

Meeting

Health & Wellbeing Board

Date and Time

Thursday 29th September, 2022

at 9.30 am

Venue

Colindale Communities Trust, The Old Library, The Concourse, London, NW9 5XA

To: Members of Health & Wellbeing Board (Quorum 3)

Chairman: Councillor Alison Moore (Chair),

Vice Chairman:

Councillor Paul Edwards

Chris Munday

Fiona Bateman

Councillor Pauline Coakley

Dawn Wakeling

Debbie Bezalel

Webb

Dr Nick Dattani

Dr Tamara Djuretic

Nitish Lakhman

Colette Wood

Substitute Members

Councillor Ross Houston

Sarah McDonnell-Davies

Ben Thomas

Councillor Barry Rawlings

Caroline Collier

Dr Julie George

Jess Baines-Holmes

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 26 September 2022. Requests must be submitted to Allan Siao Ming Witherick allan.witherick@barnet.gov.uk.

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

Governance Services contact: Allan Siao Ming Witherick allan.witherick@barnet.gov.uk

Media Relations Contact: Tristan Garrick 020 8359 2454 Tristan.Garrick@Barnet.gov.uk

Assurance Group

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Health & Wellbeing Board

AGENDA ITEM 1

Minutes of the meeting held 9.30 am on 14 July 2022 Hendon Town Hall, The Burroughs, London NW4 4BQ

Board Members present:

Councillor Alison Moore	Chair, Health and Wellbeing Board
Councillor Paul Edwards	Chair, Adults and Safeguarding Committee
Councillor Pauline Coakley Webb	Chair, Children, Education & Safeguarding Committee
Dr Tamara Djuretic	London Borough of Barnet
Colette Wood	NCL Integrated Care Board
Dawn Wakeling	London Borough of Barnet
Dr Nikesh Dattani	GP Partner and Barnet Clinical Lead, NCL Integrated Care Board
Nitish Lakhman	Healthwatch, Inclusion Barnet
Caroline Collier	Inclusion Barnet
Fiona Bateman	Barnet Safeguarding Adult Board

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 17 March 2022 be agreed as a correct record.

2. Absence of Members

Apologies were received from Sarah McDonnell-Davies, Chris Munday and Ben Thomas.

3. Declaration of Members' Interests

There were none.

4. Public Questions and Comments (if any)

Prior to the meeting a set of questions had been received from the Community Barnet Primary Care Group outlining their concerns about the number of GPs (General Practitioners) working in the Borough. This was in particular due to the expected growth rates and the need to address the number of GPs required to meet these expectations.

The North Central London Integrated Care Board responded in writing detailing how Barnet compared in its GP provision and the work being undertaken with other Primary Care Network providers.

There was no supplementary question raised at the meeting.

Resolved that the response be noted.

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 Health and Wellbeing Board (HWBB) reports.

7. Forward Work Programme

The Board noted the items due to be reported to future HWBB meetings.

RESOLVED that the Board noted the Forward Work Programme.

Before moving on to the substantive items on the agenda the Chair formally welcomed the Members of the Board to the first meeting of the municipal year.

They noted the transition from the North Central London Clinical Commissioning Group to the North Central London Integrated Care Board had taken effect on the 1 July 2022. They thanked the former Vice-Chair of the Board, Dr Charlotte Benjamin for their leadership and work, in particular with the work on COVID-19 vaccinations. This had helped to produce hyper-local approaches tailored to the needs of local residents through partnership working. They also thanked Dr Clare Stephens for their contribution.

Dr Nick Dattani would continue as a member of the board as a local GP Partner, GP Provider Alliance Board Member North Central London for Barnet and Interim Borough Clinical Lead. Dr N Dattani would act as the interim Vice-Chair of the Health Wellbeing Board, with confirmation of permanent arrangements made at the September 2022 Health and Wellbeing Board.

Collette Wood, Director of Integration for Barnet, was welcomed to the Board.

Formal national guidance on the future role of Health and Wellbeing Boards in the new system had not been received and discussions were being held at a North Central London level on the future governance arrangements. The hope was to bring an update to the September Health and Wellbeing Board meeting with an updated membership and formally agreed Vice-Chair. This Barnet Council constitution would then be updated.

The Chair commended the previous Chair, Cllr Caroline Stock, for their passion and collegiate leadership during particularly challenging times in the pandemic. They highlighted that new administration saw health, wellbeing and integration as priorities.

The Chair noted that the COVID-19 pandemic had shone a light on health inequalities across the world and in Barnet, the importance of prevention, early help as determinants for wellbeing. They wanted to see the Board working in partnership

and across the system to reduce health inequalities and prevent long-term conditions.

The pandemic had impacted everyone's mental health and various reports were emerging across the country on increasing mental ill health, most worryingly, in children and young people. The Barnet Health and Wellbeing Strategy has a focus on improving mental health and wellbeing and the Chair hoped that the Board could accelerate some of the work through the partnership and engage communities in conversations which mattered to them. They looked forward to championing this agenda as Chair of the Health and Wellbeing Board, and as Mayor, for this municipal year.

8. Joint Health and Well Being Strategy Implementation Plan Priority 3 – Ensuring delivery of coordinated and holistic care, when we need it

The Director of Integration for North Central London Integrated Care Board introduced the item prior to a number of presenters covering each of the specific areas.

The first section gave an update on the work being undertaken to increase digital access to public services and targeted intervention. This was being further developed as Census data becomes available. An important aspect was helping individuals to understand the benefits of accessing information online and ensuring that staff are able to support them. With more services moving online it was also important to ensure that they remained accessible, for example through introducing British Sign Language (BSL) support for the website. Other streams included donating laptops to local people and community groups.

The next presentation looked at work to join up data to help support local care providers. The aim was to move towards providing more prevention and early intervention support. Data integration would help to identify areas of potential inequalities.

They then moved on to COVID-19 vaccinations and how they were reaching out to carers and GPs. The level of needs and concerns both for carers, and those they cared for, was an important factor and they were providing reassurance both online and by telephone. Working with partners and community organisations had helped to reach those that they wouldn't normally be able to access. Long COVID was also an area of growth and concern that partners were monitoring and considering how to address.

Partners were working to support people in their own homes, for example by working with patients and carers to put safeguards in place such as power of attorney, or providing respite. The patient's needs were key to this and trying to link organisations so that their issues only had to be explained once to cover a range of statutory and voluntary providers. Closer working integrating primary and secondary care with other sectors had helped to speed up pathways and provide a better level of care.

The All-Age National Autism Strategy and Barnet Autism Action Plan was flagged as an important area of work that was helping to improve life outcomes and support changes to access to education and into employment. This required a cultural change that was being pushed through the process.

Finally, the neighbourhood model to support an area through a Health Needs Assessment to provide place based support was highlighted. This had been done through co-production to design solutions as an alternative to one-off consultations.

A Member of the Board noted with concern that current telecare solutions were highly dependent on the analogue telephone system and in some cases this would be at particular risk with the move to digital solutions. Officers agreed to provide a response outside of the meeting as this had already been identified as a work stream.

The Chair thanked the presenters for their comprehensive update.

Resolved that the Health and Wellbeing Board note the update.

9. Cardiovascular Disease Prevention Programme and Action Plan

Officers presented their report noting that the Cardiovascular Disease was a major cause of death in those under 75 and had a significant impact on health in the area. This had led to the development of a four year prevention programme supported by an initial two year action plan.

Members were supportive of this work, as it had been needed for a long time. They were positive about how it was proposed to be delivered.

Resolved that the Health and Wellbeing Board:

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

10. Living with COVID19 and other communicable diseases

The Director of Public Health and Prevention gave a verbal update on COVID-19 and other communicable diseases impacting Barnet and the wider community.

There had been a steady increase in COVID-19 cases however natural and vaccine immunity had resulted in a lower impact. There had been a fall in the number on ventilation beds although it remained a risk to those with underlying health needs. Messaging continues around awareness of transmission within the community.

Monkey Pox cases have also increased in Barnet. It was believed that this was linked to generational changes where those below a certain age had not received the Small Pox vaccination. The additional cases had placed additional pressure on sexual health services in London who had been providing support to those showing

symptoms and close contacts. There had been a roll out of vaccines to these groups and additional government support had been requested.

Polio had been detected in the community from sewage data. They were looking to increase uptake of the Polio vaccine, including among those new to the country.

Members of the Board noted that thought would need to be given as to how vaccines could be rolled out and potential expansion of vaccination programmes. The Director responded that there was a good supply of Small Pox vaccine which afforded some protection.

Resolved that the Health and Wellbeing Board note the report.

11. North Central London Integrated Care System and Future Role of Health and Wellbeing Board

The Director of Integration (Barnet Directorate) from North Central London Integrated Care Board gave an update. The move to the new system is intended to provide an increased focus on place based working with a larger focus on neighbourhood outcomes. The Integrated Care Board are working with the new structure to develop plans for the allocation of resources and to establish new ways of working and governance systems. This would be an iterative process with changes to ensure continuous improvement. They were exploring how to bring people in from other areas and how this can be organised.

The Board noted that it would be interesting to see how this worked across North London. The Engagement document showed a close link between the Integrated Care Partnership and the Health and Wellbeing Board, in particular for Integrated Care Strategies. There were several new entities, some of which were statutory and it was recognised that the cost of time and meetings would add up so it was important to ensure that they delivered for residents and patients.

Resolved that the Health and Wellbeing Board note the report.

12. NCL NHS Update on Mental Health and Community Services Review

The Director of Transformation and Interim Director of Aligned Commissioning from North Central London Integrated Care Board provided an update on the programme so far. They reported that they would be looking to put together a workshop to look at how they would deliver going forward. This would identify how they would seek to bridge gaps in provision, for example because services are only delivered five days a week and how to move from a recovery position to look at how the core offer could be achieved in the longer term. It was recognised that there were long waits across CAMHS (Child and Adolescent Mental Health Services) and they needed to look at how the backlog could be tackled across different bodies. They were looking to reduce wait times for eating disorders in young people with weekend clinics. Good practice which had been piloted in Barnet was also being share with other boroughs. They were looking to combine the crises lines that had been created for adults and children during the pandemic to help deliver support consistently.

The Board noted that although wait times were an important issue, poor patient experience was also a concern. They highlighted the need to survey those who had experienced it as they were often contacting GPs to raise their concerns. Mental Health contacts had tripled, leading to an increase in demand. Some were finding that they were seen a few times and discharged, often going back to school having not had the support that they needed.

It was reported that the Barnet Health Overview and Scrutiny Committee had heard from Mental Health users at their last meeting and had raised similar concerns. The Officers reported that they had received similar feedback and were in a multi-year programme so had had to concentrate resources before looking to move to other areas.

The importance of evidence based approaches was highlighted and the need for step down support for those who might otherwise be in an inpatient setting. It was noted that the Police for example spent a lot of time on Mental Health issues.

The Officers noted that they had been working on specific interventions but were now looking to move towards prevention.

Resolved that the Health and Wellbeing Board note the update report.

13. NCL Start Well Consultation

Officers presented their report on the consultation and how it impacted Barnet residents. The team will be consulting on the case for change as outlined in the papers, and will consider the feedback on this before looking at the future ways of delivering hospital based children and maternity services in the North Central London area.

Resolved that the Health and Wellbeing Board note the report.

14. SEND Inspection and Action Plan

A presentation was given on the positive outcomes from the Special Education Needs and Disability Local Area Ofsted and Care Quality Commission Inspection. It was noted that they were already addressing the areas that had been identified for improvement.

Members queried the shortage of Occupational Therapists and the wait lengths. Officers responded that unfortunately the pressure wasn't just at a London wide level but had been felt nationally.

Members questioned the issues around speech and language therapy and the activities in this area. Officers responded that they had put in some support where possible, although not to the full level desired. They had compensated for those challenges where possible with alternate provisions including making use of the private sector.

Resolved that the Health and Wellbeing Board note the report.

15. FAB (Fit and Active Barnet) Strategy – Year 1 Delivery

The Service Manager for Sport and Physical Activity gave a presentation setting out the Fit and Active Barnet Framework and how it had been delivered with the Health and Wellbeing Strategy. There was a strong alignment with national and local policies to promote physical activity and this could be seen running through the Health and Wellbeing Strategy. The work had been undertaken through the leisure operators and also through links in to other areas such as the Cardiovascular Disease Prevention Programme and working with groups supporting dementia activities. This was reviewed on a quarterly basis to ensure that opportunities were realised and areas that needed to be strengthened addressed.

The Board noted that more work could be done to support those with, on the border of, hypertension. Clarity was sought over the sources of demographic data. Officers responded that this came from the Sport England activity surveys as well as through residents' perception surveys. These used different methodologies which had helped to identify areas of work.

There was interest around what could be done to promote activities, in particular those which were free, to hard to reach groups such as teenagers and girls aged 15-18. Officers responded that they in September they would be promoting "Fab Cards" which would give discounts in various setting and also working with local sports clubs and community groups to open up their activities to help residents to become more active and engaged. There would be guidance and information to support sign ups and point people to activities that they would engage in. Work was ongoing to look at ways to communicate throughout the year and make use of other things such as International Women's Day to promote women in support. Two FAB Officers had also been recruited to explore gaps in provision and to work collaboratively to plug gaps.

The Chair noted that areas such as diabetes and weight management had come up and that they had heard spoken to a range of people involved in community park runs. Anecdotally there appeared to have been a backward slide from the amount of walking that had been undertaken during the pandemic. Other areas though had engaged, for example through dance shows which were predominately teenage girls.

Members of the Board noted that it was important to push information about opportunities out through primary care, for example when making referrals. There were also potential synergies with other areas such as mental health. The ward level data was interesting as it highlighted the different levels of activity and place-based challenges and how this might relate to level of car ownership, bus routes and green spaces. The Officer responded that they had started the discussions with local GPs so that when a patient was encouraged to be more active the individual could be given more information.

Resolved that the Health and Wellbeing Board note the report.

16. Pharmaceutical Needs Assessment (PNA) – Consultation

Senior Public Health Intelligence Analyst presented the consultation document. The Pharmaceutical needs Assessment (PNA) was a legal requirement that had been delayed due to the pandemic. The main findings were that, based on the 2021 Census, it's slightly lower than the UK average with most able to reach a provider within a short period of time. The draft PNA was out for public consultation and they were looking for feedback for any areas that needed further scrutiny.

They were also checking with neighbouring authority PNAs for any consequential impacts. The cross borough work was ongoing.

Resolved that the Health and Wellbeing Board approve the report and delegated authority for signing off the final Pharmaceutical Needs Assessment to the Chair of the Health and Wellbeing Board and Director of Public Health & Prevention.

17. Suicide Prevention Strategy Annual Update

The Officer presented their report noting the significant amount of work that had been completed despite a number of challenges such as COVID-19. This had been recognised both in London and across the country for how local data had been used and applied.

Members noted that during the pandemic an increase in suicides had been anticipated, this had been avoided because of this work. With the ongoing pressures moving from pandemic to cost of living pressures this work continued to be needed.

Resolved that the Health and Wellbeing Board note the update.

18. Any Items the Chair decides are urgent

There were none.

The meeting finished at 12.30 pm

Health and Wellbeing Board abbreviations – July 2022

AGENDA ITEM 6

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

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

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

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

	<h2>Health and Wellbeing Board</h2> <h3>29th September 2022</h3>
Title	Update on Draft Barnet Food Plan 2022-2027
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix I – Draft Barnet Food Plan: Summary Appendix II – Draft Barnet Food Plan: Engagement Plan
Officer Contact Details	Oliver Taylor – Health in All Policies Officer, food@barnet.gov.uk Rachel Hodge – Public Health Strategist, food@barnet.gov.uk Janet Djomba – Consultant in Public Health, Janet.Djomba@barnet.gov.uk

Summary

The Barnet Food Plan 2022-2027 is currently in its final development stages and undergoing public consultation. The Plan brings together the vital opportunities and challenges presented by the multi-faceted role that food plays in our lives. It builds on experience and considers changes over the last few years and therefore expands on the scope of the previous Barnet Food Security Action Plan to address the key challenges such as the food system, health of the population, health of the planet and food insecurity.

This report provides an overview of the plan currently in development and the activities taken to develop the final plan expected to be completed by January 2023. Appendix I is a summary of the contents of the Draft Food Plan. Appendix II is the engagement plan associated with the draft plan's development.

Officers Recommendations

1. That the Board note the update on the progress to develop the Barnet Food Plan.
2. That the Board provide any comments and feedback on the Draft Food Plan during the consultation period.

1. Why this report is needed

- 1.1 The national food strategy advises that all local authorities should put in place a food strategy in partnership with the communities they serve. Given the COVID-19 recovery period and the growing challenges presented by the cost-of-living crisis, this is a critical time to develop and implement a Food Plan for Barnet.
- 1.2 The Barnet Food Plan 2022-2027 brings together the vital opportunities and challenges presented by the multi-faceted role that food plays in our lives. It expands on the scope of the previous Barnet Food Security Action Plan, to include affordability and sustainability aspects.
- 1.3 This report provides an update to the Board on the progress so far to develop the plan and gives an overview of the planned engagement activities and the emerging content of the draft plan. The actions of the plan are to address the three challenges of; health of the population, health of the planet and food insecurity and have been devised in to three themes.
- 1.4 The first theme is food for lifelong wellbeing. This theme includes actions such as supporting individuals to access services, tackling financial vulnerability, increasing uptake of Healthy Start and engaging with residents on healthy eating and weight management where support is needed. In our actions we will work to ensure nutritious & sustainable food is available across the life course with targeted support for those with excess weight or chronic conditions.
- 1.5 The second theme is food for our communities and public institutions. It focuses on how the council and its partners can demonstrate good practice and look outwards to support organisations within the borough. Actions within this theme will consider and use our existing community assets, such as key local organisations and young people, creating opportunities for others to champion behaviour change. This will build on the work already happening in our communities.
- 1.6 The third theme of the plan is food for our economy and our environment. This theme has a focus on supporting the food economy in Barnet and actions to make healthy and sustainable food affordable, convenient and prioritised in local neighbourhoods. This theme will also look at our natural environment, enabling food growing and biodiversity net gain and supporting a circular food economy to prevent food waste and encourage businesses to lower their food mileage.

2. Reasons for recommendations

- 2.1 The Barnet Food Plan is a wide ranging and ambitious programme of work which utilises partnerships to achieve our vision on Barnet's food system. With the draft plan in its final development stages, it is crucial to engage with the community and stakeholders to create an impactful and achievable plan. This update to the Board provides an overview of the draft plan and provides an opportunity to feedback on its emerging contents to help shape the final version.

3. Alternative options considered and not recommended

3.1 Not applicable

4. Post decision implementation

- 4.1 Finalising of the food plan will continue over the next few months with feedback from stakeholders and public engagement continuing to be gathered during this time to be incorporated in the final version of the plan.
- 4.2 The final version of the Barnet Food Plan will be presented to the Health and Wellbeing Board for approval in January 2023. This document will be accompanied by the report of engagement findings and the equalities impact assessment. Following approval, the actions of the Food Plan will be implemented as set out in its action plan.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 The implementation of a new Food Plan will support delivery of the Joint Health and Wellbeing Strategy. Primarily the actions in the food plan will link to the commitment to create a healthier environment within key area one of the Joint Health and Wellbeing Strategy.
- 5.1.2 The Food Plan will primarily link to the Healthy workstream of the Barnet Plan. The Food Plan supports the action of addressing homelessness and the longer-term impacts of COVID-19. Actions within the Draft Food Plan include supporting residents to access food, relevant council services and to maximise incomes.

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

- 5.2.1 Implementation of the Barnet Food Plan once finalised and approved will be funded within existing budgets and staffing of the public health directorate, other council departments, partner agencies and Voluntary and Community sector organisations.

5.3 Legal and Constitutional References

- 5.3.1 Article 7 of the council constitution sets out the functions of the Health and Wellbeing Board. These functions are:
- 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.
 - 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.
 - To work together to ensure the best fit between available resources to meet the

health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

- To provide collective leadership and enable shared decision making, ownership and accountability
- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- To explore partnership work across the North Central London area where appropriate.
- Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership
 - Developing further health and social care integration.

5.4 Insight

5.4.1 Development of the draft food plan has been guided and supported by research commissioned from University College London and a Needs Analysis produced by the Public Health Directorate. These documents provided insight into national, regional and local trends on food and food security which has been reflected in the draft plan and supported the design of its actions.

5.5 Social Value

5.5.1 We will work to ensure that the actions and ambitions of the plan deliver social value. This includes working as a partnership with the voluntary and community sector to deliver the food plan once it is approved. The planned actions of the food plan should bring benefits to the wider community and the partnership.

5.6 Risk Management

5.6.1 The development and subsequent implementation of the Barnet Food Plan 2022-2027 requires partnership working across the system to effectively deliver its aims and actions. If the council and partners do not engage with the plan and its development, it may lead to poor delivery of the final plan and the partnership-led actions. Poor engagement may lead to failure to agree the action plan.

5.6.2 The following controls and mitigations are in place:

5.6.2.1 The Barnet Food steering group were consulted throughout the development of the plan and have co-ownership of the plan and its actions.

5.6.2.2 A wide range of engagement activities have been and continue to be conducted to ensure partner's views and confirm actions they own in the developing plan.

5.6.2.3 The Steering Group continue to meet regularly to receive updates on the plan's development and to provide feedback on the draft action plan.

5.7 Equalities and Diversity

5.7.1 The plan in development takes a partnership-working approach to work across the system to deliver its vision. Actions have been included in the draft plan to focus on communities at higher risk of food insecurity. These include specific ethnic groups more at risk of food insecurity, those at risk of financial vulnerability, migrants and refugees, older adults and people with learning difficulties.

5.7.2 The equalities impact assessment for the Food Plan will be included with the final version for approval in January 2023.

5.8 Corporate Parenting

5.8.1 The Draft Food Plan will include actions that support all residents of Barnet including those in care and looked-after children. Actions within the plan linking to maximising income, accessing healthy and affordable food and supporting access to council services will support all residents including care leavers.

5.9 Consultation and Engagement

5.9.1 Engagement activities have been conducted and future activities are planned during the development of the plan. Internal workshops with stakeholders were delivered in October 2021 to shape priorities and themes of the draft plan. During this time, University College London were commissioned to deliver focus groups with civil society organisations discussing food security. The findings of these groups have been reflected in the draft plan.

5.9.2 Engagement sessions with key community groups such as Age UK Barnet, the Barnet Food Bank Hub and Barnet Mencap were delivered in July 2022. Further engagement sessions with other groups are planned to take place during the engagement period.

5.9.3 Public engagement on the Draft Food Plan is currently in progress. This is being conducted via an online survey on Engage Barnet and is open till 7th October 2022. This survey is open to residents, businesses and community organisations based in Barnet and is available at <https://engage.barnet.gov.uk/draft-barnet-food-plan-2022-2027> . At this stage comments and feedback on the plan from stakeholders are also welcome via email to food@barnet.gov.uk .

5.9.4 A summary of the engagement activities for the plan's development is included as Appendix II.

5.10 Environmental Impact

5.10.1 Actions within the draft plan include those impacting on the environment such as supporting community food growing, tackling food waste and the circular economy. Once the plan is signed off and implemented it is expected to have a positive environmental impact through its actions.

6. Background papers

- 6.1 Food Security Action Plan 2019-2022. Available at:
<https://barnet.moderngov.co.uk/documents/s55445/Report%20Food%20Security%20Action%20Plan.pdf>

BARNET
FOOD
PLAN
2022-2027

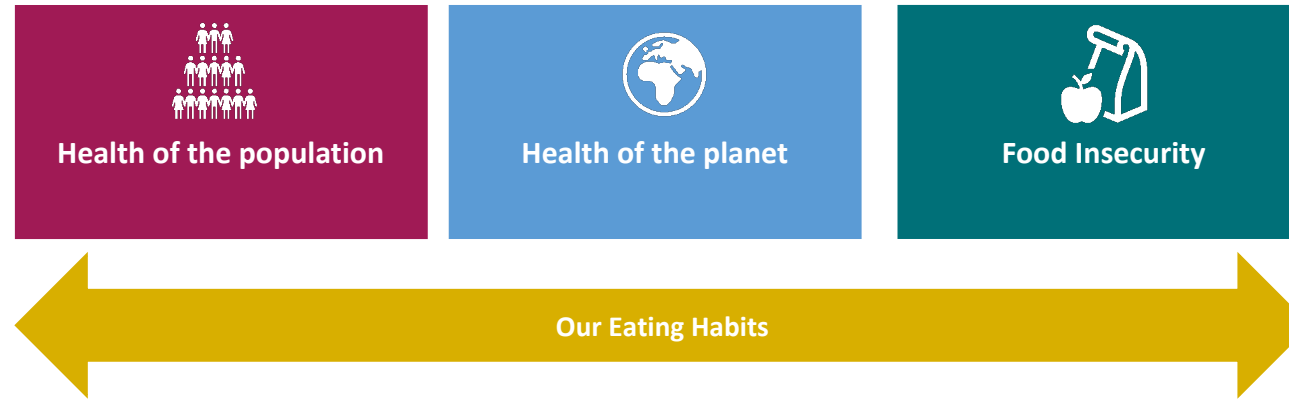
Contents

- Our vision
- Why do we need a plan?
- How will we address these challenges?
- Understanding our themes
- Guiding principles
- Food for Lifelong Wellbeing
- Food for our Communities and Public Institutions
- Food for our Economy and Environment
- Next steps

Our vision is for Barnet to have a sustainable and good quality system of food production, provision and consumption that will improve everyone's health and wellbeing. Barnet residents will be able to afford and have both the opportunity and knowledge required to eat food that is good for them and good for the planet. We will take action to address the drivers of food insecurity, resilience is built at individual and household level, and emergency food aid is available for those in crisis. A strong partnership between all actors in the food system, including local residents, will build on the work already delivered by the voluntary and community sector to drive our vision forward.

Why do we need a plan?

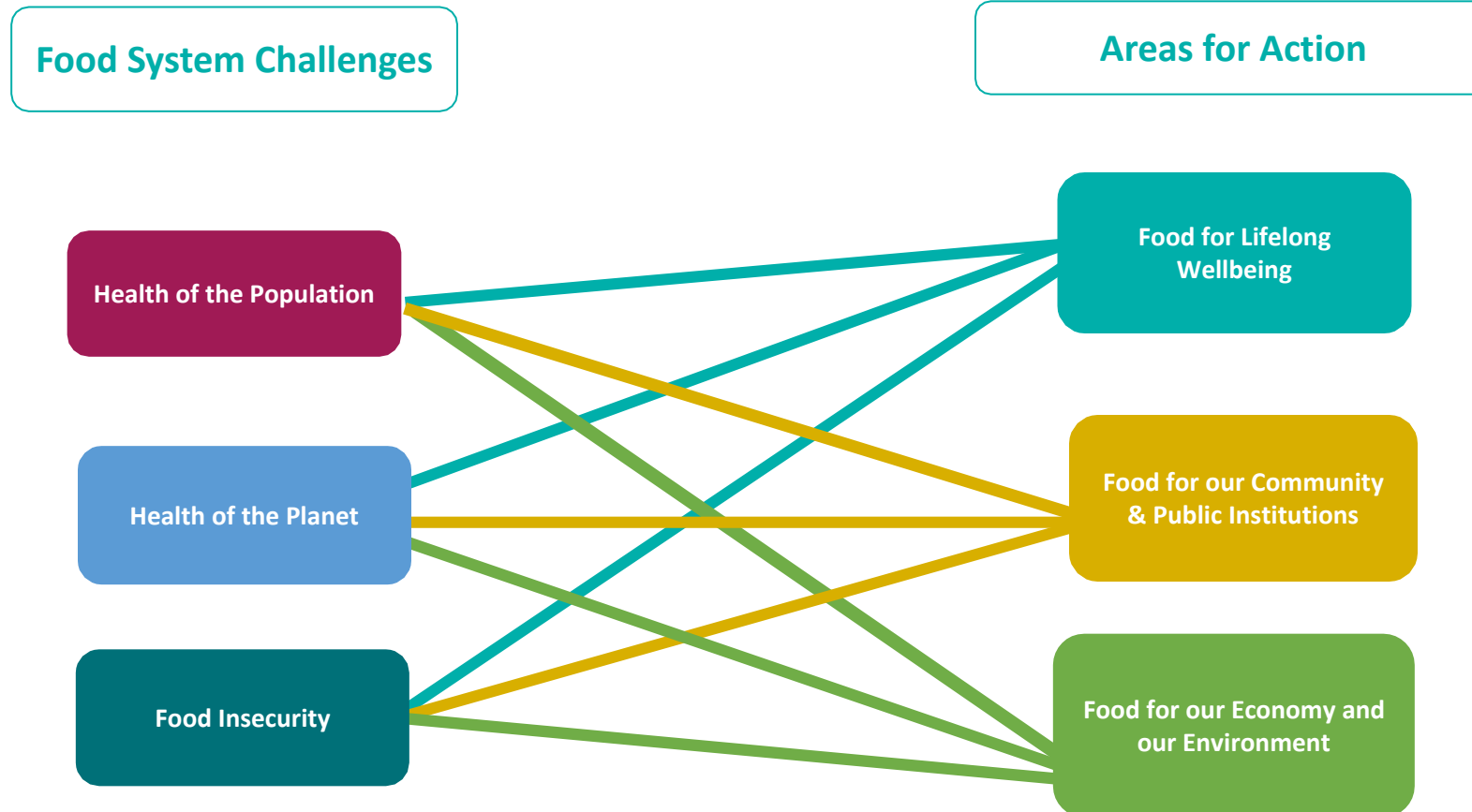
THE MAJOR CHALLENGES FOR OUR FOOD SYSTEM



- In the lowest income decile, almost 75% of disposable income would need to be spent to meet the Eatwell Guide's recommendations, compared to 8% for those in the highest income decile. This challenge is likely to be exacerbated over the lifetime of this plan as the cost of living crisis worsens.
- One-fifth of parents in London have skipped meals so that their children could eat and three in ten have reported that they have bought less fruit and vegetables due to the expense.
- The majority of those experiencing food insecurity in London are in work (60% working either full-time or part-time).
- Households with children, single-adult households with children, and households receiving certain income-related benefits were at greater risk of food insecurity, for example, 57% of households on Universal Credit are food secure compared to 92% of all households.
- 7% of households with a disabled adult reported very low levels of food security, compared to 2% of households with no disabled adults.
- Adults with low levels of well-being, high stress and depression tend to eat less well and childhood abuse is associated with being obese as an adult.
- In 2018, 1/5th of all food produced for consumption in the UK was wasted.
- 64% of food waste in London is generated by households.
- Despite only representing 5% of the food consumed by Londoners, meat is responsible for almost 27% of households' consumption-based emissions.

How will we address these challenges?

To drive forward the positive change needed to address the major food challenges, action against all challenges must be taken at an individual, community and environmental level to tackle both the external and internal drivers of food behaviours.



Understanding our themes

Food for Lifelong Wellbeing

- What we eat is central to our health and wellbeing. Our vision is to enable everyone in Barnet to enjoy physical, socio-cultural and financial access to nutritious, sustainable food that meets their dietary needs and food preferences.
- We will work to ensure nutritious & sustainable food is available across the life course with targeted support for those with excess weight or chronic conditions.
- This theme includes actions such as supporting individuals to access services, tackling financial vulnerability, increasing uptake of Healthy Start and engaging with residents on healthy eating and weight management where support is needed.

Intermediary Outcomes:

- Strong knowledge and awareness of nutrition and sustainable and healthy eating.
- Reduced financial vulnerability of residents.

Success Measures:

- Proportion of residents consuming five or more portions of fruit and vegetables daily
- Proportion of eligible residents using healthy start vouchers.

Food for our Communities and Public Institutions

- Food for our communities needs to be accessible, nutritious, sustainable and enjoyable. The council has an opportunity to demonstrate good practice.
- As purchasers and providers of food and catering services, we can put health and sustainability at the heart of our work; empowering staff, visitors and students alike to make healthier choices.
- We can also look outwards, finding new ways to support external organisations and businesses to improve the availability of the right food for Barnet.
- Finally, we will consider our existing community assets, such as anchor institutions and young people, creating opportunities for others to champion behaviour change.

