop and introduce tools that will facilitate improved data sharing across education and health partners. This will enable data to be shared safely and effectively with relevant partners, such as healthcare practitioners and early years settings.

### 1.36 **Workforce**

There will be analysis commissioned to better understand the support that children and young people with SEND need from the health workforce in order that this can inform and ensure a focus on SEND in health workforce planning.

## **Barnet response to the specific challenges identified in the Green Paper**

### 1.37 **Challenge 1: outcomes for children and young people with SEN or in alternative provision are poor**

- Children in Barnet with SEN do well comparative to nationally, however, detailed investigation of data for vulnerable groups (including those in alternative provision) would be advantageous to consider how we could do even better for all children and young people in Barnet with SEND i.e. Black African/Caribbean boys, children and young people known to REACH
- Preparing for Adulthood – we need to ensure we have sufficient support for the transition from Post 16 into Employment, Education and Training (EET.)

**1.38 Challenge 2: navigating the SEND system and alternative provision is not a positive experience for children, young people and their families**

- We will continue to work with Barnet Parent Carer Forum (BPCF) and other parent groups in Barnet to ensure continued parental confidence in the SEND system in Barnet
- The good percentage of parents who respond to the Education Health and Care Needs Assessment (EHCNA) survey provides us with useful feedback
- We plan to introduce half-termly zoom drop-in sessions for parents whose children are having an EHC needs assessment in order for them to ask questions and share any concerns or worries

**1.39 Challenge 3: despite unprecedented investment, the system is not delivering value for money for children, young people and families**

As a result of concerns about SEN funding in mainstream schools, ten Barnet headteachers met with the Director of SEND and Inclusion earlier this year to form an SEN Funding Working Group to look at some options for additional funding for mainstream schools in certain circumstances. Comparison top-up rates from other local authorities were looked at by the group, with the conclusion that Barnet's top up rates are roughly at a midpoint when compared with other local authorities.

£526,774 were budgeted in the 2022/23 Budget to cover the costs of the recommendations.

The recommendations from the group, which were accepted by Schools Forum, were as follows:

- **Fair Share and SEN Notional Funding.**  
Where the funding for EHCPs in a mainstream school is 60% or more of the SEN notional funding and the school has a deficit budget, the school will be given additional funding. The amount of funding will be determined by the number of EHCPs and the banded funding rates for the EHCPs, taking account of the school's SEN Notional funding and deficit budget.
- **Full funding of pupils in mainstream schools awaiting specialist placement**  
The Schools Forum agreed the following criteria:  
Funding would be from the term after the specialist placements panel where it is agreed that a specialist placement is appropriate. This is for pupils who have an EHCP and who have Banded funding of 'D' or above. The maximum top-up funding a school could receive would be £18,000.

- **Exceptional Circumstances Funding for pupils in the process of receiving an EHCP**

The Schools Forum agreed the following criteria:

This would only be applied to pupils where the school's provision map shows a need for Banded funding of 'D' or above. Schools will need to request this and provide the evidence to support the request for early funding. EHCP top-up funding to start 6 weeks early (i.e. at 14 weeks of the process), after the decision to issue has been made.

- **Wording of the EHCP**

The final recommendation does not include additional funding for mainstream schools, but it does enable schools to use their SEN funding more flexibly, whilst at the same time ensuring that EHCPs are compliant with the SEND Code of Practice, ensuring that provision is individualised to the needs of the child, specific and quantifiable. Currently, the wording in the EHCP is: "The funding will support X amount of hours a week based on Banding TA hours. To be provided to ensure that all needs are met and (child's name) makes measurable progress". The agreed change to the wording in the EHCP is: "The funding will support X amount of hours a week based on Banding TA hours. This could be delivered in a range of ways, according to the needs of the child, including small group work, paired work, or short bursts of targeted 5 intervention with an adult. The support provided will be designed to ensure that all needs are met and (child's name) makes measurable progress.

## **2. Reasons for Recommendations**

- 2.1 The Report informs the committee of the main findings from the SEND Ofsted and CQC Inspection of the Local Area. As the regulatory bodies for our SEND provision, it is appropriate for the committee to note the strengths and areas for improvement and to reassure themselves that appropriate actions are planned to make the necessary improvements.
- 2.2 The Report informs the committee of the main aspects of the Green Paper to begin to plan our response.
- 2.3 Barnet is already well placed to respond to the ambition of the Green Paper. There is already a very strong sense that we do already undertake our role as the 'Champion of Children' and have a strong system of challenge and support to all schools. The corporate ambition of the Education Strategy and SEND Strategy sits firmly within the Green Paper.
- 2.4 Barnet is also well placed in the following ways:

*Strong teams in BELS and Children's Services:*

- The reputation of the BELS and Children's Services teams is high across all schools and settings in Barnet with good collaboration across services and schools. These teams are well placed to respond to the implementation of the Green Paper

*Strong partners within Barnet.*

- Established partnership between education, social care and health
- We have strong partnership boards in existence to oversee the Green Paper
- Our strategies are robust, regularly reviewed and co-produced

### **3. Alternative options considered and not recommended**

3.1 None

### **4. Post decision implementation**

- 4.1 The Green Paper will be discussed with schools at upcoming meetings in the Summer Term, following agreement from this Committee.
- 4.2 The SEND Inspection Action Plan will be implemented in line with the timescale outlined within the document and will be monitored by the relevant Boards.

### **5. Implications of decision**

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

- 5.1.1 The quality of the education offer in Barnet is at the heart of Barnet's continuing success as a place where people want to live, work and study. It plays a crucial part in making Barnet a popular and desirable place with many families attracted to the area by the good reputation of Barnet's schools.
- 5.1.2 Excellent educational outcomes and ensuring children and young people are equipped to meet the needs of employers are key to delivering the Council's strategic objectives set out in its Corporate Plan, Barnet 2024, based on the core principles of fairness, responsibility and opportunity to make sure Barnet is a place:
- of opportunity, where people can further their quality of life
  - where people are helped to help themselves, recognising that prevention is better than cure
  - where responsibility is shared fairly
  - where services are delivered efficiently to get value for money for the taxpayer
- 5.1.3 The London Borough of Barnet's Education Strategy 2021-2024 sets out that good leadership and governance is a key driver to the achievement of the improvement of schools and educational outcomes.

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

- 5.2.1 At this stage the resources required to respond to all the elements of the Green Paper are unknown but will become clear once the consultation period is over and SEND delivery plan has been produced by the government. The work to maintain and improve services and implement the SEND Strategy (2021 – 2024) is delivered from within existing resources of the council and partner organisations.

### 5.3 Legal and Constitutional References

- 5.3.1 Article 7: Committees, Forums, Working Groups and Partnerships of the council's constitution states that the committee has responsibility for all matters relating to children, schools, education and safeguarding.
- 5.3.2 Section 7 of the Education Act 1996 places a duty on parent/carers of children of compulsory school age to ensure that their children receive an efficient full-time education suitable to their age, aptitude and ability and any special educational needs they may have either by regular attendance at school or otherwise.
- 5.3.3 The Council has duties under the Children and Families Act 2014 in relation to children with special educational needs and disabilities (SEND). There is a statutory requirement for the Council to have a SEND Strategy and to keep it under review.

### 5.4 Insight

- 5.4.1 N/A

### 5.5 Social Value

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

### 5.6 Risk Management

- 5.6.1 The Risk Register for the education service includes a risk that poor forward planning means that adequate high quality provision is not in place for children and young people with Special Educational Needs resulting in a failure to meet their needs locally. To control against this risk, the SEND Strategy 2021-2024 includes priorities for planning provision and making improvements and future provision planning is regularly updated through the Barnet Special Educational Places Plan.

### 5.7 Equalities and Diversity

The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:

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

The protected characteristics are:

- age
- disability
- gender reassignment

- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

In reviewing the arrangements for the education of pupils with special educational needs and for the use of pupil referral units and the education of children otherwise than at school, ensures that the particular needs of vulnerable children and young people are championed.

## 5.8 Corporate Parenting

A disproportionate number of looked after children have special educational needs. Ensuring provision is strong in our schools and appropriate arrangements are in place for children and young people with special educational needs and disabilities will thus be of clear benefit to significant numbers of looked after children

## 5.9 Consultation and Engagement

The Green Paper is a consultation document

## 5.10 Environmental Impact

N/A

## 6. Background papers

- 6.1 The DfE SEND Green Paper – March 2022 [SEND review: right support, right place, right time - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time)
- 6.2 Ofsted and CQC Report on Barnet Local Area [50179970 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/reports/50179970)
- 6.3 Post SEND Inspection Action Plan spreadsheet Appendix A
- 6.4 Barnet Education Strategy 2021-2024  
[https://www.barnet.gov.uk/sites/default/files/01\\_barnet\\_education\\_strategy\\_2021-2024.pdf](https://www.barnet.gov.uk/sites/default/files/01_barnet_education_strategy_2021-2024.pdf)
- 6.5 Schools and Settings Improvement Strategy 2021-2024  
[https://www.barnet.gov.uk/sites/default/files/02\\_barnet\\_school\\_and\\_settings\\_improvement\\_strategy\\_2021-2024.pdf](https://www.barnet.gov.uk/sites/default/files/02_barnet_school_and_settings_improvement_strategy_2021-2024.pdf)
- 6.6 SEND Strategy 2021-2024  
[https://www.barnet.gov.uk/sites/default/files/send\\_strategy\\_2021-2024\\_.pdf](https://www.barnet.gov.uk/sites/default/files/send_strategy_2021-2024_.pdf)
- 6.7 Pupil Place Planning Strategy  
[https://www.barnet.gov.uk/sites/default/files/04\\_barnet\\_school\\_place\\_planning\\_report\\_30.11.20.pdf](https://www.barnet.gov.uk/sites/default/files/04_barnet_school_place_planning_report_30.11.20.pdf)

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10 March 2022

Chris Munday  
Executive Director for Children and Family Services, Barnet  
2 Bristol Avenue  
Colindale  
London  
NW9 4EW

Frances O'Callaghan, Accountable Officer, NHS North Central London Clinical  
Commissioning Group  
Grace Walker, Local Area Nominated Officer

Dear Mr Munday and Ms O'Callaghan

### **Joint area SEND inspection in Barnet**

Between 17 and 21 January 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Barnet to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including an HMI and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and NHS officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

## Main findings

- Leaders from education, health and care have an accurate view of the positive impact of their work. They know what works well and what needs to improve. This is underpinned by strong and trusting working relationships and effective communication between partners. This means that services are managed effectively across education, health and social care.
- Children and young people with SEND enjoy their time in education and in their social lives. They like living in Barnet. They feel well supported by the professionals who help them. The support they receive helps them to access learning at school and college more easily.
- Parents and carers are typically positive about their children's experiences in schools and colleges. They feel that education settings meet their children's needs well. Parents and carers feel that the education, health and care (EHC) plans make a positive difference in assessing and meeting their children's needs.
- Parent representatives feel respected and valued as part of strategic and operational teams. One parent told us, 'We work fantastically well together.' Parents and carers help leaders to design and deliver different services in the area. Their views are taken seriously, and they contribute to decision-making at all levels.
- The area has experienced recruitment challenges across health services. This has led to a reduction in therapeutic provision. It has also increased the length of time children and young people wait to access therapies. Despite these pressures, staff have worked creatively to support children and young people and their families. Nevertheless, parents and carers are concerned about the impact this has on their children.
- School and college leaders speak highly of area leaders. They said that area leaders provide 'invaluable support' and are 'very responsive' to meeting the needs of children and young people, including those who need specialist provision.
- Leaders have responded thoroughly and promptly to the challenges of the COVID-19 pandemic. The pandemic has helped leaders to think differently about how to tackle needs, such as providing safe and inclusive outdoor spaces for children and young people with SEND.
- There is a strong, extensive and multi-agency training offer in Barnet. Many people, from parents to school governors, were positive about the quality and helpfulness of training in improving their ability to identify and meet the needs of children and young people.
- Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) in Barnet goes beyond consultation and collaboration. Children, young

people, and parents and carers influence and help deliver improvements across a wide range of services.

- Leaders have rightly focused on further strengthening the offer for young people after they are 16. There is now more effective collaboration between colleges, post-16 settings and secondary schools to assess young people's needs. This has made the move from secondary schools to post-16 providers more effective.
- The special educational needs and/or disabilities information and advice service in Barnet is well established and well used. Leaders have recognised and responded to the need to reduce waiting times and meet increased demand by employing more staff. However, some parents told us that they experience long waiting times for this service.
- Parents and carers who are aware of the online local offer say that it is useful. Leaders have worked to strengthen the offer so that it is more appealing to children and young people. Leaders have added a 'young people's zone' section on the local offer website, which is useful and more engaging for children and young people.

## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- Training and support networks for special educational needs coordinators (SENCOs) and whole-school staff training offered by leaders make a real difference. They lead to staff in schools being more knowledgeable about how to identify and assess children and young people's needs. This training includes opportunities to learn about early identification, and using support plans, working with parents and carers, and providing support for families.
- Specialist professionals work within settings across the community. This enables staff in education, health and social care to share information about identification and helps reduce the need for parents and carers to tell the story of their child more than once.
- Professionals work together effectively to share expertise and identify children and young people's needs early. For example, as part of the 0–19 hubs, they use weekly multi-agency meetings to identify emerging needs.
- Parents of children and young people with SEND can complete one referral form for all multi-agency services in Barnet. This means that parents and carers only need to submit their details once and will receive one response rather than many.
- There is a wide range of effective support for children under the age of five and their families. This includes training programmes for all partner agencies and

settings, support for frontline practitioners, workshops, and direct and indirect support to children. This support is provided in a timely manner to support children and their families as early as possible.

- Children with complex needs in specialist nursery settings in Barnet receive multi-agency assessment for an EHC plan. An integrated report across education, speech and language therapy, physiotherapy and occupational therapy is provided. This means that there is one report with integrated outcomes between education and health in place for the child.
- Social care professionals provide consistent and helpful input into the initial assessment process and review of EHC plans. Providers feel that this strengthens their evidence when requesting an assessment of needs.

### **Areas for development**

- Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder. Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waiting times.
- Not all expectant parents are offered an antenatal contact in Barnet. This is one of the requirements of the healthy child programme. This means that some early or emerging needs may not be identified and responded to.

### **The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities**

#### **Strengths**

- EHC plans focus sharply on how to meet children and young people's needs. Professionals use these plans well to support the all-round development of children and young people, including their independence and social skills. Plans are routinely completed and reviewed within the statutory timescales. They clearly outline the needs of the children and young people and record their views. The outcomes intended for children and young people are usually written in clear and straightforward language.
- Leaders make sure that assessments to establish the needs of children and young people with SEND are completed in a timely manner. Parent representatives are involved in the complex needs panel. This has been positive because it has helped parents and carers to appreciate the expertise needed in

making decisions. Parents spoke positively about the transparency of the assessment process.

- Leaders work well with education providers to meet the wide variety of needs of young people with SEND in post-16 education, including those with complex needs. For example, there are supported internships and specialist provision for young people with profound and multiple learning difficulties. As a result, young people have a good choice of providers to meet their needs and aspirations as they transfer to post-16 education, employment or training.
- Children and young people who missed audiology and optical checks because of the COVID-19 pandemic have been identified and offered a catch-up appointment. Specialist staff in a pupil referral unit (PRU) are supporting pupils in mainstream primary schools who are at risk of losing interest in coming to school after the COVID-19 restrictions and school closures. During one period of COVID-19 restrictions, an 'open spaces' project was introduced and continues to be in place. This enables children and young people to enjoy secure outdoor space with their family in settings that would usually have been unavailable. For example, a youth centre is being used to provide a safe and confidential space for children and young people with SEND to be able to use Wi-Fi and be in a quiet environment to access online support.
- There are effective arrangements for assessing and meeting the needs of children and young people with SEND arriving in the area from another country. They are supported in new school settings by a pilot project delivered jointly between the school nursing team and the specialist teaching service. The clinical commissioning group (CCG) has commissioned a psychologist to be part of the initial health assessment to assess the needs of a cohort of asylum-seeking young people who require additional psychological support.
- Vulnerable children and young people with SEND in Barnet have easy access to support for their health and well-being. There are designated nurses on site at PRUs, the youth offending service and in specialist settings. Children looked after with SEND benefit from timely assessment and support.
- Children and young people have a strong voice in joint commissioning. For example, they helped to redesign documents for different services and influenced the content of staff training.
- Children and young people with Down's syndrome benefit from comprehensive multi-agency support from birth until the age of 25. This was developed in partnership with parents and carers, and professionals from education, social care and health, as well as those with Down's syndrome. The dedicated pathway ensures that children and young people have access to the support they need.

## Areas for development

- Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of speech and language therapists, for example.
- Waiting times for occupational therapy and physiotherapy have been too long. Some children and young people have not been able to access the support they have needed. Area leaders know this and have worked with partners, including parents and carers, to develop an integrated service that can better respond to these needs. This is starting to have an impact, with some reduction in waiting times. In physiotherapy, this is now within the NHS target of 18 weeks. However, leaders need to continue to monitor the situation carefully to ensure continued progress.
- Some children and young people wait too long for specialist child and adolescent mental health services (CAMHS). This means that sometimes, other professionals struggle to help these children and young people while they wait.
- Some children and young people with complex medical and health needs have to wait for essential home equipment. For example, due to commissioning arrangements, there are differences in the equipment that health and social care practitioners can prescribe. There is not a clear pathway for those under 18 who need pressure care equipment. This means that children and young people under 18 experience a delay in receiving essential equipment.

## The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

### Strengths

- The proportion of young people who are not in education, employment or training after the age of 16 is low. Leaders make tenacious attempts to offer alternatives if placements break down. Colleges provide a wide offer and providers know where to look for other opportunities beyond the borough if a suitable placement cannot be found to meet young people's needs. Schools and post-16 providers work well together to ensure that young people have opportunities to transition successfully into and out of post-16 placements.
- There is strong and effective work with education providers at all phases to help them support pupils with SEND who are at risk of exclusion or poor attendance. This has led to reductions in the proportion of these pupils who have been temporarily or permanently excluded from schools.
- Schools and other education settings are supported well with training and advice about how to develop opportunities for pupils who receive SEND support to

learn the full curriculum through careful and effective adaptation of lessons and resources.

- There is a wide variety of opportunities for children and young people to develop their social participation. Many young people participate in social activities and clubs. These include visits to libraries, leisure centres, youth clubs and youth theatres. There has been an increase, over time, in the number of children and young people accessing short breaks.
- A specialist dedicated general practitioner (GP) provides health assessments for children looked after. Throughout COVID-19, this work continued without disruption. This had a positive impact on the health outcomes of children looked after with SEND.
- Schools in Barnet are able to access immediate guidance for children and young people with emerging mental health needs. The Barnet Integrated Clinical Service provides individual and group support to meet a wide range of mental health needs of children and young people with SEND and their families. The role of youth mental health first-aiders is well established. Currently, over 100 schools have this resource.
- Parents and carers in Barnet have been involved in all aspects of the area's redesign to improve mental health services. For example, some parents and carers found it hard when their children's CAMHS sessions ended and they were discharged from the service. In response to this, area leaders have redesigned the service so that after all CAMHS interventions, parents and carers have a six-month period when they can refer their child back to the service to be seen promptly about their concerns.

### **Areas for improvement**

- Outcomes in EHC plans do not typically focus on the steps needed to help children and young people realise their wider hopes and ambitions.

Yours sincerely

Andrew Wright  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Andrew Wright HMI Lead Inspector	Lesley Perry CQC Inspector
Joanna Walters HMI	

Cc: Department for Education  
CCG(s)  
Director of Public Health for the local area  
Department of Health and Social Care  
NHS England



Draft SEND inspection improvement plan.

Comment from SEND inspection	Objective	Action	Lead organisation	Co-dependent organisations	Start date	End date	Detail of work stream	Monitoring	There is a risk that...	Which would result in...	Consequence	Likely hood	Overall score	Mitigation	Revised consequence	Revised Likelihood	Overall score	Notes
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of speech and language therapists, for example.	To increase access to services by improving recruitment and retention of therapists and therapy assistant roles	WH recruiting to vacant posts	WH		On-going	on-going	Therapies recovery workstream to clear the backlog of CYP waiting for therapies (SALT, OT, PT) through med term recruitment drive and short term input to rapidly increase capacity.	This is monitored every two weeks as part of the on-going review meetings	WH will not be able to recruit to the posts	No service improvement	5	4	20	WH currently using a mixed model of recruitment including locum/short term private posts in addition to permanent posts. Recruitment strategy agreed across trusts to avoid attrition across NCL.	5	3	15	This is being monitored as part of the on-going discussions between WH, NCL CCG and BELS
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To review the service in line with the community services review.	WH - and other acute trusts within NCL	CCG/London boroughs in NCL	Started	30/09/22	Provider led therapies transformation workstream to further interrogate gaps and develop detailed costed plans to meet core offer.	This is being monitored as part of the community services review work stream	The review will take longer than planned, impacting on timescales	Longer waits for children to receive therapies	5	3	15	This work is a strategic priority and is being managed at a senior level across health organisations	5	1	5	This piece of work will determine next actions
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To develop a plan once the outcome of the community services review is known	WH	BELS/CCG/LBB	This work will start in September	TBC	Post prioritisation, borough delivery plans will be developed by key stakeholders and transformation workstreams.	To be determined		lack of service improvement progress			0				0	Plans to be informed in co production with parent forum and stakeholders as well as service practitioners system-wide
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision, for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	Short to medium term priorities to be agreed.	CCG	WH/BELS/LBB	Started	30/06/22	LBB/BELS/CCG to agree the priorities as part of the meetings with WH	This is monitored every two weeks as part of the on-going review meetings	No agreement can be reached	No change to current services	5	5	25	Meetings to take place every two weeks to agree outcomes	5	3	15	There is an outstanding issue in relation to tribunal cover & managing delivery of provision for 2750 EHCP that have a open duty of care with Barnet Children's Integrated Therapies. Alternative ways to manage tribunals are being discussed
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision, for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To work with schools and consistently communicate the offer available and to improve school working environment for therapists	BELS	WH/BELS/LBB	Started	on-going	Schools to be offered ways to raise issues about the service with managers and not to blame individual therapists who visit the schools; i.e. working proactively	This will be monitored every two weeks as part of the on-going review meetings	Some schools will continue to blame individual therapists over provision	More therapists leaving the service or refusing to work in certain schools	5	4	20	WH have given schools a number to call if they have issues with the service. BELS to speak to schools as and when incidents arise	5	2	10	This is already in place and the impact will need to be measured over time
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists.	Senior clinical leads are being recruited to each therapy profession: Occupational Therapy/ Speech and Language Therapy and Physiotherapy	WH currently recruiting to posts	WH		Started	31/07/22	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The therapists cannot be recruited	Lack of senior leadership	4	4	16	These are advertised as management positions offering career progression for individuals, so are likely to be filled	3	2	6	Progress is informed by Whittington Health every month
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	Inequalities bid approved to increase access to SLT services for vulnerable children	BID approved and budget confirmed	CCG	WH		Nov-21	31/07/22	Bid developed with input from Barnet Parent/carer forum	The bid will not be developed in time	Money not being available	5	3	15	Meetings in diary to ensure decisions can be reached	2	1	2	Bid has been approved and WH have the funding available
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	Inequalities project to be implemented.	Staff to be recruited	WH		Started	30/06/22	Staff to be recruited to develop materials and resources	Monthly at meeting	Staff cannot be found as the posts are part time	The project not being deliverable	4	4	16	Staff being recruited will have the opportunity to have full time work as part of the main therapies offer in addition to the project work, to make post more attractive	4	1	4	Staff in post to set up project. Posts being recruited to in order deliver full project
Waiting times for occupational therapy and physiotherapy have been too long. Some children and young people have not been able to access the support they have needed. Area leaders know this and have worked with partners, including parents and carers, to develop an integrated service which can better respond to these needs. This is starting to have an impact with some reduction in waiting times. However, leaders need to continue to monitor the situation carefully to ensure continued progress.	Clinical lead for occupational therapy and physiotherapy is being recruited to.	WH currently recruiting to posts	WH		Started	30/06/22	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The therapists cannot be recruited	Lack of senior leadership in OT	4	4	16	This is advertised as management positions offering career progression for individuals, so are likely to be filled	3	2	6	
Waiting times for occupational therapy and physiotherapy have been too long. Some children and young people have not been able to access the support they have needed. Area leaders know this and have worked with partners, including parents and carers, to develop an integrated service which can better respond to these needs. This is starting to have an impact with some reduction in waiting times. However, leaders need to continue to monitor the situation carefully to ensure continued progress.	To improve access to services by improving coproduction and engaging with Parent Forum and obtaining the Young Person's Voice to understand co-design of responding well to waiting times. For example - what to do while you are waiting (blogs, you tube links)	WH to implement a plan to recruit therapists and support staff. WH designing tips to support families while they are waiting.	WH		started	ongoing	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The full complement of therapy provision cannot be recruited	No one available to do the work	5	4	20	Agency and Bank staff are being used until staff can be recruited	4	4	16	
NCL CCG is working with NHS England and contribute to a SEND Maturity Matrix	Improving special educational needs and disabilities is a key priority for North Central London's NHS and Local Authorities.	Formalising our SEND governance across NCL ICS with an aim to; Increase communication and visibility of challenges and successes at place and across our NCL CYP population. Support the system to develop services and approaches to ensure best outcomes. Create a culture of learning across the ICS footprint. Ensure resources are directed to meet need	NCL CCG	WH BEH RFL CLCH NCL Local Authorities NCL Parent Carer Forums NCL Stakeholders		Nov-21	ongoing	Phase 1: Understand local SEND governance arrangements, data held and what is most useful to communities; Phase 2: In line with ICS development, formalise SEND ICS Governance, lines of communication and increase visibility and understanding of CYP with SEND and our services to support them in NCL	Quarterly reports to NCL ICS boards (CYP Maternity and Neonates Board and CCG), and monthly reporting and oversight at ICS CYP Community Board. Data flow with key indicators benchmarked across NCL to local SEND partnership board.	The relevant local stakeholders do not engage with this work				Barnet stakeholders involved in developing the new Governance and proposals for collaboration.				Work in progress. Final submission from NCL : May 2022
Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder (ASD). Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waits.	To decrease the waiting time for diagnosis	NCL hub developed to manage backlog in ASD diagnosis	NCL CCG	WH		01-Apr	31/03/23	A central hub to be developed to provide an additional diagnosis route for CYP across NCL	Monthly via NCL CYP Community Board & ICS CYPMM Board	Staff cannot be recruited to	5	4	20	Different ways of using existing staff and new recruitment will staff the service	3	3	9	Recruitment underway
Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder (ASD). Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waits.	To decrease the waiting time for diagnosis	HELIOS commissioned to provide on-line assessment to 11+ where appropriate	NCL CCG	WH		01-Apr	31/03/23	Where deemed appropriate and parents and YP agree assessments can be made on-line through a nationally recognised service	Monthly via NCL CYP Community Board & ICS CYPMM Board	families will not engage with the digital service	5	4	20	Clear communications to parents and carers about Helios and engagement with parent carer forum to ensure positive experiences from parents who have used Helios can be shared	3	4	12	Negotiations with Helios underway
Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder (ASD). Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waits.	To ensure that CYP waiting for an assessment are given support	To monitor the support in place for children on RPH waiting list.	RPH	NCL CCG/LBB/BELS		01/07/22	On-going	quarterly reports and meetings to take place to ensure needs of children waiting for assessment are met	Quarterly report to be discussed at meeting	There is not enough capacity in the system	4	3	12	Existing pathways to be built upon	3	2	6	
Not all expectant parents are offered an antenatal contact in Barnet. This is one of the requirements of the 'healthy child programme'. This means that some early or emerging needs may not be identified and responded to.	For all expectant parents to be offered a antenatal review so their health needs can be identified.	Parents receive the full midwifery antenatal offer as part of the healthy child programme. However, the Health Visitors currently only offer a review to targeted parents identified as being vulnerable. A full antenatal review by a health visitor needs to take place.	Solutions4Health	LBB PH / FS / RF		01/09/22	ongoing	Solutions4Health started delivering the service on	Quarterly at contract meetings	There are insufficient staff to come	4	3	12	Midwives see all parents re	4	3	12	The concern from the SEND inspection referred to the health visitor antenatal review and did not take into account the Midwifery contribution to this stage in a infants life cycle.
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Mental health community services review to determine priorities for each Borough in NCL	BEH	NCL CCG		Aug-21	Dec-21	Review of services to develop a core offer for CYP MH and improve equity of service offer across NCL	NCL MH Programme Board				0				0	
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Gap analysis undertaken and NCL review to determine the areas of focus in each borough	BEH	NCL CCG		Dec-21	Mar-22	Mapping of gaps against core offer in order to develop local plans for addressing gaps	NCL MH Programme Board				0				0	
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Develop PTL (patient treatment list) in order to target resources where there are the longest waits.	BEH	NCL CCG		Apr-22	tbc	Development of patient treatment list across NCL to ensure that patients waiting for treatment can be identified by borough and service line in order to better target resources	NCL Mental Health Oversight Group and NCL MH Programme Board	Progress will be hindered by capabilities of trust IT systems	4	4	16	Manual data pull whilst systems are configured	3	2	6	
Some children and young people with complex medical and health needs have to wait for essential home equipment. For example, due to commissioning arrangements there are differences in the equipment that health and social care practitioners can prescribe. There is not a clear pathway for those under 18 who need pressure care equipment. This means that children and young people under 18 experience a delay in receiving essential equipment.	To review the equipment pathway to expedite provision to patients	To establish T&F group to review the pathway							TBC				0				0	
Objectives in EHC plans do not typically focus on the steps needed to help children and young people realise their wider hopes and ambitions.	To improve the Outcomes written in EHCs to reflect the Aspirations of the cyp	1. EHCP Template has been amended to include the Aspirations of the cyp at the top of Section E (Outcomes) of the EHCP 2. Focus from professionals in their reports on Transition to Adulthood from Y9 and including Outcomes related to helping cyp achieve ambitions 3. Input at SENCo training on purposeful Transition driven from cyp's aspirations	SEN/BELS	Schools, Educational professionals (BELS) Social Workers, Health professionals		1. Completed 2/3 Apr-22	No end date		EHCP Quarterly Audit				0				0	

Workforce recruitment and retention plan

Objective	Action	Start date	End date	Detail of work stream	Monitoring	There is a risk that...	Which would result in....	Consequence	Likelihood	Overall score	Mitigation	Revised consequence	Revised Likelihood	Overall score	Notes
Increase capacity within therapy teams, by creating new opportunities and roles	Apprenticeships schemes being developed to encourage on the job training	01/02/22	on-going	Part of wider NCL work across the Allied Health Professional Network		No one will apply for the role	Continued lack of capacity	5	3	15				0	On-going
Increase capacity within therapy teams by increasing senior leadership capacity	Two additional senior clinical posts developed to provide senior leadership across all therapies	01/02/22	on-going	Previously there was one senior therapies clinician across therapies services. Recruitment for a senior clinician in each therapy provides a specialist leadership model		No one will apply for the role	Continued lack of senior oversight	5		0				0	
Increase capacity within therapy teams by advertising in different ways, including social media	Posts are now advertised on WH website, and social media in addition to traditional NHS websites	01/03/22	on-going	Increasing the number of people who see jobs being advertised by branching out into different ways of advertising roles		People without the appropriate skills will apply for roles	difficulty in recruiting to the posts	5	5	25	Strict recruitment process followed to ensure staff recruited have the necessary skills for the job	3	1	3	On-going
Increase capacity within therapies by reaching out to graduates	Attend job fairs at local universities	01/06/22	on-going	Attend job fairs at local universities		Graduates may apply for a number of jobs and consider areas outside of Barnet	posts not being filled	4	4	16	By meeting with graduates, they would be more likely to apply for roles where they have met the employer face to face	2	1	2	On-going
Increase capacity within therapy teams by linking up posts in other NCL boroughs	Use capacity across the therapies system in the most efficient way	01/02/22	on-going	Link together roles to ensure coverage in Barnet where there are fewer therapists currently in post		No one will want to work across boundaries	posts not being filled	5	3	15	Unlikely that posts would not be filled as this would provide staff with more hours	3	2	6	On-going
Increase capacity within therapies by increasing pay scales for hard to recruit to posts	Review the requirements of the service and assess where it is appropriate to increase pay scales	01/05/22	on-going	Review the requirements of the service and assess where it is appropriate to increase pay scales		This would provide unequal salaries	staff being treated differently	5	3	15	Given the number of opportunities and vacant posts, staff have a number of career options open to them	3	2		On-going
Increase capacity of staff by offering a golden hello to make posts more attractive	Offer an upfront bonus payment to staff who come to work in Barnet	01/05/22	on-going	Ensure that staff who are awarded the golden hello commit to a minimum amount of time or forfeit the bonus payment		Staff can not be recruited	Vacant posts remaining	5	4	20	The bonus payment would encourage staff to apply for roles and commit to a certain amount of time in the borough	3	3		On-going
Improve staff retention by ensuring staff are supported on a day-to-day basis, giving the more confidence in their roles	Recruit new head of service to increase senior capacity and oversight of the service	01/02/22	04/02/22	Head of service has been appointed and has started in post		No one will apply for the role	Continued lack of senior oversight	5	2	10	Recruitment is part of far reaching campaign to recruit staff	4	1	4	Complete
Improve retention of staff by growing resilience within the team	Development for new starters and existing staff to ensure support within service and share learning across wider Whittington Health service.	01/09/22	on-going	This includes an induction programme for new permanent and fixed term staff as well as students		Staff feel overwhelmed and fatigued	staff sickness and staff leaving	5	4	20	Actively developing resilience into the work place enables staff to feel supported and work more efficiently	3	2	6	On-going
Improve staff retention by providing internal opportunities for development	Shadowing opportunities have been developed	01/03/22	on-going	Shadowing offers staff the opportunity to experience different parts of the service allowing them to decide on next steps in their career. This is an incentive to stay longer in the organisation		Capacity will be taken away from day to day tasks	less capacity	5	4	20	Staff will need to demonstrate that they have picked up skills and knowledge that they can apply to existing roles, enhancing efficiency in current post	3	1	3	On-going
Improve staff retention by reviewing salaries	reviewing the inner/outer London weighting and applying a standard rate across all	01/05/22	30/06/22	Impact to be reviewed		staff will not work in Barnet at a lower rate to inner London areas	not being able to recruit	5	5	25	Salary weighting to be reviewed to equalise across boroughs	3	2	6	
Improve staff retention by implementing a buddy system with colleagues across Whittington Health	This has provided a warm welcome to the Trust as well as providing support in familiarising with new systems.	01/02/22	on-going	More support provided to staff		Staff feel overwhelmed on joining a new organisation and are tired after the impact of COVID	Staff not wanting to move roles, or struggling to adapt to new systems	4	2	8	Support put in place for staff to support them during their first weeks of service	2	1	2	On-going
Improve staff retention by undertaking a training needs analysis	Analysis being undertaken as part of the WH needs analysis	01/04/22	on-going	Whittington Health training needs analysis identifying training and support for growing and developing clinical skills		Workforce continuing professional development and investment for training does not match clinical development at pace	Staff leaving the organisation	4	2	8	Training workforce as whole teams for specific clinical work to build clinical teams and support children and young people's clinical needs				
Improve staff retention by celebrating success	Embedding celebrating success into annual appraisals	01/02/22	on-going	Ensuring staff feel valued and achievements acknowledged											
Improve staff retention by celebrating success	Annual staff awards to recognise achievements of the team and individuals over the year	01/02/22	on-going												
Improve staff retention by celebrating success	Monthly star awards to recognise when good working has taken place	01/02/22	on-going												
Improve staff retention by developing staff	Organisational Development within Whittington Health are supporting the Barnet CIT with a package of service development workshops as well as support and mentoring where needed.	01/02/22	on-going	As part of WH appraisal cycle		Staff are not confident to undertake roles effectively in a new organisation	Less efficient work and possible loss of staff	4	3	12	By developing a training and mentoring programme specifically for the service, both staff and service needs are addressed	2	1	2	On-going
Improve staff retention by understanding issues within the service	Using exit interview feedback to continually improve staff satisfaction	01/02/22	on-going	Responding to issues raised in exit interviews		It is not understood why staff leave, or that information is not used to make improvements	Continued low morale of staff	4	4	16	By addressing issues raised, staff morale increases	2	2	4	On-going
Improve staff health and wellbeing	National staff survey as well as 6 monthly Whittington Health Pulse survey completed	01/02/22	on-going	collate survey feedback and complete 'You said we did'		If staff needs are not identified and appropriate support in place staff will not feel valued	Low staff morale, reduced initiative for innovation and possible loss of staff	4	4	16	By providing support directed at issues raised by staff, team morale increases.	2	2	4	On-going
Improve staff health and wellbeing by engaging with staff to understand what their needs are and make them feel valued	A service questionnaire has been completed	20/04/22	10/05/22	This is currently being reviewed and an action plan is being developed		If staff needs are not identified and appropriate support in place staff will not feel valued	Low staff morale, reduced initiative for innovation and possible loss of staff	4	4	16	By providing support directed at issues raised by staff, team morale increases.	2	2	4	On-going
Improve staff health and wellbeing	Local well-being ambassador has been nominated by the team and has commenced plans to develop a well-being programme including activities such as team lunches, local staff survey has been carried out to feed in to service support priorities.	01/05/22	on-going	Local well-being ambassador has been nominated by the team and has commenced plans to develop a well-being programme including activities such as team lunches, local staff survey has been carried out to feed in to service support priorities.		Staff will feel they are not supported with their well being	Staff leaving the organisation	5	5	25	By understanding staff needs and working with them so they are aware of the team priorities there will be better morale	3	2	6	On-going



**Will Quince MP**

Parliamentary Under-Secretary of State for Children and Families

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tel: 0370 000 2288 [www.education.gov.uk/help/contactus](http://www.education.gov.uk/help/contactus)

Chris Munday, Executive Director for Children and Family Services for the London Borough of Barnet

Frances O'Callaghan, Accountable Officer, NHS North Central London Clinical Commissioning Group

Daniel Thomas, Leader of the Council for the London Borough of Barnet

24 May 2022

Dear Chris, Frances, and Daniel

### **Joint local area SEND inspection report**

I would like to take the opportunity to congratulate you on the recent findings in your Ofsted and CQC SEND inspection report, published on 24<sup>th</sup> March 2022.

I know that the findings in the report come as a result of a great deal of commitment and hard work from many people across the local area, including the Parent Carer Forum and I would like to take the opportunity to praise you all for your efforts and successes. Despite the challenges that the local area has faced through the pandemic, leaders have sustained their commitment, remained true to their values and maintained the momentum of continuous improvement.

I was particularly pleased to read that there are strong and trusting working relationships between partners which means that services are managed effectively across education, health, and social care; that Education, Health, and Care plans focus sharply on how to meet children and young people's needs; and that parents and carers influence and help leaders design and deliver improvements across a wide range of SEND services in the area.

Please continue to build on the good progress you have made and share your effective practice with others, as well as focusing on those areas where further development is still required.

I have asked our professional SEND Adviser, Judith Mobbs, and your DfE Case Lead, Chelsey Markow, to continue to be your links to the Department. If you have any questions or need any further support, please contact them in the first instance. Sophia Njiri will be your link to NHS England.

I am copying this letter to John Hooton (Chief Executive of Barnet Council), Theresa Villiers MP (Chipping Barnet), Mike Freer MP (Finchley and Golders Green), and Matthew Offord MP (Hendon).

Yours sincerely,

**Will Quince MP**

**Parliamentary Under-Secretary of State for Children and Families**

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## Health and Wellbeing Board

Thursday 14<sup>th</sup> July 2022 AGENDA ITEM 15

<b>Title</b>	<b>Fit &amp; Active Barnet Framework</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1 – Fit & Active Barnet presentation Appendix 2 – Fit& Active Barnet Framework (2022-2026) Appendix 3 – Fit & Active Barnet Implementation Plan (2022-2023)
<b>Officer Contact Details</b>	Courtney Warden, Service Manager – Sport & Physical Activity <a href="mailto:Courtney.warden@barnet.gov.uk">Courtney.warden@barnet.gov.uk</a>  Cassie Bridger, Assistant Director – Greenspaces & Leisure <a href="mailto:Cassie.Bridger@Barnet.gov.uk">Cassie.Bridger@Barnet.gov.uk</a>

### Summary

The Fit & Active Barnet Framework (2022-2026) sets out a series of commitments in the context of people, place and partnerships to achieve the vision of 'creating a more active and healthy borough'.

The Framework was co-produced with a range of partners, stakeholders and local organisations and has been subject to extensive consultation. It outlines synergies with local and national policy, with strong alignment to the Barnet Joint Health and Wellbeing Strategy (2021-2025).

The Fit and Active Barnet presentation included within this report (Appendix 1) provides examples of workstreams that support the achievement of priorities detailed within the Barnet Joint Health and Wellbeing Strategy.

This report requests that the Health and Wellbeing Board notes the information included (Appendix 1-3) and asks that the Board considers the implementation plan and provides any feedback to strengthen connections and future partnership opportunities.

## Officers Recommendations

1. That the Board note the appended presentation that outlines the Fit & Active Barnet Framework and its synergies with the Joint Health & Wellbeing Strategy.

2. That the Board give consideration as to where the Fit & Active Barnet implementation plan could be strengthened to align with the Joint Health and Wellbeing Strategy, and where collaboration can be optimised.

### 1. Why this report is needed

- 1.1 The Fit and Active Barnet presentation (Appendix 1) provides the Health and Wellbeing Board with an overview of the Fit & Active Barnet Framework and describes the vision to 'create a more active and healthy borough'.
- 1.2 The Framework was co-produced through a series of engagement sessions with partners and residents/community groups and sets out a collaborative commitment to increase participation levels through access to physical activity opportunities and facility and infrastructure enhancements.
- 1.3 The Fit & Active Barnet Partnership Board are responsible for the promotion, development, delivery, and evaluation of the Framework. Membership of the Partnership Board includes the Council and a variety of partners from the sport and leisure, health, education, voluntary, community and faith sectors.
- 1.4 The Fit & Active Barnet partnership is guided by the following principles;
- **Ensure physical activity is integrated at every given opportunity:** Making physical activity not just the business of typical 'sports' agencies, but it is integrated within all relevant services that support residents
  - **Promote equality and reduce inequality:** Make Barnet a place where everyone can lead more active and healthier lifestyles
  - **Embed a whole systems approach:** Work collaboratively to co-produce and support delivery of sustainable interventions across a life course
  - **Be driven by insight:** Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions
  - **Challenge the status quo:** Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough.

- 1.5 Whilst we have seen improvements in residents achieving the recommended levels of activity, we still have some way to go to reduce levels of inactivity. Our partners are the foundation of support and through collaborative engagement with the Fit & Active Barnet Partnership Board we hope to optimise our collective resources to ensure all residents, whether inactive or active, have access to and are encouraged/supported to be physically active.
- 1.6 The Fit & Active Barnet Partnership Board are committed to doing this by;
- Ensuring strategic alignment
  - Optimising investment opportunities
  - Avoiding duplication of services
  - Identifying and addressing gaps
  - Sharing skills, knowledge, and resources to maximise efficiencies
  - Promoting the value and benefit of physical activity
  - Ensuring sustainable delivery and engagement
  - Advocating accessible and affordable opportunities
- 1.7 The Framework demonstrates synergy with local and national policy documents, signifying the benefits of using physical activity as a vehicle to support residents to improve their health and wellbeing, along with achieving wider outcomes such as increased community and social cohesion, and educational attainment.
- 1.8 The presentation in Appendix 1 gives particular focus to the strategic alignment between the Fit & Active Barnet Framework and the Barnet Joint Health and Wellbeing Strategy (2021-2025), providing examples of where workstreams contained within the Fit & Active Barnet implementation plan complement and support delivery of the key areas and commitments set out within the Barnet Joint Health and Wellbeing Strategy.
- 1.9 In review of the presentation (Appendix 1), the Fit & Active Barnet Framework (Appendix 2) and it's supporting implementation plan (Appendix 3), members of the Health and Wellbeing Board are asked to consider where the Fit & Active Barnet implementation plan could be strengthened to align with the Barnet Joint Health and Wellbeing Strategy, and where collaboration can be optimised.

## **2. Reasons for recommendations**

- 2.1 This report and the appended items provide an overview of Fit & Active Barnet and how it aligns itself to help achieve the key aims and commitments outlined within the Barnet Joint Health and Wellbeing Strategy. Following review of the report and appended items, members of the Health and Wellbeing Board are asked to consider where the Fit & Active Barnet implementation plan could be strengthened to align with the Barnet Joint Health and Wellbeing Strategy, and where collaboration can be optimised.

## **3. Alternative options considered and not recommended**

- 3.1 Not applicable

## **4. Post decision implementation**

- 4.1 Feedback and recommendations obtained from Health and Wellbeing Board members will be presented to members of the Fit & Active Barnet Partnership Board for pursual e.g., integration of new actions within the implementation plan.

## **5. Implications of decision**

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

- 5.1.1 The Fit & Active Barnet Framework supports the delivery of the Barnet Plan (2021–2025) ‘Healthy’ priority with strong synergies with the Barnet Joint Health and Wellbeing Strategy (2021-2025).
- 5.1.2 As physical activity supports the achievement of wider social, economic, and environmental outcomes, the Framework also contributes to the achievement the remaining three priorities within the Barnet Plan, along with other key policy documents e.g., the Long-term Transport Strategy (2020–2041), Parks and Open Spaces Strategy (2016), and the Children and Young People Plan (2019–2023).

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

- 5.2.1 As public sector resource, capacity and investment faces significant pressure, the importance of collaboration to maximise opportunities and sustainability is vital.
- 5.2.2 In collaboration with the Fit & Active Barnet Partnership Board, the Council’s Greenspaces and Leisure service will seek to optimise the impact of partnership resources in the borough and pursue external funding opportunities where available.
- 5.2.3 All current activities are being funded via existing revenue budget allocations and grant funding.



## 5.3 Legal and Constitutional References

5.3.1 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 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.

## 5.4 Insight

5.4.1 Resources such as the Sport England Active Lives dataset and the Barnet Joint Strategic Needs Assessment were utilised to support development of the Framework. This is in addition to feedback following engagement with partners and residents/community groups. Insight and feedback will continue to be reviewed during implementation of the Framework to ensure interventions are targeted and effective.

## 5.5 Social Value

5.5.1 A report by the Sport Industry Research at Sheffield Hallam University concluded that every £1 spent on community sport and physical activity generates nearly £4 for the English economy. The report concluded that investment into physical activity creates a return across health and social care, improves wellbeing, builds stronger communities, and develops skills in the economy<sup>1</sup>.

5.5.2 We will continue to utilise the social value calculator (developed by 4Global, Experian & Sheffield Hallam University) to measure social value based on regular participation within Better leisure facilities. Between April 2019 - March 2020, the leisure management contract indicated a social value of £10,019,791 (averaging £284 per participant). This is measured across a range of outcomes including improved health, improved subjective wellbeing, increased educational attainment, and reduced crime.

## 5.6 Risk Management

5.6.1 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum), and any

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<sup>1</sup> <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee.

- 5.6.2 Greenspaces and Leisure service, in conjunction with the Fit & Active Barnet Partnership, ensure that appropriate risk management is in place to mitigate risks associated with delivery of interventions that support implementation of the Framework.

## 5.7 Equalities and Diversity

- 5.7.1 A core aim of the new Framework is to create equal opportunities for all residents to become more active, and tackle inequalities in access. An [Equalities Impact Assessment](#) has been conducted on the Framework.

- 5.7.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 5.7.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- 5.7.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled persons' disabilities.

- 5.7.5 Having regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:

- a) Tackle prejudice, and

b) Promote understanding

5.7.6 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

a) Age

b) Disability

c) Gender reassignment

d) Pregnancy and maternity

e) Race

f) Religion or belief

g) Sex

h) Sexual orientation

i) Marriage and civil partnership

## 5.8 Corporate Parenting

5.8.1 Implementation of the Fit & Active Barnet Framework supports the Council's Corporate Parenting Commitment through the delivery of interventions such as the Fit & Active Barnet Card and its additional benefits to carers (including foster carers), looked after children, and those who are care experienced.

## 5.9 Consultation and Engagement

5.9.1 The Fit & Active Barnet Framework and its supporting implementation plan was developed through a series of engagement sessions across the Council and with external partners and residents/community groups. A formal consultation process was also conducted via the Council's engagement platform, Engage Barnet, receiving comments and feedback from 73 participants. A [Report of Consultation Findings](#) has been developed to summarise feedback received.

## 5.10 Environmental Impact

5.10.1 The Fit & Active Barnet Framework supports the achievement of the Barnet Sustainability Strategy Framework and the Long-Term Transport Strategy (2020-2041) through the coordination and delivery of active travel interventions, such as walking & cycling, and promoting everyday movement in the borough.

