Meeting
Health & Wellbeing Board
Date and Time
Thursday 19th January, 2023 **at 9.30 am**
Venue
Edgware Primary School

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

Chairman: Councillor Alison Moore (Chair),
Vice Chairman: Dr Nick Dattani (Vice-Chair)

Councillor Paul Edwards	Dr Tamara Djuretic	Anne Whateley
Councillor Pauline Coakley Webb	Chris Munday	Michael Whitworth
Banos Alexandrou	Debbie Sanders	Colette Wood
Caroline Collier	Dawn Wakeling	Fiona Bateman

Substitute Members

Debbie Bezalel	Janet Djomba	Sarah McDonnell-Davies
Councillor Ross Houston	Kathleen Isaac	Ben Thomas
Councillor Barry Rawlings	Carol Kumar	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 16 January 2023. 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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Decisions of the Health & Wellbeing Board AGENDA ITEM 1

29 September 2022

Board Members:-

Councillor Alison Moore (Chair)

* Councillor Paul Edwards	* Chris Munday	Nitish Lakhman
* Councillor Pauline Coakley Webb	* Dawn Wakeling	Fiona Bateman
* Dr Tamara Djuretic	* Dr Nick Dattani	Debbie Bezalel
* Colette Wood	* Banos Alexandrou	

*Members Present

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 14 July 2022 be agreed as a correct record.

The Chair welcomed Board Members and attendees to the Board meeting that was being held in the community and had representatives from the local area.

2. Absence of Members

Apologies were received from Sarah McDonnell-Davies, Executive Director of Places NHS North Central London ICB who was substituted by Collette Wood, Director of Integration, Barnet Directorate, NHS North Central London ICB.

Apologies were received from Anne Whateley, Central London Community Healthcare NHS Trust.

3. Declaration of Members' Interests

There were none.

4. Public Questions and Comments (if any)

There were none.

5. Report of the Monitoring Office (if any)

There were 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 Health and Wellbeing Board meetings.

RESOLVED that the Board noted the Forward Work Programme.

8. Neighbourhood Conversation – Grahame Park

The Chair of the Health and Wellbeing Board introduced the item as an opportunity for local community representatives and residents to talk about their experiences. The aim was to give Board Members and partners present the chance to hear how services were experienced and to look at opportunities for change.

The Public Health Consultant (Neighbourhoods and Communities) led the conversations. Those present explained some of the challenges that they faced. This ranged from stigmatism they experienced in the local community due to their needs, through to difficulty accessing services. Members of the Board discussed with those present how they could address both individual concerns raised and the wider issues.

At 10:35 the meeting was adjourned.

Members of the Board had the opportunity to talk informally with the residents and services users who were present.

At 11:10 the meeting resumed.

9. Barnet Food Plan

The Public Health Strategist presented the draft Barnet Food Plan which was out for public consultation, alongside representatives from Chipping Barnet Food Bank, who talked about the additional support they were providing with people coming to use the foodbank provision.

Members of the Board asked whether they had seen changes in the clientele and the types of food requested due to fuel poverty. The Food Bank Manager reported back that they had seen a shift in those attending with an increase of those in employment. This included those who had run their own successful businesses previously. Whilst there was a request for

fresh food and they tried to promote health eating, some such as potatoes, were seen as a high cost to prepare.

It was noted that more could be done potentially to provide better links to safeguarding support and training with the foodbank.

RESOLVED that the Health and Wellbeing Board:

- **Note the progress on updating the Barnet Food Plan.**
- **Note their support for, and to the need for comments on the Draft Food Plan as part of the consultation.**

10. School Superzones

The Public Health Consultant (Healthy Environments) presented the report on School Superzones.

Board members identified that it was important to look at how they engaged with communities and what had been learnt. It was recognised that some methodologies might not be the most effective but it was important that a range of different approaches were tried.

It was noted that there was a move away from the description "Children and Young People" to just "Children" as the term "Young people" was seen to be adultifying children. There was support from the Board for this work and how it could link into other areas such as Family Services and make use of reference groups such as My Say Matters.

Schools were recognised for many as a trusted source of information, both by children and families. Schools though were inundated with information being sent to them and it was a challenge sometimes to identify what needed to be shared and when. As this was the first year of the project, the focus had been on getting started with mid-term behavioural changes as the end goal.

It was noted that, unfortunately, a representative from Saracens High had been unable to attend and that the next Health and Wellbeing Board would be held at Edgware Primary School.

RESOLVED that the Health and Wellbeing Board note and comment on the proposed projects for Edgware Primary School and Saracens High School.

At the end of the previous item the Chair reordered the Agenda so that the Combating Drugs Partnership could be heard earlier. The Minutes reflect this order.

11. Combating Drugs Partnership

The Public Health Strategist introduced the report and the need to address substance misuse and the requirement to establish a drugs partnership. Locally, the aim would be for the board to report directly to the Health and Wellbeing Board, but also to have close links with the Safer Communities Partnership Board.

There were three key strands to the work focussed around:

1) Prevention – This also involved bringing about a generational shift to get support at an earlier point in life.
2) Treatment – For those misusing.
3) Enforcement – Including breaking "county lines" and disrupting supply chains.

The Board welcomed the initiative.

RESOLVED that the Health and Wellbeing Board:

1. **Agree the establishment and terms of reference (as set out in Appendix 1) of the proposed Barnet Combating Drugs Partnership (BCDP).**
2. **Agree and implement governance structure relating to the Barnet Combating Drugs Partnership (BCDP) as detailed in the report and the terms of reference.**

12. Joint Health and Wellbeing Strategy – Year 1 Performance, and Year 2 Implementation Plan

The Health and Wellbeing Policy Manager gave a brief overview of the report.

A Member of the Board queried why the annual health checks for residents with learning disabilities and mental health needs were not a key performance indicator as this had been a concern raised by the Adult Safeguarding Board.

A Member of the Board highlighted that the development of a programme for children and how this would relate to the Integrated Care Strategy and the Integrated Care Board need to be considered as part of the process.

The Chair noted that the review of the Joint Health and Wellbeing Strategy would need to take into consideration the changing situation with the NHS structures and the evolving role of the Integrated Care Strategy and the Integrated Care Board.

RESOLVED unanimously that the Health and Wellbeing Board:

1. **Noted the progress on the Phase 1 Implementation Plan, and on the Key Performance Indicators.**
2. **Noted the possible inclusion of indicators to look at areas including annual health checks for those with learning disabilities and mental health needs as well how the work with children would be implemented and reported on with the NHS changes.**
3. **Agreed the Phase 2 Implementation Plan.**

13. Future of Health & Wellbeing Board

The Health and Wellbeing Policy Manager presented the report which set out changes to update the membership of the Board, recognising changes in the local NHS system.

The Chair thanked the new Members designate who were present and explained that this was a formal constitutional process that the Council had to go through.

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

14. Better Care Fund

The Executive Director for Adults and Communities presented the report.

A Member of the Board welcomed the developments around the frailty multi-disciplinary team. They highlighted the approach taken in Camden which had removed the age restrictions. This had been done in recognition that in some cohorts, such as with co-occurring conditions or homelessness, frailty was an issue at a younger age. The Director responded that this would be considered.

RESOLVED unanimously that the Health and Wellbeing Board:

1. **Endorsed the Chair's decision to approve the BCF Plan for submission to NHS England.**
2. **Noted the contents of the Barnet BCF Plan 2022/23.**
3. **Delegated approval for any required changes from NHSE to the Barnet Better Care Fund plan for 2022-23, to the Executive Director-Communities, Adults and Health in consultation with the Chair of the Health and Wellbeing Board.**

15. Pharmaceutical Needs Assessment (PNA) – Final Version

The Deputy Director of Public Health presented the report and noted that there were a few minor changes to be made to the tabled document. This was mainly on factual items, such as Cricklewood was no longer a walk-in service and that Mental Health Services also included services for children.

The Board accepted the changes as being necessary.

RESOLVED that the Health and Wellbeing Board approve the Barnet 2022 Pharmaceutical Needs Assessment for publication subject to any minor changes required.

16. COVID-19 and other communicable diseases update

The Public Health Consultant (Healthy Environment) gave a verbal update on COVID-19 and other communicable diseases impacting Barnet and the wider community.

The number of Monkey Pox cases had declined. There were small outbreaks of seasonal flu, in line with the rest of the country. COVID-19 boosters have been offered and seasonal flu vaccinations extended.

Members of the Board queried why there was no longer a gap between receiving the seasonal flu and COVID-19 vaccinations. Officers responded that monitoring since the last flu season had identified no issues with the COVID-19 vaccinations, unless a person was already unwell. Initially they had been given separately to help identify potential side effects. The change meant that there was no longer any clinical reason not to co-vaccinate.

The issue of vaccination fatigue was raised due to the ongoing concerns. Officers responded that they were using rational and effective communication to reach people. This included using a mixture of methodologies, for example through vaccine champions as well as faith and community groups to reach out as far as possible.

RESOLVED unanimously that the Health and Wellbeing Board note the update.

17. Any Items the Chair decides are urgent

There were none.

At the end of the Health and Wellbeing Board the Chair thanked Colindale Communities Trust for hosting the meeting and invited those present to take part in a walkabout of the local area.

The meeting finished at 12.28 pm

Health and Wellbeing Board abbreviations – January 2023	
ACE	Adverse Childhood Events
ACT	Adolescent Crisis Team
ADHD	Attention Deficit Hyperactivity Disorder
AOT	Adolescent Outreach Team
ASC	Autism Spectrum Condition
ASC-FR	Adults Social Care Finance Return
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 heath, 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) https://boostbarnet.org/
BOP	Barnet On Point
BSBC	Better Security, Better Care (DSPT)
BSPP	Barnet Suicide Prevention Partnership
CAFCASS	Children and Family Court Advisory and Support Service
CAW	Case Assistant Worker
CBT	Cognitive Behaviour Therapy
CC2H	Barnet Care Closer to Home
CCG	Clinical Commissioning Group (superseded by ICB)
CCS	Concepts care solutions
CDOP	Child Death Overview Panels
CEAM	Child exploitation and missing tool
CEPN	Barnet Community Education Provider Networks
CETR	Care, Education and Treatment Reviews
CH	Care Home
CHIN	Care and Health Integrated Networks
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
CWP	Children and Young People Wellbeing Practitioners
CYP	Children and Young People
DBT	Dialectical Behaviour Therapy
DCT	Disabled Children's Team
DHSC	Department of Health and Social Care
DIT	Dynamic Interpersonal Therapy

DPH	Director of Public Health
DPP	Diabetes Prevention Programme
DPR	Delegated Powers Report
DOT	Direction of Travel status
DRP	Disability and Resource Panel
DSCR	Digital Social Care Records
DSA	Data Sharing Agreement
DSH	Deliberate Self Harm
DSPT	Data Security and Protection Toolkit https://www.dsptoolkit.nhs.uk/
DToC	Delayed Transfer of Care
EET	Education, employment and training
EHC	Emergency Hormonal Contraception
EHCH	Enhanced Health in Care Homes https://www.england.nhs.uk/community-health-services/ehch/
EIA	Equality Impact Assessment
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
IG	Information Governance
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
LOCP	COVID-19 Local Outbreak Control Plan
LOMP	Local Outbreak Management Plan
LOS	Length of Stay
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 https://mhfaengland.org/
MIT	Market Information Tool
MHST	Mental Health Support Team
MOMO	Mind of my own app
MoU	Memorandum of Understanding
NCL (ICB)	North Central London (ICB): Barnet, Camden, Enfield, Haringey and Islington *(was Clinical Commissioning Group (CCG) previously)*
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
NRL	National Record Locator
OCHT	One Care Home in-reach Team
OT	Occupational Therapist
OHS	Occupational Health Service
PBS	Positive behaviour support
PEP	Personal education plans
PMO	Project Management Office
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

	Health and Wellbeing Board **19th January 2023**
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 I Project management plan Edgware Primary School Appendix II Project management plan Saracens High School
Officer Contact Details	Bhavita Vishram- Public Health Strategist, Bhavita.vishram@barnet.gov.uk Dr Janet Djomba- Consultant in Public Health, janet.djomba@barnet.gov.uk

Summary

The School Superzones project at Edgware Primary School and Saracens High School has been presented to Health and Wellbeing Board in September 2022.

School Superzones are a boundary around an existing or new primary or secondary school (or schools) designated by a local authority and to provide 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 the Office for health improvement and disparities (OHID).
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 level.
In the first months of implementation we have set up working groups and relevant working documents, have mapped opportunities and existing activities in the areas, and are now working with the schools and local communities to identify their needs.
This report is to update on progress of the projects and seek feedback from the Board.

Officers Recommendations
1. **That the Board note the progress on School Superzones project at Edgware Primary School and Saracens High School**
2. **That the Board provide any feedback on the progress on School Superzones project at Edgware Primary School and Saracens High School**

1. Why this report is needed

1.1 This report is to present the progress of the School Superzones project, which is supported and funded by London Councils and Office for Health Improvement and Disparities (OHID). Barnet has received grants for two School Superzones: Edgware Primary School and Saracens High School.

1.2 We have set up working groups, project management plans and an evaluation framework for each school. The approaches differ between schools based on the proposed actions, the local characteristics, and existing activities and development in the areas.