Intermediary Outcomes:

- Healthy and Sustainable Options are convenient and prioritised.
- Reduced financial vulnerability of residents.

Success Measures:

- Number of partners participating in the Barnet Food Partnership
- Increase in referrals made to support services (e.g., financial, housing, employment, mental health support services) via the SPAZE app

Food for our Economy and Environment

- Our vision is for healthy and sustainable food to be convenient and prioritised in our local neighbourhoods.
- Food for our economy and our environment is about how we encourage good food practices in businesses, coupled with encouraging employers to pay a London living wage.
- This theme will also look at our natural environment, enabling food growing and biodiversity net gain and supporting a circular food economy to prevent food waste and encourage businesses to lower their food mileage.

Intermediary Outcomes:

- Healthy and Sustainable Options are convenient and prioritised.
- Businesses and residents engage in circular food economies.

Success Measures:

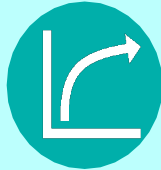
- Increase in the number of businesses signed up to the healthier high streets programme.
- Increase in the availability of food growing spaces.

Guiding Principles

The below set of guiding principles will ensure continuity between each action across our themes, building on the strengths of other workstreams and ensuring our key priorities remain the focus of every strand.



Data led
decision
making



Tackle
Inequalities



Assets
Based
Approach



Food that is
good for
health



Recognise the
cultural and
social role of food



Sustainable
Approach
to food



Support
Partnerships

Barnet Food Plan: Food for Lifelong Wellbeing

Mechanism of Change	Activities	Principles	Timescales
Engaging Residents with Lived Experience	<ul style="list-style-type: none"> Invite residents with lived experience to join the Food Partnership. Consider the unique experiences of migrants and include a representative from New Citizens Gateway to sit on the Barnet Food Steering Group 	<ul style="list-style-type: none"> Tackle Inequalities Data Led Decision Making Recognise the Cultural and Social Role of Food 	Year 1
Maximising Incomes	<ul style="list-style-type: none"> Implement actions identified in the Financial Vulnerability Action Plan Send out leaflets on the cost of living support available for residents 	<ul style="list-style-type: none"> Data-led Decision-making Tackle Inequalities Assets Based Approach 	Year 1 (Some benefits are seasonal, i.e. Cold Weather Payment)
Encourage uptake of Healthy Start	<ul style="list-style-type: none"> Communications campaign to encourage women who have young children or who are pregnant and receiving benefits to claim Healthy Start. Promote healthy start with retailers and maintain the map of eligible retailers on our webpage 	<ul style="list-style-type: none"> Data-led Decision-making Sustainable Approach to Food Food for Health & Wellbeing Tackle Inequalities 	Ongoing
Supporting Individuals using Council Services	<ul style="list-style-type: none"> Implement the Tackling the Gaps Action Plan Create a joined-up approach with a supportive view across our response to the Cost of Living Crisis Promote Make Every Contact Count training and factsheets with frontline services 	<ul style="list-style-type: none"> Sustainable Approach to Food Tackle Inequalities 	Ongoing
Prevention and Treatment of Excess Weight	<ul style="list-style-type: none"> Communications campaign to promote healthy eating. Implement Barnet’s Cardiovascular Disease Strategy Provide targeted weight management services to at-risk individuals. Children and Young People (CYP) healthy weight action plan and Adolescent Weight Management Services Integrate conversations around diet and weight management into Annual Health Checks for those with learning disabilities 	<ul style="list-style-type: none"> Sustainable Approach to Food Tackle Inequalities Food for Health & Wellbeing 	Ongoing
Supporting household food sustainability	<ul style="list-style-type: none"> Communications campaign to reduce household-level food waste. Communications campaign to promote food growing Communications campaign to residents about the environmental impacts of household food buying choices 	<ul style="list-style-type: none"> Sustainable Approach to Food 	Year 2
Barnet Holiday Activity Fund (HAF)	<ul style="list-style-type: none"> Support families who have children who access free schools meals and families on reduced incomes during school holiday periods To ensure children eat more healthily over the school holidays + food education and cooking skills 	<ul style="list-style-type: none"> Food for Health & Wellbeing Tackle Inequalities 	Ongoing (Year 1-3)

Barnet Food Plan: Food for our Communities and Public Institutions

Mechanism of Change	Activities	Principles	Timescales
Form the Barnet Food Partnership	<ul style="list-style-type: none"> Apply to become a member of Sustainable Food Places as a formal Food Partnership Develop formal governance structures and wider group Terms of Reference Encourage membership to Barnet Food Partnership for those applying for grant funding so we are better able to track activities and outcomes Consider the expansion and longer-term funding of the Barnet Food Hub, proactively seeking funding opportunities 	<ul style="list-style-type: none"> Supporting Resilience in the Voluntary Sector Sustainable Approach to Food Data Led Decision Making 	Year 1-2
Support Food Access for Black, Asian and Minority Ethnic Groups	<ul style="list-style-type: none"> Create an accessible map of food aid organisations and food shops which cater to specific ethnic needs. Provide small grants to organisations supporting food access and nutrition education for Black, Asian and Minority Ethnic (BAME) groups 	<ul style="list-style-type: none"> Recognise the Cultural & Social Role of Food Tackle Inequalities Food for Health and Wellbeing 	Year 1
Embed a whole systems approach to food for Vulnerable Adults	<ul style="list-style-type: none"> Embed healthier and sustainable food in care setting catering procurement Deliver services or promote existing services which provide healthier eating and cooking training for vulnerable adults Explore barriers to healthier eating amongst older adults and identify key actions Support local voluntary community sector and faith-based organisations to make sustainable and healthier changes to their food offer 	<ul style="list-style-type: none"> Food for Health and Wellbeing Tackle Inequalities Sustainable Approach to Food Recognise the Cultural & Social Role of Food 	Ongoing
Embed Whole Systems Approach in Children and Young People Settings	<ul style="list-style-type: none"> Sugar Smart Barnet Tracking Free School Meal uptake CYP healthy weight management Action Plan Food standards in schools linked to Healthy Early Years and Healthy Schools London 	<ul style="list-style-type: none"> Food for Health and Wellbeing Tackle Inequalities Sustainable Approach to Food 	Ongoing
Lead by Example: Improve Food & Drink Offer in Parks, Leisure Centres, Libraries and Council Premises	<ul style="list-style-type: none"> Evaluation of food offer against best practice guidance for public institutions Refill London in all Relevant Settings Healthier Catering Commitment in all relevant settings Food Waste/Composting in Council Premises Breastfeeding Welcome in all relevant settings Prioritise and publicise sustainable food procurement activities by the council 	<ul style="list-style-type: none"> Food for Health and Wellbeing Sustainable Approach to Food 	Year 3
Ensure Council Architecture is Optimised to Support Food Aid Organisations	<ul style="list-style-type: none"> Run Make Every Contract Count (MECC) training for food aid organisations Expand MECC factsheets One email address where food aid organisations can get in touch with Barnet Food Partnership Community Innovation Fund to support small-scale projects Support implementation of the SPAZE project and provide wider support to food aid organisations to adopt a ‘food bank plus’ model-including social, financial and wellbeing support for residents in need Map the different types of support available to residents. Share this with organisations which have contact with those at-risk of food insecurity. Print this in the main languages spoken in Barnet. 	<ul style="list-style-type: none"> Sustainable Approach to Food Supporting Resilience in the Voluntary Sector Recognise the cultural & social role of food 	Ongoing
Use Existing Local Assets	<ul style="list-style-type: none"> Work with the Barnet Borough Partnership to Promote healthy, inclusive and sustainable food within our Anchor Institutions Work with students from universities and post-secondary institutions to implement and evaluate small pilot programmes Get young people involved; ensuring they are part of the solution Identify case studies where businesses are already addressing the three major food challenges 	<ul style="list-style-type: none"> Data led decision making Support partnerships Food for health and wellbeing Sustainable Approach to Food 	Ongoing

Barnet Food Plan: Food for our Economy and Environment

Mechanism of Change	Activities	Principles	Timescales
Support Community Food Growing	<ul style="list-style-type: none"> Encourage local food growing including in the community (e.g. school sites) and increase awareness of allotment sites Encourage and enable use of publicly owned land, including housing estates, for community food growing, with a clear route for residents to request use of land for food growing Appoint a designated officer to champion food growing and create clearer pathways for accessing land, as well as links with local networks or key VCS organisations Map and track the amount of land available to grow food Support the Barnet Allotment Society with the strategic approach and management of allotments in Barnet 	<ul style="list-style-type: none"> Food for Health and Wellbeing Recognise the Cultural & Social Role of Food Sustainable Approach to Food Support Food Partnerships Use Existing Local Assets 	Year 2
Support Sustainable Food Enterprises and market infrastructure	<ul style="list-style-type: none"> Support sustainable food start-ups/provide food business training Encourage council procurement from sustainable food Small and Medium Enterprises (SMEs) by creating a list of relevant local businesses Circular economy and links with food aid organisations Encourage local markets to stock fresh local food Explore opportunities to develop local infrastructure for markets 	<ul style="list-style-type: none"> Sustainable Approach to Food Food for Health and Wellbeing Use Existing Local Assets 	Year 4
Create a Good Food Retail Plan for Barnet	<ul style="list-style-type: none"> Commission research to explore food retail in Barnet and views on local food offer Develop a Good Food Retail Plan for Barnet supporting retailers provide healthier options linked to the Healthier High Streets programme. Implement new Local Plan policies around hot food takeaways and health impact assessments Promote food buying apps linked with businesses that Incentivise healthy food and/or reducing food waste. 	<ul style="list-style-type: none"> Food for health and wellbeing Data Led Decision Making Consider the Cultural & Social Role of Food Tackle Inequalities 	Year 1-2
Take a strategic approach to food sustainability	<ul style="list-style-type: none"> Explore steps to fulfil and sign the Glasgow Food and Climate Declaration Promote opportunities to reduce waste amongst residents and businesses. Hire a biodiversity officer Develop a biodiversity net gain action plan 	<ul style="list-style-type: none"> Sustainable Approach to Food Supporting Partnerships 	Year 2
Improve food environment through Healthier High Streets	<ul style="list-style-type: none"> Communicate programme to businesses and public to increase awareness. Encourage businesses across the borough to sign up to HHS schemes via the Public Health Business Engagement Officer 	<ul style="list-style-type: none"> Food for health and wellbeing Tackle Inequalities 	Ongoing
Implement the Barnet Advertising and Sponsorship Policy	<ul style="list-style-type: none"> Support the implementation of the Barnet Advertising and Sponsorship Policy which includes a ban on the promotion of foods high in fat, sugar and salt (HFSS) 	<ul style="list-style-type: none"> Sustainable Approach to Food Food for health and wellbeing Tackle Inequalities 	Year 1
Reintroduce food recycling collections	<ul style="list-style-type: none"> Reintroduce food recycling collections to households (as per administration manifesto) Implement the requirements of the Environment Act 	<ul style="list-style-type: none"> Sustainable Approach to Food 	
Embed Food Policy into Wider Council Strategy	<ul style="list-style-type: none"> Violence Against Women and Girls strategy link with Domestic Violence and controlling food. Migrant Health Needs Assessment Fit and Active Barnet Framework Life Chances Strategy Sustainability Strategy 	<ul style="list-style-type: none"> Assets Based Approach Support partnerships Sustainable Approach to Food 	Ongoing
Improve use of Geographic data and Intelligence	<ul style="list-style-type: none"> Capture geographic datasets relating to food to support decision-making and evidence base. Work with local partners to promote use of data and collecting data Promote and further develop the food security dashboard Link data collection with existing strategies 	<ul style="list-style-type: none"> Support partnerships Assets Based Approach Data Led Decision Making 	

Next Steps: Engagement

- The public engagement questionnaire will be open until the 7th October and is available on [Engage Barnet](#).
- Further engagement activities with key communities will also take place during this time.
- The report of engagement findings will be presented to the Board in January 2023.
- All engagement findings will be reflected in the final version of the Food Plan.

FEEDBACK SO FAR:

- Engagement activities delivered so far includes engagement with resident groups and community organisations.
- Feedback so far has been reflected in the draft food plan and includes:
 - Issues raised on rising costs and overall cost of living.
 - Interest in improving cooking skills and knowledge of healthy eating.
 - Comments discussing reducing food waste and getting support in this area.

Next Steps: Governance & Evaluation

Progress on the performance of this plan will be presented and discussed by the Health and Wellbeing Board and will be reported to full council as part of the Barnet Plan, Healthy Workstream.

These progress updates will include a review of our defined process measures and key outcomes in the form of quantitative data and feedback from our local communities.

A full evaluation framework will be presented to Health and Wellbeing Board alongside the final version of this document.

The Barnet Food Steering Group will continue to meet monthly to maintain a multi-agency, joined up approach to strategic implementation.

Next Steps: Barnet Food Partnership

Another mechanism for ensuring work progresses will be the creation of a new cross-sector Barnet Food Partnership.

Local Food Partnerships are cross-sector bodies that own and drive forward agendas on their local food system. In the UK, Local Food Partnerships come together as members of Sustainable Food Places (SFP). Food partnership work has been taking place in Barnet for a number of years, however, we plan to formalise this work by becoming members of SFP, thereby demonstrating the seriousness of our strategic and holistic commitment to taking action on food.

Membership in the Barnet Food Partnership will be available to any organisation who is passionate about delivering a better food future for the borough. The Partnership will support operational delivery of the actions outlined within the Barnet Food Plan. To become a formal food partnership, we will need to demonstrate we are taking action across six areas:

- **Food Governance & Strategy**
- **Healthy Food for All**
- **Good Food Movement**
- **Sustainable Food Economy**
- **Catering + Procurement**
- **Food for the Planet**

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Consultation and Engagement Plan

Barnet Food Plan 2022 to 2027

Author:	Oliver Taylor
Service:	Public Health
Date:	23/08/2022
Version:	2

This Consultation and Engagement Plan is a live document that should be continuously referred to and updated as you progress through the stages of the project.

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1. Introduction

Barnet Council is committed to involving local people in shaping their area and the services they receive. Consultation and engagement is one of the key ways the council interacts with and involves local communities and residents, providing them with opportunities to:

- gain greater awareness and understanding of what the council does
- to voice their views and know how they can get involved
- to have their views fed into the democratic decision making process

This plan aims to provide an effective consultation and engagement programme to help inform the council's *development of the Barnet Food Plan 2022 – 2027*.

The plan aligns to the standards and key guiding principles set out in the council's Consultation and Engagement Strategy and supports the council's Corporate Plan Healthy workstream and Joint Health and Wellbeing Strategy.

2. Consultation and engagement aims and objectives

- To understand and gather views of residents and stakeholders on food projects in Barnet.
- To engage residents and stakeholders to support the production of the Barnet Food Plan that is relevant to and supports them or their work.

3. Key milestones

Note what the key milestones in terms of sign off and committee meetings

The table below outlines the key milestones to the end of the project:

Date	Key Milestones
27 August – 7 October 2022	6-week formal consultation on draft Barnet Food Plan
January 2023	Consultation findings presented to HWBB with draft Barnet Food Plan to approve

4. Delivery of messages

When delivering an effective consultation and engagement programme we need to ensure messages reach all intended audiences, which is why we must adopt a more targeted approach to consultation and engagement.

- Promote the process as being an open, honest and truly consultative
- Identify the different audiences and prepare communication and engagement tools to meet their needs
- Ensure that our approach to consultation and engagement is consistent
- Plan and deliver the core messages and intended outcomes through identified communication channels
- Ensure that all communications and engagement is meaningful and includes all

- relevant parties
- Provide answers to any queries

5. Communication messages

We are encouraging residents and stakeholders to help us set our actions addressing food projects in Barnet over the next four years. We would like to hear your views on our priorities and actions relating to food and how food affects your health and wellbeing.

6. Key Stakeholders

Key stakeholders	Consultation Methods	Methods of promoting the consultation
<i>Residents</i>	<i>Online survey Engagement sessions with key groups</i>	<i>Social media Barnet first e-newsletter Engage Barnet</i>
<i>Residents in key local neighbourhoods</i>	<i>Online survey</i>	<i>Local VCS organisations</i>
<i>Barnet businesses</i>	<i>Online survey</i>	<i>Engage Barnet Business buzz newsletter</i>
<i>Young people</i>	<i>Facilitated session at Barnet Youth Board Survey with school pupils</i>	<i>Youth Board Comms Comms via schools BACE</i>
<i>Parents/carers and families</i>	<i>Online survey</i>	<i>School circular email BACE</i>
<i>Barnet Schools</i>	<i>Online survey</i>	<i>School circular email</i>
<i>VCS (external to working group)</i>	<i>Online survey</i>	<i>Engage Barnet Barnet Together Social Media CTN bulletin Email to VCS links</i>
<i>Anchor institutions – Royal Free London and Middlesex University</i>	<i>Briefing/presentation</i>	<i>Email</i>

7. Outline of consultation approach

Provide a summary of the approach. Note the number of phases of consultation will vary depending on the size and complexity of the project.

Phase 1: This phase is the development activities on the draft plan and include engaging with stakeholders to determine priorities, best practice and the perceived challenges in this area.

- We will run internal workshops with stakeholders to discuss the development of the draft plan and determine the scope and aspirations for the new plan.
- We will commission UCL to conduct focus group sessions with civil society organisations to gain feedback on food security on Barnet and discuss the priorities and aspirations of participants around food.

Phase 2: This phase is the consultation on the draft action plan and engagement with 40

specific stakeholders on the plan and food actions.

- We will run an online survey through the Engage Barnet platform. This will give residents and stakeholders such as businesses and VCS orgs, the opportunity to feedback on the draft plan and provide valuable insight to be used to finalise the plan.
- We will run engagement sessions with specific audiences to discuss the plan and gain their feedback on its content and how they can support its implementation.

8. Levels of Engagement

The detailed plan under section 8 refers to the different levels of engagement as outlined in LBB Consultation and Engagement Strategy to help identify and clearly define the variations of engagement.

Insight	Understand better the needs, views, and concerns of our residents using existing data
Inform	As an open council provide balanced information to assist understanding about something that is going to happen or has happened.
Consult	Capture residents' views on issues of relevance to them. Give an extensive range of opportunities for residents to have their say
Involve	Involve residents in testing, designing, and evaluating what we do to ensure that concerns and aspirations are understood and considered prior to decision making.
Empower	Empower public/service users to co-design, develop, manage and evaluate services. Working together to develop understanding of all issues and interests to work out alternatives and identify preferred solutions.

9. Consultation and Engagement Detailed Plan: Barnet food plan

Phase 1: Development of action plan priorities and vision (5 October – 31 Jan 2022)							
Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Insight and involve	Working group members, internal partners in delivering the food plan		Workshops	<ul style="list-style-type: none"> To understand current best practice and challenges faced by partners. To discuss the draft action plan and what participants want it to achieve. 	<ul style="list-style-type: none"> To prepare focus group sessions To facilitate sessions and collate feedback 	Wider food systems workshop: 5 th Oct 2021 Tackling underlying causes workshop: 11 th Oct 2021 Supporting the resilience of the VCS workshop: 19 th Oct 2021	

Phase 1: Development of action plan priorities and vision (5 October – 31 Jan 2022)

Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Consult and inform	Civil Society Organisations including foodbanks, voluntary sector and parents groups.		Focus groups delivered by University College London	<ul style="list-style-type: none"> To engage stakeholders and draw together knowledge from the local voluntary sector. To inform future action on food security in Barnet. To determine participants' priorities, activities and aspirations for the future around food security. 	<ul style="list-style-type: none"> To commission research project via UCL. To support provider with delivery of focus groups. To review and feedback on findings reports. 	Focus groups to be delivered Dec 2021	

Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates
Consult and involve	Barnet residents	Residents	Online survey	<ul style="list-style-type: none"> To understand the view of the public on the draft plan. To gain feedback to support the production of the final version of the plan. 	<ul style="list-style-type: none"> Prepare questionnaire and consultation materials Complete forms to upload consultation to Engage Barnet 	<p>Questionnaire launch: 26th August</p> <p>Close 7th October</p>
		Residents of specific local neighbourhoods (Grahame Park, key housing estates)	Online survey via local organisations (i.e. Colindale Communities Trust)	<ul style="list-style-type: none"> To understand local needs and priorities around food. To gain views on lived experience of food security amongst local communities. 	<ul style="list-style-type: none"> 	
		Barnet MENCAP	Focus group session	<ul style="list-style-type: none"> How do service users perceive healthy and unhealthy food? What do they see as barriers to healthy eating? 	<ul style="list-style-type: none"> Prepare presentation and activities for session 	Focus group session: 16 th June
		Refugees/migrants	Engagement via Public Health Registrar (Survey with migrants and interviews with professionals)	<ul style="list-style-type: none"> What are the experiences of migrants around the food system in Barnet? How can we ensure that culturally relevant actions are taken around food? 	<ul style="list-style-type: none"> Prepare presentation and activities for session 	August 2022
		Parents/Carers	Online survey	<ul style="list-style-type: none"> What challenges do carers face around healthy food and related issues? 	<ul style="list-style-type: none"> Prepare survey and plan to share link 	<p>Survey open: 27th June</p> <p>Survey close: 22nd July</p>

Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	
		Older adults	Engagement session via AgeUK	<ul style="list-style-type: none"> What are their experiences of access to food or food insecurity? How could the food plan specifically help them to eat healthy, nutritious food every day? 	<ul style="list-style-type: none"> Prepare presentation and activities for session 	Engagement session: 5 th July	
		Weight management service users	Survey via GLL	<ul style="list-style-type: none"> To understand the views of those with lived experience of excess weight. What barriers does this group face in preventing excess weight? 	<ul style="list-style-type: none"> Prepare survey and share with service provider 		
		Children and Young People	Facilitated session with Barnet Youth Board	<ul style="list-style-type: none"> To gain specific feedback of experiences of CYP around food To gain feedback from CYP on the draft plan 	<ul style="list-style-type: none"> Prepare presentation and activities for session 	Youth Board Session: 7 th July	
			University Students	Engagement session (potentially via Middlesex Students Union)	<ul style="list-style-type: none"> To gain specific feedback of experiences of students around food 	<ul style="list-style-type: none"> 	
	Barnet businesses			Online survey Webinar/engagement session	<p>How do businesses see their role in the food plan? What actions do they suggest we take to support the circular economy? What support would businesses like from the system around food and sustainability?</p>	<ul style="list-style-type: none"> Prepare presentation and activities for session 	<p>Questionnaire launch: 26th August</p> <p>Close 7th October</p> <p>Engagement session date: TBC</p>
	VCS organisations via Barnet Together			Online survey, Engagement session via Foodbank network	<ul style="list-style-type: none"> To understand the view of the public on the draft plan. To gain feedback to support the production of the final version of the plan. 	<ul style="list-style-type: none"> Prepare presentation and activities for session 	<p>Engagement session: 27th June</p> <p>Questionnaire launch: 26th August</p> <p>Close 7th October</p>

Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates
	Barnet schools	Staff	Online survey	<ul style="list-style-type: none"> To understand the opportunities for schools to support the plan. To gain feedback to support the production of the final version of the plan. 	<ul style="list-style-type: none"> Prepare survey and plan to share link 	Survey open: 27 th June Survey close: 22 nd July
		Students	Online survey	<ul style="list-style-type: none"> How do CYP perceive healthy or unhealthy foods? What is important to them about the food they eat and how they access it? 	<ul style="list-style-type: none"> Prepare survey and plan to share link 	Survey open: 27 th June Survey close: 22 nd July
	Anchor institutions	Middlesex University, Royal Free London, Barnet ICP	Briefing	<ul style="list-style-type: none"> To determine views on the draft food plan. To understand how anchor institutions can best support the actions of the plan. 	<ul style="list-style-type: none"> Prepare presentation for session 	
	BOOST Service users	Residents at risk of financial vulnerability	Focus group	<ul style="list-style-type: none"> To understand issues around access to food linked to cost of living and financial vulnerability. 	<ul style="list-style-type: none"> Plan sessions and support delivery 	Planned for October 2022

Level of Engagement	Objectives	Communications method	Audience	Detail	Date to complete
Consult and involve	<ul style="list-style-type: none"> To understand the view of the public on the draft plan. To gain feedback to support the production of the final version of the plan. 	Engage Barnet	Engage Barnet webpage visitors	Web page hosting the online questionnaire. Will contain draft food plan and explanatory text about the consultation.	8 th June
		Message in Barnet First	Barnet households	Message in Barnet First advertising the online	8 th June

Level of Engagement	Objectives	Communications method	Audience	Detail	Date to complete
				questionnaire and informing readers of the close date	
		CTN Bulletin	VCS Organisations	Post in CTN bulletin advertising the online questionnaire and informing readers of the close date	
		School circular	Barnet Schools	Post in school circular advertising the engagement session and how to sign up	
		Business Buzz	Barnet Businesses	Post in business buzz advertising the online survey and the engagement session including how to sign up.	
		Social media	Followers of LBB social media accounts and promoted audiences	Messages on LBB Twitter, Instagram and Facebook pages to advertise the consultation and link to Engage Barnet page. Potential for promoted posts to key audiences	
		Barnet Group	Stakeholders linked to TBG	Brief TBG staff and to share consultation details with their network.	

10. Consultation and engagement timeline

This timeline should be used to plan and track the consultation and engagement activity throughout the phases.

	Oct 21	Nov	Dec	Jan 22	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
<u>Phase 1</u>													
Internal workshop													
Focus groups – civil society organisations													
<u>Phase 2</u>													
<i>Stakeholder briefing webinar</i>													
<i>Online survey – residents, businesses, VCS orgs</i>													
<i>Engagement session – Barnet Youth board</i>													
<i>Engagement session – Barnet Schools</i>													
<i>Engagement session – Barnet businesses</i>													
<i>Engagement session – VCS</i>													
<i>Engagement session – health champions</i>													

11. Approximate Costs to Consider

Guidance on costs can be given by the Corporate Consultation Officer

Item	Amount	Approximate Costs
Promoted posts on social media	Costs will depend on frequency of promoted posts on social media	Up to £500
Printed materials	Costs will depend on frequency of leaflets	Up to £200

	<h2>Health and Wellbeing Board</h2> <h3>29th September 2022</h3>
Title	School Superzones Project at Edgware Primary School and Saracens High School
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A– Saracens High School Superzone- EOI Appendix B- Edgware Primary School Superzone- EOI Appendix C- School Superzone Budget Saracens Appendix D- School Superzone Budget Edgware Appendix E- Saracens School Superzone steering group ToR draft Appendix F- Edgware School Superzone steering group ToR draft
Officer Contact Details	Dr Janet Djomba- Consultant in Public Health, janet.djomba@barnet.gov.uk

Summary

School Superzones aim to protect children and young people’s health and enable healthy behaviours, using local authority powers and place-shaping potential to implement environmentally based actions. School Superzones are a notional boundary around an existing or new primary or secondary school or group of schools designated by a local authority and providing a lever to address health and environmental inequalities around schools in areas of deprivation. So far, 13 boroughs in London have participated in this scheme funded by UK Health security Agency (UKHSA).

The Superzone pilots identified a range of benefits resulting from implementing the Superzone approach. Short-term benefits include among others the catalyst for local authorities to establish neighbourhood partnerships, and making a stronger case for local licensing and planning decisions. The overall long-term aim of Superzones is reduced exposure to harmful elements in the urban environment and increased exposure to healthier environment for children and young people, leading to reduced health inequalities. The Superzones programme helps to identify common issues affecting

the environment around schools and provides an opportunity to explore how to address these issues at a local and regional level.

The greatest benefits can be realised by focusing improvements in the most deprived areas.

Edgware Primary School and Saracens High School have been selected because of their location close to redevelopment areas, level of deprivation, current health indicators and risk factors, exposure to road traffic and access to green spaces.

We will work with the local communities, including the school, pupils and parents, community groups, businesses and local councillors, to understand local needs and assets and develop tailored actions.

Based on the needs already identified and possible interventions we will prioritise following areas:

- Active Travel (both schools)
- Air Quality (Edgware primary)
- Food and drink environment (Edgware primary)
- Access to Green Space (both schools)
- Community Safety (Saracens high)

In the longer term Superzones can support co-ordinated borough led approaches to investment in the built environment around schools and the adaptation of existing public space into more child-friendly environments.

Officers Recommendations

- 1. That the Board approve the proposed project for Edgware Primary School and Saracens High School**
- 2. That the Board feedback on the proposed project for Edgware Primary School and Saracens High School**
- 3. That the Board agree on the proposed curtilages of School Superzones and proposed activities**

1. Why this report is needed

- 1.1 This report is to present the project plan for School Superzones, which is launched by London Councils and UK Health Security Agency (UKHSA). Barnet has received grants from UKHSA for two School Superzones: Edgware Primary School and Saracens High School.
- 1.2 Unhealthy exposures in the early years, which affect physical, social and cognitive development, have lifelong effects on many aspects of health and wellbeing, including educational achievement, skills and employment prospects.
- 1.3 School Superzones aim to protect children's health and enable healthy behaviours, using local authority powers and place-shaping potential to implement environmentally based actions. The greatest benefits can be realised by focusing improvements in the most deprived areas.
- 1.4 Local authorities and their partners can take action to improve the health of future generations by addressing environmental harms and assets in the places and spaces where young people spend the most time outside of the home, such as the school and its immediate neighbourhood. Superzones Steering Groups with Terms of Reference have been set-up and include representatives from Barnet Council services and external stakeholder (Appendix E and F). The steering groups will report to Health and Wellbeing Board on quarterly basis.

1.5 The proposed activities are in line with the overall School Superzones project requirements (Appendix A and B). The areas where we'll focus our activities were selected based on specific characteristics of the areas:

1.5.1 Edgware Primary School:

The School Superzones areas of intervention that we will address are:

- *Traffic calming, noise pollution and air quality measures*- Working with families to address their primary concerns, undertaking a school air quality audit and developing a suite of interventions to meet current and future need.
- *Healthy Lifestyles*- working with businesses through Barnet's Healthier High Streets Programme to create a welcoming and inclusive space that promotes a healthy and active life. We can also explore opportunities for food growing spaces and community gardens, where there is demand.
- *Safe, green spaces for children to play*- There are proposals for open spaces and children's playgrounds via the redevelopment. The Superzone programme enables us to co-design future greenspaces with families to help improve physical activity through play and mental wellbeing.

Edgware Primary Superzone, as a community focal point, aims to maximise opportunities to improve health and wellbeing outcomes as part of the redevelopment. We will achieve this by:

- Putting families at the centre of change in Edgware through wide-scale and ongoing engagement.
- Co-design a series of interventions with the school and involve them in decision making, developing tangible outcomes in the short/medium term as well as contributing to long term redevelopment plans
- Support the school community, children and their families to change their behaviours to improve health and wellbeing
- Make use of existing assets; embedding agreed Superzone interventions into redevelopment work and making use of Community Infrastructure Levy (CIL) allocations where possible
- Develop a framework to measure the health and wellbeing outcomes for large scale redevelopment schemes

1.5.2 Saracens High School:

The School Superzones areas of intervention that we will address are:

- *Active Travel*- infrastructure change, behaviour change interventions, cycle skills training
- *Creating a Community Hub*- school outdoor space available to the wider community outside of school hours, providing a safe space for children and young people to socialise and play. This space could accommodate a community garden where the produce can be used for school meals.
- *Community Safety*- public realm improvements alongside behaviour change campaigns as key mechanisms of change that all Superzone could support.