## 6. Background papers

6.1 [Fit & Active Barnet Framework \(2022-2026\) Equalities Impact Assessment](#)

6.2 [Fit & Active Barnet Framework \(2022-2026\) Report of Consultation Findings](#)

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# Health & Wellbeing Board

## 14<sup>th</sup> July 2022

# Barnet Health and Wellbeing Board

## Key items for consideration;

1. Has the [FAB implementation plan for 2022-23](#) optimised links with the key areas and commitments set out in the Joint Health and Wellbeing Strategy? Do any areas require strengthening?
2. Are there any areas for further collaboration?
3. How can the FAB Partnership best work with Health & Wellbeing Board members to achieve a 'more active and healthy borough'?
4. In considering the new administration priorities, is there anything missing from the [FAB implementation plan](#) that should be considered/explored further for integration?



# Developing the FAB Framework (2022-26)

Co-produced with Public Health, the FAB Framework was developed through a series of virtual workshops with partners and stakeholders across the Council, health, education, sport and leisure, and voluntary, community and faith sectors between April 2021 – February 2022.

To ensure that the Framework reflected and responded to needs across Barnet, virtual and in person focus groups were also held with residents and community groups;



A formal consultation exercise was undertaken via Engage Barnet, receiving a total of 73 responses. The full consultation findings report can be located [here](#)

The [FAB Framework](#) (2022-26) and its supporting [implementation plan](#) were approved by the Adults and Safeguarding Committee on 7<sup>th</sup> March 2022.

# FAB vision is to ‘create a more active and healthy borough’

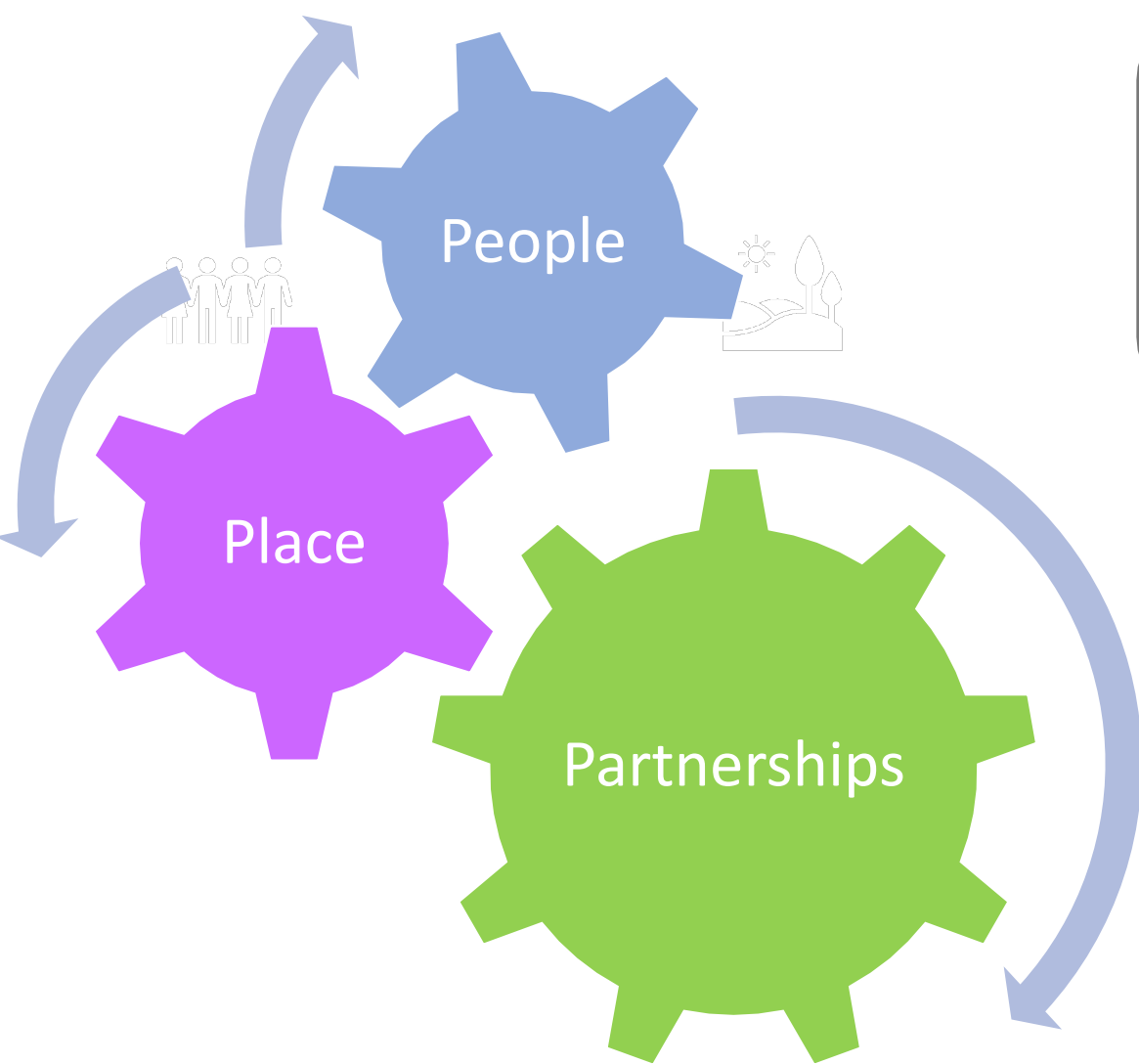
We seek to achieve this vision by aligning with the following five guiding principles...

1. **Ensure physical activity is integrated at every given opportunity:** Making physical activity not just the business of typical ‘sports’ agencies, but it is integrated within all relevant services that support residents
2. **Promote equality and reduce inequality:** Make Barnet a place where everyone can lead more active and healthier lifestyles
3. **Embed a whole systems approach:** Work collaboratively to co-produce and support delivery of sustainable interventions across a life course
4. **Be driven by insight:** Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions
5. **Challenge the status quo:** Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough.





# Delivered in the context of three P's



**People**  
increase physical activity levels amongst everyone

**Place**  
Provide environments that support active lifestyles

**Partnerships**  
Work together to embed physical activity at every opportunity

# People: Aims and Commitments



## People

increase physical activity levels amongst everyone

### Our Commitments 'we will do this by':

- Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist
- Understanding the barriers to participation and addressing gaps in provision, to ensure equal and fair access for everyone
- Changing behaviours and perceptions towards leading an active and healthy lifestyle
- Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making .

# Place: Aims and Commitments



Provide environments that support active lifestyles

## Our Commitments 'we will do this by':

- Supporting the protection, revival, and creation of accessible active environments
- Optimise the use of active environments through the delivery of targeted physical activity interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business
- Advocating for active environments to be embedded within local policy, strategies and plans and that this is central to decision making.

# Partnerships: Aims and Commitments



## Partnerships

Work together to embed physical activity at every opportunity

### Our Commitments 'we will do this by':

- Facilitating effective working between partners to deliver the Framework and maximise outcomes
- Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes
- Optimise and secure resources among the partnership to support increased physical activity levels

# A targeted approach

FAB aims to increase physical activity levels across the borough, irrespective of age or how individuals identify. To fully achieve this, we need to address the levels of disproportionality experienced by some demographic groups in relation to physical activity levels and access to opportunities.



# Participation in Barnet Sport England Active Lives Survey

The Nov 20/21 adults survey dataset tells us that;

62.6% of adults aged 16+ are moderately activity for at least 150 minutes per week.

This is broken down as follows;

Female 63% Male 62.7%

16–34 years 63.4%	35-54 years 61.6%
55-74 years 69.6%	75+ years no data recorded

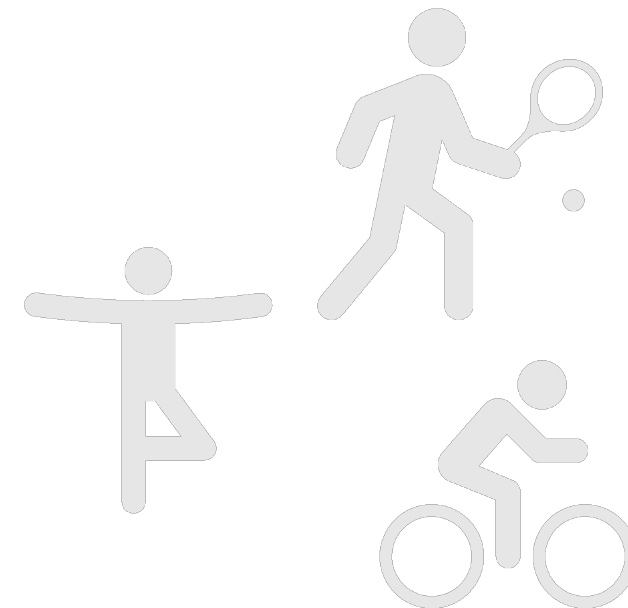
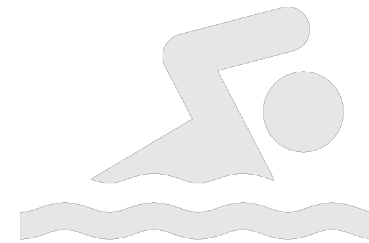
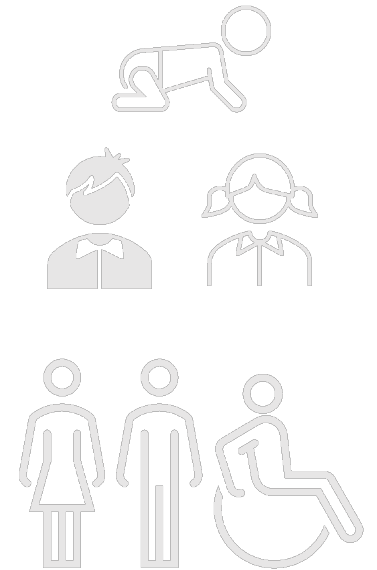
Disability and/or long-term health condition 52%

White 67.7%  
White Other 57.3%  
Asian (exc. Chinese) 58.7%  
Other ethnicities no data recorded

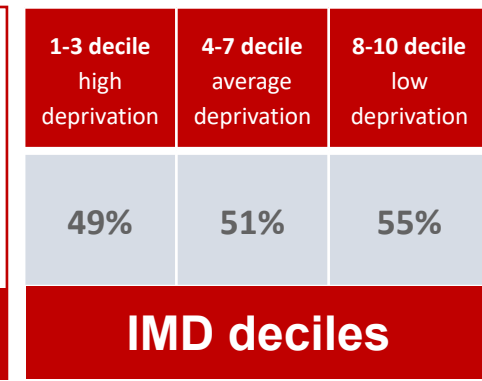
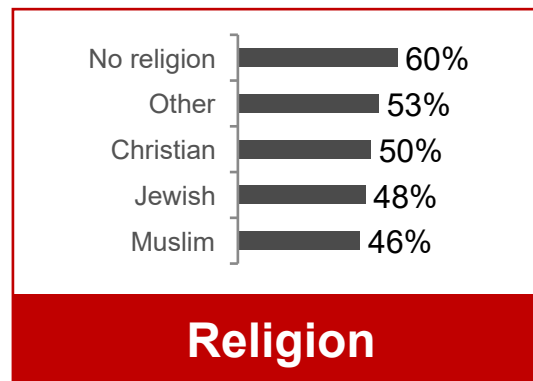
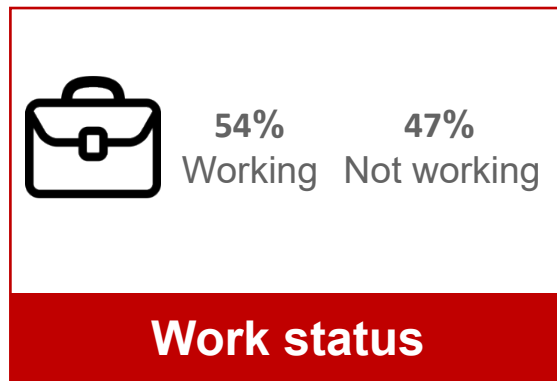
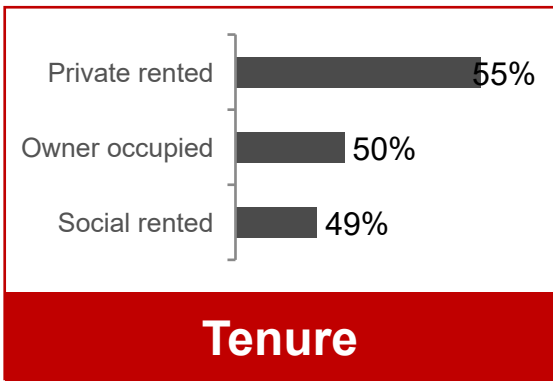
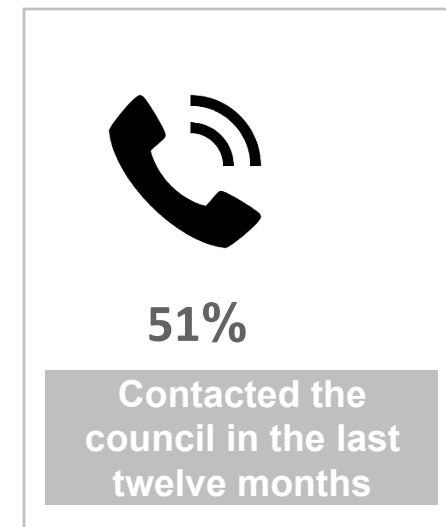
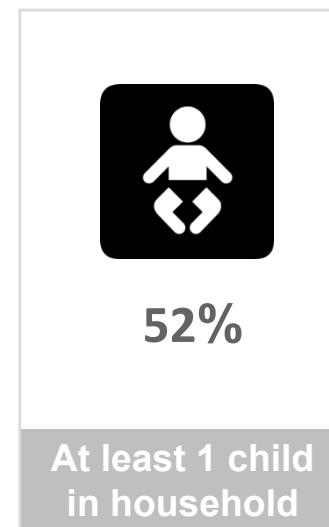
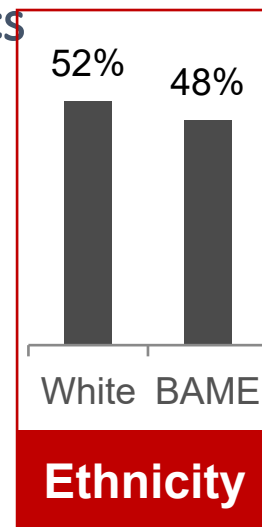
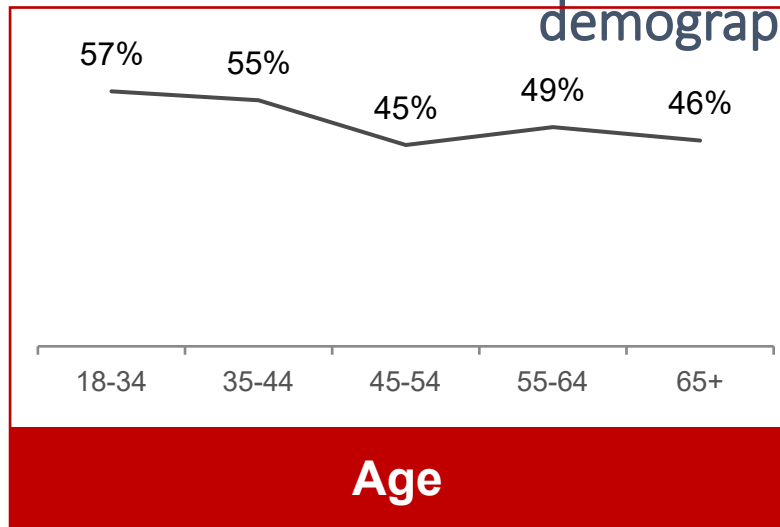
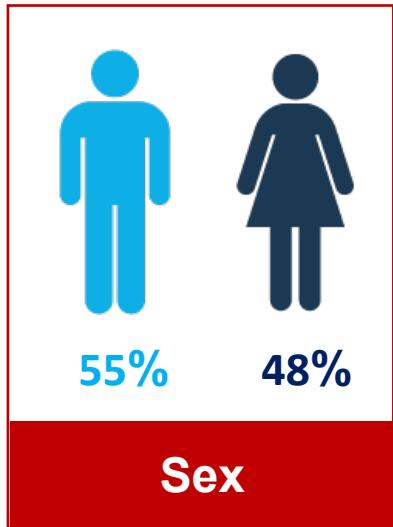
The CYP survey for academic year 2018/19 tells us that;

43.5% of children and young people (aged 5-16 years) are active for an average of 60 mins per day\*

35.2% of children and young people (aged 5-16 years) are active for less than 30 mins per day\*

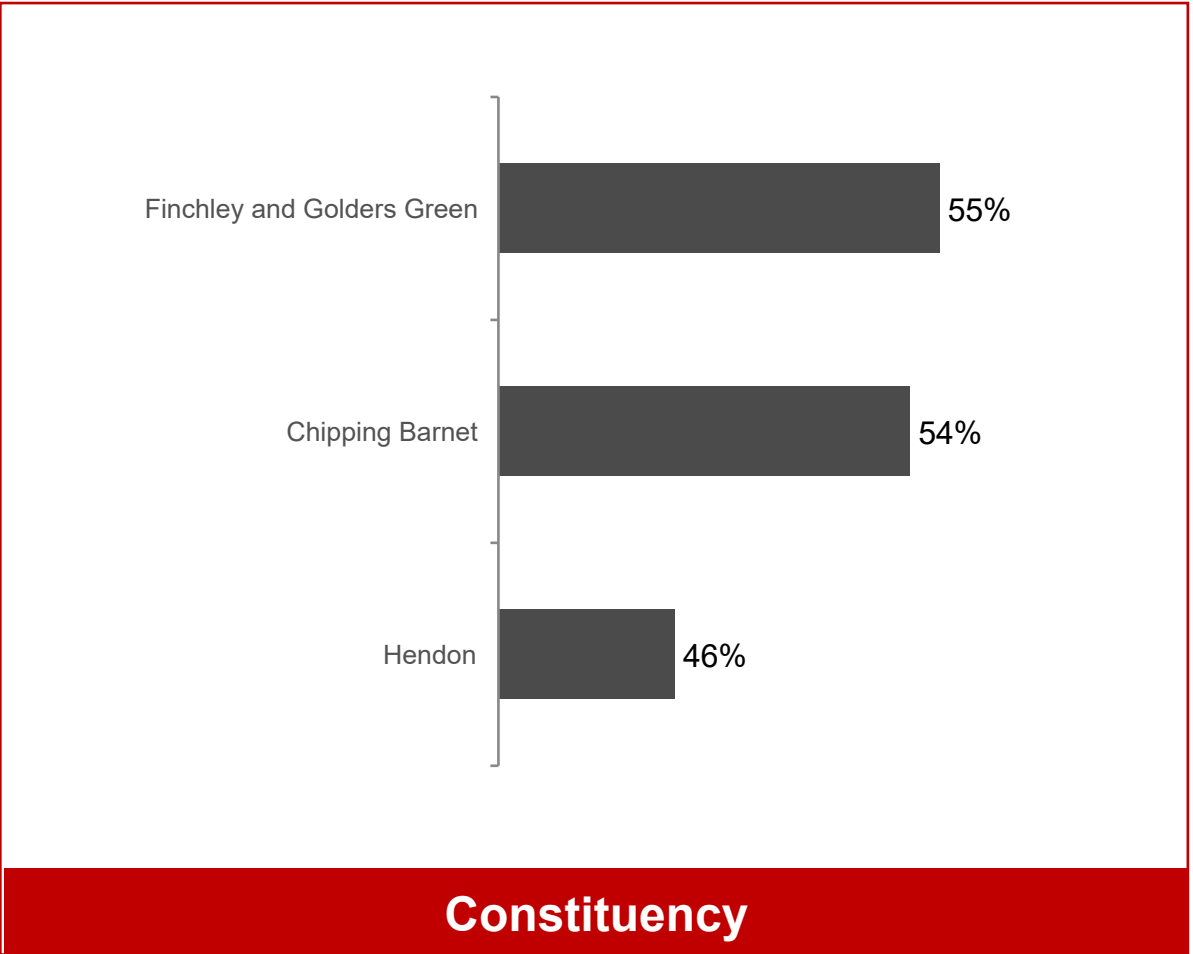
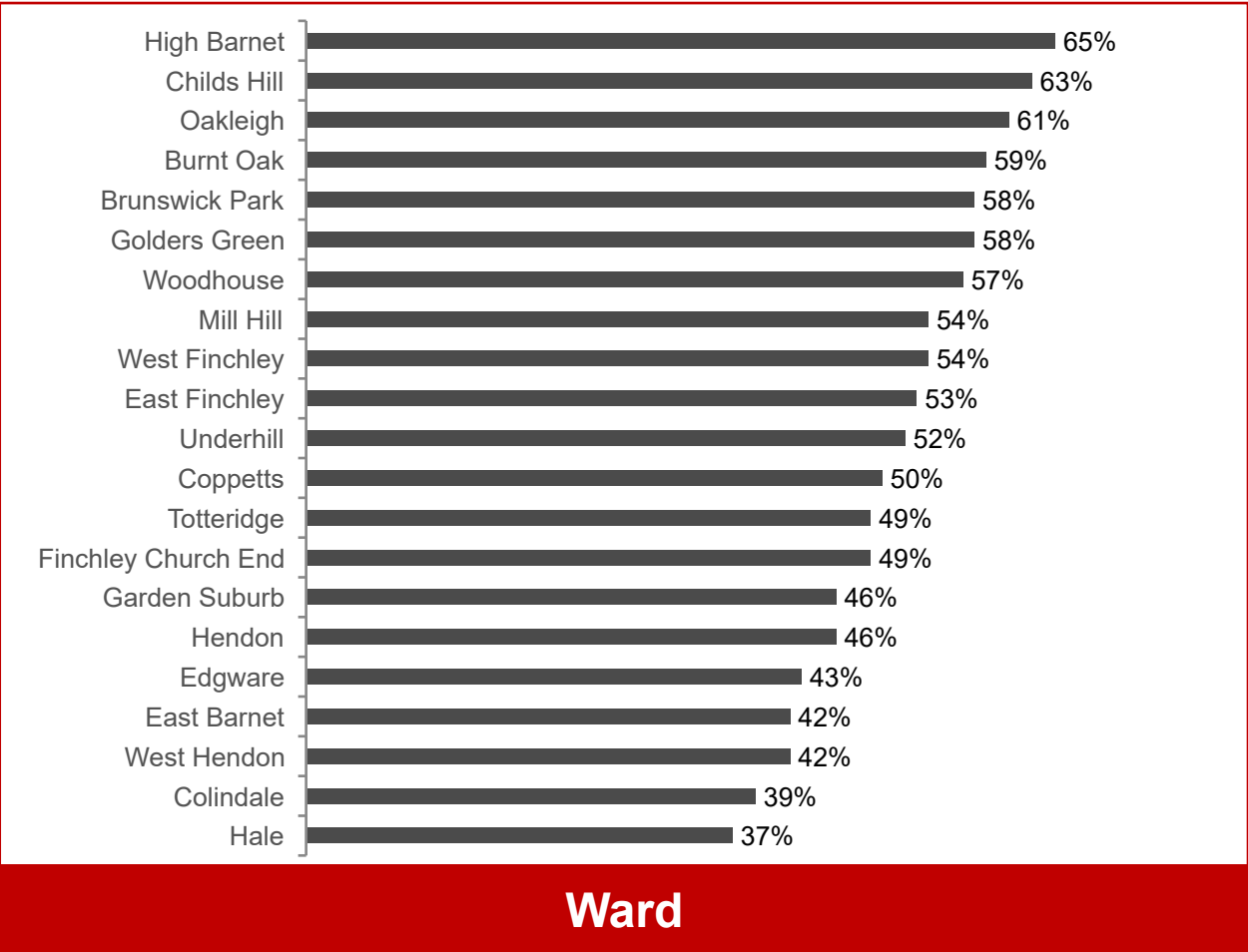


# Residents' (aged 18+) level of physical activity (51% active overall) broken down by key demographics



Residents who are male, aged 18-44, private renters, those who are working, those who are not religious, those who are not disabled, and those from areas of low deprivation are all significantly more likely to be active and do 150+ minutes moderate-intensity activity a week. However, female residents, those aged 45-54 or 65+, residents who are BAME, those who are not working, and individuals with a disability are less likely to be active.

# Residents' (aged 18+) level of physical activity (51% active overall) broken down by ward and constituency



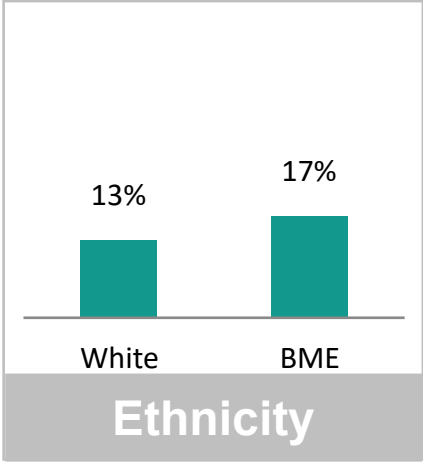
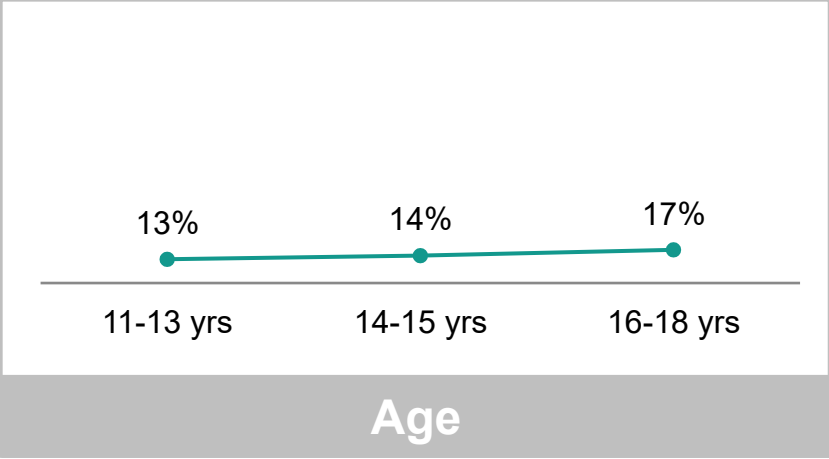
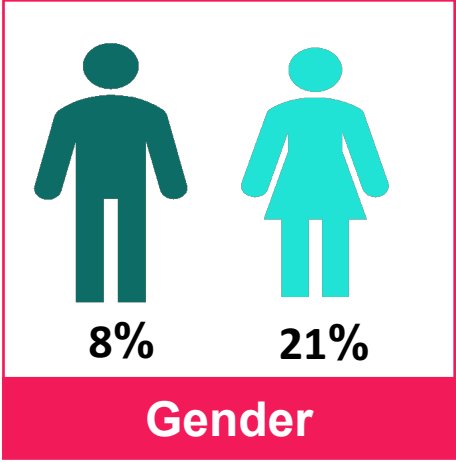
Residents living in the High Barnet, Childs Hill, and Oakleigh wards and those in the Finchley and Golders Green constituency are significantly more likely to be physically active. However, residents living in the Hale and Colindale wards and Hendon constituency are significantly less likely to be physically active.



# Young people who are physically less active...

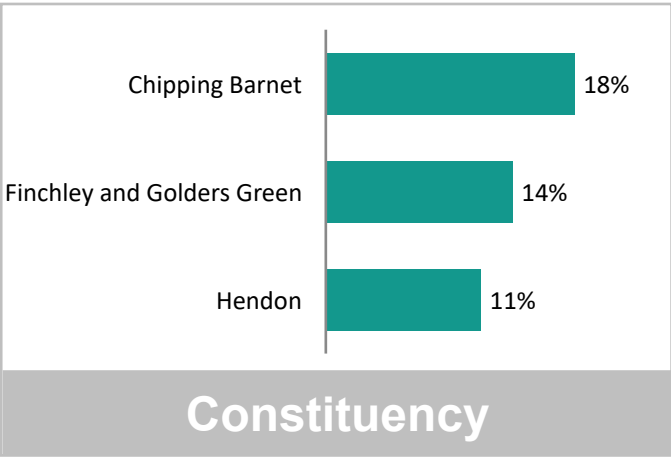
15% of young people are physically less active (doing on average under 30 minutes of exercise a week). There is significant variation in this by gender with females being more likely to be inactive than males.

Young People Survey  
(2021/22)



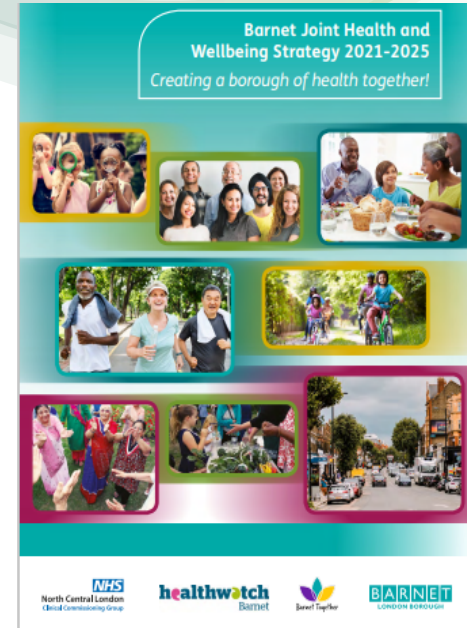
1-3 decile (most deprived)	4-7 decile	8-10 decile (least deprived)
16%	12%	13%

**IMD deciles**



# Joint Health & Wellbeing Strategy alignment

- 40,000+ residents registered with a FAB Card; offering benefits to Barnet residents including discounted access to leisure facilities, free swimming for under 8's, and 8 – 15-year-olds swim for £1
- Enhanced FAB Card benefits for carers, foster carers, looked after children and children who are care experienced
- Delivery of physical activity interventions; Barnet Golden KM, London Youth Games, School Games, London Mini Marathon, Parkrun, Good Gym and Our Parks
- Targeted health interventions; XPLORE (child weight management), Adult Weight Management, Falls prevention, Diabetes Referral, Physical Activity on Referral and Cancer Rehabilitation
- FAB integrated within key policies, plans and workstreams e.g., CVD prevention programme, School Supezone EOI's, Workplace Wellbeing, and the emerging health impact assessment technical note
- Dementia Friendly leisure facilities and programming; all five leisure facilities have a designated Dementia Champion
- £37,610 secured to install a Changing Places facility at Finchley Lido Leisure Centre
- Working group established to deliver active travel priorities e.g., Clean Air Day event on 16 June



# FAB campaign/comms update



- A FAB campaign timeline has been developed aligning with national awareness dates e.g., Carers Week, Diabetes Awareness Week, UK Day for Older People, Men’s Health Week , New Year, New You, and International Women’s Day
- Focused ‘Give it a Go’ campaign planned for September 2022 to support and encourage residents to move more – raising awareness of the importance of being physically active and opportunities available in the borough
- Residents will be signposted to the [FAB Hub](#) where they can sign up for their FAB Card, find an activity, locate information on health interventions and physical activity recommendations (Chief Medical Officer), and more...!



# FAB Partnership Board

Implementation of the Framework is owned and driven by the FAB Partnership Board.

The importance of working collaboratively to maximise opportunities and ensure sustainability is vital.

Embracing the five guiding principles of the FAB Framework, the FAB Partnership Board intends to provide a foundation that supports maximum influence on deliberate and unintentional physical activity in the borough by;

- Ensuring strategic alignment
- Optimising investment opportunities
- Avoiding duplication of services
- Identifying and addressing gaps
- Sharing skills, knowledge, and resources to maximise efficiencies
- Promoting the value and benefit of physical activity
- Ensuring sustainable delivery and engagement
- Advocating accessible and affordable opportunities



# Fit & Active Barnet Framework

(2022 – 2026)

“Creating a more active and healthy borough”



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## Foreword

There is a huge amount of evidence to support the importance of leading an active lifestyle. In fact, it is widely documented that if physical activity was a pill, it would be classed as a 'wonder drug' due to the numerous benefits it has on our health and wellbeing. It also helps to bring communities together, tackle crime and support a thriving economy.

Building on the success of the last Fit & Active Barnet Framework (2016–2021), I am delighted to endorse this new Framework, which provides a refreshed approach to create a more active and healthy borough over the next five years.

Whilst we have seen an improvement in physical activity levels across the borough since 2016, there continues to be lower participation levels in our more deprived areas, and among minority ethnic communities and disabled residents. We also continue to see stark health inequalities with 56.4% of Barnet adults and one in five children aged 4-5 overweight or obese.

The unprecedented COVID-19 pandemic has exacerbated the health inequalities in the borough, in addition to driving a national decline in physical activity levels. This has shone a light on the importance of physical activity as we recover from and learn to live through the pandemic.

Our ambition is clear, but we can only achieve our vision by working closely with our residents and partners across the sport, physical activity, health, education and voluntary, community and faith sectors to implement the changes that we need to make. The refreshed Framework emphasises the importance of working collaboratively within a whole systems approach to ensure that we are integrating physical activity at every given opportunity.

Achieving our vision will not be without its challenges, however I am confident that the passion and expertise of the Fit & Active Barnet Partnership will take the lead in implementing this Framework and maximise opportunities to deliver meaningful outcomes for everyone.

**Councillor Sachin Rajput**

Chairman, Adults and Safeguarding Committee



## Introduction

We care about the borough and want it to be a great place to live, work and visit. Listening to and working with residents and communities, we want everyone in Barnet to have the opportunity to live more active and healthier lives.

Physical activity is vital for health and wellbeing. Studies have shown that being physically active has a range of benefits, whether they are health or community focussed. This is increasingly important in our diverse and growing borough, and in the context of the COVID-19 pandemic.

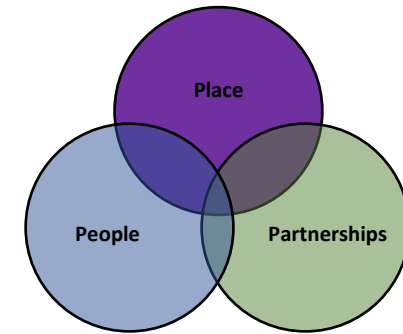
Traditionally, leading a physically active lifestyle has been associated with participating in formal team sports or visiting a leisure facility to swim or use the gym. In recent times it is acknowledged that all types of everyday activities that get people moving more and reduce sedentary behaviour (e.g., walking, cycling, dancing, active play, and gardening, in addition to formalised sports and leisure activities) all contribute to the definition of 'physical activity'.

This Framework builds on the success of our previous Fit & Active Barnet Framework (2016–2021). It sets out a whole-systems approach for physical activity in Barnet over the next five years by outlining our vision and aims in the context of People, Place and Partnerships.

Within each of these aims we have established a series of commitments that will steer our direction.

This Framework has been developed through collaboration among partners to define our vision and how it contributes to the achievement of wider priorities across the borough. The partnership includes the London Borough of Barnet, sport and physical activity providers, National Governing Bodies, the health sector, the education sector and the voluntary, community and faith sector.

To achieve our goals, we will continue to work together, so that everyone who lives, works, or studies in Barnet has the opportunity and support to become more physically active.



## Our Vision

Is to **'create a more active and healthy borough'**.

## Our Guiding Principles

To achieve our vision, we will apply the following principles:

**1. Ensure physical activity is integrated at every given opportunity:**

Making physical activity not just the business of typical 'sports' agencies, but is integrated within all relevant services that support residents

**2. Promote equality and reduce inequality:**

Make Barnet a place where everyone can lead more active and healthier lifestyles

**3. Embed a whole systems approach:**

Work collaboratively to co-produce and support delivery of sustainable interventions across a life course

**4. Be driven by insight:**

Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

**5. Challenge the status quo:**

Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough

## Our progress against the FAB Framework 2016-2021

This refreshed Framework builds on the success of the last Framework that covered a five-year period, 2016–2021. Over this time a diverse range of partners worked together to support residents to lead more active and healthier lifestyles.

Our achievements include:

- The number of adults aged 16 and over who are active for at least 150 minutes per week increased by 7.3% between Nov 15/16 to Nov 17/18 (measured by the Sport England Active Lives Survey). Activity levels then experienced a decrease, but have since increased to 61.6% (May 20/21)
- Delivery of a FAB campaign involving the development of a FAB Hub (digital platform) and creation of the FAB Card - incentivising residents to be active through offering physical activity discounts and benefits. At the time of writing there are 37,839 registered FAB Card holders
- 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
- Procurement of a 10-year leisure management contract with Better which includes operation of the boroughs five leisure facilities and the delivery of health and community-based physical activity interventions
- 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 to enhance facilities at Burnt Oak, Finchley Lido, and Hendon Leisure Centres
- An estimated two million attendances across targeted physical activity interventions delivered within the borough e.g., Parkrun, London Youth Games, Health Walks and Rugby4Life
- 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.
- Delivery of the Barnet Playing Pitch Strategy and Indoor Sport and Recreation Study

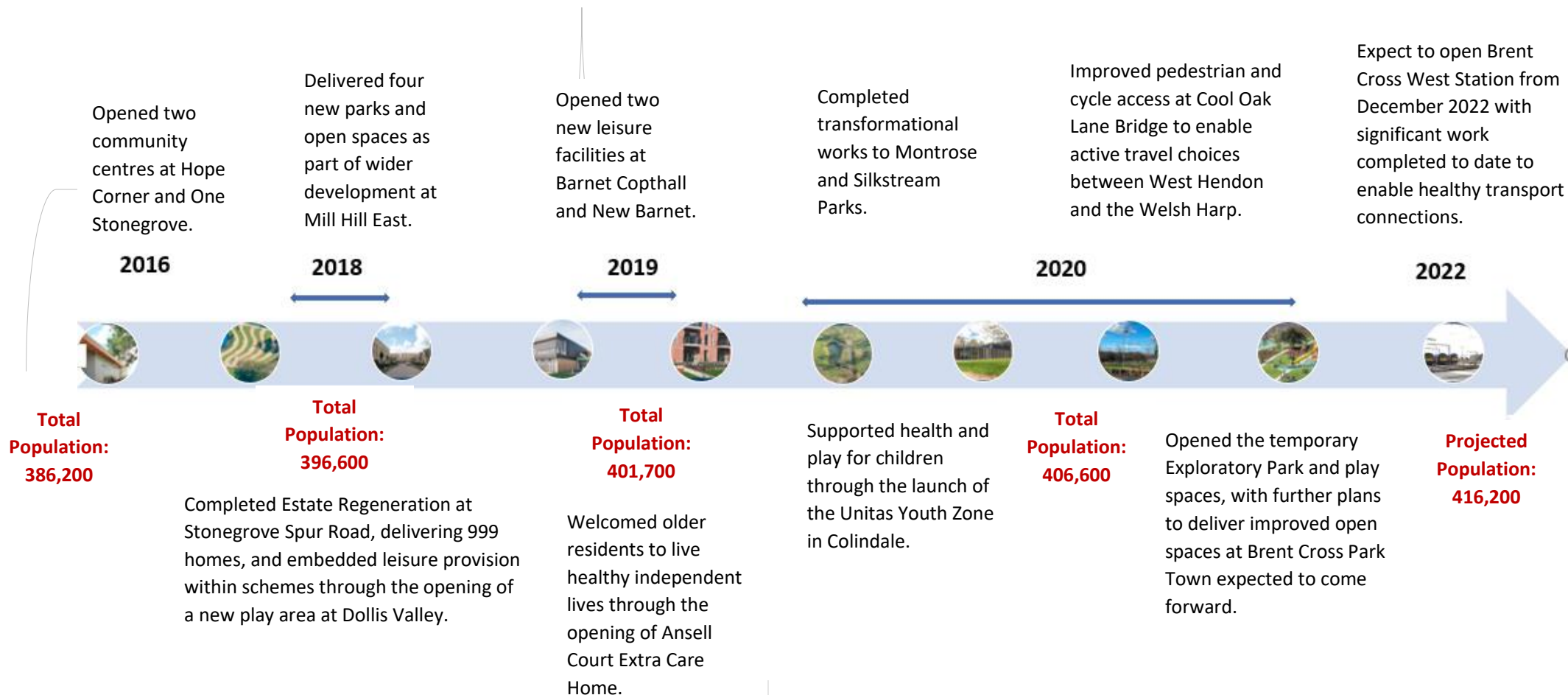
A full update report, submitted to Adults and Safeguarding Committee on 14 September 2021, can be read [here](#)

We are proud of our achievements, however there continues to be inequalities in physical activity levels across the borough. We acknowledge that we need to do better to tackle this issue and our refreshed Framework intends to support everyone in our growing and diverse borough to have the opportunity to be physically active.

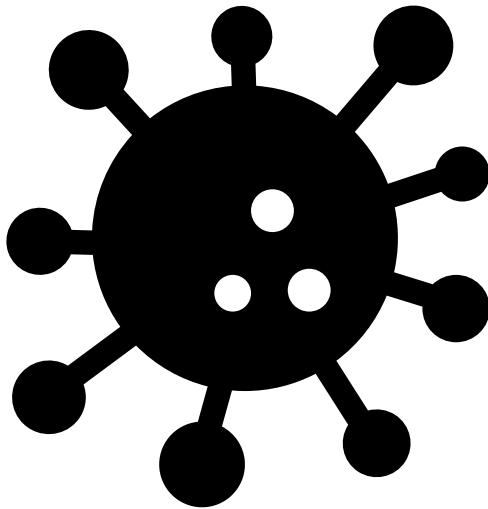
## Why do we need a new Framework?

Policy relating to physical activity, such as Sport England’s strategy ‘Uniting the Movement’, now has a greater emphasis on everyday movement and reducing sedentary time. This shift, along with the environment and infrastructure being recognised as critical to encouraging participation, requires us to evolve our approach to achieving increased physical activity levels.

Barnet as a borough has changed significantly since the emergence of the first Fit & Active Barnet Framework in 2016.



The COVID-19 pandemic has led to major changes in physical activity. Nationally, there are 0.8 million fewer active adults (achieving at least 150 mins a week) and 1.4 million more inactive adults (achieving less than 30 mins a week) than before the pandemic<sup>1</sup>. At the same time, the pandemic has highlighted the importance of leading an active lifestyle to improve our health and wellbeing.



Physical inactivity is associated with a higher risk of severe COVID-19 outcomes

Women, young people aged 16-24, over 75's, disabled people and people with long-term health conditions, and those from Black, Asian, and minority ethnic backgrounds most negatively impacted.

Significant reductions in walking for travel, swimming, and team sports. Walking for leisure, running, and cycling for leisure all increased during the pandemic.

There has been an increase in digital participation via apps and streaming services

Post third lockdown,

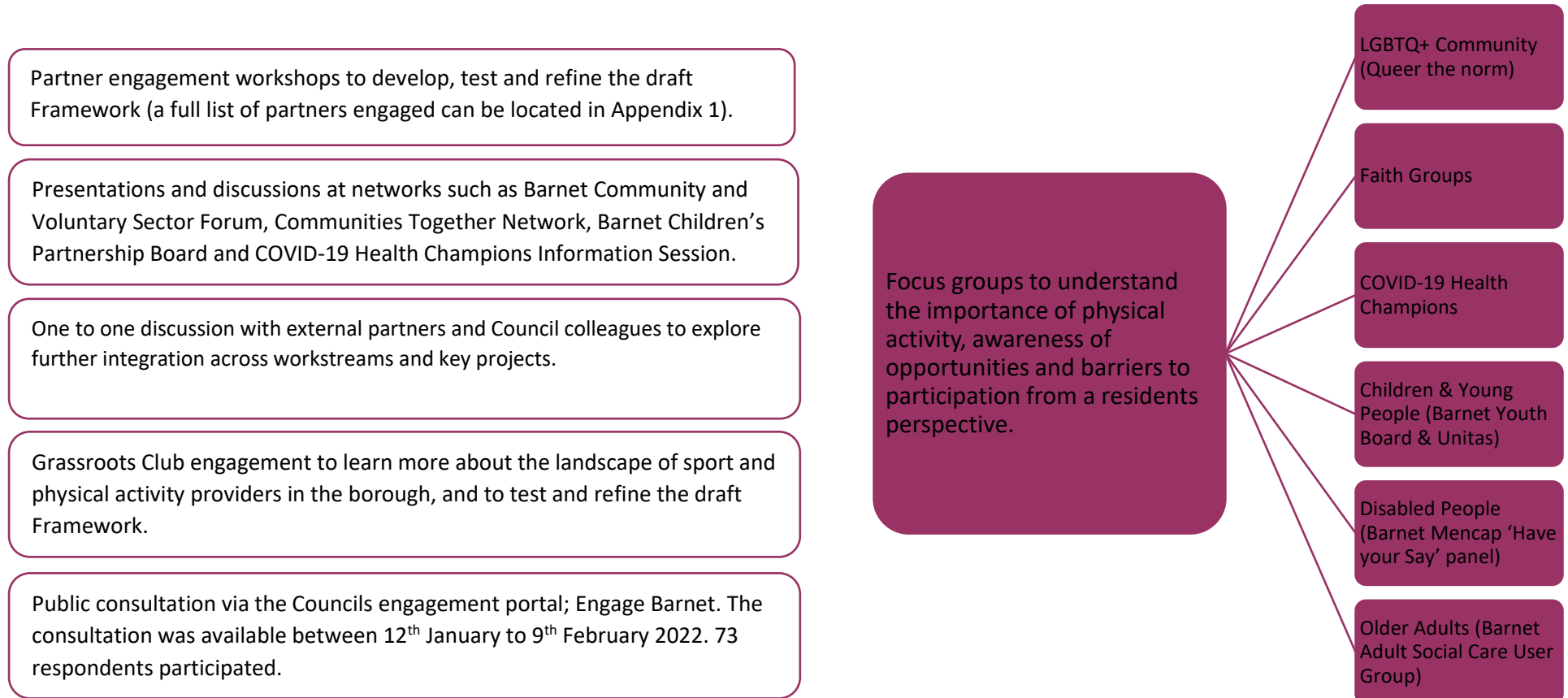
- 87% of teachers believe children's physical fitness is worse
- 67% believe general wellbeing is worse
- 78% believe children returned to school with excessive weight

The new Framework focuses on how we can support people to become active again following the COVID-19 pandemic.

<sup>1</sup> Active Lives Adult Survey May 2020 – 21 Report [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com)

## How we developed this Framework

Development of the Framework was coordinated by the Sport and Physical Activity and Public Health teams at London Borough of Barnet. The Framework has been co-produced through engagement with representatives from different communities and a wide range of partners. For example.

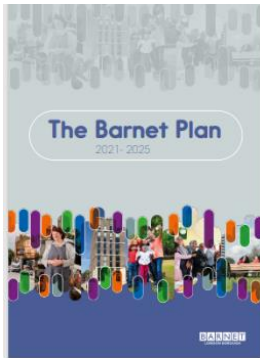


## Links to other strategies and plans

Recognising the wide-reaching impact of physical activity and our ambition for the Fit & Active Barnet Framework to provide a platform for partners to deliver their own priorities, it is important that our direction is guided by local and national policy.

### Local policy alignment (London Borough of Barnet)

#### The Barnet Plan (2021–2025):



The Barnet Plan sets out the four priorities for the borough.

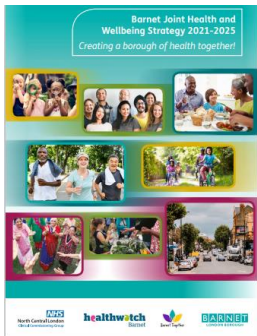


The plan focuses on key outcomes that the Council is seeking to achieve and how we will work to achieve them.

The Fit & Active Barnet Framework falls primarily under the **Healthy** priority of the Barnet Plan, with a commitment to provide “Great facilities and opportunities to be physically active”. However, the Framework also links to the other three priorities set out in the Barnet Plan by supporting their workstreams through links to physical activity.

The Framework also intends to support the delivery of various other strategies, policies and plans in the borough. This will be achieved by optimising synergies across workstreams and providing expertise and support in delivering outcomes that contribute to achieving a ‘more active and healthy borough’.

A full reading list is available in Appendix 2.



## Local and national policy alignment

The Framework demonstrates synergy with local and national policy context to create an active and healthier population.



### **PHE Everybody Active, Every Day: framework for physical activity (updated January 2021)**

'Everybody Active, Every Day' is a national, evidence-based approach to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective, and 'normal' choice in every community in England.

The framework focuses on four areas for action

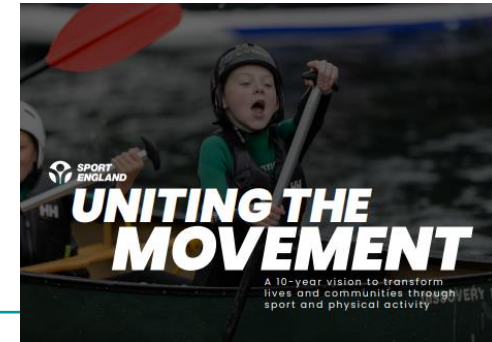
- Change the social 'norm' to make physical activity the expectation
- Develop expertise and leadership with professionals and volunteers
- Create environments to support active lives
- Identify and up-scale successful programmes nationwide



### **London Sport: LDN Moving (2021)**

With a mission to make London the most active city in the world, the London Sport Strategy is made up of six long term goals:

1. Achieving long term change
2. COVID-19 responding to crisis
3. Increase physical activity levels among less active adults, reducing inequalities and inactivity
4. Give young Londoners the best opportunity to form a positive physical activity for life
5. Improve policy, systems, and investment to support active lives
6. Use tech, data, and digital communications to support Londoners to get and stay active. [12](#)



### **Sport England Strategy: Uniting the Movement (2021):**

Uniting the movement is Sport England's 10-year vision to transform lives and communities through sport and physical activity.