1.2.1 Edgware Primary School:

We have completed following actions:
- First working group meeting in October (regular monthly meetings now in calendar)
- Development of project management plan (Appendix I)
- Mapping exercise on existing council projects
- Overview of stakeholder engagement plan
- Liaison with Ballymore to obtain consultation/engagement work with schools and wider communities
- Recruitment of facilitator to support workshops
- Completed GLA action plan

The next steps are:
- Developing a plan for workshops with the facilitator
- Development of a Edgware Primary School Superzone infographic
- Delivery of workshops in January/February 2023

1.2.2 Saracens High School:

We have completed following actions:
- First working group meeting in September (regular monthly meetings now in calendar)
- Development of project management plan (Appendix II)
- Mapping exercise for existing council workstreams/project - ongoing
- Overview of stakeholder engagement plan
- Development of guidance (list of questions for each topic) for Youth Realities and Colindale Communities Trust to deliver workshops
- Completed GLA action plan

The next steps are:

- Development of an evaluation survey for the school workshops

- School workshops to be held between 9th and 11th Jan – specific dates TBC
- Development of a Saracens High School Superzone infographic
- Delivery of workshops in January/February 2023
- Delivery of council workshop with key stakeholders

2. Reasons for recommendations

2.1 The School Superzones project is a good opportunity to demonstrate our commitment to work jointly with our communities and involve them in the decision making process and actions.

2.2 Both schools are situated in areas where major regeneration projects are planned or taking place already. The School Superzones project is an opportunity to influence their plans with the evidence we will gather during the process of identifying needs, implementation and evaluation. This is particularly important in Edgware, where the Broadwalk regeneration project is at the planning stage and we are able to contribute with our findings.

2.3 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 safe, healthy and child-friendly environments.

3. Alternative options considered and not recommended

3.1 Taking these actions has allowed the Council to access external funding and enhance the collaboration with local communities. This would not have been the case if the alternative option of “do nothing” had been taken.

4. Post decision implementation

4.1 We will continue implement the project as per agreed 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 in 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 an important and 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:

- Within 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 OHID, for the duration of 12 months. The 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

A detailed budget for each Superzone project has been included in the report presented at HWBB in September 2022.

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.

5.2.3 In case there is no additional funding (such as LIP or similar) we will limit our activities to those agreed and funded within Council services' work plans. We will however provide recommendations to influence future work plans and budgets.

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 GLA's 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 aim 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 report HWBB September 2022. Available on:

https://barnet.moderngov.co.uk/documents/g11107/Public%20reports%20pack%2029th-Sep-2022%2009.30%20Health%20Wellbeing%20Board.pdf?T=10

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School Superzones: Edgware Primary School

Project Management Plan

Date created: 23rd September 2022

Contents

- Background
- Project scope
- Project plan and timelines
- Budget
- Risks
- Governance
- Stakeholders
- Evaluation

Project Background

What is a Superzone?

- GLA funded pilot in partnership with OHID.
- Place-based approach to tackling health and environmental inequalities at a hyper-local level through community participation and investment in the built environment.
- Uses a school as the focal point for community engagement and co-development.
- Each Superzone tackles environmental barriers to health and wellbeing that are unique to the local area. The figure on to the right illustrates the different elements of that could be addressed.
- In order to be a Superzone, a minimum of three environmental influences must be addressed at the same time.

Purpose of Barnet Superzones

- Opportunity to put health and wellbeing at the heart of urban development
- Focuses on health impacts of the built and natural environment specifically for children and young people
- Resident-focused with a strong emphasis on co-development within local regeneration
- Create a framework for community participation and health impacts within regeneration that can be used for future projects in Barnet
- Adopt a Whole School Approach, inclusive of activities happening within the school and those happening outside the school gate
- Connect behaviour change with infrastructure delivery to maximise impacts

Project Scope

Edgware Primary School Superzone

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Purpose of Barnet Superzones

Directly in Scope

Community Stakeholders

- Students and staff at the school
- Community groups and organisations which are located within the Superzone catchment area
- Ward councillors

Activities

- 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 aimed at reducing health and environmental inequalities

Indirectly in Scope

Community Stakeholders

- Residents living within the Superzone catchment area
- Businesses located within the Superzone catchment area

Activities

- Existing primary and secondary prevention programmes offered by Barnet Council & partners for students and staff available at the school(s)
- Existing primary and secondary prevention programmes offered by Barnet Council & partners for residents within the catchment area(s)
- New prevention programmes that have identified resourcing not from the Superzones programme budget

Out of Scope

Community Stakeholders

- Residents outside of the Superzone catchment area(s)
- Students & staff at other schools located within the Superzone Catchment area.

Activities

- 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

Edgware Primary School: Key themes

Traffic calming, noise pollution and air quality measures (Air Quality, Active Travel)

- 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.

Healthy Lifestyles (Food and drink environment)

- 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 (Access to Green Space)

- 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.

Edgware Primary Superzone

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.

Why Edgware Primary?

- 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.

- 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.

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 using of CIL allocations where possible
•Develop a framework to measure the health and wellbeing outcomes for large scale redevelopment schemes

Key project Dependencies and Assumptions

Assumptions:

- Public realm improvements will decrease noise pollution and improve air quality
- Infrastructure changes will lead to an improvement in active travel
- Actions will be long lasting/sustainable
- Upkeep of community spaces
- Stakeholder engagement/commitment

Dependencies

- Related workstreams able to deliver identified actions

Theory of change model

STATEMENTS:

- **Lack of active travel infrastructure**
- **Poor air quality**
- **Lack of greenspaces for physical activity**

MISSION:

- **Creating a healthy and safe environment for children and local residents**

		OUTCOMES		
Activities	**Outputs**	**Short term**	**Medium term**	**Long term**
Co-develop action plan with students/young people, the school and community to inform interventions Stakeholder engagement workshops to map existing environment health and wellbeing challenges (within school and wider superzone area) Adopt a Whole School Approach, inclusive of activities happening within the school and those happening outside the school gate	Two workshops to identify challenges and opportunities with students, parents, staff/school community One workshop with council staff and other local stakeholders to identify challenges and opportunities Co-produced action plan	Developing a neighbourhood partnership structure to identify local concerns and to develop action plans to tackle them (building on) bring young people and school are the core of the project. Raise awareness among children, parents and delivery partners of unhealthy environments and their impact on health and wellbeing. Superzone designations used to strengthen/leverage the case for local licensing and planning decisions. Asset based community development - building capacity - sustainability Whole school approach, embedded within the school , using existing tools and strengthening them, SMILE, Ministry of Food	Increases in the proportion of children participating in active travel to and from school Improvement in the use of community assets and their connectivity to schools Improvement in Health literacy (equipping residents and students to obtain, read and understand health information and make informed health decisions)	Reduced exposure to harmful elements in the urban environment and increased exposure to health promoting elements for children and young people, leading to reduced health inequalities linked to place.

Project Plan and timelines

Edgware Primary Superzone

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

- **1-5 months:** Co-design the superzone action plan with students, families, staff and wider school community; employing an expert facilitator as necessary to facilitate workshops.

- **6-11 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.

Project timescales

PROJECT TIMELINES	Initiation		Stakeholder Engagement mobilisation		Co-development of action plan				Co-implementation of action plan				
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Governance	Project initiation, stakeholder engegement												
		Agree ToR, first working group											
Stakeholder Engagement			Procurement of expert facilitator										
				Agree stakeholder engagment plan									
Superzone Scoping				Student workshops									
					Community workshops								
				CIlr Engagement Scoping									
						Thematic analysis							
							Final report						
Action Plan Implementation								Implementation					
Evaluation				Outcome framework									
				Identify baseline measures									
								Outcome KPIs					
			Evaluation framework										Final report

▲ GLA project update requirements

Deliverables and Outcomes

1	2	3	4
Initiation	**Stakeholder Engagement Mobilisation**	**Co-development of action plan**	**Co-implementation of action plan**
Development of project plan, agreement of ToR and governance	Development of a stakeholder engagement plan	Workshops to identify challenges and opportunities	Implementation of action plan

Deliverables:
• Terms of Reference document outlining key objectives and governance structures
• Signed GLA grant agreement
• Stakeholder membership identified to initiate first working group
• Risk register
	Deliverables:
	• Procurement of expert facilitator
	• Stakeholder engagement plan outlining how the workshops will take place
		Deliverables:
		• Three workshops to identify with following stakeholders:
		  • Students at Edgware Primary School
		  • Parents/guardians/residents in local community
		  • Council staff and local stakeholders
		• Report on findings of each workshop
		• Thematic analysis
		• Development of action plan
			Deliverables:
			• Delivery of actions on traffic calming, noise pollution and air quality measures; healthy lifestyles and safe, green spaces for children to play

Outcome Vision clear and set, stakeholders are onboarded, key risks are set and approach for implementation communicated	**Outcome** Developing a partnership approach for co-production	**Outcome** developing a neighbourhood partnership structure to identify local concerns and to develop action plans to tackle them (building on) bring young people and school are the core of the project; raising awareness of unhealthy behaviours, asset based community development, whole school approach,	**Outcome** Improvements in the use of community assets and connectivity to schools improved, strengthened the case for local voices and local action

Budget

	Spending as outlined in GLA bid	Amount
	Total	**£30,000**
Staff costs	Expert Facilitator	£8,000
	Community Engagement Facilitator	£3,000
	Project Staff (Fte)*	
	Consultation & Design Fees	£10,000
Direct project costs	Room Hire*	
	Communications*	
	Behaviour Change Interventions*	
	Public Realm Interventions	£8,000
	Parental incentives/Expenses for Travel or Participants	£1,000
	Air Quality Audits*	
	Instalment of Public Realm Interventions*	

*Funding via PH budget or existing projects

Risks

Key project risks

Subject	Description	How we propose to mitigate this risk
Competing priorities	With the cost of living crisis, health is seen less of a priority. This may lead to reduced engagement from residents.	Stakeholder engagement plan Working with local VCS organisations Incentives
Duplication of work	There is a risk of duplicating work already ongoing/planned or not being aware of projects	Agreed stakeholder membership to cover all relevant teams Monthly steering group meetings Mapping exercise
Consultation fatigue and lack of trust from community	Consultation fatigue and lack of trust from community as they don't feel comments are truly taken on board	Working with local VCS organisations Working closely with Ballymore Commissioning expert facilitators Clarity on limitations of the project Feeding back on the action plan
Sustainability of actions	Risk of actions identified not being sustained after the project ends.	Partnering with local VCS organisations with existing programmes All actions to consider costs/long term funding
Lack of engagement with businesses	Lack of engagement from businesses to participate in the Healthier High Streets programme	Workshop with local businesses Develop an incentive approach to encourage businesses to participate (e.g. skills offer)

Project Governance

Reporting structures

Reporting structures

- **Health and Wellbeing Board (quarterly)**

Interdependencies with other workstreams

- **Edgware Board**

Presentations at the following meetings:

- **Fit and Active Partnership Board meeting (2nd November)**
- **Edgware Board (28th November)**
- **School Governors meeting (13th December)**

Stakeholder roles and responsibilities

Stakeholders

Name	Position	Team
Alison Jacob	Head Teacher	Edgware Primary School
Gus Alston	CEO	Stonegrove Community Trust
Simon Ryan	Developer Representative	Ballymore
Tom Burnage	TfL Redevelopment Manager	TfL
Carl Griffiths	Principal Planning Officer	Development Management Team (Barnet)
Lucy Devereux	Town Centres Investment Manager	Economic Development Team
Christopher Hagisavva	Town Centres Officer	Economic Development Team
Yogita Popat	Assistant Director for Sustainability	Sustainability (Barnet Council)
Sunita Trehan	Senior Comms Manager	Comms
Louis Bynoe	Road Safety Support Officer	Safe & Sustainable Travel Team
Matt Gunyon	Head of Service	Greenspaces
Paul Bowker	Transport & Regeneration Manager	Regeneration Team (Re)
Susan Hunter	Regeneration Officer	Regeneration Team (Re)
Jane Morris	School Safeguarding and Exclusions	Barnet Education and Learning Service (BELS)
Geraldine Pears	Leanring Network Inspector	Barnet Education and Learning Service (BELS)
Nicole Asante	Air Quality Senior Scientific Officer	AQ Team (Re)
Courtney Warden	Sport & Physical Activity Service Manager	Leisure & Greenspaces
Tania Barney	Healthy Schools London Barnet	Healthy Schools London
Michelle Leon	Public Health Officer	CYP Public Health Team
Sharon Smith	Public Health Strategist	CYP Public Health Team
Payal Brahmbhatt	Public Health Business Engagement Officer	Health Environment PH Team
Janet Mathewson	CEO	Young Barnet Foundation
Hannah Richens	Head of libraries	Libraries
Vishal Patel	GP Registrar	Public Health

Evaluation framework

Evaluation update

- GLA are in the process of appointing an evaluation partner for the overall London Superzones Programme
- Public Health Intervention Responsive Studies Team (PHIRST) provide timely and accessible evaluations for public health interventions to local authorities, funded by the NIHR Public Health Research Programme.
- Agreed that LAs should group together and submit a bid based on a thematic split
- Next round of applications until September until January

School Superzones: Saracens High School

Project Management Plan

Date created: 19th September 2022

Contents

- Background
- Project scope
- Project plan and timelines
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- Stakeholders
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- Stakeholder engagement plan

Project Background

What is a Superzone?