The Saracens School Superzone aims to target the environmental health and wellbeing challenges for some of Barnet's most vulnerable young people. We will achieve this by:

- Putting young people and families at the centre of change in Grahame Park through wide-scale and ongoing engagement and placing the school as a focal hub within the community
- Co-design a series of interventions with the school community and neighbourhood involving them in decision making

- Empower young people to take community/widespread action to create a safer, healthier environment within and around the school
- Support young people, their families and the school community to change their behaviours to improve health and wellbeing
- Break down any cultural divides and work as one community
- Make use of existing community assets by aligning agreed Superzone interventions to ongoing work undertaken by Barnet Council Community safety team, Colindale Communities Trust, Notting Hill Genesis and Barnet Homes, School engagement with voluntary organisations as well as wider regeneration plans for the area.

2. Reasons for recommendations

2.1 School Superzones provide a lever to address health and environmental inequalities around schools in areas of deprivation. Local authorities work with the local community – including the school, pupils and parents, community groups, businesses and local councillors – to understand local needs and assets. In the longer-term, School Superzones can support co-ordinated borough led approaches to investment in the built environment around schools and the adaptation of existing public space into more child-friendly environments.

2.2 Edgware Primary School and Saracens High School were selected based on their demographic, socio-economic, health and environmental characteristics;

2.2.1 Edgware Primary School:

- The redevelopment of the Broadwalk Shopping Centre, car park and Edgware Station sites will result in significant regeneration and investment and an influx of new residents, businesses, workers, evening economy, leisure and other uses.
- In Edgware, 35% of the proportion of the working age population claim Department of Work and Pension (DWP) benefits.
- In Edgware, 14% of children aged 0-15 in the area live in absolute low-income families and 20.7% of Children in Burnt Oak ward are living in poverty
- 40% of children at Edgware Primary are eligible for free school meals
- Percentage of greenspaces is significantly lower in Edgware/Burnt Oak (2.1%) than Barnet as a whole (14.2%)

2.2.2 Saracens High School:

- The majority of students attending Saracens are residents of the Grahame Park estate
- Residents of Grahame Park live in the 20% most deprived neighbourhoods in England (IMD, 2019) and over half live in the 10% most deprived neighbourhoods in England.
- 61.3% of residents are Black, Asian and other Minority Ethnic groups (BAME) with a low proportion of English as a first language
- There are higher rates of crime, especially antisocial behaviour.
- Residents are more likely to be physically inactive compared to the London average and the design of the area does not promote active travel.
- Percentage of greenspaces is lower in Grahame Park (2.1%) than Barnet as a whole (14.2%)

- 2.3 Learning outcomes from this project will inform how we effectively bring together stakeholders from a broad range of areas to co-produce measures to affect change. We will measure the wider health benefits of regeneration. The outcomes will also help to inform and influence the Council's work on addressing disproportionality and reduce inequalities. Furthermore, it will provide vital insight into how we actively engage children and their families within public realm improvements centred around an educational setting and linking school communities with the wider local community and neighbourhood. Learning from the engagement of the school will inform our prevention programmes across the wider educational sector.

3. Alternative options considered and not recommended

- 3.1 Not applicable

4. Post decision implementation

- 4.1 We will implement the project as per proposed timeline to meet the requirements of the grant:
- Start: August/September 2022
 - 1-3 months: We will hold workshops for young people, their families and the school community to identify the programme vision and key mechanisms of change. We will co-design the Superzone action plan with partners, students, families, staff and wider school community; employing an expert facilitator as necessary to facilitate workshops.
 - 4-11 months: We will implement interventions identified and structured within the action plan. This will include a mix of activities within the school as well as those outside the school. We will support children and families to take part/promote their chosen interventions where possible.
 - 12 months: Final workshop with stakeholders to understand what works and what doesn't work. The feedback received during the action plan development phase will be incorporated longer term interventions happening in the area.
 - The legacy of this project will extend beyond the initial 12 months period and will be integrated into the delivery of more ambitious, long-term projects that are already being planned or have been identified through mapping.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 School Superzones actions are supporting the delivery of Barnet Labour Manifesto directly or indirectly in following areas:
- Our green spaces
 - A safer Barnet
 - Town centres
 - Our communities

- Climate change
- A better Barnet

5.1.2 The projects at both schools are co-designed with communities. Co-design is a core objective of the new council administration. School Superzones emphasise the importance of putting the needs of residents at the centre of delivery in the local area and provides opportunity to embed this approach into the ways we work long term.

5.1.3 School Superzones will support delivery of the Joint Health and Wellbeing Strategy. Primarily the actions will link to the commitment to create a healthier environment within key area one of the Joint Health and Wellbeing Strategy.

5.1.4 The project will help us to understand how successful place based interventions are. This will help to inform the continuation of the programme and allow learning to be shared for future projects across Barnet. Learning will also help inform other prevention programmes within communities and neighbourhoods in the Borough.

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

5.2.1 School Superzones will be funded from two main sources (Appendix E and F):

- The proposed activities mainly align with existing workstreams across the Council, therefore part of the resources will be covered from existing budgets and staffing of the public health directorate, other council departments, partner agencies and Voluntary and Community sector organisations,
- We have received a grant for the School Superzones by UKHSA, for the duration of 12 months. The grant funding will be used for activities not included in existing resources, such as:
 - Commission an expert facilitator to conduct workshops and engage community members
 - Implementation of small scale interventions identified through our mapping

5.2.2 Where possible, we will identify match funding from other sources such as CIL allocations and Local Implementation Plan (LIP) funding. We will ensure that current funded programmes and interventions will be shaped by the learning from this work and be used to extend the initiatives through the project. In the absence of additional funding we will limit activities within existing resources and UKHSA grant.

5.3 **Legal and Constitutional References**

5.3.1 Article 7 of the council constitution sets out the functions of the Health and Wellbeing Board. These functions are:

- 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.
- 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.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both

improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.

- To provide collective leadership and enable shared decision making, ownership and accountability
- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership
 - Developing further health and social care integration.

5.4 Insight

5.4.1 Data and information from Barnet Joint Strategic Needs Assessment (JSNA), Office for National Statistics (ONS) were used alongside local environment and traffic data. Barnet Public Health also undertook a Health Impact Assessment (HIA) of the first lockdown measures on children and young people in the Borough. The HIA findings on how the measures changed lifestyle habits have been further evidenced in national research.

5.4.2 Due to the complex nature of measuring the value of a whole systems intervention such as a school Superzone, we will work closely with the GLAs external evaluation provider and UCL team appointed to support action plan development, to create a comprehensive evaluation framework prior to project commencement. This document will clearly define evaluation methodology, such as capturing programme activity data, forums and workshops, and existing data on health and wellbeing/resident perceptions.

5.4.3 We will work with the external provider to clearly define outcomes which will include:

- Self-reported improvements in mental wellbeing and resilience (from baseline)
- Self-reported improvements in physical wellbeing (from baseline)
- Self-reported improvements in self-efficacy (e.g., young people feel they have control over their health and wellbeing)
- Self-reported improvements in how young people feel about their local area and school community
- Number of young people engaged in workshops
- Number of young people participating in an intervention
- Number of young people taking a leadership role in championing interventions
- Young people feel they are listened to, trusted and supported
- Increased engagement in active travel (from baseline)
- Increased uptake of school lunches/ healthy options (from baseline)

5.5 Social Value

5.5.1 With co-designing the project with communities and including them actively in the delivery we aim to increase the social capital and cohesion in the areas. We will work to ensure that the actions and ambitions of the plan deliver social value. This includes

working as a partnership with the voluntary and community sector to deliver the project. The planned actions should bring benefits to the wider community and the partnership.

5.6 Risk Management

5.6.1 We identified the three main risks and how to mitigate them.

5.6.1.1 Risk 1: Schools become unable to prioritise support and action.

- Some of the larger infrastructure changes will take significantly longer than 12 months to complete and it is important that interventions that are possible in the short/medium term are identified so that the benefits of the scheme are tangible for the school community.
- Adjust the programme to meet the new needs of the school and consider how the project aligns with emerging priorities, adopting a flexible approach to programme delivery
- Continue with wider environmental/ community initiatives until the school is able to actively participate and continue to keep them informed and involved in decision-making where possible.

5.6.1.2 Risk 2: Partners not being able to prioritise support action.

- Take a flexible approach to programme delivery and identify smaller, quick wins that engaged partners can take ownership of.
- Manage expectations from partners at the outset of the programme and ensure they are given every opportunity to participate in the production of an action plan
- Continue with school and environmental/ community initiatives until they are able to take part. Adjust programme to be meet new needs of the community.

5.6.1.3 Risk 3: Cost of interventions identified by the community exceed available funding.

- Manage programme expectations from the outset and using a four-step approach to prioritize which project requirements will provide the best return on investment (MosCoW rating) to clearly define and agree a core offer for the programme
- Identify additional available funding sources (e.g., CIL/match funding from Ballymore)
- Actively seek out any external funding opportunities where available
- Ensure any infrastructure changes that are chosen are defined as 'high impact' and are accompanied by lower cost behaviour change initiatives to maximise impact and sustainability

5.7 Equalities and Diversity

5.7.1 The projects aims to contribute towards reducing health inequalities and is primarily targeting communities at higher risk for poor health and financial vulnerability. The projects are based in the school, their communities and neighbourhood. The priority are all students at the schools, regardless of age, gender, social or ethnic background.

5.8 Corporate Parenting

5.8.1 The project plan includes actions for all in the targeted groups and areas including those in care and looked-after children.

5.9 Consultation and Engagement

5.9.1 Engagement is a core stage of our action plan. We have planned engagement activities from the outset of the programme and we will continue to monitor engagement throughout, embedding it into our evaluation framework. Partners will co-develop a project vision and agree key mechanisms of change, helping to foster mutual ownership for action implementation. We have also identified key mechanisms for keeping partners engaged. Where possible, we will empower families to champion specific interventions outlined within the action plan. For example, planning and hosting of activities on the play street.

5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a positive impact on the Council's carbon and ecology impact, or at least it is neutral.

6. Background papers

6.1 School Superzones – project description

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Saracens High School Superzone-draft EOI

Where is your selected school Superzone and what are the expected geographical parameters?

Saracens High School, NW9 4AS. The expected geographical parameters will be a 300 metre radius around the school

Provide a brief description of the Superzone aims and objectives (200 words)

The Saracens School Superzone aims to target the environmental health and wellbeing challenges for some of Barnet's most vulnerable young people. We will achieve this by:

- Putting young people and families at the centre of change in Grahame Park through wide-scale and ongoing engagement and placing the school as a focal hub within the community
- Co-design a series of interventions with the school community and neighbourhood involving them in decision making
- Empower young people to take community/widespread action to create a safer, healthier environment within and around the school
- Support young people, their families and the school community to change their behaviours to improve health and wellbeing
- Break down any cultural divides and work as one community
- Make use of existing community assets; aligning agreed superzone interventions to ongoing work undertaken by Colindale Communities Trust, Notting Hill Genesis and Barnet Homes, School engagement with voluntary organisations as well as wider regeneration plans for the area.

We want to understand how successful the programme is in achieving its aims and objectives in order to understand what does and doesn't work. This will help to inform the continuation of the programme and allow learning to be shared for future projects across Barnet.

Provide a description of the Superzone key activities to be undertaken (500 words)

Initial conversations with stakeholders identified key areas of opportunity:

- *Active Travel.* Young people do not feel safe walking and cycling to school due to road safety concerns around the school entrance/exit. There is currently no formal pedestrian road crossing from the Grahame Park Estate to the school and the pavement is not wide enough to accommodate students, leading to overspill onto the road. Any infrastructure changes would be complimented by behaviour change programming such as cycle skills training and STARS.
- *Creating a Community Hub.* There is an ambition to make the school outdoor space available to the wider community outside of school hours, providing a safe space for children and young people to socialise and play. This space could accommodate a community garden where the produce can be used for school meals. The design of the space would be co-developed with the community to ensure it meets an identified need. A Community Use Agreement will be put in place to support this.
- *Community Safety.* The Grahame Park Health Needs Assessment identified safety concerns within the nearby estate, with the rate of antisocial behaviour, violence,

theft, public order and drugs incidents all ranking significantly higher than Barnet as a whole. Delivering public realm improvements alongside behaviour change campaigns are two key mechanisms of change that a school superzone could support

the Superzone action plan will be co-developed with young people, the school and the community, and will inform the specific interventions and the outcomes of the action plan. Our key activities can be grouped into three phases:

Phase 1: Co-design action plan (September-November 2022: 3 months)

We will hold workshops for young people, their families and the school community to identify the programme vision and key mechanisms of change.

- Map existing environmental health and wellbeing challenges and assets both within the school and the wider Superzone area
 - 2x workshops with students, parents/ carers and staff/ school community
 - 1x workshop with council staff and other local stakeholders (e.g., Colindale Community Trust)
- 1-2x workshops with all stakeholders to develop action plan

We will employ an expert facilitator to conduct these workshops to capture the voices of the local community in the plans and fostering mutual ownership for identified interventions.

Phase 2: Co-Implementation of Interventions (8 months)

Implementation of the interventions identified within the action plan will include a mix of activities within the school (e.g., STARS, Resilient Schools) as well as those outside the school (e.g., road infrastructure improvements). Where possible, we will encourage young people to champion interventions.

Phase 3: Follow-Up and Sustainability (1 month)

In the final month of the project, a closing workshop will be undertaken with stakeholders to discuss learning. The majority of interventions to be integrated into business as usual for local stakeholders.

The legacy of this project is likely to extend past the initial 12 months period and there are existing delivery mechanisms in place to deliver more ambitious, long-term projects. Learning will also help inform other prevention programmes within secondary schools within the Borough.

When do you expect to start spending the funding?

August 2022

When do you expect to finish spending the funding?

August 2023

How much funding are you requesting?

£30,000

Which of the following health determinants will your Superzone improve?

Active Travel

Provide a brief overview of how and why this areas has been selected? (300 words)

The majority of students attending Saracens live within a one mile radius of the school and many students are residents of the Grahame Park estate, located across the road from the school. Below is a summary of some of the key demographic data for the area:

- Residents of Grahame Park live in the 20% most deprived neighbourhoods in England (IMD, 2019) and over half live in the 10% most deprived neighbourhoods in England.
- 61.3% of residents are BAME with a low proportion of English as a first language
- There are higher rates of crime, especially antisocial behaviour.
- Grahame Park residents have a lower life expectancy and healthy life expectancy than the Barnet average.
- The mental health needs of the population are high – 9.1% of residents are living with depression.
- Smoking is more common on the Estate (19.1%) compared to the London average (14%).
- Residents are more likely to be physically inactive (27%) compared to the London average (22%), and the design of the area does not promote active travel.
- Greenspace is lower in Grahame Park (2.1%) than Barnet as a whole (14.2%)
- 9.1% of the total number of people claiming Universal Credit in Barnet live in Colindale ward, where Grahame Park is located
- 34.7% of children live in relatively low incomes families, compared to Barnet 14.5% (DWP, 2019)
- 24% of Year 6 children are very overweight in Grahame Park, compared to 20.5% for London (NCMP 2019-20).
- One of the key concerns raised by residents in the Neighbourhood Change Residents Survey (2019) was provision for young people in the area.

Co-design is a core objective of the new council administration. The Saracens High School Superzone emphasises the importance of putting the needs of residents at the centre of delivery in the local area and provides opportunity to embed this approach into the ways we work long term. The Saracens High School Superzone area also encompasses two other schools, Blessed Dominic & St. James Schools which will also benefit from any improvements in public realm and road safety infrastructure, as all three schools are located on the same road.

Briefly describe how your Superzone activity will address inequalities and the impacts of the COVID-19 Pandemic.

The full impact of the pandemic is still being understood but Grahame Park has been disproportionately impacted by COVID-19. Grahame Park has a significantly higher Black, Asian and Minoritised Ethnic Group (BAME) population (61.3%) compared to the Barnet average (35.5%). [Public Health England](#) confirmed an association between belonging to some ethnic groups and the likelihood of testing positive, being hospitalised, and dying with COVID-19. Grahame Park also has a higher percentage of residents receiving disability benefits compared to Barnet. Those with pre-existing health conditions were more at-risk of severe infection.

The wider impacts of the pandemic, especially the economic fallout, have also disproportionately affected residents of Grahame Park. There was a significant increase in

residents claiming Job Seekers Allowance and Universal Credit in March 2020. Many residents are already struggling financially – one-third of children live in relative low-income families – and do not have the disposable income to cushion cost of living increases. Many of the services residents relied on were disrupted (i.e. sexual health outreach was paused), but many of the residents are digitally excluded and struggled to access the alternative provision.

While the School Superzone cannot remove all of these issues (i.e. the increasing cost of living), it will help to reduce the detrimental impact of them on the health and wellbeing on students and the wider population. Improving active travel, for example, will improve the health of the population, which will help to mitigate the impact of poverty and inequality on their health. Creating a community hub will support residents isolated by digital exclusion during the pandemic, allowing them to connect and socialise with others in the community. Addressing community safety issues will allow residents to enjoy outdoor spaces more, which many do not have the confidence to do, which, in turn, will improve physical and mental health.

Please list the relevant project stakeholders and delivery partners. (250 words)

Matt Stevens, Principal at Saracens School and leadership team.
School staff- PSHE leads, Welfare Team, Pastoral care, catering
Students attending Saracens High School
Parents and caregivers of students attending Saracens High School
Residents on the Grahame Park Estate
Bina Omare, Colindale Communities Trust
Sherine McFarlane, Notting Hill Genesis
Michelle Davies, Regeneration Service Manager for Barnet Homes
Fiona La Crette (School Travel Advisor, Barnet Council)
Dr. Lucy Natarajan, Bartlett School of Planning, UCL
Matt Leng, Barnet Community Safety Team
Matt Smith, Susan Hunter & Paul Bowker (Barnet Regeneration Team)
Trisha Boland, Regeneration Manager (Barnet Council)
*Consultant appointed to develop the Movement Delivery Plan for Colindale (currently undergoing procurement processes)
GLA External Evaluation Partner (supporting development of programme evaluation framework)
Provider for Healthy Schools London Award Programme
Young Barnet Foundation

How will you engage with these partners throughout this project?

Engagement will be at the centre of the development and delivery of our action plan. We have planned engagement activities from the outset of the programme and we will continue to monitor engagement throughout, embedding it into our evaluation framework.

We have identified three key mechanisms for keeping partners engaged:

- We propose that the appointed expert facilitator for our workshops will be Colindale Communities Trust and their partner, Youth Realities both of whom have established and long-standing relationships with young people and local residents at large. If our bid for Edgware Primary Superzone is also successful, we will use the UCL Urban Planning research team to support action plan development across both bids.

- Feedback from pilot superzones highlighted school disengagement during the progression of the programme. Alongside the environmental challenges addressed within the scope of the superzones prospectus, we will deliver behaviour change programmes within the school such as Ministry of Food, student cycle training and the Resilient Schools programme; implementing a whole school approach to health and wellbeing.
- Where possible, we will empower young people to take a leadership role and to champion specific interventions outlined within the action plan. For example, the management of a community garden or the designing of a community hub.

How will you measure effectiveness of your Superzone? (250 words)

Due to the complex nature of measuring the value of a whole systems intervention such as a school superzone, we will work closely with the GLAs external evaluation provider to develop a comprehensive evaluation framework prior to project commencement. This document will clearly define evaluation methodology which will include methods such as capturing programme activity data, forums and workshops, survey and existing data on health and wellbeing/resident perceptions. We will also work with the external provider to clearly define outcome, process and potential balancing measures for the programme. This is likely to include;

- Self-reported improvements in mental wellbeing and resilience (from baseline)
- Self-reported improvements in physical wellbeing (from baseline)
- Self-reported improvements in self-efficacy (e.g., young people feel they have control over their health and wellbeing)
- Self-reported improvements in how young people feel about their local area and school community
- Number of young people engaged in workshops
- Number of young people participating in an intervention
- Number of young people taking a leadership role in championing interventions
- Young people feel they are listened to, trusted and supported
- Increased engagement in active travel (from baseline)
- Increased uptake of school lunches/ healthy options (from baseline)

What are the short/medium-term project benefits and how will these be measured? (250 words)

Short and medium term project benefits can be grouped into two overarching themes: Health and Engagement. We will measure this via baseline surveys/forums/workshops with students, school community and wider neighbourhood engagement. A 12 month follow-up survey will identify any changes and improvement. Where data has already been collected from existing surveys, this will be used to avoid survey fatigue. Some sample questions:

Health

- Self-reported improvements in mental wellbeing and resilience (from baseline)
- Self-reported improvements in physical wellbeing (from baseline)
- Increased engagement in active travel (from baseline)
- Increased uptake of school lunches/ healthy options (from baseline)
- Improvements in health and physical literacy
- Self-reported improvements in self-efficacy (e.g., young people feel they have control over their health and wellbeing)

Engagement

- Self-reported improvements in how young people feel about their local area
- Number of young people engaged in workshops
- Number of young people participating in an intervention
- Number of young people taking a leadership role in championing interventions
- Young people feel they are listened to, trusted and supported

What are the anticipated longer-term project benefits (health impacts)? (250 words)

Although we will not be able to measure the longer term health impacts during the 1-year project timescales, the ultimate aim of the project is to increase physical activity, healthy lifestyle choices and improve the mental health of local residents, leading to a reduction in:

- Obesity, type 2 diabetes and cardiovascular disease
- Anxiety and depression

And improvements in;

- Social networks and sense of belonging in the community
- Mental health and emotional resilience
- Healthy weight management
- Healthy Life Expectancy

How will you ensure the long-term sustainability of the project by embedding the work into mainstream practice? (250)

By defining a clear process for community engagement and by investing in a robust evaluation framework, we will be able to use the learning from the programme to shape a model for future work in areas undergoing regeneration. Learning outcomes from this project will inform how we effectively bring together stakeholders from a broad range of areas to affect change and measure the wider social and health benefits of regeneration. Furthermore, it will provide vital insight into how we engage young people within public realm improvements. children and their families within public realm improvements centred around an educational setting and linking school communities with the wider local community and neighbourhood. Learning from the engagement of the school will inform our prevention programmes across the wider educational sector.

Within Grahame Park and Colindale at large, the findings from the workshops will inform large scale regeneration programmes, such as the implementation of the Colindale Movement Delivery Plan.

Please describe the top three risks to your project succeeding and the actions you will carry out to reduce the chance of those risks happening or impacting your project. (100 words per risk)

Risk 1

Saracens High School become unable to prioritise support and action.

- Adjust the programme to meet the new needs of the school and consider how the project aligns with emerging priorities, adopting a flexible approach to programme delivery
- Continue with wider environmental/ community initiatives until the school is able to actively participate and continue to keep them informed and involved in decision-making where possible.

Risk 2

Partners not being able to prioritise support action.

- Take a flexible approach to programme delivery and identify smaller, quick wins that engaged partners can take ownership of.
- Manage expectations from partners at the outset of the programme and ensure they are given every opportunity to participate in the production of an action plan
- Continue with school and environmental/ community initiatives until they are able to take part. Adjust programme to be meet new needs of the community

Risk 3

Cost of interventions identified by young people and the community exceed available funding.

- Manage programme expectations from the outset and make use of MosCoW rating to clearly define and agree a core offer for the programme
- Identify additional available funding sources (e.g., CIL)
- Actively seek out any external funding opportunities
- Ensure any infrastructure changes that are chosen are defined as 'high impact' and are accompanied by lower cost behaviour change initiatives to maximise impact and sustainability

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Edgware Primary School Superzone-draft EOI
<p>Where is your selected school Superzone and what are the expected geographical parameters?</p>
<p>Our proposed school superzone based around Edgware Primary School, HA8 9AB will mirror the same area defined in the Edgware SPD.</p>
<p>Provide a brief description of the Superzone aims and objectives (200 words)</p>
<p>The redevelopment of the Broadwalk Shopping Centre, car park and Edgware Station sites will result in 4,000 new homes, significant regeneration and investment and an influx of new residents, businesses, workers, evening economy, leisure and other uses. The Edgware Primary Superzone, as a community focal point, aims to maximise opportunities to improve health and wellbeing outcomes as part of this redevelopment. We will achieve this by:</p> <ul style="list-style-type: none"> • Putting families at the centre of change in Edgware through wide-scale and ongoing engagement. • Co-design a series of interventions with the school and involve them in decision making, developing tangible outcomes in the short/medium term as well as contributing to long term redevelopment plans • Support the school community, children and their families to change their behaviours to improve health and wellbeing • Make use of existing assets; embedding agreed superzone interventions into redevelopment work and making use of CIL allocations where possible • Develop a framework to measure the health and wellbeing outcomes for large scale redevelopment schemes <p>The learning from the challenges and successes of this programme will inform other redevelopment programmes and delivery of prevention initiatives to educational settings in the future.</p>
<p>Provide a description of the Superzone key activities to be undertaken (500 words)</p>
<p>Following a review of the Edgware SPD and initial discussions with stakeholders, we have identified three key areas of opportunity:</p> <ul style="list-style-type: none"> • <i>Traffic calming, noise pollution and air quality measures.</i> Public realm in and around the school will be significantly altered by the redevelopment of the shopping centre and it is likely to be impacted by construction related noise and air pollution. The superzone action plan will work with families to address their primary concerns, undertaking a school air quality audit and developing a suite of interventions to meet current and future need. For example, the creation of a School Street or improved active travel infrastructure and other air quality measures. • <i>Healthy Lifestyles.</i> Edgware Town Centre is a major town centre with a range of high street amenities on offer. A school superzone action plan for the area can work with businesses to create a welcoming and inclusive space that promotes a healthy and active life. We will work with businesses to promote Barnet's Healthier

High Streets Programme and creating a good food retail plan including supporting healthier catering commitment, Refill, Breastfeeding Welcome, Dementia Friendly and the Community Toilet Scheme. We will link the activities happening outside the school gate to those within the school community developing healthy eating behaviour change interventions, increasing health and physical literacy, cooking skills, and exploring opportunities for food growing spaces and community gardens where there is demand. We can also explore opportunities for food growing spaces and community gardens where there is demand.

- *Safe, green spaces for children to play.* Edgware lacks green and open spaces. Affordable activities for families has also been identified as a key priority. There are proposals for open spaces and children’s playgrounds via the redevelopment of the current Station forecourt and also plans to link Edgware Town Centre to existing greenspaces, beyond the redevelopment area. The superzone programme enables us to co-design future greenspaces with families to help improve physical activity through play and mental wellbeing.

As we will be co-developing the Superzone action plan with families, the precise interventions we take forward will depend on the outcomes of the development process. Our key activities can therefore be grouped into three phases:

- 1-3 months: Co-design the superzone action plan with students, families, staff and wider school community; employing an expert facilitator as necessary to facilitate workshops
- 4-11 months: Implementation of interventions identified and structured within the action plan. This will include a mix of activities within the school (e.g., cycle training) as well as those outside the school (e.g., school streets). We will support children and families to take part/promote their chosen interventions where possible.
- 12 months: Final workshop with stakeholders to understand what works and doesn’t work. The feedback received during the action plan development phase will support longer term pieces of work happening in the area. Therefore, the legacy of this project will extend beyond the initial 12 months period and be integrated into the delivery of more ambitious, long-term projects that are already being planned or have been identified through mapping.

Superzone grant funding will be used for two main purposes:

- Appointing an expert facilitator to conduct workshops and engage community members
- Implementation of small scale interventions identified through our mapping

Where possible, we will identify match funding from other sources such as CIL allocations and LIP funding. We will ensure that current funded programmes and interventions will be shaped by the learning from this work and be used to extend the initiatives through the project.

When do you expect to start spending the funding?

August 2022

When do you expect to finish spending the funding?

August 2023

How much funding are you requesting?

£30,000

Which of the following health determinants will your Superzone improve?

Active Travel
Air Quality
Food and drink environment
Access to Green Space

Provide a brief overview of how and why this areas has been selected? (300 words)

Co-design is a core objective of the new council administration. The Edgware School Superzone emphasises the importance of putting the needs of residents at the centre of delivery in the local area and provides opportunity to embed this approach into redevelopment.

Ballymore Group who are leading on the redevelopment of the area are currently in pre-application discussions with LB Barnet and the GLA and anticipate submitting an outline planning application by the end of the year, making this a critical time in the process for community input into the programme.

The catchment area for Edgware Primary School sits between the south end of Edgware Ward and the North End of Burnt Oak. Edgware is also the main town centre for residents living in Burnt Oak ward. Edgware is ranked amongst the 50% most deprived neighbourhoods in the country and Burnt Oak is ranked amongst the 20% most deprived neighbourhoods in the country.

Below is a summary of some of the key demographic data for the area:

- In Edgware, 35% of the proportion of the working age population claim DWP benefits.
- In Edgware, 14% of children aged 0-15 in the area live in absolute low-income families and 20.7% of Children in Burnt Oak ward are living in poverty
- 40% of children at Edgware Primary are eligible for free school meals
- Greenspace is significantly lower in Edgware/Burnt Oak (2.1%) than Barnet as a whole (14.2%)
- 24% of the households in the live in poverty and 13% of the households live in fuel poverty

By embedding the Edgware School Superzone into redevelopment of Edgware Town Centre, we will maximise the impact the programme has, to influence the wider determinants of health. By influencing longer term development of a major town centre, the health and wellbeing benefits of the scheme will affect a much wider range of residents and it builds sustainability into programme delivery.

The presence of a significant City scale regeneration proposal also allows synergies and presents many opportunities for joined up and holistic working as well as potential opportunities in terms of funding and programmes. The development does also however bring potential impacts in terms of construction noise and pollution which need to be addressed if the school is not to be adversely impacted.

Briefly describe how your Superzone activity will address inequalities and the impacts of the COVID-19 Pandemic.

The full impact of the pandemic is still emerging. but it is already clear that the longer term impact on lifestyle habits, education, mental wellbeing, health service provision and poverty is profound and has exposed many vulnerabilities that many children and their families live with.

Barnet Public Health undertook a Health Impact Assessment (HIA) of the first lockdown measures on children and young people in the Borough. The HIA findings on how the measures changed lifestyle habits have been further evidenced in national research. In terms of Long COVID, ONS data has shown that 7.4% of children aged 2-11 and 8.2% of those aged 12-16 report continued symptoms. The Superzone framework will enable a structured approach to addressing specific health inequalities and pandemic impacts such as through supporting healthy weight management, reengagement with open space and physical activity and a greater sense of belonging and community. The programme will be fully aligned with the Barnet transition to Living with COVID.

From an environmental perspective, whilst traffic and commuting levels have reduced for longer distance commutes due to the pandemic, we have seen indications across the borough of increased congestion in town centres and around schools associated with the 'school run' in the mornings and afternoons.

This additional traffic and congestion brings with it attendant safety risks for vulnerable road users such as children and cyclists and pedestrians. It heightens air quality and noise pollution issues and it makes it more difficult for sustainable modes to be used to journey to school.

By tackling these issues and supporting more active travel the bid would be addressing various aspects of the pandemic

Please list the relevant project stakeholders and delivery partners. (250 words)

Alison Jacob, Head Teacher at Edgware Primary School
Students attending Edgware Primary School
Parents and caregivers of students attending Edgware Primary School
Residents within the school superzone area
Businesses within the school superzone area
Deepa Chauhan, SAFA (Burnt Oak Community Group)
Dr. Lucy Natarajan, Bartlett School of Planning, UCL
Payal Brahmhatt, Public Health Business Engagement Officer
Simon Ryan, Ballymore Group
Louis Bynoe, Safe and Sustainable Transport Team
Matt Leng, Barnet Community Safety Team
Ravinder Dhanjal, Town Centre Investment Manager (Barnet Council)
Edgware Board
Provider for Healthy Schools London Award Programme
Barnet Public Health Children and Young Peoples Team
Janet Matthewson, Young Barnet Foundation
GLA External Evaluation Partner (supporting development of programme evaluation framework)

How will you engage with these partners throughout this project?