The strategy prioritises five big issues that have the greatest potential for preventing and tackling inequalities in sport and physical activity. Each 'issue' is a building block that on its own would make a difference, but together could make a profound change

- Recover and Reinvent
- Connecting Communities
- Positive Experiences for Children and Young People
- Connecting with Health and Wellbeing
- Active Environments

Appendix 3 provides all full reading list of other policies, strategies and plans that have been reviewed and have contributed to the development of the Framework.



## What do we mean by physical activity?

Physical Activity includes exercise as well as other activities which involve bodily **movement** and are done as part of playing, working, active transportation, house chores and recreational activity.”<sup>2</sup>

## How active should we be?

The Chief Medical Officer has set national guidelines on the recommended levels of physical activity at different stages of the life-course. People of all ages are encouraged to spend as little time as possible being sedentary<sup>3</sup>.



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<sup>2</sup> [World Health Organization Definition of Physical Activity - Public Health](#)

<sup>3</sup> [Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)

## What are the benefits of physical activity?

Physical Activity is one of the best preventative tools that can be used as a vehicle to improve a multitude of health, wellbeing, and social outcomes.

Improves physical and mental wellbeing, social and community cohesion, educational attainment, and economic prosperity

Lowers risk of:

- Coronary heart disease and stroke
- Type 2 diabetes
- Cancer e.g., breast and bowel
- Early death
- Premature osteoarthritis
- Falls (among older adults)
- Depression and anxiety
- Dementia

Reduces loneliness and isolation, and crime and anti-social behaviour



Functional limitations and falls in later life are attributable to insufficient movement.



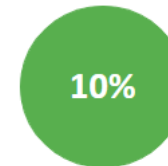
Every £1 spent on community sport and physical activity generates nearly £4 for the English economy.



Just 5 minutes of moderate exercise is enough to experience a mood-enhancement effect and improve sleep quality.



Regular activity in childhood is associated with improved learning and educational attainment.



Getting just 10% of UK residents to move more would increase workplace productivity and reduce absenteeism.

## What are the common influencing factors to physical activity?

Along with the wide-ranging benefits of physical activity, there are also numerous influencing factors which can act as facilitators and/or barriers to an individual's ability to access and engage in physical activity opportunities.



- Cost
- Ability (skill, health, disability)
- Suitability
- Caring responsibilities
- Cultural requirements
- Location
- Transport
- Time
- Education and work
- Lack of knowledge
- Low motivation and esteem
- Lack of social network (no encouragement or support)
- Weather

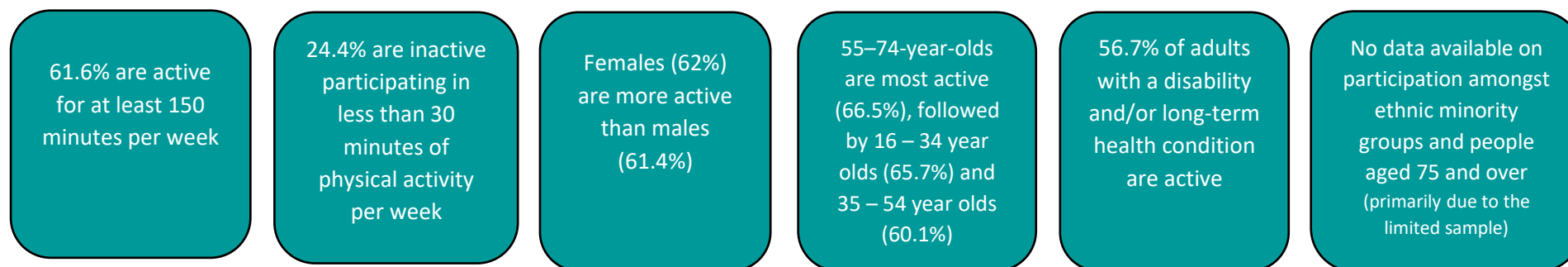
## How physically active is Barnet?

Sport England collects data via the national Active Lives Survey that measures participation amongst adults aged 16 and over and children and young people aged 5 – 16 years.

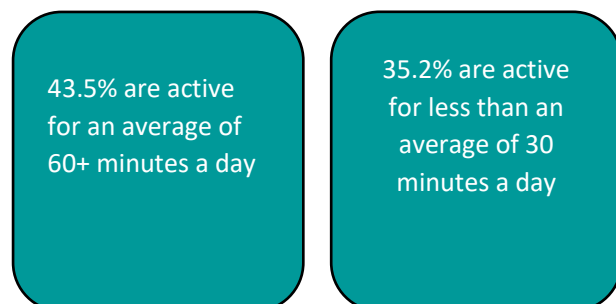
The Active Lives Survey (adults aged 16 and over), is conducted twice a year. The survey is sent out to a randomly selected sample of households across England, with a 500 sample per Local Authority area.

The Active Lives Children and Young People Survey is an annual survey that measures participation amongst 5–16-year-olds. The methodology uses a sample of schools drawn each year from the 'Get Information about Schools' database.

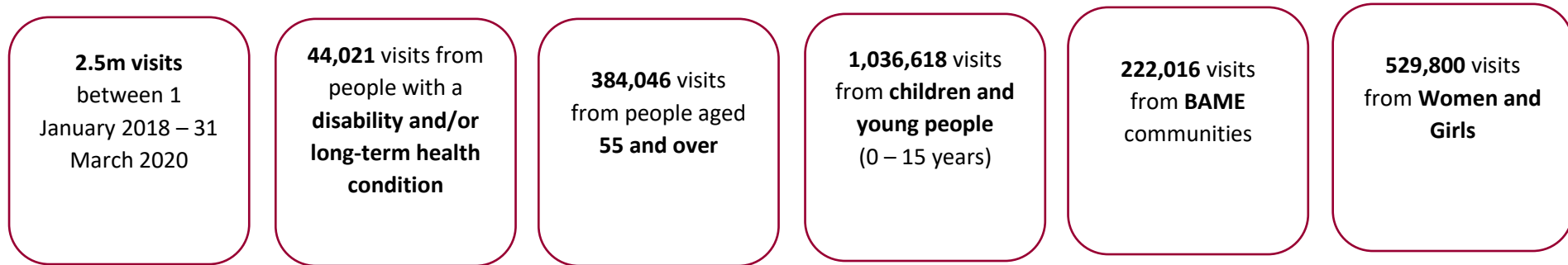
The most recent Active Lives Survey (May 20/21) tells us that for adults aged 16 and over in Barnet:



The last Active Lives Children and Young People Survey for Barnet (academic year 2018/19) tells us that for 5 – 16-year-olds:



To understand participation at a local level, we also have access to participation data from those visiting the boroughs leisure facilities operated by Better.



Note – the data collection period covers 1 January 2018 – 31 March 2020. Data from 1 April 2020 has not been provided due to COVID-19 restrictions and whilst the sector recovers.

### Disproportionality (understanding inequalities)

Understanding physical activity levels and motivations for leading a physically active lifestyle is complex and there are several contributing factors that determine how active an individual is. Reviewing physical activity levels on a borough wide basis unmasks stark disproportionality in physical activity levels and access to opportunities between different demographic, and often vulnerable groups. This is notably prominent amongst



## Our Aims and Commitments

To achieve our vision, we need to continue to maximise engagement and work collectively towards a shared set of aims.



We will take a multi-agency approach to achieving these aims by focussing on a series of related commitments across a whole system to create a more active and healthy borough.



## People



**We aim to increase physical activity levels amongst everyone**

### **Our Commitments** 'we will do this by':

- Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist
- Understanding the barriers to participation and addressing gaps in provision, to ensure equal and fair access for everyone
- Changing behaviours and perceptions towards leading an active and healthy lifestyle
- Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making

### **What do we mean by 'increase physical activity levels amongst everyone'?**

We will aim to increase physical activity levels across the borough, irrespective of age or how individuals identify. However, we acknowledge that if we truly want to achieve this, we need to address the levels of disproportionality experienced by some demographic groups in relation to physical activity levels and access to opportunities. To accomplish this, we need to ensure that our work is appropriately targeted, insight driven and co-designed with residents to make physical activity an accessible and attractive choice.

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

Barnet has **411,500 residents**  
By 2030, this is expected to grow to **449,000**

**40.3%** of residents are from backgrounds **other than White British**

There are an estimated **95,700** children and young people aged 0-17 in Barnet

Barnet is an ageing borough with **9,700 residents aged 85 and over**

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

### The borough is generally healthy...

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

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



### ...however inequalities exist

Around **12,000 people** in Barnet live in the **20% most deprived** parts of England, primarily in the wards of Brunswick Park, Burnt Oak, Colindale, Golders Green and Underhill

Life expectancy in the **most deprived** areas is on average 7.8 years less for women and 7.4 years less for men

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

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

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

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

**14.9%** of Barnet's population have a disability



## Place



We aim to provide environments that support active lifestyles

### Our Commitments 'we will do this by':

- Supporting the protection, revival, and creation of accessible active environments
- Optimise the use of active environments through the delivery of targeted physical activity interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business
- Advocating for active environments to be embedded within local policy, strategies and plans and that this is central to decision making

### What do we mean by active environments?

An active environment is any space that allows an individual or a group the opportunity to participate in physical activity. It is not limited to traditional spaces such as leisure centres and parks, it could include homes, community spaces such as the high-street, schools and community centres, commutes to work, the workplace and even the digital world.

## How will we create a culture of active travel?

Active travel is an important priority for the borough and a series of actions have been set out within the Long-Term Transport Strategy as to how Barnet are committed to support this agenda. The role of Fit & Active Barnet is to support delivery of the priorities set out in the strategy, particularly through the lens of increasing opportunities to be physically active in form of active travel e.g., delivery of walking and cycling interventions, and influencing behaviour change through promotional campaigns.

### Barnet is well served by a diverse mix of facilities and environments that support and encourage active lifestyles

28% of the borough is green with **over 200** parks and open spaces with **55** play areas

**172 Pitches**  
(Football, Rugby, Cricket, Baseball and Gaelic Football)

**13** Active Trails  
**16** Outdoor Gyms  
**2** Skate Parks

**205** Tennis Courts  
**25** Multi-Use Games Areas  
**13** Outdoor Table Tennis Tables

**55** Artificial Grass (3G) Pitches  
**9** Bowls Greens  
**4** Golf Courses

**27** Sports Halls  
**30** Swimming Pools  
**12** Squash Courts

Designated **Gymnastics and Athletics** Facilities

**150+** Sports Clubs  
**24,615** Businesses

All residents live within a **20-minute cycle trip** of a train or underground station

### ...we know that

**22%** of residents use outdoor spaces for exercise, slightly higher than the London average

More than 2.5 million visits were recorded at our Better Leisure Centre sites between Jan (2018)-Mar (2020)

**Just under half (49%)** of residents participating in the Barnet healthy weight survey (2018) felt that **making roads and parks safer** would **increase their likelihood of walking or cycling**

On average, travel time by walking, cycling or public transport is **14 minutes** to a secondary school and **8 minutes** to a supermarket (DfT 2017)

**66%** of travel journeys in Barnet are **less than five miles**.

## Partnerships



We aim to work together to embed physical activity at every opportunity

### Our Commitments 'we will do this by':

- Facilitating effective working between partners to deliver the Framework and maximise outcomes
- Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes
- Optimise and secure resources among the partnership to support increased physical activity levels

Development and implementation of the Framework is owned and driven by the Fit & Active Barnet Partnership Board and local networks.

As public sector resource faces significant pressure, the importance of working collaboratively to maximise opportunities and ensure sustainability is vital.

Embracing the five guiding principles set out on page 6, the Fit & Active Barnet Partnership Board and its local networks intends to provide a foundation that supports maximum influence on deliberate and unintentional physical activity in the borough by

- Ensuring strategic alignment
- Optimising investment opportunities
- Avoiding duplication of services
- Identifying and addressing gaps
- Sharing skills, knowledge, and resources to maximise efficiencies
- Promoting the value and benefit of physical activity
- Ensuring sustainable delivery and engagement
- Advocating accessible and affordable opportunities



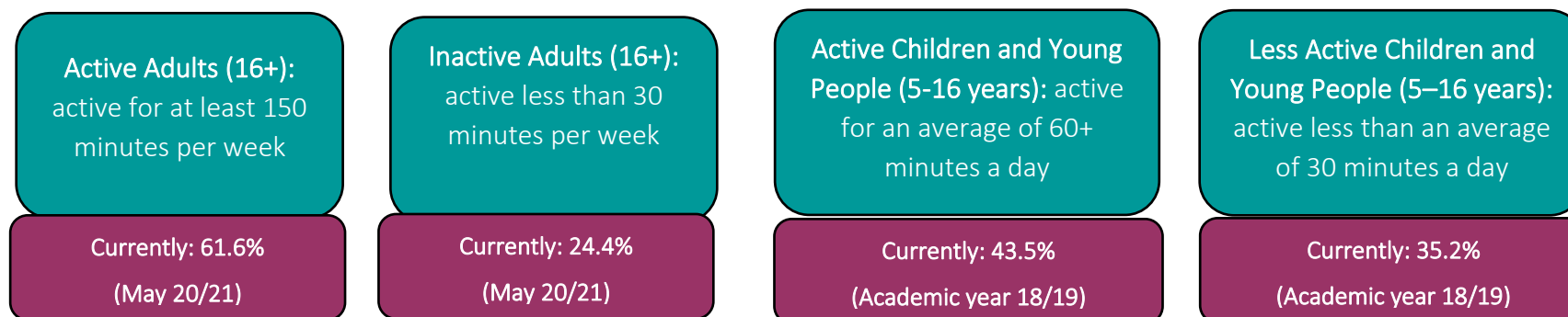
## Implementing the Framework

An implementation plan will be developed annually with members of the Fit & Active Barnet Partnership Board and local networks to achieve the aims and commitments set out within this Framework.

## Reviewing our progress

A quarterly progress review will be undertaken against the Framework aims and commitments, with an annual report presented to the Adults and Safeguarding Committee.

We will seek to achieve an improvement over the lifespan of the Framework in the following indicators measured by the Sport England Active Lives Survey.



To provide a comprehensive review and to better understand participation in the borough we will also analyse local data sets alongside the Active Lives Survey data. For example, leisure centre visits collected by the boroughs leisure operator (Better); results from the Resident Perception Survey and Young People Survey conducted by Barnet Council; and the Physical Education, School Sport and Physical Activity (PESSPA) survey conducted annually by the Barnet Partnership for School Sport. Reviewing these additional datasets will enable us to better understand participation in the borough and provide a proactive response to emerging needs and gaps in provision.

## References

Active Lives Adult Survey May 2020 – 21 Report [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com)  
[Barnet Community Local Insight Tool](#)

Barnet Healthy Weight Survey: [Healthy weight | Barnet Council](#)

[Greater London Authority: Demographics](#)

[Health matters: getting every adult active every day - GOV.UK \(www.gov.uk\)](#)

[jhws\\_2021\\_to\\_2025.pdf \(barnet.gov.uk\)](#)

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

Local Government Association Research: The Impact of COVID-19 on culture, leisure, tourism, and sport (July 2020)

[London Borough of Barnet: Long Term Transport Strategy 2020 – 2041](#)

[PESSPA Survey Results April 2021 - About BPSS - Barnet Partnership For School Sport](#)

[PESSPA Survey Results April 2021 - About BPSS - Barnet Partnership for School Sport](#)

[Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)

[Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients \(bmj.com\)](#)

[Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients \(bmj.com\)](#)

[PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#)

[Public Health England: Health matters: physical activity - prevention and management of long-term conditions](#)

[Public Health England: The link between pupil health and wellbeing and attainment](#)

[Report - LGA \(local.gov.uk\)](#)

[Sport England: Why investing in physical activity is great for our health – and our nation](#)

StreetGames. The experience of the coronavirus lockdown in low-income areas of England and Wales. Manchester: StreetGames; 2020

[Surge in appreciation of exercise and activity during lockdown | Sport England](#)

[Surge in appreciation of exercise and activity during lockdown | Sport England](#)

[World Health Organization Definition of Physical Activity - Public Health](#)

## Appendix 1: FAB Framework Engagement (list of partners)

Age UK Barnet	Herts Baseball Club
Argent Related – BXS Project Play	Inclusion Barnet
Arkley Cricket Club	London Borough of Barnet
Barnet Carers Centre	London Sport
Barnet Children’s Partnership Board	
Barnet, Enfield and Haringey Mental Health Trust	Meridian Wellbeing
Barnet Hive (FC) Foundation	Middlesex County Cricket Club
Barnet Homes	Middlesex University
Barnet Mencap	Mind Barnet
Barnet Multi Faith Forum	North Central London Clinical Commissioning Group
Barnet Partnership for School Sport	Phoenix Canoe Club
Barnet & Southgate College	Premier Tennis
Better	Re.
Brampton Lawn Tennis Club	Royal Free London
British Blind Sport	Rugby Football Union
Cannons Cricket Club	Saracens Foundation
Central London Community Healthcare NHS Trust	Sense
Colindale Community Trust	Sported
Community Barnet	UK Deaf Sport
COVID-19 Health Champions	Unitas
Elms Ravenscroft Lawn Tennis Club	Young Barnet Foundation
England Netball	
Groundwork	
Healthy Schools London	
London Sport	

## Appendix 2: Local Policy (London Borough of Barnet) Reading List

- Air Quality Action Plan (2017-2022)
- Barnet Carers and Young Carers Strategy (2015-2020)
- *Draft* Barnet Child Participation and Family Involvement Strategy (2022-2025)
- Brent Cross Town Masterplan
- Community Participation Strategy (Draft)
- Community Safety Strategy (2015-2020)
- Children & Young People Plan (2019-2023)
- Domestic Abuse and Violence Against Women and Girls Strategy (2021-2024)
- Equalities Diversity & Inclusion Policy (2020-2024)
- Growth Strategy (2020-2030)
- Indoor Sport & Recreation Study
- Joint Health & Wellbeing Strategy (2021-2025)
- Local Plan (Draft)
- Long Term Transport Strategy (2020-2041)
- Parks & Open Spaces Strategy (2016)
- Playing Pitch Strategy 2017 (review 2021)
- Sports Hub Masterplans; West Hendon, Copthall and Barnet Playing Fields
- Suicide Prevention Strategy (2021-2025)
- Sustainability Strategy Framework

### Appendix 3: Local and National Policy Reading List

- [Age UK; Our Purpose, Vision & Values](#)
- [Barnet Partnership for School Sport](#)
- [CMO: Physical Activity Guidelines](#)
- [Department for Levelling Up, Housing & Communities: Levelling Up White Paper \(2022\)](#)
- [HM Government: A Green Future: Our 25-year plan to improve the environment](#)
- [London Sport: LDN Moving](#)
- [NHS Long Term Plan](#)
- [NCL STP Prevention Plan](#)
- [PHE: Engaging NHS System leaders in whole systems approaches to physical activity](#)
- [PHE: Obesity Strategy](#)
- [PHE: Physical Activity-Prevention and Management of Long-Term Conditions](#)
- [PHE: Working Together to Promote Active Travel](#)
- [Saracens Sport Foundation](#)
- [TfL: Healthy Streets Indicators](#)



## Fit & Active Barnet Implementation Plan 2022-2023

The Fit & Active Barnet (FAB) implementation plan details a series of actions and workstreams that contribute to the achievement of a ‘more active and healthy borough’,

The implementation plan is owned by the FAB Partnership and is a document that will be reviewed on a quarterly basis with an annual refresh. The plan is a live document, therefore will continue to be refined with more specifics to be added as work develops. This approach will also enable new projects and interventions to be incorporated within a delivery year in agreement with Partnership members.

The implementation plan intends to support delivery of the commitments set out within the FAB Framework (2022-26) and will be delivered in alignment with the five guiding principles:

**1. Ensure physical activity is integrated at every given opportunity:**

Making physical activity not just the business of typical ‘sports’ agencies, but integrated within all relevant services that support residents

**2. Promote equality and reduce inequality:**

Make Barnet a place where everyone can lead more active and healthier lifestyles

**3. Embed a whole systems approach:**

Work collaboratively to co-produce and support delivery of sustainable interventions across a life course

**4. Be driven by insight:**

Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

**5. Challenge the status quo:**

Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough

All actions and workstreams seek to contribute to increasing physical activity levels in the borough, measured by the Sport England Active Lives Survey.

Ref	Aim(s) supported (Primary in bold)	Action / Workstream	Owner (lead in bold)	Outcome / Performance Measure	By When
1	<b>People</b>	Continue delivery of targeted interventions that support residents to lead more active and healthier lifestyles (examples provided in Appendix 1)	<b>FAB Partnership</b>	Number of interventions delivered  Number of participants engaged	Ongoing
2	<b>People</b> Place Partnerships	Undertake mapping of the sport and physical activity landscape/opportunities in the borough	<b>LBB Greenspaces &amp; Leisure (SPA)</b>	Mapping completed – gaps in provision highlighted and information fed into FAB Hub (action 6)  Raised awareness of opportunities and facilities in the borough	July 2022  Ongoing update
3	<b>People</b> <b>Place</b> Partnerships	Optimise funding opportunities to support the commissioning of new interventions across a range of environments, particularly where activity levels are lowest, and inequalities exist	<b>FAB Partnership</b>	Number of new targeted interventions delivered  Number of participants engaged	Ongoing
4	<b>People</b> Partnerships	Support the sector to live through and recover from the COVID-19 pandemic	<b>FAB Partnership</b>	Providers are supported to reinstate service delivery  Residents supported to access opportunities	Ongoing

5	<b>People</b> Partnerships	Deliver a FAB campaign that encourages increased activity levels and improved outcomes for residents (e.g., health, wellbeing, community, environmental) through behaviour change	<b>LBB Greenspaces &amp; Leisure (SPA)</b> <b>Better</b> FAB Partnership	Delivery of the FAB campaign Achieve a minimum of 45,000 registered FAB Card members Develop a baseline for FAB Card utilisation	Campaign delivered throughout the year
6	<b>People</b> Partnerships	Continually develop the FAB Hub ensuring that it provides a one stop resource for physical activity and wellbeing	<b>LBB Greenspaces &amp; Leisure (SPA)</b> <b>Better</b> FAB Partnership	A functional Hub signposting to all services	Ongoing
7	<b>People</b> Partnerships	Utilise links with local services and pathways (e.g., GP's, pharmacies, social prescribing link workers, COVID-19 Health Champions, health and social care professionals, Make Every Contact Count) to promote the importance of physical activity and signpost to FAB	<b>LBB Public Health</b> <b>Age UK Barnet</b> <b>Groundwork</b> <b>LBB Adults</b> <b>LBB Children &amp; Families Services</b>	Increased awareness of FAB through active promotion and signposting, subsequently leading to; Increased FAB Card registrations Increased attendance across physical activity sessions / leisure visits	Ongoing
8	<b>People</b> Partnerships	Incorporate physical activity requirements within adult social care provider contracts / service specifications.	<b>LBB Adults</b> LBB Greenspaces & Leisure (SPA) FAB Partnership	Commissioned adult social care providers supporting service users to actively engage in physical activity through effective signposting and delivery (where applicable)	Ongoing
9	<b>Place</b> Partnerships	Support the delivery of physical activity related priorities/outcomes outlined within key	<b>LBB Greenspaces &amp; Leisure (Parks &amp; Open Spaces)</b> <b>LBB Growth &amp; Development</b>	Realisation of priorities and objectives	Ongoing (timescales set)

		infrastructure and environment policies and plans (as listed within the Framework document)	<b>LBB Transport &amp; Highways</b> <b>LBB Public Health</b> <b>Argent Related</b>		out within policies/plans)
10	<b>People</b> <b>Place</b> Partnerships	Identify opportunities to secure investment through developer contributions (S106, CIL) to enhance/develop physical activity infrastructure and facilitate the delivery of interventions	<b>LBB Greenspaces &amp; Leisure</b> <b>LBB Growth &amp; Development</b> <b>LBB Capital Delivery</b> FAB Partnership	S106 and CIL monies are secured to support infrastructure enhancements/developments and the delivery of interventions	Ongoing
11	<b>People</b> <b>Place</b> Partnerships	Pursue funding to install a 'Changing Places Toilet' within Finchley Lido Leisure Centre – improving accessibility for people with a disability.	<b>LBB Adults</b> LBB Greenspaces & Leisure (SPA) Better	Changing Places Toilet Application submitted Funding secured Facility installed	March 2023
12	<b>People</b> <b>Place</b> Partnerships	Work towards making leisure facilities Dementia Friendly	<b>Dementia Friendly Partnership</b> LBB Public Health <b>Better</b> Alzheimer's Society	Achievement of Dementia Friendly Venue status	March 2023
13	<b>People</b> Place Partnerships	Encourage the integration of wellbeing and the importance of physical activity within workplaces across the borough	<b>LBB Public Health</b> <b>Better</b>	Local businesses are supported to invest in the health and wellbeing of their workforce, by using the LBB workplace health and wellbeing strategy as good practice.	Ongoing

				<p>Number of businesses signed up to the Better corporate membership scheme</p> <p>Number of GP surgeries signed up to the Active Practice Charter</p>	
14	<b>Partnerships</b>	<p>Identify the requirement for the development/enhancement of networks (with work plans established) to support the delivery of targeted interventions e.g.,</p> <ul style="list-style-type: none"> <li>- Disability Physical Activity Network (enhance)</li> <li>- Children, Young People and Families Physical Activity Network (establish)</li> <li>- Older People Physical Activity Network (establish)</li> <li>- Active travel network (establish)</li> <li>- Club and Community network (establish)</li> </ul>	<p><b>LBB Greenspaces &amp; Leisure (SPA)</b></p> <p><b>LBB Public Health</b></p>	<p>Mapping of existing networks/forums within the borough completed to identify the requirement for new networks, or where existing can be utilised.</p> <p>TOR and work plans established for networks</p>	<p>September 2022</p> <p>March 2023</p>
15	<b>People Place</b>	<p>Enhance and develop digital platforms that support increased physical activity levels (improving accessibility and reducing barriers to participation)</p>	<p><b>Better</b></p> <p>MDX University</p>	<p>Digital behaviour change application developed and delivered (name tbc) - encouraging increased physical activity through active travel</p> <p>Continued promotion and enhancement of the Better at Home application</p>	<p>March 2023</p> <p>Ongoing</p>

16	People Place <b>Partnerships</b>	Identify strategic opportunities to ensure physical activity is engrained in local policy, plans and decision making	<b>LBB Greenspaces &amp; Leisure (SPA)</b>  <b>LBB Public Health</b>	FAB is incorporated within local policies and plans and there is strategic representation at the relevant boards  Number of Health Impact Assessments undertaken on local policy and strategic plans.  FAB integrated within the development of a Barnet specific Health Impact Assessment Policy	Ongoing  Ongoing  March 2023
17	<b>People</b> Partnerships	Identify employment, training, and volunteering opportunities and ensure that these are widely promoted	LBB Greenspaces & Leisure  LBB Skills & Employment  MDX University  Groundwork  Better  Saracens Foundation  FAB Partnership  LBB BOOST  Barnet Partnership for School Sport	Employment, training, and volunteering opportunities are promoted via the FAB Network and available channels such as the FAB Hub, newsletters, and social media platforms	Ongoing
18	<b>People</b> <b>Place</b>	Encourage the delivery of sport and physical activity events in Barnet's parks and open spaces	<b>LBB Greenspaces &amp; Leisure (Events)</b>	Integration of physical activity into the Discover Barnet Presents programme	Ongoing

				Number of sport and physical activity events delivered in Barnet's parks and open spaces	
19	<b>People</b> Place Partnerships	Support the design and delivery of sport, physical activity, and health interventions within the <a href="#">Brent Cross Town development</a>	<b>Argent Related</b> LBB Greenspaces & Leisure (SPA) LBB Communications FAB Partnership	Delivery of sustainable and targeted interventions  Residents and groups (including VCFS partners) are supported/encouraged to use the facilities	Ongoing
20	<b>People</b> <b>Place</b> Partnerships	Embed physical activity within services delivered by Greenspaces & Leisure that promote everyday movement	<b>LBB Greenspaces &amp; Leisure</b> FAB Partnership	Promotion of Friends of Parks activities that incorporate physical activity/everyday movement e.g., litter picking, planting, pruning.  GoodGym linked with volunteering opportunities within Greenspaces	Ongoing

**APPENDIX 1 (NON-EXHAUSTIVE LIST)**

Children, Young People & Families	Older People	Disabled people and those living with a long-term health condition:	Health	Active Travel	Universal
<p>BACE Holidays            Holiday Activity Fund            Healthy Schools / Health Early Years London            Golden Kilometre/ School based campaigns (Daily Mile/ 10 Minute shake up)            Resilient Schools            London Youth Games            London Mini Marathon            School Games            Virtual Challenges            XPLORE (child weight management) and after school clubs            Activate Schools            Free Swimming for Under 8's            8 – 15-year-olds swim for £1            Uitas YouthZone activities            Saracens Foundation - Rugby 4 Life, Cheer &amp; Dance            Jr Parkrun            Young Carers            Early Years settings e.g., Children's</p>	<p>Silver Sunday            Better 55+ Club programme and Club Games            Health Walks            Saracens Foundation programmes e.g., Love to Dance            Age UK Barnet Fitness &amp; Exercise            Age UK Get Active, Get Connected (digital)            Sheltered extra care and residential care physical activity programme            Meridian Wellbeing activities</p>	<p>Dementia Friendly Barnet sessions            Better Inclusive sessions e.g., rebound therapy and multi-sports            FAB 'Carers' card and carers opportunities            Saracens Foundation programmes e.g., Disability Hub            Barnet Mencap Fit2gether            Better Dementia Clubs            Better Dementia Walking Football            IFI accredited leisure centres            CYP SEND activities            MIND Yoga            Barnet Partnership for School Sport Events            Meridian Wellbeing activities</p>	<p>Adult Weight Management            XPLORE (children's weight management)            Teenage weight management            Physical Activity on Referral            Cancer Rehabilitation            Falls Prevention            Diabetes Referral            Give it a Go (in-actives)</p>	<p>Health Walks            Healthy Heritage Walks            STARS            Bikeability cycle training            Active Trails            Cycle Skills*            Children's Group Cycle Training*            Schools Cycle Training*            Dr Bike*  <a href="#">Barnet Cycle Routes</a>  <a href="#">Breeze Barnet</a> (female cycling)  <a href="#">Get Cycling – Barnet Cyclists (barnetlcc.org)</a></p> <p>*Suspended due to funding restrictions</p>	<p>Parkrun            GoodGym            Our Parks Bootcamps and Couch to Fitness            Saracens Foundation            Project Rugby            Better at Home (digital application)            StreetTT (Table Tennis)</p>



Centres Pre & Post Natal activity The Barnet Group activity programme & Urban Game Saracens Foundation - Together Active					
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AGENDA ITEM 16

	<b>Health &amp; Wellbeing Board 14<sup>th</sup> July 2022</b>
<b>Title</b>	<b>Draft 2022 Pharmaceutical Needs Assessment</b>
<b>Report of</b>	<b>Tamara Djuretic – Director of Public Health</b>
<b>Wards</b>	<i>ALL.</i>
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Draft Pharmaceutical Needs Assessment
<b>Officer Contact Details</b>	Tamara Djuretic – Director of Public Health – <a href="mailto:tamara.djuretic@barnet.gov.uk">tamara.djuretic@barnet.gov.uk</a> Jeremy Hooper – Insight & Intelligence Lead – Public Health – <a href="mailto:jeremy.hooper@barnet.gov.uk">jeremy.hooper@barnet.gov.uk</a>

### Summary

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 a new PNA every 3 years and in between updates revise the statement of the needs for pharmaceutical services if there are significant changes for the population in its area. As a result of the pandemic the deadline for publishing an updated PNA was extended to 1<sup>st</sup> October 2022.

A joint programme of work across the 5 Boroughs within North Central London ICB footprint. The production of the reports was tendered and Soar Beyond was commissioned to produce PNAs for all 5 Boroughs and we have been working to deliver the first draft which is now out to public consultation.

The HWBB in March delegated approval of the first draft to the DPH in consultation with the Chair of HWBB. The draft PNA was released for consultation on the 13<sup>th</sup> June and the consultation ends on the 12<sup>th</sup> August. The purpose of this paper is for information so members are provided a copy of the draft PNA and can submit feedback as part of the consultation process.

### Recommendations

- 1. That the Board note the production of the Draft PNA which is currently out to consultation and encourages members, stakeholders and others to review the draft document and submit comments as part of the consultation process.**
- 2. To formally delegate, the sign-off of the final PNA, to the Chair of the Health and Wellbeing Board and Director of Public Health.**

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

- 1.1 The publication of a PNA is one of the statutory duties of the HWBB, this report gives members an opportunity to review the draft PNA to ensure they and other can contribute effectively to the ongoing public consultation.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Timelines for publication and meetings of the Board mean that delegation is required to allow the PNA to be published in line with the statutory obligations.

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

- 3.1 None

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Chair and Director of Public Health will agree the final version of the PNA once it has been updated to reflect the feedback provided in the public consultation process which is ongoing.

## **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 Not applicable.

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

Not Applicable

### **5.3 Social Value**

Social Value was considered in the tender process. Social Value is an integral part of a PNA to ensure that communities are able to access Pharmacies at times and locations which are convenient for the local population of an area.

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

- 5.4.1 Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.
- 5.4.2 At the end of March 2021, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed Pharmaceutical Needs Assessments (PNAs) will be suspended until October 2022 – an extra six months. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were updated to reflect this.

5.4.3 To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.

**5.5 Risk Management**

Not Applicable

**5.6 Equalities and Diversity**

The PNA has been developed considering equality and diversity.

**5.7 Corporate Parenting**

Not Applicable

**5.8 Consultation and Engagement**

5.8.1 The consultation and engagement team have supported the development of the public consultation process, including ensure the document and consultation meets accessibility standards. They have also been involved in the review of early drafts of the document.

**5.9 Insight**

5.9.1 The Insight & Intelligence Team in collaboration with the Public Health Intelligence Teams in the other Boroughs of the NCL Footprint provided data to support the development of the needs assessment section.

**6. BACKGROUND PAPERS**

6.1 The public consultation was published on the 13<sup>th</sup> June 2022 on the Engage Barnet web portal (<https://engage.barnet.gov.uk/consultation-on-barnet-council-s-pharmaceutical-needs-assessment-2022>).

6.2 The draft PNA and a consultation Executive Summary are appendices.

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## Consultation Summary on the Pharmaceutical Needs Assessment 2022

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of pharmaceutical services. Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Barnet HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This draft PNA has been produced through the PNA Steering Group on behalf of Barnet HWB by London Borough of Barnet (LBB) with authoring support from Soar Beyond Ltd.

### **NHS pharmaceutical services in England**

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

### **Pharmaceutical service providers in Barnet**

Barnet has 75 community pharmacies (as of March 2022) for a population of around 401,230, which includes an LPS pharmacy and one Distance-Selling Pharmacy. Combining these, Barnet has an average of 18.7 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

Barnet has one Dispensing Appliance Contractor providing services.



## Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for Barnet HWB are defined as Essential Services (ES).

Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Barnet HWB area.

All three of the above services are commissioned by NHSE&I.

Locally Commissioned Services (LCS) are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Barnet HWB area, and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE&I.

## Current provision of Necessary Services

**Necessary Services** are Essential Services that are described in Section 1.4.1.1. Access to Necessary Service provision in Barnet is provided by locality in Section 6.2.

In reference to Section 6, and required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

### Necessary Services – gaps in provision

- Necessary Services – normal working hours

***There is no current gap in the provision of Necessary Services during normal working hours across Barnet to meet the needs of the population.***

- Necessary Services – outside normal working hours

***There are no current gaps in the provision of Necessary Services outside normal working hours across Barnet to meet the needs of the population.***



## Future provision of Necessary Services

***No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Barnet.***

## Improvements and better access – gaps in provision

- Current and future access to Advanced Services

***There is reasonable provision and access to Advanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

- Current and future access to Enhanced Services

***There is reasonable provision and access to Enhanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

- Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 4 and their provision by locality is discussed in Section 6.2.

***There is reasonable provision and access to Locally Commissioned Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

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# Draft Pharmaceutical Needs Assessment 2022

London Borough of Barnet  
Health and Wellbeing Board

This PNA has been produced by Soar Beyond, contracted by the London Borough of Barnet. The production has been overseen by the PNA Steering Group for Barnet Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

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## Executive summary

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***There is reasonable provision and access to Locally Commissioned Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## **Abbreviations**

AUR – Appliance Use Review  
BMI – Body Mass Index  
BSA – Business Services Authority  
C-19 – COVID-19  
CCG – Clinical Commissioning Group  
CHD – Coronary Heart Disease  
COA – Census Output Area  
COPD – Chronic Obstructive Pulmonary Disease  
CPCS – Community Pharmacy Consultation Service  
CVD – Cardiovascular Disease  
DAC – Dispensing Appliance Contractor  
DHSC – Department of Health and Social Care  
DMFT – Decayed Missing or Filled Teeth  
DMS – Discharge Medicines Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
EoL – End of Life  
EoLC – End of Life Care  
EPS – Electronic Prescription Service  
ES – Essential Services  
GLA – Greater London Authority  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HLE – Healthy Life Expectancy  
HWB – Health and Wellbeing Board  
ICB – Integrated Care Board  
ICS – Integrated Care System  
JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LARC – Long-Acting Reversible Contraception  
LBB – London Borough of Barnet

LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee  
LPS – Local Pharmaceutical Service  
LTP – Long Term Plan  
MUR – Medicines Use Review  
NCL – North Central London  
NEX – Needle Exchange  
NHS – National Health Service  
NMS – New Medicine Service  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
PCN – Primary Care Network  
PCT – Primary Care Trust  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POCT – Point-of-Care Testing  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee  
PWID – People Who Inject Drugs  
SAC – Stoma Appliance Customisation  
STI – Sexually Transmitted Infection

## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services (LPSs)) Regulations 2013 (SI 2013/349),<sup>1</sup> hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Barnet was published in May 2018 and since then has been kept updated with accompanying [supplementary statements](#).

Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. Once approved, this Draft PNA for Barnet fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the community pharmacy contractual framework, national directives, policy and other factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP)<sup>2</sup>:** The NHS Long Term Plan was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in Section 2.1.
- Clinical Commissioning Groups (CCGs) are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>2</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

serve. There is a delay in ICSs becoming legal entities with decision making authority, due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become Level 1 **Healthy Living Pharmacies** by April 2020.
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>3</sup> During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>4</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.<sup>5</sup>
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>6</sup>
- **Community Pharmacist Consultation Service (CPCS)**<sup>7</sup> : An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS urgent supply advanced scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020; General Practitioner (GP) CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS Long Term Plan.
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra

<sup>3</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>4</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>5</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>6</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

<sup>7</sup> Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>8</sup>

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the Community Pharmacy Contractual Framework.<sup>9</sup> It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022/23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (HHSC) and NHSE&I.

### 1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined in the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>10</sup> London Borough of Barnet's (LBB's) JSNA is a suite of documents on their website, and this PNA has referred to LBB's 2021–2025 Joint Health and Wellbeing Strategy.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority,

<sup>8</sup> Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>9</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

<sup>10</sup> Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>



NHSE&I and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

Current plans are for North Central London (NCL) ICS to be in place by July 2022. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently, may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group is aware that during the lifetime of this PNA, CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

#### 1.4 Scope of the PNA

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHS England, is set out below.

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- **Necessary Services:** current provision
- **Necessary Services:** gaps in provision
- **Other relevant services:** current provision
- Improvements and better access: gaps in provision
- Other services

What are **necessary services**?

The 2013 regulations require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of necessary services within the regulations and the HWB therefore has complete freedom in the matter.<sup>11</sup>

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<sup>11</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

The HWB has decided that all Essential services (ES) are **necessary services** in Barnet.

What is classed as **relevant**?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

For the purpose of the Barnet PNA, Advanced and Enhanced Services are therefore considered **relevant**.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

#### 1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within the Barnet HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore possible that patients within Barnet HWB area will be receiving pharmaceutical services from a DSP outside Barnet HWB area, however DSPs outside of the Barnet area are not considered within this PNA.

The Community Pharmacy Contractual Framework, last agreed in 2019,<sup>12</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises, therefore provision is by mail order and/or wholly internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

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<sup>12</sup> Community Pharmacy Contractual Framework. July 2019. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

### 1.4.1.1 Essential Services (ES)

Barnet has designated that all Essential Services are to be regarded as **Necessary Services**.

The Essential Services (ES) of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The current pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across

community pharmacy, primary and secondary care to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Barnet JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services as part of the contractual framework. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Barnet.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost saving for the commissioner.

### **1.4.1.2 Advanced Services**

The Advanced Services are all considered **relevant** for the purpose of this PNA.

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Barnet can be seen in Section 3.1.4 and later in Section 6 by locality.

- A.1 Appliance Use Review (AUR)
- A.2 Stoma Appliance Customisation (SAC)
- A.3 COVID-19 Lateral Flow Device (LFD) distribution service (stopped 1 April 2022)
- A.4 Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5 Community Pharmacist Consultation Service (CPCS)
- A.6 Flu vaccination service
- A.7 Hepatitis C testing service
- A.8 Hypertension case-finding service
- A.9 New Medicine Service (NMS)
- A.10 Smoking Cessation Advanced Service

Although the Steering Group has determined that Advanced Services are **relevant** but not **Necessary Services**, Barnet HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where appropriate.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management.

#### **A.1 Appliance Use Review (AUR)**

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use.
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
3. Advising the patient on the safe and appropriate storage of the appliance.
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

#### **A.2 Stoma Appliance Customisation (SAC)**

SAC involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby

reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

### ***A.3 and A.4 Services provided to give support during the COVID-19 pandemic***

From 16 March 2021, people notified of the need to self-isolate by NHS Test and Trace have been able to access support for **the delivery of their prescriptions from community pharmacies**.

The **COVID-19 Lateral Flow Device distribution service**, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making Lateral Flow Device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government is easing COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. From 1 April, the government now no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>13</sup>

### ***A.5 Community Pharmacist Consultation Service (CPCS)***

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service, available since 29 October 2019

Primary Care Networks (PCNs) across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS and GP CPCS with referrals increasing no later than 31 March 2022.

### ***A.6 Flu vaccination***

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or CVD, or carers, against diseases such as seasonal flu or shingles.

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<sup>13</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

### **A.7 Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

In May 2016, the UK signed up to the WHO Global Health Sector Strategy on Viral Hepatitis committing to meet targets of an 80% reduction in incidence of HCV infection and a 65% reduction in mortality from HCV by 2030 from a 2015 baseline.

The collective vision for Hepatitis C in England developed by the National Strategic Group for Viral Hepatitis<sup>14</sup> is that: *"All people at risk of HCV infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway; if negative, action should be taken to reduce subsequent risk of infection."*

### **A.8 Hypertension case-finding service**

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The Hypertension service was delayed due to delays on delivery of Ambulatory BP machines required to operate the service. This was especially acute in the London region where demand was particularly high. Three of the contracts outside of London received their ABPM'S before London based pharmacies.

### **A.9 New Medicine Service**

The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, which are detailed below.

The service is split into three stages, which are: 1. patient engagement; 2. intervention; and 3. follow up.

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (Type 2)	Urinary incontinence/retention

<sup>14</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057262/HCV-in-England-2022-short-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf)

Hypertension	Heart failure
Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischemic attack
Epilepsy	Coronary heart disease (CHD)

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for NMS.<sup>15</sup>

### **A.10 Smoking cessation**

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

#### **1.4.1.3 Enhanced Services**

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in Barnet HWB area:

#### **COVID-19 vaccination**

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

#### **London Vaccination Service**

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.

#### **Contraceptive Pilot**

A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund: no pharmacies had signed up at time of writing

<sup>15</sup> NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)



### **Bank holiday, Easter Sunday and Christmas Day coverage**

For the last two years NHSE&I has had two Enhanced Services to cover bank holidays and to cover Easter and Christmas Day, across the London area to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

#### **1.4.2 Dispensing Appliance Contractors (DACs)**

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages, etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

#### **1.4.3 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

#### **1.4.4 Pharmacy Access Scheme (PhAS) providers**

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services are protected. There are no PhAS providers in Barnet.

### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are seven other HWB areas that border the Barnet HWB area:

- Harrow HWB
- Hertfordshire HWB
- Brent HWB
- Haringey HWB
- Enfield HWB
- Camden HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Barnet HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

### **1.4.6 Dispensing GP practices**

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as ‘controlled localities’.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE&I and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

There are no dispensing GP practices in Barnet.

### **1.4.7 Other services and providers in Barnet HWB area**

As stated in Section 1.3, for the purpose of this PNA, ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE&I.

Section 4 of this document outlines services provided by NHS pharmaceutical providers in Barnet, commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCG.

## **1.5 Process for developing the PNA**

Public Health Barnet has a duty to complete the PNA document on behalf of Barnet HWB. In late 2021 Enfield Council led a procurement exercise on behalf of the five local authorities in North Central London to find a provider to support all five Health and Wellbeing boards fulfil their statutory obligation of producing a PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

A paper was presented to Barnet HWB on 17 March 2022 to update them on the process so far and to seek delegation to the chair of the HWB and Director of Public Health for the final sign off for the PNA.

Barnet HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA.

- **Step 1: Steering group**

On 13 January 2022 LBB's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix C shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>16</sup> and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and was circulated to residents in Barnet through various channels. Further detail is provided in Section 5.

A total of 482 responses were received. A copy of the public questionnaire can be found in Appendix D with the detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses. The Steering Group thanks the LPC and contractors for their efforts in getting the questionnaire distributed and completed.

A total of 62 responses were received. A copy of the pharmacy contractor questionnaire can be found in Appendix E with the responses.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Barnet to inform the PNA.

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<sup>16</sup> Barnet PNA 2018-2021 and subsequent supplementary statements. [www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/pharmaceutical-needs-assessment](http://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/pharmaceutical-needs-assessment)

There were two responses to the questionnaire. A copy of the commissioner questionnaire can be found in Appendix F with the responses.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as **necessary** and **relevant**, was predominantly used as a base for information due to their contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions which had been brought in due to the COVID-19 pandemic. However, as the PNA is an assessment taken at defined moment in time it was agreed the pragmatic way forward would be to monitor such changes and if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

## 1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Barnet HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be too small a geography to analyse and therefore were aggregated to define the localities of the Barnet HWB geography.

The new ward boundaries are due to change however at the time of writing the analysis has been conducted based on the 2021 ward boundaries. For alignment and context, the below table shows how the localities match up or align to the new wards and the PCNs in Barnet, and Appendix G for maps describing the relationships.

**Table 2: Localities and wards for the purpose of Barnet PNA**

Locality	Wards	New Wards	PCN
Hendon	Burnt Oak, Colindale, Edgware, Hale, Hendon, Mill Hill, West Hendon	Hendon, West Hendon, Edgware, Edgwarebury, Mill Hill, Colindale North, Burnt Oak, Colindale South	PCN 1D PCN 1W PCN 4
Chipping Barnet	Brunswick Park, Coppetts, East Barnet, High Barnet, Oakleigh, Totteridge, Underhill	Brunswick Park, East Barnet, Whetstone, Barnet Vale, Friern Barnet, High Barnet, Totteridge and Woodside, Underhill	PCN 2 PCN 3
Finchley & Golders Green	Childs Hill, East Finchley, Finchley Church End, Garden Suburb, Golders Green, West Finchley, Woodhouse	East Finchley, West Finchley, Woodhouse, Finchley Church End, Garden Suburb, Cricklewood, Childs Hill, Golders Green,	PCN 5 PCN 6

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LBB and North Central London (NCL) CCG.

## Section 2: Context for the PNA

### 2.1 NHS Long Term Plan (LTP)

The NHS Long Term Plan<sup>17</sup> (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

**Table 3: Priority clinical areas in the LTP include**

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists. Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’ Specific service areas relevant to community pharmacy include:

- Section 1.10 refers to the creation of fully integrated community-based health care. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. The Community Pharmacist Consultation Service (CPCS) has been developed and has been available since 31 October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The

<sup>17</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

hypertension case-finding service has been developed as an Advanced Service from community pharmacy.

- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

## 2.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined by the Barnet JSNA.<sup>18</sup>

The JSNA is hosted online as an interactive tool, designed to be easily accessible to all that use it. It consists of a range of indicators listed below:

1. Borough Summary
2. About the Borough
3. Clean, Safe & Well Run
4. Family Friendly
5. Healthy
6. Thriving
7. Insight Reports

The information on the JSNA website can be read in combination with the information in the following sections of the PNA.

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<sup>18</sup> Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

## 2.3 Joint Health and Wellbeing Strategy (JHWS)

The Barnet JHWS sets a vision for creating a ‘borough of health’, working together with residents and partners including the NHS, the voluntary and community sector, Healthwatch, local businesses, the educational sector, and the police, fire and ambulance services.

Barnet’s Joint Health and Wellbeing Strategy 2021–2025 (JHWS)<sup>19</sup> sets the long-term strategic framework in collaboration with key partners in Barnet to form the statutory, Health and Wellbeing Board (HWB). One of the statutory responsibilities of the HWB as set out by the Social Care Act 2012 is developing the JHWS.

The JHWS was written during the unprecedented challenging times of the COVID-19 pandemic and is defined in context as the current health and care landscape, LBB’s key health data and LBB’s guiding principles. The JHWS also outlines three key areas of focus for health and wellbeing, why they were chosen, what is planned to be achieved and how success will be measured. These areas are chosen to add value where local system partnership can come together to achieve accelerated changes.

The most recent refresh of the JHWS (2021-2025) is based on:

Five principles

- Making health everyone’s business
- Collaborative partnership
- Evidence based decisions
- Considering everyone’s needs across the life course
- Co-design approach

Three priorities

- Creating a healthier place and resilient communities
- Starting, living and ageing well, which includes:
  - Healthy weight pathway for Barnet
  - Sexual health promotion to young people and clinical services
  - Cardiovascular Disease (CVD) prevention programme
  - Cancer prevention
- Ensuring delivery of coordinated holistic care when we need it, including:
  - Integrating health and social care pathways

## 2.4 The impact of COVID-19 in Barnet

Barnet has been affected significantly during the pandemic. Approximately 30% (around 121,800) of the population tested positive for COVID-19 , as of 31<sup>st</sup> March 2022. The pandemic has also affected a range of issues including waiting times for healthcare services, increased social isolation and anxiety among the population.

The pandemic has also had an indirect impact on wellbeing aspects such as unemployment, mental ill health, domestic violence, lack of physical activity and economic hardship.

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<sup>19</sup> Joint Health and Wellbeing Strategy 2021 to 2025: Barnet. [www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/joint-health-and-wellbeing-strategy-2021](http://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/joint-health-and-wellbeing-strategy-2021)



## 2.5 Population characteristics and Health Needs

Throughout we have used the most recent data available from several authoritative sources. The 2021 census data was not available at the time of writing.

### 2.5.1 Overview

Estimates from 2020 indicate Barnet has a population of 401,230, comprising 200,476 men (49.96%) and 200,754 women (50.04%).

This population is spread over three localities: Chipping Barnet, Finchley and Golders Green, and Hendon. Hendon has the largest number of residents by population, accounting for 148,437 (37%), Finchley and Golders Green has the second largest population, accounting for 134,485 (34%), and Chipping Barnet has the smallest population, accounting for 118,308 (29%).

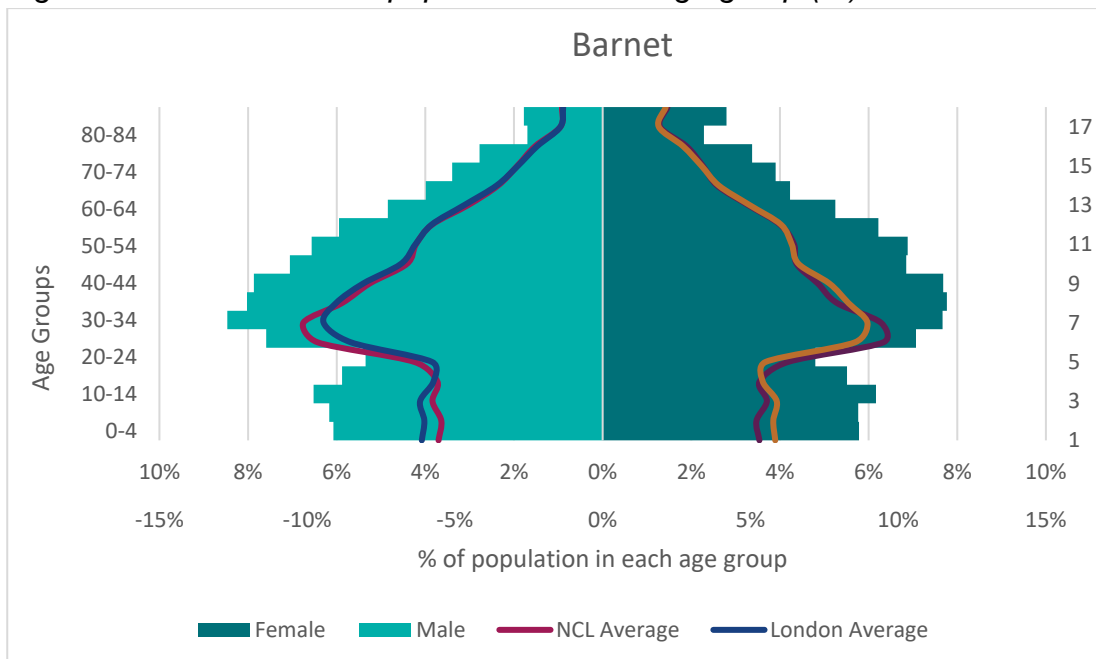
Over the next five years, the population of Barnet is projected to increase by 4%, or by almost 14,500 individuals.

Generally, the population is projected to age – with the proportion of 65+ increasing in all three localities as shown below in Tables 6, 7 and 8.

### 2.5.2 Age

- The greatest proportion of the population in both men and women in Barnet falls within the working age categories aged 25–59
- The 20–34-year-old population is smaller in Barnet than it is in North Central London and London in general

Figure 1: Male and female population in each age group (%)



Greater London Authority (GLA) 2020-based housing-led population projections indicate that 56,268 of Barnet residents are aged between 0 and 24, 29% of the total population, as show in Table 5.

**Table 4: Age structure 2022 population projections**

Age	Male	Male (%)	Female	Female (%)
0-4	12,175	6%	11,614	6%
5-9	12,366	6%	11,572	6%
10-14	13,073	7%	12,382	6%
15-19	11,786	6%	11,070	6%
20-24	10,721	5%	9,630	5%
25-29	15,219	8%	14,191	7%
30-34	16,974	8%	15,396	8%
35-39	16,088	8%	15,594	8%
40-44	15,778	8%	15,421	8%
45-49	14,149	7%	13,751	7%
50-54	13,159	7%	13,817	7%
55-59	11,924	6%	12,491	6%
60-64	9,720	5%	10,539	5%
65-69	8,001	4%	8,490	4%
70-74	6,810	3%	7,831	4%
75-79	5,567	3%	6,769	3%
80-84	3,401	2%	4,586	2%
85+	3,564	2%	5,611	3%
TOTAL	200,476		200,754	

In Barnet approximately 15% of people are 65 or over, compared with 13% across NCL, as shown in Table 4. Population forecasts suggest that this proportion is set to increase to 16.7% between 2022 and 2027, equating to an additional 8,596 people aged 65+ over the same time period.

### 2.5.3 Predicted population growth

Over the next five years, the overall population of Barnet is projected to increase by 4%, or 14,500 individuals, as shown below. Table 5 shows that between 2022 and 2027 Chipping Barnet is projected to have a population increase of 884, whereas the population of Finchley and Golders Green (Table 6) is projected to increase by around 7,500 individuals (the largest population change of the three localities) and that of Hendon is projected to see a population increase of almost 6,000 individuals (Table 7).

Chipping Barnet and Hendon projections show the proportion of 65+ increasing from 18% to 20% and 13% to 14% respectively, whereas that of Finchley and Golders Green shows an increase from 15% to 16%.

Finchley and Golders Green locality shows an expected decrease in the under-18 population from 21% to 19% over the next five years, as shown in Table 7.

**Table 5: GLA 2020-based housing-led population projections for Chipping Barnet**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	24,476	21%	72,622	61%	21,210	18%	118,308
2023	24,187	20%	72,611	61%	21,820	18%	118,619
2024	23,787	20%	72,494	61%	22,396	19%	118,677
2025	23,352	20%	72,490	61%	22,935	19%	118,776
2026	22,917	19%	72,533	61%	23,513	20%	118,963
2027	22,493	19%	72,573	61%	24,126	20%	119,192

**Table 6: GLA 2020-based housing-led population projections for Finchley and Golders Green**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	28,572	21%	85,279	63%	20,634	15%	134,485
2023	28,303	21%	85,860	63%	21,109	16%	135,272
2024	28,003	21%	86,254	63%	21,581	16%	135,839
2025	27,833	20%	87,650	64%	22,146	16%	137,629
2026	27,691	20%	89,395	64%	22,730	16%	139,817
2027	27,600	19%	91,135	64%	23,342	16%	142,077

**Table 7: GLA 2020-based housing-led population projections for Hendon**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	34,516	23%	95,137	64%	18,785	13%	148,437
2023	34,766	23%	96,680	64%	19,445	13%	150,891
2024	34,911	23%	98,096	64%	20,033	13%	153,040
2025	34,679	23%	98,312	64%	20,567	13%	153,558
2026	34,232	22%	98,472	64%	21,180	14%	153,884
2027	33,831	22%	98,719	64%	21,757	14%	154,307

**Table 8: GLA 2020-based housing-led population projections for NCL**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	289,446	20%	979,279	67%	189,168	13%	1,457,893
2023	287,911	20%	986,079	67%	194,834	13%	1,468,825
2024	285,555	19%	991,452	67%	200,394	14%	1,477,400
2025	281,942	19%	995,693	67%	206,239	14%	1,483,874
2026	277,862	19%	1,000,317	67%	212,230	14%	1,490,409
2027	274,055	18%	1,004,810	67%	218,554	15%	1,497,419

## 2.5.4 GP-registered population

According to the NHS digital and Table 9 below, 447,296 people were recorded as being registered with a GP in Barnet, of which the largest number and proportion of GP registered people live in Colindale ward (n=33,498) and the smallest number and proportion live in High Barnet ward (n=16,727).

The locality of Hendon has the largest number of patients registered to a GP practice at 171,353, compared with Finchley and Golders Green at 149,106 and Chipping Barnet at 126,837.

**Table 9: NHS Digital source showing people registered at a GP practice**

Ward Code	Ward	Locality	Number registered to a GP practice	Proportion registered
E05000043	Brunswick Park	Chipping Barnet	18,111	4%
E05000044	Burnt Oak	Hendon	23,581	5%
E05000045	Childs Hill	Finchley & Golders Green	26,244	6%
E05000046	Colindale	Hendon	33,498	7%
E05000047	Coppetts	Chipping Barnet	19,433	4%
E05000048	East Barnet	Chipping Barnet	18,349	4%
E05000049	East Finchley	Finchley & Golders Green	17,776	4%
E05000050	Edgware	Hendon	21,579	5%
E05000051	Finchley Church End	Finchley & Golders Green	19,777	4%
E05000052	Garden Suburb	Finchley & Golders Green	18,312	4%
E05000053	Golders Green	Finchley & Golders Green	26,033	6%
E05000054	Hale	Hendon	21,374	5%
E05000055	Hendon	Hendon	23,391	5%

Ward Code	Ward	Locality	Number registered to a GP practice	Proportion registered
E05000056	High Barnet	Chipping Barnet	16,727	4%
E05000057	Mill Hill	Hendon	24,364	5%
E05000058	Oakleigh	Chipping Barnet	18,412	4%
E05000059	Totteridge	Chipping Barnet	18,539	4%
E05000060	Underhill	Chipping Barnet	17,266	4%
E05000061	West Finchley	Finchley & Golders Green	19,760	4%
E05000062	West Hendon	Hendon	23,566	5%
E05000063	Woodhouse	Finchley & Golders Green	21,204	5%
<b>TOTAL</b>			<b>447,296</b>	

Source: NHS Digital 2022<sup>20</sup>

<sup>20</sup> NHS Digital. Patients registered at GP practice. [Patients Registered at a GP Practice - NHS Digital](#)

## 2.5.5 Life expectancy

Office for Health Improvement and Disparities (OHID) Fingertips shows that life expectancy at birth, as represented by Table 10 below, is 82.0 for men and 85.5 for women, based on 2018-2020 data. This is significantly higher than the London and England averages.

Healthy Life Expectancy (HLE) is 61.8 for men and 63.9 for women, which does not differ significantly from the London and England averages based on 2017-19. Healthy Life Expectancy is the average number of years that a new born can expect to live in "full health not hampered by disabling illnesses or injuries.

**Table 10: Life expectancy (LE) and health life expectancy (HLE) for Barnet, London and England**

		Barnet			London			England			Significant difference to London	Significant difference to England
		Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
LE (years) 2018-20	M	82.0	81.6	82.4	79.4	79.4	79.4	79.4	79.4	79.4	Higher	Higher
	F	85.5	85.2	85.9	83.1	83.1	83.2	83.1	83.1	83.2	Higher	Higher
HLE (years) 2017-19	M	61.8	58.5	65.1	63.2	63.0	63.4	63.2	63	63.4	No significant difference	No significant difference
	F	63.9	60.9	66.9	63.5	63.3	63.7	63.5	63.3	63.7	No significant difference	No significant difference

Source: OHID Fingertips

## 2.5.6 Religion

According to census data from 2011 and Table 11 below, the largest population by religion in Barnet is Christianity (41% of the population) and this is significantly lower than the NCL and England averages.

The second largest religion is Judaism (15%) which is significantly higher than the NCL and England averages.

16% of the population have no religion, which is significantly lower than the NCL and England averages.

**Table 11: Population size by religion group from 2011 census**

Religion	Barnet				NCL				England				Significant difference to NCL	Significant difference to England
	Number	%	L E B %	U E B %	Number	%	L E B %	U E B %	Number	%	L E B %	U E B %		
Christian	146,866	41	41	41	586,642	43	43	43	31,479,876	59	59	59	Lower	Lower
Buddhist	4,521	1	1	1	14,080	1	1	1	238,626	0	0	0	Higher	Higher
Hindu	21,924	6	6	6	42,639	3	3	3	806,199	2	2	2	Higher	Higher
Jewish	54,084	15	15	15	77,877	6	6	6	261,282	0	0	0	Higher	Higher
Muslim (Islam)	36,744	10	10	10	171,179	13	13	13	2,660,116	5	5	5	Lower	Higher
Sikh	1,269	0	0	0	4,189	0	0	0	420,196	1	1	1	Higher	Lower
Other religion	3,764	1	1	1	9,251	1	1	1	227,825	0	0	0	Higher	Higher
No religion	57,297	16	16	16	288,045	21	21	21	13,114,232	25	25	25	Lower	Lower
Religion not stated	29,917	8	8	8	156,339	12	12	12	3,804,104	7	7	7	Lower	Higher

Source: Office for National Statistics (ONS) Census 2011

## 2.5.7 Ethnicity

GLA 2016-based housing-led ethnic group population projection, in Table 12, shows that the largest ethnic group is White British (n=158,480) followed by the any Other White ethnic group (n=78,362). Both ethnic groups have a significantly higher proportion compared with the NCL average.

Moreover, there is a large number of people from Black African, Asian Indian, Other Asian, and Asian Chinese ethnic groups that live in Barnet.

**Table 12: GLA 2016 based housing-led ethnic group population projection**

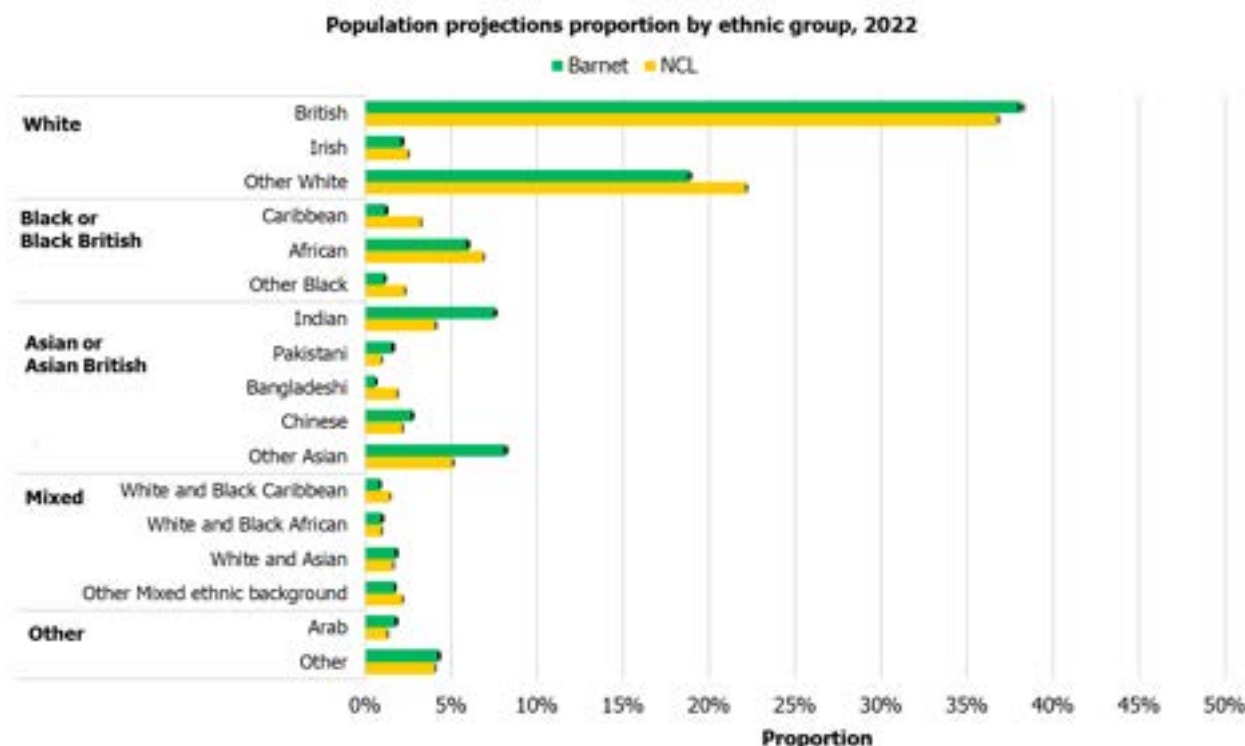
<b>Ethnic Grouping</b>	<b>Ethnicity</b>	<b>Barnet Number</b>	<b>Barnet (%)</b>	<b>NCL Number</b>	<b>NCL (%)</b>	<b>Significant Difference to NCL</b>
White	British	158,480	38%	576,288	37%	Higher
White	Irish	8,930	2%	39,697	3%	Lower
White	Other White	78,362	19%	347,184	22%	Lower
Black or Black British	Caribbean	5,144	1%	51,073	3%	Lower
Black or Black British	African	24,829	6%	108,014	7%	Lower
Black or Black British	Other Black	4,842	1%	36,649	2%	Lower
Asian or Asian British	Indian	31,427	8%	64,291	4%	Higher
Asian or Asian British	Pakistani	6,781	2%	15,258	1%	Higher
Asian or Asian British	Bangladeshi	2,629	1%	29,989	2%	Lower
Asian or Asian British	Chinese	11,457	3%	34,647	2%	Higher
Asian or Asian British	Other Asian	33,976	8%	80,275	5%	Higher
Mixed	White and Black Caribbean	3,679	1%	22,484	1%	Lower
Mixed	White and Black African	4,155	1%	15,398	1%	Higher
Mixed	White and Asian	7,561	2%	25,854	2%	Higher
Mixed	Other Mixed ethnic background	7,314	2%	33,984	2%	Lower
Other	Arab	7,604	2%	20,660	1%	Higher
Other	Other	17,870	4%	63,709	4%	Higher

Source: GLA 2016-based housing-led ethnic group population projections

The largest population projection in Figure 2 below shows that the largest ethnic group is the White British accounting for over 35% of the population whereas the smallest population projection shows that the smallest ethnic groups are mixed White and Black Caribbean and White and Black African accounting for under 5%.



Figure 2: Proportion by ethnic group in Barnet based on 2022 data



Source: GLA 2016-based housing-led population projections

### 2.5.8 Daytime population

Please note: the data in Table 13 is from the 2014 GLA Daytime population 2014 and should be interpreted with caution. In addition, the COVID-19 pandemic and working from home restrictions have changed the way populations commute to work and the number of tourists visiting.

Table 13 shows that total daily population (2014) is 356,003, of which 24,909 are tourists.

Table 13: GLA Daytime population 2014

Borough	Total daytime population (includes tourists)	Workday population (excludes tourists)
Barnet	356,003	331,094

Source: GLA Daytime population, 2014

### 2.5.9 Mortality

Table 14 from OHID Fingertips shows that in Barnet, the overall all-cause, all-age mortality in 2020 was 886 per 100,000. This was significantly lower than the London and England averages. There is variation across the three localities within Barnet.

The under-75 all-cause mortality was 286 per 100,000, which was significantly lower than the London and England averages.

Excess deaths were significantly lower than the London and England averages.

Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was also lower than the London and England averages. On the other hand,

under-75 respiratory mortality did not differ significantly from the London and England averages.

**Table 14: Mortality rate for various causes in Barnet, 2020 (number of persons)**

	Barnet			London			England			Significant difference to London	Significant difference to England
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
All-age all-cause mortality	886	854	919	975	967	983	1,042	1,040	1,045	Lower	Lower
U75 all-cause mortality	286	267	306	359	357	360	358.5	356.9	360.2	Lower	Lower
Excess deaths (preventable mortality U75)	97	86	109	123	120	126	140.5	139.4	141.5	Lower	Lower
Cancer mortality (U75)	97	86	109	111	109	114	125.1	124.1	126.1	No significant difference	Lower
CVD mortality (U75)	57	49	67	72	70	75	73.8	73.1	74.6	Lower	Lower
Respiratory mortality (U75)	25	19	31	27	25	28	29.4	28.9	29.8	No significant difference	No significant difference

Source: OHID Fingertips

### 2.5.10 Smoking

Smoking prevalence in adults according to the GP Patient Survey was 14%, which was significantly lower than the London average but did not differ significantly from the England average.

Smoking in early pregnancy and smoking at delivery were 5% each, as seen in Table 15. These were significantly lower than the England average, and in the case of smoking in early pregnancy, significantly lower than the London average.

**Table 15: Smoking prevalence in Barnet derived from OHID Fingertips**

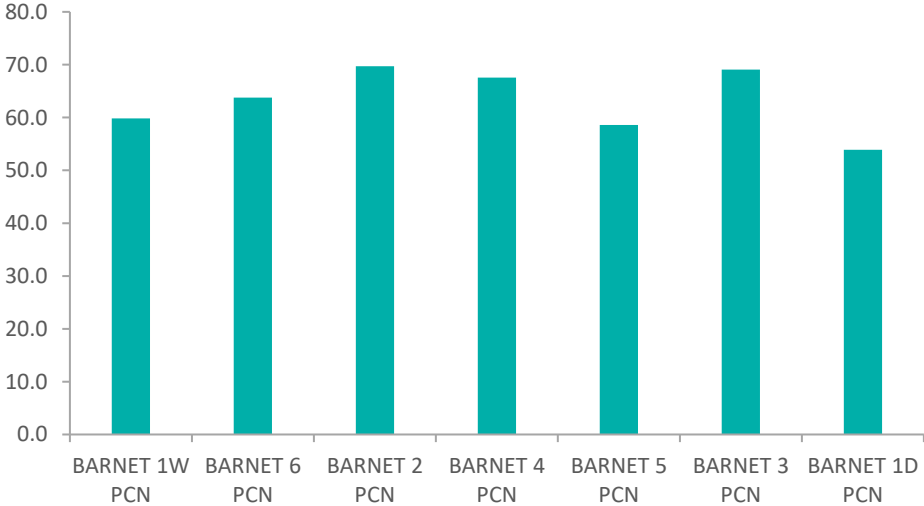
	Year	Barnet			London			England			Significant difference to London	Significant difference to England
		Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
Smoking prevalence in adults (GPPS)	2019-20	14%	13%	15%	15%	15%	16%	14.30%	14.20%	14.40%	Lower	No significant difference
Smoking at delivery	2020-21	5%	5%	6%	5%	5%	5%	9.60%	9.50%	9.70%	No significant difference	Lower
Smoking in early pregnancy	2018-19	5%	5%	6%	6%	6%	6%	12.80%	12.70%	12.90%	Lower	Lower

Source: OHID Fingertips

### 2.5.11 Vaccination

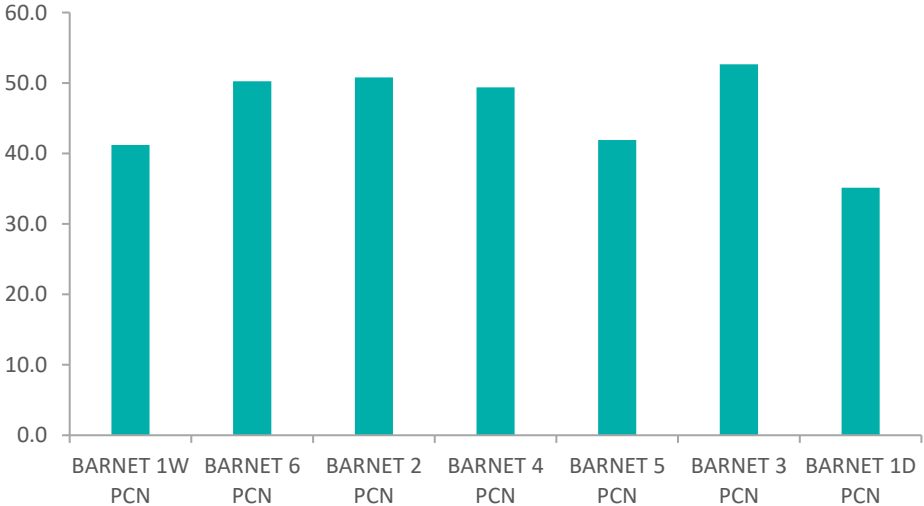
Vaccination uptake generally higher than the average in NCL, but lower than in England. Please see Table 2 for a key to which locality each PCN is located.

Figure 3: Barnet – COVID vaccination uptake by PCN



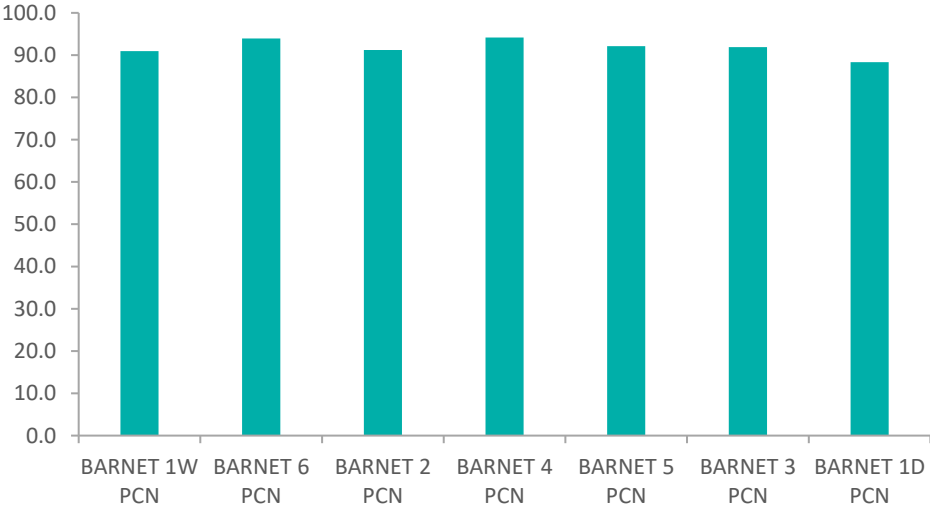
Source: NIMS 17th January 2022

Figure 4: Barnet – Flu vaccination uptake by PCN



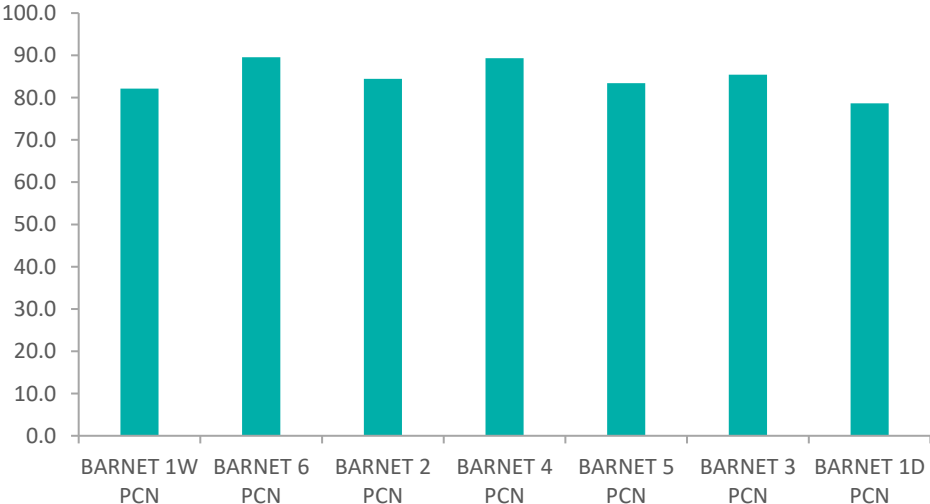
Source: NIMS 17th January 2022

Figure 5: Barnet – DTaP/IPV/Hib vaccination (2 years) uptake by PCN



Source: National GP Profile from OHID (National General Practice Profiles - OHID (phe.org.uk)) 17th January 2022

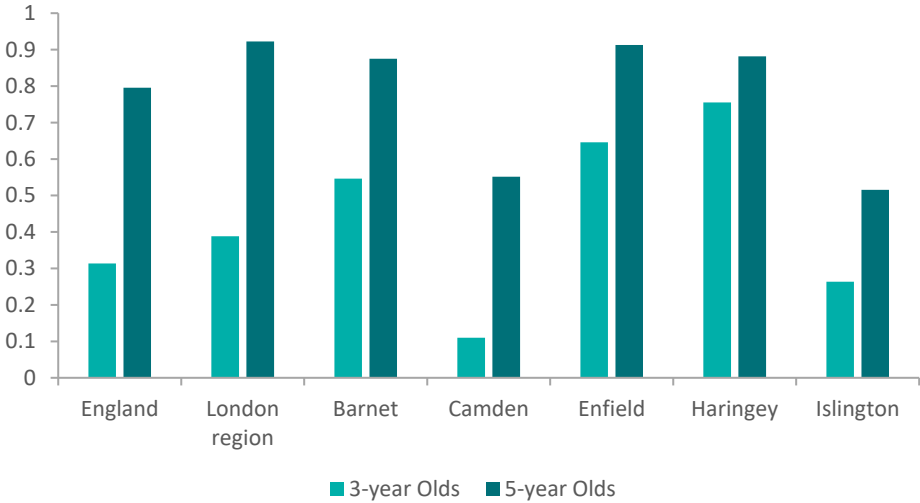
Figure 6: Barnet – MMR vaccination one dose (2 years) uptake by PCN



Source: National GP Profile from OHID (National General Practice Profiles - OHID (phe.org.uk)) 17th January 2022

2.5.12 Oral health

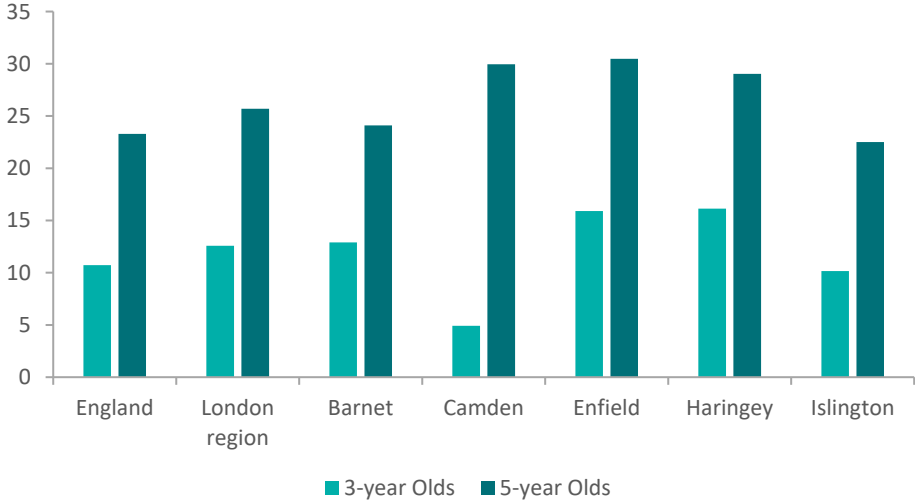
Figure 7: Decayed Missing or Filled Teeth (DMFT) by borough



Source: Child & Maternal Health Profile from OHID ([Child and Maternal Health - OHID \(phe.org.uk\)](http://Child and Maternal Health - OHID (phe.org.uk))) Jan 2022

The average number of DMFT is higher than England in both age groups, and in 3-year-olds it is higher than the London average.

Figure 8: Percentage of children with DMFT by borough

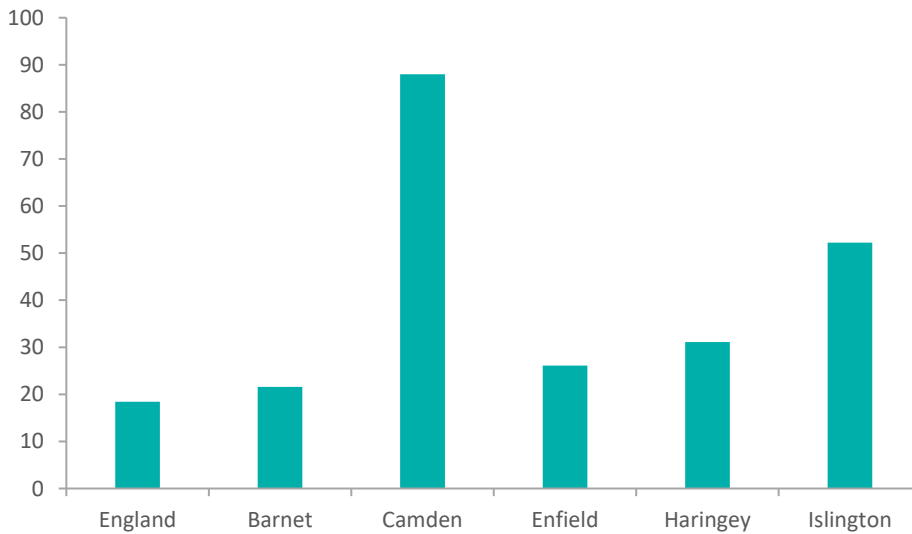


Source: Child & Maternal Health Profile from OHID ([Child and Maternal Health - OHID \(phe.org.uk\)](http://Child and Maternal Health - OHID (phe.org.uk))) Jan 2022

The percentage of children with of DMFT is higher than England in both age groups, and in 3-year-olds it is higher than the London average.

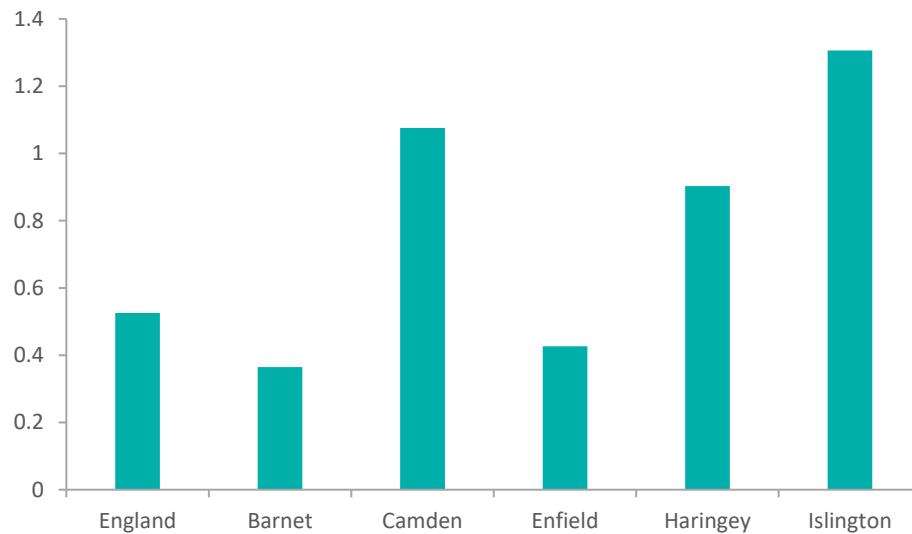
### 2.5.13 Hepatitis C (Hep C)

Figure 9: Hep C detection rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](https://phe.org.uk)) Jan 2022

Figure 10: Under-75 Hep C mortality rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](https://phe.org.uk)) Jan 2022

The five boroughs within NCL have a higher Hep C detection rate than the England average. Within NCL it is highest in Camden and Islington.

Premature mortality from Hep C-related liver disease is lower than the England average in Barnet and Enfield. The rate is highest in Islington, but Camden is also substantially higher than the England average. Haringey is also higher than the England average.

## Section 3: NHS pharmaceutical service provision in Barnet

### 3.1 Overview

There are a total of 76 contractors in Barnet.

Type of Contractor	Number
40-hour community pharmacies	73
LPS	1
DSP	1
DAC	1
Dispensing GP Practices	0
PhAS	0

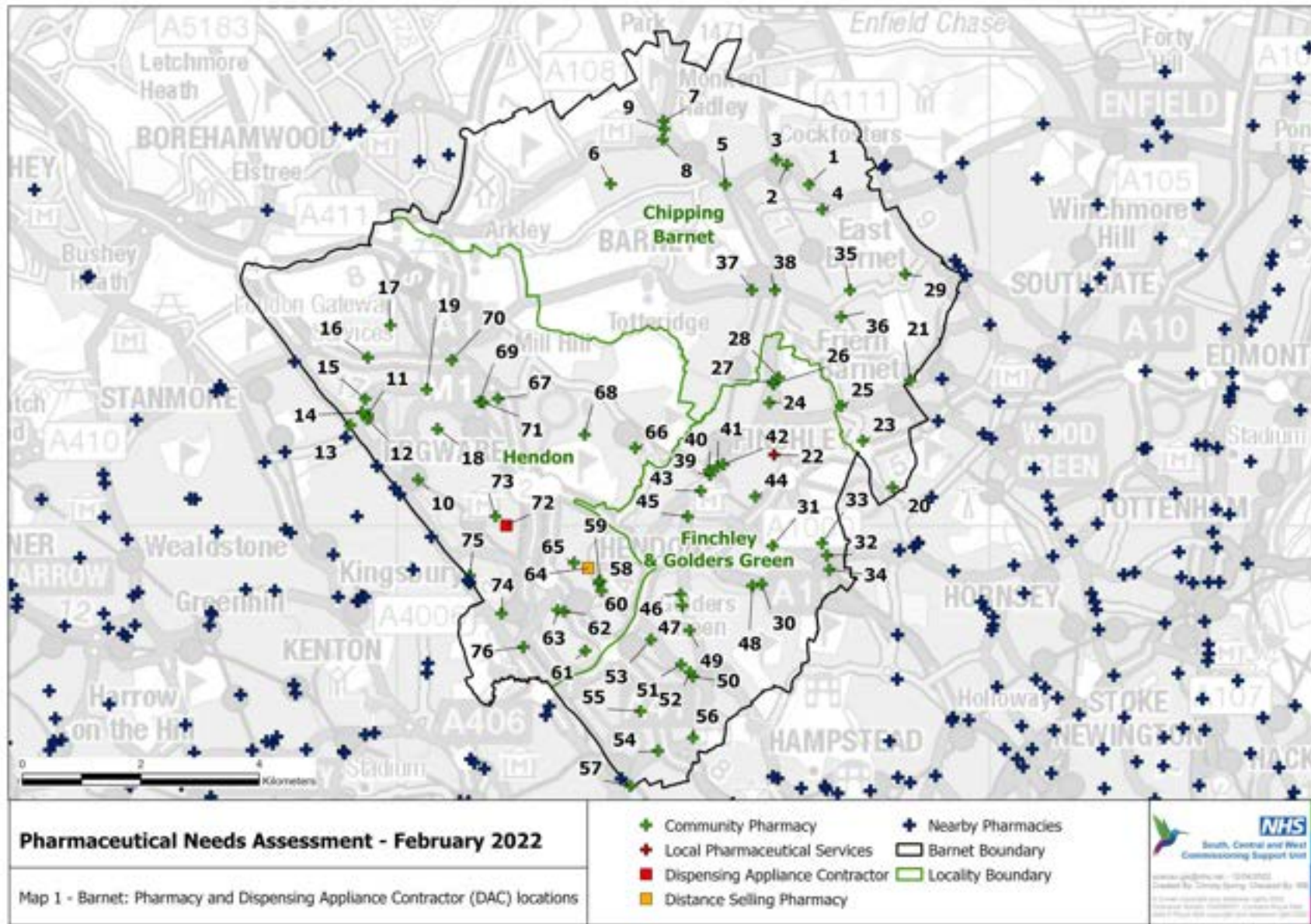
Where discussed the total number of community pharmacies includes LPS and DSPs, i.e. 75 community pharmacies. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

**Table 16: Barnet localities matched to the respective wards, PCNs and community pharmacies**




Locality	Wards	New Wards	PCN	Number of Community Pharmacies per PCN
Hendon	Burnt Oak, Colindale, Edgware, Hale, Hendon, Mill Hill, West Hendon	Hendon, West Hendon, Edgware, Edgwarebury, Mill Hill, Colindale North, Burnt Oak, Colindale South	PCN 1D	4
			PCN 1W	4
			PCN 4	12
Chipping Barnet	Brunswick Park, Coppetts, East Barnet, High Barnet, Oakleigh, Totteridge, Underhill	Brunswick Park, East Barnet, Whetstone, Barnet Vale, Friern Barnet, High Barnet, Totteridge and Woodside, Underhill	PCN 2	11
			PCN 3	24
Finchley & Golders Green	Childs Hill, East Finchley, Finchley Church End, Garden Suburb, Golders Green, West Finchley, Woodhouse	East Finchley, West Finchley, Woodhouse, Finchley Church End, Garden Suburb, Cricklewood, Childs Hill, Golders Green,	PCN 5	10
			PCN 6	10



Figure 11: All contractors in Barnet HWB area



### 3.2 Community pharmacies

<p>75 community pharmacies which includes 1 DSP in Barnet</p> 	<p>401,230 population of Barnet</p> 	<p>18.4 community pharmacies per 100,000 population (18.7 including DSP)*</p> 
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\* Correct as of December 2021

There are 75 community pharmacies in Barnet (see Figure 11 for distribution and spread across Barnet). Since the previous PNA published in 2018, when there were 76 pharmacies, there has been a decrease of two community pharmacies and an addition of one DSP in Barnet. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Barnet: Harrow (24.6), Brent (24.4), Hertfordshire (19.6), Haringey (21.0), Enfield (17.1) and Camden (22.5).

Table 17 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Barnet is well served with community pharmacies, but the number is lower than the London and national averages.

**Table 17: Number of community pharmacies per 100,000 population**

	England	London	Barnet
2020-21	20.6	20.7	18.7
2019-20	21.0	20.2	19.0
2018-19	21.2	20.7	19.7

Source: ONS Mid-Year Population<sup>21</sup>

Table 18 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

<sup>21</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

**Table 18: Breakdown of average community pharmacies per 100,000 population**

Locality	Number of community pharmacies (Dec 2021)	Total population (ONS 2020)	Average number of community pharmacies per 100,000 population (Dec 2021)*
Chipping Barnet	18	118,308	15.2
Finchley & Golders Green	29	134,485	21.6
Hendon	28*	148,437	18.9
<b>Barnet HWB (2021)</b>	75	401,230	18.7
<b>London</b>	1,873	8,965,488**	20.7
<b>England (2021)</b>	11,636	56,760,975**	20.6

\* Data includes DSPs, which do not provide face-to-face services

\*\* ONS mid-year 2020

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

### 3.2.1 Choice of community pharmacies

Table 19 shows the breakdown of community pharmacy ownership in Barnet. The data shows that independent pharmacy ownership is at higher levels than those seen in the rest of London, and a much higher percentage of independent pharmacies compared with the national average, with no one provider having a monopoly in any locality. People in Barnet have a choice of for the type of pharmacy provider they wish to use.

**Table 19: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Barnet (2021)	20%	80%

### 3.2.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 20 shows that Barnet has no 100-hour contracted pharmacies.

**Table 20: Number of 100-hour pharmacies (and percentage of total)**

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
Barnet (2021)	0

### 3.2.3 Access to community pharmacies

Community pharmacies in Barnet are particularly located around areas with a higher density of population. Opening times do vary by each pharmacy but the standard pharmacy contract requires the pharmacy to be open for at least 40-hours per week. Many pharmacies are open in the evening on weekdays and on Saturdays and Sundays in excess of these standard 'core' hours.

A previously published article<sup>22</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Barnet and their opening hours can be found in Appendix A.

#### 3.2.3.1 Routine daytime access to community pharmacies

The following maps show travel times to community pharmacies using a variety of options. How the travel time has been analysed can be found in Appendix H.