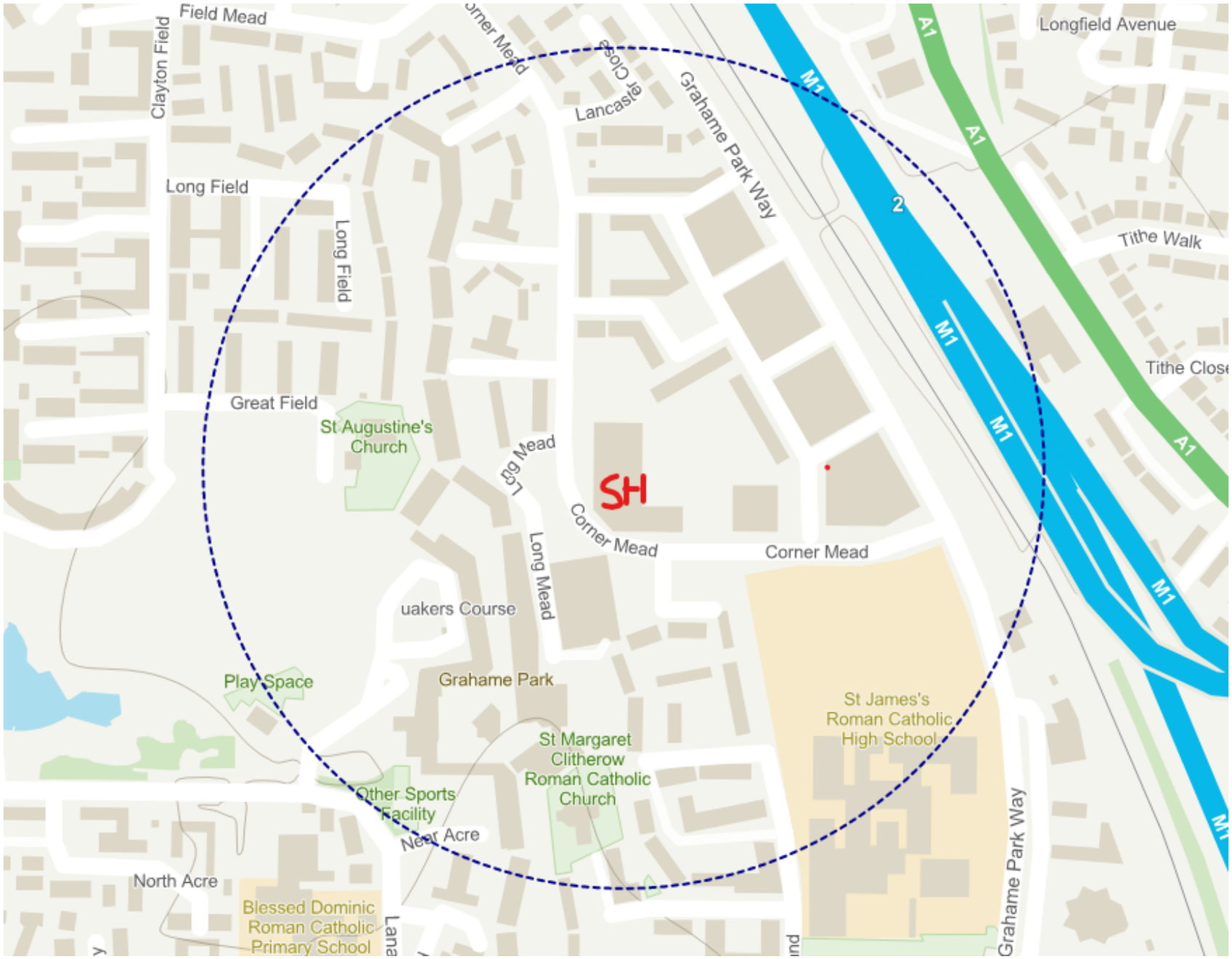
- GLA funded pilot in partnership with OHID.
- Place-based approach to tackling health and environmental inequalities at a hyper-local level through community participation and investment in the built environment.
- Uses a school as the focal point for community engagement and co-development.
- Each Superzone tackles environmental barriers to health and wellbeing that are unique to the local area. The figure on to the right illustrates the different elements of that could be addressed.
- In order to be a Superzone, a minimum of three environmental influences must be addressed at the same time.

Purpose of Barnet Superzones

- Opportunity to put health and wellbeing at the heart of urban development
- Focuses on health impacts of the built and natural environment specifically for children and young people
- Resident-focused with a strong emphasis on co-development within local regeneration
- Create a framework for community participation and health impacts within regeneration that can be used for future projects in Barnet
- Adopt a Whole School Approach, inclusive of activities happening within the school and those happening outside the school gate
- Connect behaviour change with infrastructure delivery to maximise impacts

Project Scope

Saracens High School Superzone



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Purpose of Barnet Superzones

Directly in Scope

Community Stakeholders

- Students and staff at the school
- Community groups and organisations which are located within the Superzone catchment area
- Ward councillors

Activities

- 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 aimed at reducing health and environmental inequalities

Indirectly in Scope

Community Stakeholders

- Residents living within the Superzone catchment area
- Businesses located within the Superzone catchment area

Activities

- Existing primary and secondary prevention programmes offered by Barnet Council & partners for students and staff available at the school(s)
- Existing primary and secondary prevention programmes offered by Barnet Council & partners for residents within the catchment area(s)
- New prevention programmes that have identified resourcing not from the Superzones programme budget

Out of Scope

Community Stakeholders

- Residents outside of the Superzone catchment area(s)
- Students & staff at other schools located within the Superzone Catchment area.

Activities

- 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

Saracens High School: Key themes

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

Saracens High School Superzone

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.

Theory of change model

STATEMENTS:

- **Young People do not feel safe walking and cycling to school**
- **Absence of community space for residents**
- **High rates of antisocial behaviour, violence, theft, public disorder and drug incidents**

MISSION:

- **Creating a healthy and safe environment for children and local residents**

		OUTCOMES		
Activities	**Outputs**	**Short term**	**Medium term**	**Long term**
Develop a stakeholder engagement plan Stakeholder engagement workshops to map existing environment health and wellbeing challenges (within school and wider Superzone area) Thematic analysis report Co-develop action plan with students/young people, the school and community to inform interventions Adopt a Whole School Approach, inclusive of activities happening within the school and those happening outside the school gate	Three workshops to identify challenges and opportunities with students, parents, staff/school community One workshop with council staff and other local stakeholders to identify challenges and opportunities Thematic analysis report of the workshop Action plan to tackle active travel, community safety and access to green space	Developing a neighbourhood partnership structure to identify local concerns and to develop action plans to tackle them (building on) bring young people and school are the core of the project. Raise awareness among children, parents and delivery partners of unhealthy environments and their impact on health and wellbeing. Superzone designations used to strengthen/leverage the case for local licensing and planning decisions. Asset based community development - building capacity - sustainability Whole school approach, embedded within the school , using existing tools and strengthening them, SMILE, Ministry of Food Better understanding for council of local issues that matter to the community to inform/influence future/ongoing projects	Increases in the proportion of children participating in active travel to and from school Improvement in the use of community assets and their connectivity to schools Improvement in Health literacy (equipping residents and students to obtain, read and understand health information and make informed health decisions)	Reduced exposure to harmful elements in the urban environment and increased exposure to health promoting elements for children and young people, leading to reduced health inequalities linked to place.

Key project Dependencies and Assumptions

Assumptions:

- Public realm improvements will decrease the rates of antisocial behaviour
- Infrastructure changes will lead to an improvement in active travel
- Actions will be long lasting/sustainable
- Upkeep of community spaces
- Stakeholder engagement/commitment
- Funding to deliver the action plan

Dependencies

- Related workstreams able to deliver identified actions in the Graham Park estate
- Project timelines will align with other workstreams

Project Plan and timelines

Saracens High School Superzone

Phase 1: Co-design action plan (5 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
- Hold workshops with students, parents/ carers and staff/ school community
- Hold a workshop with council staff and other local stakeholders (e.g., Colindale Community Trust)
- Using findings of workshops, steering group to develop action plan

We will employ Youth Realities and Colindale Communities Trust 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 (6 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.

Project timescales

PROJECT TIMELINES	Initiation		Stakeholder Engagement mobilisation		Co-development of action plan				Co-implementation of action plan				
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Governance	Project initiation, stakeholder engegement												
		Agree ToR, first working group											
Stakeholder Engagement			Agree stakeholder engagment plan ▲										
Superzone Scoping				Student workshops									
					Community workshops								
				Cllr Engagement Scoping									
							Thematic analysis						
								Final report					
Action Plan Implementation								Implementation					
Evaluation				Outcome framework									
				Identify baseline measures									
								Outcome KPIs					
			Evaluation framework										Final report ▲

▲ GLA project update requirements

Deliverables and Outcomes

1	2	3	4
Initiation	**Stakeholder Engagement Mobilisation**	**Co-development of action plan**	**Co-implementation of action plan**
Development of project plan, agreement of ToR and governance	Development of a stakeholder engagement plan	Workshops to identify challenges and opportunities	Implementation of action plan

Deliverables:
• Terms of Reference document outlining key objectives and governance structures
• Signed GLA grant agreement
• Stakeholder membership identified to initiate first working group
• High level project management plan
• Risk register
	Deliverables:
	• Stakeholder engagement plan outlining how the workshops will take place
		Deliverables:
		• Three workshops to identify local needs with following stakeholders:
		  • Students at Saracens High School
		  • Parents/guardians/residents in local community
		  • Council staff and local stakeholders
		• Report on findings of each workshop
		• Thematic analysis
		• Development of action plan
			Deliverables:
			• Delivery of actions on active travel, community safety and access to green space

Outcome Vision clear and set, stakeholders are onboarded, key risks are set and approach for implementation communicated	**Outcome** Developing a partnership approach for co-production	**Outcome** developing a neighbourhood partnership structure to identify local concerns and to develop action plans to tackle them (building on) bring young people and school are the core of the project; raising awareness of unhealthy behaviours, asset based community development, whole school approach,	**Outcome** Improvements in the use of community assets and connectivity to schools improved, strengthened the case for local voices and local action

Budget

Spending as outlined in GLA bid	Amount
Total	**£30,000**
Expert Facilitator	£3,000
Community Engagement Facilitator	£9,000
Project Staff (Fte)*	
Consultation & Design Fees	£10,000
Room Hire*	
Communications*	
Behaviour Change Interventions*	
Public Realm Interventions	£7,000
Parental incentives/Expenses for Travel or Participants	£1,000
Air Quality Audits*	
Instalment of Public Realm Interventions*	

*Funding via PH budget or existing projects

Risks

Key project risks

Subject	Description	How we propose to mitigate this risk
Competing priorities	With the cost of living crisis, health is seen less of a priority. This may lead to reduced engagement from residents and actions will not be reflective of local needs.	1. Stakeholder engagement plan to address tailored recruitment approaches to different groups 2. Working with Colindale Communities Trust and Youth Realities who can provide local intelligence to support recruitment 3. Incentives for participation 4. Issues around community safety are a high priority in the area for residents
Duplication of work	There is a risk of duplicating work already ongoing/planned or not being aware of projects – could lead to an over exhaustion of resources.	1. Stakeholder membership was agreed with relevant teams prior to project work commencing 2. monthly steering group meetings for wider teams to notify of work that may impact the school superzones project 3. Mapping exercise to establish related projects with delivery date

Subject	Description	How we propose to mitigate this risk
Consultation fatigue and lack of trust from community	There maybe consultation fatigue with residents particularly with ongoing projects in the Graham Park Estate could lead to reduced engagement. In addition, lack of trust from community as they don't feel comments are truly taken on board.	1. Working with Colindale Communities Trust and Youth Realities to help connect with residents and deliver the workshops as trusted voices in the community 2. Engaging with strategy team to get a full list of consultations to avoid duplication 3. Clarity when delivering workshops on the limitations of the project to residents 4. Feeding back on the action plan to residents who participated in the workshop and wider community
Sustainability of actions	Risk of actions identified not being sustained after the project ends. Trust with community is diminished for future projects and impacts our ability to achieve longer term objectives.	1. All actions will consider delivery lead and how the action will be financed longer term, particularly considering repairs 2. Working with existing VCS organisations as much as possible

Project Governance

Mapping exercise

Reporting structures

- Health and Wellbeing Board (quarterly)

Interdependencies with other workstreams

- Connecting Colindale (Trisha Boland)
- Colindale Community Network
- Fit and Active Partnership Board (Courtney Warden)
- Grahame Park Steering Group (Colin Boxhall)
- Grahame Park Strategy Group (Bina Omare)