Engagement will be at the centre of the development and delivery of our action plan. We have planned engagement activities from the outset of the programme and we will continue to monitor engagement throughout, embedding it into our evaluation framework. Partners will co-develop a project vision and agree key mechanisms of change, helping to foster mutual ownership for action implementation. We have also identified key mechanisms for keeping partners engaged:

- We propose that the appointed expert facilitator for our community workshops will be SAFA in partnership with UCL. Together, they have an established and long-standing relationship with local residents and the knowledge and expertise in the field of public participation in strategic urban decisions-both of which are needed in order to produce a high quality action plan.
- Feedback from pilot superzones highlighted school disengagement during the progression of the programme. Alongside the environmental challenges addressed within the scope of the superzones prospectus, we will deliver behaviour change programmes within the school such as a review of school food provision, student cycle training and joining the Resilient Schools programme; implementing a whole school approach to health and wellbeing.
- Where possible, we will empower families to champion specific interventions outlined within the action plan. For example planning and hosting of activities on the play street.

How will you measure effectiveness of your Superzone? (250 words)

Due to the complex nature of measuring the value of a whole systems intervention such as a school superzone, we will work closely with the GLAs external evaluation provider and UCL team appointed to support action plan development, to create a comprehensive evaluation framework prior to project commencement. This document will clearly define evaluation methodology, such as capturing programme activity data, forums and workshops, and existing data on health and wellbeing/resident perceptions. We will also work with the GLA external provider to clearly define outcome, process and potential balancing measures for the programme. This is likely to include;

- Self-reported improvements in mental wellbeing (from baseline)
- Self-reported improvements in physical wellbeing (from baseline)
- Self-reported improvements in how families feel about their local area
- Number of families engaged in workshops
- Number of families taking a leadership role in championing interventions
- Residents feel they are listened to, trusted and supported
- Increased engagement in active travel (from baseline)
- Increased uptake in healthier high streets programme (from baseline)
- Number of long-term interventions that have been embedded into redevelopment plans for the area
- School reported improvements in food standards and healthy eating amongst school community (from baseline)
- Self reported improvements in mental health and resilience within school community (from baseline)

What are the short/medium-term project benefits and how will these be measured? (250 words)

Short and medium term project benefits can be grouped into two overarching themes: Health and Engagement. We will measure this via baseline surveys/forums/workshops

with students, families and the school community. A 12 month follow-up survey will be undertaken to note if there has been any improvement. Where data has already been collected from existing surveys, this will be used to avoid survey fatigue. Suggested areas to survey:

Health

- Self-reported improvements in mental wellbeing and resilience (from baseline)
- Self-reported improvements in physical wellbeing (from baseline)
- Increased engagement in active travel (from baseline)
- Increased uptake of school lunches/ healthy eating options (from baseline)
- Improvements in health literacy
- Self-reported improvements in self-efficacy (e.g., families feel they have control over their health and wellbeing)
- Improvements in air quality outside the school

Engagement

- Self-reported improvements in how families feel about their local area
- Self-reported improvements in the number of families who feel they are listened to within redevelopment plans
- Number of families engaged in workshops
- Number of children participating in an intervention
- Number of families championing interventions
- Number of businesses participating healthier high streets

What are the anticipated longer-term project benefits (health impacts)? (250 words)

Although we will not be able to measure the longer term health impacts during the 1-year project timescales, the ultimate aim of the project is to increase physical activity, increase the number of residents consuming fruit and vegetables and improve the mental health of local residents, leading to a reduction in:

- Obesity, type 2 diabetes and cardiovascular disease
- Anxiety and depression

And improvements in;

- Social networks and sense of belonging in the community
- Mental wellbeing and emotional resilience
- Healthy Life Expectancy

How will you ensure the long-term sustainability of the project by embedding the work into mainstream practice? (250)

By defining a clear process for community engagement and by investing in a robust evaluation framework, we will be able to use the learning from the programme to shape a model for future work in areas undergoing redevelopment. Learning outcomes from this project will inform how we effectively bring together stakeholders from a broad range of areas to affect change and measure the wider health benefits of regeneration.

Furthermore, it will provide vital insight into how we actively engage children and their families within public realm improvements centred around an educational setting and linking school communities with the wider local community and neighbourhood. Learning from the engagement of the school will inform our prevention programmes across the wider educational sector.

Please describe the top three risks to your project succeeding and the actions you will carry out to reduce the chance of those risks happening or impacting your project. (100 words per risk)

Risk 1

Edgware Primary School become unable to prioritise support and action.

- Some of the larger infrastructure changes will take significantly longer than 12 months to complete and it is important that interventions that are possible in the short/medium term are identified so that the benefits of the scheme are tangible for the school community.
- Adjust the programme to meet the new needs of the school and consider how the project aligns with emerging priorities, adopting a flexible approach to programme delivery
- Continue with wider environmental/ community initiatives until the school is able to actively participate and continue to keep them informed and involved in decision-making where possible.

Risk 2

Partners not being able to prioritise support action.

- Take a flexible approach to programme delivery and identify smaller, quick wins that engaged partners can take ownership of.
- Manage expectations from partners at the outset of the programme and ensure they are given every opportunity to participate in the production of an action plan
- Continue with school and environmental/ community initiatives until they are able to take part. Adjust programme to be meet new needs of the community.

Risk 3

Cost of interventions identified by the community exceed available funding.

- Manage programme expectations from the outset and make use of MosCoW rating to clearly define and agree a core offer for the programme
- Identify additional available funding sources (e.g., CIL/match funding from Ballymore)
- Actively seek out any external funding opportunities where available
- Ensure any infrastructure changes that are chosen are defined as 'high impact' and are accompanied by lower cost behaviour change initiatives to maximise impact and sustainability

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GLA School Superzones: Budget

Organisation/Local Authority name	London Borough of Barnet
Date:	26/05/22

Activity		Short description	Partner 1 (£)	Partner 2 (£)	Partner 3 (£)	Partner 4 (£)	Partner 5 (£)	Partner 6 (£)	Partner 7 (£)	Partner 8 (£)	TOTAL COSTS
Partner name →			GLA Fund	London Borough of Barnet	Saracens High School	Colindale Communities Trust	Name	Name	Name	Name	
Staff Costs	Community Engagement	Independent Facilitator (Colindale Communities Trust & Youth Realities). Costs based off of conversations with the team.	£9,000								£9,000
	Project Staff (full time equivalent)	Staff time spent managing the project, commissioning behaviour change interventions etc.		Funded via existing PH Budget							£0
	Expert Facilitator	Subject to successful bid for LB-Barnet submission for Edgware Superzone, potential for UCL research team to support action plan development for both superzones	£3,000								£3,000
	Consultation & Design Fees	Engineering costs will need to be accounted for depending on chosen actions	£10,000	Match funding via current budget							£10,000
											£0
											£0
											£0
Total staff costs			£22,000	£0	£0	£0	£0	£0	£0	£0	£22,000
Direct Project Costs	Room hire	To host any in-person workshops or facilitator meetings.			Have offered use of the school for the purpose of the project	Provided at their community centre					£0
	Communications	To communicate wider project plans with businesses, residents and the school community		Funded via existing PH Budget							£0
	Behaviour Change interventions designed as a result of action planning	This includes projects such as; School Food Standards, Resilient Schools, GLL FAB Engagement & Active Travel App, Sugar Smart, Healthy Schools London		Funded via existing Public health, safe and sustainable travel and sport & physical activity budgets		Coordination of existing programmes around mental health, community safety and food security					£0
	Public Realm interventions designed as a result of action planning	To fund any public realm improvements specifically identified via the superzones action plan.	£7,000	CIL Allocations & appropriate LIP funding where available. Current Colindale CIL budget of £2mil							£7,000
	Parental incentives/expenses for travel	If needed, expense coverage for participation in any workshops	£1,000								£1,000
	Air Quality Audits	Existing public health budget for air quality audits for the 22/23 financial year			£7,000						£7,000
	Implementation of Public Realm Interventions	Depending on chosen actions, costs for the installation of identified public realm improvements will need to be accounted for.		CIL Allocations & appropriate LIP funding where available. Current Colindale CIL budget of £2mil							£0
										£0	
										£0	
										£0	
										£0	
Total direct project costs			£8,000	£7,000	£0	£0	£0	£0	£0	£0	£15,000
TOTAL PROJECT COSTS (Must be £30,000 or less)			£30,000	£7,000	£0	£0	£0	£0	£0	£0	£37,000

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GLA School Superzones: Budget

Organisation/Local Authority name	London Borough of Barnet
Date:	26/05/22

Activity	Short description	Partner 1 (£)	Partner 2 (£)	Partner 3 (£)	Partner 4 (£)	Partner 5 (£)	Partner 6 (£)	Partner 7 (£)	Partner 8 (£)	TOTAL COSTS	
Partner name →		GLA Fund	London Borough of Barnet	Edgware Primary School	SAFA	Ballymore	Name	Name	Name		
Staff Costs	Expert Facilitator	Independent Facilitator to enhance community engagement and action plan development (have had initial conversations with UCL). Costs based off of previous work commissioned via LB-Public Health team from UCL. Costs may be reduced if both LB-bids are successful	£8,000								£8,000
	Project Staff (full time equivalent)	Staff time spent managing the project		Funded via existing PH Budget							£0
	Community Engagement	SAFA to support coordination of community group meetings	£3,000								£3,000
	Consultation & Design Fees	Engineering costs will need to be accounted for depending on chosen actions	£10,000	Match funding via existing Safe & Sustainable Travel budget			Potential match funding available if proposals align with masterplan				£10,000
											£0
											£0
											£0
Total staff costs		£21,000	£0	£0	£0	£0	£0	£0	£0	£21,000	
Direct Project Costs	Room hire	To host any in-person workshops or facilitator meetings.			Have offered use of the school for the purpose of the project	Provided at their community centre					£0
	Communications	To communicate wider project plans with businesses, residents and the school community		Funded via existing PH Budget							£0
	Behaviour Change interventions designed as a result of action planning	This includes projects such as; Barnet Healthier High Streets, School Food Standards, Resilient Schools, GLL FAB Engagement & Active Travel App, Sugar Smart, Healthy Schools London		Funded via existing Public health, safe and sustainable travel and sport & physical activity budgets		Coordination of existing SAFA programmes around healthy eating and food aid					£0
	Public Realm interventions designed as a result of action planning	To fund any public realm improvements specifically identified via the superzones action plan.	£8,000	CIL Allocations & appropriate LIP funding where available			We have agreed provisional match funding for infrastructure delivery of some superzone activities (e.g., school streets or playstreets)				£8,000
	Parental incentives/expenses for travel	If needed, expense coverage for participation in any workshops	£1,000								£1,000
	Air Quality Audits	Existing public health budget for air quality audits for the 22/23 financial year			£7,000						£7,000
	Implementation of Public Realm Interventions	Depending on chosen actions, costs for the installation of identified public realm improvements will need to be accounted for.		CIL Allocations & appropriate LIP funding where available							£0
										£0	
										£0	
										£0	
										£0	
Total direct project costs		£9,000	£7,000	£0	£0	£0	£0	£0	£0	£16,000	
TOTAL PROJECT COSTS (Must be £30,000 or less)		£30,000	£7,000	£0	£0	£0	£0	£0	£0	£37,000	

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Saracens School Superzones Working Group

Terms of Reference

Chair

Janet Djomba

Secretary

PH Officer

Reporting

Where will the progress of the working group be reported to?

Frequency of meetings: bi-weekly.

Meetings to be held bi-weekly. To be reviewed in December 2023 once formal stakeholder engagement has launched.

Supporting Documentation:

- Action Log
- Risk & Issues Log
- Stakeholder Engagement Plan
- Project Plan
- Minutes from the Previous Meeting

Agendas

Standing Agenda Items for Meetings:

- Welcome & introductions
- Action log and review of progress to date
- Stakeholder engagement and progression on co-production
- Updates on evaluation and KPIs
- Agree next steps
- AOB

Proposed Agenda for First Meeting:

- Review steering group membership
- Review Terms of Reference
- Agree project plans and timeframes
- Identify other meetings that may need to feed into the workstream to achieve aims
- Agree initial approach to stakeholder engagement
- Agree actions and next steps

Purpose of Meeting:

Considering the workstream objectives outlined below, the specific purposes of this working group is to:

- Bring together key stakeholders to agree the best way forward, support ongoing learning, review progress and ensure whole systems integration.
- Oversee the development of an implementation plan
- Oversee evaluation of the Saracens Superzone
- Oversee development of business cases for built environment investments that align with key priorities

Description of the Workstream

To co-produce a place-based approach to tackling health and environmental inequalities for students and the wider community around Saracens High School.

Specifically, the next steps for the workstream will be to work towards the following, within 3 months of establishment:

- Agree core project plan and approach
- Map existing community assets
- Develop and agree stakeholder engagement plan
- Agree evaluation framework
- Implement community engagement plan

Workstream Scope

Directly In Scope	Indirectly In Scope	Out of Scope
<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Students and staff at Saracens High School • Community groups and organisations which are located within the Superzone catchment area • Ward councillors <p>Interventions</p> <ul style="list-style-type: none"> • Built environment interventions which have a direct impact on community safety, active travel and access to greenspaces within the Superzone catchment area. • Asset-based community development & co-production activities aimed at reducing health and environmental inequalities 	<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Residents living within the Superzone catchment area • Students & staff at other schools located within the Superzone Catchment area. <p>Interventions</p> <ul style="list-style-type: none"> • Existing primary and secondary prevention programmes offered by Barnet Council & partners for students and staff available at Saracen High School and/or residents of the Grahame Park estate • New primary and secondary prevention programmes that have identified other investment/resources (ie., not funded through the Superzones project budget) 	<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Residents outside of the Superzone catchment area <p>Interventions</p> <ul style="list-style-type: none"> • Medical services e.g. hepatology, respiratory and diabetes • Built environment interventions that do not have identified resourcing • New primary and secondary prevention programmes not resourced elsewhere

Interdependencies with other workstreams:

- Colindale Community Network*** (need to check what this is actually called)
- Connecting Colindale

Membership:

Name	Position	Team	Email Address
Matt Stevens	Headteacher	Saracens High School	principal@saracenshigh.org
Sonia Green	Vice Principal	Saracens High School	s.green@saracenshigh.org
TBC	PHSE Lead	Saracens High School	
Bina Omare	CEO	Colindale Communities Trust	binaomare.cct@gmail.com
Sherine McFarlane		Notting Hill Genesis	Sherine.McFarlane@nhg.org.uk
Michelle Davies	Regeneration Service Manager	Barnet Homes	Michelle.Davies@barnethomes.org
Louis Bynoe	Road Safety Support Officer	Safe & Sustainable Travel Team	Louis.Bynoe@Barnet.gov.uk
Yogita Popat	Assistant Director for Sustainability	Sustainability (Barnet Council)	Yogita.Popat@Barnet.gov.uk
Trisha Boland	Regeneration Manager	Regeneration Team (Barnet Council)	Trisha.Boland@Barnet.gov.uk
Alex Sexton	Capital Delivery Portfolio Lead - Highways	Transport Consultancy	Alexander.Sexton@Barnet.gov.uk
Jane Shipman	Senior Engineer - Highways	Highways	Jane.Shipman@Barnet.gov.uk
Paul Bowker	Transport & Regeneration Manager	Regeneration Team (Re)	Paul.Bowker@Barnet.gov.uk
Susan Hunter	Regeneration Officer	Regeneration Team (Re)	Susan.Hunter@barnet.gov.uk
Jane Morris	School Safeguarding and Exclusions	BELS	Alison.Dawes@Barnet.gov.uk
Geraldine Pears	Learning Network Inspector	BELS	Geraldine.Pears@Barnet.gov.uk
Nicole Asante	Air Quality Senior Scientific Officer	AQ Team (Re)	Nicole.Asante@Barnet.gov.uk
Courtney Warden	Sport & Physical Activity	Leisure & Greenspaces	Courtney.Warden@Barnet.gov.uk

	Service Manager		
Tania Barney	Healthy Schools London Barnet	Healthy Schools London	tania.barney@healtheducationpartnership.com
Orla Purdon	Public Health Officer	CYP Public Health Team	Orla.Purdon@Barnet.gov.uk
Sharon Smith	Public Health Strategist	CYP Public Health Team	sharon.smith@barnet.gov.uk
Rachel Wells	Consultant in Public Health	Healthy Neighbourhoods Team	rachel.wells@barnet.gov.uk
Calisha Allen	Public Health Registrar	Healthy Neighbourhoods Team	Calisha.Allen@Barnet.gov.uk
Talia Kensit		Youth Realities	talia@youthrealities.co.uk
Maggie Higton-Brown	Head of Community Safety, CCTV, Intelligence	Community Safety Team (Barnet Council)	Maggie.Higton-Brown@Barnet.gov.uk
Jacques Trysman	Investigation and Enforcement Officer	Community Safety Team (Barnet Council)	Jacques.Trysman@Barnet.gov.uk

Saracens School Superzones Working Group

Terms of Reference

Chair

Janet Djomba

Secretary

PH Officer

Reporting

Where will the progress of the working group be reported to?

Frequency of meetings: bi-weekly.

Meetings to be held bi-weekly. To be reviewed in December 2023 once formal stakeholder engagement has launched.

Supporting Documentation:

- Action Log
- Risk & Issues Log
- Stakeholder Engagement Plan
- Project Plan
- Minutes from the Previous Meeting

Agendas

Standing Agenda Items for Meetings:

- Welcome & introductions
- Action log and review of progress to date
- Stakeholder engagement and progression on co-production
- Updates on evaluation and KPIs
- Agree next steps
- AOB

Proposed Agenda for First Meeting:

- Review steering group membership
- Review Terms of Reference
- Agree project plans and timeframes
- Identify other meetings that may need to feed into the workstream to achieve aims
- Agree initial approach to stakeholder engagement
- Key risks
- Agree actions and next steps

Purpose of Meeting:

Considering the workstream objectives outlined below, the specific purposes of this working group is to:

- Bring together key stakeholders to agree the best way forward, support ongoing learning, review progress and ensure whole systems integration.
- Oversee the development of an implementation plan
- Oversee evaluation of the Saracens Superzone
- Oversee development of business cases for built environment investments that align with key priorities

Description of the Workstream

To co-produce a place-based approach to tackling health and environmental inequalities for students and the wider community around Edgware Primary School.

Specifically, the next steps for the workstream will be to work towards the following, within 3 months of establishment:

- Agree core project plan and approach
- Map existing community assets
- Develop and agree stakeholder engagement plan
- Agree evaluation framework
- Implement community engagement plan

Workstream Scope

Directly In Scope	Indirectly In Scope	Out of Scope
<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Students and staff at Edgware Primary School • Community groups and organisations which are located within the Superzone catchment area • Ward councillors <p>Interventions</p> <ul style="list-style-type: none"> • Built environment interventions which have a direct impact on community safety, active travel and access to greenspaces within the Superzone catchment area. • Asset-based community development & co-production activities aimed at reducing health and environmental inequalities 	<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Residents living within the Superzone catchment area • Students & staff at other schools located within the Superzone Catchment area. <p>Interventions</p> <ul style="list-style-type: none"> • Existing primary and secondary prevention programmes offered by Barnet Council & partners for students and staff available at Edgware Primary School and/or residents residing within the Edgware Growth Area. • New primary and secondary prevention programmes that have identified other investment/resources (i.e., not funded through the Superzones project budget) 	<p>Community Stakeholders</p> <ul style="list-style-type: none"> • Residents outside of the Superzone catchment area <p>Interventions</p> <ul style="list-style-type: none"> • Medical services e.g. hepatology, respiratory and diabetes • Built environment interventions that do not have identified resourcing • New primary and secondary prevention programmes not resourced elsewhere

Interdependencies with other workstreams:

- Colindale Community Network*** (need to check what this is actually called)
- Connecting Colindale

Membership:

Name	Position	Team	Email Address
Alison Jacob	Head Teacher	Edgware Primary School	head@edgwareprimary.co.uk
	PSHE Lead	Edgware Primary School	
Deepa Chauhan		SAFA	deepa.chauhan@outlook.com
Simon Ryan	Developer Representative	Ballymore	SRyan@ballymoregroup.com
Tom Burnage	TfL Redevelopment Manager	TfL	TomBurnage@tfl.gov.uk
Carl Griffiths	Principal Planning Officer	Development Management Team (Barnet)	Carl.Griffiths@Barnet.gov.uk
Ravinder Dhanjal	Town Centres Investment Manager	Economic Development Team	Ravinder.Dhanjal@Barnet.gov.uk
Christopher Hagsavva	Town Centres Officer	Economic Development Team	Christopher.Hagsavva@Barnet.gov.uk
Yogita Popat	Assistant Director for Sustainability	Sustainability (Barnet Council)	Yogita.Popat@Barnet.gov.uk
Sunita Tehran	Senior Comms Manager	Comms	Sunita.Tehran@Barnet.gov.uk
Louis Bynoe	Road Safety Support Officer	Safe & Sustainable Travel Team	Louis.Bynoe@Barnet.gov.uk
Matt Gunyon	Head of Service	Greenspaces	matt.gunyon@barnet.gov.uk
Paul Bowker	Transport & Regeneration Manager	Regeneration Team (Re)	Paul.Bowker@Barnet.gov.uk
Susan Hunter	Regeneration Officer	Regeneration Team (Re)	Susan.Hunter@barnet.gov.uk
Jane Morris	School Safeguarding and Exclusions	BELS	Alison.Dawes@Barnet.gov.uk
Geraldine Pears	Learning Network Inspector	BELS	Geraldine.Pears@Barnet.gov.uk
Nicole Asante	Air Quality Senior Scientific Officer	AQ Team (Re)	Nicole.Asante@Barnet.gov.uk
Courtney Warden	Sport & Physical Activity Service Manager	Leisure & Greenspaces	Courtney.Warden@Barnet.gov.uk

Tania Barney	Healthy Schools London Barnet	Healthy Schools London	tania.barney@healtheducationpartnership.com
Michelle Leon	Public Health Officer	CYP Public Health Team	Michelle.Leon@Barnet.gov.uk
Sharon Smith	Public Health Strategist	CYP Public Health Team	sharon.smith@barnet.gov.uk
Payal Brahmhatt	Public Health Business Engagement Officer	Health Environment PH Team	Payal.Brahmbhatt@Barnet.gov.uk
Janet Mathewson	CEO	Young Barnet Foundation	JanetM@youngbarnetfoundation.org.uk
Hannah Richens	Head of libraries	Libraries	Hannah.Richens@barnet.gov.uk
Vishal Patel	GP Registrar	Public Health	Vishal.Patel@Barnet.gov.uk

	Health and Wellbeing Board Thursday 29th September 2022
Title	Joint Health and Wellbeing Strategy – Implementation Plan and Key Performance Indicators
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Phase 1 (2021-22) Implementation Plan Appendix B – Phase 1 (2021-22) Key Performance Indicators Appendix C – Phase 2 (2022-23) Implementation Plan
Officer Contact Details	Claire O’Callaghan, Health and Wellbeing Policy Manager claire.o’callaghan@barnet.gov.uk

Summary

The Barnet Joint Health and Wellbeing Strategy 2021-2025 and Implementation Plan/Key Performance Indicators were signed off by the Board in July and September 2021 respectively.

This report provides to Board Members:

- A progress update on actions due to take place in Year 1
- A summary of performance in the key performance indicators in the first year of the strategy
- An updated implementation plan for Year 2

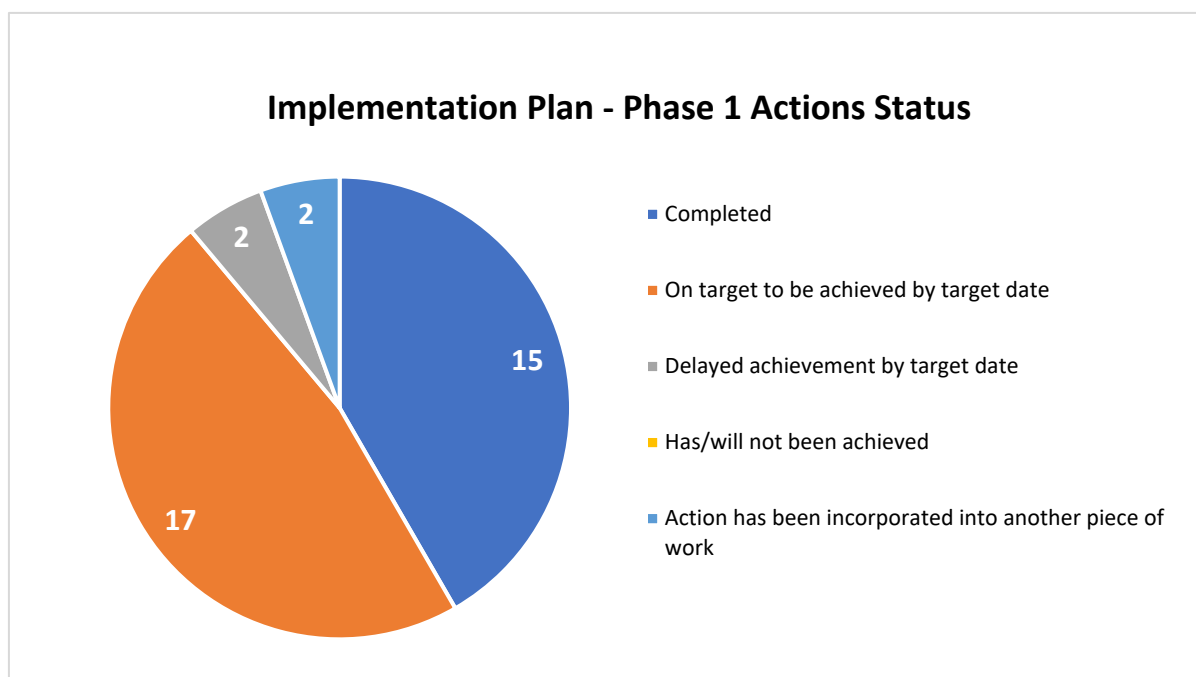
Officers Recommendations

1. That the Board comments on and notes the progress on the Phase 1 Implementation Plan, and on the Key Performance Indicators.

2. That the Board – subject to comments – agrees the Phase 2 Implementation Plan.

1. Why this report is needed

- 1.1 The Joint Health and Wellbeing Strategy (JHWBS) is a statutory document for each Local Authority area. The Health and Wellbeing Board must develop and agree the Strategy.
- 1.2 Barnet’s current JHWBS was signed off in July 2021, with the Implementation Plan and Key Performance Indicators signed off by Health and Wellbeing Board in September 2021.
- 1.3 Therefore, this report focusses on reporting back on progress over the past 12 months, performance on the key performance indicators, and a proposed implementation plan for the next 12 months.
- 1.4 Phase 1 Implementation Plan
 - 1.4.1 Of the 35 actions in the Phase 1 Implementation Plan, 88.6% of actions are either completed or on target.



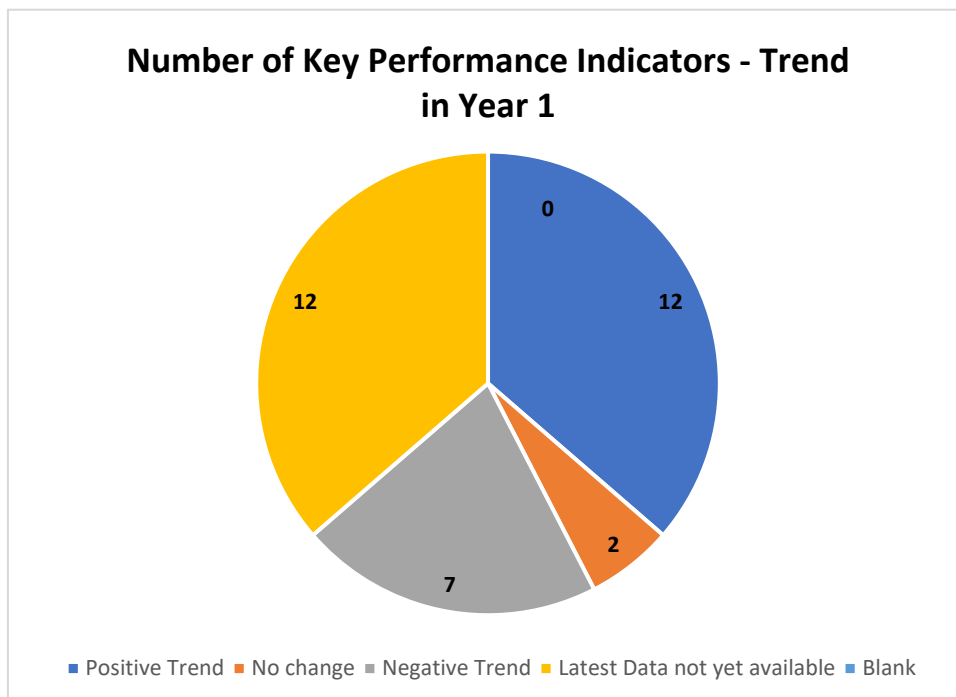
1.4.2 The following actions have been delayed and will be completed in Phase 2.

HWBS Key Area	Project Activity	Start Date	Finish Date	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 1	Development of Health Impact Assessment Policy	Sep-21	Sep-22	Delivery is delayed, partially due to delay in publishing Barnet Local Plan, and partially due to prolonged pandemic response. An option appraisal has been drafted and shared with relevant partners. Development of HIA technical note for planning applications will commence after feedback and comments.
Key Area 3	Perform an audit/gap analysis around carers and their health and wellbeing	Sep-21	Sep-22	Strategy refresh delayed from original timescales. New completion date will be March 2023, for implementation in 2023/24. This will be included in the Year 2 action plan.

1.5 Phase 1 Key Performance Indicators

1.5.1 There are 33 Key Performance Indicators aligned to the Barnet JHWBS.

1.5.2 Of these, 12 indicators (36.4%) have a positive trend, and 7 indicators (21.2%) have a negative trend since the benchmark data shared in September 2021.



1.5.3 For a significant number of indicators, we have been reliant on national data collection and dissemination which was disrupted, or temporarily paused during the Covid19 pandemic. In Appendix B, we have listed when we expect the data to be available (where known).

1.5.4 As part of the 33 indicators, we track Life Expectancy and Healthy Life Expectancy for males and females in Barnet. In line with national and local data, Barnet Life

Expectancy and Healthy Life Expectancy has decreased slightly. This is most likely to be due to increased Covid19 mortality.

1.5.5 A further indicator will be added for Phase 2 related to the emerging Barnet Food Plan, meaning in Year 2 we will be tracking 34 Key Performance Indicators.

1.6 Phase 2 Implementation Plan

1.6.1 Health and Wellbeing Board in September 2021 agreed a Phase 2 Implementation Plan for the Strategy, which covers September 2022 – August 2023.

1.6.2 We have reviewed the plan to ensure that it still meets current needs and direction of travel in Barnet. As a result, we propose to add 11 new actions, and drop 2 actions. Note that the dropped actions will still be delivered by relevant teams, but will not be monitored actively by Health and Wellbeing Board. These actions are outlined below:

Table 1 – Proposed New Actions for Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date
Key Area 1	Deliver action plan for Make Every Contact Count (MECC)	Public Health Officer	Sep-22	Sep-23
Key Area 1	Agree and Deliver Food Plan for Barnet	Consultant in Public Health	Sep-22	Jul-24
Key Area 1	Ensure that the two Superzones in Grahame Park and Edgware are delivered, and the impact is tracked	Public Health Strategist	Aug-22	Dec-23
Key Area 2	Develop updated Corporate Parenting Strategy for 2023-25	Director - Children's Social Care, Family Services	May-23	Oct-23
Key Area 2	Deliver the Cardiovascular Disease (CVD) Prevention Programme, and track its impact	Public Health Strategist/Integrated Care Partnership (ICP)	Sep-22	Dec-24
Key Area 2	Work with partners and ICP on increasing the number of residents accessing social prescribing as well as increasing the range of organisations and sectors that can make referrals	Senior Health Improvement Specialist	Jul-22	Sep-25
Key Area 2	Implement Resilient Schools Plan for 2022-23, to improve children's mental health	Resilient Schools Manager, LBB	Sep-22	Aug-23
Key Area 2	Deliver the Suicide Prevention Plan for children, young people and adults for 2022-23	Senior Health Improvement Specialist	Jul-22	Jul-23

Key Area 3	Collaborate to develop a Healthy Aging pilot in one neighbourhood of BBP as demonstration of whole system approach to healthy aging.	Joint ASC Healthy Aging Lead and PH Consultant (Living and Aging Well)	Sep-22	Sep-23
Key Area 3	Develop a narrative on reducing health inequalities as an integrated approach within the Council and wider partnership	Barnet Borough Partnership	Sep-22	Aug-23
Key Area 3	Refresh Substance Misuse Needs Assessment and Strategy	Public Health Strategist	Sep-22	Apr-23

Table 2 – Proposed Removed Actions for Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Reasons for Proposed Removed Actions
Key Area 2	Deliver sexual health education services in schools and make period products available to all pupils	Public Health Strategist/Brooks	Sexual health contract to be awarded September 2021	Sexual health education contract 2 years +1	This is proposed for removal, <u>as although activity will still be delivered</u> , it is not a priority for Health and Wellbeing Board to monitor in 2022/23.
Key Area 3	Put in place risk monitoring around providing timely accessible care	LBB/CCG	Sep-21	Sep-25	Propose removal, as not clear what this action refers/referred to. It will be incorporated into the digital Care Home work already in the Phase 2 Implementation Plan.