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<sup>22</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 12: Driving times off-peak to nearest pharmacy

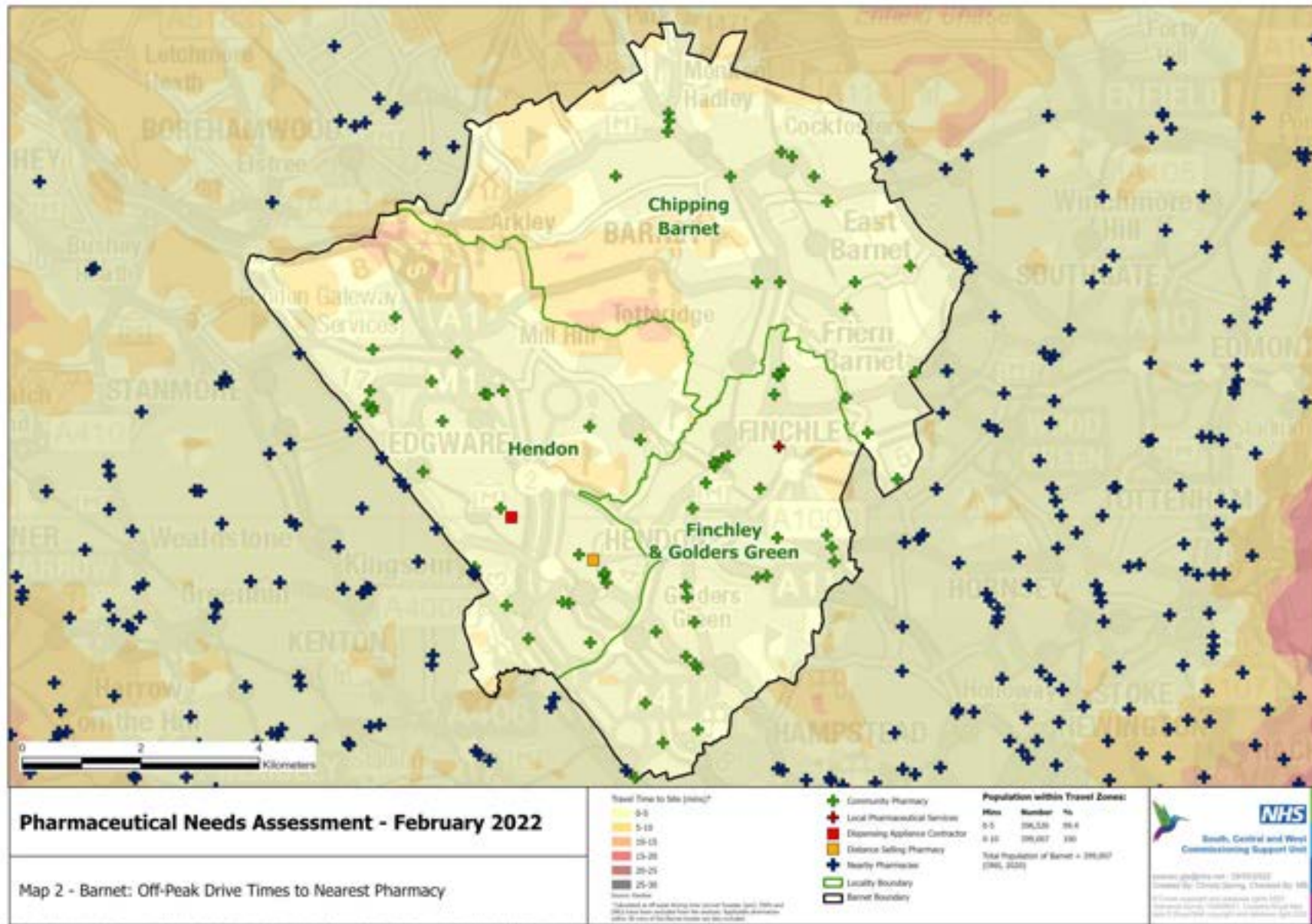


Figure 13: Driving times peak to nearest pharmacy

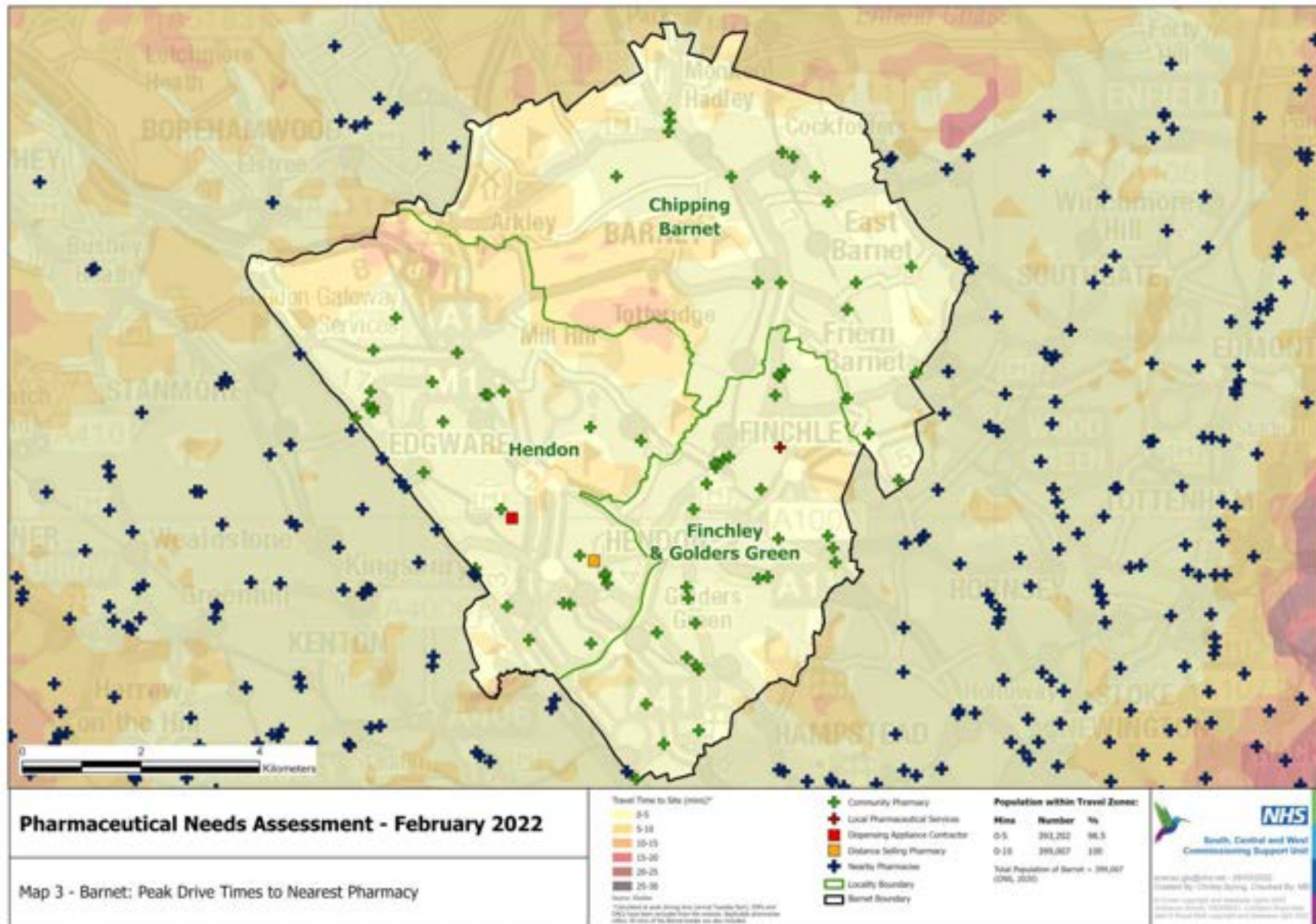


Figure 14: Public transport (morning) to nearest pharmacy

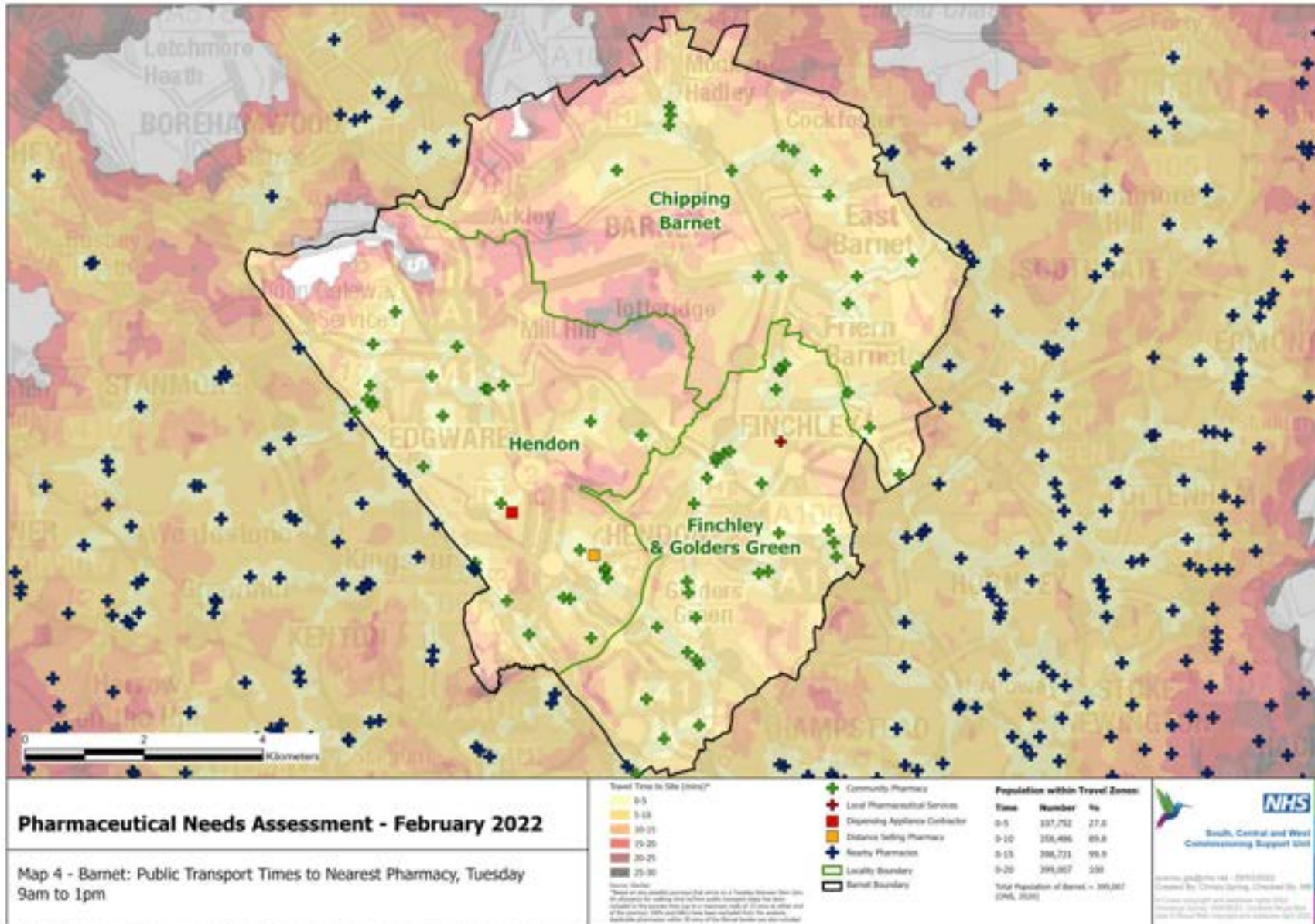


Figure 15: Public transport (afternoon) to nearest pharmacy

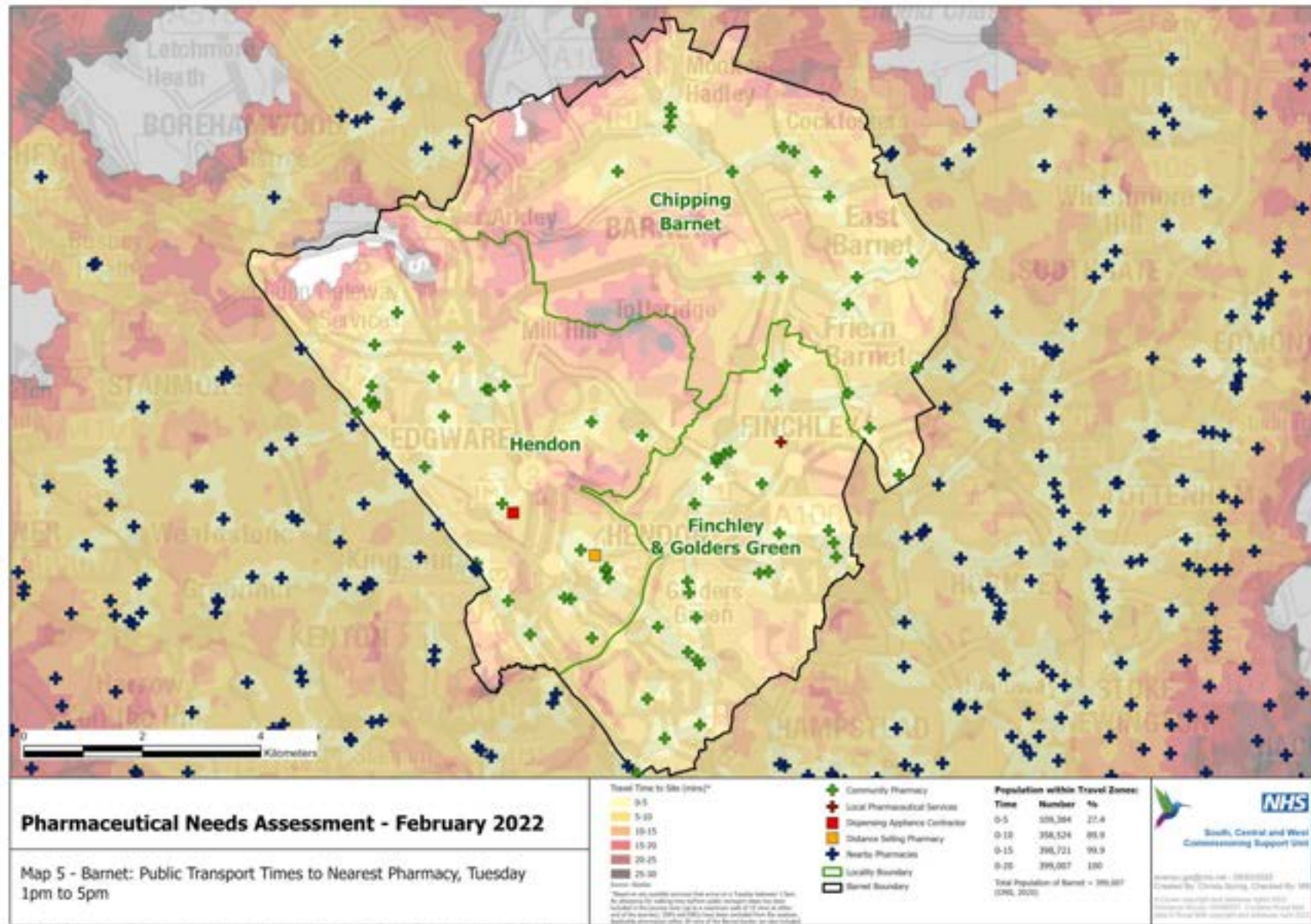
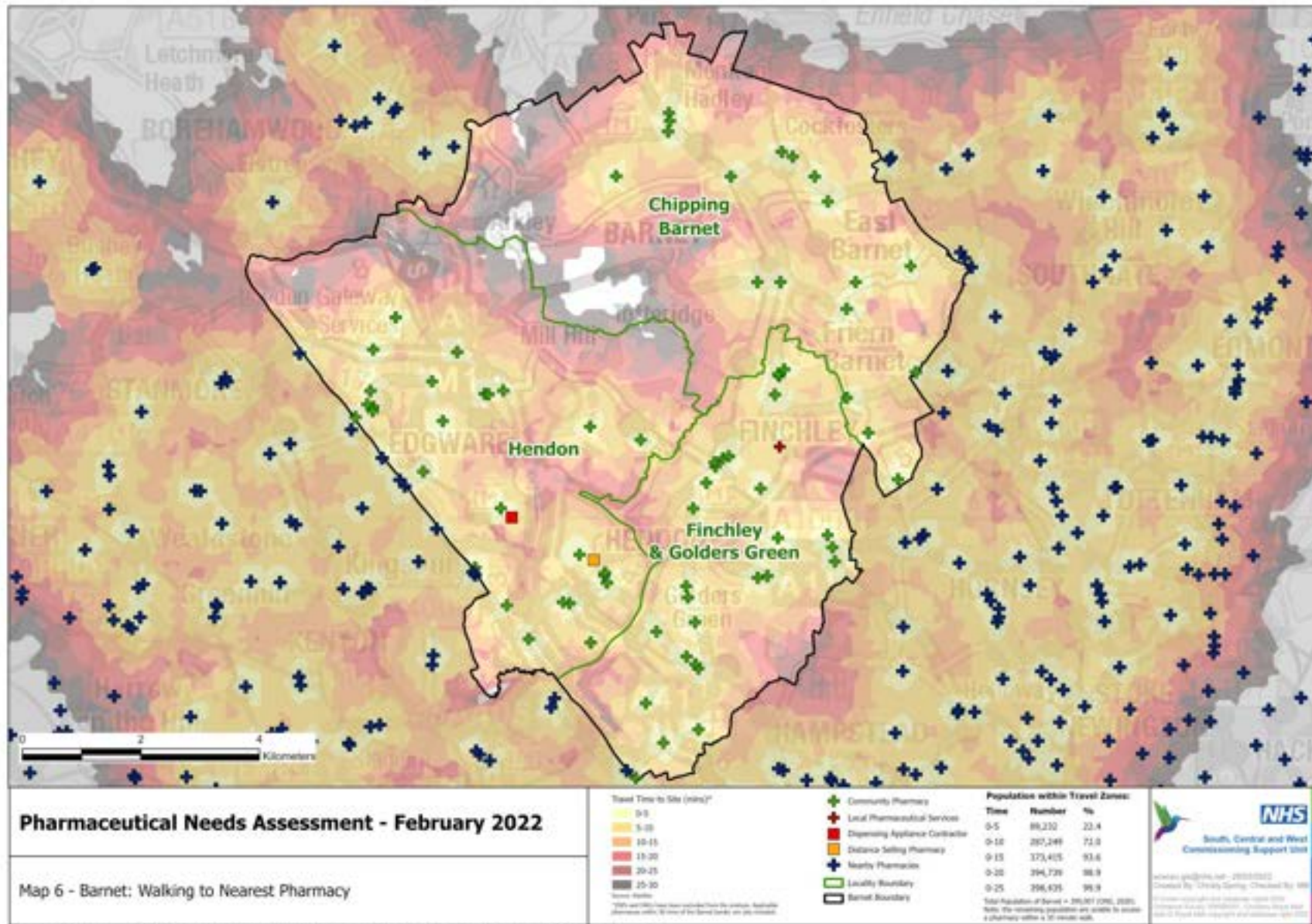




Figure 16: Walking times to nearest pharmacy



In summary:

- Driving: 99.4% of the population can drive to a pharmacy within 5 minutes off-peak and 98.5% within 5 minutes during peak times (100% within 10 minutes peak or off-peak)
- Public transport: 99.9% of the population can reach a pharmacy within 15 minutes morning or afternoon (100% within 20 minutes)
- Walking: 98.9% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

### **3.2.3.2 Routine weekday evening access to community pharmacies**

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality: they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found from Table 21. The population of Barnet has reasonable access to community pharmacies in the evening. This is because the majority of providers in Barnet HWB area are open after 6 pm.

**Table 21: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, on a Saturday and Sunday**

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Chipping Barnet	33%	61%	28%
Finchley & Golders Green	31%	58%	17%
Hendon	30%	78%	11%
Barnet HWB	31%	85%	28%

Note: DSPs are not included

### **Routine Saturday daytime access to community pharmacies**

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Barnet, 85% are open on Saturdays, the majority of which are open into the late afternoon. The variation in some of the localities could be explained by the higher proportion of orthodox Jewish population within the area who observe the sabbath on a Saturday. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

### **3.2.3.3 Routine Sunday daytime access to community pharmacies**

The number, location and opening hours of community pharmacy providers open on Sundays is 28%. Fewer pharmacies are open on Sundays than any other day in Barnet. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.2.3.4 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays, to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers, so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Barnet there is the following coverage:

Fairview Pharmacy, Finchley Memorial Hospital, Granville Road N12 0JE	Christmas Day and Easter Sunday: 10:00–16:00
Fairview Pharmacy, Finchley Memorial Hospital, Granville Road N12 0JE	All other bank holidays: 10:00–16:00
Greenfield Pharmacy, 16 Greenhill Parade, New Barnet EN5 1ES	Christmas Day and Easter Sunday: 10:00–18:00
Greenfield Pharmacy, 16 Greenhill Parade, New Barnet EN5 1ES	All other bank holidays: 10:00–14:00

### 3.2.4 Advanced Service provision from community pharmacies

Section 1.4.1.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are voluntary, not all providers will provide them all of the time.

The information in Table 22, provided by NHSE&I, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

**Table 22: Percentage of community pharmacy providers of Advanced Services in Barnet by locality (number of pharmacies) (2021-22)**

Advanced Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (28)
New Medicine Service (NMS)	83%	79%	75%
Community pharmacy seasonal influenza vaccination	83%	59%	71%
Community Pharmacy Consultation Service (CPCS)*	72%	59%	71%
Hypertension case-finding service	28%	31%	64%
Smoking cessation service	17%	10%	18%

\* This includes CPCS and GP CPCS consultations

Based on the information provided none of the community pharmacies in Barnet have signed up to provide Appliance Use Review (AUR), Stoma Appliance Customisation (SAC), or

community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023). The hepatitis service has had a very low uptake nationally. However, it should be noted, that for some of these services such as the AUR, pharmacies may still provide without signing up to the service,

The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten community pharmacies or DAC providers in London as of October 2021.

**Table 23: Advanced Service provision by percentage of providers currently providing**

Advanced Service	England	London	Barnet
New Medicine Service (NMS)*	85%	81.5%	81%
Community pharmacy seasonal influenza vaccination*	63.5%	67%	71%
Community Pharmacy Consultation Service (CPCS)*	77%	71%	73%
Hypertension case-finding service (Nov–Dec 2021)	5%	3%	5%
Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Appliance Use Review (AUR)*	0.3%	0.2%	0%
Stoma Appliance Customisation (SAC)*	8%	2.1%	4%

Source: NHS BSA Dispensing Data

\* Data from NHS BSA 2021-22 7 months

The information provided by NHSE&I in Table 23 provides details of the recorded activity of Advanced Service delivery in Barnet for 2021-22 (over a seven-month period). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

New services such as CPCS are in place, but initial data showed low uptake nationally, which is based on referrals into the service.<sup>23</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>24</sup> This is improving, in particular GPCPCS.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, regionally and in Barnet.

<sup>23</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>24</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

The Smoking Cessation service (SCS) started on 10 March 2022, and therefore no activity data is available at time of writing.

To date, there has been no local data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing these services due to the coronavirus pandemic.

### **3.2.5 Enhanced Service provision**

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.4.1.3). Therefore, any Locally Commissioned Services (LCS) commissioned by CCG or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently five Enhanced Services commissioned in Barnet.

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. Six pharmacies in Barnet provide this service.
- London vaccination service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.
- A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund: no pharmacies had signed up at time of writing
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required
- Coverage on all other remaining Bank holidays to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so patients can easily access medication if required. Two pharmacies provide Bank Holiday coverage for Barnet (Section 3.2.3.4).

### **3.3 Dispensing Appliance Contractors**

There is one Dispensing Appliance Contractor (DAC) in Barnet HWB area, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received 62 responses and 63% of respondents reported that they provide all types of appliances (12% reported that they did not supply appliances).

There is one DAC in Barnet:

- Respond Healthcare Ltd, 28 Heritage Avenue, Hendon, London NW9 5XY

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Barnet. There were 112 DACs in England in 2020-21.

### **3.4 Distance-Selling Pharmacies (DSP)**

There is one DSP in Barnet HWB area:

- Lakes Pharmacy, Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London NW4 4DD

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

The public questionnaire identifies that 20% of respondents have used a DSP.

### **3.5 Local Pharmaceutical Service (LPS) providers**

There is one LPS pharmacy in Barnet HWB area:

- Fairview Pharmacy, Finchley Memorial Hospital, Granville Road, London N12 0JE

### **3.6 Pharmaceutical service provision provided from outside Barnet HWB area**

Barnet is bordered by six other HWB areas: Brent, Harrow, Hertfordshire, Enfield, Camden and Haringey. As previously mentioned, like most London boroughs, Barnet has a comprehensive transport system. As a result, it is anticipated that many residents in Barnet will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Barnet HWB area by which Barnet residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Barnet HWB area boundaries and are marked on Figure 11. Further analysis of cross-border provision is undertaken in Section 6.

## Section 4: Other services

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded, such as private Patient Group Directions (PGDs), or commissioned by the local authority or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

There were two responses from the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them. From the responses received there was a willingness to consider commissioning the following examples of services:

- Coronary Heart Disease (CHD)
- Asthma and COPD
- Diabetes
- Depression
- Sharps disposal
- NHS Health Checks
- Obesity management
- Childhood vaccinations
- Hepatitis vaccinations (for those at risk)
- Screening services for:
  - Chlamydia testing and treatment
  - Alcohol
  - Hepatitis
  - Human Immunodeficiency Virus (HIV)
  - Gonorrhoea
  - Diabetes and HbA1C

The services commissioned from community pharmacy contractors in Barnet by the local authority and CCG are listed in Table 24. Privately funded services are not listed and are out of scope of the PNA.

**Table 24: Commissioned services from community pharmacies in Barnet HWB area**

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		x
Emergency Hormonal Contraception (EHC)		x
Supervised consumption		x
Needle Exchange (NEX)		x
Supply of End of Life (EoL) medicines	x	

#### **4.1 Local authority-commissioned services provided by community pharmacies in Barnet HWB area**

LBB commissions four services from community pharmacies:

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of services and community pharmacy providers can be found in Appendix A.

##### **4.1.1 Smoking cessation**

Smoking prevalence in adults in Barnet was 14%, which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.

Reducing smoking in the population is a government priority. The government targets to reduce smoking rates are as follows:

- To reduce adult smoking rates to 10% or less by 2020
- To halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged areas by 2020
- To reduce the smoking rate among 11–15-year-olds to 1% or less, and the rate among 16–17-year-olds to 8% by 2020

Seven out of ten smokers say they would like to quit smoking. Smokers are four times more likely to quit with the help of a Stop Smoking Service. Therefore, it is important for smokers living and working in Barnet to have access to high quality smoking cessation service.

The overall aim of the stop smoking programme is to reduce smoking-related illnesses and deaths by helping patients/service users to give up smoking.

The objectives of the pharmacy-based service are:

- To improve access to and choice of stop smoking services by provision of services within the pharmacy and referral into an alternative GP practice or pharmacy if this is preferred by the patient/service user
- To ensure that those wanting to quit have access to pharmacological and non-pharmacological stop smoking aids
- To improve the health of the population by reducing exposure to passive smoke

The service is delivered by five appointments with an optional sixth appointment available. The use of carbon monoxide monitors, nicotine replacement, bupropion and varenicline are all possible interventions in the scheme.

There are nine community pharmacies (12%) in Barnet providing this service.

Note: these services are also provided by GP practices and other organisations within Barnet.

##### **4.1.2 Supervised consumption**

This service is commissioned by Change Grow Live (CGL) on behalf of the local authority.



Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervised consumption of methadone, buprenorphine, Espranor (buprenorphine oral lyophilisate) or Suboxone (buprenorphine/naloxone). Supervised consumption reduces the diversion of controlled drugs, which may lead to a reduction in drug-related deaths.

The aims of the service are to:

- Ensure that service users are compliant with their prescribed regime by:
  - Dispensing medication in specified instalments as instructed on the prescription
  - Supervising the consumption of prescribed medication in the pharmacy
- Reduce opportunity for diversion and illicit supply of controlled drugs
- Provide regular contact with healthcare professionals for service users

There are 31 community pharmacies (42%) providing this service in Barnet.

#### **4.1.3 Needle Exchange (NEX) service**

This service is commissioned by Change Grow Live (CGL) on behalf of the local authority.

The provision of Needle Exchange services alongside opiate substitution therapy is the most effective way of reducing the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment.

The NEX service will be available to all presenting adults (aged 18 and over) who are resident in Barnet, who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use.

The pharmacy will provide service users with:

- Injecting equipment in a suitable bag
- Information and advice around changing lifestyles
- Basic information on minimising the complications associated with drug use
- Information signposting them to substance misuse services within the community

There are 5 community pharmacies (7%) providing this service in Barnet.

#### **4.1.4 Community Based Barnet Condom Distribution Service known as Come Direct**

Come Correct is the name of the Brook free, confidential condom scheme for young people under 25 across London. Young people register with the scheme online and can then visit anywhere where they see the Come Correct Logo using a C Card. On registering they will receive information or speak with a trained advisor to explain how the scheme operates and the importance of using condoms to avoid Sexually Transmitted Infections (STIs) and pregnancy and how to use a condom correctly. Through extending the service to pharmacies it is intended to further increase accessibility of condom contraception to young people in Barnet, especially for 'hard to reach' groups, such as Black, Asian and minority ethnic groups.

There are 12 pharmacies (16%) providing this service.

#### 4.1.5 Emergency Hormonal Contraception (EHC)

The Service Specification sets out the operational framework for the supply of EHC for young people under 25 from a network of community pharmacies in the London Borough of Barnet. The agreement for provision of the service is between CNWL NHS Foundation Trust and the participating community pharmacy.

The EHC service will operate during normal working hours as well as out of hours (late evenings and weekends) to improve access to emergency contraception services.

The service is expected to contribute to the following key sexual health indicators:

- Reduction in the under-18 conception rate in Barnet
- Increased proportion of uptake of Long-Acting Reversible Contraception (LARC)
- Reduction in repeat abortions
- Increase sexual health knowledge in the target group

The service provides EHC under a PGD for Levonorgestrel and Ulipristal

The service will be delivered in line with the National Service Specification EN11 - Emergency Hormonal Contraception.

There are 15 community pharmacies (21%) providing this service in Barnet.

#### 4.2 CCG-commissioned services in Barnet

NCL CCG currently commissions one service in Barnet HWB area:

##### 4.2.1 On demand availability of palliative care and antimicrobial drugs from community pharmacies

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

Community pharmacies are contracted to stock the list of CORE palliative care medications stock and the service will also stock antimicrobials such as vancomycin as it is not commonly stocked in community pharmacies, but is required as first line treatment for *C.difficile* in line with [NICE guidance NG199](#).

The use and relevance of this service has substantially increased following COVID-19, with EoLC in the community being a key priority. EoLC patients with COVID-19 can deteriorate very rapidly so timely access to a range of medicines, which enable symptom control, is essential.

Five pharmacies in Barnet borough provide an 'in-hours' service A full list of community pharmacy providers is listed in Appendix A.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems (ICS). It is anticipated for Barnet that NCL ICS will take on the delegated responsibility for pharmaceutical services from July 2022 from NHSE&I and therefore some

services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

### **4.3 Other services provided from community pharmacies**

As part of the pharmacy contractor questionnaire, found in Appendix E, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

There were 62 responses (of 75 contractors) to the contractor questionnaire. The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Asthma 91% (COPD 88%)
- CHD 87%
- Diabetes 91% (including screening)
- Obesity 82%
- Childhood vaccinations 78%
- NHS Health Checks 85%

A summary of the pharmacy contractor questionnaire responses is detailed in Appendix E.

### **4.4 Collection and delivery services**

From the pharmacy contractor questionnaire, up to 64% of community pharmacies provided free home delivery services on request. It was often noted that there are restrictions on areas and/or to which specific patient groups they offered free delivery. It should be noted that 62 (of 75) community pharmacies responded to this questionnaire.

Of pharmacies who responded, 84% offer to collect prescriptions from GP surgeries on behalf of their patients. This is a decrease from 100% of respondents willing to provide this service in 2018. The number may also have decreased due to the increase in the Electronic Prescription Service (EPS).

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Barnet, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There one DAC based in Barnet providing services nationally and there are a further 110 throughout England.

### **4.5 Provision of services to nursing and residential care homes**

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire indicate that currently very few provide a service to care homes commissioned via the CCG or LA, but 58% indicate they would be willing to provide if commissioned.

### **4.6 Domiciliary services**

As of December 2021, there are 3,678 housebound residents in Barnet. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need

From the contractor questionnaire, 65% of respondents reported that they provide a free delivery service on request.

#### 4.7 Language services

Of the 62 contractors who responded to the community pharmacy contractor questionnaire, 52 reported that they offer at least one language in addition to English. The most common spoken additional languages were Gujarati (37), Hindi (30), Urdu (12), Farsi (9), Arabic (9) and Romanian (9).

#### 4.8 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and under the Equality Act 2010,<sup>25</sup> all community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. As one measure of accessibility the questionnaire identifies that 76% have a consultation room that is accessible to wheelchair users.

#### 4.9 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 41% reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

#### 4.10 GP practices providing extended hours

There are a number of GP practices in Barnet HWB area that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 08:00 until 18:30, Monday to Friday; a number of practices offer extended hours both before and after these times, including on Saturday mornings. Details can be found in Appendix A.

#### 4.11 Other providers

The following are providers of pharmacy services in Barnet HWB area but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

**NHS Hospitals** – pharmaceutical service provision is provided to patients by the hospital:

- Barnet Hospital, Wellhouse Lane, Barnet EN5 3DJ (in-house pharmacy run by Boots)
- Royal Free Hospital, Pond Street, London NW3 2QG

**Walk-in centres** – residents of Barnet HWB area have access to walk-in centres based at:

- Edgware NHS Walk-in Centre, Edgware Community Hospital, Burnt Oak Broadway, Edgware HA8 0AD
- Finchley NHS Walk-in Centre, Finchley Memorial Hospital, Granville Road, London N12 0JE
- Cricklewood Health Centre, Britannia Business Centre, 2 Cricklewood Lane, Barnet NW2 1DZ

There are no minor injury units and urgent care centres in Barnet HWB area.

<sup>25</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

The following are services provided by NHS pharmaceutical providers in Barnet, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

***Privately provided services*** – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- Patient Group Direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix D) and compiled by North Central London PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in Barnet, to distribute to the public
- Community together network and Barnet First newsletters
- LBB staff
- Residents via social media, websites, e-newsletters
- LBB website
- Libraries in Barnet
- Charity, voluntary sector and local groups, for onward distribution to their members (including Mencap, Healthwatch Barnet and Age UK Barnet)

From the 482 respondents:

### 5.1 Visiting a pharmacy

- 90% have a regular or preferred pharmacy
- 82% have found it very easy/fairly easy to speak to their pharmacy team during the COVID-19 pandemic
- 77% have visited a pharmacy once a month or more for themselves in the previous six months
- 12 respondents (3%) prefer to use an online or internet pharmacy

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'extremely or very important'
Convenience	93%
Quality of service	92%
Availability of medication	95%
Accessibility	46%

### 5.3 Mode of transport to a community pharmacy

The main ways reported is that patients access a pharmacy are:

- Walking: 56%
- Driving: 33%
- Using public transport: 4%
- Using wheelchair/mobility scooter: 1%
- Using a delivery service: 2%
- Someone else goes: 1%
- Uses an online pharmacy: 1%
- Other methods: 1%

## 5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
100%	89%

- 75% report no difficulty in travelling to a pharmacy
- 98% of respondents travel to the pharmacy from home
- Of the 120 respondents (25%) reporting difficulty travelling, some of the responses include:
  - 93 identified lack of parking
  - 1 reported location was too far
  - 1 reported lack of facilities for hearing loss

## 5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: 93% of respondents suggest that the pharmacy is open on the most convenient day and 93% state it is open at the most convenient time

## 5.6 Service provision from community pharmacies

From Appendix D (Q 19) it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%) except for the Discharge Medicines Service (24%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware.

Table 25 shows the awareness of respondents for some non-Essential Services and a second column that identifies the percentage that wish to see the service provided.

**Table 25: Summary of public awareness about services**

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS*	24%	72%
CPCS	22%	73%
Flu vaccination	81%	87%
NMS	29%	59%
Needle exchange	19%	52%
Stop smoking	49%	55%
Supervised consumption	18%	38%
Chlamydia testing/treatment (STIs)	10%	45%
Condom distribution, emergency contraception	35%	62%
Access to palliative care medicines	15%	67%
Hepatitis C testing	7%	43%
COVID-19 vaccination	52%	84%

\*Essential Service

It can be seen that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination and COVID-19 vaccination. Of note, for some services the service level agreement does not allow for any promotion., i.e. CPCS, which would explain the lower awareness percentage. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a Needle Exchange service).

A full copy of the results can be found in Appendix D.

Table 26a-c provides the demographic analysis of respondents.

**Table 26: Demographic analysis of the community pharmacy user questionnaire respondents**

**Table 26a: Sex**

Sex	Male	Female
Percentage	24%	76%

**Table 26b: Age**

Age range	Under 18	18–24	25–34	35–44	45–54	55–64	65–74	75+
Percentage	0%	1%	4%	10%	16%	20%	32%	17%

**Table 26c: Illness or disability**

Illness or disability?	Yes	No
Percentage	28%	72%



## Section 6: Analysis of health needs and pharmaceutical service provision

### 6.1 Pharmaceutical services and health needs

Section 2 discusses the Barnet [JSNA](#), the Joint Health and Wellbeing Strategy and other local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within the Barnet HWB area.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS Community Pharmacy Contractual Framework that were introduced during the COVID-19 pandemic.

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the Department of Health and Social Care (DHSC) to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

However, these services were temporary, with the Advanced Services now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>26</sup>

At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the Integrated Care System (ICS) will conceivably lead to an alignment of these Locally Commissioned Services across ICS areas.

#### 6.1.1 Barnet health needs

Causes of ill health in Barnet are discussed in Section 2 of this document and more information can be found on the JSNA website. Some of the key areas are as follows:

- Life expectancy is 82.0 for men and 85.5 for women, based on 2018-20 data. This is significantly higher than the London and England averages, although healthy life expectancy is similar to both.
- In Barnet the overall all-cause of all age mortality and under-75 all-cause mortality was significantly lower than the London and England averages.

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<sup>26</sup> PSNC. PSNC Advice Audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- The biggest cause of premature mortality in Barnet is cancer, which accounts for around 40% of deaths under the age of 75. In 2019, around 57% of cancers across Barnet residents were diagnosed in the early stages. This is similar to the average seen in London and England. However, this was a slight reduction compared with 2018, whereas the London and England averages both increased slightly during the same period.
- Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was also lower than the London and England averages.
- Smoking prevalence in adults was 14%, which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.
- Barnet has the 5th lowest under-18 conceptions rate in London as of 2018. At 8.2 per 1000 it is significantly lower than the overall London rate of 13.9 and less than half of the average rate of 16.7 for England.
- The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages.
- Vaccination uptake was generally higher than the average in NCL, but lower than in England. Barnet has a consistently lower uptake of MMR 1st dose at 24 months old. In 2019-20 it was 83.4%, which is similar to the London average (83.6%) but significantly lower than the England average (90.6%).
- Barnet has a higher Hep C detection rate than the England average, although premature mortality from Hep C-related liver disease is lower than the England average.
- The diagnosis gap for diabetes and hypertension in Barnet is greater than the London and England average.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight (i.e., a Body Mass Index (BMI) larger than or equal to 25). This proportion, while higher than the London average (55.7%), was lower than the England average (62.8%).
- There is considerable variation in health and mortality between the wards in the borough.

### 6.1.2 Barnet Health and Wellbeing Strategy (JHWS)

The most recent refresh of the JHWS (2021–2025) is based on:

Five principles

- Making health everyone's business
- Collaborative partnership
- Evidence based decisions
- Considering everyone's needs across the life course
- Co-design approach

Three priorities

- Creating a healthier place and resilient communities
- Starting, living and ageing well, which include:
  - Healthy weight pathway for Barnet
  - Sexual health promotion and clinical services
  - Cardiovascular Disease (CVD) prevention programme
  - Cancer prevention
- Ensuring delivery of coordinated holistic care when we need it, including:
  - Integrating health and social care pathways

### 6.1.3 Priorities from the NHS Long Term Plan (LTP)

**Table 27: LTP priorities that can be supported from community pharmacy**

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **Community Pharmacist Consultation Service (CPCS)** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

## 6.2 PNA localities

There are 74 community pharmacies (which includes one LPS) within Barnet HWB area. Individual pharmacy opening times are listed in Appendix A.

In addition, there is one Distance-Selling Pharmacy (DSP) in Hendon locality, but there are no additional services provided and therefore this has a limited impact on service provision in Barnet, which is reflected in the narrative.

As described in Section 1.5, the PNA Steering Group decided that the LBB PNA should be divided into three localities:

- Chipping Barnet
- Finchley and Golders Green
- Hendon

The health needs of the population of Barnet are discussed in detail in Section 2. The health needs of the population of Barnet have not been broken down to locality level and the impact on community pharmacy services is therefore discussed in Section 6 covering the whole of the Barnet population.

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

**Table 28: Opening hours of community pharmacies by number and type of community pharmacy per locality**

Opening times	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)
After 18:30 weekday	6 (33%)	9 (31%)	8 (30%)
Saturday	16 (89%)	26 (90%)	21 (78%)
Sunday	5 (28%)	9 (31%)	9 (33%)

*\*DSP is not included as they do not provide Essential Services face to face*

**Table 29: Provision of NHSE Advanced and Enhanced Services by locality (number of community pharmacies and DSPs)**

Advanced or Enhanced* Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)^
NMS	15 (83%)	23 (79%)	22 (81%)
CPCS	13 (72%)	20 (69%)	20 (74%)
C-19 LFD	18 (100%)	28 (96%)	26 (96%)
Flu vaccination	15 (83%)	17 (59%)	20 (74%)
SAC	1 (6%)	0	1 (4%)
AUR	0	0	0
Hypertension-finding	5 (28%)	9 (31%)	18 (67%)
Smoking cessation	3 (20%)	3 (10%)	5 (19%)

Advanced or Enhanced* Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)^
C-19 vaccination*	1 (6%)	1 (3%)	4 (15%)
London Vaccination*	1 (6)	1 (3%)	4 (15%)

\* Enhanced ^ The DSP does not provide any Advanced or Enhanced Services so is not included in the tables

The Advanced Smoking cessation service has had a delayed implementation nationally and the hepatitis C testing service has had very low uptake across England for a number of reasons, most importantly the COVID-19 pandemic.

**Table 30: Provision of Locally Commissioned Services (CCG and LA) by locality (number of community pharmacies)**

Locally Commissioned Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27) *
<b>CCG</b>			
Supply of EoL medicines	2 (11%)	2 (7%)	1 (4%)
<b>LA</b>			
Supervised consumption	8 (44%)	9 (31%)	14 (52%)
Needle exchange service	2 (11%)	1 (3%)	2 (7%)
Smoking cessation	3 (17%)	4 (13%)	2 (7%)
EHC	5 (28%)	5 (17%)	5 (19%)
Condom distribution service	3 (17%)	4 (13%)	5 (19%)

\* None of these services are provided by the DSP

Health needs not broken down by locality; Section 6.4 looks at the relationship between service provision and health needs for Barnet.

For the purpose of the PNA, **Necessary Services** are Essential Services, although Advanced Services are considered **relevant**

Barnet HWB has identified Enhanced and Locally Commissioned Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

### 6.2.1 Chipping Barnet

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

#### 6.2.1.1 Necessary Services: current provision

Chipping Barnet has a population of 118,308.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than the Barnet (18.7) and England (20.6) averages. All of these pharmacies hold a standard 40-core hour contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 18 pharmacies:

- 6 pharmacies (33%) are open after 18:30 on weekdays
- 16 pharmacies (89%) are open on Saturdays
- 5 pharmacies (28%) are open on Sundays

#### **6.2.1.2 Necessary Services: gaps in provision**

There is a very small projected growth in population in the locality over the lifetime of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would remain at 15.2 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Chipping Barnet	118,308	118,776	468 (0.4%)

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. While there are slightly fewer community pharmacies per 100,000 population than the England average, these supplementary opening hours ensure that there is good access.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

In addition, there are a significant number of community pharmacies within easy reach in neighbouring localities and HWB areas.

Generally, there is good provision of **Necessary Services** across the whole locality to ensure the continuity of provision to any potential new developments.

Barnet HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

***No gaps in the provision of Necessary Services have been identified for Chipping Barnet locality.***

#### **6.2.1.3 Other relevant services: current provision**

Chipping Barnet has the ward with the highest level of all-age all-cause mortality in Barnet (Coppetts SMR 113). Totteridge ward has much lower levels of ill-health with an all-cause all-age SMR of 73.

Table 29 shows the number of pharmacies providing Advanced Services in Chipping Barnet – there is good availability of NMS (83%), CPCS (72%) and flu vaccination (83%) in the locality. Although only five pharmacies provide the hypertension case-finding service, and three pharmacies provide the Smoking cessation service; these are relatively new services and are yet to be fully bedded-in. CVD prevention is a health priority in Barnet and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 1 pharmacy (6%) provides the London Vaccination Service
- 1 pharmacy (6%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 18 pharmacies:

- 8 pharmacies provide supervised consumption
- 2 pharmacies provide Needle Exchange
- 3 pharmacies provide smoking cessation services
- 5 pharmacies provide EHC
- 2 pharmacies provide medicines for the EoLC supply service
- 3 pharmacies provide condom distribution service

#### **6.2.1.4 Improvements and better access: gaps in provision**

There is provision of all of the LCS within Chipping Barnet locality.

Health information provided in Section 2 is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Barnet.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies to help meet the health needs of the population.

***There is reasonable provision and access to each of the relevant services within Chipping Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## **6.2.2 Finchley & Golders Green**

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

### **6.2.2.1 Necessary Services: current provision**

Finchley and Golders Green has a population of 134,485.

There are 29 community pharmacies in this locality, and the estimated average number of community pharmacies per 100,000 population is 21.6, higher than Barnet (18.7) and England (20.6) averages. Twenty-eight pharmacies hold a standard 40-core hour contract, and one is a LPS contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 29 community pharmacies:

- 9 pharmacies (31%) are open after 18:30 on weekdays
- 26 pharmacies (90%) are open on Saturdays
- 9 pharmacies (31%) are open on Sundays

### **6.2.2.2 Necessary Services: gaps in provision**

There is a projected growth in population in the locality over the lifetime of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would drop to 21.1 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Finchley & Golders Green	134,485	137,629	3,144 (2.3%)

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

Generally, there is good provision of **Necessary Services** across the whole locality to ensure the continuity of provision to any potential new developments.

Barnet HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

***No gaps in the provision of Necessary Services have been identified for Finchley & Golders Green locality.***

### **6.2.2.3 Other relevant services: current provision**

This locality has generally better health than the other localities within Barnet. Garden Suburb ward has the lowest SMR in cardiovascular, respiratory and cancer of all the wards in Barnet. There are areas of variance with Golder's Green having higher levels of mortality due to Cardiovascular Disease than the national average.



Table 29 shows the number of pharmacies providing Advanced Services in Finchley and Golders Green – it can be seen that there is good availability of NMS (79%) and CPCS (69%). Flu vaccination (59%) has lower numbers of providers in Finchley & Golders Green, however the short travel times within the locality may not hinder access to this service. Hypertension case-finding service (31%) and the Smoking cessation Advanced Service (10%) are recently implemented and would meet the local health priority of CVD prevention and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 1 pharmacy (3%) provide the London Vaccination Service
- 1 pharmacy (3%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 29 community pharmacies:

- 9 pharmacies provide supervised consumption
- 1 pharmacy provides Needle Exchange
- 4 pharmacies provide smoking cessation services
- 5 pharmacies provide EHC
- 2 pharmacies provide medicines for the EoLC supply service
- 4 pharmacies provide condom distribution service

#### **6.2.2.4 Improvements and better access: gaps in provision**

There is provision of all of the LCS within Finchley & Golders Green locality.

Health information provided in Section 2 is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Barnet.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies to help meet the health needs of the population.

***There is reasonable provision and access to each of the relevant services within Finchley & Golders Green. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### **6.2.3 Hendon**

#### **6.2.3.1 Necessary Services: current provision**

Hendon has a population of 148,437.

There are 28 community pharmacies in this locality, one of which is a DSP.

The estimated average number of community pharmacies per 100,000 population is 18.9, (excluding the DSP) slightly above the Barnet average (18.7) and below the England average (20.6). All the community pharmacies hold a standard 40-core hour contract.

The DSP does not provide any non-Essential services and is open from 0900 to 1800 on weekdays only. As a DSP does not provide any face-face services the impact on the discussion below is minimal and therefore the narrative refers to the 27 community pharmacies excluding the DSP.

The one DAC based in Barnet is in this locality.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 27 community pharmacies:

- 8 pharmacies (30%) are open after 18:30 on weekdays
- 21 pharmacies (78%) are open on Saturdays
- 9 pharmacies (33%) are open on Sundays

#### **6.2.3.2 Necessary Services: gaps in provision**

There is a projected growth in population in the locality over the lifetime of the PNA, which is the largest of any locality in Barnet, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would drop to 17.6 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Hendon	148,437	153,558	5,121 (3.4%)

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. There are a significant number of community pharmacies within easy reach in neighbouring localities and HWBs.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

Generally, there is good provision of **Necessary Services** across the whole locality to ensure the continuity of provision to any potential new developments.

Barnet HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

***No gaps in the provision of Necessary Services have been identified for Hendon locality.***

### **6.2.3.3 Other relevant services: current provision**

Hendon has health outcomes that vary widely between wards, with Burnt Oak ward having the highest SMR in Barnet for cancer, respiratory and cardiovascular (and all are above the national average) and Edgware ward having much lower SMRs in these areas (below the national average).

Table 29 shows the number of pharmacies providing Advanced Services in Hendon – it can be seen that there is good availability of NMS (81%), CPCS (74%) and flu vaccination (74%) in the locality.

Eighteen pharmacies (67%) provide the hypertension-case finding service and five pharmacies provide the Smoking cessation service; both services are recently introduced and the number of providers may increase with time. CVD prevention is a health priority in Barnet and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 4 pharmacies (15%) provide the London Vaccination Service
- 4 pharmacies (15%) provide C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 27 pharmacies:

- 14 provide supervised consumption
- 2 provide Needle Exchange
- 2 provide smoking cessation services
- 5 provide EHC
- 1 provides medicines for EoLC supply service
- 5 pharmacies provide condom distribution service

### **6.2.3.4 Improvements and better access: gaps in provision**

There is provision of all of the LCS from community pharmacies within Hendon locality.

Health information provided in Section 2 is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Barnet.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies to help meet the health needs of the population.

***There is reasonable provision and access to each of the relevant services within Hendon. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### 6.3 Necessary Services: gaps in provision

For the purposes of the PNA **Necessary** Services for Barnet are:

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- Appliance Use Review
- Stoma Appliance Customisation
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service
- C-19 Lateral Flow Device distribution service (stopped)
- Pandemic delivery service (stopped)

When assessing the provision of pharmaceutical services in Barnet and each of the three PNA localities, Barnet HWB has considered the following:

- The health needs of the population of Barnet from the JNSA and JHWS, and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within Barnet (Section 3 Figure 11)
- Population information (Section 2.5), including specific populations
- Access to community pharmacies via various types of transport (Section 3.2.3). From the maps provided in Section 3, the travel times to community pharmacies were:
  - Driving: 99.4% of the population can drive to a pharmacy within 5 minutes off-peak and 98.5% within 5 minutes during peak times (100% within 10 minutes peak or off-peak)
  - Public transport: 99.9% of the population can reach a pharmacy within 15 minutes morning or afternoon (100% within 20 minutes)
  - Walking: 98.9% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Barnet (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the three PNA localities and the whole of Barnet (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix D)
  - 90% have a regular or preferred pharmacy
  - 77% have visited a pharmacy once a month or more for themselves in the previous six months
  - The main ways reported is that patients access a pharmacy are:

- Walking (56%)
- Driving (33%)
- 75% report no difficulty in travelling to a pharmacy:
  - Of the 120 respondents (25%) reporting difficulty travelling, 93 identified a lack of parking
- 93% of respondents suggest that the pharmacy is open on the most convenient day and 93% state it is open at the most convenient time
- Results of the pharmacy contractor questionnaire (Appendix E)
- Projected population growth (Section 2.5.3)

The latest 2020 estimate for Barnet population is 401,230. Between 2022 and 2027, the overall population is projected to grow by 14,500 (4%), similar to England (4%). Projected population growth over the lifetime of this PNA is shown below:

Locality	2022	2025	Change
Chipping Barnet	118,308	118,776	468 (0.4%)
Finchley & Golders Green	134,485	137,629	3,144 (2.3%)
Hendon	148,437	153,558	5,121 (3.4%)

Section 6.2 discusses impact of the population growth by locality.