Stakeholder roles and responsibilities

Stakeholders

Name	Role	Organisation
Matt Stevens	Headteacher	Saracens High School
Sonia Green	Vice Principal	Saracens High School
Bina Omare	CEO	Colindale Communities Trust
Sherine McFarlane	Head of Social & Economic Investment	Notting Hill Genisis
Michelle Davies	Regeneration Service Manager	Barnet Homes
Louis Bynoe	Road Safety Support Officer	Safe & Sustainable Travel Team
Yogita Popat	Assistant Director for Sustainability	Sustainability (Barnet Council)
Trisha Boland	Regeneration Manager	Regeneration Team (Barnet Council)
Alex Sexton	Capital Delivery Portfolio Lead - Highways	Transport Consultancy
Jane Shipman	Senior Engineer - Highways	Highways
Paul Bowker	Transport & Regeneration Manager	Regeneration Team (Re)
Susan Hunter	Regeneration Officer	Regeneration Team (Re)
Jane Morris	School Safeguarding and Exclusions	Barnet Education and Learning Service
Geraldine Pears	Leanring Network Inspector	Barnet Education and Learning Service
Nicole Asante	Air Quality Senior Scientific Officer	AQ Team (Re)
Courtney Warden	Sport & Physical Activity Service Manager	Leisure & Greenspaces
Tania Barney	Healthy Schools London Barnet	Healthy Schools London
Orla Purdon	Public Health Officer	CYP Public Health Team
Sharon Smith	Public Health Strategist	CYP Public Health Team
Rachel Wells	Consultant in Public Health	Healthy Neighbourhoods Team
Calisha Allen	Public Health Registrar	Healthy Neighbourhoods Team
Talia Kensit	CEO	Youth Realities
Maggie Higton-Brown	Head of Community Safety, CCTV, Intelligence	Community Safety Team (Barnet Council)
Jacques Trysman	Investigation and Enforcement Officer	Community Safety Team (Barnet Council)

Evaluation framework

Evaluation update

- GLA are in the process of appointing an evaluation partner for the overall London Superzones Programme
- Public Health Intervention Responsive Studies Team (PHIRST) provide timely and accessible evaluations for public health interventions to local authorities, funded by the NIHR Public Health Research Programme.
- Agreed that LAs should group together and submit a bid based on a thematic split
- Next round of applications until September until January

Stakeholder engagement plan

Stakeholder engagement plan

Key objectives:

- **To identify local needs on active travel, community safety and access to green space with local partners (school children, residents and, community groups) within the Superzone catchment area.**

- **Explore/find solutions together for the action plan, encouraging innovative thinking**

- **Establish connections with the school and local community.**

- **To note and acknowledge areas that are out of scope to support ongoing/future programmes.**

Groups and recruitment

Group	Lead facilitator	Who is helping to recruit?	How will the purpose of the workshops be communicated?	Venue	Incentives*
Students and staff at Saracens High School	Youth Realities	Saracens High School	Assembly/poster/Graham Park Youth Organisations, school newsletter	Saracens High School	N
Parent/carers	Colindale Communities Trust	Colindale Communities Trust	Posters/social media/go to ongoing events Parents via school VCS partners Barnet homes newsletter (residents)	Saracens High School/CCT	N
Residents living within the Superzone catchment area	Colindale Communities Trust	Colindale Communities Trust	Posters/social media/go to ongoing events Parents via school VCS partners Barnet homes newsletter (residents)	Saracens High School/CCT	Y
Council staff and other stakeholders	Colindale Communities Trust/Public Health	Barnet Pubic Health	Directly via email	Council building	N

	Health & Wellbeing Board January 2023
Title	**Enhanced Care in Care Homes Programme Update**
Report of	**Executive Director – Communities, Adults and Health**
Wards	**All**
Status	**Public**
Urgent	**No**
Key	**Yes**
Enclosures	Appendix A – Care homes Programme Report
Officer Contact Details	Muyi Adekoya, Head of Joint Commissioning – Older Adults and Integrated Care Muyi.adekoya@nhs.net

Summary

This report provides the Health and Wellbeing Board with an overview of the programme of work underway across the North Central London (NCL) Integrated Care Board (ICB) to deliver the elements set out in the National Enhanced Health in Care Homes Framework (EHCH).

Approximately one in seven people aged 85 or over live permanently in a care home; Evidence suggests that the needs of people living in care homes may not always be effectively identified, assessed and addressed and consequently could result in unrequired, unplanned or avoidable admissions to hospital for a variety of reasons.

NCL ICB is committed to improving the care of care home residents. The ICB has ambitions to identify where training, technology and digital solutions can be used to modernise how care is delivered and facilitate joined up care between organisations.

This report asks the Board to note the local projects progress.

Officers Recommendations

1. That the Health and Wellbeing Board note the workplan and progress to date
2. That the Board agree to receive future reports on action plans and progress on implementation

1. WHY THIS REPORT IS NEEDED

1.1. The enhanced health in care homes (EHCH) model is based on a suite of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents.

1.2. The EHCH model originally published in September 2016 set out a Framework (subsequently updated in March 2020) aimed at addressing the challenge though proactive, personalised care and support for individuals living in care homes or their local community who require support

1.3. The EHCH Framework forms part of both the NHS Long Term Plan and the General Practice Contract from April 2020.

2. REASONS FOR RECOMMENDATIONS

2.1. This report and the appended presentation provide an overview of the Integrated Care Board Enhanced Health in Care homes programme and how the digital projects align to help achieve aims and commitments outlined in the Barnet Joint Health and Wellbeing Strategy.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1. Not Applicable

4. POST DECISION IMPLEMENTATION

4.1. The recommendations of this report will be delivered via the delivery mechanisms (Proactive Ageing Well Steering Group) detailed in the report.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1. The programme of work aligns with the overarching aims of the Barnet Joint Health and Wellbeing Strategy 2021 to 2025 and supporting the council's priorities of keeping people independent and maximising technology in social care.

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

5.2.1. There are no immediate financial implications for this report.

5.2.2. There are no procurement, staffing, IT, or property implications from this decision.

5.3. **Legal and Constitutional References**

5.3.1. Under the Council's constitution Responsibility for Functions (Article 7), the Health and Wellbeing Board has the following responsibility within its Terms of Reference:

- *Item 3*: 'To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental, and social well-being. 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.'

- *Item 9:* Specific responsibility for:
  - Overseeing public health
  - Developing further health and social care integration

5.4. **Insight**

5.4.1. The Programme of work has been informed by:

- Feedback from stakeholder engagements including residents and carers
- The NHS Long Term Plan
- Analysis of local and national data

5.5. **Social Value**

5.5.1. **N/A**

5.6. **Risk Management**

5.6.1. No specific risks associated with this decision

5.7. **Equalities and Diversity**

5.7.1. Decision makers should have due regard to the public sector equality duty in making their decisions. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows.

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

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

5.8. **Corporate Parenting**

5.8.1. There are no implications for Corporate Parenting in relation to this report.

5.9. **Consultation and Engagement**

5.9.1. The Programme of work has been discussed with acute and community stakeholders and service providers as an integral part of strategic planning processes.

5.10. **Environmental Impact**

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

6. Background papers

6.1. The Framework for Enhanced Health in Care Homes https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf

North Central London Integrated Care System

NCL Care Homes Programme

Update to Barnet Health and Wellbeing Board

January 2023

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Introduction and context

North Central London Integrated Care System

- North Central London (NCL) Integrated Care Board (ICB) is committed to improving the health and care of Care Home residents. NCL ICB's overarching aim is to **ensure care home residents receive pro-active, well planned, personalised care helping them to lead the happiest and healthiest lives possible**.

- As part of this aim, the ICB recognisees that alongside clinical and care support, technology and digital solutions can be used to modernise how care is delivered and can facilitate joined up support between organisations.

- Funding from the national Ageing Well Programme, the Regional Scaling Programme and Digitising Social Care have enabled the ICB to implement projects to support the delivery of the **Enhanced Health in Care Homes** ambitions.

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Introduction and context

North Central London Integrated Care System

- **The Digital Care Home Programme was established** and has been rolling out programmes of work over the last 24 months aimed at improving the digital maturity of Care Homes across all 5 NCL boroughs.

- The digital care home programme aims to work with care homes to **increase their access to digital tools** which can improve care, whilst also working alongside care home staff to **provide training**. The support provided will enable care homes and staff to:
  - ✓ Meet key data security standards and improve information governance standards
  - ✓ Support the delivery of quality care through piloting digital tools such as remote monitoring and acoustic technology
  - ✓ Increase connectivity

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Overview of London Care Homes*

North Central London Integrated Care System

			ICS/STP				
		London	North Central London	North East London	North West London	South East London	South West London
	All	1,332 CH 35,227 Beds	221 CH 6,202 Beds	258 CH 6,436 Beds	264 CH 7,375 Beds	241 CH 6,688 Beds	348 CH 8,526 Beds
Care home type	Old people/ Dementia	584 CH 28,809 Beds	109 CH 5,139 Beds	101 CH 5,203 Beds	124 CH 6,248 Beds	101 CH 5,340 Beds	149 CH 6,879 Beds
	Mental health/ learning disability	715 CH 5,587 Beds	106 CH 840 Beds	151 CH 1,167 Beds	133 CH 957 Beds	131 CH 1,052 Beds	194 CH 1,571 Beds
	Physical disability	33 CH 831 Beds	6 CH 223 Beds	6 CH 66 Beds	7 CH 170 Beds	9 CH 296 Beds	5 CH 76 Beds

*Taken from the November Report of the London Care Homes Digital Maturity Dashboard.

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NCL Residential/Nursing Landscape

North Central London Integrated Care System

- NCL has the lowest level of nursing beds (per 50k population) across London
- 500 care home beds have closed over the last 2 years
- NCL has a higher rate of care home closure than other parts of London since 2014
- There is a mixed economy of businesses and operating models

All leading to :

- limited capacity in the market,
- a supplier lead environment,
- and a fragile market environment

		Care Home Type		
	Care Home Beds	**Residential**	**Dual**	**Nursing**
Barnet	2495	53	8	14
Camden	359	7		3
Enfield	1829	65		14
Haringey	473	30		2
Islington	565	9		8

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Feedback from Care Home Managers

North Central London Integrated Care System

Their business:

- Financially challenging- impacts on both quality of care and staff recruitment , retention & development
- Recruitment issues, especially Registered Nurses
- Historical inconsistency of approach e.g., continence products
- Long term care is their core business, not step-down care
- Too many end-of-life patients is disruptive to residents, and resource intensive for limited financial benefit
- Issues with one-to-one care
- Locally we have some excellent care homes which have a real focus on staff training

What would help:

- Support to access community services for clients e.g., level of GP input, dentistry
- Specialist support with palliative care and behaviors which challenge
- Support with one-to-one arrangements
- Access to acute clinical expertise at the weekends
- Consistent certification of death process, especially at weekend
- Support with staff recruitment

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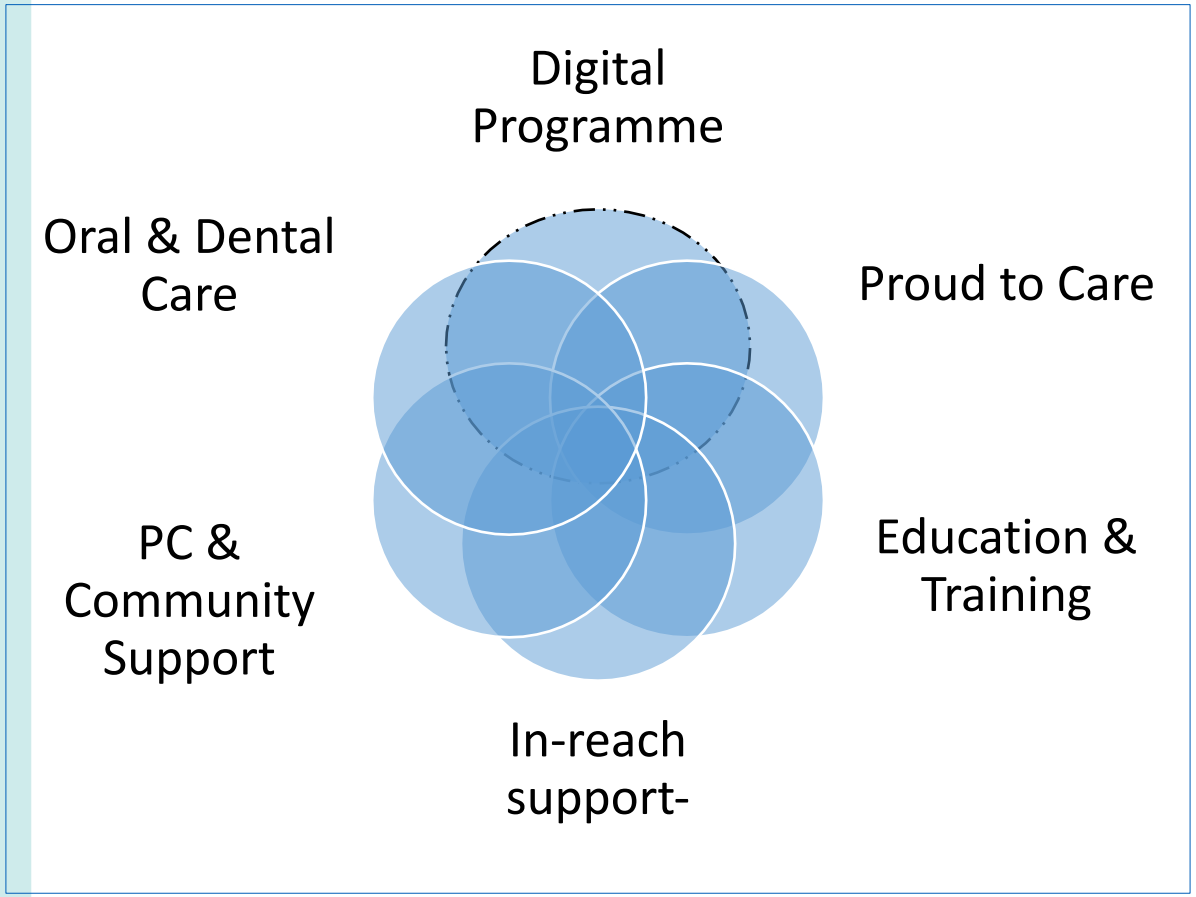
EHCH Deliverables