1.6.3 This means that there will be 33 actions in the Phase 2 Implementation Plan.

2. Reasons for recommendations

- 2.1 It is important that progress on the JHWBS is tracked by the Health and Wellbeing Board, and that original Implementation Plans and indicators are reviewed and updated in line with current needs.

3. Alternative options considered and not recommended

- 3.1 The only alternative option is to continue with the Implementation Plan and indicators as agreed by the Board in September 2021. However, this would not reflect current priorities and areas of focus.

4. Post decision implementation

- 4.1 Actions and indicators will continue to be tracked throughout the year, with key items for decision or consultation brought to Board as required.
- 4.2 The Board will need to review the Implementation Plan and indicators as the Integrated Care Partnership and Strategy emerges. This work is expected to be undertaken between October 2022 – December 2022. If any changes are needed for the Barnet Implementation Plan and Indicators, then these will be proposed to the Health and Wellbeing Board in January 2023.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 Supporting the health and wellbeing of residents is the core aim of the Health and Wellbeing Board, and the Joint Health and Wellbeing Strategy is the articulation of how we will achieve this aim.

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

- 5.2.1 There are no resource implications as a result of the proposals.

5.3 Legal and Constitutional References

- 5.3.1 Under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended), there is a statutory duty to produce a Joint Health and Wellbeing Strategy to meet the needs identified in the joint strategic needs assessment
- 5.3.2 The Terms of Reference of the Health and Well Being Board include (1) To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership. (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

5.4 Insight

- 5.4.1 The Joint Health and Wellbeing Strategy was developed using the Joint Strategic Needs Analysis and other quantitative and qualitative work during 2020-21.

5.5 Social Value

- 5.5.1 Not applicable

5.6 Risk Management

- 5.6.1 Each area of work has its own risk management schedule and protocol

5.7 Equalities and Diversity

- 5.7.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. By consulting and engaging with appropriate communities and stakeholders, it is expected that a whole systems approach to prevention will prevent unintended harms against marginalised groups and promote health equity. As the COVID-19 pandemic has shone a further light on disproportionality of the health outcomes amongst various groups, reviewed Health and Wellbeing Strategy process will include an engagement with diverse communities with a particular focus on Black, Asian and Minority Ethnic Groups.
- 5.7.2 The Implementation Plan will also be informed by the emerging work on disproportionality and Closing the Gap being undertaken by the Council.
- 5.7.3 Any evidence that demonstrates a disproportionately will be reviewed within the Actions and, if necessary, edited to ensure that the goal of equality within health is as tangible as possible.

5.8 Corporate Parenting

- 5.8.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the Health and Wellbeing Strategy development, the actions set out in the plan do provide opportunities to support the council's role as corporate parent through the health and wellbeing improvement interventions for children and young people residing in the borough including children in care.

5.9 Consultation and Engagement

- 5.9.1 The JHWS underwent a consultation on the draft strategy between 29 January 2021 and 12 March 2021. This consultation consisted primarily of an online questionnaire with an engagement session taking place with Barnet MENCAP users. The option of alternative questionnaire formats was advertised but not taken up by respondents. 72 responses were received for the questionnaire.
- 5.9.2 From the consultation with the public and engagement across the organisation and CCG, actions and KPIs have been identified in order to achieve the overarching goals of the JHWS.

5.10 Environmental Impact

- 5.10.1 The Implementation Plan contains actions around improving Air Quality, promoting Active Travel and the Food Plan has actions around improving access to locally grown food, as well as reducing food waste. It is anticipated that this will have a positive impact on the Council's carbon and ecology impact.

6. Background papers

- 6.1 Approval of the Joint Health and Wellbeing Strategy - Item 9 on agenda for 15 July 2021 [Agenda for Health & Wellbeing Board on Thursday 15th July, 2021, 9.30 am | Barnet Council \(moderngov.co.uk\)](#)
- 6.2 Barnet Joint Health and Wellbeing Strategy, 2021-2025, [Barnet Joint Health and Wellbeing Strategy 2021 to 2025 - full document.pdf](#)

6.3 Final Joint Health and Wellbeing Strategy Key Performance Indicators 2021-2025 – Health and Wellbeing Board, 30 September 2021 - [Board Paper HWBS 22.09.pdf \(moderngov.co.uk\)](#)

Appendix A

Barnet Health and Wellbeing Strategy - Phase 1 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of September 2022	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 1	Development of Health Impact Assessment Policy	Public Health Strategist	Sep-21	Sep-22	Delayed achievement by target date	Delivery is delayed, partially due to delay in publishing Barnet Local Plan, partially due to prolonged pandemic response. An option appraisal has been drafted and shared with relevant partners. Development of HIA technical note for planning applications will commence after feedback and comments.
Key Area 1	Use grant funding to pilot weight management service	Public Health Strategist	Sep-21	Sep-22	Completed	Adult weight management service in primary care, focusing on adults with LD/MH has started accepting referrals in February 2022.
Key Area 1	Increased communication and work around air quality	Environment Strategy and Project Officer/Public Health Consultant/Strategist	Sep-21	Sep-22	Completed	In collaboration with Environmental health and other services we have developed a communication plan on air quality. An air quality audit has been conducted at Martin primary school. Barnet's anti-idling campaign has been launched in June 2022.
Key Area 1	Link with active travel and agenda e.g. school engagement	Environment Strategy and Project Officer/Public Health Strategist	Sep-21	Sep-22	Completed	An active travel working group has been established to support and coordinate activities for the delivery of sustainability strategy, FAB framework, air quality action plan and other priorities related to active travel.
Key Area 1	Action plan created for MECC with goals for every year	Public Health Strategist	Jan-21	Mar-22	Completed	Action plan written for first 2 years (up to September 2023). Broad actions for next 2 years set out but detail to be developed based on success of first phase.
Key Area 1	Update and deliver the Trigger Trio Action Plan	Public Health Strategist	Sep-21	Sep-22	Action has been incorporated into another piece of work	Trigger trio work was planned for 2022/2023. The Children and Young People Team are currently exploring options for developing the Pause project with aligns with this work.
Key Area 1	Identify and bid for different funding opportunities available	All	Sep-21	Sep-25	On target to be achieved by target date	Successful funding opportunities September 2021 - August 2022: - Substance Misuse and Homelessness - extended for a further 3 years; - Additional OHID monies for Substance Misuse; - Covid Vaccine Champions grant - DLUHC - School Superzones grant from Mayor of London
Key Area 1	Develop a strategic approach and work with businesses to make every Highstreet in the borough healthy	Public Health Strategist/Engagement Officer	Jan-22	Aug-23	On target to be achieved by target date	This action was in the Implementation Plan to start delivery from September 2022. Instead, this has been delivered early
Key Area 2	Reduce the risk of vaccine preventable diseases	Barnet Flu and Immunisation Steering Group/Public Health Consultant	Sep-21	Sep-25	On target to be achieved by target date	Childhood Immunisation Action plan has been written and delivery of work is ongoing through the Childhood Immunisation Inequalities T&F group. School Aged Immunisations working group to be set up.
Key Area 2	Improving oral hygiene across the borough	Children's Joint Commissioner working with the community provider	Aug-21	Mar-23	On target to be achieved by target date	Work programme is progressing, with Oral health Needs Assessment completed by December, and Barnet Young Brushers Programme will have by November 2022 an update on the first year of the programme.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 1 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of September 2022	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 2	Develop the Healthy Start programme – ensuring access to adequate and healthy food	Children's Joint Commissioner	Mar-22	Jan-24	On target to be achieved by target date	Information on the new digital Healthy Start scheme had been disseminated in Barnet since paper vouchers were phased out in March 2022. Delays and issues in the digital system (including pre-paid cards and online application process) were circulated via Barnet Comms. Promotional campaigns will continue including webinars to key professionals including the children's workforce to keep all informed of developments. Healthy Start data from the NHS Business Authority will hopefully be available later in the year and help to target additional promotional campaigns to target families in need to support take up. The last figures for Healthy Start uptake were 59% for Barnet in March 2022 (England and London data has not been made available to compare). There has been no published data on the uptake of Healthy Start since the scheme moved to a digital one in March 2022.
Key Area 2	Develop and implement a healthy weight strategy for children	Public Health Strategist	Sep-21	Sep-22	On target to be achieved by target date	September to start implementation (though some elements have started already)
Key Area 2	Develop an Infant Feeding Strategy, including Breastfeeding Welcome	Children's Joint Commissioner	Jan-21	Mar-22	Completed	Strategy completed and now in implementation
Key Area 2	Deliver sexual health education services in schools and make period products available to all pupils	Public Health Strategist/Brooks	Sexual health contract to be awarded September 2021	Sexual health education contract 2 years +1	On target to be achieved by target date	Barnet PH is supporting partners (commissioned and other wise) to deliver comprehensive sexual health education, and deliver period products to schools.
Key Area 2	Review of the existing Fit And Active Barnet (FAB) framework	Sport & Physical Activity Service Manager/PH strategist	Sep-21	Committee March 2022	Completed	The updated FAB framework has been developed jointly by SPA and PH, and published.
Key Area 2	Review the advice and signposting for physical activity on Council websites and OneYou	Public Health Strategist	Jun-21	Mar-22	Completed	This has been completed alongside the review of the FAB framework.
Key Area 2	Cardiovascular Disease (CVD) Prevention Mapping and development of the CVD Prevention Programme	Public Health Strategist/Integrated Care Partnership (ICP)	Apr-21	Mar-22	Completed	The CVD prevention mapping, 4 year programme (2022-2026) & 2 year action plan (2022-2024) were developed on target and approved by Health & Wellbeing Board at the earliest meeting in July 2022.
Key Area 2	Barnet Suicide Prevention Strategy 2021-2025 agreed and first year actions implemented	Senior Health Improvement Specialist/ICP	Sep-21	Sep-22	Completed	The Barnet Suicide Prevention Strategy was approved by the HWBB in July 2021, with further amendments agreed in December 2021 to strengthen the strategy in response to latest evidence relating to children and young people. The first annual report of the partnership was shared for information with the HWBB in July 2022, demonstrating good progress on the action plan.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 1 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of September 2022	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 2	Work with partners and ICP on increasing the number of residents accessing social prescribing	Senior Health Improvement Specialist	Apr-21	Mar-22	Completed	During 2021-22, 5,689 people were referred to social prescribing link workers, 31% of whom were over 65. An evaluation of the programme has been completed showing who is using the service and the areas with which they need support, which is being used to refine the system. The evaluation will be repeated on an annual basis. The link workers have now expanded to 16 which demonstrates the value but is providing challenges to staff supervision.
Key Area 2	Raise awareness of mental health and reducing stigma through delivering a universal approach to schools	Resilient Schools Co-ordinator	Sep-21	Sep-22	On target to be achieved by target date	Resilient Schools programme for 2021/22 has been delivered. Revised for academic year 2022/23 to ensure that programme evaluation and promote the comprehensive coverage of state schools and pilot expansion into targeted independent schools.
Key Area 2	A CYP Covid-19 Health Impact Assessment	Public Health Strategist	Completed		Completed	
Key Area 2	Develop Champion role to respond to longer term impacts of COVID and Develop into more generic general Health Champion role	Senior Health Improvement Specialist	Aug-21	Aug-22	Completed	The health champions have been introduced to wider health priority topics in Barnet including childhood immunisations, cardiovascular disease prevention and mental health. They are now being trained on these areas and ongoing comms is shared with them to disseminate through their wider networks. They also still receive relevant information about Covid particularly re: vaccines, boosters and have been invited to training on MECC and vaccine hesitancy.
Key Area 2	Implement the Corporate Parenting Strategy 2021-23	Director - Children's Social Care, Family Services	Aug-21	Aug-23	On target to be achieved by target date	New Strategy was agreed and signed off by Children, Education and Safeguarding Committee in 2021. The Corporate Parenting Officers Group and the Corporate Parenting Advisory Committee oversee the implementation of the Strategy. The latest draft annual report showing progress and impact will be agreed at the next Children, Education and Safeguarding Committee.
Key Area 3	Integrate our data to provide longitudinal view of the patient to support direct patient care and population health management	LBB/CCG	Sep-21	Sep-25	On target to be achieved by target date	The London Care Record (formerly Health Information Exchange) currently allows parties to view individual patient records across settings, to allow for more joined up care. The main Barnet 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. 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.
Key Area 3	Address inequalities in access to digital services	Head Of Customer Services & Digital	Sep-21	Sep-25	On target to be achieved by target date	Customer Services and Digital team have lead development on a Barnet-wide Digital Inclusion plan, which incorporates 5 work strands (improving digital skills and confidence, ensuring council services are accessible to all, improving digital connectivity, providing devices to support residents, and providing jobs and employment support). The Barnet team are also supporting ICB initiatives to address digital inclusion in the health sector.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 1 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of September 2022	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 3	Develop contingency plans for older carers of adults with learning disabilities	Head of Learning Disabilities, Adult Social Care	Sep-21	Sep-22	Completed	This has been completed
Key Area 3	Develop a new carers and young carers strategy	Improvement Consultant ASC	Sep-21	Sep-23	On target to be achieved by target date	Work is underway to refresh the Barnet all-ages carers strategy, incorporating codesign with carers. The strategy will be presented to the Adults and Safeguarding Committee and other relevant partnerships/committees in March 2023.
Key Area 3	Perform an audit/gap analysis around carers and their health and wellbeing	Public Health Officer	Sep-21	Sep-22	Delayed achievement by target date	Strategy refresh delayed from original timescales. New completion date will be March 2023, for implementation in 2023/24. This will be included in the Year 2 action plan.
Key Area 3	Put in place risk monitoring around providing timely accessible care	LBB/CCG	Sep-21	Sep-25	Action has been incorporated into another piece of work	NHS and Social Care has a number of mechanisms for reviewing waiting and discharge times. There is no need to put in additional mechanisms, we propose to close this issue down, as will be covered by digital action in P2.
Key Area 3	Develop integrated pathways around frail elderly residents	Barnet Borough Partnership	Sep-21	Sep-22	Completed	MDT Frailty team is being rolled out across all PCNs as of July 2022, and should be in place by deadline. Model will continue to develop over time, in response to operational learning and any change in needs.
Key Area 3	Develop aligned intervention pathways with the ICP for CYP	Assistant Director of Commissioning - Family Services	Sep-21	Sep-25	On target to be achieved by target date	The Barnet Borough Partnership is working on the following priorities as part of the Children and Young People Integrated Care Strategy: <ul style="list-style-type: none"> - Integrated Therapies - Autism and child development centre - CYP Mental Health & wellbeing strategy - Family Hubs - Children's Social Care-ensure health partners are attending and contributing to strategy meetings, conferences, core groups and review meetings - Long Term conditions-progressing integrated approaches - Expansion of the integrated primary and secondary paediatric clinics <p>NB - Error on original JHWBS Implementation Plan said that this work would be complete in September 2022, it should have said September 2025</p>
Key Area 3	Develop integrated pathways around CVD	Primary & Secondary Care	Sep-21	Sep-23	On target to be achieved by target date	Starting in Spring 2022, NCL ICB have developed a clinical CVD and Stroke prevention network, which has an extensive programme of work to streamline preventative and management pathways.
Key Area 3	Increase range of services participating in MDTs and rolling out model across all areas	Barnet Borough Partnership	Sep-21	Sep-25	On target to be achieved by target date	Frailty MDT plus dedicated multi-disciplinary frailty team rolled out across the borough from summer 2022. Paediatric Integrated multi-disciplinary team meetings linking secondary care, CAMHS and primary care to discuss complex case discussions are launched in 4/7 Primary Care Networks across the borough.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 1 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of September 2022	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 3	Embed prevention in PCN work through use of population health management	LBB/CCG	Sep-21	Sep-25	On target to be achieved by target date	The Long Term Conditions (LTC) Locally Commissioned Service (LCS) is embedding prevention in the management of long term conditions, through extended identification of at risk (case-finding), holistic person-centred assessment and provision of a year of care for those who need on-going management to prevent secondary events and improve their health. The LCS goes 'live' from April 23 but that there is a period of practice readiness from Oct 22 to support practices to get ready.
Key Area 3	Perform a homeless needs assessment	Public Health Strategist	Sep-21	Sep-22	Completed	Completed summer 2021 and action plan agreed and being delivered

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Appendix B - Key Performance Indicators - Key Area 1

Measure	Unit of Measurement	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data (as of 31st August 2022)	Year 1 Direction of Travel	Target
Number of businesses involved in the Healthier High Streets programme.	Eligible Businesses Involved	2021	0	2021-22	36	↑	200
Number of free drinking water stations installed in the Borough.	Number of Refill participating businesses	2021	75	2021-22	80	↑	Two free drinking water facilities per town centre and at least one water fountain in Barnet.
	Number of Fountains	2021	0	2021-22	0	↔	
The proportion of overweight or obese children at Year 6 (ages 10-11).	% of Year 6 children	2019/20	34.4%	2021-22	Data to be published in late 2022/early 2023	Data to be published in late 2022/early 2023	No increase.
Proportion of deaths attributable to air pollution.	Percentage of overall deaths	2019	6.3%	2020	6.6%	↑	No increase.
Proportion of residents who walk or cycle for travel (at least once a week).	Proportion Cycling	2018/19	5.5%	2021	7.5%	↑	7%
	Proportion Walking	2018/19	49.1%	2021	68.3%	↑	60%
Number of people in contact with Social Prescribers/Prevention and Wellbeing Co-ordinators	Number of people	2020/21	3,224	2021/22	5,689	↑	5,000
Rate of domestic abuse incidents	Rate per 1,000/population	1 October 2020 - 30 September 2021	8.2	1 September 2021 - 30 August 2022	7.7	↓	Barnet to become lowest rate of all 32 London Boroughs. Lowest rate is currently 2.9 per 1,000 population, and Barnet is 7th lowest borough
Number of GP surgeries trained under IRIS (Proposed KPI)	Number of GP Surgeries	September 2020 - August 2021	0	September 2021 - August 2022	27	↑	50
Key Performance Indicator from Food Plan Dashboard	TBC	First collection is in October 2022		First collection is in October 2022			

Appendix B - Key Performance Indicators - Key Area 2

Measure	Unit of Measurement	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data	Year 1 Direction of Travel	Target
Dental Checks of Children in Care	Percentage of Children in Care	As of 31/12/2021	47%	As of 31/12/2022	Data to be published in early 2023	Data to be published in early 2023	85%
Annual Health Assessments for Children in Care	Percentage of Children in Care	As of 31/12/2021	85%	As of 31/12/2022	Data to be published in early 2023	Data to be published in early 2023	95%
Good level of Development at end of EY Foundation Stage	Percentage of Early Years who have a GLD	2018/19 Academic Year (data collection cancelled in 2019/20 and 2020/21)	74.30%	2021/22 Academic Year	Data to be released in November 2022	Data to be released in November 2022	Target to be adjusted when 2022 figures released
Proportion of 5-year-olds who received MMR first and second doses	Proportion of 5 year olds	As of 01/02/2022	76%	As of 01/08/2022	76%	↔	95%
Proportion of 2 year old with a first dose of MMR	Proportion of 2 year olds	As of 01/02/2022	83%	As of 01/08/2022	84%	↑	95%
Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review	Proportion of infants	2021-22 Q1	56%	2022-23 Q1 (data collection affected due to short term prioritising due to staffing issues/Covid19)	7%	↓	60%
		2021-22 Q2	57%	2022-23 Q2	Data available October 2022	Data available October 2022	
		2021-22 Q3 (data collection affected due to short term prioritising due to staffing issues/Covid19)	16%	2022-23 Q3	Data available January 2023	Data available January 2023	
		2021-22 Q4 (data collection affected due to short term prioritising due to staffing issues/Covid19)	13%	2022-23 Q4	Data available April 2023	Data available April 2023	
Adults active for at least 150 minutes per week	Percentage of Adults surveyed	2019-20	60.50%	2020-21	62.60%	↑	Under review with FAB
Active children and young people (5-16 years) for an average of 60+ minutes a day	Percentage of CYP surveyed (Sports for England Activity Survey)	2018-19	43.50%	2020-21	Data not available for this period	Data not available for this period	Under review with FAB
Suicide rate per 100,000	Rate per 100,000	2017-19	6.7	2019-21	4.8	↓	Yearly reduction rate
Patients, aged 45+, who have a record of blood pressure in the preceding 5 years	%	2020-21	84.60%	2021-22	Data not available for this period	Data not available for this period	To be confirmed with ICB
Persons, 25-49, attending cervical screening within target period	3.5 year coverage %	2019-21	58.50%	2020-22	58.70%	↑	To be confirmed with ICB

Appendix B - Key Performance Indicators - Key Area 3

Priority	Measure	Unit of Measurement	Data Owner	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data	Year 1 Direction of Travel	Target Data
Carers have good health and wellbeing	Number of carers registered with their GP	Number of carers	Primary Care Team ICB	As of 30 September 2021	12,125	As of 30 June 2022	12,297	↑	12125
Carers have good health and wellbeing	Proportion of carers who feel socially isolated	% of carers	Programme Support Officer (ASC)/ Integrated Care Partnership Programme Manager	2018-19	26%	2021-22	25%	↓	20%
Barnet's health, care and education is digitally enabled	Number of Barnet residents supported by Barnet Get Online Programmes	Number of residents	Head of Customer Services and Digital	2021	0	2022	135	↑	
People will access timely seamless care	Stage of diagnosis for Cancer/Percentage of cancer diagnosed at stages one and two	% of diagnoses	Sit with ICB Cancer team	2018	57.9	2022	Data not available as data collection disrupted	Data not available as data collection disrupted	
People will access timely seamless care	Emergency admissions from ambulatory care sensitive conditions	Number of admissions	Urgent and Emergency Care Team	Mar-21	6,971	Mar-22	Data available March 2023	Data available March 2023	6,500

Appendix B - Key Performance Indicators - Overall Strategy

Measure	Unit of Measurement	Data Owner	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data	Year 1 Direction of Travel	Target Data
Life Expectancy at 65 - Female	Years	Director of Public Health	2017-19	23.10	2018-20	22.80	↓	23.80
Life Expectancy at 65 - Male	Years	Director of Public Health	2017-19	20.93	2018-20	20.30	↓	21.80
Life Expectancy at birth - Female	Years	Director of Public Health	2017-19	86.00	2018-20	85.50	↓	86.60
Life Expectancy at birth - Male	Years	Director of Public Health	2017-19	82.90	2018-20	82.00	↓	83.60

Appendix C

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Further notes on action
Key Area 1	Development of HIA Implementation plan	Public Health Strategist	Sep-22	Sep-23	An option appraisal draft will be shared with partners in September 2022. HIA technical note will be developed in line with feedback and comments
Key Area 1	Become a dementia friendly borough	Senior Health Improvement Specialist	Sep-21	Sep-23	Public Health will submit application to be considered for Dementia Friendly Borough status in September 2022. The Alzheimer Society will review the application and Barnet's progress towards this goal over the year.
Key Area 1	Work with partners like 'Drink Coach' to embed preventative services for higher risk drinkers	Public Health Strategist	Sep-22	Aug-24	In progress and will be part of new substance misuse strategy 22/23 - currently working on North Central London primary care alcohol pathway including low risk drinkers
Key Area 1	Develop a strategic approach and work with businesses to make every Highstreet in the borough healthy	Public Health Strategist/Engagement Officer	Sep-22	Aug-23	This action started earlier than planned- in January 2022. A project plan has been developed and businesses across Barnet are being invited to join the Healthier High Streets schemes. In paralel a survey is conducted to better understand barriers and incentives.
Key Area 1	Identify and bid for different funding opportunities available	All	Sep-21	Sep-25	We successfully applied for UKHSA grant for School Superzones, which we'll use to implement 2 SSZ- at Edgware primary school and Saracens high school, starting in September 2022. We plan to apply for a GLA grant for promoting air quality.
Key Area 1	Deliver action plan for Make Every Contact Count (MECC)	Public Health Officer	Sep-22	Sep-23	This is a new action for Phase 2. Draft action plan has been developed and on the agenda for the first MECC steering group
Key Area 1	Agree and Deliver Food Plan for Barnet	Consultant in Public Health	Sep-22	Jul-24	Plan will have a particular focus on affordable food provision in the Borough, in line with Cost of Living challenges.
Key Area 1	Ensure that the two Superzones in Grahame Park and Edgware are delivered, and the impact is tracked	Public Health Strategist	Aug-22	Dec-23	Will include development of performance indicators to monitor agreed health and wellbeing outcomes for children and young people.
Key Area 2	Reduce the risk of vaccine preventable diseases	Barnet Flu and Immunisation Steering Group/Public Health Consultant	Sep-21	Sep-25	Focus for year 2 will be on the Polio Booster for children, Autumn/Winter Flu and Covid vaccination campaigns, and ensuring that routine childhood immunisations are taken up. This work will be supported by the Health/Vaccinations work.
Key Area 2	Implement the Corporate Parenting Strategy 2021-23	Director - Children's Social Care, Family Services	Aug-21	Aug-23	The work on the strategy is currently being undertaken.
Key Area 2	Develop updated Corporate Parenting Strategy for 2023-25	Director - Children's Social Care, Family Services	May-23	Oct-23	Process for updating strategy confirmed by Brigitte Jordaan on 09/09/22.

Appendix C

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Further notes on action
Key Area 2	Deliver the Cardiovascular Disease (CVD) Prevention Programme, and track its impact	Public Health Strategist/Integrated Care Partnership (ICP)	Sep-22	Dec-24	The CVD Prevention Programme and action plan was signed off by the HWBB in July 2022. The CVD Task and Finish Group will take forward the actions agreed as part of the action plan until Dec 2024, providing regular updates to the Board as required.
Key Area 2	Work with partners and ICP on increasing the number of residents accessing social prescribing as well as increasing the range of organisations and sectors that can make referrals	Senior Health Improvement Specialist	Jul-22	Sep-25	The primary care social prescribing offer will continue to be developed while further work is being undertaken to look at options to extend eligible referrers to the local voluntary sector and secondary care.
Key Area 2	Improving children's oral hygiene across the borough through the Barnet Young Brushers Programme	Children's Joint Commissioner working with the community provider	Aug-21	Mar-23	This will develop the existing Young Brushers programme further in Barnet.
Key Area 2	Develop the Healthy Start programme – ensuring access to adequate and healthy food	Health Improvement Officer, LBB	Mar-22	Jan-24	Plan for future delivery is: re-establishing the Healthy Start working group now the digital scheme is in place to have the first meeting by December 2022. Healthy Start will continue to feature on the Food Security meetings and dashboard going forward. Discussions with BOOST in Barnet around digital inclusion are underway and working closely with Early Year hubs and libraries to ensure families all have access to the digital scheme. Planned work to also promote the Healthy Start vitamin part of the scheme for all eligible and work closely with Children Centre staff to monitor vitamin uptake, which will enable the Healthy Start working group to better understand where vitamins are being accessed and where localised strategies are needed, to take place from January 2023.
Key Area 2	Implement Resilient Schools Plan for 2022-23, to improve children's mental health	Resilient Schools Manager, LBB	Sep-22	Aug-23	
Key Area 2	Deliver sexual health education services in schools and make period products available to all pupils	Public Health Strategist/Brooks	Sexual health contract to be awarded September 2021	Sexual health education contract 2 years +1	This is proposed for deletion, as although activity will still be delivered, it is not a priority for Health and Wellbeing Board to monitor in 2022/23.

Appendix C

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Further notes on action
Key Area 2	Deliver the Suicide Prevention Plan for children, young people and adults for 2022-23	Senior Health Improvement Specialist	Jul-22	Jul-23	Delivering on the action Plan for 2022/23 and refresh 2023-25 action plan in line with the new national strategy. Annual Report to July 2023 HWWB
Key Area 3	Develop aligned intervention pathways with the ICP for CYP	Assistant Director of Commissioning - Family Services	Sep-21	Sep-25	The Barnet Borough Partnership is working on the following priorities as part of the Children and Young People Integrated Care Strategy: <ul style="list-style-type: none"> - Integrated Therapies - Autism and child development centre - CYP Mental Health & wellbeing strategy - Family Hubs - Children's Social Care - Long Term conditions-progressing integrated approaches - Expansion of the integrated primary and secondary paediatric clinics
Key Area 3	Collaborate to develop a Healthy Aging pilot in one neighbourhood of BBP as demonstration of whole system approach to healthy aging.	Joint ASC Healthy Aging Lead and PH Consultant (Living and Aging Well)	Sep-22	Sep-23	As part of development of the Barnet Borough Partnership workplan, plans are developing to create a whole system Healthy Aging pilot to take joint action and pool resources to deliver better outcomes for aging residents in a neighbourhood area.
Key Area 2	Ongoing implementation of Champion role to respond to longer term impacts of COVID and focus on wider health priority topics in Barnet.	Senior Health Improvement Specialist	Jul-22	Jul-23	Ongoing development of Health Champions programme including further upskilling and training Champions on vaccine hesitancy and mental health.
Key Area 3	Develop a narrative on reducing health inequalities as an integrated approach within the Council and wider partnership	Barnet Borough Partnership	Sep-22	Aug-23	This action will include updating Life Expectancy and Healthy Life Expectancy data by ward as Census data becomes available; as well as the development of a narrative and the partnership approach
Key Area 3	Refresh Substance Misuse Needs Assessment and Strategy	Public Health Strategist	Sep-22	Apr-23	This action remains accurate.
Key Area 3	Integrate our data to provide longitudinal view of the patient to support direct patient care and population health management	LBB/CCG	Sep-21	Sep-25	HealthIntent is the population health management tool which has been developed at NCL level to provide a whole system view of patient segments for action. The plan for the coming year is to adapt the dashboards so they support the LTC LCS supporting GPs to deliver a greater focus on prevention with this group of patients.