There are 75 community pharmacies including one DSP, in Barnet. There are 18.7 community pharmacies per 100,000 population in Barnet, compared with 20.6 per 100,000 in England.

While there are no 100-hour pharmacies in Barnet there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (83%) are open on Saturdays and 31% of pharmacies are open on Sundays, with 31% of community pharmacies open after 6.30 pm on weekdays. Opening hours do vary by locality and this is discussed in Section 6.2.

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service across Barnet.

There are a significant number of community pharmacies on or near the border of Barnet HWB area, which further improves the access to pharmaceutical services for the population.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to **Necessary Services** outside normal hours anywhere in Barnet.

#### 6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Barnet HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Barnet HWB has identified Locally Commissioned Services that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Causes of ill health in Barnet are discussed in detail in Section 2 and more information can be found on the JSNA website.

There is considerable variation in health and mortality between the wards in the borough. Examples are included in the table below:

Health Area (Mortality)	Wards with Highest Mortality (SMR)	Locality	Ward with Lowest Mortality (SMR)	Locality
All Age all cause	Coppetts (113)	Chipping Barnet	Garden Suburb (53)	Finchley and Golders Green
Under 75 Cancer	Burnt Oak (103)	Hendon	Garden Suburb (51)	Finchley and Golders Green
U-75 Cardiovascular	Burnt Oak (110)	Hendon	Garden Suburb (41)	Finchley and Golders Green
U-75 Respiratory	Burnt Oak (132)	Hendon	Garden Suburb (46)	Finchley and Golders Green

The SG would wish to see the uptake of these services in all of the existing community pharmacies in Barnet in order to contribute to narrowing the variance seen in health outcomes.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service; CVD prevention is a priority area within the JHWS.
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease
- Hepatitis-C is a major WHO, national and local health priority. Uptake of the Advanced screening service in the community pharmacies who are currently commissioned by LBB to provide Needle Exchange services in Barnet could support meeting targets in this area.
- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- The Essential Services include signposting patients and carers to local and national sources of information and reinforce those sources already promoted. Signposting for cancers may help in earlier detection and thereby help to reduce the mortality rates described above.

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake. A summary of the questionnaire results can be seen in Section 5 (full results in Appendix D).

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. There were 62 respondents to the pharmacy contractor questionnaire (Appendix E). The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned.

There were two responses to the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them.

The table below gives some examples of responses from commissioner and contractor where there is common ground:

<b>Contractor 'willing to provide if commissioned'</b>	<b>Commissioner 'willing to commission'</b>
Asthma 91% (COPD 88%)	Yes
CHD 87%	Yes
Diabetes 91% (including screening)	Yes
Obesity 82%	Yes
Childhood vaccinations 78%	Yes

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers, which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Barnet, this has been included within the document. Appendix J discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Barnet will increase as the population grows

and ages, and would welcome proactive proposals from commissioners, including NHS England and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.



## Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for Barnet HWB are defined as Essential Services.

Other Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Barnet HWB area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for, pharmaceutical services in Barnet HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in Section 6.3. Access to Necessary Service provision in Barnet are provided by locality in Section 6.2.

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### 7.1.1 Necessary Services – normal working hours

***There is no current gap in the provision of Necessary Services during normal working hours across Barnet to meet the needs of the population***

#### 7.1.2 Necessary Services – outside normal working hours

***There are no current gaps in the provision of Necessary Services outside normal working hours across Barnet to meet the needs of the population***

## 7.2 Future provision of Necessary Services

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs.

***No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Barnet.***

## 7.3 Improvements and better access – gaps in provision

Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Barnet HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Barnet HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.4.1.2 and the provision in each locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Barnet.

Appendix J discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Barnet.

***There is reasonable provision and access to Advanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### 7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.4.1.3 and the provision in each locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Barnet.

***There is reasonable provision and access to Enhanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### **7.3.3 Current and future access to Locally Commissioned Services**

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 4 and their provision by locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Barnet.

Appendix J discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Barnet.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

***There is reasonable provision and access to Locally Commissioned Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## Appendix A: List of pharmaceutical service providers in Barnet HWB area (correct as of 10<sup>th</sup> March 2022)

### Chipping Barnet locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NMS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA					
											AJR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
Abbott Pharmacy	FAD37	Community	101 Colney Hatch Lane, Muswell Hill, London	N10 1LR	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-
Greenfield Chemist	FC163	Community	16 Greenhill Parade, New Barnet	EN5 1ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	-
SVR Chemist Ltd	FC275	Community	145-147 East Barnet Road, East Barnet	EN4 8QZ	09:00-19:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Brand-Russell Chemists	FDV53	Community	280 East Barnet Road, East Barnet	EN4 8TD	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	-	-	Y	Y	-	-	-	-	Y	Y	-
Mountford Chemists	FE533	Community	11 East Barnet Road, New Barnet	EN4 8RR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FF116	Community	Sainsbury Store, 66 East Barnet Road, New Barnet	EN4 8RQ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
Wilkinson Chemist	FFJ43	Community	190 High Street, Barnet	EN5 5SZ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
HJ Shore Dispensing Chemist	FGC52	Community	79 Russell Lane, Whetstone, London	N20 0BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y
AE Lipkin	FJX68	Community	5 Dollis Parade, 64 Totteridge Lane, London	N20 8QG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FKE11	Community	142 High Street, Barnet	EN5 5XP	09:00-18:00	08:30-18:30	10:30-16:30	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Parry Jones Pharmacy	FNC29	Community	61 High Street, Barnet	EN5 5UR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-
H Haria Chemists	FQR66	Community	25 Friern Barnet Road, New Southgate, London	N11 1NE	09:00-18:00	10:00-17:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Hampden Square Pharmacy	FQT71	Community	14 Hampden Square, London	N14 5JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA				
										NMS	AJR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption
Tesco Pharmacy	FTR70	Community	Coppetts Centre, North Circular Road, North Finchley	N12 0SH	08.00-22.00	08.00-22.00	10.00-16.00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	-
Boots	FWQ30	Community	1263-1275 High Road, Whetstone, London	N20 9HS	09.00-24.00	09.00-24.00	11.00-17.00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-	-
Prima Pharmacy	FXG34	Community	171 Bells Hill, Barnet	EN5 2TB	09.00-13.00, 14.00-18.00 (Thu 09.00-13.00, 14.00-17.00)	09.00-13.00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FYQ56	Community	209 Woodhouse Road, Friern Barnet, London	N12 9AY	08.30-18.30 (Fri 09.00-19.00)	08.30-18.30	10.00-17.00	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	Y	-	-

## Finchley and Golders Green locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	NHSE& Advanced							NHSE& Enhanced			CCG	LA						
									PhAS	NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Castle Chemist	FD668	Community	364 Crickewood Lane, London	NW2 2QJ	09.00-18.00	09.30-17.00	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-	-
Jethros Healthcare Pharmacy	FD675	Community	120 Golders Green Road, Golders Green, London	NW11 8HB	09.00-18.00	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Hugh Lloyd Dispensing Chemist	FE907	Community	34 Market Place, Falloden Way, Hampstead Garden Suburb, East Finchley	NW11 6JU	09.00-18.00	09.00-18.00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Carters Pharmacy	FED28	Community	321 Ballards Lane, North Finchley, London	N12 8LT	09.00-18.00	09.00-18.00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y
Gateway Chemist	FEV23	Community	334 Regents Park Road, Finchley Central, London	N3 2LN	09.00-18.30 (Thu-Fri 09.00-18.00)	10.00-17.00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-
Bishops Pharmacy	FF072	Community	7 Lytletton Road, Hampstead Garden Suburb, East Finchley	N2 0DW	09.00-19.00	09.00-18.00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cootes Pharmacy	FF506	Community	166-168 High Road, East Finchley, London	N2 9AS	09.00-18.30	09.00-18.00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	Y
Victoria Pharmacy	FH555	Community	229 Golders Green Road, Golders Green, London	NW11 9ES	09.00-13.00, 14.00-18.00 (Thu 09.00-17.00)	09.00-13.00	10.00-14.00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-	-
Boots	FH899	Community	21 Temple Fortune Parade, Finchley Road, Golders Green Road, London	NW11 0QS	09.00-19.00	09.00-17.30	10.00-16.00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FJ034	Community	788 High Road, North Finchley, London	N12 9QR	09.00-18.30	08.30-18.30	10.30-16.30	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-
Cootes Pharmacy	FJ758	Community	110-112 Ballards Lane, Finchley, London	N3 2DN	09.00-19.00	09.00-18.00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-
Pickles Chemists	FJX05	Community	73 Ballards Lane, Finchley, London	N3 1XT	09.00-18.00	09.00-13.00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Torrington Park H.C.C. Ltd	FK101	Community	16 Torrington Park, North Finchley, London	N12 9SS	08.30-18.00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aucklands Pharmacy	FKQ11	Community	27 Ballards Lane, Finchley, London	N3 1XP	09.00-18.30	09.30-14.30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	OOS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Reena Pharmacy	FKX25	Community	222 Regents Park Road, Finchley, London	N3 3HP	08.30-18.00	09.00-14.00	11.00-17.00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-
Gordon Smith Pharmacy	FL266	Community	176 Long Lane, Finchley, London	N3 2RA	09.00-18.00 (Fri 09.00-18.30)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-
Akhtar S	FLX71	Community	134 Cricklewood Broadway, London	NW2 3EE	09.30-18.30	09.30-18.30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Akshar Pharmacies	FMC90	Community	91 Cricklewood Lane, Cricklewood, London	NW2 1HR	09.00-18.45 (Thu 09.00-14.00)	09.00-13.00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oakdale Pharmacy	FMG52	Community	15 Viceroy Parade, 71 High Road, East Finchley, London	N2 8AQ	09.00-19.00	09.00-17.30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-
CW Andrew	FNY79	Community	32 High Road, East Finchley, London	N2 9PJ	09.00-18.00	09.00-18.00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-
Westlake Pharmacy	FP809	Community	1015 Finchley Road, Golders Green, London	NW11 7ES	09.00-18.30	09.00-17.30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
I Warman-Freed	FPN49	Community	45 Golders Green Road, Golders Green, London	NW11 8EL	08.30-22.00	08.30-22.00	08.30-22.00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	-	-	-	Y
W Price (Chemist)	FQJ10	Community	8 Pennine Parade, Pennine Drive, Cricklewood, London	NW2 1NT	09.00-19.00	09.30-13.00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FQJ62	Community	21-29 Ballards Lane, Finchley, London	N3 1XP	08.00-20.00	08.00-20.00	10.00-16.00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Links Pharmacy	FRT44	Community	129 East End Road, East Finchley, London	N2 0SZ	09.00-18.30	09.00-14.00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-	-
Fairview Pharmacy	FV015	LPS	Finchley Memorial Hospital, Granville Road, London	N12 0JE	09.00-18.00	10.00-16.00	10.00-16.00	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-
Charles Sampson Pharmacy	FV847	Community	800 High Road, North Finchley, London	N12 9QU	09.00-18.30	09.00-13.00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FV910	Community	58-60 Golders Green Road, Golders Green, London	NW11 8LN	08.30-20.00	08.30-20.00	11.00-20.00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-
Landys Chemist	FYT22	Community	1191 Finchley Road, Temple Fortune, London	NW11 0AA	08.30-18.00	08.30-18.00	10.00-14.00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-

## Hendon locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PvAS	NHSE&I Advanced							NHSE&I Enhanced			CCG		LA													
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Nicotine exchange	Condom distribution									
HC Heard Chemists	FA675	Community	94 Brent Street, Hendon, London	NW4 2ES	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hale Pharmacy	FAG10	Community	143 Hale Lane, Edgware	HA8 9QW	09:00-18:30 (Thu 09:00-17:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sabel Chemist	FAK52	Community	116 Brent Street, Hendon, London	NW4 2DT	09:00-18:30	09:00-13:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	
Boots	FAT67	Community	Brent Cross Shopping Centre, Prince Charles Drive, Hendon, London	NW4 3FB	09:00-19:00	09:00-17:00	12:00-18:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lakes Pharmacy	FAX69	DSP	Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London	NW4 4DD	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Respond Healthcare Ltd	FDA28	DAC	28 Heritage Avenue, Hendon, London	NW9 5XY	08:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acorn Pharmacy	FDN63	Community	641 Watford Way, Mill Hill, London	NW7 3JR	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	Y	-	
Cullimore Chemist	FEW83	Community	13-15 Glengall Road, Edgware	HA8 8TB	08:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	
Lloyds Pharmacy	FG967	Community	J Sainsbury Store, Hyde Estate Road, Hendon, London	NW9 6JX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	
Care Chemists	FHC96	Community	31 The Broadway, Mill Hill, London	NW7 3DA	09:00-18:30	09:00-17:30	10:00-14:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	
Singer Pharmacy	FJ287	Community	74 Edgware Way, Mowbray Parade, Edgware	HA8 8JS	09:00-19:00	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HA McParland Ltd	FJR97	Community	2 Heath Parade, Lanacre Avenue, Hendon, London	NW9 5ZN	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FJT13	Community	Venture House, 2A Hartley Avenue, Mill Hill, London	NW7 2HX	08:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Derek Clarke	FJX78	Community	85 Station Road, Edgware	HA8 7JH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-
Hendon Pharmacy	FLG64	Community	52 Vivian Avenue, Hendon, London	NW4 3XH	09:00-18:30	Closed	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Broadway Chemist	FN742	Community	204 West Hendon Broadway, London	NW9 7EE	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	



Pharmacy name	OOS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG		LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
ProCare Pharmacy	FPY15	Community	11 Sheaveshill Parade, Sheaveshill Avenue, Colindale, London	NW9 6RS	09:00-18:45	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	Y
Boots	FQH33	Community	Broadwalk Shopping Centre, Station Road, Edgware	HA8 7BD	09:00-18:00	08:30-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	-	-	-
Jade Pharmacy (Avenue)	FR774	Community	189 Station Road, Edgware	HA8 7JX	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y
Zaxgate Ltd	FR940	Community	14-15 Sentinel Square, Brent Street, Hendon, London	NW4 2EL	08:00-17:00	Closed	11:00-14:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-
John Wilson Chemists	FRA69	Community	17-19 Vivian Avenue, Hendon, London	NW4 3UX	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-
Heron Pharmacy	FRC27	Community	5-6 Silkstream Parade, Watling Avenue, Burnt Oak, Edgware	HA8 0EJ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	Y	-	Y
Mango Pharmacy	FRL51	Community	98 High Street, Edgware	HA8 7HF	10:00-17:00	10:00-15:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	-	-
Pharmco Pharmacy	FRR41	Community	199 Deansbrook Road, Burnt Oak, Edgware	HA8 9BU	09:00-13:00, 14:00-18:00 (Thu 09:00-16:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-
Day Lewis Pharmacy	FVF89	Community	32 Langstone Way, Lidbury Square, Mill Hill, London	NW7 1AF	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
CJ Pharmacy	FVJ21	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Regent Pharmacy	FVX21	Community	7 Salcombe Gardens, Mill Hill, London	NW7 2NU	09:00-13:30, 14:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FYL45	Community	Unit 24, Broadwalk Shopping Centre, 150 Station Road, Edgware	HA8 7BD	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-
Boots	FYY65	Community	32-34 The Broadway, Mill Hill, London	NW7 3LH	09:00-20:00	09:00-20:00	11:00-20:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## **Appendix B: PNA Steering Group terms of reference**

### **Objective/purpose**

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Barnet Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### **Delegated responsibility**

To formally delegate the sign-off of the draft and final PNA to the chair of the HWB and Director of Public Health.

### **Accountability**

The Steering Group is to report to the Director of Public Health.

### **Membership**

Core members:

- Consultant for Public Health/nominated PH lead.
- NHS England representative.
- Local Pharmaceutical Committee representative.
- CCG representative.
- Healthwatch 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 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, one of which must be an LPC member. 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 Barnet Council 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 HWB.

### **Responsibilities**

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care PNA Information pack for local authority HWBs 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 Pharmaceutical 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 LPS 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 HWB
- Ensure that due process is followed.
- Report to HWB on both the draft and final PNA.
- Publish the final PNA by 1 October 2022.

## Appendix C: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project planning and governance <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project plan, communications plan and terms of reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>													
Stage 2: Research and analysis <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, PH, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>													
Stage 3: PNA development <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>													
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> <li>Coordination and management of consultation</li> <li>Analysis of consultation responses</li> </ul>													

<ul style="list-style-type: none"><li>• Production of consultation findings report</li><li>• Draft final PNA for approval</li><li>• Steering Group meeting four</li><li>• Minutes to meetings</li><li>• Edit and finalise final PNA 2022</li><li>• Draft update for HWB</li></ul>														
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## Appendix D: Public questionnaire

Total responses received:<sup>1</sup> 482

**1)** Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 479; skipped – 3

Yes		90%	432
No		3%	16
I prefer to use an internet/online pharmacy*		3%	12
I use a combination of traditional and internet pharmacy		4%	19

\*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home.

**2)** On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (*1 = Poorly and 10 = Extremely well*)

Answered – 479; skipped – 3

1		2%	9
2		0%	2
3		3%	13
4		0%	2
5		4%	20
6		3%	15
7		7%	35
8		15%	73
9		20%	96
10		45%	214

**3)** How often have you visited/contacted (spoken to, emailed, or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 473; skipped – 9

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Once a week or more		4%	19
A few times a month		27%	127
Once a month		36%	171
Once every few months		26%	121
Once in six months		5%	23
I haven't visited/contacted a pharmacy in the last six months		3%	12

For somebody else: Answered – 337; skipped – 145

Once a week or more		4%	14
A few times a month		22%	75
Once a month		23%	79
Once every few months		25%	84
Once in six months		8%	26
I haven't visited/contacted a pharmacy in the last six months		18%	59

4) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

Answered – 79; skipped – 403

I have used an internet/online pharmacy		20%	16
Someone has done it on my behalf		18%	14
I have had no need for any pharmacy service during this period		33%	26
Other (please specify below)		29%	23

Other:

No / N/A	8	I have had a delivery service	5
I have contacted/visited a pharmacy	5	I have had no need	5

5) How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

Answered – 481; skipped – 1

Very easy		54%	261
Fairly easy		28%	134
Neither easy nor difficult		12%	58





















Joint household	1	Person doesn't speak English	1
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**8) How important are each of the following aspects to you when choosing a pharmacy?**  
(Please select one answer for each factor)

Answered – 480; skipped – 2





<b>Quality of service (friendly staff, expertise)</b>			
Extremely important		63%	304
Very important		29%	139
Moderately important		6%	30
Fairly important		1%	5
Not at all important		0%	1
<b>Convenience (location, opening times)</b>			
Extremely important		62%	291
Very important		31%	145
Moderately important		6%	28
Fairly important		1%	5
Not at all important		0%	1
<b>Accessibility (languages – including British sign language – parking, clear signage, wheelchair/buggy access)</b>			
Extremely important		25%	117
Very important		21%	98
Moderately important		21%	99
Fairly important		11%	52
Not at all important		22%	103
<b>Availability of medication/services (stocks, specific services)</b>			
Extremely important		64%	306
Very important		31%	149
Moderately important		3%	15
Fairly important		1%	4
Not at all important		0%	1

Other:

Staff able to give medical advice	5	Private room and confidentiality	3
Provide repeat prescriptions	2	Build relationship with customers	2
Good parking access	2	Good customer service	2
Flexible	1	Late opening times	1
A suitable stock of other products	1	Short waiting times and no queues	1
Cleanliness	1	Offer vaccines service	1
Willing to order items in	1	Available to contact/talk	1

**9)** Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, pushchairs/buggies, or to people with other accessibility needs (e.g. sight or hearing loss, translation services) (Please select one answer)

Answered – 475; skipped – 7



Yes, there is a fully accessible consultation room		47%	222
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/buggies		10%	47
No, there is no consultation room		10%	49
I don't know		33%	157

Any other comments you would like to make about the consultation room?

I'm not sure	6	Too small	8
Room isn't private	2	Should be mandatory	1
Often not used	1	No consultation room	1
Good consultation room	1	Consultation is the purpose of a GP	1
Step to enter building	1	Is an area rather than a room	1
No designated parking	1	Not sure if accessible	1

**10)** How would you usually travel to the pharmacy? (Please select one answer)

Answered – 480; skipped – 2

Bicycle		0%	1
Car		33%	160
Public transport		4%	20
Taxi		0%	0

Walk		56%	271
Wheelchair/mobility scooter		1%	5
I don't, someone goes for me		1%	5
I don't, I use an online pharmacy		1%	3
I don't, I utilise a delivery service		2%	8
Other (please specify below)		1%	7

Other:

Walk or car	3	I phone them for a delivery	2
Car or get delivery	1	Motorcycle	1

*If you have answered that you don't travel to a pharmacy, please go to question 14.*

**11)** If you travel to a pharmacy, where do you travel from? (Please select all that apply)

Answered – 407; skipped – 75

Home		98%	399
Work		11%	45
Other (please specify below)		1%	4

Other:

Shop	3	School drop off	1
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**12)** On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 418; skipped – 64

0 to 15 minutes		89%	374
16 to 30 minutes		11%	44
Over 30 minutes		0%	0

**13)** Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

Answered – 409; skipped – 73

Lack of parking		23%	93
Lack of suitable public transport		1%	3
It's too far away		0%	1
Lack of disabled access/facilities		2%	9

Lack of facilities for sight loss		0%	0
Lack of facilities for hearing loss		0%	1
No, I don't face any difficulties		75%	305
Other (please specify below)		3%	13

Other:

Parking difficulties	3	Public transport rerouted	2
Lack of disabled parking	2	Difficulties due to isolating	1
Difficult to go in due to COVID centre	1	Shut on weekends	1
Difficult to enter with walking frame	1	No, have access to two pharmacies	1

**14) What days are you able to visit/contact a pharmacy? (Please select one answer)**

Answered – 436; skipped – 46

Monday to Friday		29%	126
Saturday		3%	12
Sunday		0%	2
Varies		38%	164
I don't mind		30%	132

**15) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)**



Answered – 433; skipped – 49

Yes		93%	404
No		7%	29

**16) What time of the day do you normally visit/contact a pharmacy? (Please select one answer)**



Answered – 436; skipped – 46

Morning (8 am–12 pm)		19%	83
Lunchtime (12 pm–2 pm)		6%	25
Afternoon (2 pm–6 pm)		18%	78
Early evening (6 pm–8 pm)		5%	20
Late evening (after 8 pm)		1%	5

Varies		41%	178
I don't mind/no preference		11%	47







**17)** Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 437; skipped – 45

Yes		93%	408
No		7%	29

**18)** How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 437; skipped – 45

Daily		0%	0
Weekly		4%	18
Fortnightly		5%	23
Monthly		20%	89
Every few months		43%	188
Yearly		3%	11
Rarely		24%	104
Never		1%	4

**19)** Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	97%	415	3%	15	430
COVID-19 lateral flow device (LFD) distribution service	88%	373	12%	52	425
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	37%	148	63%	252	400
COVID-19 vaccination services	52%	211	48%	195	406
Flu vaccination services	81%	344	19%	83	427
Buying over-the-counter medicines	99%	425	1%	6	431
Dispensing prescription medicines	99%	424	1%	3	427

<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>Answered</b>
Dispensing appliances (items/equipment to manage health conditions)	66%	270	34%	138	408
Repeat dispensing services	95%	406	5%	22	428
Home delivery and prescription collection services	67%	278	33%	137	415
Medication review	33%	132	67%	266	398
New Medicine Service (NMS)	29%	113	71%	279	392
Discharge from hospital medicines service	24%	93	76%	288	381
Emergency supply of prescription medicines	61%	240	39%	154	394
Disposal of unwanted medicines	78%	314	22%	90	404
Appliance Use Review (AUR)	18%	70	82%	309	379
Community pharmacist consultation service (urgent care referral)	22%	84	78%	294	378
Hepatitis testing service	7%	28	93%	346	374
Stoma Appliance Customisation (SAC) service (stoma/ostomy bag: pouch used to collect waste from the body)	8%	29	92%	345	374
Needle Exchange (NEX) (disposal of used needles and providing clean ones)	19%	72	81%	302	374
Stopping smoking/nicotine replacement therapy	49%	185	51%	196	381
Chlamydia testing/treatment (Sexually Transmitted Infections)	10%	36	90%	335	371
Condom distribution, emergency contraception	35%	129	65%	243	372
Immediate access to specialist drugs e.g. palliative (End of Life) medicines	15%	56	85%	318	374
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	18%	68	82%	301	369
Travel immunisation	43%	163	57%	214	377

Other:

N/A	5	Not sure	5
No longer accept sharps	2	Collecting used needles	2
My pharmacy is very small	1	No longer carry out patient review	1
Pharmacy unable or unwilling to help, referred to GP always	1	Bank holiday hours should be advertised	1

**20) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)**

<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>No opinion (%)</b>	<b>No opinion</b>	<b>Answered</b>
Advice from your pharmacist	95%	407	0%	1	5%	22	430
COVID-19 lateral flow device (LFD) distribution service	88%	374	0%	1	11%	48	423
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	67%	277	5%	19	28%	115	411
COVID-19 vaccination services	84%	348	3%	11	13%	56	415
Flu vaccination services	87%	362	2%	8	11%	47	417
Buying over-the-counter medicines	97%	407	0%	0	3%	14	421
Dispensing prescription medicines	98%	413	0%	0	2%	7	420
Dispensing appliances (items/equipment to manage health conditions)	79%	323	0%	1	21%	87	411
Repeat dispensing services	95%	398	0%	1	5%	20	419
Home delivery and prescription collection services	88%	366	1%	3	12%	48	417
Medication review	66%	268	11%	46	23%	95	409
New Medicine Service (NMS)	59%	239	5%	22	35%	141	402
Discharge from hospital medicines service	72%	293	3%	12	25%	103	408
Emergency supply of prescription medicines	94%	392	0%	1	6%	25	418
Disposal of unwanted medicines	92%	378	1%	4	8%	31	413
Appliance Use Review (AUR)	52%	205	4%	17	44%	176	398
Community pharmacist consultation service (urgent care referral)	73%	298	1%	5	26%	107	410
Hepatitis testing service	43%	173	3%	12	54%	215	400
Stoma Appliance Customisation (SAC) service (stoma/ostomy bag: pouch used to collect waste from the body)	43%	174	3%	11	54%	216	401

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Needle Exchange (NEX) (disposal of used needles and providing clean ones)	52%	210	3%	14	44%	179	403
Stopping smoking/nicotine replacement therapy	55%	224	3%	11	42%	170	405
Chlamydia testing/treatment (Sexually Transmitted Infections)	45%	180	4%	17	51%	203	400
Condom distribution, emergency contraception	62%	248	2%	9	36%	146	403
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	67%	274	3%	13	29%	119	406
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	38%	153	9%	34	53%	212	399
Travel immunisation	78%	318	3%	11	19%	79	408

Other:

Alerts by phone when prescription ready	1	Sharps collection	1
Pharmacy team are busy enough	1	Minor injury/ailments service	1
Podiatry blood pressure/sugar tests	1	Reduce queuing time	1
Privacy	1	They provide most of these services	1

**21)** Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 432; skipped – 50

Yes		49%	210
No – it normally takes one day		17%	72
No – it normally takes two or three days		16%	70
No – it normally takes more than three days		7%	32
I don't know		11%	48



**22)** Is your pharmacy able to alert you (by call/text/email) when your medication is ready for collection? (Please select one answer)

Answered – 433; skipped – 49

Yes – using my preferred method		44%	192
Yes – by using a method that is not convenient to me		1%	5
No – but I would like to be alerted		30%	132
No – and I wouldn't use an alert service		3%	11
I don't know		21%	93

**23)** If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 417; skipped – 65

Paper request form to my GP practice		7%	28
Paper request form through my pharmacy		4%	15
By email to my GP practice		12%	48
Online request to my GP practice		41%	170
My pharmacy orders on my behalf		30%	123
Electronic Repeat Dispensing (eRD)		10%	42
NHS app		13%	54
Varies		6%	24
Other (please specify below)		7%	29

Other:

Telephone	14	Patient access app	6
GP appointment	4	N/A	4
Email	2	Pharmacy delivers	1

**24)** Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication/appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP). (Please select one answer)

Answered – 435; skipped – 47

Yes		31%	133
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No	██████████	35%	152
I don't know / I have never heard of it	██████████	34%	150

Are there any comments you would like to make about Electronic Repeat Dispensing?

Good service	9	Would like to have access	5
Haven't heard of it	4	Can be inflexible at times	4
Creates waste as may not need it	3	Poor service	3
Have to email to request/chase	3	Often receive the wrong items	2
Prefer to be in control	2	Often out of stock	2
My practice doesn't offer	1	Pharmacy needs more staff	1
Should be more widely offered	1	Patients unclear on how it works	1
New medicines can lose sync	1	Prefer to get prescription in person	1
Needs to be advertised more	1	Delays by GP surgery processing	1
Should notify when ready	1	Stopped using service	1

**25)** Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. Are there any treatments or advice you would like to receive from pharmacies so they can better meet your needs?

Answered – 151; skipped – 331

Nothing	57	Already happy	11
Advice service	10	Antibiotics prescription service	8
Blood pressure tests	7	Need to be able to see GP	6
Ear examination and syringing	6	Medication reviews	5
Minor needs/ailments	5	Urine tests	3
Not very helpful right now	3	Common cold/headaches/pains	2
Over-the-counter medicines	2	Skin ailments	2
Advice on travel vaccinations and erectile dysfunction	1	Close link between GP and pharmacy	2
Mole inspections	2	Advice for atrial fibrillation	1
Longer opening hours	1	Services to help children	1
Always seem overworked	1	Travel regulations	1
Only what they are qualified to do	1	Insect bites	1
Advice whether a doctor is required	1	Alternative medication advice	1

Asthma check-up	1	Free items	1
Better management of prescriptions	1	Competency is the key service	1
Diabetic readings	1	Mental health problems	1
COVID services	1	Chest infection service	1
Dietary advice	1	Need to inform of provided services	1
Eczema, coeliac disease	1	Sexual health services – PEP	1
Podiatrist service	1	PGDs	1

**26) Do you have any other comments you would like to make about your pharmacy?**

Pharmacy performs a good service	99	No comments	24
Better customer service needed	7	Longer opening hours needed	7
Pharmacy is understaffed	5	Need to be open weekends	5
Always misplace my prescription	4	Performed well during COVID	4
Speed of service	3	Staff seem disorganised	3
eRD is unreliable	3	Disabled parking bays needed	2
Too many changes in pharmacist	2	Staff were very uncaring	2
Be able to fix mistakes doctors make	1	Is not accessible, but otherwise good	1
Better signage would be appreciated	1	Need to give same brand prescriptions	1
Difficult to use online service	1	Needs refurbishment	1
Does not supply bubble packs	1	Notified when ready to collect	1
Need more privacy when handing over prescriptions	1	Performed poorly during COVID, rude and unhelpful	1
GP and pharmacy need closer links	1	Provide very good delivery service	1
I have to request prescriptions from doctor, automatic repeat not available	1	Should be able to take on any and all services as long as they are trained	1
Need to be paid more	1	Unable to order over the phone	1
Medication should have large print	1	More parking spaces needed	1

**A bit about you**

**27) In which age group do you fall? (Please select one answer)**

Answered – 428; skipped – 54

Under 18		0%	0
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18–24		1%	4
25–34	█	4%	17
35–44	██	10%	42
45–54	████	16%	69
55–64	█████	20%	85
65–74	████████	32%	136
75+	█████	17%	73
Prefer not to say		0%	2

**28) Are you? (Please select one answer)**

Answered – 426; skipped – 56

Male	██████	24%	102
Female	████████████████████	76%	324
Prefer not to say		0%	0

**29) If female, are you pregnant and/or on maternity leave? (Please select one answer)**

Answered – 352; skipped – 130

I am pregnant		1%	3
I am on maternity leave	█	2%	8
I am neither pregnant nor on maternity leave	████████████████████	51%	178
Prefer not to say		1%	2
N/A	████████████████████	46%	161

**30) Is the gender you identify with the same as your sex registered at birth? (Please select one answer)**

Answered – 425; skipped – 57

Yes	██	98%	417
No		0%	2
Prefer not to say	█	1%	6

**31) If you answered No, please enter your gender identity:**

Answered – 4; skipped – 478

Female	1	Asexual	1
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British Jewish	1	Caucasian	1
English	1	Hispanic	1
Indian/Iranian/Jewish	1	Burmese	1
Nepali	1	Jewish/Irish/English	1
Semitic	1	New Zealand	1
White Scandinavian	1	Turkish/Scottish	1

**33)** Do you consider that you have a disability as described below? (Please select one answer)







The Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, ‘long-term’ means more than 12 months and would cover long-term illness such as cancer and HIV or mental health problems.




Answered – 424; skipped – 58

Yes		28%	118
No		72%	306

**34)** If you have answered ‘yes’, please select the definition(s) from the list below that best describes your disability/disabilities. (Please select all that apply)

Answered – 130; skipped – 352

Hearing (e.g. deaf, partially deaf or hard of hearing)		25%	33
Vision (e.g. blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)		5%	7
Speech (e.g. impairments that can cause communication problems)		0%	0
Mobility (e.g. wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)		30%	39
Reduced physical capacity (e.g. inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)		32%	41
Severe disfigurement		1%	1
Learning difficulties (such as dyslexia)		4%	5
Mental illness (substantial & lasting more than a year, e.g. severe depression or psychosis)		20%	26










Physical coordination (such as manual dexterity, muscular control, cerebral palsy)		3%	4
Prefer not to say		9%	12
Other disability (please specify below)		18%	23

Other:

Ulcerative colitis	2	Crohns	1
Vestibular migraine	1	Cancer	1
Club feet	1	IBD	1
Skin disease	1	Osteoarthritis	1
Epilepsy	1	Stoma	1
COPD	1	Hearing aids	1
Chronic cancer	1	ASD	1
Diabetes	1	Epilepsy	1

**35) What is your religion or belief? (Please select one answer)**

Answered – 423; skipped – 59





Baha'i		0%	0
Buddhist		1%	5
Christian		32%	135
Hindu		3%	11
Humanist		1%	4
Jain		1%	5
Jewish		27%	115
Muslim		3%	11
Sikh		0%	0
No religion		20%	83
Prefer not to say		11%	45
Other (please specify below)		2%	9

Other:

Wicca	1	Pagan	1
Quaker	1	Catholic	1
Agnostic	1	Atheist	1
R/C	1	None	1

**36) What is your sexual orientation? (Please select one answer)**

Answered – 419; skipped – 63







Bisexual		2%	10
Gay or lesbian		3%	11
Straight or heterosexual		84%	354
Prefer not to say		10%	40
Other sexual orientation (please specify below)		1%	4

Other:

Asexual	1	Fluid	1
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**37) What is your marital status? (Please select one answer)**

Answered – 424; skipped – 58

Single		13%	57
Co-habiting		6%	24
Married		60%	253
Divorced		7%	28
Widowed		9%	38
In a same-sex civil partnership		1%	3
Prefer not to say		5%	21

**Thank you for taking part in our questionnaire**



## Appendix E: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> 62

### 1) Premises and contact details

Answered – 62; skipped – 0

- Provided contractor code (ODS Code) – 62
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 61
- Provided trading name – 60
- Provided address of contractor pharmacy – 62
- Provided premises shared NHS mail account – 57
- Provided pharmacy telephone – 62
- Provided pharmacy fax – 20
- Provided pharmacy website address – 23


### 2) Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Answered – 62; skipped – 0

Yes		8%	5
No		81%	50
Possibly		11%	7



### 3) Is this pharmacy a 100-hour pharmacy?

Answered – 62; skipped – 0

Yes		0%	0
No		100%	62

### 4) Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)



Answered – 62; skipped – 0

Yes		11%	7
No		89%	55

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.



**5) Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)**

Answered – 62; skipped – 0

Yes		2%	1
No		98%	61

**6) May the LPC update its premises and contact details for you with the above information?**

Answered – 62; skipped – 0

Yes		94%	58
No		6%	4

**7) Core contractual hours of opening:**

Provided hours – 60; skipped – 2

**8) Core contractual hours of opening – If you are contracted to close for lunch, please specify your lunchtime closing hours:**

Provided hours – 16; skipped – 46

**9) Total hours of opening:**


Provided hours – 57; skipped – 5

**10) Total hours of opening – If you close for lunch, please specify your lunchtime closing hours:**

Provided hours – 13; skipped – 49

**11) There is a consultation room on premises (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (Please tick as appropriate).**

Answered – 60; skipped – 2

None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room		0%	0
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None, NHSE&I has approved my request that the premises are too small for a consultation room		0%	0
None (Distance-Selling Pharmacy)		2%	1
Available (including wheelchair access)	████████████████████	75%	45
Available (without wheelchair access) or	██████	20%	12
Planned before 1st April 2023		2%	1
Other (please specify below)		2%	1

Other:

We have two consultation rooms with wheelchair access	3
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**12) Where there is a consultation area, is it a closed room?**

Answered – 61; skipped – 1

Yes	████████████████████	98%	60
No		2%	1

**13) During consultation are there hand-washing facilities?**

Answered – 61; skipped – 1

In the consultation area	████████████████████	75%	46
Close to the consultation area	██████	23%	14
None		2%	1

**14) Do patients attending for consultations have access to toilet facilities?**

Answered – 61; skipped – 1

Yes	██████████	43%	26
No	████████████████████	57%	35

**15) Languages spoken (in addition to English)**







Answered – 52; skipped – 10

Gujarati	37	Hindi	30	Urdu	12
Farsi	9	Arabic	9	Farsi	9
Arabic	9	Romanian	9	Punjabi	7
Greek	7	Portuguese	6	Swahili	5

Albanian	4	Polish	4	French	4
Hebrew	3	Pashto	3	Somali	3
Bengali	2	Spanish	2	Turkish	2
Italian	2	Dutch	2	Bulgarian	1
Chinese	1	Marathi	1	Filipino	1
Slovakian	1	Hungarian	1	Tamil	1
Japanese	1	Tigrinya	1		

**16) Does the pharmacy dispense appliances?**

Answered – 58; skipped – 4

None		12%	7
Yes – All types		62%	36
Yes, excluding stoma appliances, or		3%	2
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		5%	3
Yes, just dressings, or		16%	9
Other (please specify below)		2%	1

Other:

Yes, if prescription	1
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## 17) Does the pharmacy provide the following services?

Service	Yes (%)	Yes	Intending to begin within next 12 months (%)	Intending to begin within next 12 months	No – not intending to provide (%)	No – not intending to provide	Answered
Appliance Use Review (AUR)	11%	5	24%	11	65%	30	46
Community Pharmacist Consultation Service (CPCS)	88%	51	10%	6	2%	1	58
C-19 LFD distribution	95%	55	3%	2	2%	1	58
Flu vaccination service	93%	54	5%	3	2%	1	58
Hepatitis C testing service (until 31st March 2022)	11%	5	23%	11	66%	31	47
Hypertension case finding	30%	16	52%	28	19%	10	54
New Medicine Service (NMS)	95%	54	5%	3	0%	0	57
Pandemic delivery service (until 31st March 2022)	78%	43	9%	5	13%	7	55
Stoma Appliance Customisation (SAC) service	2%	1	22%	11	76%	37	49

**18) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

<b>Service</b>	<b>Currently providing under contract with NHSE&amp;I regional team</b>	<b>Currently providing under contract with NHSE&amp;I regional team</b>	<b>Currently providing under contract with CCG</b>	<b>Currently providing under contract with CCG</b>	<b>Currently providing under contract with Local Authority</b>	<b>Currently providing under contract with Local Authority</b>	<b>Willing to provide if commissioned</b>	<b>Willing to provide if commissioned</b>	<b>Not able or willing to provide</b>	<b>Not able or willing to provide</b>	<b>Willing to provide privately</b>	<b>Willing to provide privately</b>	<b>Answered</b>
<b>Anticoagulant Monitoring Service</b>	<b>4%</b>	<b>2</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>80%</b>	<b>45</b>	<b>16%</b>	<b>9</b>	<b>0%</b>	<b>0</b>	<b>56</b>
<b>Antiviral Distribution Service (1)</b>	<b>2%</b>	<b>1</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>85%</b>	<b>47</b>	<b>13%</b>	<b>7</b>	<b>0%</b>	<b>0</b>	<b>55</b>
<b>Care Home Service</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>57%</b>	<b>31</b>	<b>41%</b>	<b>22</b>	<b>2%</b>	<b>1</b>	<b>54</b>
<b>Chlamydia Testing Service (1)</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>84%</b>	<b>46</b>	<b>15%</b>	<b>8</b>	<b>2%</b>	<b>1</b>	<b>55</b>
<b>Chlamydia Treatment Service (1)</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>84%</b>	<b>47</b>	<b>14%</b>	<b>8</b>	<b>2%</b>	<b>1</b>	<b>56</b>
<b>Contraceptive service (not EC) (1)</b>	<b>0%</b>	<b>0</b>	<b>2%</b>	<b>1</b>	<b>2%</b>	<b>1</b>	<b>84%</b>	<b>47</b>	<b>11%</b>	<b>6</b>	<b>2%</b>	<b>1</b>	<b>56</b>

**19) Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS):**

Service	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with CCG	Currentl y providin g under contract with CCG	Currentl y providin g under contract with Local Authorit y	Currentl y providin g under contract with Local Authorit y	Willing to provide if commissio ned	Willing to provide if commissio ned	Not able or willing to provid e	Not able or willing to provid e	Willing to provide privatel y	Willing to provide privatel y	Answer ed
DSMMS – Allergies	0%	0	0%	0	0%	0	84%	47	13%	7	4%	2	56
DSMMS – Alzheimer's/Dementia	0%	0	0%	0	0%	0	81%	43	19%	10	0%	0	53
DSMMS – Asthma	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
DSMMS – CHD	0%	0	0%	0	0%	0	87%	48	13%	7	0%	0	55
DSMMS – COPD	0%	0	0%	0	0%	0	88%	49	13%	7	0%	0	56
DSMMS – Depression	0%	0	0%	0	0%	0	85%	44	15%	8	0%	0	52
DSMMS – Diabetes type I	0%	0	0%	0	0%	0	88%	49	13%	7	0%	0	56
DSMMS – Diabetes type II	0%	0	0%	0	0%	0	91%	50	9%	5	0%	0	55
DSMMS – Epilepsy	0%	0	0%	0	0%	0	81%	43	17%	9	2%	1	53
DSMMS – Heart failure	0%	0	0%	0	0%	0	85%	47	15%	8	0%	0	55
DSMMS – Hypertension	4%	2	0%	0	0%	0	89%	49	7%	4	0%	0	55
DSMMS – Parkinson's disease	0%	0	0%	0	0%	0	81%	43	17%	9	2%	1	53
DSMMS – Other (please state below)	0%	0	0%	0	0%	0	81%	30	19%	7	0%	0	37

Other:

Very interested to provide such a service when hopefully commissioned	1	Pain management	1
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**20) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Emergency Contraception Service (1)	9%	5	5%	3	5%	3	67%	37	9%	5	4%	2	55
Emergency Supply Service	20%	11	2%	1	2%	1	70%	38	6%	3	0%	0	54
Gluten-Free Food Supply Service (i.e. not via FP10)	2%	1	0%	0	0%	0	80%	43	17%	9	2%	1	54
Home Delivery Service (not appliances) (1)	11%	6	0%	0	2%	1	58%	32	18%	10	11%	6	55
Independent Prescribing Service	2%	1	0%	0	0%	0	68%	36	28%	15	2%	1	53

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

<p>We Provide the NHS 111 service which includes emergency supply of Prescription Medicines and the referral Process from NHS 111 for minor ailments.</p> <p>We also provide the CPCS service and the GP CPCS Service.</p> <p>We provide and advise on emergency contraception e.g. supply of the morning after pill Levonelle and Ella One.</p> <p>We have also just signed up to the Private PGD with Sonar for urine infections and Salbutamol Supply but have yet to start the service, just waiting for Pritpal to sign the private PGD off.</p>	1	<p>We are providing a free delivery service to all patients who require it, I believe this should be a commissioned service or a charge applicable to patients. Our delivery service is growing and costs for this has increased significantly.</p>	1
<p>In the middle of completing the course</p>	1	<p>Ear, Nose, Throat and Skin infections</p>	1

**21) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Language Access Service	4%	2	0%	0	0%	0	75%	38	20%	10	2%	1	51
Medication Review Service	13%	7	0%	0	0%	0	76%	42	11%	6	0%	0	55
Medicines Assessment and Compliance Support Service	4%	2	0%	0	0%	0	87%	47	9%	5	0%	0	54
Minor Ailment Scheme	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
Medicines Optimisation Service (1)	2%	1	0%	0	0%	0	89%	48	9%	5	0%	0	54

If currently providing a Medicines Optimisation Services, what therapeutic areas are covered?

No responses received

**22) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Needle and Syringe Exchange Service	0%	0	2%	1	4%	2	47%	26	45%	25	2%	1	55
Obesity Management (adults and children) (1)	0%	0	0%	0	0%	0	82%	45	15%	8	4%	2	55
Not-Dispensed Scheme	2%	1	0%	0	0%	0	74%	37	22%	11	2%	1	50
On-Demand Availability of Specialist Drugs Service	0%	0	0%	0	0%	0	67%	37	31%	17	2%	1	55
Out-of-Hours Services	0%	0	0%	0	0%	0	42%	22	57%	30	2%	1	53
Patient Group Direction Service (please name the	4%	2	0%	0	2%	1	74%	40	15%	8	6%	3	54

<b>Service</b>	<b>Currently providing under contract with NHSE&amp;I regional team</b>	<b>Currently providing under contract with NHSE&amp;I regional team</b>	<b>Currently providing under contract with CCG</b>	<b>Currently providing under contract with CCG</b>	<b>Currently providing under contract with Local Authority</b>	<b>Currently providing under contract with Local Authority</b>	<b>Willing to provide if commissioned</b>	<b>Willing to provide if commissioned</b>	<b>Not able or willing to provide</b>	<b>Not able or willing to provide</b>	<b>Willing to provide privately</b>	<b>Willing to provide privately</b>	<b>Answered</b>
medicines below)													
Phlebotomy Service (1)	0%	0	0%	0	0%	0	63%	34	30%	16	7%	4	54
Prescriber Support Service	0%	0	0%	0	0%	0	77%	40	19%	10	4%	2	52
Schools Service	0%	0	0%	0	0%	0	74%	39	23%	12	4%	2	53

Please name the medicines for your Patient Group Direction Service:

Any required	1	Sildenafil tablets	1
Currently we operate PGDs at our other branches for a wide range of conditions	1	Salbutamol, travel vaccines, contraception, sildenafil, fexofenadine, finasteride 1mg, vardenafil, anti-malarials	1
Seasonal flu vaccination	1	Sildenafil, Saxenda, PGD	1
Private flu, cystitis, pneumonia	1		

**23) Which of the following other services does the pharmacy provide, or would be willing to provide?**

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Screening Service – Alcohol	0%	0	0%	0	0%	0	81%	43	19%	10	0%	0	53
Screening Service – Cholesterol	0%	0	0%	0	0%	0	86%	48	11%	6	4%	2	56
Screening Service – Diabetes	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
Screening Service – Gonorrhoea	0%	0	0%	0	0%	0	77%	40	23%	12	0%	0	52
Screening Service – H. pylori	0%	0	0%	0	0%	0	82%	46	18%	10	0%	0	56
Screening Service – HbA1C	0%	0	0%	0	0%	0	84%	47	16%	9	0%	0	56
Screening Service – Hepatitis	0%	0	0%	0	0%	0	76%	42	24%	13	0%	0	55
Screening Service – HIV	0%	0	0%	0	0%	0	71%	37	27%	14	2%	1	52
Screening Service – Other (please	0%	0	0%	0	0%	0	70%	26	27%	10	3%	1	37

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
state below)													

Other:

Bone density testing	1	Anaemia	1
Covid testing	1	Private phlebotomy service	1



**24) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Seasonal Influenza Vaccination Service (1)	80%	45	4%	2	2%	1	11%	6	4%	2	0%	0	56
Childhood vaccinations (1)	4%	2	0%	0	0%	0	78%	40	16%	8	2%	1	51
COVID-19 vaccinations	17%	9	0%	0	0%	0	67%	36	17%	9	0%	0	54
Hepatitis (at-risk workers or patients) vaccinations (1)	4%	2	0%	0	0%	0	76%	41	19%	10	2%	1	54
HPV vaccinations (1)	4%	2	0%	0	0%	0	72%	39	17%	9	7%	4	54
Meningococcal vaccinations	5%	3	0%	0	0%	0	75%	41	13%	7	7%	4	55
Pneumococcal vaccinations	25%	14	0%	0	0%	0	64%	35	5%	3	5%	3	55
Travel vaccinations (1)	4%	2	2%	1	2%	1	58%	32	13%	7	22%	12	55

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Other vaccinations (please state below)	0%	0	0%	0	0%	0	77%	30	18%	7	5%	2	39

Other:

Private travel vaccination clinic	2	Shingles	2
Private vaccination for travel and non-travel	1	Chicken pox	1

**25) Which of the following other services does the pharmacy provide, or would be willing to provide?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Sharps Disposal Service (1)	4%	2	0%	0	2%	1	56%	31	36%	20	2%	1	55
Stop Smoking Service	13%	7	4%	2	5%	3	71%	40	7%	4	0%	0	56
Supervised Administration Service	25%	14	4%	2	14%	8	27%	15	29%	16	2%	1	56
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	0%	0	66%	33	34%	17	0%	0	50
Vascular Risk Assessment Service (NHS Health Check) (1)	2%	1	0%	0	0%	0	85%	45	13%	7	0%	0	53

Please name the therapeutic areas for your Supplementary Prescribing Service:

Minor ailments: ear/eye infection, skin conditions	1	Still awaiting IP	1
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**26) Non-commissioned services: Does the pharmacy provide any of the following?**

Answered – 58; skipped – 4



<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>Answered</b>
Collection of prescriptions from GP practices	84%	47	16%	9	56
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	67%	33	33%	16	49
Delivery of dispensed medicines – Selected areas (please list areas below)	60%	30	40%	20	50
Delivery of dispensed medicines – Free of charge on request	65%	35	35%	19	54
Delivery of dispensed medicines – With charge	33%	16	67%	33	49
Monitored Dosage Systems – Free of charge on request	80%	43	20%	11	54
Monitored Dosage Systems – With charge	24%	12	76%	37	49

Please list your criteria for selected patient groups or areas:

Local area	5	Elderly/frail/housebound	12
3-mile radius	2	Shield/isolating	3
2-mile radius	1	Anybody who requests	1
5-mile radius	1		

**27) Is there a particular need for a locally commissioned service in your area?**

Answered – 51; skipped – 11



Yes		33%	17
No		67%	34

If so, what is the service requirement and why?