North Central London Integrated Care System

NCL Offer



EHCH Framework :

Care element	Sub-element
1. Enhanced primary care support	Each care home aligned to a named PCN, which leads a weekly multidisciplinary 'home round'
	Medicine reviews
	Hydration and nutrition support
	Oral health care
	Access to out-of-hours/urgent care when needed
2. Multi-disciplinary team (MDT) support including coordinated health and social care	Expert advice and care for those with the most complex needs
	Continence promotion and management
	Flu prevention and management
	Wound care – leg and foot ulcers
	Helping professionals, carers, and individuals with needs navigate the health and care system
3. Falls prevention, Reablement, and rehabilitation including strength and balance	Rehabilitation/reablement services
	Falls, strength, and balance
	Developing community assets to support resilience and independence
4. High quality palliative and end-of-life care, Mental health, and dementia care	Palliative and end-of-life care
	Mental health care
	Dementia care
5. Joined-up commissioning and collaboration between health and social care	Co-production with providers and networked care homes
	Shared contractual mechanisms to promote integration (including Continuing Healthcare)
	Access to appropriate housing options
6. Workforce development	Training and development for social care provider staff
	Joint workforce planning across all sectors
7. Data, IT and technology	Linked health and social care data sets
	Access to the care record and secure email
	Better use of technology in care homes

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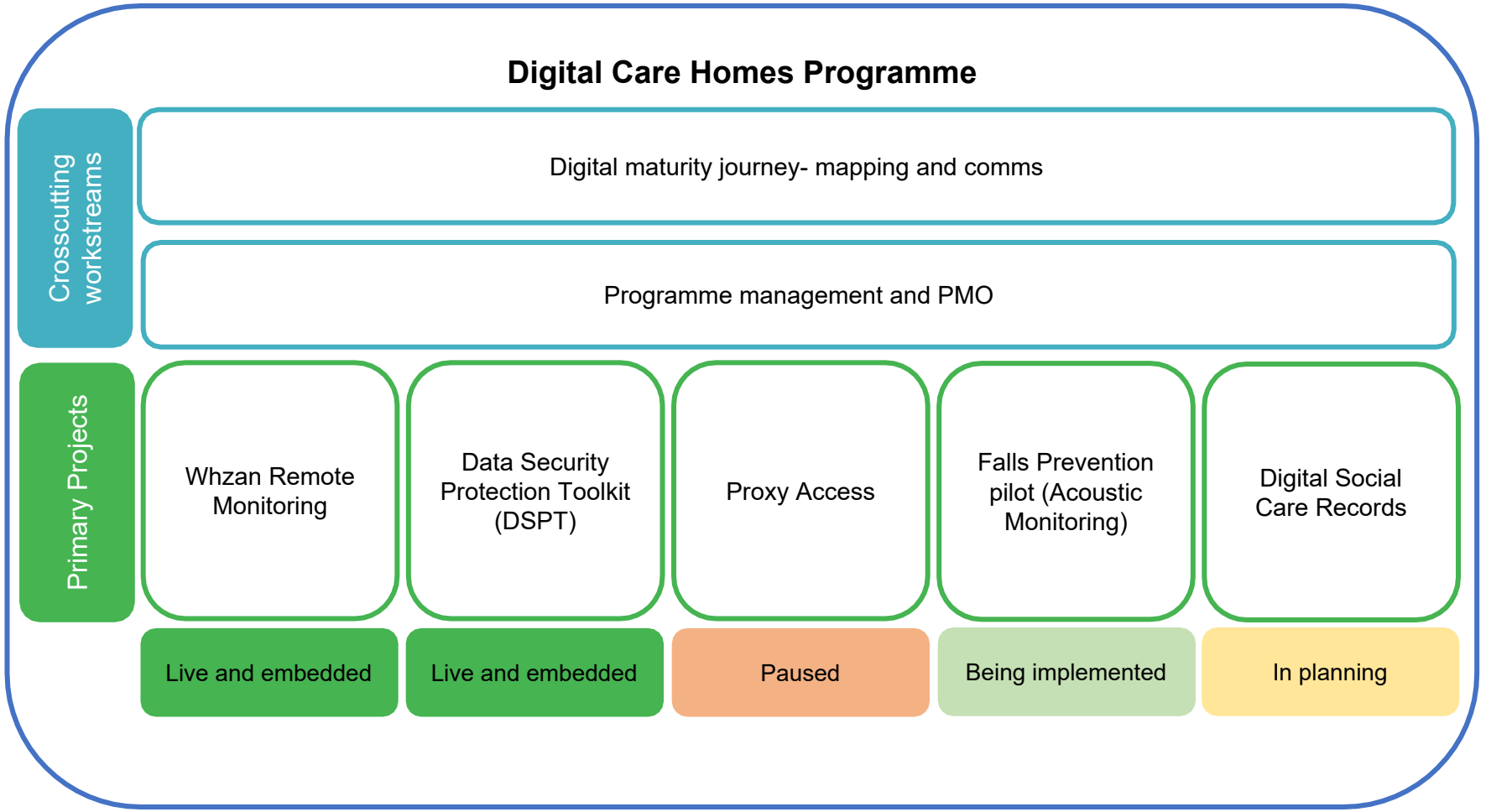
The Digital Programme

North Central London Integrated Care System

- The Digital Care Home Programme is run by NCL ICB, with advice and guidance from North London Councils.
- The programme also works in partnership with NCL Training Hub who are heavily involved in delivery of the primary projects.



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In delivery | Being planned | Opportunity

Whole programme update

North Central London Integrated Care System

Programme Status Update	On Track

Project	RAG Rating		Aligned target	Notes
	November 2022	December 2022		
Better Security, Better Care (DSPT)	Target Achieved	Target Achieved	**NHSE Target 75%** **ICB Target 90%**	The project coordinator team have achieved 90% of homes in NCL reaching DSPT Standards Met. In addition to this, 93% of Whzan legacy homes assigned to the DSPT Team have signed a Data Sharing Agreement (DSA) enabling them to use Whzan within IG rules. A funding MoU has been received from NHS England and is awaiting sign off from NCL ICB. Planning and operational discussions around the BSBC project and national programme for next year underway with an evaluation commissioned by NHSE also being completed with NCL being selected as one of the ICBs to be interviewed.
Remote Monitoring (Whzan)	Delivery off track	Delivery off track	**1,800 new residents to be monitored by Whzan by March 2023**	• Whzan rollout delayed due to ongoing capacity issues within team alongside IG and DSA signing process, although this is now completed and no longer impacting the rollout as much. • NRL IG discussions ongoing. Query around request has been sought to establish source. • 111 pilot continues at pace, funding is delayed due to a missing signature on the MoU from Adastra. • GP and Care home champion scheme awaiting launch from within Training Hub
Digital Care Record	On Track	On Track	**Baselining survey launched and 50% response rate by March 2023**	Funding signed off and ICB governance completed. 3-year implementation plan drafted and out for feedback. Digital maturity baselining survey ready to send to providers after engagement with local authority teams. Work to identify early adopters and providers with good engagement is underway with a plan for starting to support these homes being developed.
Acoustic Technology	Delivery delayed	Delivery delayed	**10 new homes onboarded and using Acoustic Monitoring by March 2023**	Project has now started with team members in place and engagement with homes and key stakeholders underway. Contracting work in ongoing but supplier has started to host webinars and attend meetings with key stakeholders.

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Progress to date

North Central London Integrated Care System

As of October 2022, the care homes programme in NCL has delivered the following:

- Number of homes supported = **>170**
- Percentage of care homes at **"Standards Met"** on DSPT = **90%**
- Number of beds actively monitored on Whzan = **>2000**
- Number of NEWS2 scores generated = **>48,000**
- Number of training sessions delivered to care home staff = **>500**
- Very high Number of care home staff trained

[Taken from the Digital care homes team dashboard]

Teams currently funded by the programme (22/23)
Digital Maturity team (Project Coordinators) ***Responsible for:*** 1. Data security support (DSPT completion etc) 2. IG support 3. Digital social care records support 4. Monitoring provider maturity
Clinical education team (Nurse educators) ***Responsible for:*** 1. Providing clinical skills training and support to providers 2. Implementing and monitoring of remote monitoring technology 3. Ongoing clinical support to social care providers
Acoustic Monitoring team (Falls) ***Responsible for:*** 1. Implementation of acoustic monitoring technology 2. Providing training for providers around acoustic monitoring 3. Providing ongoing support to providers around key clinical areas such as Physiotherapy and Medicines management in relation to Falls

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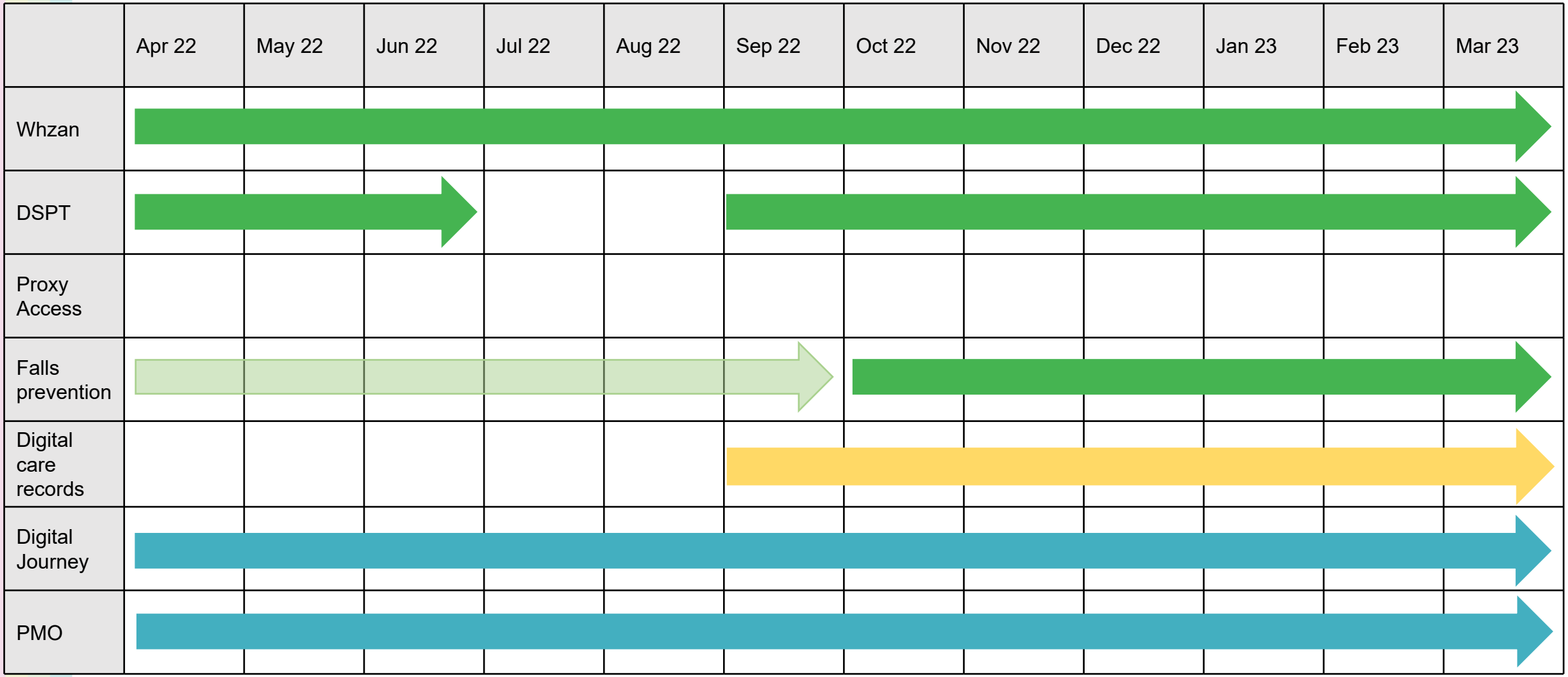
Project timescales

North Central London Integrated Care System



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In delivery | Being planned | Opportunity

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Key messages & learnings

North Central London Integrated Care System

Keeping care home staff engaged with remote monitoring takes time, energy and a dedicated team

Resources are needed to get clinicians across the system utilising patient data from remote monitoring

Funding and support at all levels fundamental to success

Great potential to use remote monitoring in different patient cohorts across NCL

Comprehensive evaluation of remote monitoring needed and ongoing analysis of data

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Falls Prevention – Acoustic Monitoring

North Central London Integrated Care System

Context

- Care home residents 3x more likely to fall than people living in the community
- Older adults who fall have the highest risk of death or serious injury
- Falls associated with increased need for full time care and longer hospital admissions

Data from NCL over 5 months (2021):

- **>320 falls in care home residents**
- **>100 falls were across 10 care homes**
- **>65% resulted in hospital conveyance**

- Due to their significant impact NCL committed to reducing falls
- Successful bid to run a Falls Prevention Pilot Project in 2022/23

What is acoustic monitoring?