Appendix C

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Further notes on action
Key Area 3	Further develop our digital offer to support prevention and provide timely accessible care, including risk monitoring	Public Health Strategist	Sep-22	Sep-23	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: <ul style="list-style-type: none"> •Increase care home connectivity, •Invest in and pilot digital tools such as oremote monitoring: Using the Whzan blue box oacoustic technology for falls prevention. •Meet key data security standards
Key Area 3	Address inequalities in access to digital services	Head Of Customer Services & Digital	Sep-21	Sep-25	This is still an action - PnR paper June 2022 outlines the further actions for this area of work
Key Area 3	Develop a new carers and young carers strategy	Improvement Consultant ASC	Aug-22	Apr-23	Timescales have been updated to reflect current work.
Key Area 3	Put in place risk monitoring around providing timely accessible care	LBB/CCG	Sep-21	Sep-25	Propose deletion, as not clear what this action refers/referred to. It will be incorporated into the digital Care Home work already in the Phase 2 Implementation Plan.
Key Area 3	Develop intergrated pathways around CVD	Primary & Secondary Care	Sep-21	Sep-23	This refers to the NCL ICB have developed a clinical CVD and Stroke prevention network, which has an extensive programme of work to streamline preventative and management pathways.
Key Area 3	Increase range of services participating in MDTs and rolling out model across all areas	LBB/CCG	Sep-21	Sep-25	The focus in Phase 2 of the JHWBS will be on embedding and evaluating the current models (Frailty and Paediatric), and then focus on further and broader opportunities as the original MDTs mature.
Key Area 3	Embed prevention in PCN work through use of population health management on Long Term Conditions	LBB/CCG	Sep-21	Sep-25	LTC ICS is embedding prevention in the management of long term conditions. The expectation is that the LCS goes 'live' from April 23 but that there is a period of practice readiness from Oct 22 to support practices to get ready.
Key Area 3	Audit materials used to ensure that they are accessible in terms of channels, ease of language and translated languages	Public Health Communications Lead	Sep-22	May-23	This will be done as part of the Barnet Public Health microsite development.
Key Area 3	Implement a strategic framework and action plan to respond to the needs of the homeless population	Public Health Strategist	Sep-22	Apr-23	In progress, action plan agreed and quarterly meetings in place to progress.

	Health and Wellbeing Board Thursday 29th September 2022
Title	Future of Health and Wellbeing Board
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Claire O'Callaghan, Health and Wellbeing Policy Manager claire.o'callaghan@barnet.gov.uk

Summary

The Terms of Reference of the Barnet Health and Wellbeing Board was last reviewed in October 2018. This report presents the proposed changes to the Terms of Reference to reflect the changes to the Integrated Care System covering Barnet, the draft guidance on Health and Wellbeing Boards, and also to reflect the needs and direction of travel in 2022.

Officers Recommendations

- 1. To agree the changes to the Terms of Reference – including Membership - of Barnet Health and Wellbeing Board, prior to formal ratification at Constitution and General Purposes Committee and Full Council.**

1. Why this report is needed

- 1.1 The Terms of Reference of Barnet Health and Wellbeing Board was last reviewed in October 2018. There have been a number of changes to the partners in Barnet, most notably the introduction of the North Central London Integrated Care Board, which need to be reflected.

- 1.2 The Department of Health and Social Care released [draft guidance for Health and Wellbeing Boards](#) on 29th July 2022 for consultation. The draft guidance does not propose any change to the statutory role of Health and Wellbeing Boards, and the only change to the core membership is ensuring that the Integrated Care Board for the area has representation on the Board.
- 1.3 Therefore, it is proposed that some minor changes are made to the Terms of Reference of the Board. These changes are concentrated on updating the health sector membership, some minor changes to job titles and ensuring that the quorum for the Board covers main bodies. The Board’s function has remained unchanged. The table below lays out the precise amendments being proposed.

Current Terms of Reference	Proposed Changes to Terms of Reference
<p>FUNCTIONS</p> <p>(1) To jointly assess the health and social care needs of the population with NHS commissioners, and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.</p> <p>(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.</p> <p>(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better</p>	<p>Add a new function:</p> <p>(1) To work (together with Barnet Borough Partnership) with Integrated Care Partnership (ICP) and Integrated Care Board (ICB) to determine the integrated approach that will best deliver holistic and streamlined care and prevention activities, including action on wider determinants in their communities.</p> <p>Change to (2) Add at the end of the paragraph: including North Central London Integrated Care Strategy</p> <p>Change to (3) Delete: “that improved population outcomes are being delivered”.</p> <p>Add the following after “to ensure”: improvement of population outcomes and plans to tackle health inequalities. The Joint Health and Wellbeing Strategy (JHWS) should directly inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.</p> <p>Change to (4)</p>

Current Terms of Reference	Proposed Changes to Terms of Reference
<p>Care Fund; and Section 75 partnership agreements between the NHS and the Council.</p> <p>(4) To provide collective leadership and enable shared decision making, ownership and accountability</p> <p>(5) To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.</p> <p>(6) To explore partnership work across North Central London where appropriate.</p> <p>(7) Specific responsibilities for:</p> <ul style="list-style-type: none"> • Overseeing public health and promoting prevention agenda across the partnership • Developing further health and social care integration. 	<p>Change to (5)</p> <p>Change to (6)</p> <p>Change to (7)</p> <p>Change to (8)</p> <p>Add bullet point:</p> <ul style="list-style-type: none"> • Receiving regular reports on the North Central London Integrated Care Board and their partner NHS trusts and NHS foundation trusts, including joint capital resource use plans, ICB Annual reports, Forward Plans and Performance Assessments.
<p>MEMBERSHIP</p> <p>12</p> <p>Chair, Vice Chair, Members and substitutes appointed by Council.</p> <p>Vice Chair is Chair of Barnet CCG Governing Body</p> <p>Three Members of the Council</p> <p>Director of Public Health Strategic Director for Children & Young People Strategic Director for Adults, Communities & Health</p> <p>Barnet Clinical Commissioning Group – Board Members x 3</p> <p>Barnet Healthwatch representative</p>	<p>Amend to 14</p> <p>No changes proposed</p> <p>Amend to “Vice Chair is Clinical Lead (Barnet), North Central Integrated Care Board”</p> <p>No change</p> <p>Amend to: Director of Public Health and Prevention Executive Director, Children’s & Family Services Executive Director, Adults and Health</p> <p>Amend to: Two North Central London Integrated Care Board Members: Clinical Lead for Barnet, North Central London Integrated Care Board Director of Integration, Barnet Directorate, North Central London Integrated Care Board</p> <p>Add as voting members: Primary Care Provider Representative x1 Health Service Provider Representatives x2</p> <p>No change</p>

Current Terms of Reference	Proposed Changes to Terms of Reference
Barnet voluntary and community sector representative Independent Chair of the Adults and Children's Safeguarding Boards (Non-Voting Member)	No change Remove the word "Children's"
SUBSTITUTION AND QUORUM Each member may nominate a substitute if they cannot attend. Requirement for proportionality is waived and voting rights allowed to members other than Members of the Council.	No change No change
QUORUM Quorum 3 The Quorum should consist of at least one Councillor and one health representative	No change Amend to: The Quorum should consist of at least one Councillor, one officer from North Central London Integrated Care Board, and one Council officer.

2. Reasons for recommendations

- 2.1 It is good practice to regularly review the Terms of Reference, in order to ensure that the functions of the Board are clear, and that the partnership runs smoothly.
- 2.2 The main areas of change to the Board membership and Quorum have been proposed in order to reflect the proposed updates in national guidance, and the recent changes in the NHS system covering Barnet.

3. Alternative options considered and not recommended

- 3.1 The current Terms of Reference could be retained unamended in the Council constitution. However, this is not recommended as the membership would not reflect the current partnership make up, and the impending final guidance.

4. Post decision implementation

- 4.1 If the Board agrees the changes, then a report will be taken to Constitution and General Purposes Committee on 6th October 2022, and Full Council on 1st November 2022 to formally ratify the changes.
- 4.2 The updated Terms of Reference will then be fully in place for the next Health and Wellbeing Board meeting on 19th January 2023.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 Barnet Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. By keeping the Constitution under review, it ensures that the framework in which the Council is governed supports the delivery of corporate priorities and performance.

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

- 5.2.1 There are no resource implications as a result of proposed Terms of Reference amendments.

5.3 Legal and Constitutional References

- 5.3.1 Council's Constitution, Article 7 - the Constitution and General Purposes Committee terms of reference includes responsibility "To keep under review all aspects of the Council's Constitution so as to ensure that it remains current and fit for purpose, and to make recommendations thereon to the Council".

5.4 Insight

- 5.4.1 Research on membership of other Health and Wellbeing Boards has been undertaken to support this paper.

5.5 Social Value

- 5.5.1 Not applicable

5.6 Risk Management

- 5.6.1 The process of managing changes to the Constitution through the Constitution and General Purposes Committee ensures that the proposals are developed through Member participation and consideration.
- 5.6.2 As the current guidance is in draft, there is a risk that the final guidance issued by the Department for Health and Social Care may introduce more significant changes to the Board's operation. However, the likelihood of this is thought to be small, and as the changes to the NHS have already happened (and there is no confirmed date for when final guidance will be issued), it is thought expedient to go ahead now with changes to the Terms of Reference.

5.7 Equalities and Diversity

- 5.7.1 The decision-making processes of the Council, as enshrined within the Constitution, need to be transparent and accessible to all sectors of the community.

5.8 Corporate Parenting

- 5.8.1 No direct or indirect impacts on the Council's Corporate Parenting role are envisaged.

5.9 Consultation and Engagement

5.9.1 Not applicable.

5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a neutral impact on the Council's carbon and ecology impact.

6. Background papers

- 6.1 London Borough of Barnet Constitution, [| Barnet Council \(moderngov.co.uk\)](http://www.barnet.gov.uk)
- 6.2 Department of Health and Social Care, [Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-and-wellbeing-boards-draft-guidance-for-engagement)

	<h2>Health & Wellbeing Board</h2> <h3>29th September 2022</h3>
Title	2022 Pharmaceutical Needs Assessment
Report of	Tamara Djuretic, Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Pharmaceutical Needs Assessment
Officer Contact Details	Julie George Julie.George@barnet.gov.uk 07874 602 192

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 1st October 2022.

The 5 Boroughs within North Central London ICB footprint jointly commissioned Soar Beyond to produce individual PNAs for each of the 5 Boroughs. The Barnet draft PNA was out for consultation between 13th June and 12th August and was on the agenda of the July 2022 Health and Wellbeing Board for information. The final Barnet PNA has now been completed. The document now includes information on the consultation process, responses and changes made as a result of the consultation.

The PNA reviews the need for a range of pharmaceutical services, which are described in the first section of the report. The PNA Steering Group found no gaps in service for essential pharmaceutical services. For both advanced and locally commissioned services, the Steering Group identified that the Health and Wellbeing Board 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. See the full report for definitions of services and the basis for the conclusions reached.

The Board is therefore asked to approve the PNA. Once approval is given, the PNA will be published to meet the deadline of publication by 1st October 2022.

Officers Recommendations

- 1. That the Board approve the Barnet 2022 Pharmaceutical Needs Assessment for publication.**

1. Why this report is needed

- 1.1 The publication of a PNA is one of the statutory duties of the HWBB. Members of the Board need to approve the final report prior to the publication deadline of 1st October.
- 1.2 At the July 2022 HWBB meeting, the power to approve the final report was delegated to the Chair and the Chief Officer. However, the timing of the September Health and Wellbeing Board meeting allows for the full Board to review the report and still publish the final report by the deadline. The report is therefore being taken to the full HWBB for approval.

2. Reasons for recommendations

- 2.1 It is a statutory obligation of the Health and Wellbeing Board to produce and approve a PNA by the deadline of 1st October 2022.

3. Alternative options considered and not recommended

- 3.1 None

4. Post decision implementation

- 4.1 Once the report is approved, the final PNA will be published on the Barnet website.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 Approval and publication of the PNA means that the HWBB meets its statutory responsibilities to published a PNA every three years.

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

- 5.2.1 Not applicable

5.3 Legal and Constitutional References

- 5.3.1 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.

5.3.2 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) was suspended until October 2022 – an extra six months. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were updated to reflect this.

5.3.3 Section 7 of the Council constitution identifies the responsibility of the HWBB is 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. The JSNA informed the PNA and the PNA will inform future iterations of the JSNA.

5.4 Insight

5.4.1 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.

5.5 Social Value

5.5.1 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.

5.6 Risk Management

Not applicable

5.7 Equalities and Diversity

5.7.1 The PNA has been developed considering equality and diversity.

5.8 Corporate Parenting

5.8.1 Not applicable.

5.9 Consultation and Engagement

5.9.1 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.

5.9.2 The Barnet draft PNA was out for consultation between 13th June and 12th August. The final PNA includes information on the process of consultation, the responses received and any and all amendments made to the draft PNA as a result of the consultation process.

5.10 Environmental Impact

5.10.1 There are no direct environmental implications from agreeing the recommendation.

6. Background papers

- 6.1 The public consultation document was published on the 13th 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 Health and Wellbeing Board Minutes on the 14th July 2022 delegating authority to the Chair of the Health and Wellbeing Board and Director of Public Health & Prevention. <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=11091&Ver=4>
- 6.3 The final PNA is an appendix to this paper.



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

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 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 service.

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.

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 (LPS), Regulations 2013 (SI 2013/349),¹ 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 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)²: 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

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

resources, delivering NHS standards, and improving the health of the population they 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.³ 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 2015-16.⁴ 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.⁵
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁶
- Community Pharmacist Consultation Service (CPCS)⁷: 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 a 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, as 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 guidance around new prescribed medicines for provision of the DMS at their

³ 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>

⁴ 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>

⁵ 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

⁶ 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/>

⁷ Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

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.⁸

- **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.⁹ 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).¹⁰ 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, 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.

⁸ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁹ 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

¹⁰ Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

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.¹¹

The HWB has decided that all Essential services (ES) are **necessary services** in Barnet.

¹¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

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 2019,¹² 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.

1.4.1.1 Essential Services (ES)

Barnet has designated that all Essential Services are to be regarded as **Necessary Services**.

¹² Community Pharmacy Contractual Framework. July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

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 care, 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 (LFD) 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.¹³

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.

¹³ 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

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, and carers against diseases such as seasonal flu or shingles.

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, if deemed 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,¹⁴ states: *"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.

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (Type 2)	Urinary incontinence/retention
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.¹⁵

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 the 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 vaccinations for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

¹⁵ 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

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.

Bank holiday, Easter Sunday and Christmas Day coverage

For the last two years NHSE&I has had two Enhanced Services to cover bank holidays, Easter, and Christmas Day across the London area. This is 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, nor do they 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 statements¹⁶ 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.

¹⁶ Barnet PNA 2018-2021 and subsequent supplementary statements. www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/pharmaceutical-needs-assessment

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.

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 the assessment was based upon 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 had 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 initiated as a result of 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.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 13 June and 12 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix G. The draft PNA was posted on LBB's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed and then reviewed by the steering group. A summary of the responses received and analysis is noted in Appendix H, and comments are included in Appendix I.

- **Step 9: Production of final PNA - future stage**

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to the Barnet HWB for approval and publication before 1 October 2022.

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 J 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 Plan¹⁷ (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

¹⁷ NHS Long Term Plan. 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 needs 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.¹⁸

The JSNA is hosted online as an interactive tool, designed to be easily accessible to all who 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.

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.

¹⁸ Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

Barnet's Joint Health and Wellbeing Strategy 2021–2025 (JHWS)¹⁹ 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 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.

2.5 Population characteristics and Health Needs

Throughout this PNA we have used the most recent data available from several authoritative sources. The 2021 census data was not available at the time of writing.

¹⁹ 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

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%).

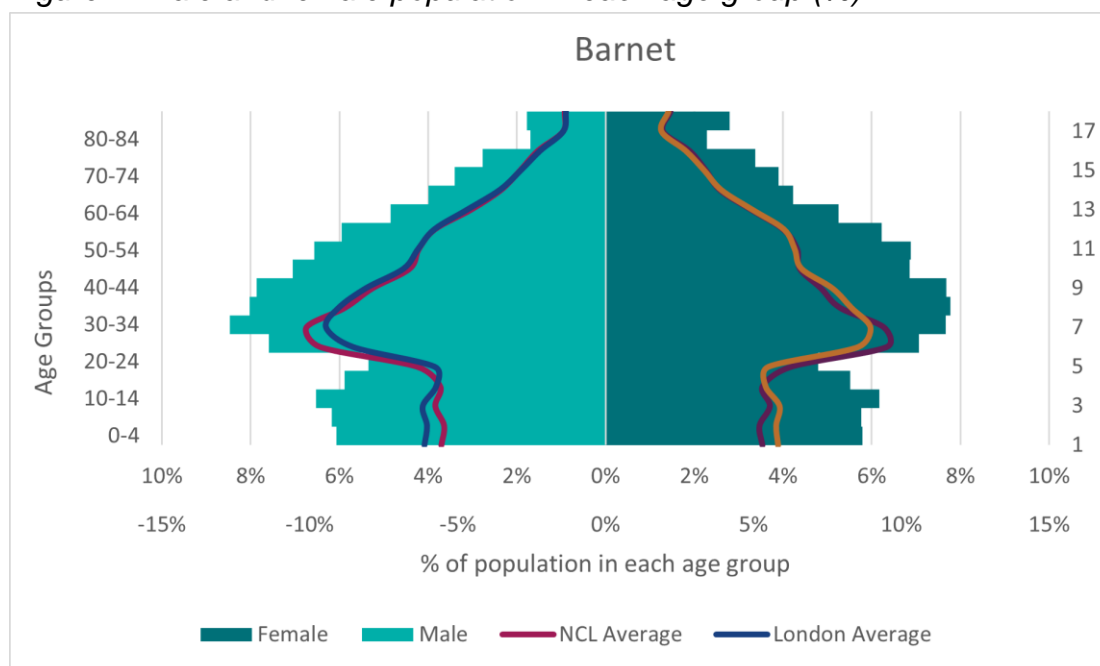
Over the next five years, the population of Barnet is projected to increase by 4%, or by almost 14,500 individuals.

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).

This growth is aligned with the various housing and regeneration projects within Barnet. Barnet has a target to deliver 2,364 net new homes a year as part of the 2021 London Plan²⁰ with major areas of growth within Finchley and Golders Green and Hendon localities.

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%.

²⁰ <https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan/london-plan-2021>

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 6.

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%

Ward Code	Ward	Locality	Number registered to a GP practice	Proportion registered
E05000055	Hendon	Hendon	23,391	5%
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%
TOTAL			447,296	

Source: NHS Digital 2022²¹

²¹ 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. HLE 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 (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.

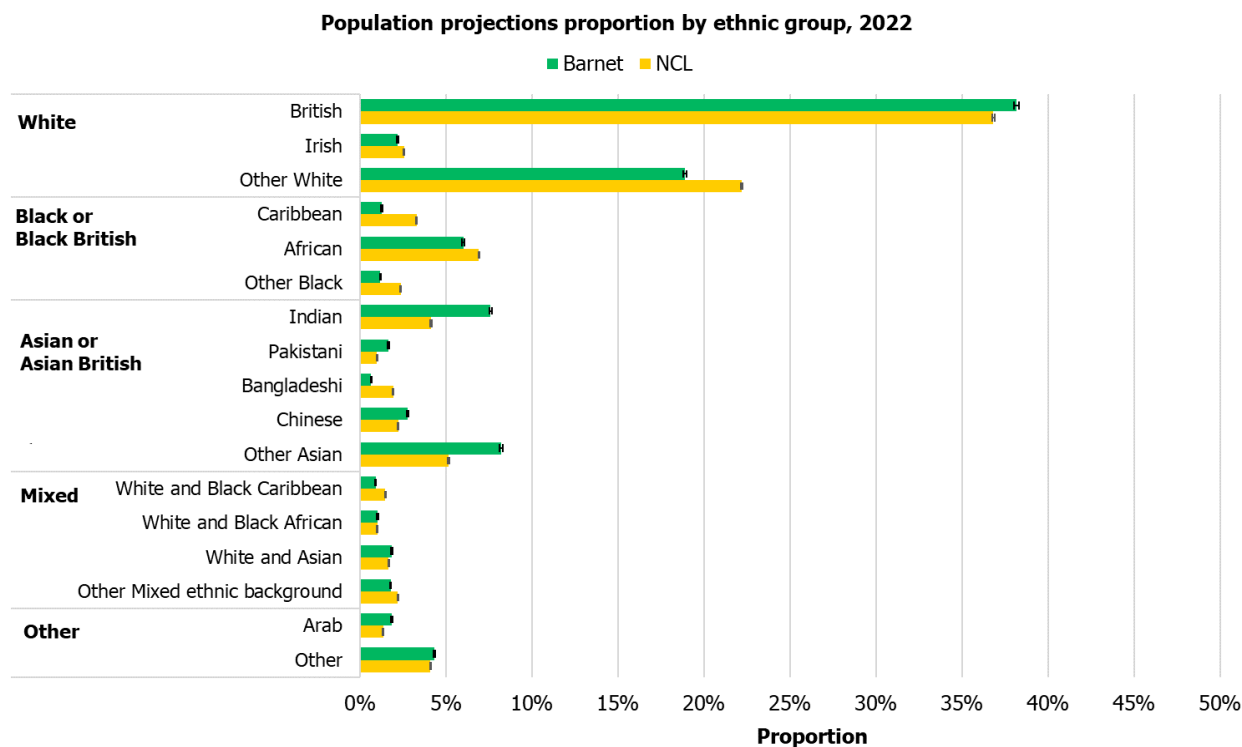
Table 12: GLA 2016 based housing-led ethnic group population projection

Ethnic Grouping	Ethnicity	Barnet Number	Barnet (%)	NCL Number	NCL (%)	Significant Difference to NCL
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, as per 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-age all-cause 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%. This 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

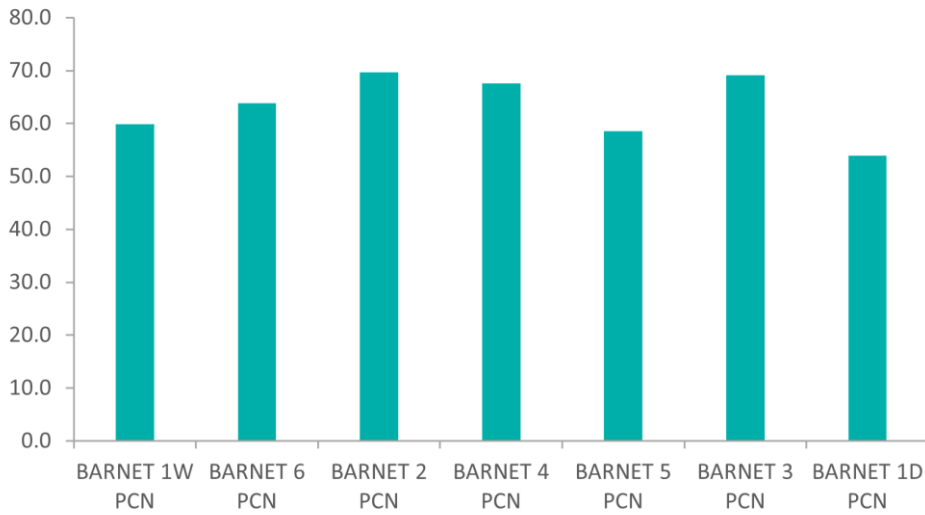
	Year	Barnet			London			England			Significant difference to London	Significant difference to England
		Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
Smoking prevalence in adults (GPPS)	2019-20	14%	13%	15%	15%	15%	16%	14.30%	14.20%	14.40%	Lower	No significant difference
Smoking 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

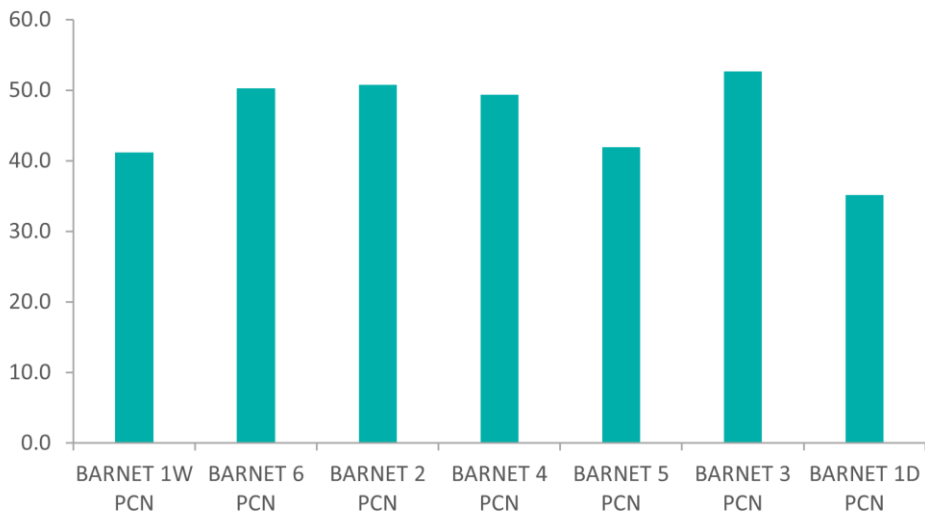
Vaccination uptake is generally higher than the average in NCL, but lower than in England. Please see Table 2 for a key to which locality each PCN is located.

Figure 3: Barnet – COVID vaccination uptake by PCN



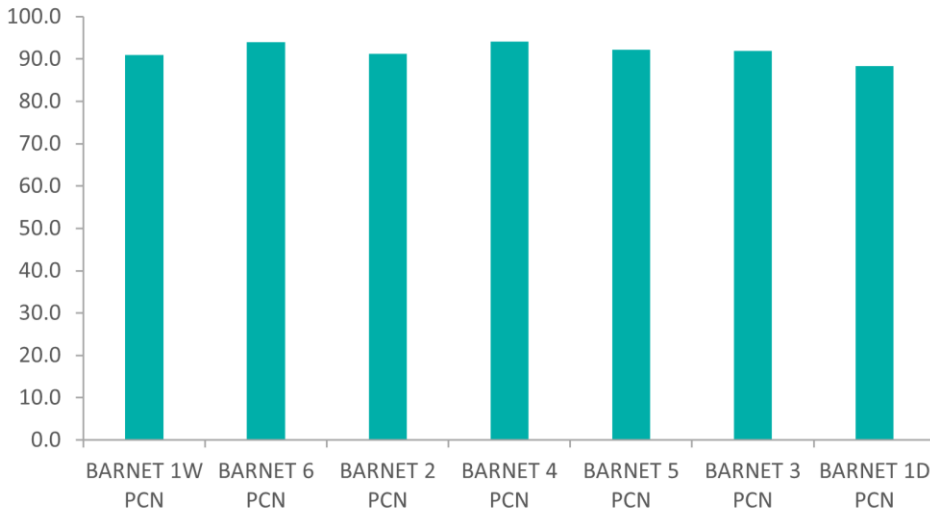
Source: NIMS 17 January 2022

Figure 4: Barnet – Flu vaccination uptake by PCN



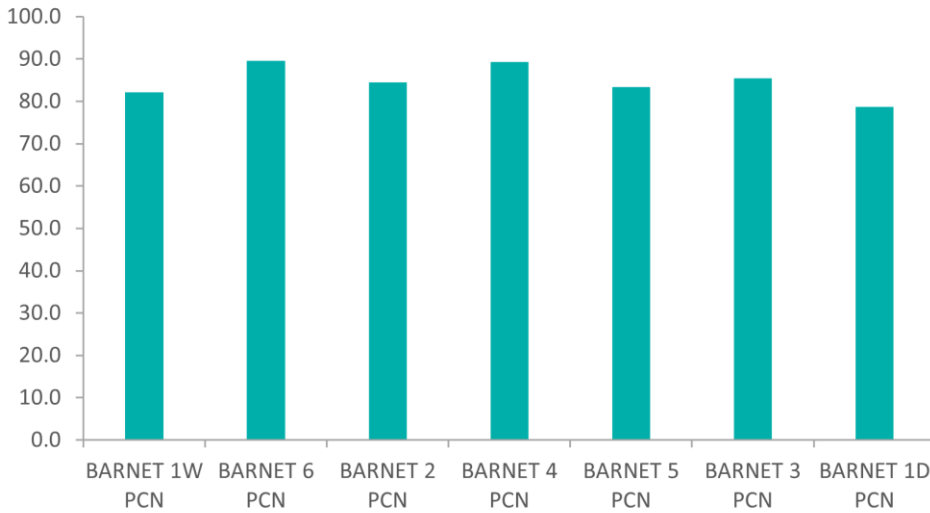
Source: NIMS 17 January 2022

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)) 17 January 2022

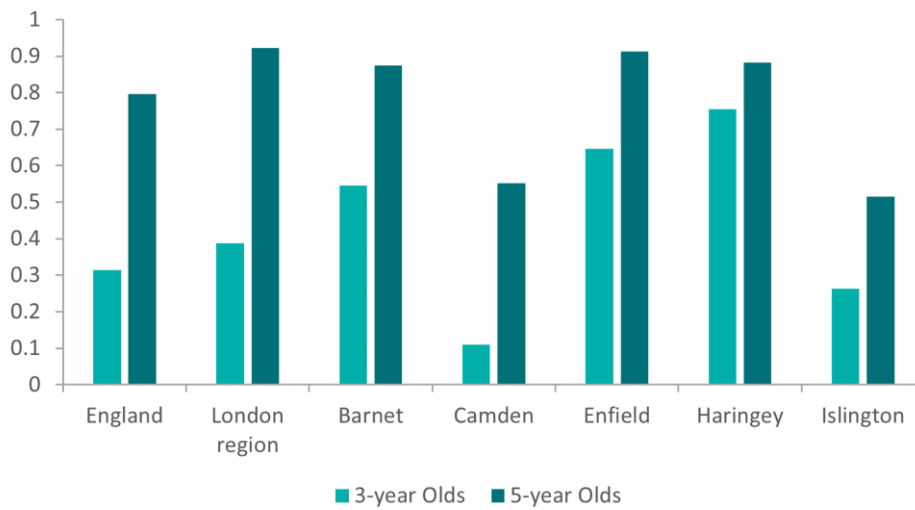
Figure 6: Barnet – MMR vaccination one dose (2 years) uptake by PCN



Source: National GP Profile from OHID (National General Practice Profiles - OHID (phe.org.uk)) 17 January 2022

2.5.12 Oral health

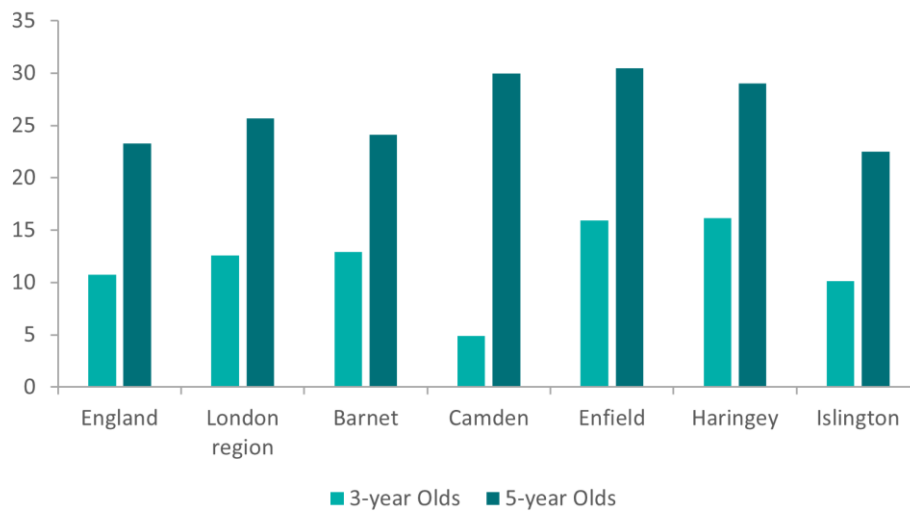
Figure 7: Decayed Missing or Filled Teeth (DMFT) by borough



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

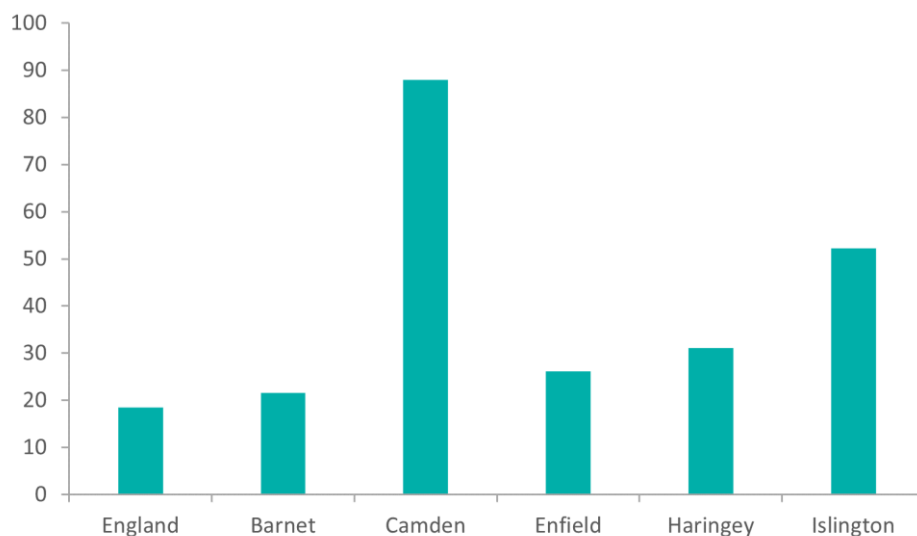


Source: Child & Maternal Health Profile from OHID ([Child and Maternal Health - OHID \(phe.org.uk\)](http://Child and Maternal Health - OHID (phe.org.uk))) Jan 2022

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.