COVID vaccinations	3	EHC	2
Blood glucose checks	2	Blood pressure monitoring	2
Disability aids/appliances	1	Minor ailments	1
Diabetes and heart risk assessment	1	DSMMS	1
Sexual health services	1	Screening service	1
Travel vaccines	1	Hypertension follow-up	1
NHS health checks	1	Delivery	1
Phlebotomy	1	Various vaccinations	1

**28) May the LPC update its opening hours and related matters and services details for you with the above information?**

Answered – 58; skipped – 4

Yes		93%	54
No		7%	4

**29) Details of the person completing this form:**

- Provided contact name – 57
- Provided contact telephone number – 57

## Appendix F: Commissioner questionnaire

Total responses received:<sup>1</sup> 2

1) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Anticoagulant Monitoring Service	50%	1	0%	0	50%	1	2
Antiviral Influenza Distribution Service (1)	50%	1	0%	0	50%	1	2
Care Home Service*	50%	1	0%	0	50%	1	2
Chlamydia Testing Service (1)	0%	0	50%	1	50%	1	2
Chlamydia Treatment Service (1)	0%	0	50%	1	50%	1	2
Contraceptive Service (not EC) (1)	50%	1	50%	1	0%	0	2

\*This service provides advice and support to the residents and staff within the care home over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost-effective use, their safe storage, supply and administration, disposal and correct record-keeping.

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

2) Which of the following Disease-Specific Medicines Management Services (DSMMS) do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
DSMMS – Allergies	0%	0	0%	0	100%	2	2
DSMMS – Alzheimer's/dementia	0%	0	50%	1	50%	1	2
DSMMS – Asthma	0%	0	50%	1	50%	1	2
DSMMS – CHD	0%	0	100%	2	0%	0	2
DSMMS – COPD	0%	0	50%	1	50%	1	2
DSMMS – Depression	0%	0	100%	2	0%	0	2
DSMMS – Diabetes type I	0%	0	50%	1	50%	1	2
DSMMS – Diabetes type II	0%	0	50%	1	50%	1	2
DSMMS – Epilepsy	0%	0	0%	0	100%	2	2
DSMMS – Heart Failure	0%	0	50%	1	50%	1	2
DSMMS – Hypertension	0%	0	50%	1	50%	1	2
DSMMS – Parkinson's Disease	0%	0	0%	0	100%	2	2
Other DSMMS (please state below)	0%	0	0%	0	100%	1	1

Other:

On-demand medications for palliative care patients in the community	1
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**3) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).**

*(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Emergency Contraception Service (1)	50%	1	50%	1	0%	0	2
Emergency Supply Service	0%	0	50%	1	50%	1	2
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	0%	0	100%	2	2
Home Delivery Service (not appliances) (1)	0%	0	0%	0	100%	2	2
Independent Prescribing Service	0%	0	0%	0	100%	2	2

**4) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).**

*(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Language Access Service	0%	0	0%	0	100%	2	2
Medication Review Service	0%	0	50%	1	50%	1	2
Medicines Assessment and Compliance Support Service	0%	0	50%	1	50%	1	2
Minor Ailment Scheme	0%	0	50%	1	50%	1	2
Medicines Optimisation Service (1)	0%	0	100%	2	0%	0	2

5) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Needle and Syringe Exchange Service	50%	1	50%	1	0%	0	2
Obesity Management (adults and children) (1)	0%	0	100%	2	0%	0	2
Not-Dispensed Scheme	0%	0	50%	1	50%	1	2
On-Demand Availability of Specialist Drugs Service	50%	1	0%	0	50%	1	2
Out-of-Hours Services	0%	0	50%	1	50%	1	2
Patient Group Direction Service (please name the medicines below)	0%	0	50%	1	50%	1	2
Phlebotomy Service (1)	0%	0	50%	1	50%	1	2
Prescriber Support Service	0%	0	50%	1	50%	1	2
Schools Service	0%	0	50%	1	50%	1	2

Please name medicines for your Patient Group Direction Service:

Oral contraception	1
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6) Which of the following Screening Services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Screening Services – Alcohol	0%	0	100%	2	0%	0	2
Screening Services – Cholesterol	0%	0	50%	1	50%	1	2
Screening Services – Diabetes	0%	0	50%	1	50%	1	2
Screening Services – Gonorrhoea	0%	0	100%	2	0%	0	2
Screening Services – H. pylori	0%	0	50%	1	50%	1	2
Screening Services – HbA1C	0%	0	100%	2	0%	0	2
Screening Services – Hepatitis	0%	0	100%	2	0%	0	2
Screening Services – HIV	0%	0	100%	2	0%	0	2
Other Screening Services (please state below)	0%	0	0%	0	100%	1	1

**7) Which of the following vaccination services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).**

*(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Seasonal Influenza Vaccination Service (1)	50%	1	0%	0	50%	1	2
Childhood Vaccinations	0%	0	50%	1	50%	1	2
COVID-19 Vaccinations	0%	0	50%	1	50%	1	2
Hepatitis (at-risk workers or patients) Vaccinations	0%	0	100%	2	0%	0	2
HPV Vaccinations	0%	0	50%	1	50%	1	2
Meningococcal Vaccinations	0%	0	50%	1	50%	1	2
Pneumococcal Vaccinations	0%	0	50%	1	50%	1	2
Travel Vaccinations	0%	0	50%	1	50%	1	2
Other Vaccinations (please state below)	0%	0	0%	0	100%	1	1

**8) Which of the following other services do you commission or may be considering commissioning from local community pharmacies?**

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

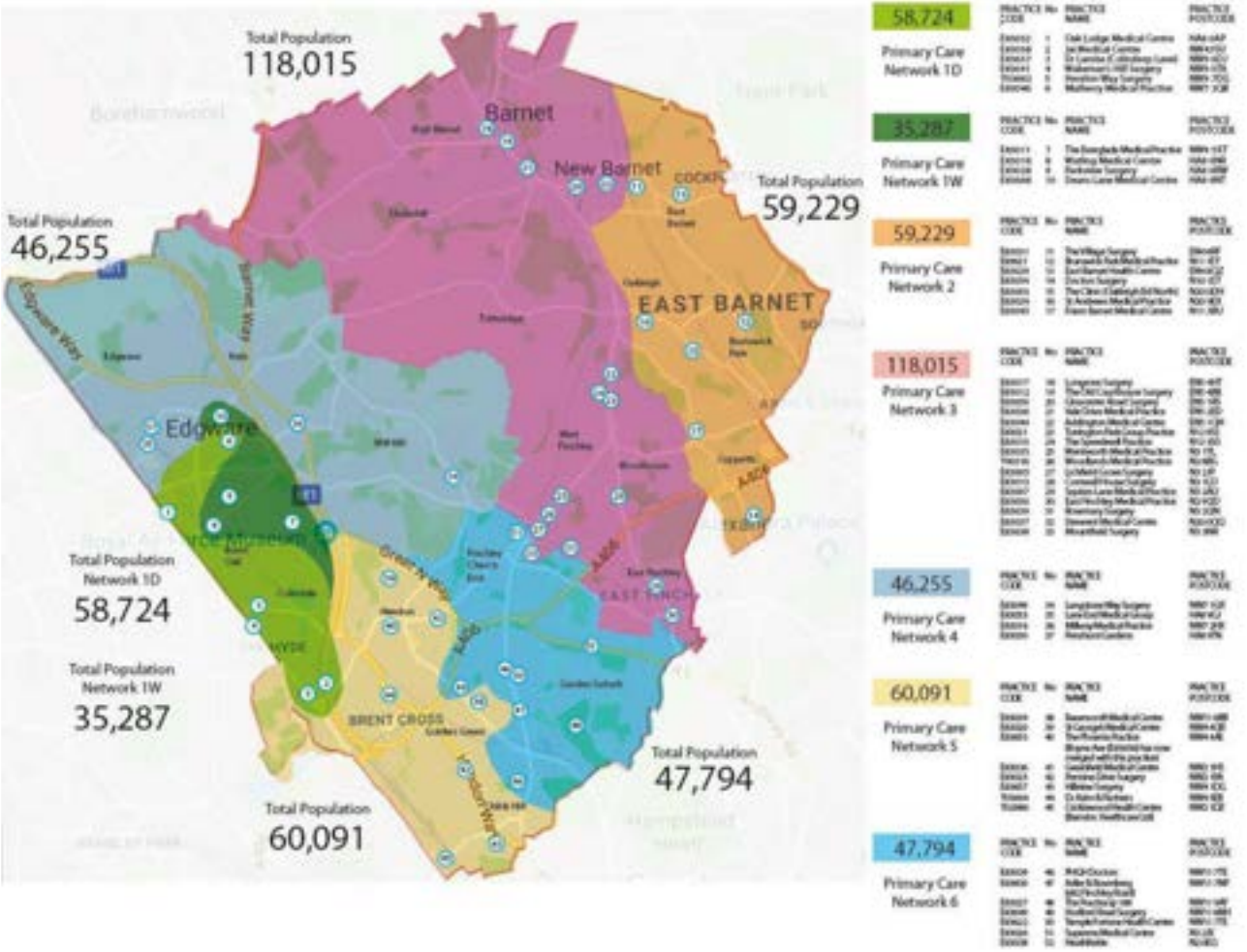
Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Sharps Disposal Service (1)	0%	0	100%	2	0%	0	2
Stop Smoking Service	100%	2	0%	0	0%	0	2
Supervised Administration Service	50%	1	50%	1	0%	0	2
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	100%	2	2
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	50%	1	50%	1	2

**9) Details of the person completing this questionnaire – if questions arise:**

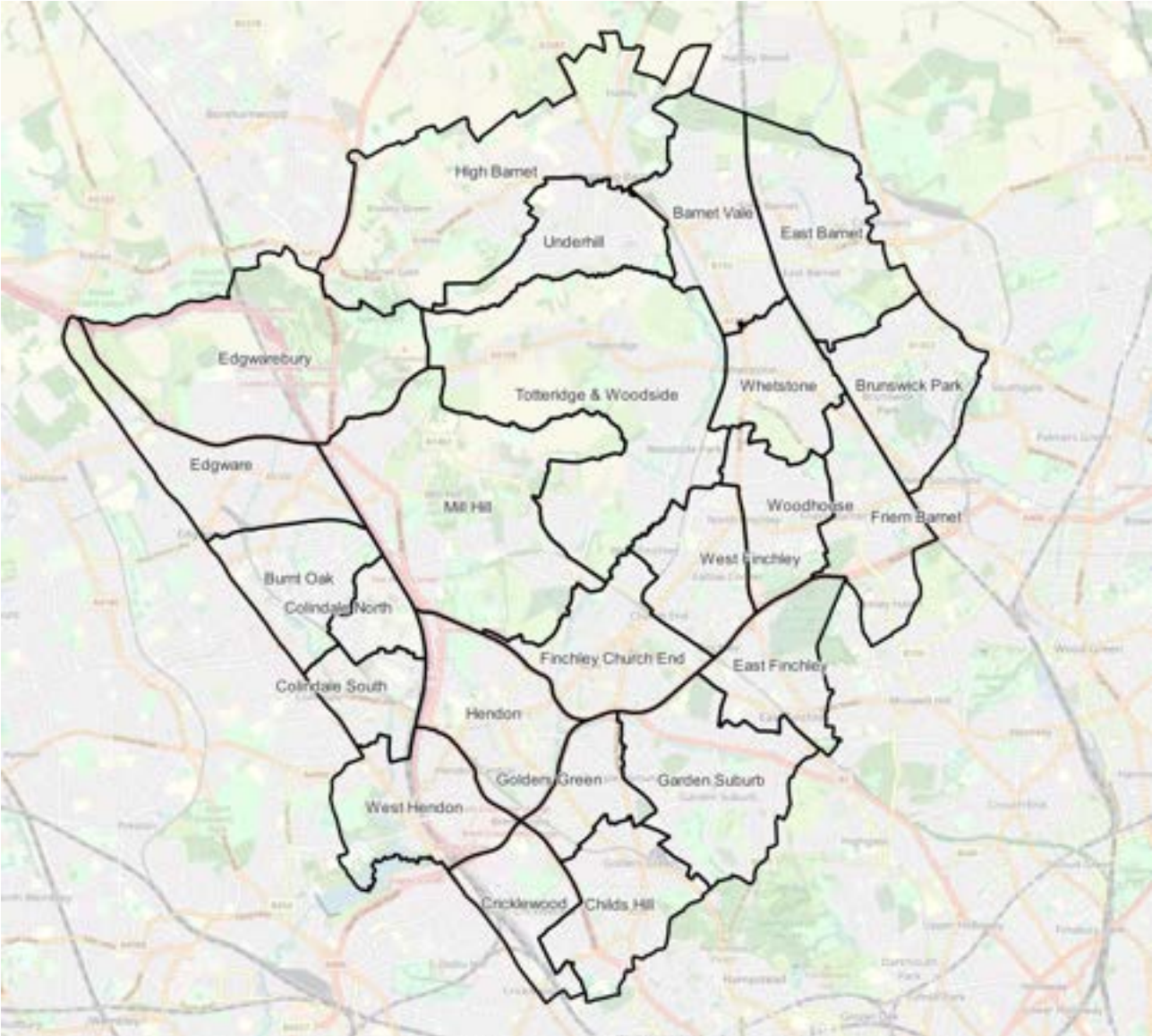
- Provided contact name – 2
- Provided job role – 0
- Provided address – 0
- Provided email address – 0
- Provided contact telephone number – 2

# Appendix G: Localities and wards in Barnet

Map 1: A map showing the PCNs and localities for Barnet



Map 2: Map to show the new ward boundaries for Barnet





## Appendix H: How travel time has been mapped

Travel time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside the area but could potentially be accessed by residents within the study area. This analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, DACs and DSPs.

The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours), by public transport (during morning and afternoon) and by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the maps. The colour used in the shading on the map corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded within the map it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the maps.

Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate

## Appendix I: Alphabetical list of pharmaceutical service providers in Barnet HWB area (correct as of 10 March 2022)

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PHAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA						
										NMS	AUR	SAC	CPCS	Hep. C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination		London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
Abbott Pharmacy	FAD37	Community	101 Colney Hatch Lane, Muswell Hill, London	N10 1LR	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	Y	-
Acorn Pharmacy	FDN63	Community	641 Watford Way, Mill Hill, London	NW7 3JR	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	Y
AE Lipkin	FJX68	Community	5 Dollis Parade, 64 Totteridge Lane, London	N20 8QG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Akhtar S	FLX71	Community	134 Cricklewood Broadway, London	NW2 3EE	09:30-18:30	09:30-18:30	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Akshar Pharmacies	FMC90	Community	91 Cricklewood Lane, Cricklewood, London	NW2 1HR	09:00-18:45 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aucklands Pharmacy	FKQ11	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	09:30-14:30	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Bishops Pharmacy	FF072	Community	7 Lyttelton Road, Hampstead Garden Suburb, East Finchley	N2 0DW	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FKE11	Community	142 High Street, Barnet	EN5 5XP	09:00-18:00	08:30-18:30	10:30-16:30	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-
Boots	FQH33	Community	Broadwalk Shopping Centre, Station Road, Edgware	HA8 7BD	09:00-18:00	08:30-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	Y	-
Boots	FJ034	Community	788 High Road, North Finchley, London	N12 9QR	09:00-18:30	08:30-18:30	10:30-16:30	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Boots	FWQ30	Community	1263-1275 High Road, Whetstone, London	N20 9HS	09:00-24:00	09:00-24:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-
Boots	FH899	Community	21 Temple Fortune Parade, Finchley Road, Golders Green Road, London	NW11 0QS	09:00-19:00	09:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FV910	Community	58-60 Golders Green Road, Golders Green, London	NW11 8LN	08:30-20:00	08:30-20:00	11:00-20:00	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-
Boots	FAT67	Community	Brent Cross Shopping Centre, Prince Charles Drive, Hendon, London	NW4 3FB	09:00-19:00	09:00-17:00	12:00-18:00	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA																
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution											
Boots	FYY65	Community	32-34 The Broadway, Mill Hill, London	NW7 3LH	09:00-20:00	09:00-20:00	11:00-20:00	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brand-Russell Chemists	FDV53	Community	280 East Barnet Road, East Barnet	EN4 8TD	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	-		
Broadway Chemist	FN742	Community	204 West Hendon Broadway, London	NW9 7EE	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Care Chemists	FHC96	Community	31 The Broadway, Mill Hill, London	NW7 3DA	09:00-18:30	09:00-17:30	10:00-14:00	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-		
Carters Pharmacy	FED28	Community	321 Ballards Lane, North Finchley, London	N12 8LT	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-	
Castle Chemist	FD668	Community	364 Cricklewood Lane, London	NW2 2QJ	09:00-18:00	09:30-17:00	Closed	-	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	
Charles Sampson Pharmacy	FV847	Community	800 High Road, North Finchley, London	N12 9QU	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CJ Pharmacy	FVJ21	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	
Cootes Pharmacy	FF506	Community	166-168 High Road, East Finchley, London	N2 9AS	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-	
Cootes Pharmacy	FJ758	Community	110-112 Ballards Lane, Finchley, London	N3 2DN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	
Cullimore Chemist	FEW83	Community	13-15 Glengall Road, Edgware	HA8 8TB	08:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	
CW Andrew	FNY79	Community	32 High Road, East Finchley, London	N2 9PJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	
Day Lewis Pharmacy	FVF89	Community	32 Langstone Way, Lidbury Square, Mill Hill, London	NW7 1AF	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Day Lewis Pharmacy	FJT13	Community	Venture House, 2A Hartley Avenue, Mill Hill, London	NW7 2HX	08:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Derek Clarke	FJX78	Community	85 Station Road, Edgware	HA8 7JH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	
Fairview Pharmacy	FV015	LPS	Finchley Memorial Hospital, Granville Road, London	N12 0JE	09:00-18:00	10:00-16:00	10:00-16:00	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Gateway Chemist	FEV23	Community	334 Regents Park Road, Finchley Central, London	N3 2LN	09:00-18:30 (Thu-Fri 09:00-18:00)	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PHAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Gordon Smith Pharmacy	FL266	Community	176 Long Lane, Finchley, London	N3 2RA	09:00-18:00 (Fri 09:00-18:30)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Greenfield Chemist	FC163	Community	16 Greenhill Parade, New Barnet	EN5 1ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	Y	-
H Haria Chemists	FQR66	Community	25 Friern Barnet Road, New Southgate, London	N11 1NE	09:00-18:00	10:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
HA McParland Ltd	FJR97	Community	2 Heath Parade, Lanacre Avenue, Hendon, London	NW9 5ZN	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Hale Pharmacy	FAG10	Community	143 Hale Lane, Edgware	HA8 9QW	09:00-18:30 (Thu 09:00-17:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Hampden Square Pharmacy	FQT71	Community	14 Hampden Square, London	N14 5JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y
HC Heard Chemists	FA675	Community	94 Brent Street, Hendon, London	NW4 2ES	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Hendon Pharmacy	FLG64	Community	52 Vivian Avenue, Hendon, London	NW4 3XH	09:00-18:30	Closed	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-
Heron Pharmacy	FRC27	Community	5-6 Silkstream Parade, Watling Avenue, Burnt Oak, Edgware	HA8 0EJ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y
HJ Shore Dispensing Chemist	FGC52	Community	79 Russell Lane, Whetstone, London	N20 0BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-
Hugh Lloyd Dispensing Chemist	FE907	Community	34 Market Place, Falloden Way, Hampstead Garden Suburb, East Finchley	NW11 6JJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
I Warman-Freed	FPN49	Community	45 Golders Green Road, Golders Green, London	NW11 8EL	08:30-22:00	08:30-22:00	08:30-22:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-	Y
Jade Pharmacy (Avenue)	FR774	Community	189 Station Road, Edgware	HA8 7JX	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y
Jethros Healthcare Pharmacy	FD675	Community	120 Golders Green Road, Golders Green, London	NW11 8HB	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
John Wilson Chemists	FRA69	Community	17-19 Vivian Avenue, Hendon, London	NW4 3UX	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-

Pharmacy name	OOS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PVAAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Lakes Pharmacy	FAX69	DSP	Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London	NW4 4DD	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Landys Chemist	FYT22	Community	1191 Finchley Road, Temple Fortune, London	NW11 0AA	08:30-18:00	08:30-18:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	
Links Pharmacy	FRT44	Community	129 East End Road, East Finchley, London	N2 0SZ	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	-	Y	-
Lloyds Pharmacy	FF116	Community	Sainsbury Store, 66 East Barnet Road, New Barnet	EN4 8RQ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FYQ56	Community	209 Woodhouse Road, Friern Barnet, London	N12 9AY	08:30-18:30 (Fri 09:00-19:00)	08:30-18:30	10:00-17:00	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-
Lloyds Pharmacy	FG967	Community	J Sainsbury Store, Hyde Estate Road, Hendon, London	NW9 6JX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-
Mango Pharmacy	FRL51	Community	98 High Street, Edgware	HA8 7HF	10:00-17:00	10:00-15:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-
Mountford Chemists	FE533	Community	11 East Barnet Road, New Barnet	EN4 8RR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Oakdale Pharmacy	FMG52	Community	15 Viceroy Parade, 71 High Road, East Finchley, London	N2 8AQ	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	-
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y
Parry Jones Pharmacy	FNC29	Community	61 High Street, Barnet, Hertfordshire	EN5 5UR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y	-	Y
Pharmco Pharmacy	FRR41	Community	199 Deansbrook Road, Burnt Oak, Edgware	HA8 9BU	09:00-13:00, 14:00-18:00 (Thu 09:00-16:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-
Pickles Chemists	FJX05	Community	73 Ballards Lane, Finchley, London	N3 1XT	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y
Prima Pharmacy	FXG34	Community	171 Bells Hill, Barnet	EN5 2TB	09:00-13:00, 14:00-18:00 (Thu 09:00-13:00, 14:00-17:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-
ProCare Pharmacy	FPY15	Community	11 Sheaveshill Parade, Sheaveshill Avenue, Colindale, London	NW9 6RS	09:00-18:45	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA					
										NMS	AUR	SAC	CPCS	Hip C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
Reena Pharmacy	FKX25	Community	222 Regents Park Road, Finchley, London	N3 3HP	08:30-18:00	09:00-14:00	11:00-17:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-
Regent Pharmacy	FVX21	Community	7 Salcombe Gardens, Mill Hill, London	NW7 2NU	09:00-13:30, 14:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Respond Healthcare Ltd	FDA28	DAC	28 Heritage Avenue, Hendon, London	NW9 5XY	08:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Sabel Chemist	FAK52	Community	116 Brent Street, Hendon, London	NW4 2DT	09:00-18:30	09:00-13:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y
Singer Pharmacy	FJ287	Community	74 Edgware Way, Mowbray Parade, Edgware	HA8 8JS	09:00-19:00	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FYL45	Community	Unit 24, Broadwalk Shopping Centre, 150 Station Road, Edgware	HA8 7BD	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-
SVR Chemist Ltd	FC275	Community	145-147 East Barnet Road, East Barnet	EN4 8QZ	09:00-19:00	Closed	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FTR70	Community	Coppetts Centre, North Circular Road, North Finchley	N12 0SH	08:00-22:00	08:00-22:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-	-
Tesco Pharmacy	FQJ62	Community	21-29 Ballards Lane, Finchley, London	N3 1XP	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Torrington Park H.C.C. Ltd	FK101	Community	16 Torrington Park, North Finchley, London	N12 9SS	08:30-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Victoria Pharmacy	FH555	Community	229 Golders Green Road, Golders Green, London	NW11 9ES	09:00-13:00, 14:00-18:00 (Thu 09:00-17:00)	09:00-13:00	10:00-14:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-
W Price (Chemist)	FQJ10	Community	8 Pennine Parade, Pennine Drive, Cricklewood, London	NW2 1NT	09:00-19:00	09:30-13:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Westlake Pharmacy	FP809	Community	1015 Finchley Road, Golders Green, London	NW11 7ES	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Wilkinson Chemist	FFJ43	Community	190 High Street, Barnet	EN5 5SZ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Zaxgate Ltd	FR940	Community	14-15 Sentinel Square, Brent Street, Hendon, London	NW4 2EL	08:00-17:00	Closed	11:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-

## Appendix J: Future opportunities for possible community pharmacy services in Barnet

### Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the regulations.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Barnet as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

There were 62 responses to the contractor questionnaire. The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Asthma 91% (COPD 88%)
- CHD 87%
- Diabetes 91% (including screening)
- Obesity 82%
- Childhood vaccinations 78%
- NHS Health Checks 85%

There were two responses from the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them. From the responses, the following examples of services were identified as being 'willing to commission':

Disease areas	Screening	Other
CHD	Chlamydia testing and treatment	Sharps disposal
Asthma and COPD	Alcohol	NHS Health checks
Diabetes	Hepatitis	Obesity management
Depression	HIV	Childhood vaccinations
	Gonorrhoea	Hepatitis vaccinations (for those at risk)
	Diabetes and HbA1C	

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

### Health needs identified in the NHS Long Term Plan

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

#### *LTP priorities that can be supported from community pharmacy*

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

### Health needs in Barnet

The health needs of the population of Barnet were outlined in Section 2 and summarised in Section 6.1 of the PNA.

In Barnet, the overall all-cause, all-age mortality and under-75 all-cause mortality was significantly lower than the London and England averages. Life expectancy at is 82.0 for men and 85.5 for women, based on 2018-20 data. This is significantly higher than the London and England averages, although healthy life expectancy is similar to both.

The highest risk factors for causing death and disease for the Barnet population are:



- The biggest cause of premature mortality in Barnet is cancer, which accounts for around 40% of deaths under the age of 75. In 2019, around 57% of cancers across Barnet residents were diagnosed in the early stages. This is similar to the averages seen in London and England. However, this was a slight reduction from 2018, whereas the London and England averages both increased slightly during the same period.
- Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was lower than the London and England averages.
- Smoking prevalence in adults was 14% (based on the GP survey) which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.
- Barnet has the 5th lowest under-18 conceptions rate in London as of 2018. At 8.2 per 1000, it is significantly lower than the overall London rate of 13.9 and less than half of the average rate of 16.7 for England.
- The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages.
- Vaccination uptake is generally higher than the average in NCL but lower than that seen in England. Barnet has a consistently lower uptake of MMR 1st dose at 24 months old. In 2019-20 it was 83.4%, which is similar to the London average (83.6%) but significantly lower than for England (90.6%).
- Barnet has a higher Hep C detection rate than the England average, although premature mortality from Hep C-related liver disease is lower than the England average.
- The diagnosis gap for diabetes and hypertension in Barnet is greater than the London and England averages.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight (i.e. BMI larger than or equal to 25). This proportion, whilst higher than the London average (55.7%), was lower than the England average (62.8%).

There is considerable variation in health and mortality between the wards in the borough. Examples are included in the table below:

<b>Health Area (Mortality)</b>	<b>Wards with Highest Mortality (SMR)</b>	<b>Locality</b>	<b>Ward with Lowest Mortality (SMR)</b>	<b>Locality</b>
All Age all cause	Coppetts (113)	Chipping Barnet	Garden Suburb (53)	Finchley and Golders Green
Under 75 Cancer	Burnt Oak (103)	Hendon	Garden Suburb (51)	Finchley and Golders Green
U-75 Cardiovascular	Burnt Oak (110)	Hendon	Garden Suburb (41)	Finchley and Golders Green
U-75 Respiratory	Burnt Oak (132)	Hendon	Garden Suburb (46)	Finchley and Golders Green

## **Opportunities for further community pharmacy provision**

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer. The commissioner questionnaire does identify a willingness to commission services (above).

Based on these priorities and health needs, community pharmacies can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Barnet.

### **A. Existing services**

#### **Essential Services**

Signposting for issues such weight management and health checks.

#### **Advanced Services**

Some of the existing Advanced Services could be better used within Barnet, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD.

The flu vaccination uptake is below the national average in Barnet. Highlighting the service availability in community pharmacies may help to reduce the deficit.

#### **Enhanced Services**

The London Vaccination Service could be reviewed and expanded to include some of the childhood vaccinations, with a view to improving uptake by providing better access to services during supplementary hours (evenings and weekends).

#### **Locally Commissioned Services**

Sexual health services are not commissioned in community pharmacies in Barnet (except EHC). Of respondents to the public questionnaire, 63% indicated that they would wish to see such services available from community pharmacies. Based on the identified health needs around sexual health, expansion of the EHC services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Advanced hepatitis C testing service could be advantageous.

### **B. New services**

From the public questionnaire there is a wish that a variety of services are provided from community pharmacies. From the contractor questionnaire there is also a willingness to deliver some services if commissioned, albeit not in all pharmacies. The commissioner questionnaire indicated a willingness to commission some services.

Based on the results of the three questionnaires it would seem appropriate to investigate the provision of some new services from the existing community pharmacy infrastructure in Barnet.

## Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Barnet based on the identified health needs, including:

- Hypertension case-finding service
- This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.
- The diagnosis gap for hypertension in Barnet is greater than the London and England averages.
- Hepatitis C testing service
- The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- Barnet has a higher Hep C detection rate than the England average, and premature mortality from Hep C-related liver disease is lower than the England average. Linking the screening for Hep C to Needle Exchange or supervised consumption services currently provided from community pharmacies may be of benefit in Barnet
- Stop Smoking
- There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of this service, as an Advanced Service.
- Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been decreasing in Barnet as well as in London and England.
- In Barnet it is estimated that just over 10% of the population are active smokers, although it is known that smoking levels in more deprived populations are higher.

## Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

- The NHS Health Check is a national programme for people aged 40–74 that assesses a person’s risk of developing **diabetes, heart disease, kidney disease and stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As the diagnosis gap for diabetes and hypertension is greater than the national average in Barnet then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Barnet or in the NHS LTP.

### Possible disease-specific services

- Weight management
- There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation or coupled with programmes for other ill health e.g. cardiovascular disease or diabetes.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight.
- Diabetes
- Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence; 6. Signposting.
- The diagnosis gap for diabetes in Barnet is greater than the London and England average.
- Lung cancer initiative
- The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness-raising, for example – ‘not ALL cough is COVID’. To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can utilise.
- Local defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area; 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; 3.

An increase in the number of patients who stop smoking; 4. Prevention of early deaths and patients dying undiagnosed of cancer.

- Chlamydia and HIV screening
- Chlamydia screening is a service that is commonly provided by many community pharmacies across England. The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages, indicating that such a service could be considered. This service may also include a treatment arm.
- The Advanced Service for Hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing Emergency Hormonal Contraception service.
- Cardiovascular
- AF screening service (multiple areas). This service provides patients at high risk of atrial fibrillation with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service
- Respiratory
- Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

## Recommendations

### 1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

### 2. Identify the best way to deliver the new Advanced Services

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Barnet, albeit in targeted localities.

### **3. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in Barnet, e.g. NHS Health Checks, diabetes, weight management, sexual health, and respiratory, cardiovascular or cancer screening.

**Health and Wellbeing Board**  
**Thursday 14<sup>th</sup> July 2022**

AGENDA ITEM 17

	<b>Health and Wellbeing Board</b> <b>Thursday 14<sup>th</sup> July 2022</b>
<b>Title</b>	<b>Suicide Prevention Strategy Annual Report</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – Barnet Suicide Prevention Annual Update April 2021 – March 2022
<b>Officer Contact Details</b>	Julie George, <a href="mailto:julie.george@barnet.gov.uk">julie.george@barnet.gov.uk</a> Amelia Stanley, <a href="mailto:amelia.stanley@barnet.gov.uk">amelia.stanley@barnet.gov.uk</a> , 020 8359 3496

### Summary

The Barnet Suicide Prevention strategy was approved by the Health and Wellbeing Board in July 2021. The Barnet Suicide Prevention Annual Report April 2021 – March 2022 provides an update on the actions for the first year of the 2021-25 strategy. The report has three sections:

1. Suicide and self-harm statistics
2. Suicide Prevention Programme Update
3. Future plans

### Officer's Recommendations

- 1. The board note the progress on implementation of the Barnet Suicide Prevention strategy.**
- 2. The board recognise the trends in data related to suicide and self-harm in the last year.**

## 1. Why this report is needed

- 1.1 The report provides an overview of the progress on the actions of the Barnet Suicide Prevention Strategy and Action Plan, statistics on suicide and self-harm and the future plans of the Barnet Suicide Prevention partnership to achieve the strategy actions.

- 1.2 The statistics around confirmed suicide and instances of self-harm have been taken from the Office for Health Improvement and Disparities (OHID). Real time data on suspected lives lost by suicide is provided by the Thrive London Real Time Surveillance System (RTSS). This dataset should be interpreted carefully as it contains both suspected and confirmed suicide and figures are subject to change post-inquest. Both datasets are useful to indicate the rate of suicides and demographics of those who have died by suicide.
- 1.3 The annual report gives an overview of updates from each key theme of the strategy. The action monitoring log can be found in the appendix of the report. This gives an update on each of the actions of the strategy.
- 1.4 The future plans of the suicide prevention strategy details the areas in which we will be focusing for the next year.

## **2. Alternative options considered and not recommended**

- 2.1 Not applicable

## **3. Post decision implementation**

- 3.1 For the duration of this strategy, annual reports will be provided to the Board. These updates will give the Board oversight progress towards achieving the strategy.

## **4. Implications of decision**

### **4.1 Corporate Priorities and Performance**

- 4.1.1 The suicide prevention strategy sits under Key area 2 of the Health and Wellbeing Strategy (Starting, Living and Ageing Well).
- 4.1.2 Suicide prevention also features in the past and current actions plans for the Healthy area of the Corporate Plan.

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

- 4.2.1 Actions to implement the Suicide Prevention strategy are funded within existing budgets and staffing of the public health department, other council departments, partner agencies such as NHS, Police, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes.
- 4.2.2 North Central London Suicide Prevention activities are funded from awarded NHS England Suicide Prevention Wave 1 and Wave 3 funding.

### **4.3 Legal and Constitutional References**

- 4.3.1 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.

#### 4.4 **Insight**

4.4.1 The Joint Strategic Needs Assessment identifies the suicide rate and rate of hospital admissions for self-harm in Barnet and compares this with the national and London rate.

4.4.2 The Barnet Suicide Prevention annual report monitors and evaluates local data on rates of suicide and self-harm using various datasets to ensure we have an accurate picture.

#### 4.5 **Social Value**

4.5.1 The stated aim of the Suicide Prevention Strategy is to reduce year on year the number of Barnet residents lost to suicide. The cross-cutting strategic actions fall within the prevention and healthy themes of the social value framework.

#### 4.6 **Risk Management**

4.6.1 The Barnet Suicide Prevention Strategy 2021-2025 requires collective effort across the multi-agency Barnet Suicide Prevention Partnership (BSPP) to reduce the number of lives lost to suicide in Barnet. If the council or partners do not engage with the strategy and progress their actions, it may lead to poor overall delivery of the 2021-23 Action Plan. Poor engagement may also lead to failure to agree a 2023-2025 Action Plan. This could have a detrimental impact on local suicide and self-harm prevention.

4.6.2 The following controls and mitigations are in place:

4.6.2.1 The multi-agency Barnet Suicide Prevention Partnership was consulted throughout initial strategy development and co-owns the strategy and action plans. Plans have been adapted in response to feedback.

4.6.2.2 The Barnet Suicide Prevention Partnership meets regularly to re-engage partners, align activities, and implement changes based on new insights.

4.6.2.3 The strategy includes by design a requirement for all partners to re-engage in 2023 to assess progress, re-prioritise and agree the Action Plan for 2023-2025.

4.6.2.4 The Barnet Suicide Prevention Strategy is presented to the Health and Wellbeing Board and included in Barnet's Health and Wellbeing Strategy. Partners' progress against the action plan is reported annually to the Health and Wellbeing Board and to the Health Overview Scrutiny Committee if requested.

4.6.2.5 Barnet's Council's Suicide Prevention activities are supported by the North Central London Suicide Prevention Strategy Group and its activities.

#### **4.7 Equalities and Diversity**

4.7.1 A whole systems approach to suicide prevention has been taken. Particular vulnerable groups have been identified through national evidence and local insight. Actions have been put in place to focus on certain communities and individuals with protected characteristics or who may be at a higher risk of suicide.

#### **4.8 Corporate Parenting**

4.8.1 The Barnet Suicide Prevention Strategy is an all-age strategy which now includes close collaboration with range of partners with both adult and child focus. Investigations are currently underway to see whether approaches suicide prevention for care leavers piloted in other parts of NCL in response to a Camden coroners report in 2019 can be extended to Barnet using time-limited funding from the Wave 3 Suicide Prevention Funding.

#### **4.9 Consultation and Engagement**

4.9.1 Not applicable for this report.

#### **4.10 Environmental Impact**

4.10.1 There are no direct environmental implications from noting the recommendations.

### **5. Background papers**

Barnet Suicide Prevention Strategy July 2021

[\(Public Pack\)Agenda Document for Health & Wellbeing Board, 15/07/2021 09:30 \(moderngov.co.uk\)](#)

Barnet Suicide Prevention Strategy update December 2021

[\(Public Pack\)Agenda Document for Health & Wellbeing Board, 09/12/2021 09:30 \(moderngov.co.uk\)](#)

# **Barnet Suicide Prevention Annual Update**

## **April 2021 – March 2022**

## 1. Executive Summary

2021-2022 has been a successful year for the Barnet Suicide Prevention Partnership. The Strategy and subsequent refinements to strengthen the Children and Young People's aspects were agreed by the Health and Wellbeing Board. Progress has been made on the agreed actions across all 8 areas of the strategy, with many completed actions despite working through the second year of the COVID pandemic. The partnership ran a particularly strong suicide prevention campaign, led by public health, which focussed on reducing lives lost to suicide in working-age men. For the three months of the campaign, no suspected suicides were recorded in the Real Time Surveillance System (RTSS), with only a slow increase in numbers since. The campaign is being evaluated with the full report available in July 2022.

However, the Partnership is not complacent, recognising that we may not be reaching our stated aim of reducing the number of lives lost to suicide year on year. The annual number of suspected suicides from the RTSS was 25, which if all are eventually determined by the coroner to be suicides, will represent a slight increase in suicides compared to the average for 2018-2020.

## 2. Purpose of Report

This report provides an annual update on Barnet Suicide Prevention Strategy and Action Plan as well as the data on suicide and self-harm.

The report has three sections:

1. Suicide and self-harm statistics
2. Suicide Prevention Programme Update
3. Future plans

## 3. Context

Barnet's Suicide Prevention Strategy 2021-25<sup>1</sup> was approved by Health and Wellbeing Board in July 2021. The partnership delivering the strategy is multi-agency and multi-disciplinary reflecting the complexity of suicidal behaviour. The strategy recognises the negative impact of the pandemic and increased cost of living on mental wellbeing, and the already evident increase in multiple risk factors for suicide and self-harm such as bereavement, social isolation and loneliness<sup>2</sup>, domestic violence, and unemployment<sup>3</sup>.

In December 2021 the Health and Wellbeing Board noted new amendments to the Suicide Prevention Action Plan. The amendments to the action plan were developed in consultation with partners from Children and Family Services (Early Help & Children's Social Care Services, Barnet Education and Learning Service, and Barnet Integrated Clinical Services), Barnet Enfield and Haringey Mental Health Trust and North Central London Clinical

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<sup>1</sup> [Barnet Suicide Prevention Strategy 2021 - 2025 cleared.pdf \(moderngov.co.uk\)](#)

<sup>2</sup> Office for National Statistics (2020), '[Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020](#)'

<sup>3</sup> Office for National Statistics (2021), '[Employment in the UK: May 2021](#)'

Commissioning Group. The amendments have also been shared with Designated Safeguarding Leads from Barnet primary and secondary schools, with their feedback being incorporated on an ongoing basis as delivery plans are further developed. The amendments centred on preventative actions for children and young people and were informed by a recently published National Child Mortality Database review on suicide prevention in children and young people.

We currently receive suicide data from the two main sources: Office for National Statistics which provides registered deaths in England and Wales from suicide analysed by sex, age, area of usual residence of the deceased and suicide method; and Real Time Surveillance System (RTSS) which reports on suspected suicides. The first source is more definitive but is only available after at least a year and is dependent on the coroner processes. The RTSS provides less definitive but much more timely information. This is the first year we have full year and complete data from the RTSS. Self-harm data comes from the Hospital Episodes Statistics.

The first section of this report will provide an overview of suicide and self-harm statistics reflecting the data from multiple sources. In the second section of the report, we will present the achievements of the partnership against the planned actions. The final section will outline our plans for future.

## 4. Suicide and self-harm statistics

### 3.1 Death by suicide

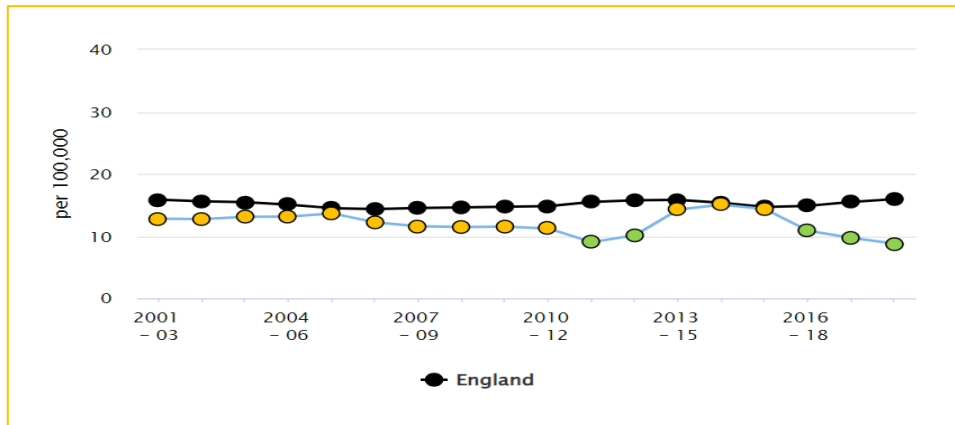
The most recent data available for deaths by suicide is for the three-year period covering (2018-20) for people of ages 10 years and over. The 3-year average age-standardised rate for the 2018-20 period is 5.8 deaths per 100,000 persons per year.

Deaths per 100,000 (2018-20)	
Barnet	5.8
London	8.0
England	10.4

- Suicide rates have been going down in Barnet since 2015
- Barnet rate is the 2nd lowest in London (jointly with Enfield)
- Harrow has the lowest (5.0) while Camden has the highest rate in London 12.7.
- The average number of total suicides per year for Barnet residents is around 20 during the 3-year period 2018-20.

Figure 1 shows that the rate for male suicide has decreased significantly from 14.3 (2015-17) to 8.8 per 100,000 (2018-2020). In line with national statistics, male suicide in Barnet has always been higher than women.

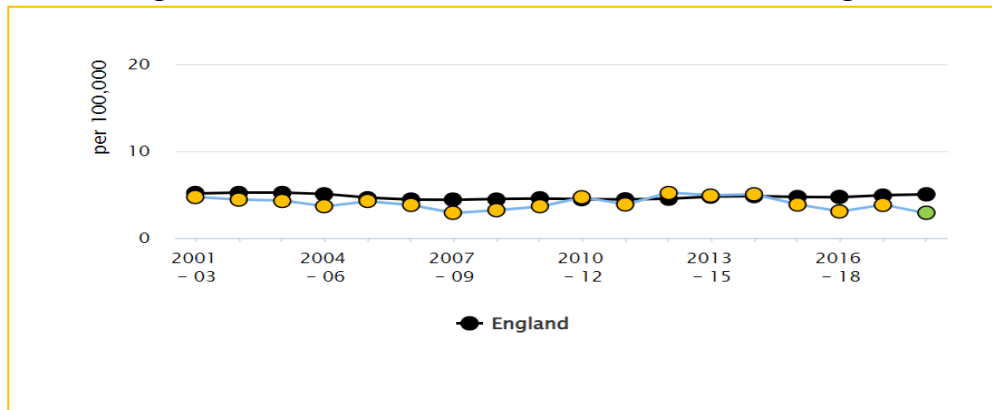
**Figure 1. Men's lives lost to suicide in Barnet vs England**



Source: OHID (Suicide Prevention Profile based on Office for National Statistics)

Figure 2 shows that the rate for women's lives lost to suicide in Barnet has decreased from 5.0 (2014-16) to 2.8 per 100,000 (2018-2020). This is significantly lower than the rate for London 4.0 and England 5.0. In line with national statistics, the number of women's lives lost to suicide in Barnet has always been lower than men.

**Figure 2. Women's lives lost to suicide in Barnet vs England**

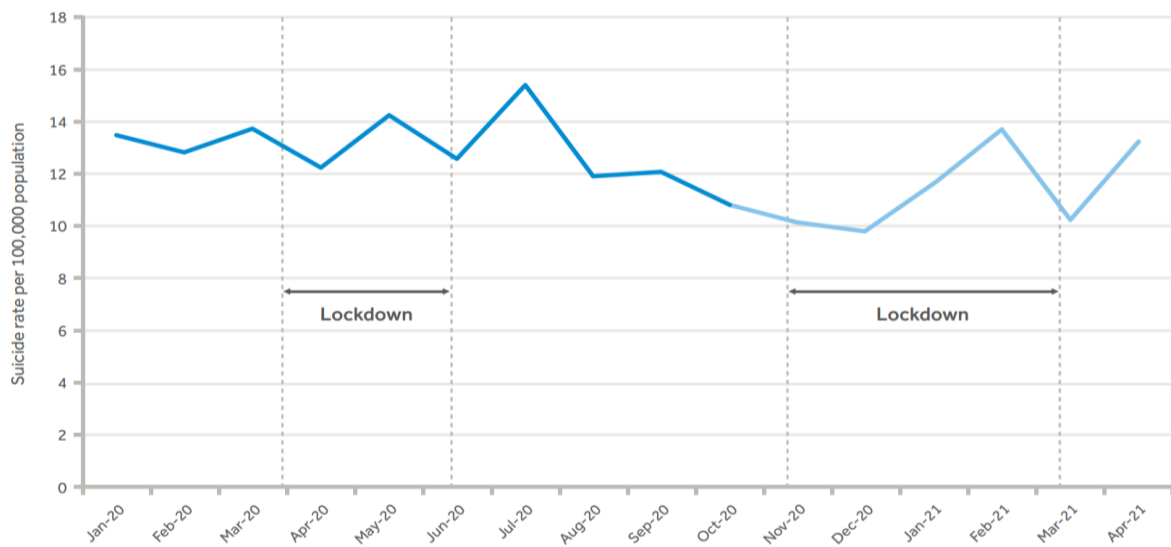


Source: OHID (Suicide Prevention Profile based on Office for National Statistics)

There was a national concern that suicide rates might rise as a result of the impact of pandemic on mental health. However, The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)<sup>4</sup> did not find such a rise in the number of suspected suicides in the general population in England in the first year of the pandemic.