- Digital tool which attaches to the wall of residents' bedrooms with command hooks (no nails)
- Monitors sounds throughout the night
- Provides an alert to care home staff via handheld devices if sounds are above threshold suggesting a resident is at risk of falling
- Alerts can be listened to by care home staff and managed accordingly
- Aims to enable proactive care which prevents falls and reduces interrupted sleep for residents

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Digital Social Care Records

North Central London Integrated Care System

Digital Social Care Records (DSCR)

- Replace traditional paper records
- Person-centred care records
- Enable information to be shared securely and in real-time

NHS England's Target

- 80% of adult social care CQC registered providers will have adopted an assured digital social care record by March 2024
- Funding awarded to NCL

Key considerations

- Interoperability with current and future care records
- Opportunity to support social care in creating personalised care plans

NHS England's Assured Provider List:

1. Care Control Systems
2. CareVision
3. Eclipse by OLM
4. iplanit by Aspirico
5. Log my Care
6. Nourish
7. PASS by everyLIFE
8. Person Centred Software (PCS)

NHS England have stated they are happy to work with providers to assure them if they are not already on the list above.

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Current delivery plan for DSCRs

North Central London Integrated Care System

Digital maturity exercise

- Run an exercise to recapture the digital maturity of all CQC providers across NCL.
- This will include amongst others; Wi-Fi status, if there is a DSCR, which provider is used etc.
- Currently we assume there will be two surveys one for Care Homes and one for Domiciliary care providers.
- This will also demonstrate whether there has been improvements in digital maturity in recent years

Implementing DSCRs

- Using the results from the digital maturity exercise, NCL will then work with providers without a DSCR to put one in place.
- Some funding can be used to pump prime technology, where this is needed, and with the agreement that providers will fund following year 1.
- NCL will also work with NHSE to get more DSCR providers onto their accredited provider list.

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Remote Monitoring - Whzan

North Central London

Context: covid-19

- NCL sadly had 522 excess deaths in care homes (Jan 20-Feb 21)
- Staff and residents were isolated and worried
- Clinicians needed to provide remote care - reduce risk of outbreaks in care homes

Ambition

- ✓ Recognise deterioration in care home residents early
- ✓ Support proactive care
- ✓ Enable clinicians to assess residents remotely
- ✓ Develop the skills and support the wellbeing of staff in care homes
- ✓ Be part of bringing the Enhanced Health in Care Homes framework ambition into reality

Remote monitoring in care homes

- Introduced Whzan blue box to care homes
- Staff take patient observations which are automatically uploaded via Bluetooth to a portal which clinicians can view
- Team of nurse educators providing holistic and bespoke training
- Developed a localised NEWS2 escalation pathway for each borough

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Outcomes over 18 months…

North Central London Integrated Care System

48,000 NEWS2 scores taken	**4300** residents have undergone remote monitoring	**127** care settings across **5** boroughs
80% of care settings have remained on the programme	**>4,500** care home staff trained	**86%** increase in student nurse placements in social care

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Reduction in London Ambulance (LAS) usage & cost of admissions

North Central London Integrated Care System

Number of LAS call outs to NCL care homes over 8 months (Apr-Nov 2019 & 2021):

Care homes without remote monitoring

14% reduction in LAS call outs

Care homes with remote monitoring

28% reduction in LAS call outs

Cost of non-elective admissions (NEL) from NCL care homes over 1 year (Jan-Dec 2019 & 2021):

Care homes without remote monitoring

27% increase in cost of NEL admissions

Care homes with remote monitoring

4% increase in cost of NEL admissions

Average £ of a NEL when patient's care home has remote monitoring:

£663 less

Reduced cost of non-elective admissions likely due to:

- Deteriorating patients being recognised earlier, leading to less complex admissions
- Remote monitoring supporting early discharge and management in the community

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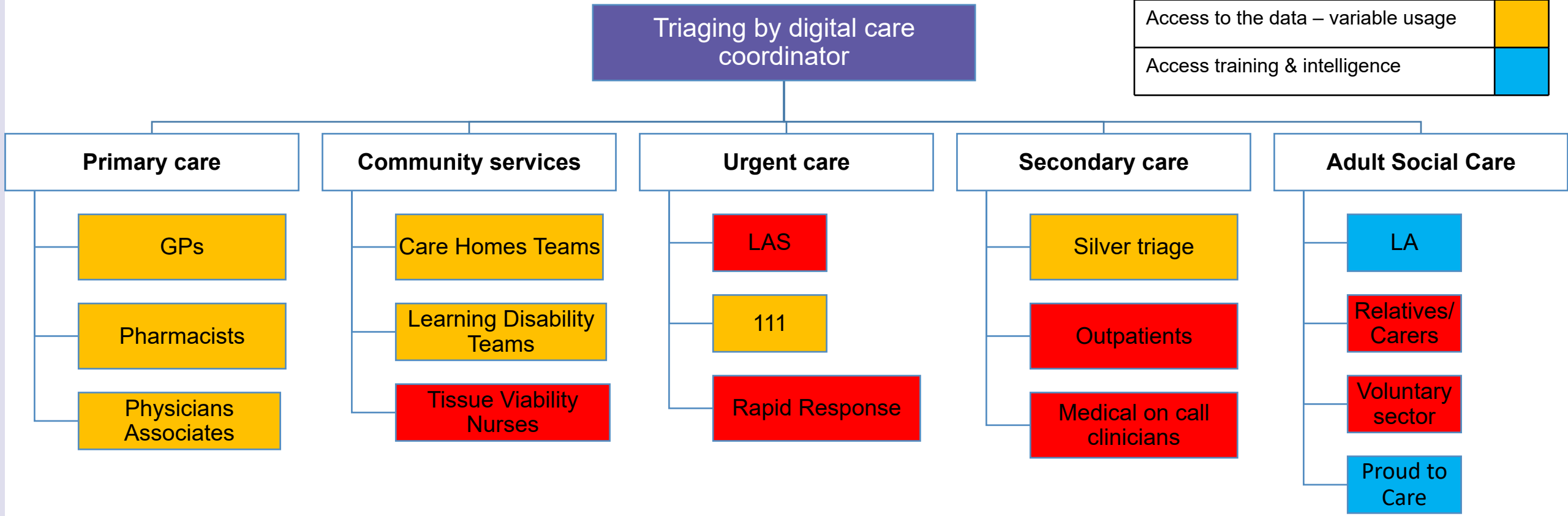
Using patient data across the system: unlocking the full potential

North Central London Integrated Care System

New role to be created
Not yet accessing the data
Access to the data – variable usage
Access training & intelligence



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Supporting the wider system

North Central London Integrated Care System

Increasing capacity in the healthcare system

- Improving capability of care homes to manage complex needs preventing delayed discharge and placement breakdowns
- Supporting the use of alternative clinical pathways to keep people at home where appropriate

Workforce

- Developing staff skills on how to manage complex health needs
- Supporting retention and resilience through 1:1 and group support
- Developing the future care home workforce through student placements in adult social care

Person centred care

- Supporting residents needs being met in the care home
- Improving quality of life through meaningful activities

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Delivering on key system priorities

North Central London Integrated Care System

Health Inequalities

CORE20 PLUS 5

The Green Plan

Care at Home

Community based winter falls response

Adaption and Adoption

Celebrating success

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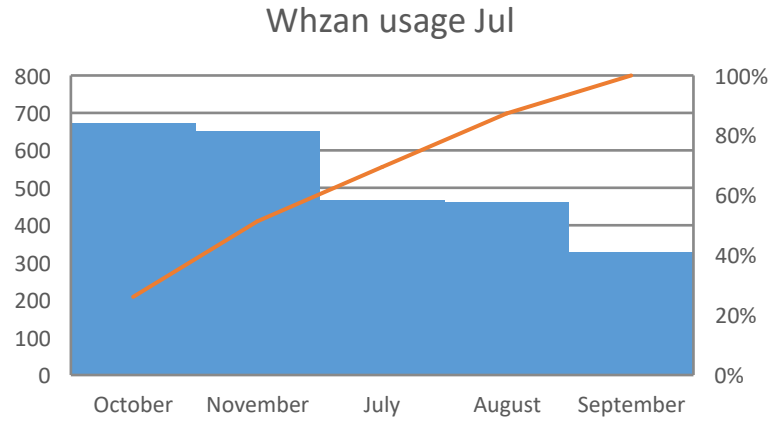
Barnet data summary

North Central London Integrated Care System

Whzan

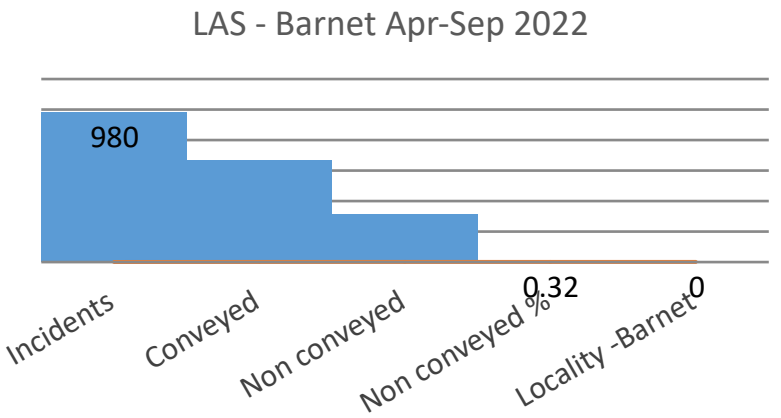
Total kits 75 in 36 care providers

Whzan usage in Barnet	Number of readings
July 2022	465
August 2022	460
September 2022	326
October 2022	671
November 2022	650



April – Sept 2022 Barnet LAS conveyance data

Locality -Barnet	Incidents	Conveyed	Non conveyed	Non conveyed %
Barnet	980	667	313	32%



DSPT in Barnet

- 77 / 86 care homes are at “Standards Met” on DSPT
- **89.5% complete**

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North Central London Integrated Care System

Any questions?

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	Health and Wellbeing Board **Thursday 19th January 2023**
Title	**Migrant Health Needs Assessment**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Barnet Migrant Health Needs Assessment September 2022
Officer Contact Details	Rachel Wells rachel.wells@barnet.gov.uk Tamara Kodikara tamara.kodikara@barnet.gov.uk

Summary

During the COVID-19 pandemic, Barnet saw an increasing number of asylum seekers enter the borough. Barnet continues to be a welcoming borough to migrants and recognises that new migrants bring with them a variety of skills, expertise, and experience. Understanding the needs of this group alongside refugees and undocumented migrants has become a priority for the Council, including Public Health Team, thus the Barnet Migrant Health needs assessment was commissioned.

The Health Needs Assessment (HNA) defines “migrant” as any individual who comes to reside in another country outside of their country of birth. It recognises differences in both the wider determinants and poorer health outcomes of forced migrants (which includes refugees and asylum seekers) and undocumented migrants as compared to those born in the UK. These poorer health outcomes are exacerbated by barriers to accessing health care services including knowledge, service provision and workforce training.

The HNA synthesises all ways to tackle the inequalities and unmet needs of the migrant population, including 4 key recommendations based on the issues identified through literature review, national & local data, and stakeholder interviews.

Officers Recommendations
1. The HWBB to note the needs, health issues and barriers faced by refugees and undocumented migrants as identified in the Barnet Migrant Health Needs Assessment 2022.
2. The HWBB to note the key recommendations in the Barnet Migrant Health Needs Assessment 2022 and endorse initial developments of work in this area.

1. Why this report is needed

1.1 The Migrant HNA has identified key issues and unmet needs that are resulting in poorer health outcomes for asylum seekers, refugees, and undocumented migrants in Barnet.

1.2 The data collected in the HNA showed that the decline in health for migrants is a result of a variety of interlinking issues, most notably poor work and living conditions, poverty, social isolation, poor access and knowledge of health care systems and discrimination.

1.3 The evidence showed that forced and undocumented migrants are consistently found to have worse health in the following areas: Maternal Health, Mental Health, Dental Care, UASC Health, Sexual and Reproductive Health, Vaccinations and Communicable Disease.

1.4 Four key recommendations to address the issues are outlined in the HNA:

a) Improve the knowledge of the UK Health care system, such as through creation of bespoke information translated into commonly spoken languages and providing accessible ESOL (English for Speakers of Other Languages) classes.

b) Improve access of the UK Health care system i.e., through increased local research, networking, commissioning of key specialist workers and digital literacy classes.

c) Improve the health and wellbeing of forced and undocumented migrants, by focusing on priority issues e.g. maternity services, immunization, children's health, mental health services, UASC support, trauma, and food provision.

d) Workforce Development; consideration and support to frontline workers.

1.5 We intend to take the recommendations forward as action to improve the health and wellbeing of the migrant population. This will include formation of a new, cross-Council and wider system steering group to build on collaboration in this area. This steering group will also aid in identifying areas in need of further collaboration and will support the development of a strategic plan.