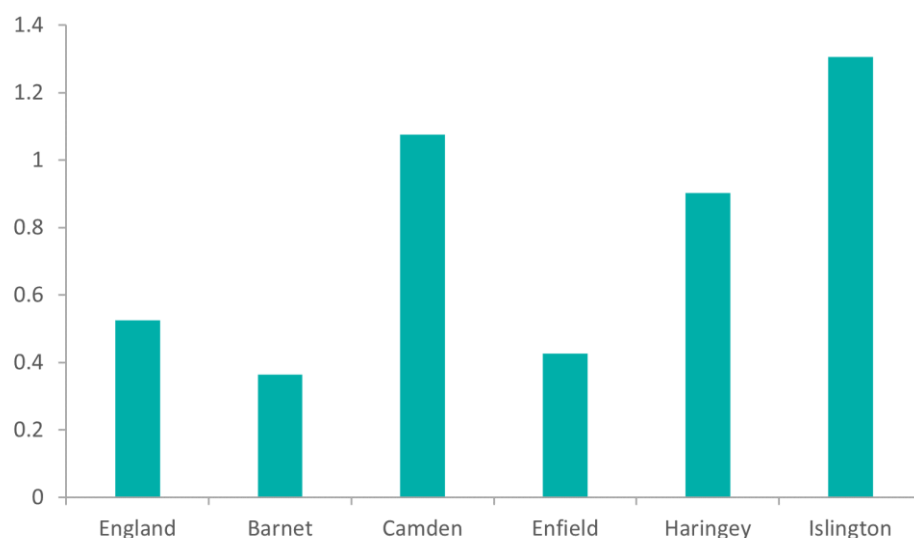
2.5.13 Hepatitis C (Hep C)

Figure 9: Hep C detection rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](http://phe.org.uk)) Jan 2022

Figure 10: Under-75 Hep C mortality rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](http://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.

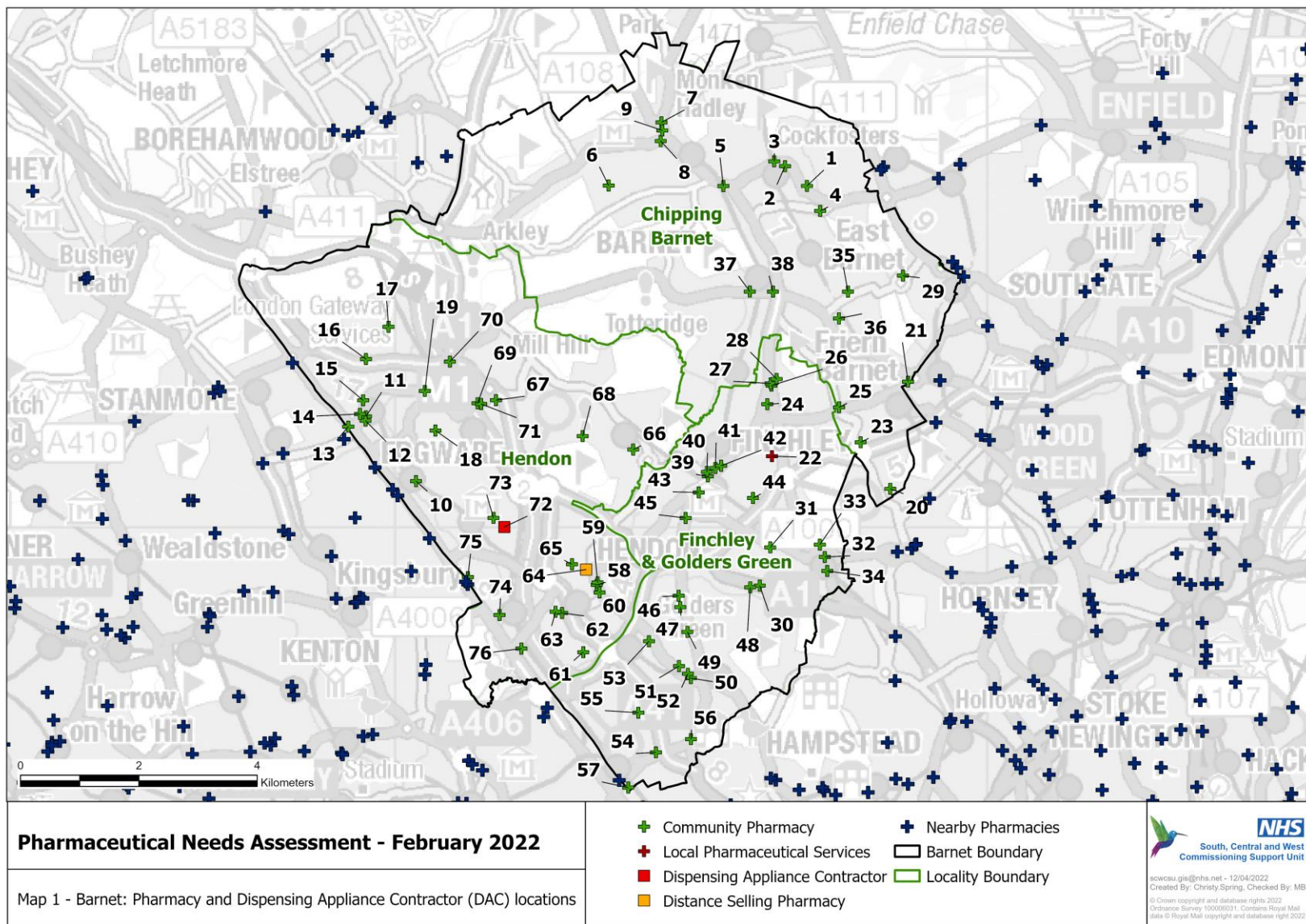
Type of Contractor	Number
40-hour community pharmacies	73
LPS	1
DSP	1
DAC	1
Dispensing GP Practices	0
PhAS	0

Throughout this PNA, the total number of community pharmacies is inclusive of 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

Number of community pharmacies	Population of Barnet	Ratio of community pharmacies per 100,000 population
75 community pharmacies which includes 1 DSP in Barnet	401,230	18.4 (18.7 including DSP)*

* 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 Population²²

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.

²² 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

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
Barnet HWB (2021)	75	401,230	18.7
London	1,873	8,965,488**	20.7
England (2021)	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

In England, there are 1,094 (9.4%) community pharmacies 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 article²³ 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.

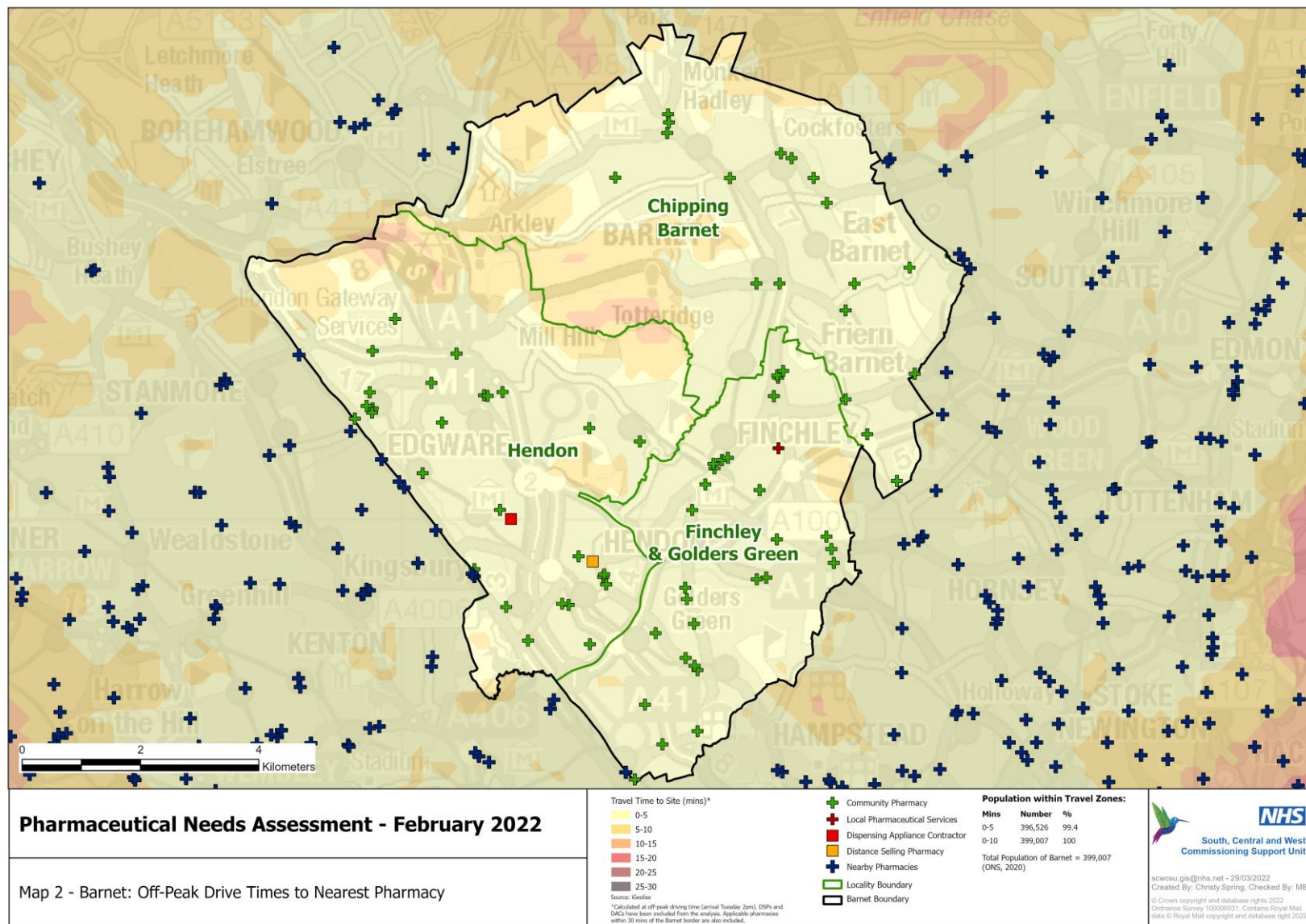
A list of community pharmacies in Barnet and their opening hours can be found in Appendix A.

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 K.

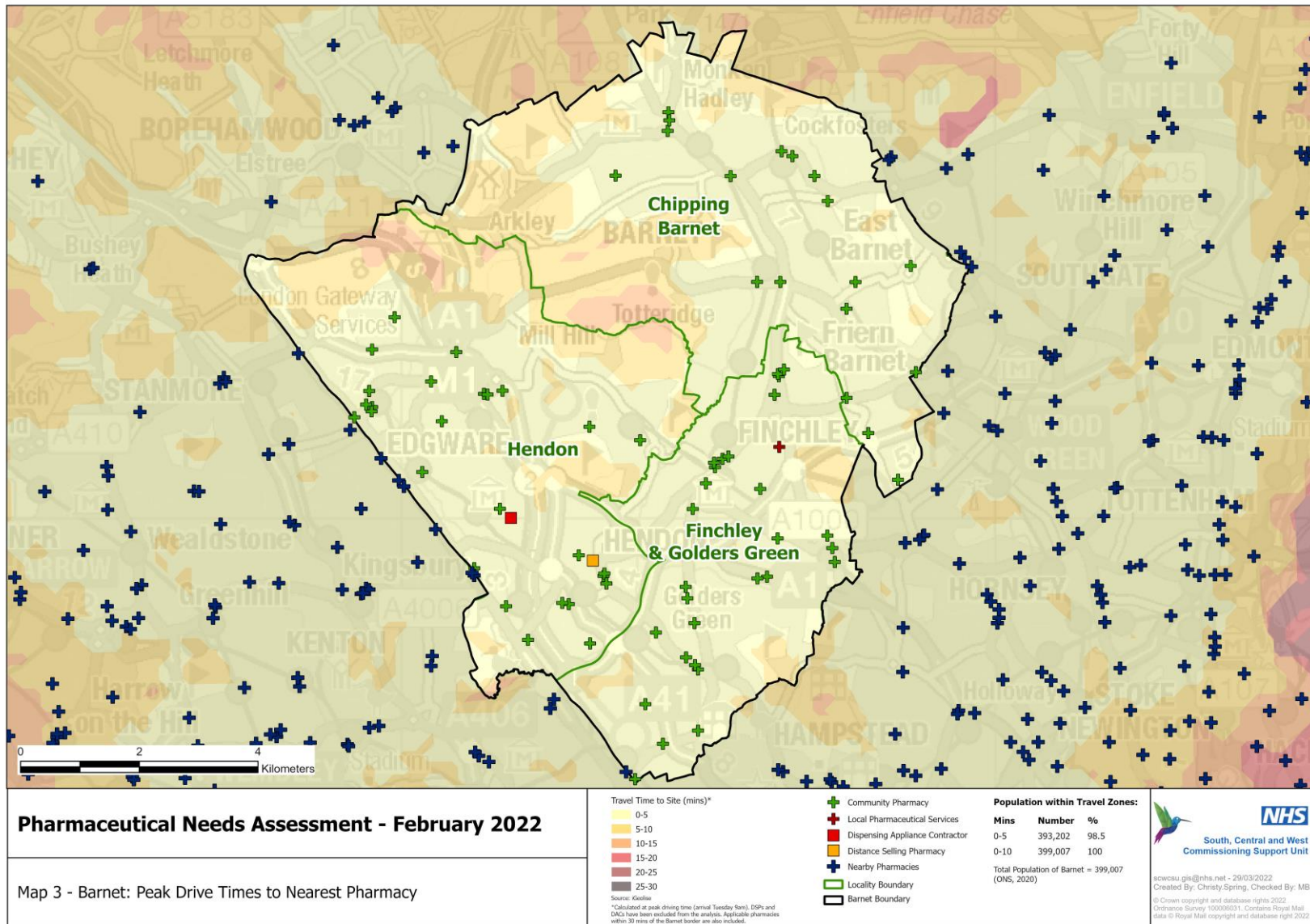
²³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 12: Driving times off-peak to nearest pharmacy



Path: X:\PROJECTS\Pharmacy\PNA_2021_22\Soar Beyond\G12462_PNA_Barnet\ArcGISPro_ProjectFiles\G12462_PNA_Barnet\G12462_PNA_Barnet.aprx

Figure 13: Driving times peak to nearest pharmacy



Path: X:\PROJECTS\Pharmacy\PNA_2021_22\Soar Beyond\G12462_PNA_Barnet\ArcGISPro_ProjectFiles\G12462_PNA_Barnet\G12462_PNA_Barnet.aprx

Figure 14: Public transport (morning) to nearest pharmacy

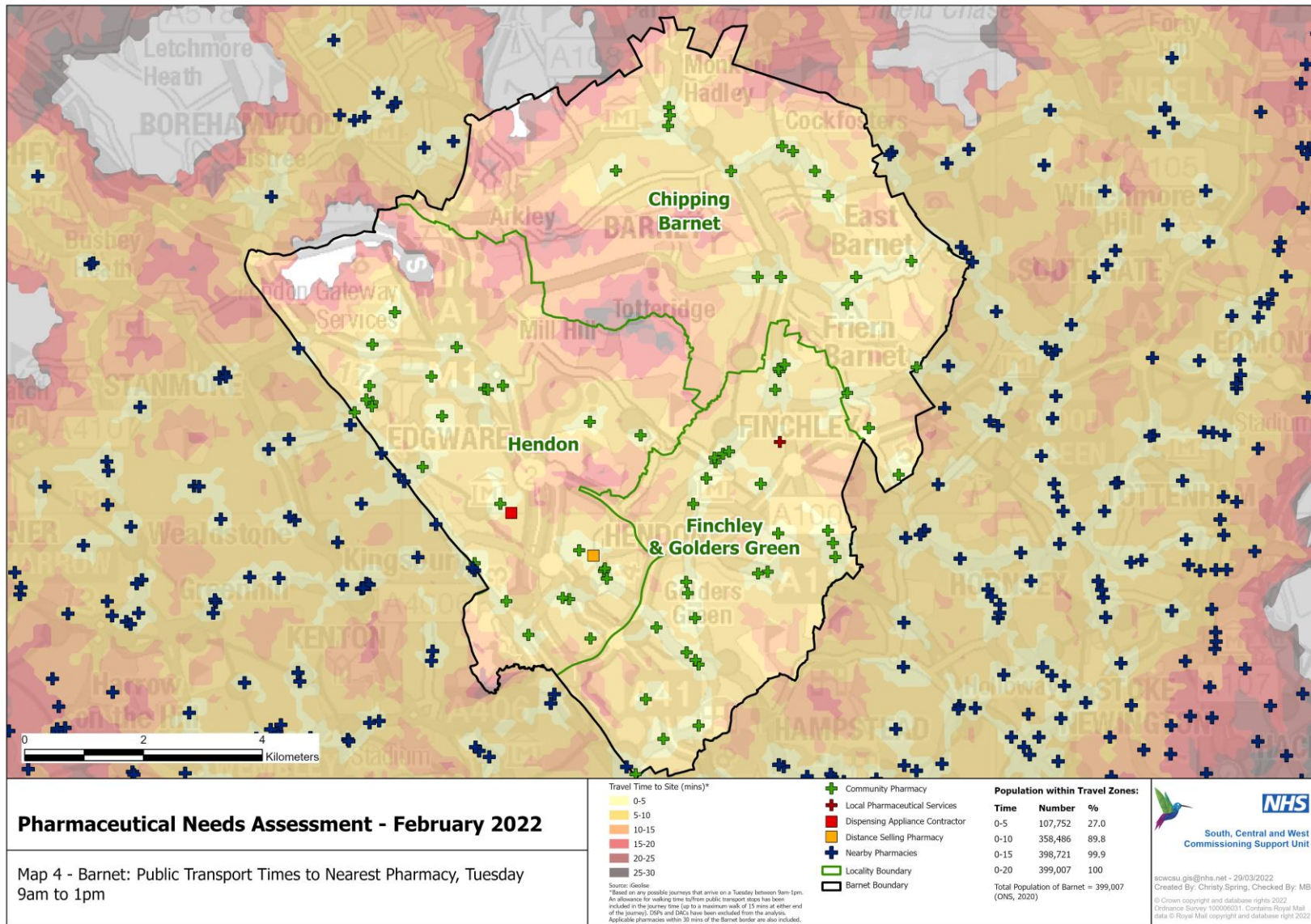


Figure 15: Public transport (afternoon) to nearest pharmacy

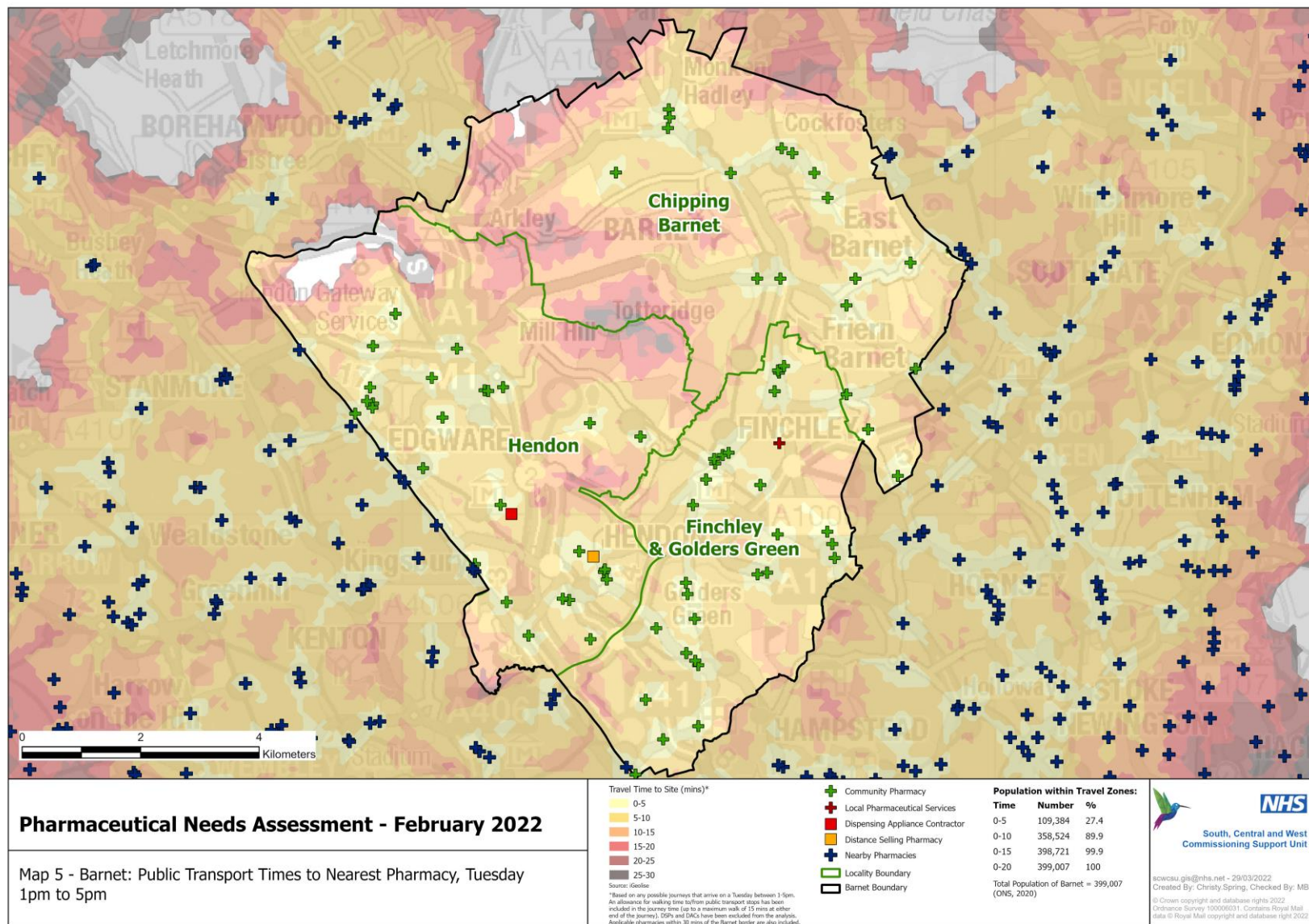
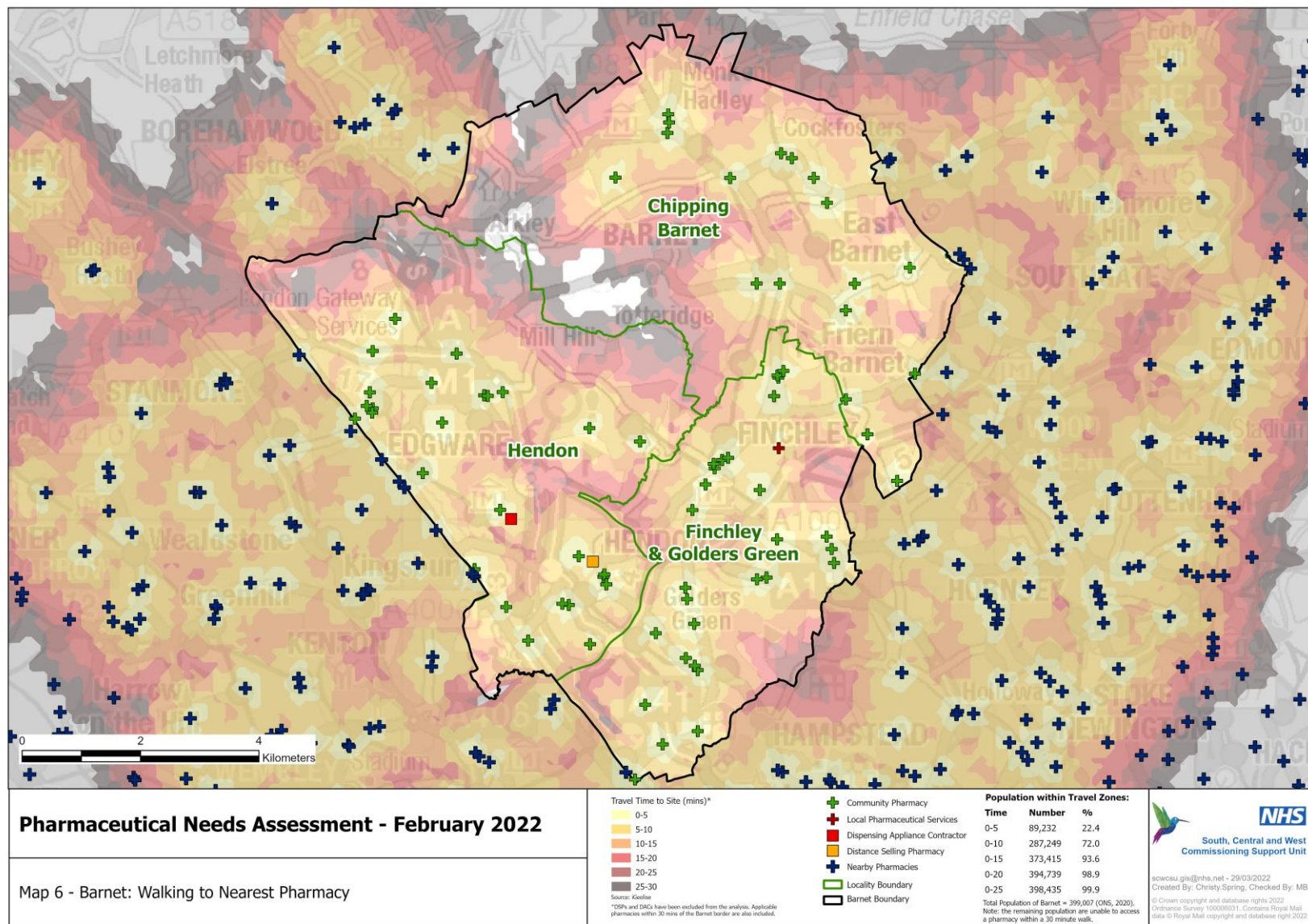


Figure 16: Walking times to nearest pharmacy



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	28%	89%	22%
Finchley & Golders Green	28%	86%	31%
Hendon	33%	74%	33%
Barnet HWB	31%	85%	28%

Note: DSPs are not included

3.2.3.3 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, 82% 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.

3.2.3.4 Routine Sunday daytime access to community pharmacies

Of the community pharmacy providers in Barnet, 30% are open on Sundays. 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.

3.2.3.5 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. This is 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 (27)
New Medicine Service (NMS)*	83%	79%	79%
Community pharmacy seasonal influenza vaccination	83%	59%	74%
Community Pharmacy Consultation Service (CPCS)**	72%	69%	74%
Hypertension case-finding service	28%	31%	67%
Smoking cessation service	17%	10%	19%
Stoma Appliance Customisation (SAC)^	1 (6%)	0	2 (7%)

* This includes one DSP in Hendon

** This includes CPCS and GP CPCS consultations

[^] This includes one DAC in Hendon

Based on the information provided none of the community pharmacies in Barnet have signed up to provide Appliance Use Review (AUR), 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.²⁴ A recent report (October 2021) demonstrated

²⁴ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.²⁵ 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.

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.

²⁵ 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

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 or 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
Condom distribution		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 Correct

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 (20%) 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 should be provided to meet these needs.

Community pharmacies are contracted to stock the list of CORE palliative care medications stock. 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 are 372 throughout England. Free delivery of appliances is also offered by DACs. There is 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 2010,²⁶ 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:

²⁶ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

- 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.

The following are services provided by NHS pharmaceutical providers in Barnet, commissioned by organisations other than NHSE&I or provided privately, and are 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 report evidence suggests that the main ways 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, as DMS is 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.²⁷

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.

²⁷ 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. It 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 the 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.

There is also one Dispensing Appliance Contractor (DAC) in the Hendon locality.

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	5 (28%)	8 (28%)	9 (33%)
Saturday	16 (89%)	25 (86%)	20 (74%)
Sunday	(22%)	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%)
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 (17%)	3 (10%)	5 (19%)
C-19 vaccination*	1 (6%)	1 (3%)	4 (15%)
London Vaccination*	1 (6%)	1 (3%)	4 (15%)
Bank Holiday Provision	1 (6%)	1 (3%)	0

* Enhanced ^ The DSP does not provide any Advanced or Enhanced Services so is not included in the tables

In addition, this is also provided by 1 DAC in Hendon

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) *
CCG			
Supply of EoL medicines	2 (11%)	2 (7%)	1 (4%)
LA			
Supervised consumption	8 (44%)	9 (31%)	14 (52%)
Needle exchange service	2 (11%)	1 (3%)	2 (7%)
Smoking cessation	3 (17%)	4 (14%)	2 (7%)
EHC	5 (28%)	5 (17%)	5 (19%)
Condom distribution service	3 (17%)	4 (14%)	5 (19%)

* None of these services are provided by the DSP

Health needs are not broken down by locality; however, 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:

- 5 pharmacies (28%) are open after 18:30 on weekdays
- 16 pharmacies (89%) are open on Saturdays
- 4 pharmacies (22%) 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 (28%) provide the hypertension case-finding service, and three pharmacies (17%) 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 (44%) provide supervised consumption
- 2 pharmacies (11%) provide Needle Exchange
- 3 pharmacies (17%) provide smoking cessation services
- 5 pharmacies (28%) provide EHC
- 2 pharmacies (11%) provide medicines for the EoLC supply service
- 3 pharmacies (17%) 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:

- 8 pharmacies (28%) are open after 18:30 on weekdays
- 25 pharmacies (86%) 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 (31%) provide supervised consumption
- 1 pharmacy (3%) provides Needle Exchange
- 4 pharmacies (14%) provide smoking cessation services
- 5 pharmacies (17%) provide EHC
- 2 pharmacies (7%) provide medicines for the EoLC supply service
- 4 pharmacies (14%) 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, (including 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:

- 89 pharmacies (33%) are open after 18:30 on weekdays
- 20 pharmacies (74%) 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 (19%) 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 pharmacies (52%) provide supervised consumption
- 2 pharmacies (7%) provide Needle Exchange
- 2 pharmacies (7%) provide smoking cessation services
- 5 pharmacies (19%) provide EHC
- 1 pharmacy (4%) provides medicines for EoLC supply service
- 5 pharmacies (19%) 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 (82%) are open on Saturdays and 30% of pharmacies are open on Sundays, with 30% 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:

Contractor 'willing to provide if commissioned'	Commissioner 'willing to commission'
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 M 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 M 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 M 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 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	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
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	09:00-17:00	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	Y	-	-	-	-	-	-	-	-	-	-
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	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	09:00-18:00	Closed	-	-	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	-	-	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	-	-

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	
Hampden Square Pharmacy	FQT71	Community	14 Hampden Square, London	N14 5JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	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	-	-	-	-	-	-
Boots	FWQ30	Community	1263-1275 High Road, Whetstone, London	N20 9HS	09:00-20:00	09:00-20:00	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	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
Castle Chemist	FD668	Community	364 Cricklewood 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 6JJ	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 Lyttelton 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	09:00-18:30	09:00-18:30	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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
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	09:00-20:00	09:00-19:00	11:00-20:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Kings Pharmacy	FW276	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	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	-	-

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														
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	09:00-13:00, 14:00-18:00	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	
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Sabel Chemist	FFG86	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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
<p>Stage 1: Project planning and governance</p> <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project plan, communications plan and terms of reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Engagement for consultation Steering Group meeting three Draft update for HWB 													





	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft final PNA for approval • Steering Group meeting four • Minutes to meetings • Edit and finalise final PNA 2022 • Draft update for HWB 													

Appendix D: Public questionnaire

Total responses received:¹ 482

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

Once a week or more		4%	19
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¹ 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.