<sup>4</sup>The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. 2022. University of Manchester.

**Figure 3. Suicide rates from real-time surveillance data in 10 participating STPs in 2020-21**



Source: NCISH Annual Report 2022

This finding was reflected in official (post-inquest) statistics from Office for National Statistics (ONS)<sup>5</sup> released in September 2021. In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000. The decrease is likely to be driven by two factors: a decrease in male suicides at the start of the pandemic and delays in death registrations because of the pandemic.

The annual statistical bulletin from ONS gives an overview of registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. Although the report does not tell us anything specific about Barnet, it does give us a useful national context. In 2020, males and females aged 45 to 49 years had the highest age-specific suicide rate at 24.1 per 100,000 male deaths (457 registered deaths) and 7.1 per 100,000 female deaths (138 deaths).

### 3.2 Thrive London Real Time Surveillance System

Thrive London has established Real Time Surveillance System (RTSS) to help prevent further lives lost to suicides and support the provision bereavement services to those affected. Dedicated resource in the Metropolitan Police as of March 2021 has improved the consistency of the data submitted to the RTSS, which increases our confidence in the reporting.

Below we summarise the key data April 2021 – March 2022:

- There were 25 suspected suicides in Barnet within the RTSS system in the past year.

<sup>5</sup> [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/suicidesinenglandandwales/2021)

- If these deaths are all later confirmed as suicide, this would represent a small increase compared to the average number of deaths per year (20) which we saw in 2018-2020.
- We are unable to make comments about trends as this is the first time we received complete data for a year from this system.
- Over four-fifths of lives lost to suicide have been men with 84% of all lives lost reported to date.
- The number of suicides was generally evenly spread across all age bands.
- Around two-thirds of lives lost to suicides in Barnet are in White residents. Asian residents account for just over a fifth of lives lost to suicides in Barnet. Ethnicity data is collected by attending officer on scene and Met Police categories for ethnicity are therefore used in this system.
- In line with the national data, hanging is the most common method of suicide in Barnet accounting for just over half of all suicides. Overdose on medication is the second most common cause.
- The majority of suicides appear to have taken place at home.

The data should be interpreted carefully as it contains both suspected and confirmed suicides. These figures are subject to change post-inquest. More detailed subgroup analysis is not undertaken due to low numbers and risk of potentially identifying individuals.

### 3.3 Self-harm

Self-harm is a crucial indicator of risk and should always be taken seriously, even when the physical harm is minor. While many people who engage in self-harming behaviour do not wish to die, there is research to suggest that individuals who self-harm are at an increased risk of attempting or losing their life to suicide<sup>6,7</sup>. Self-harm is one of the top five causes of acute admissions. Those who self-harm has a 1 in 6 chance of repeat attendance at A&E within the year.

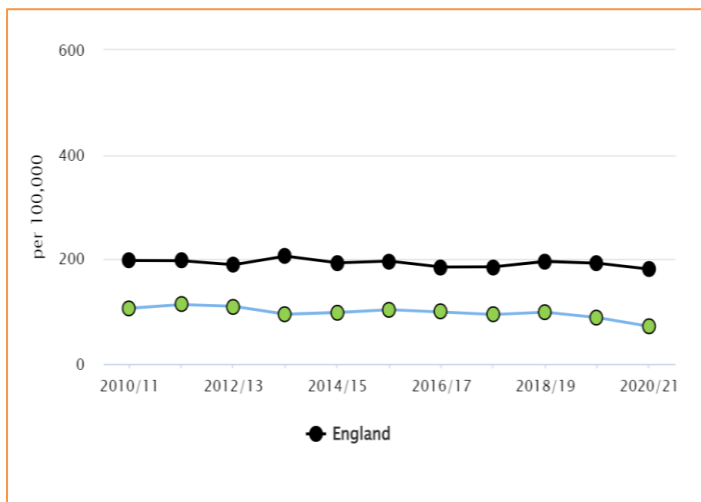
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<sup>6</sup> Nitkowski, D. & Petermann, F. (2011). Non-suicidal self-injury and comorbid mental disorders: a review. *Fortschr Neural Psychiatr*, 79(1),9-20.

<sup>7</sup> Paul, T., Schroeter, K., Dahme, B. & Nutzinger, D.O. (2002). Self-Injurious Behaviour in Women with Eating Disorders. *American Journal of Psychiatry*, 159 (3), 409-411



**Figure 4: Trends for emergency hospital admissions for intentional self-harm in Barnet**

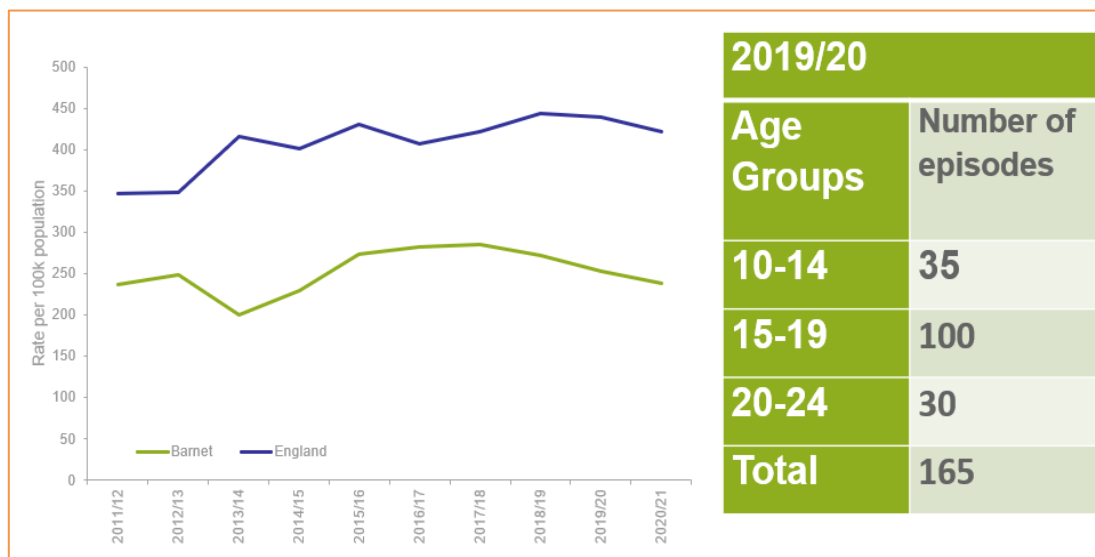


- Self-harm admissions in Barnet have gone down from 88.4 per 100,000 in 2018/19 to 71.8 per 100,000 in 2020/21.
- This is significantly lower than England 181.2 per 100,000.
- Since 2015/16, for the first time, Barnet’s rate is lower than London 82.7 per 100,000.
- This is the 9<sup>th</sup> lowest rate in London.

Source: OHID Fingertips, re-created from Hospital Episodes Statistics.

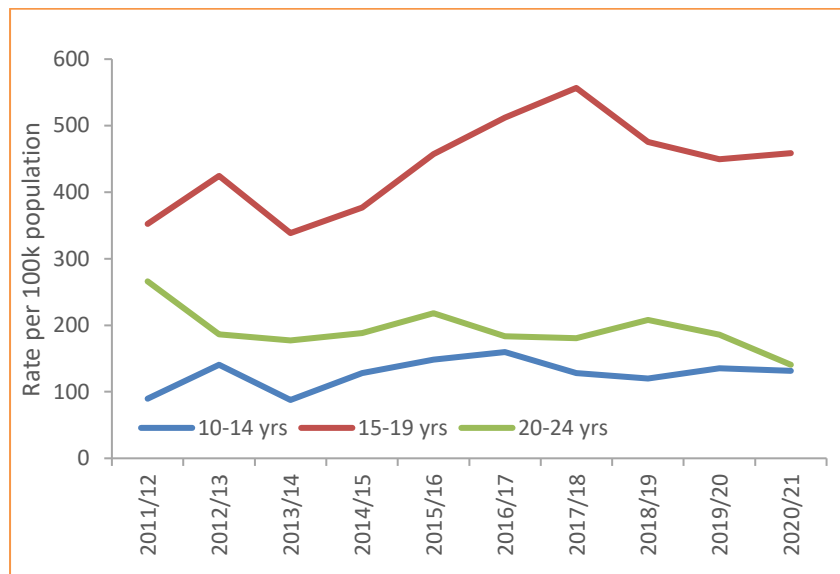
Figure 5 below shows the trend for all children and young people aged 10-24. The Barnet rate of self-harm per 100.000 population is significantly lower than England. This data refers to episodes of admission and not individual people so the number of people self-harming may be lower.

**Figure 5: Hospital admissions as a result of self-harm (10-24 years)**



Source: Hospital Episode Statistics

**Figure 6: Trends in hospital admissions as a result of self-harm, 10-24 years, by age groups**



- There is a gradual upward trend in self-harm incidents in those aged 10-14, although this is not statistically significant.
- 15-19 year olds have the highest number of admissions.
- There is a gradual downward trend in self-harm incidents in those aged 20-24, but this is not statistically significant.

Source: Hospital Episode Statistics

## 4. Suicide Prevention Programme Update

This section provides an update on the way in which Barnet’s Suicide Prevention Partnership implemented strategy actions agreed as well as an update on work across North Central London. The full strategy action monitoring log can be found in Appendix 1.

### 4.1 Barnet Suicide Prevention Partnership

Below we list our progress by each of the areas within the Suicide Prevention Strategy, listing the aim of each section of strategy for reference at the beginning of the section.

#### 4.1.1 Insights from data, research, and people with lived experience

*Aim: Enhanced insights on every suicide that occurs in the borough to inform future prevention work, using both qualitative and quantitative information.*

Last year, considerable time was spent in improving our understanding of suicide data, in line with the improvements in the RTSS. Barnet has taken a lead role in developing processes and standard approaches to reviewing and sharing RTSS data across NCL. This is an ongoing process; as we get better at understanding the data, we will review the processes to reflect this. We have also shared our learning across London and national suicide prevention networks.

We began to incorporate learning from the National Child Mortality Database Programme Thematic Review such as wider impacts of exclusion from school through developing guidance for schools to ensure there is multi-agency engagement prior to exclusion including the use of outreach mentors from Pavilion Pupil Referral Unit.

#### 4.1.2 Leadership and collaboration

### *Aim: Co-ownership of strategic success*

In the first year of the strategy, building a strong partnership was the priority. We have secured representation from Children and Young People stakeholders, Family Services, Education, emergency services and residents who are expert by experience to strengthen delivery of our planned actions.

We strongly believe that our partners are committed to suicide prevention: many have identified a suicide prevention lead or a Champion in their organisations. Partners are also eager to support collaborative actions. For example, JAMI led a bid submission to Department of Health on behalf of and with local VCS organisations working in this area. Although the bid was not successful, several organisations joining together in a short period of time and submitting a complex bid itself was such a success.

We are committed to strengthen our links with residents who are bereaved or affected by suicide or with lived experience. We have researched models and best practice on how best to meaningfully involve Experts by Experience (EbE) whilst being mindful of the emotional challenges for them of participating in this work. We have a small group of EbE representatives contributing by shaping our forward plans and raising issues that are appropriate to the work of the partnership.

We are also looking to strengthening how the lived experience of children and young people will be incorporated in our plans, including learning from the My Say Matters consultation, BICS focus groups via their Youth Participation Officer and working with our Peer Champions when established in the academic year of 2022/23.

#### **4.1.3 Awareness**

*Aim: Everyone that lives, studies, or works in Barnet knows where to find help if they are thinking about suicide or are concerned about someone else.*

The main barrier to achieving the aim is stigma around suicide and self-harm. Zero Suicide Alliance (ZSA) training aims to tackle stigma and empower individuals to identify and confidently approach someone who presents suicidal ideation and signpost to services. We have been promoting this training across the borough for staff in statutory organisations, voluntary sector organisations and members of public. The majority of our SPP members have established baseline engagement with ZSA online training in their organisation.

We have also developed a brief resource - MECC (Making Every Contact Count) Factsheet to provide key information about suicide and signposting information about the Barnet self-harm and suicide prevention services as well as some key national resources. MECC factsheets have been circulated to BSPP partners. Barnet Council are rolling out on-line and face to face training on MECC to council staff, our Health Champions, and partners like BOOST to compliment the factsheets and support in having everyday conversations about health and wellbeing. Further plans are being developed to roll the training out other statutory partners.

Through our Resilient Schools Programme and Barnet Education and Learning Services (BELS), and Barnet Integrated Clinical Team (BICS) a significant amount of work with schools in raising awareness of suicide and self-harm and mechanisms for signposting to relevant services has taken place. We made sure that all schools are aware of the stepped care pathway of mental health support and understand how to refer to the range of services that are already in place to support children and young people, for example, including a fuller description of Barnet Integrated Clinical Service, to detail about Raphael House and Terapia services for care-leavers and ongoing communications campaigns to about the service offer for school-age children and their parents and carers.

All schools in Barnet have been offered training for Youth Mental Health First Aid and over 100 schools have taken up the offer. In addition, all Secondary schools are offered Papyrus Suicide Prevention training and regular communications are sent out with links to ZSA and Papyrus training via the school circular. A Peer Champions Scheme for 16-year-olds has been piloted across two schools and procurement of the service underway for implementation in September 2022 across more schools.

We developed a suicide prevention campaign aimed at preventing mental ill-health and suicidality amongst working-aged men, the largest single group who lose their lives to suicide. The campaign was launched in October 2021. The initial focus of the campaign was encouraging men to talk about their mental health, seek help and where possible to support other men in their lives. Three interlinked projects were determined to achieve the aims of the campaign. They were:

- Promotion of 'Stay Alive' App
- Community Outreach targeting men who work in male-dominated industries
- Setting up 'Andy's Man Club' peer to peer support group

The targeted digital promotion of the Stay Alive app was successful in raising awareness of the app amongst men in Barnet. It also raised awareness and increased access to local mental health resources. The direct engagement with men in the construction industry and the Council's depot increased awareness of the campaign products and generated interest in mental health and suicide prevention. We have also improved our understanding about how to best to engage with this group. Andy's Man Club held their first peer support meeting at the end of March with 17 individuals attending. Attendance has continued at similar levels since.

Although it is difficult to definitively measure the impact of the campaign on number of deaths by suicide, we are confident that our campaign has made an impact on breaking down stigma about talking about mental health and encouraging men to talk. We note that over the period of the campaign between November 2021 – January 2022, there were no suspected suicides reported within the RTSS for Barnet. Numbers elsewhere in London did not drop in the same way. A separate evaluation report is currently being completed to describe in more detail what is known about the impact of the campaign.

#### 4.1.4 Interventions

*Aim: Provide timely and accessible information at potential trigger events.*

We have begun to prioritise suicide intervention training with frontline staff who work with potentially high-risk groups. This included rolling out Mental Health First Aid, Youth Mental Health First Aid, STEPS Suicide Reduction and Bereavement Awareness training to staff groups in Barnet Council, Barnet Homes, BOOST<sup>8</sup>, Department for Work and Pensions, Fire Service, Metropolitan Police and VCSE organisations. We have commissioned Papyrus to provide a three-hour suicide prevention training to schools, Further Education and Higher Education as well as the mechanisms for signposting to relevant services.

BOOST is planning on giving out a flyer to every person who signs up to the service and when clients are six-months unemployed. Barnet Homes will use their *At Home* magazine which goes to all properties including those above 18-meter as well as the Vine Intranet, their website for staff, to raise awareness of suicide prevention.

Resilient Schools is now a universal offer to all schools and provides a whole-school approach to raising awareness and addressing stigma of poor mental health by providing support, training, and support forums for staff. The Public Health Children and Young People team have a new Health Improvement Officer that will add capacity to the suicide prevention work.

We have explored the suitability of the R!pple tool for workplaces and several schools have downloaded the tool onto school laptops. We are promoting the tool in all schools and the wider community. R!pple is a free tool that can be downloaded on to devices which detects when someone searches harmful content about self-harm or suicide online, intercepts and provides support information and messages of hope.

#### **4.1.5 Services and Support**

*Aim: Ensure that services are available, integrated, accessible, and appropriate for all members of the Barnet community.*

Public Health have been working more collaboratively with CAMHS, NCL, VCSE and other partners to sharing learning around co-produced safety plans at points of transition. They include some specific actions to strengthen the existing tailored support arrangements that are in place for some groups. For example, incorporating the learning from the Camden Serious Case Review of Unaccompanied Asylum-Seeking Children into relevant clinical protocols within the Barnet Integrated Clinical Service and into the Public Health Migrant Needs Assessment.

Mental Health services have been undergoing significant transformation nationally and locally to provide mental health services closer to home and intervene at less acute stages

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<sup>8</sup> Boost is Barnet's employment, benefit advice, skills and wellbeing project that helps Barnet residents into work, training, or other forms of support.

of deteriorating mental health. The range of changes are beyond the scope of this report but should support suicide reduction.

#### **4.1.6 Wider determinants of mental health and wellbeing**

*Aim: Support and improve the mental wellbeing of Barnet residents*

All partners who are members of the suicide prevention partnership have a wellbeing offer for their staff - some have very established packages of employee support provision. Mental Health First Aid trained staff or similar are available for colleagues to approach to speak about any mental health matters and signpost individuals to other services/agencies for further interventions. Some organisations are reviewing their mental health and wellbeing policies and looking to develop postvention practice.

Digital Resilience Campaign Film, a co-produced film by young people, is completed and has a launch date of the 24th of June 2022. Generation Verified is a short film that explores young people's experiences of the online world and how they cope with the unique generational challenges that they must navigate in their day-to-day lives.

One example is the Colindale Community Trust which has an up-to-date employee mental health & wellbeing policy. This was renewed after taking part in Barnet Council Public Health Working Well Service and Employee Mental Health Support Training and Management Toolkit in 2021.

#### **4.1.7 Bereavement support**

*Aim: Provide support to everyone that wants it after bereavement by suicide*

North Central London (NCL) Support-After-Suicide Service is funded by grant funding from NHS-E/I and the NCL Directors of Public Health. The service helps those bereaved<sup>9</sup> by suicide through the intense emotional turmoil of the distress, confusion, and disarray, of the period after a suicide.

The RTSS hub enabled the service to pro-actively engaged with those bereaved by suicide, to provide bereavement support plan and implement short-term interventions and long-term preventative interventions. The service is launched in October 2020, delivered by Rethink Mental Illness. Within the 1<sup>st</sup> year, the service has supported 99 referrals, have received 90 Thrive RTSS reports and contacted 168 members of the public. Barnet referrals consisted 20% of the total NCL referrals.

In addition to one-to-one support, clients have an option of accessing 12-weekly Suicide Bereavement Group Support, either in-person or online. There are up to 9 members in a group where individuals are brought together by bereavement relationship (e.g., siblings,

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<sup>9</sup> Although the term bereavement is generally used in this document, it is envisaged that anyone significantly affected by a suicide would be eligible for support.

parents, etc.). Each group is run by two facilitators (at least one of whom has lived experience).

The service has been receiving very positive feedback from the clients. Rethink has produced an annual report on their service which provides more details.

#### **4.1.8 Community Response**

*Aim: Ensure a co-ordinated local response of partners with every death by suicide.*

When a person dies by suicide approximately, 135 people suffer grief or are otherwise affected. We therefore needed to ensure a co-ordinated local response of partners with every death by suicide.

JAMI's Emergency Response Initiative Consortium (ERIC) toolkit has been disseminated to all schools. The ERIC toolkit helps schools to respond to sudden traumatic death and suicide and put in place actions to prevent suicide such as training and staff awareness and safeguarding in relation to suicide. Working collaboratively, CAMHS, BICS, BELS, Public Health, and safeguarding, we began to develop Multiple Suicide Response Plans to respond when there are several lives lost to suicide in a short period of time or which share common features. This work is currently focusing on young people but multiple suicide plan for adults is also in the pipeline.

## **4.2 NCL Suicide Prevention Network and Programme Management**

Barnet Public Health Team has been hosting the NCL Programme Manager for Suicide Prevention on behalf of NCL Integrated Care System. This programme has been funded by NHS-E/I as part of the Wave 3 Suicide Prevention Pilot funding to support quality improvement of local suicide prevention plans for three years.

Using NHS-E/I Wave 3 Suicide Prevention pilot monies, programmes have been put in place across North Central London to provide more timely support to those with suicidal ideation or addressing increased risk. These were initiated in some areas in NCL with plans to expand to the remaining areas with the second year of funding. The services included mental health support to care leavers, support to support individuals admitted for self-harm and targeted support to those with suicidal ideation.

## **5. Future plans for the Barnet Suicide Prevention Partnership**

Some of our future plans include:

- Dissemination of suicide prevention campaign evaluation report once complete
- Suicide prevention campaign Phase II – planning to launch in the Autumn 2022
- Multiple Suicide Response Plan for adults including systematic response to RTSS
- Continuation of NCL Support After Suicide service into third year

- WISE before the Event training to be delivered by the Education Psychology team. The latest evidence shows that one of the key factors in suicide prevention is ensuring schools have a coordinated, informed and evidence-based PLAN of how they would respond if there was a student life lost to suicide.
- Continuing to work with BICS Youth Participation Officer and future Peer champions to ensure that the voice of the child informs suicide prevention planning.
- Action plan refresh - building on the learning from the 18 months of the strategy, we will review and co-produce a refreshed action plan for 2023-25



## Appendix 1

Barnet Suicide Prevention Partnership Action Plan Log 2021-23						
Strategic Objective	Action	Outcome Measures	Owner(s)	Date due	Progress (RAG)	Update
<b>Insights from data, research, and people with lived experience</b>						
1	a) Barnet will take a lead role in the North Central London (NCL) Suicide Prevention Strategy Group Data & Insights Subgroup to improve local use of RTS data.	o A standardised process for monitoring and acting upon Real Time Surveillance (RTS) has been agreed by the NCL Data and Insights subgroup and implemented locally.	NCL D&I	Feb-22	Largely completed	The standardised approach has been agreed by the D&I group but requires further structured understanding of data sharing agreements to be ratified by the data owner. Our process for acting on significant new data is being used.
		o A standardised process for assessing whether emerging trends may indicate a potential suicide cluster has been agreed by the NCL Data and Insights subgroup and implemented locally.	NCL D&I	2022	In Progress	Discussions have started, but not yet been agreed
		o A process for incorporating NCL Data & Insights Subgroup learnings into Barnet suicide prevention activities has been established.	PH Adults & CYP	Feb-22	Completed	We have set out the process with clear objectives. The NCL Data and Insight Group has been meeting regularly and sharing data across the key NCL partners. We will continue to develop our approach, but we now have basic mechanisms for responding to insights gathered through regular reporting to BSPP.

		o A protocol to improve real-time data sharing across agencies during the investigation of potential suicide clusters has been developed and implemented to strengthen information sharing arrangements between Child and Adolescent Mental Health Services (CAMHS) and the Barnet Multi-Agency Safeguarding Hub (MASH) where children are a known risk of suicide.	BEH CAMHS /NCL/PH/FS	Autumn 2022	In Progress	Step 1. Develop and agree the Multiple Suicides Response Plan. Step 2. Ensure ISA (Information Sharing Agreement) is in place.
	b) Review and improve how recommendations from Child Death Overview Panels, learning and thematic review meetings and the child death review meetings are shared with the BSPP and incorporated into our actions.	o An agreed process for learning to be shared has been established.	PH CYP	2021	In Progress	Meeting held with Tony Lewis, Partnership Manager, Barnet Safeguarding Children Partnership. Tony Lewis attending suicide prevention partnership board and Jayne Abbott to attend BSCP meeting to strengthen partnership working
	c) Incorporate relevant learnings from Drug Related Death Panels into our suicide prevention activities.	o Learnings from Drug Related Death Panels are shared with the BSPP regularly and recommendations for action are incorporated into Action Plan 2023-25.	PH Adults	Sep-22	Not Started	Drug-related Death Panels have yet to be set up. Once this is done, findings will be incorporated into the action plans.
2	d) Review if there is an increased risk of death by suicide across NCL in Eastern European communities and communities disproportionately affected by COVID-19.	o NCL RTS insights report is shared with the data and insights group.	NCL D&I	2021	On-going	Started to share RTS data & insight across NCL, including quantitative data such as demographics, locations, and methods of suicide, as well as analysis of narrative entries and identification of common themes to support prevention efforts. Not able to establish through RTSS if issues with Eastern European

						communities. Mentions of COVID are tracked.
	e) Use local health service data to track rates of self-harm.	o The annual BSPP progress report incorporates data on local rates of self-harm.	NCL CCG	Sep-22	Completed	Current annual report incorporates self-harm data.
	f) Work as part of the North Central London Suicide Prevention Group to understand how across the sector we can work to best to prevent suicides in the context of the criminal justice system.	o Recommendations for local action from the NCL Suicide Prevention Group are incorporated into our Action Plan 2023-25.	NCL SP	2023	Not Started	
	g) Review the findings from the Camden Serious Case Review report of Unaccompanied Asylum Seekers (UASC) to consider the learnings for Barnet.	Recommendations from the review incorporated into the Public Health Needs Assessment on Refugees and Asylum Seekers and to inform the UASC clinical protocol being developed within family services	NCL/PH/BICS	2022	In Progress	Review findings from the SCR Camden report have been shared to inform Public Health migrants needs assessment and UASC clinical protocol. Follow up meeting underway after review of the documents Limited funding exists to extend Brandon Centre type intervention for Barnet.
<b>Leadership and collaboration</b>						
<b>3</b>	a) Partners will collaborate to deliver their committed actions	Updated Terms of Reference for the BSPP have been agreed.	All partners	Dec-21	Completed	Agreed in December 2021 BSPP meeting

for 2021-23, and we agree new priorities and actions in 2023.	o BSPP partners will report annually on successful completion of actions and make recommendations for adjustments.		Jun-22	Completed for 2022	Received for June 2022 annual report
	o Ensure appropriate services for children and young people are included in the partnership.			Completed	Have invited all the relevant partners and individual leads. New actions were fed into the strategy document.
	o A biennial Action Plan is agreed for 2023-25.		2023	Not Started	
b) People with lived experience are equal partners in the BSPP and represented in all meetings and workstreams, including hearing the voices of children and young people with lived experience through appropriate channels.	o Meet our aim for more than 90% of BSPP meetings and workstreams to have people with lived experience represented.	PH Adults	Mar-23	Completed	EbE attend partnership meetings and have pre-meet with Strategy officer to gain insights and be supported to participate.
	o Meet our aim for more than 90% of BSPP meetings and workstreams to have representation from the Barnet Integrated Clinical Service (BICS) Youth Engagement Officer to ensure that the voice of children and young people with lived experience is represented.	BICS	2022	In Progress	BICS involvement officer attended February 2022 BSPP and having follow up meetings with PH CYP team to agree approach.
	o Explore how to involve children and young people with lived experience of child and adolescent mental health services (CAMHS) and recommend actions to include their voices.	BEH CAMHS/NCL/PH CYP	2022	In Progress	CAHMS contacted in light of Clinical Leads departure for agreement on way forward.

		o Via the Child Participation and Family Involvement (My Say Matters) consultation, ensure young people's voices are sought and heard.	FS	2023	In Progress	Barnet Family Services launched My Say Matters on 31 May 2022. The strategy sets out the way we are going to work with and involve children and young people so they can tell us what they think, help us make decisions, design, and shape our services.
	c) Partners will advocate for suicide and self-harm prevention within their organisations	o Partners have a named suicide and self-harm prevention champion.	All partners	Jun-23	In Progress	Majority have named champion
		o Barnet council has an exemplar corporate approach with enhanced policies, procedures, and practices to addressing risk of suicide and self-harm and supporting those affected by suicide.	Barnet Council	Dec-22	In Progress	Discussions started, no plan in place yet
4	d) Ensure the actions within this strategy are aligned with suicide prevention activities across the borough, across North Central London (NCL) and London-wide.	Barnet Public Health will actively participate in the North Central London (NCL) Suicide Prevention Group and Thrive London Suicide Prevention Group.	Selected partners	Dec-21	Completed	Ongoing. Barnet PH has been leading on NCL SP group and has been active in Thrive London group. Barnet PH has also participated in national learning set and has been sharing successes from Barnet

Awareness						
5	<a href="#">a) All partners of the BSPP will internally promote the Zero Suicide Alliance (ZSA) online training.</a>	o Partners have established baseline engagement with ZSA online training in their organisation and agreed a trajectory for an increase in uptake over the remainder of this strategy.	All Partners	Dec-22	In Progress	Promoting it as part of SP working-aged men campaign October 2021 onwards. LFB, Inclusion Barnet, Met police, Community Barnet, Colindale CT raised awareness of training
	b) Promote suicide prevention training for all primary care staff.	ZSA or other suicide prevention training has been promoted or offered to all primary care staff	NCL CCG	2023	Not Started	
	c) Raise awareness of suicide and self-harm in all schools and mechanisms for signposting to relevant services.	o Report the proportion of Barnet schools taking part in the Resilient Schools programme, with an aim to increase the level from 50% to 75% by the end of academic year 2021/22.	PH CYP	2022	In Progress	78 Barnet schools are on the programme with all schools invited as part of the universal offer
		o All Barnet schools have a Youth Mental Health First Aider.	PH CYP	2022	In Progress	
		o A localised self-harm prevention toolkit based on the Essex self-harm prevention toolkit has been produced and shared with all schools.	PH CYP	2022	Not started	New PH Health Improvement Officer will start this piece of work once in post
		o Emotional health support by school nurses is promoted via PSHE and assemblies in all schools.	PH CYP	2022	In Progress	New provider, Solutions4Health commissioned and establishing new relationships in Q1. Further update for Q3/Q4
o Facilitate information and experience sharing between schools; raise awareness of issues; share best practice at relevant meetings e.g., Head Teachers, Deputy Head Teachers/Assistant Head Teachers, SENCo, Pastoral Leads, Designated Safeguarding Leads.	BELS	2022	In Progress	Ongoing		

		o Ensure the curriculum in each school includes the promotion of effective mental health/well-being strategies for students. Follow up with any schools where this is identified as a concern to offer further support.	BELS	2022	In Progress	As part of School Effectiveness Visits and training offered to schools through BPSI, EP service and IAT
		o Explore raising awareness of wider impacts of exclusion from school; develop guidance to schools and ensure offer of multi-agency engagement prior to exclusion including the use of outreach mentors from Pavilion Pupil Referral Unit	BELS	2022	In Progress	As part of Recovery, Reset and Renaissance Project. Ran two conferences for schools on reducing black exclusions project. PRU outreach mentors have reported positive impact.
		o Ensure that all schools are aware of the stepped care pathway of mental health support and understand how to refer to appropriate services.	BELS/PH CYP/BICS/BEH CAMHS	2022	In Progress	Presentation from BICS at the DSL briefing BICS/LAC / UASC / refugee offer of services is being advertised in various forums, meetings, from attending information events at schools and town halls, to meetings with voluntary organisations and provision within hotels. Updating website around content re BICS clinical offer
		o All schools to be offered to suicide prevention training through Papyrus and ZSA.	PH CYP	2022	In Progress	
	d) Raise awareness of suicide and self-harm in further education and higher education settings and mechanisms for signposting to relevant services.	o All further education settings have a self-harm and suicide prevention document within their safeguarding policy.	PH CYP	2022	In Progress	Updating website around content re: BICS clinical offer
		o All further education settings have a suicide prevention champion.	NCL SP	2022	In Progress	The Thrive London & Papyrus offer of free suicide training has been shared with all further education settings, Middlesex University and Barnet and Southgate college

		o Facilitate information and experience sharing between further education settings; raising awareness of issues; sharing best practice (e.g., Young People's Thrive Service).	BELS	2022	In Progress	Ongoing regular agenda item at meetings with schools
		o Ensure that all further education settings are aware of the stepped care pathway of mental health support and know how to refer to appropriate services.	BELS/BICS/ PH CYP/ BEH CAMHS	2022	In Progress	BICS/LAC / UASC / refugee offer of services is being advertised in various forums, meetings, from attending information events at schools and town halls, to meetings with voluntary organisations and provision within hotels  Updating website around content re: BICS clinical offer
6	e) Maintain an up-to-date, brief resource that clearly signposts the first place to turn to in Barnet for self-harm and suicide prevention services.	o Maintain an online 'one-page' resource for adults signposting to local self-harm, suicide prevention, and crisis support.	NCL CCG / PH Adults	Dec-21	Completed	MECC factsheet on Adult Suicide Prevention has been created and published on council website. MECC factsheet also to be created for CYP.
		o Refresh the Making Every Contact Count (MECC) CYP mental health action card and share with partners. O MECC card is reviewed and updated every six months along with all public health cards.	PH CYP	2021	Completed	MECC sheet for CYP Mental Health includes signposting for Suicide and mental ill health



	f) Develop an engagement campaign that aims to reduce stigma around self-harm and suicide and raise awareness in Barnet of the first place to turn to seek help.	o Awareness of Barnet's brief resources for local suicide prevention support (action 'e', above). O Report on the reach and engagement of the campaign with Barnet Residents.	NCL CCG / PH Adults	Feb-22	Completed	Campaign between October and January targeted at working age men. Promoting Stay Alive app, Andy's Man Club, Zero Suicide Alliance training. Have had good levels of engagement and feedback when engaging directly with organisations/businesses with high levels of men such as construction industry. Promotion of the app had a high reach. Full detailed evaluation to be shared later on.
		o Pilot an expansion of the Resilient Schools programme to include awareness-raising with parents, including promotion of the ZSA online training.	PH CYP	2023	In progress	On-line Mental Health Awareness training out to tender to be offered to all school staff and subsequently, parents. Zero Suicide Alliance training sent to all schools via the school circular to be forwarded onto parents, via school website, text, and email.

	g) Engage with children and young people, and their parents and carers, to understand how well awareness-raising is performed and how it can be improved across school years.	o Use Resilient Schools snapshot survey and Barnet Integrated Clinical Service focus groups to understand pupil, parent/carer awareness and use insights to further develop future communication campaigns.	PH CYP/BICS	2023	In Progress	Example from BICS - First round of three focus groups with UASC planned to take place in the second half of June 2022. These groups are co-produced with YEO / Joyce, YP and BICS UASC working party. Input sought from corporate parenting around risk management. Aim to gather their views about what services/MH help/support etc would have been beneficial. This, if appropriate, will include input around any severe mental health needs including risk to self through suicide. Further actions to follow from the focus groups
		o Maintain ongoing pre-school holiday digital awareness and poster campaigns and ensure they are run effectively by working with schools to strengthen the awareness around the current mental health support offer for school-age children.	Comms/BELS	2022	Ongoing	Campaigns run in half term, Christmas, and Easter school holidays
		o Development of communications plan for children and young people, as part of wider family service participation work, tailored to their needs and preferred channels.	FS/Comms	2022	In Progress	Once the CYP mental health strategy has been completed Comms will create a longer term CYP mental health comms plan. In the meantime, they continue to support with comms in social media channels.

	h) Engage with local LGBTQIA+ groups to understand how we can better meet the needs of local LGBTQIA+ communities.	o Recommendations produced through engagement are included in Action Plan 2023-25.	PH Adults	Jun-23	Not Started	
	i) Produce culturally competent communications specifically for high-risk groups to highlight local self-harm and suicide prevention service.	o Development of tailored communications materials for each group in CC1 and CC2.	All Partners	2023	Not Started	
<b>Interventions</b>						
<b>7</b>	a) Collaborate with Thrive London and NCL Suicide Prevention Groups to monitor data on geography and means, identify emerging areas of risk, and initiate a co-ordinated response.	o Participation in NCL Suicide Prevention Strategy Group and Thrive London Suicide prevention group.	PH Adults	Jan-23	On-going	
		o Production of a NCL Cluster Response Plan.	NCL D&I	2023	Not Started	
	b) Collaborate as part of North Central London Suicide Prevention group to create a media plan for monitoring and supporting local media to report responsibly on self-harm and suicide.	o Review of current media monitoring across the NCL boroughs and the production of a joint media plan for a systematic, standardised approach.	NCL SP	2023	Not Started	
<b>8</b>	c) Prioritise suicide intervention training for community members that support people who have an increased risk of suicide or self-harm, or	o Map of organisations in Barnet that support high risk groups or support people around high-risk distressing life events, for example Citizens Advice Bureau, Job Centre Plus, Department for Work and Pensions, Homeless Action Barnet, faith groups, community organisations.	PH Adults	Jun-22	In Progress	JAMI providing ERIC guide into schools and dialogue with Barnet Faith Forum

that provide support to people around distressing life events.	o The organisations identified above have been engaged and encouraged to provide regular self-harm and suicide prevention training for employees and community leaders.	PH Adults	Jan-23	Not Started	
	o Audit of the number of schools that have added the suicide prevention document template co-produced with schools to their safeguarding policy.	PH CYP	2022	In Progress	As part of Resilient Schools universal offer, in September 22 schools will be asked to provide evidence to be recognised as a Resilient School and this will include the suicide prevention document
	o All staff that have contact with young people in schools, colleges, and universities receive an annual update on the services and support available for their students, including promotion of the Zero Suicide Alliance online training.	PH CYP	2022	On-going	Comms sent out regularly to promote training opportunities. MECC sheet sent out yearly and further signposting sent during Suicide Awareness Week, via the school circular
	o All schools and community organisations and groups that work with children and young people to be offered yearly suicide prevention training through commissioning Papyrus and Zero Suicide Alliance online offer.	FS/PH CYP	2022	On-going	3 sets of training have been commissioned with on-going termly offer for the next academic year. Zero Suicide Alliance training is sent out every term via the schools circular and again in Suicide Awareness Week
	o All schools to have a Mental Health First Aider.	FS/PH CYP	2022	In Progress	Two more sets of MHFA training set for Summer 22 set to ensure that all schools take up the offer of having a Mental Health First Aider
	o Perinatal Health coaches attend suicide prevention training and raise awareness as appropriate with clients.	PH CYP	2022	In Progress	New provider, Solutions4Health commissioned and

						establishing new relationships in Q1. Further update for Q3/Q4
	d) Co-design 'guidelines for accessible training', to ensure that all locally promoted training takes account of approaches needed for specific groups, such as people with autism.	Co-produced 'guidelines for training' has been shared with the BSPP.	NCL SP	2023	Not Started	
9	e) Include mental health, self-harm and suicide prevention information with written notifications that may negatively impact on mental wellbeing.	o Signposting is included on council materials such as financial abuse materials, penalty notices, and council tax bills.	Barnet Council	2023	Not Started	
		o Signposting information is included in Homeless Action Barnet assessments next to mental health and suicide questions.	Homeless Action Barnet	Mar-22	Completed	
		o Signposting is sent to all residents who become unemployed, and after six months unemployment.	BOOST	2022	In progress	Boost to give out flyer out to every new sign up to Boost and when clients are 6 months unemployed. Further work to be done with the Barnet Job Centre to reach all newly unemployed.
		o Signposting information is sent to all people living in Barnet in a building that meets RICS criteria for an EWS1 assessment.	Barnet Homes / Council	2022	In progress	Suicide prevention information to be included in At Home magazine which goes to all properties including those above 18-meter buildings. Information about suicide prevention on Barnet Homes website, and staff are made aware through the Vine Intranet

	f) Explore the role that detecting searches of online material in relation to mental health, self-harm and suicide can have in signposting to supportive information and encouraging early help seeking.	o Review the potential of the Ripple Suicide Prevention Tool (a free tool that can be downloaded on to devices which detects when someone searches harmful content about self-harm or suicide online, intercepts and provides support information and messages of hope) and explore the implementation requirements for schools and parents.	PH CYP/BELS/ BEH CAMHS	2022	In Progress	Ripple tool has been researched and is free for individuals and schools. Further discussions with Comms to promote Ripple
<b>Services and support</b>						
<b>10</b>	a) Collaborate with BSPP partners, VCFS organisations, and the Barnet Integrated Care Partnership to understand service provision and identify gaps.	o Care pathway map and gap analysis of the support for individuals and their families following a suicide attempt.	NCL SP	2023	Not Started	
		o Care pathway map and gap analysis of the support for individuals and their families following self-harm.	NCL SP	2023	Not Started	
		o Work with schools and school nurses to build preventative support for CYP at transition from mainstream schools – such as transition from tier 4 CAMHS, home schooling, or post-exclusion.	PH CYP	2023	Not Started	New provider, Solutions4Health commissioned and establishing new relationships in Q1. Further update for Q3/Q4
		o Establish ongoing mechanism for public health and child and adolescent mental health services to work together to address inequalities in access and service use.	BEH CAMHS/PH/NCL	2022	In Progress	CAMHS contacted in light of Clinical Lead's departure. Investigating where work has got to in relation to public health representatives being invited to NCL CYP MH groups as part of NCL CYP MH governance review.

		o Work with child and adolescent mental health services and other partners to share learnings and best practice on the use of co-produced safety plans at points of transition, including the development of the safety app being developed for North Central London CCG.	BEH CAMHS/PH/NCL	2022	In Progress	CAMHS contacted in light of Clinical Lead's departure.
	b) Understand the local resilience support available to professionals whose work involves people with suicidal thoughts or behaviours.	o Map of the resilience support for first responders in Barnet, including police, fire, healthcare staff, and park rangers.	PH Adults	2023	Not Started	
11	c) Understand whether the uptake of early help services reflects the groups known to be at an increased risk of suicide.	o Monitor the use of the online counselling and wellbeing services commissioned for CYP (Kooth) and report the proportion of users by gender to guide awareness-raising activity in schools.	PH CYP	2022	In Progress	Quarterly monitoring in place. Regular headline data presented to 0-19 Strategic Board. Further discussion with Family Services on the sharing of data with schools for Q3 and Q4.
		o Monitor the use and waiting time to access to Terapia to ensure service is appropriately resourced to meet demand from care-leavers.	FS	2022	Ongoing	Ongoing monitoring in place. The waiting list is reduced significantly. The support is provided for 12 months to each care leaver.
	d) Engage with children and young people to co-produce ideas for service improvement.	o Share learning from CYP focus groups for service improvement for the universal CYP offer with the BSPP.	BICS	2021	In Progress	Further opportunities explored to invite Peer Champions to engage in focus groups from Autumn 2022

		o Consult young men (especially young black men), all young people who are not in education, their parents and carers, and other community groups who are not currently accessing emotional wellbeing and psychological support services to understand barriers and facilitators to access. Use this consultation to inform the development of appropriate services.	FS	2022	In Progress	Consultation has been done and feedback been shared internally at the Children's Mental Health and Wellbeing Board. The key point expressed by Young People was to have services in non-formal settings and therapist that are non-judgemental and would understand different cultures. The work has already been started by community based or VCS working with Young People.
		o Share findings of the National Child Mortality Database Thematic Review with the BICS Youth Engagement Officer. Explore whether the understanding of young people around the bounds of the current offer of support (in terms of confidentiality and the statutory duty to safeguard) is a barrier to accessing support and explore improvements that can be made.	BICS	2022	In Progress	BICS Youth Officer holding regular forums with CYP and families.
	e) All partners engage with CC1 and CC2 groups that they support to identify and mitigate barriers to access and to improve service provision.	o Partners have worked during the first year to improve accessibility for people with high functioning autism, and people with learning disabilities.	All partners	2023	Not Started	
		o The results of the joint commissioning unit mental health inequalities survey have been shared with Partners.	NCL CCG	2021	Completed	
	f) Provide community pathways to access self-harm and suicide support	o Community referral pathways to self-harm and suicide prevention support services for young men have been developed for NCL boroughs.	NCL SP	2023	Not Started	



	e.g., self-referral, voluntary, community, and faith organisations.	o Monitor the use of Raphael House, which can be accessed via community referral pathways such as Primary Care and report the needs and demands of the service.	FS	2022	Ongoing	Majority of referrals are received from GPs. Monitoring meetings occur on quarterly basis.
		o Community referral pathways to suicide prevention services for people who are homeless have been developed.	PH Adults / NCL SP	Jan-23	Not Started	
	g) Review how primary care is informed of vulnerable persons and how support is activated e.g., notification by the Public Protection Unit/Liaison Team	o Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25.	NCL CCG	2023	Not Started	
	h) Review how people seen by the crisis team subsequently engage with other services.	o Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25.	NCL CCG	2023	Not Started	
	i) Informed by National Child Mortality Database Programme Thematic Review, explore opportunities to strengthen information sharing processes with different agencies and consider information sharing with private counselling services.	o Explore the role of Professional Portal and strengthening relationships with external agencies such as private counselling services.	BICS/FS /BEH CAMHS	2023	Not Started	

Mental health and wellbeing						
12	a) Partners will review their existing mental wellbeing provision and address any gaps in their in-house provision.	o All partners have a mental wellbeing offer for their staff or volunteers.	All partners	Dec-22	In Progress	LFB have counselling & trauma service for operational & non-operational staff & post critical incident contact policy; Colindale CT employee MH & wellbeing policy; Inclusion Barnet provided Managing mental health and wellbeing at work training by Mind in Barnet; MPS planning internal SP piece; GLL have e-learning, bespoke line manager training and HR support; Jami - wellbeing policy & ESA provision; MSX Uni - EAP support for staff, MH and counselling for students; CommUNITY Barnet - staff wellbeing group, bi-monthly wellbeing newsletter
	b) Partners will train and promote mental health first aiders within their organisations.	o All partners have mental health first aiders within their organisation proportionate to the size of the organisation.	All partners	Dec-22	In Progress	LFB trained MHFA Colindale CT 1 MHFA in team of 4.5 Inclusion Barnet - no MHFA trained but staff include experienced MH professionals, experts by experience MPS ongoing training Jami - all new staff do MHFA champion course & refresher course within 3 years MXS Uni - MHFA staff trained

						CommUNITY Barnet - 4 MHFAs
13	c) Improve digital resilience in children and young people.	o Co-produce and promote a film on digital resilience with and for Barnet's young people.	PH CYP	2023	In Progress	Film completed with a launch event for schools, LA staff, friends, and families on 24th June 2022. Promotion of film via social media.
14	d) Collect and analyse local data on wider determinants of mental wellbeing such as employment security, student demographics, social isolation, and housing quality with self-harm and suicide data.	o A report outlining the trajectory of local risk factors is shared with the BSPP and insights are incorporated into the prioritisation and action plan setting for 2023-2025.	PH Adults / Insights	Sep-22	In Progress	Plan for developing a dashboard for suicide prevention agreed and in development
<b>Bereavement support</b>						
15	a) Use the Thrive London Real Time Surveillance Hub to proactively identify and offer help from the NCL Support after Suicide service.	o Meet the target for all contacts identified on the Thrive London Hub to be offered support.	NCL SaS	2022	Completed	All contacts have been identified and Suicide bereavement support has been offered

	b) Raise awareness of the NCL Support after Suicide service in Barnet by ensuring service details are included in Barnet resources.	o The percentage of online and in-print council owned mental health resources that include details of the NCL Support after Suicide service.	NCL CCG / PH Adults	Dec-21	Completed	Council website and Engage Barnet have been updated with up-to-date Information Service has been shared in Community Together Network. Currently have not done in-print but may do in the future
		o Liaise with the educational psychology service and BICS who support schools after suicide and update them on the current offer of services available in Barnet, including the NCL Support after Suicide service.	BELS/BICS	2022	Completed	Joint critical incidents protocol in place between BICS and Bells which is being used effectively and efficiently.
<b>Community Response</b>						
<b>16</b>	a) Ensure that all secondary and further education settings in Barnet have a postvention plan.	o Engage with the educational psychology service and BICS to better understand how they work with schools after suicide and agree a process for sharing school-level plans with relevant partners to ensure sensitivity, particularly around the time of anniversaries and memorials.	BICS/BELS/BEH CAMHS/PH CYP	2022	In Progress	Meeting arranged with relevant partners
		o Develop a Suicide Response Protocol which includes a co-ordinated offer for schools including a menu of interventions available; and preparation of Headteachers for Joint Action Review (JAR) and Child Death Overview Panel (CDOP) responsibilities.	BICS/BELS/BEH CAMHS/PH CYP	2023	In Progress	Joint critical incidents protocol in place between BICS and Bells which is being used effectively and efficiently. Preventative SPEAK training by Papyrus commissioned for all secondary schools with an on-going termly offer for all schools for 22/23. Pilot of the WISE training, by Educational Psychology Team, for all secondary schools to be commissioned

	b) Set-up a Postvention Response to support public and private sector workplaces with postvention advice and resources.	o Scope options for a postvention response at a local and/or sector level e.g., resource pack, or postvention response team e.g., Emergency Response Initiative Consortium (ERIC) model, led by Jami, and share with BSPP.	PH Adults	Sep-22	Not started	This will be aligned with multiple suicide response plan
	c) Develop Suicide Cluster Response Protocol to enable nimble and co-ordinated response across Barnet.	o Develop Suicide Cluster Response Protocol with appropriate focus on specific population groups including one for Children and Young People linked to CDOP and one for Adults.	PH / BICS / BELS	2022	In Progress	T&F group initiated to further develop multiple suicide response plan for CYP.

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