1.6 Public Health have begun taking some recommendations forward and have commissioned a migrant health key specialist worker to support implementation of some of the actions. The HNA did not cover Ukrainian refugees, as they were recent migrants; however, needs of this population group will be addressed as part of the steering group. Forward action will also include reviewing of quantitative data included in the HNA, to incorporate newly released census data.

2. Reasons for recommendations

2.1 The HNA demonstrates that forced and undocumented migrants have worse health outcomes upon arrival in the UK which worsen the longer they remain here. Public health, in collaboration with the whole Council and wider system, intends to support these groups by actioning the HNA recommendations, to improve the knowledge, access, health, and wellbeing of forced and undocumented migrants in Barnet, alongside improvements to workforces.

3. Alternative options considered and not recommended

3.1 Not applicable for this report.

4. Post decision implementation

4.1 New Migrant Health Action plan for Barnet will be developed, cementing and enhancing existing work. The action plan will be developed, using recommendations from the report, with a steering group to oversee its implementation. It is acknowledged that some of the recommendations have been addressed/are being addressed and Migrant Health Action plan will make reference to those.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The prioritisation of Migrant health supports Key Area 2 of the Joint Health and Wellbeing Strategy 2021 to 2025, by improving children's life chances through UASC support, promotion of mental health and wellbeing in numerous areas as well as supporting a healthier workforce.

5.1.2 The recommendations also aim to tackle multiple needs identified in the Joint Strategic Needs Assessment, such as Mental Health and wider determinants of health such as domestic abuse, unemployment, and social isolation.

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

5.2.1 Not Applicable for this report.

5.3 Legal and Constitutional References

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

(1) 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.

(2) Specific responsibilities for; overseeing public health and promoting prevention

agenda across the partnership.

5.4 Insight

5.4.1 To undertake the HNA, a search was conducted for existing migrant health needs assessments across the UK. Those available and published within the last 10 years were included and reviewed in the NA.

5.4.2 National and local data regarding the demographics in the UK, and Barnet were derived from the Census 2011, the Office for National Statistics (ONS) and the Annual Population Survey (APS) were also used to inform the NA.

5.4.3 Thirdly, stakeholder interviews and surveys were conducted in July and August 2022. The Public Health team contacted migrants, health professionals, migrant organisations, and the community and voluntary sector for participation in these interviews and surveys.

5.4.4 There were challenges in collecting some of the data and developing relationships with key stakeholders would be a theme of the work taken forward to enhance the quality of the information available in future.

5.5 Social Value

5.5.1 Not Applicable for this report.

5.6 Risk Management

5.6.1 Not Applicable for this report.

5.7 Equalities and Diversity

The HNA has been developed considering equality and diversity. In Section 9, p48 the HNA breaks down the data presented and identifies inequalities, ensuring the needs of specific groups are recognised.

5.8 Corporate Parenting

5.8.1 The HNA outlines the health needs of Barnet's Unaccompanied Asylum-Seeking Children (UASC). Recommendations specific to UASC health and education are put forward, in Section 12.3 p17. This is including supporting UASC into supportive living situations and to support trauma-focused interventions and cognitive behavioural therapy.

5.9 Consultation and Engagement

5.10 Engagement and consultation with the migrant community and those who represent them would be central to the work in future.

5.11 Environmental Impact

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

6. Background papers

6.1 No Background Papers

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London Borough of Barnet
Migrant Health Needs Assessment
September 2022

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Acknowledgements

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Stakeholder Interviews

A special thank you to all the health professionals, Voluntary and Community Sector (VCS) partners and Local Authority (LA) colleagues who contributed to the stakeholder interviews. An extra special thank you to the migrant residents themselves who gave their time and effort to this needs assessment and without whom, this would not have been possible nor meaningful to produce.

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2 Executive Summary

During the COVID-19 pandemic, between 2020-2022, Barnet saw an increasing number of asylum seekers enter the borough. Understanding the needs of this group alongside refugees and undocumented migrants became a priority for the Public Health Team in Barnet Council and this health needs assessment was commissioned. Prior to this there had not been a health needs assessment undertaken of these groups locally.

This needs assessment focused on “forced migrants” (which includes refugees and asylum seekers) and “undocumented migrants” only and defines the term “migrant” as any individual who comes to reside in another country outside of their country of birth. Key terms and definitions used can be found in the appendices.

Barnet continues to be a welcoming borough to migrants and recognises that new migrants bring a variety of skills, expertise and experience into the borough.

Migration impacts on health and this needs assessment found differences in both the wider determinants (such as housing, education and employment) and health outcomes of forced and undocumented migrants as compared to those born in the UK. Forced and undocumented migrants tend to have relatively worse health and health outcomes than the UK born population which declines over time. This decline in health is a result of a variety of interlinking issues, most notably poor work and living conditions, poverty, social isolation, poor access and knowledge of health care systems and discrimination.

Poorer health outcomes are exacerbated by barriers to accessing health care services including knowledge, service provision and workforce training and this needs assessment explores these barriers through the literature and stakeholder engagement – both with professionals and with migrants themselves.

A policy review also highlights the main immigration, housing, welfare and education policies that affect forced and undocumented migrants and shows how these policies lead to poorer health outcomes overall.

National and local data highlights demographics, patterns, and health outcomes of forced and undocumented migrants and is further expanded upon by the literature in Chapter 6.

Stakeholder interviews were held with professionals whilst surveys were conducted with asylum seekers, exploring the main health issues, barriers and outcomes they experience within the UK health care system and are summarised in Chapter 10.

Where information was readily available this needs assessment also lists local services available for forced and undocumented migrants including services for advice, signposting, health and wellbeing, social care and language classes.

The discussion at the end of this needs assessment synthesises all of the above to suggest ways to tackle the inequalities and unmet needs of these groups, including recommendations based on the issues identified throughout this document. The recommendations can be summarised as follows:

2.1 Recommendations

This health needs assessment identifies a number of recommendations to improve the knowledge and access of forced and undocumented migrants in health care services, and to improve their health and wellbeing. It is recommended that commissioners and providers of services to forced and undocumented migrants in Barnet consider the following:

2.1.1 Improving knowledge of the UK health care system

- Creating bespoke information about the health care system for forced and undocumented migrants that remains accurate and up to date and translated into commonly spoken languages in these groups
- Providing bespoke information at frequent touchpoints including entry into the borough, entry into accommodation, GP registration, A&E attendance and liaison with voluntary and community sector organisations promotion of ESOL classes and ensuring they are accessible in both time/days and location – providing creche support where possible

2.1.2 Improving access of the UK health care system

- supporting research locally into the undocumented migrant population and their needs
- creation of a migrant providers network to coordinate, support and align efforts locally
- review of the current translation services to ensure they are fit for purpose
- consider the commissioning of key specialist workers to assess, screen and manage the needs of forced and undocumented migrants
- provision of digital literacy classes and access to technology including mobile phones and SIM cards
- further support for key specialist workers based in Family Services to assess and screen forced and undocumented migrants on their clinical needs including outreach where these groups are based
- disseminate guidance to health care professionals of the needs, rights and entitlements of forced and undocumented migrants including no recourse to public funds (NRPF). This would include primary care and secondary care HCPs that migrants will come in contact with.
- consider widening provision of primary care including longer opening hours, patient advocacy and gender-concordant providers
- consider the provision of free transport to medical appointment

2.1.3 Improving the health and wellbeing of forced and undocumented migrants

- review maternity services to ensure they provide an adequate service for displaced women including the use of interpreter services, training in trauma-informed care, and a community-based peer support/befriending service

- consider commissioning a specialised mental health service for vulnerable migrants with culturally adapted care in a migrant sensitive setting alongside community-based mental health care
- increase support unaccompanied asylum-seeking children (UASC) into supportive living situations
- increase support trauma-focused interventions and cognitive behavioural therapy for UASC in particular
- Review provision of women for sexual and reproductive health including support for sexual trauma, ensuring it is appropriate
- Strengthen the education of displaced women in preventative care around sexual and reproductive health
- Tailor immunisation services and communications campaigns to the needs of forced and undocumented migrants
- Review food provision in contingency hotels to ensure it is appropriate and nutritional and at the earliest convenience, support the transition of asylum seekers into accommodation with self-catering
- Improve awareness and accessibility of dental care services for forced and undocumented migrants
- Improve the offer of activities, groups and ESOL classes to forced and undocumented migrants including sports, crafts, and learning

2.1.4 Workforce development

- Disseminate information and guidance on the rights of forced and undocumented migrants to frontline workers and ensure it remains accurate and up to date
- Consider the offer of training for GPs and healthcare frontline workers including cultural competency and trauma-informed care
- Support the provision of reflective and clinical supervision for GPs and healthcare frontline workers

3 Introduction

Barnet has a proud history of providing sanctuary to those fleeing persecution and was the first London borough to resettle Afghan refugees.

This migrant health needs assessment has been commissioned by the Barnet Public Health team and has been undertaken to support a greater understanding of the needs of migrants in Barnet; prior to this there has not been a health needs assessment undertaken of these groups locally. This needs assessment will focus on "forced migrants" (which includes refugees and asylum seekers) and "undocumented migrants" only and defines the term "migrant" as any individual who comes to reside in another country outside of their country of birth. Please see Box 1 for definitions of migrants based on immigration route.

A set of recommendations has been developed to shape both service provision for these groups and identify gaps and areas for further partnership working. The provision of health care for migrants should meet their individual health, safeguarding and wider public health needs by supporting access to both mainstream and specialised services to ensure migrants have the same rights to high quality treatment and care as those born in the UK.

This needs assessment must be considered within the recent context of the COVID-19 pandemic outbreak which changed the movement of people, the processing of applications and the widening of health inequalities on those already suffering from health inequity.

In 2021-22 there were 37,562 asylum applications (relating to 44,190 people) made in the UK of which 13,210 people (30%) were granted protection through asylum and resettlement routes (Home Office, 2021). In the last 10 years, the numbers of applications for asylum have been slowly and steadily increasing (Figure 1). When considering asylum prevalence in the UK it is important to situate within other countries in Europe; the UK currently ranks 5th for asylum applications with Germany receiving the most at 100,000 applications in 2020 (Refugee Council, 2021). Spain, France and Greece also receive a higher number of applications each year. Of the near 40,000 applications in the UK, 90% come from males, approximately 7.5% are Unaccompanied AsylumSeeking Children (UASC), and around 12.5% are children who come with an adult (Refugee Council, 2021).

Box 1: Definitions of migrant based on immigration route

1. **General Migrant**

An individual who leaves their country of origin to reside in another for the purposes of work, study or closer family ties.

2. **Forced Migrant**

An individual who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.

- **Asylum seeker**

An individual who has applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds of fear of persecution on account of race, religion, nationality, political belief or membership of a particular social group.

- **Refugee**

An individual upon whom the status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees. This can be obtained either through successful application for asylum or by direct selection via the Gateway Protection Programme or Syrian Vulnerable Persons Resettlement Programme. Refugee Status currently means five years leave to remain in the UK. Refugees have the right to work and claim benefits, access to mainstream housing, and the possibility of applying for family reunion.

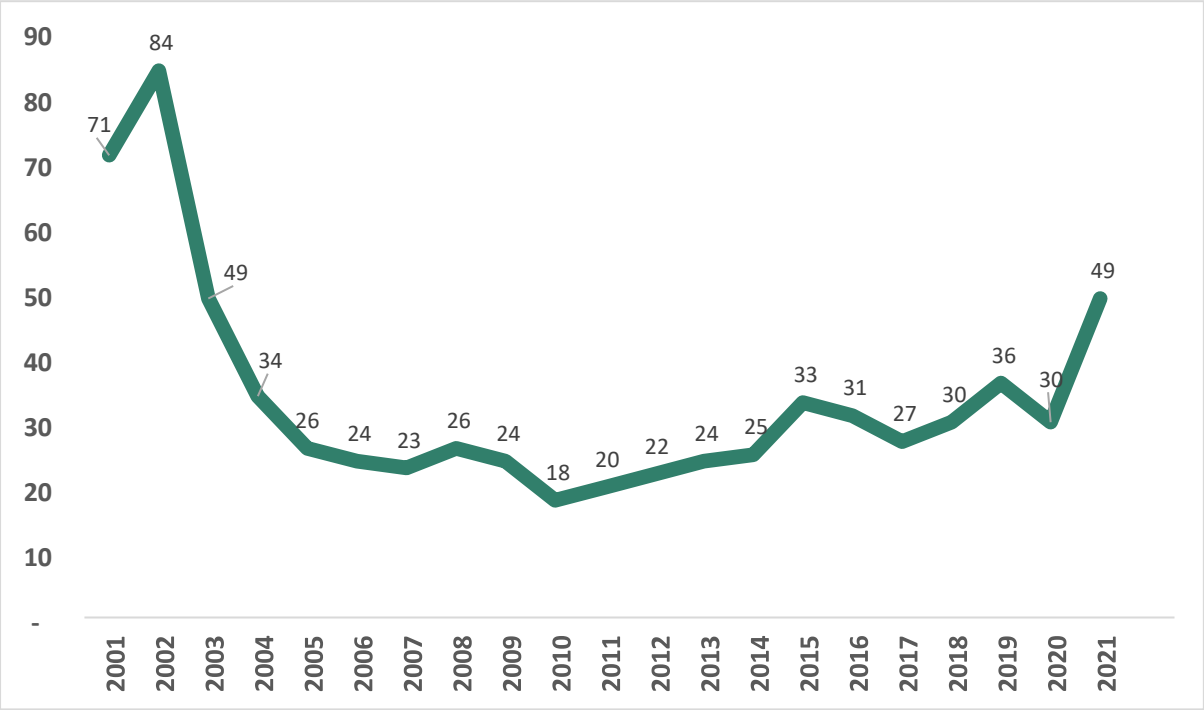
- **Unaccompanied Asylum-Seeking Children ("UASC")**

A child or young person (0-17 years old) who is seeking asylum in another country and has been separated from their parents or carers. Whilst their claim is processed, they are cared for by a local authority.