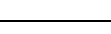
A few times a month		27%	127
Once a month		36%	171
Once every few months		26%	121
Once in six months		5%	23
I haven't visited/contacted a pharmacy in the last six months		3%	12

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
Fairly difficult		5%	23

Very difficult		1%	5
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6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 480; skipped – 2

Yourself	████████████████████	90%	434
A family member	██████████	47%	225
A neighbour/friend		3%	13
Someone you are a carer for	█	3%	15
All of the above		3%	12
Other (please specify below)		1%	5

Other:

Surgery business	1	For my wife	1
Flu jab	1	Family	1

7) If you normally visit/contact a pharmacy *on behalf of someone else*, please give a reason why? (Please select all that apply)

Answered – 253; skipped – 229

















For a child/dependant	██████████	34%	85
The person is too unwell	████████	26%	67
Opening hours of the pharmacy are not suitable for the person requiring the service	████	14%	36
The person can't access the pharmacy (e.g. due to disability/lack of transport)	████	16%	41
The person can't use the delivery service		0%	1
The person can't access online services	█	4%	9
All of the above		1%	3
Other (please specify below)	████████	25%	63

Other:

I am going for myself too or passing by	29	The person has less time or doesn't want to go	12
Person is a child/elderly/disabled	7	I don't go for anyone else	7
I am their carer	4	None of the above	1
Joint household	1	Person doesn't speak English	1

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





Quality of service (friendly staff, expertise)			
Extremely important		63%	304
Very important		29%	139
Moderately important		6%	30
Fairly important		1%	5
Not at all important		0%	1
Convenience (location, opening times)			
Extremely important		62%	291
Very important		31%	145
Moderately important		6%	28
Fairly important		1%	5
Not at all important		0%	1
Accessibility (languages – including British sign language – parking, clear signage, wheelchair/buggy access)			
Extremely important		25%	117
Very important		21%	98
Moderately important		21%	99
Fairly important		11%	52
Not at all important		22%	103
Availability of medication/services (stocks, specific services)			
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
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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

Service	Yes (%)	Yes	No (%)	No	Answered
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)

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
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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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:¹ 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

¹ 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 1 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 31 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 31 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'

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
Anticoagulant Monitoring Service	4%	2	0%	0	0%	0	80%	45	16%	9	0%	0	56
Antiviral Distribution Service (1)	2%	1	0%	0	0%	0	85%	47	13%	7	0%	0	55
Care Home Service	0%	0	0%	0	0%	0	57%	31	41%	22	2%	1	54
Chlamydia Testing Service (1)	0%	0	0%	0	0%	0	84%	46	15%	8	2%	1	55
Chlamydia Treatment Service (1)	0%	0	0%	0	0%	0	84%	47	14%	8	2%	1	56
Contraceptive service (not EC) (1)	0%	0	2%	1	2%	1	84%	47	11%	6	2%	1	56

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 d
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

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 commissione d	Willing to provide if commissione d	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 d
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

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
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 –	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
Other (please 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

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
Travel vaccinations (1)	4%	2	2%	1	2%	1	58%	32	13%	7	22%	12	55
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



Service	Yes (%)	Yes	No (%)	No	Answered
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:¹ 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.

¹ 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'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
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'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
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).

Service	Already commissioned (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
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'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
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: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
LPC Barnet	Y	Y	All	Y
LMC Barnet	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
LPS Pharmacies	-	-	Contractor	Y
Healthwatch Barnet	Y	Y	All	Y
Barnet HWB Chair	-	-	-	Y
Barnet Hospital	-	-	-	Y
Royal Free Hospital	-	-	-	Y
Edgware Community Hospital	-	-	-	Y
Finchley Memorial Hospital	-	-	-	Y
Cricklewood Health Centre	-	-	-	Y
NHSE&I	Y	Y	All	Y
Harrow HWB	-	-	-	Y
Brent HWB	-	-	-	Y
Haringey HWB	-	-	-	Y
Hertfordshire HWB	-	-	-	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)	Draft PNA link sent
Enfield HWB	-	-	-	Y
Camden HWB	-	-	-	Y
Hosted on Barnet Council Website page	-	-	Public	Y
Social Media channels	-	-	Public	Y
Internal staff for advocacy	-	-	Public	Y
Paper Copies of Questionnaires & Easy Read available on request	-	-	Public	-
Posters distributed to all pharmacies in Barnet	-	-	Public	-
Posters distributed to all libraries in Barnet.	-	-	Public	-
Emails sent to VCS contacts, NCL & Pharmacies.	-	-	Public	-
Engagement work with hard to reach groups including Mencap, Healthwatch Barnet and Age UK Barnet	-	-	Public	-

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)	Draft PNA link sent
CCG	Y	Y	All	Y
Harrow LMC	-	-	-	Y
Brent LMC	-	-	-	Y
Haringey LMC	-	-	-	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)	Draft PNA link sent
Hertfordshire LMC	-	-	-	Y
Enfield LMC	-	-	-	Y
Camden LMC	-	-	-	Y
Harrow LPC	-	-	-	Y
Brent LPC	-	-	-	Y
Haringey LPC	-	-	-	Y
Hertfordshire LPC	-	-	-	Y
Enfield LPC	-	-	-	Y
Camden LPC	-	-	-	Y
Head of Organisational Insight and Intelligence, London Borough of Barnet	Y	Y	All	Y
Campaign Manager, London Borough of Barnet	Y	Y	All	Y
Insight & Intelligence Lead PH, London Borough of Barnet	Y	Y	All	Y
Deputy Director of Public Health, London Borough of Barnet	Y	Y	All	Y
Director of Public Health, London Borough of Barnet	-	-	All	Y
Consultation and Research Manager, London Borough of Barnet	-	-	Public	Y

Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,³¹ Barnet HWB held a 60-day consultation on the draft PNA from 13 June to 12 August 2022.

The draft PNA was hosted on the Barnet Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Barnet. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Barnet as identified by Barnet Council and Barnet Healthwatch. Responses to the consultation were possible via an online survey or paper.

There were in total 11 responses, all of them from the internet survey. Responses received:

- 2 (18%) from the Public
- 7 (64%) from the Pharmacist
- 1 (9%) from a Healthcare or Social Care Professional
- 1 (9%) from a Business

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

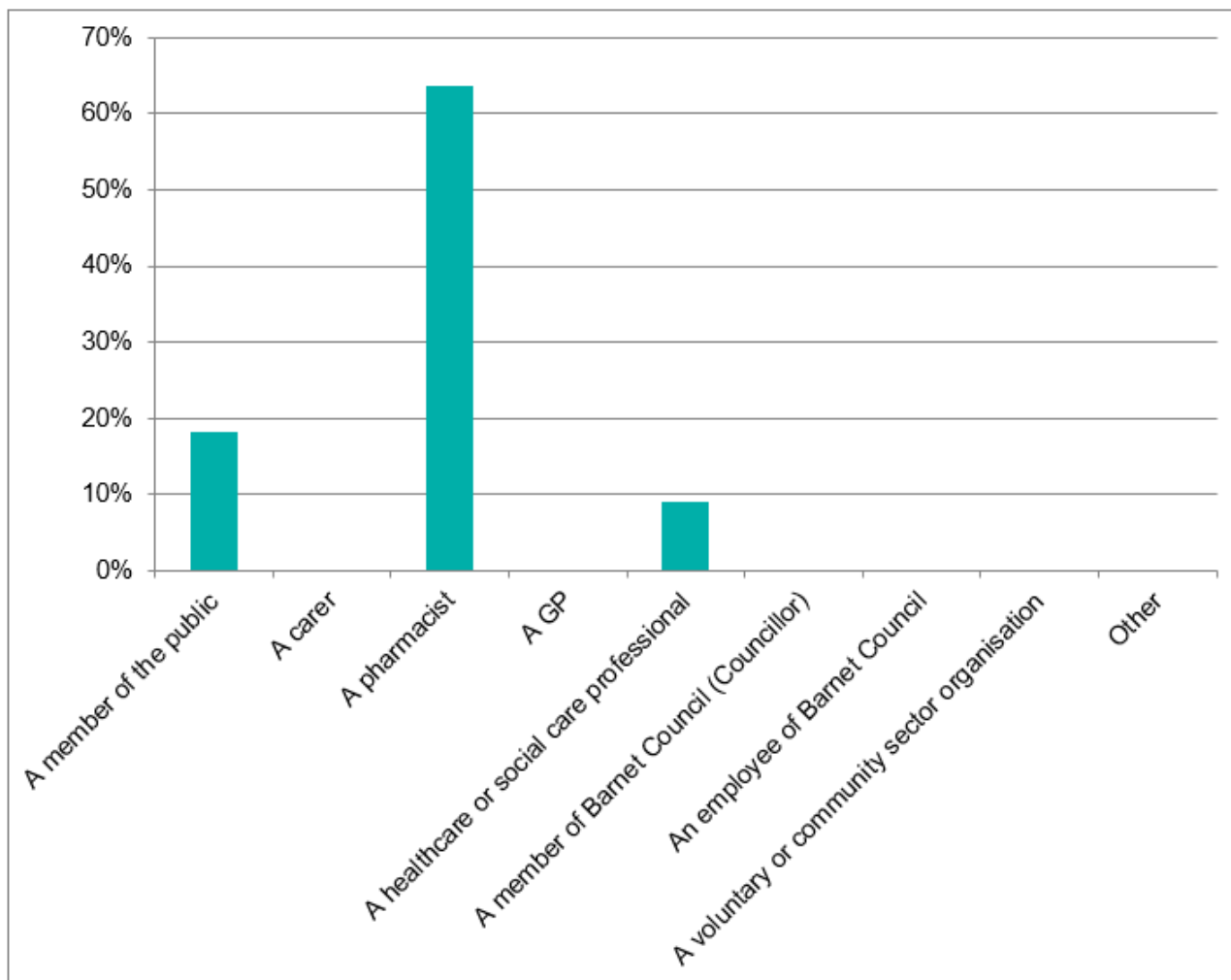
All responses were considered by the PNA Steering Group at its meeting on 30 August for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix I.

Below is a summary of responses to the specific questions, asked during the consultation.

³¹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

Consultation questions and responses:

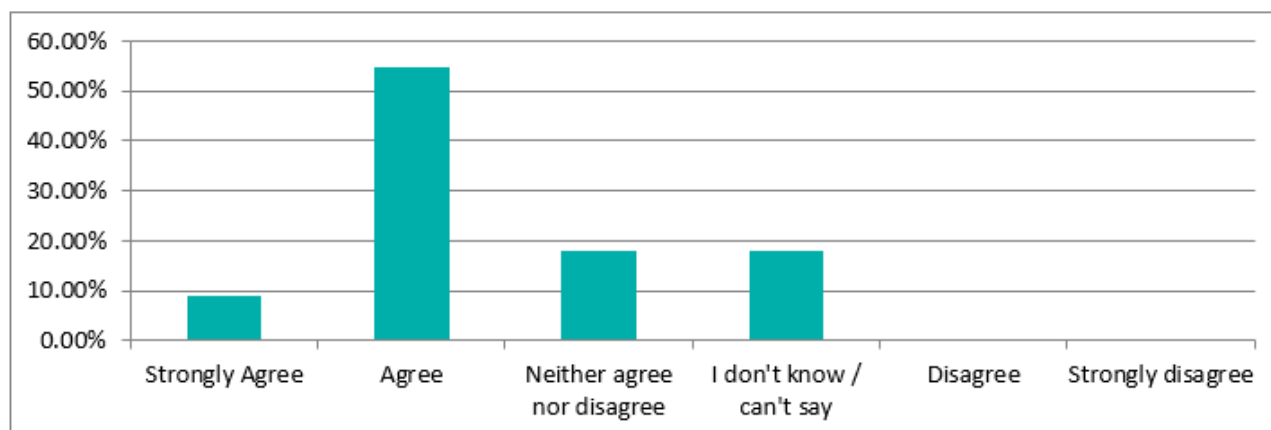
Q1. Are you mainly responding as? (Please tick one)



Answer choices	Percentage	Responses
A member of the public	18%	2
A carer	0%	0
A pharmacist	64%	7
A GP	0%	0
A healthcare or social care professional	9%	1
A member of Barnet Council (Councillor)	0%	0
An employee of Barnet Council	0%	0
A voluntary or community sector organisation	0%	0
Other	0%	0

Answered – 11; skipped – 0

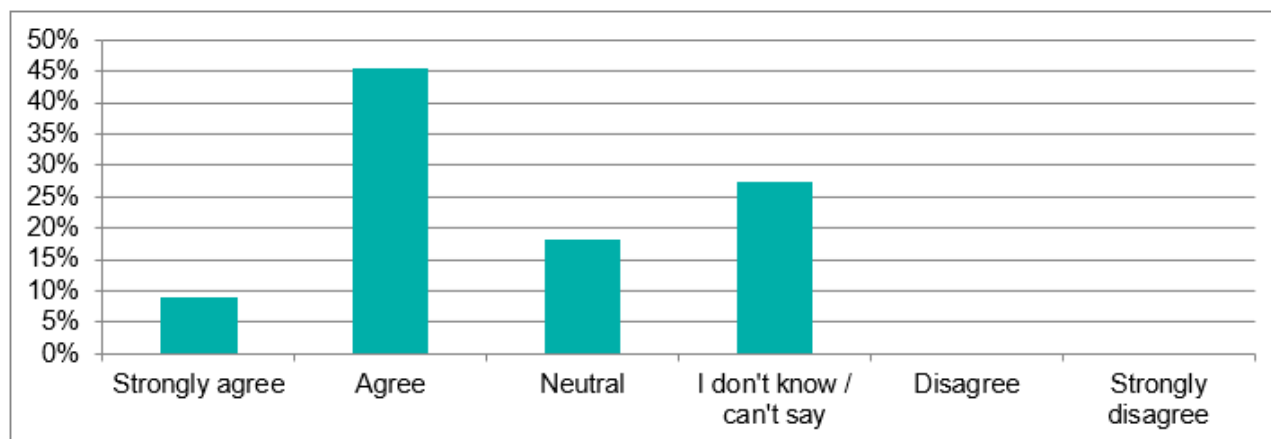
Q2- The Draft Barnet PNA reflects the current provision (supply) of pharmaceutical services within Barnet. (See Sections 3, 4 & 6 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	55%	6
Neither agree nor disagree	18%	2
I don't know / can't say	18%	2
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

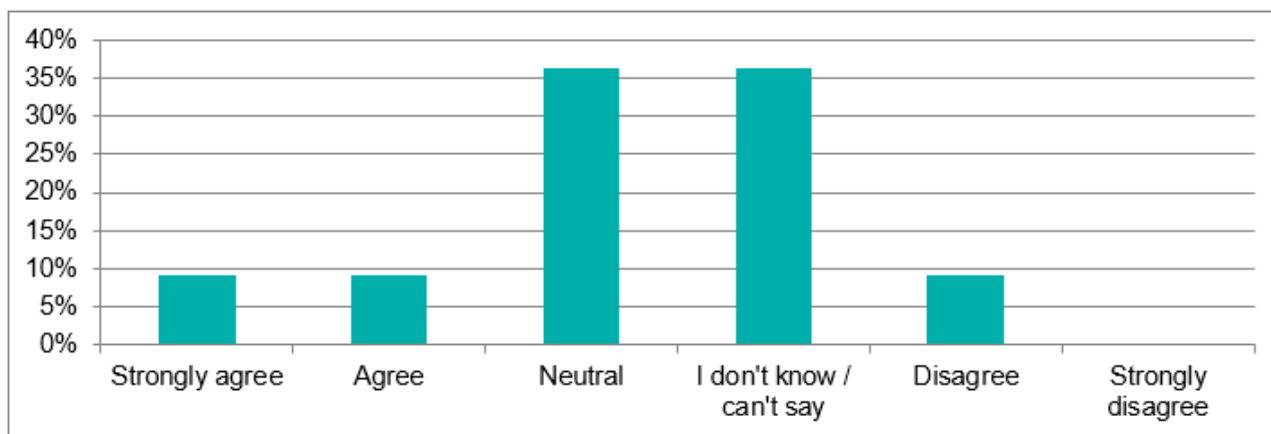
Q3- The Draft Barnet PNA reflects the current pharmaceutical needs of Barnet residents. (See Section 7 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	45%	5
Neutral	18%	2
I don't know / can't say	27%	3
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

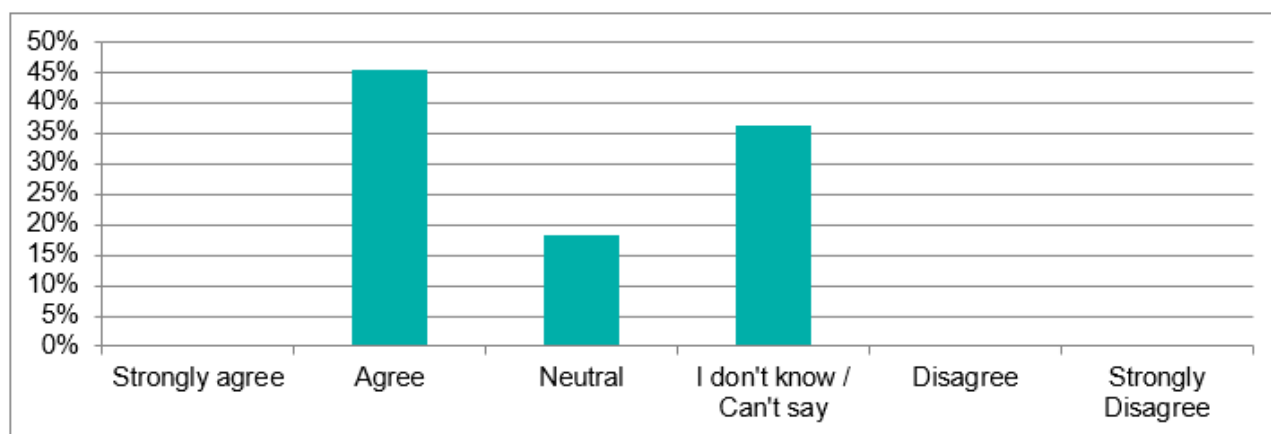
Q4- The Draft Barnet PNA has not identified any gaps in the provision of pharmaceutical services.



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	9%	1
Neutral	36%	4
I don't know / can't say	36%	4
Disagree	9%	1
Strongly disagree	0%	0

Answered – 11; skipped – 0

Q5- The Draft Barnet PNA reflects the future (over the next three years) pharmaceutical needs of Barnet residents. (See Section 7 of the Draft PNA)

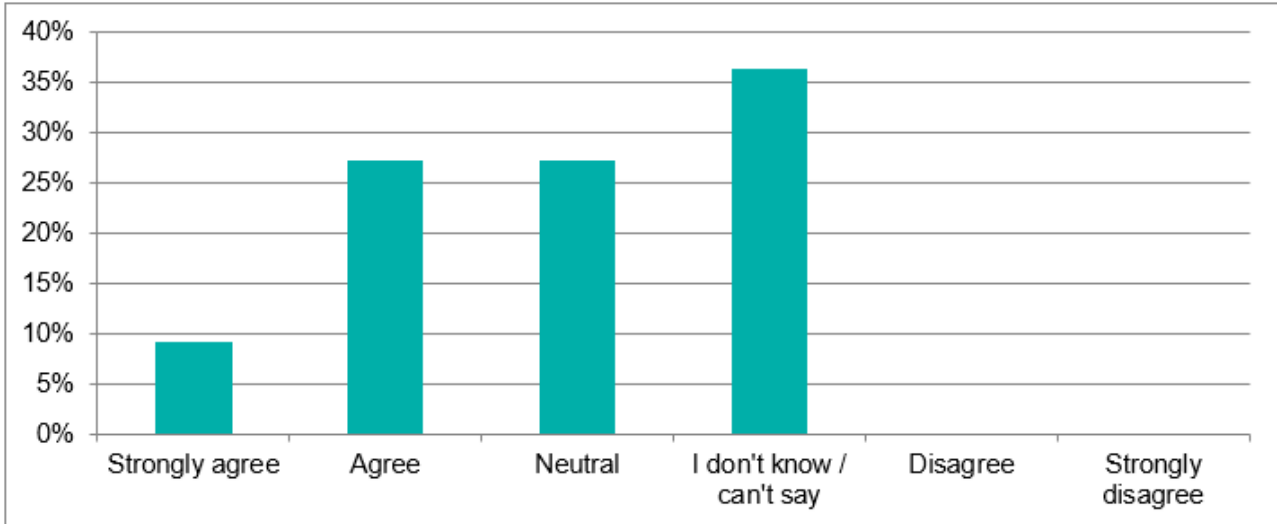


Answer choices	Percentage	Responses
Strongly agree	0%	0
Agree	45%	5
Neutral	18%	2
I don't know / can't say	36%	4
Disagree	0%	0

Strongly disagree	0%	0
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Answered – 11; skipped – 0

Q6- What is your opinion on the conclusions within the Draft Barnet PNA? (See the Executive Summary and Section 7 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	27%	3
Neutral	27%	3
I don't know / can't say	36%	4
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

Appendix I: Consultation comments

Comments to the consultation survey:

Comment number	Question	Responding as	Comment	SG response
1	4- No gaps in provision	A member of the public	This is a fact??	The PNA steering group concluded there were no gaps in pharmaceutical service provision.
2	7- Other comments	Organisation – Boots	<p>The statement "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." is used repeatedly, the HWB should make their view clearer if these improvements are not met by the existing pharmacy infrastructure, how will this effect their recommendations.</p> <p>It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.</p>	<p>We confirm that no gap has been identified for Advanced, Enhanced services and locally commissioned services across Barnet. Public health are looking at opportunities to extend access within the current pharmacy infrastructure.</p> <p>These changes have been applied following notification from NHSE.</p>
3	7- Other comments	A pharmacist	None	Noted.

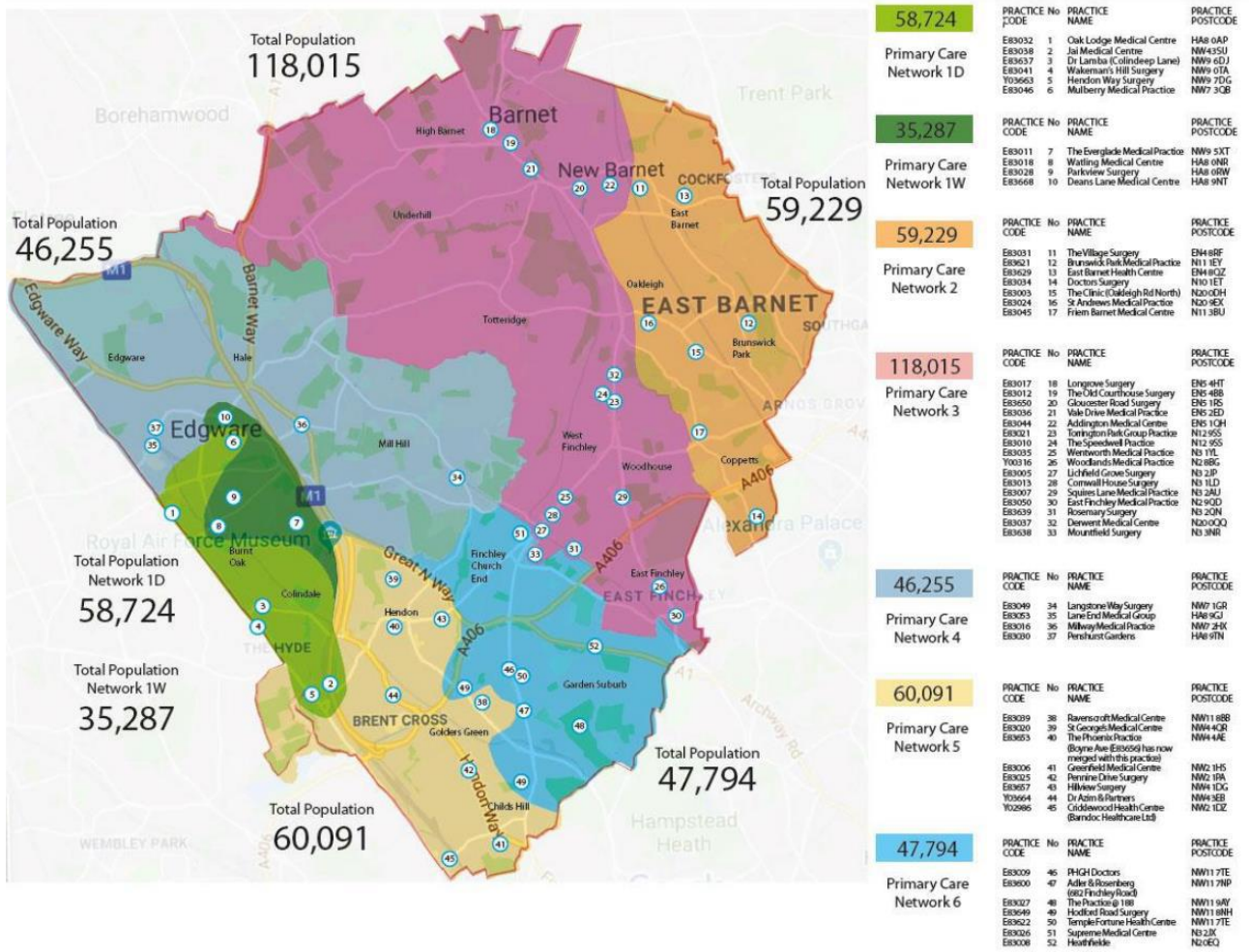
Recommendations received from NHSE:

Recommendation	SG response
The HWBB are asked to note the changes to hours as above and assess if any of these make a material difference to any of the assessments made.	Applied to the PNA.
There are a number of places in the PNA where no information or limited information has been identified. The HWBB is asked to check if there is any further information that can be added to support these areas (see below)	
Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?	There is no identified need for specialist services at the time of writing, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups.
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	These have already been considered as part of the PNA process.
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	No, not at the time of writing.
Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?	No, not at the time of writing.
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	No, not at the time of writing.
Are there plans for introduction of special services commissioned by clinical commissioning groups?	No, not at the time of writing.
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	No, not at the time of writing.

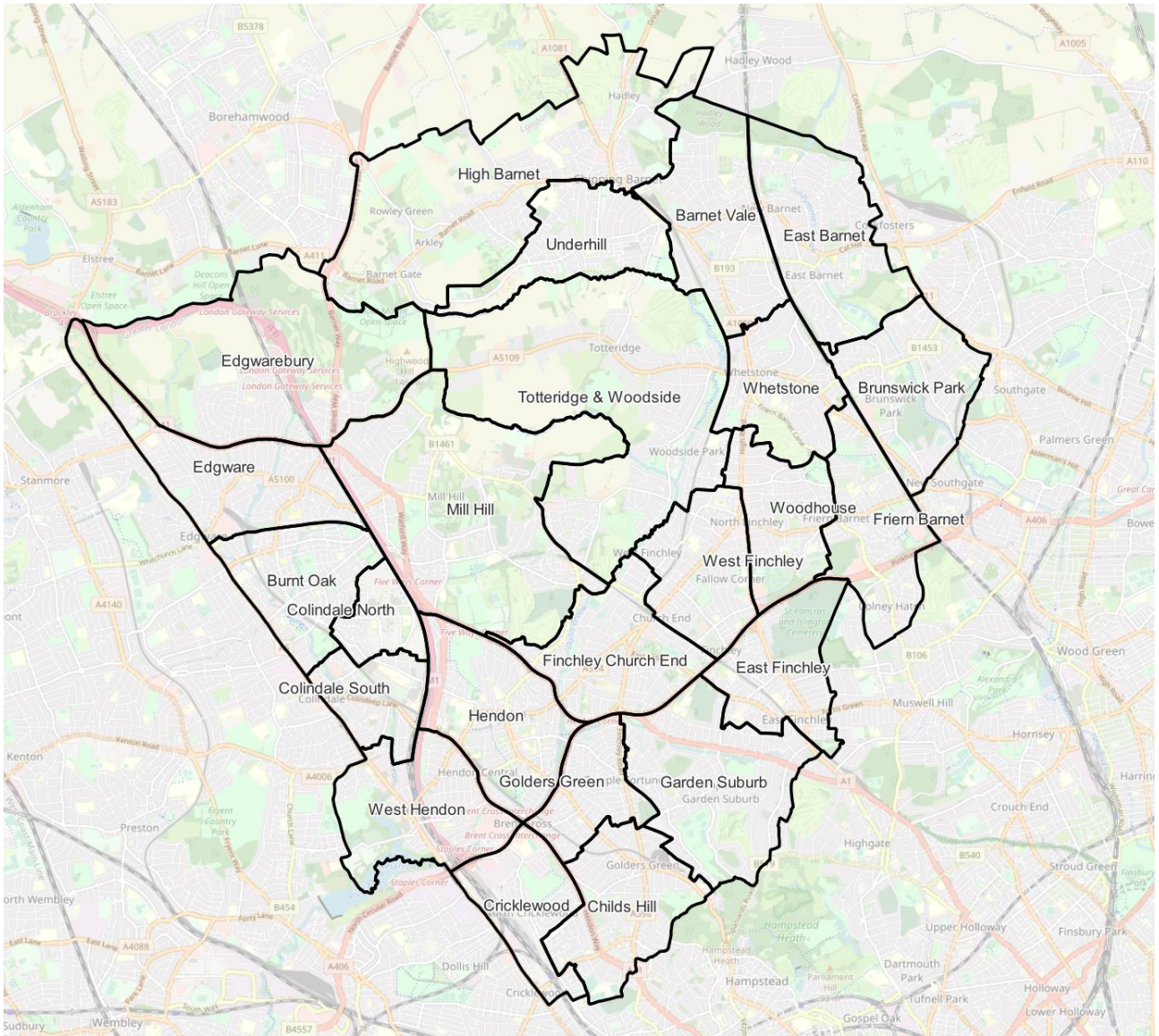
Recommendation	SG response
The projected population increase is listed as 14,000 or 4%, there is no listed large scale developments within this figure. The HWBB to check if this is the case and note any large scale developments or confirm that there are none.	This has been considered as part of Section 2.5.3.

Appendix J: 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 K: 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 L: 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	Hyperfension 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	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Boots	FQH33	Community	Broadwalk Shopping Centre, Station Road, Edgware	HA8 7BD	09:00-19:00	09:00-18:00	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	09:00-20:00	09:00-20:00	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	09:00-18:30	09:00-18:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FV910	Community	58-60 Golders Green Road, Golders Green, London	NW11 8LN	09:00-20:00	09:00-19:00	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	-	-	-	-	-	-	-	-	-
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	09:00-17:00	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	-

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	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution	
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	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	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	-	-	-	-	-	-	-	-	-	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	-

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	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution		
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	-	-	-	-	-	-	-	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	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	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	-	-	-	-	-	-	-	-	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	-	-		
Kings Pharmacy	FW276	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-		
Lakes Pharmacy	FAX69	DSP	Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London	NW4 4DD	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

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	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution	
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	-	-	-	-	-	-	-	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	-	-	-	-	-	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	09:00-17:00	Closed	-	-	Y	-	-	Y	-	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	-	-	-	-	-	-	-	-	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	Y
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	-

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	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution						
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	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Sabel Chemist	FFG86	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	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	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	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	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	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 Sentinal Square, Brent Street, Hendon, London	NW4 2EL	08:00-17:00	Closed	11:00-14:00	-	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-

Appendix M: 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:

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

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.

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