3. **Undocumented Migrant**

An individual who has entered the UK in a forced or unforced manner but has lost or never obtained a right of residence. This includes general migrants who have overstayed their visa, trafficked persons, irregular entrants, children of undocumented migrants, and refused asylum seekers who are not receiving Section 4 additional support (see Box 5 for further information on Section 4).

Figure 1: Asylum Applications in the UK, by thousands (2001-2021)



Source: Immigration Statistics, year ending March 2022 (Home Office , 2022)

As of June 2021, the Office for National Statistics (ONS) estimates there to be 9.6 million people in the UK who were born outside of the country (or 14.5% of the total population) and 6 million people with non-British nationality (Office for National Statistics, 2021). A large proportion of those born outside of the UK reside in London (35%, 3.3 million) whilst the number of UK born citizens is more evenly distributed across the country with approximately 10% living in London (Office for National Statistics, 2021).

In 2021, the Annual Population Survey (APS) estimated there to be 138,400 of a total 402,700 residents in Barnet who were non-UK born (34.4%) (Office for National Statistics, 2021).

There are currently 1,754 asylum seekers and refugees (around 0.4% of the total population) living in Barnet. These groups are comprised of 973 asylum seekers and 781 refugees (23 in dispersed accommodation, 68 in receipt of subsistence support only, and 690 recent Ukrainian arrivals). It is not known how many undocumented migrants live in Barnet and more work needs to be done to capture this group.

By gaining a better understanding of the health needs of migrant residents in Barnet, we are taking steps towards creating more equal health and wellbeing outcomes between migrants and UK born residents.

3.1 Methodology

To undertake this needs assessment, a search was conducted for existing migrant health needs assessments across the UK. Those available and published within the last 10 years were included and reviewed to create a structure for this document.

3.1.1 Literature Review

The literature search consisted of a review of systematic reviews and was carried out by performing a broad search of PUBMED. The keywords used in the search were: “migrant” AND/OR “immigrant” AND “health” AND/OR “migrant health” AND/OR “immigrant health”. Reviews on PUBMED were filtered by year (2017-2022) and those written in English and free to access were included. Following the generation of a list of 60 reviews, the abstracts of each were reviewed in turn to ascertain whether the content of the review aligned with the central focus of the needs assessment. The remaining 35 reviews are included in this needs assessment.

Findings from the literature review were collated and are presented in Chapter 6: Health Outcomes for Migrants.

3.1.2 Quantitative data

National and local data regarding the demographics in the UK, and Barnet were derived from the Census 2011, the Office for National Statistics (ONS) and the Annual Population Survey (APS). Whilst the Census 2021 has been collected, data was not available at the time of publication of this needs assessment.

Local data on presenting health needs has been collected from several sources including housing and UASC data from the London Borough of Barnet, clinical

data from NCL CCG and data on asylum seekers in contingency hotels from Ready Homes.

3.1.3 Stakeholder Engagement

Stakeholder interviews and surveys were conducted in July and August 2022. The Public Health team contacted migrants, health professionals, migrant organisations, and the community and voluntary sector for participation in interviews and surveys. Participants who worked directly with migrant populations in Barnet were purposely recruited. In total, 11 professionals were interviewed, and 50 migrants completed surveys about their health needs (45 asylum seeking adults and 5 unaccompanied asylum-seeking young people). The surveys were undertaken at two locations: one of Barnet's contingency hotels (for adults) and a supported living residence (for UASC). VCS partners and key workers were on hand to support the completion of the surveys.

The initial plan for stakeholder engagement with asylum seekers was to conduct a focus group which unfortunately proved too difficult with the variety of languages spoken by the group. A decision was made at the time to turn the focus group into a survey, which was conducted with the asylum seekers with interpreter support provided by our local VCS partner, Persian Advice Bureau, and asylum seekers themselves who were able to translate the questions for their fellow residents. Some asylum seekers also used translation applications on their phones to answer the questions.

3.2 Scope & Limitations

Whilst this report has focussed on forced and undocumented migrants only, most datasets do not capture migrant status or country of origin, and language and ethnicity are not appropriate proxies. Where necessary, those born outside the UK or those with non-British nationality have been used to estimate prevalence locally, particularly when looking at health needs. Undocumented migrants in particular are not routinely captured within local datasets, so this report will fail to capture this group locally but has used evidence and literature to fill in those gaps where it can.

There are notable gaps in data for these groups, in particular around inequalities such as disability, sexuality, socio-economic status and ethnicity (although we do have language data for some of our asylum seekers). More research is needed in these areas. Further research is also needed to understand how the health needs of migrants in Barnet compare to other areas.

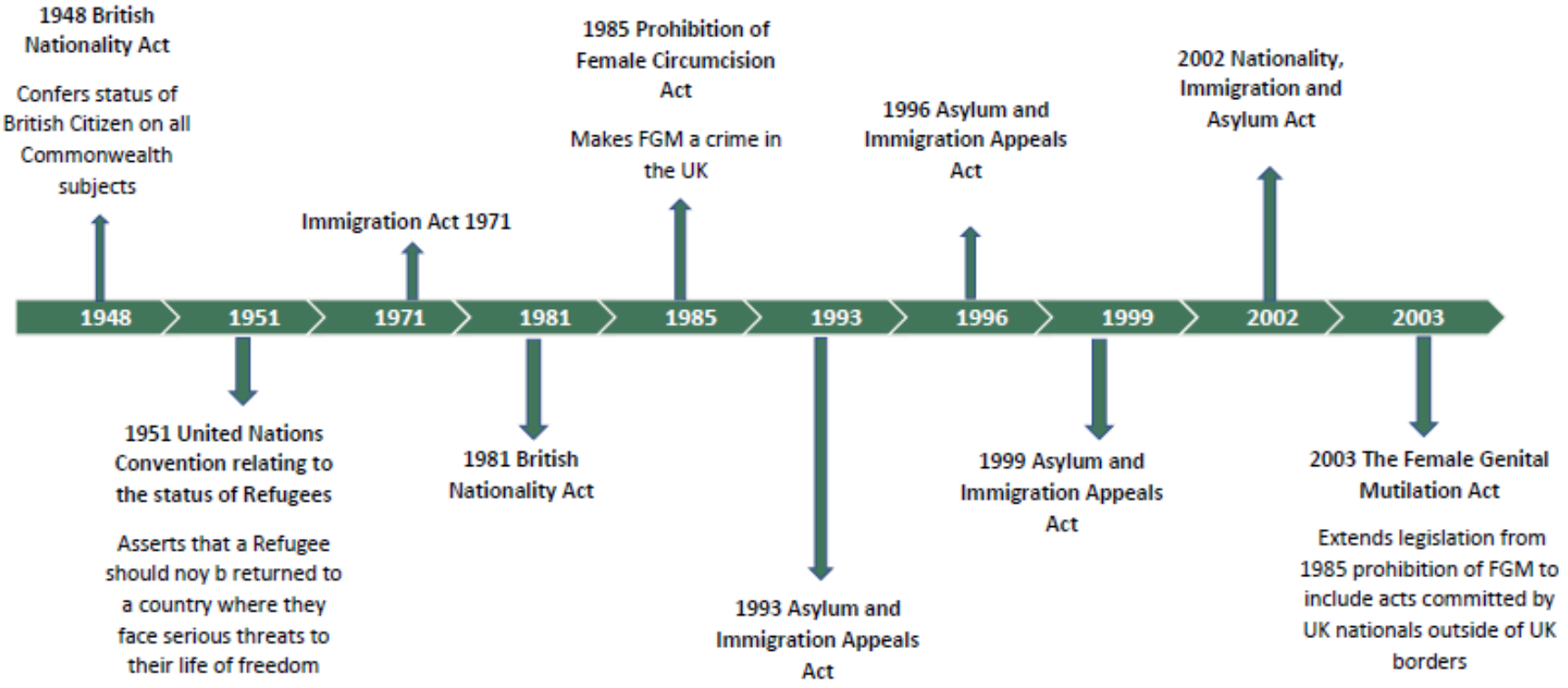
Due to the rapid and limited nature of this assessment, this document should be used as a first step to understanding these populations and the beginning of an iterative approach to meeting their needs.

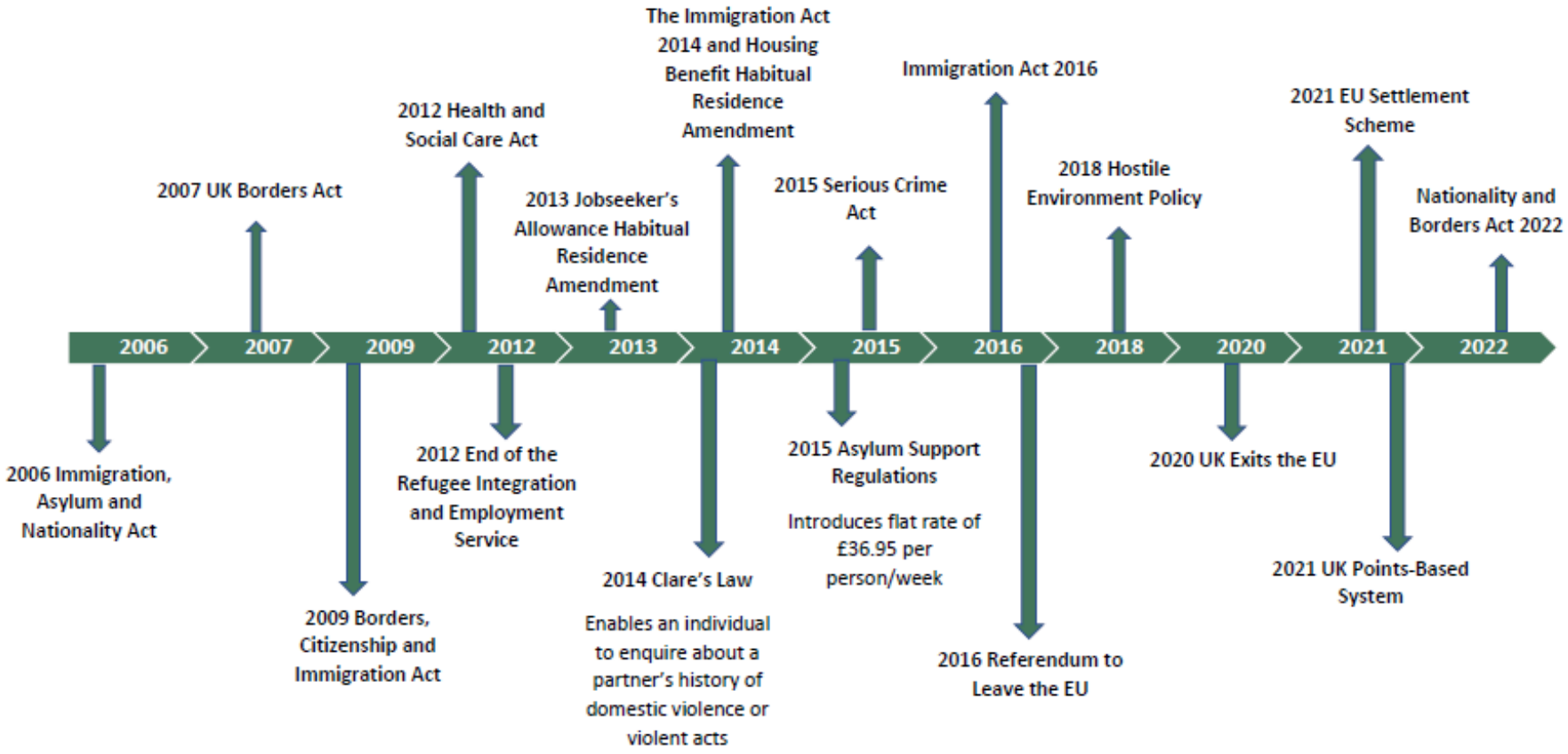
Local services are presented where information was available, but locations and contact details can change at any point. Please contact services directly for more information.

Finally, unfortunately at the time of publishing this report we were not able to access GP level data for the health needs of UK and non-UK born populations. This data would usually accompany a health needs assessment and we hope to include this data in a second version in the future. Although this local health data is missing, we have evidence of the prevalent health needs of these populations from systematic reviews and they have informed our local recommendations.

4 Policy Context

4.1 Timeline of immigration policy 1948-2022




2006
2007
2009
2012
2013
2014
2015
2016
2018
2020
2021
2022
2006 Immigration, Asylum and Nationality Act
2007 UK Borders Act
2009 Borders, Citizenship and Immigration Act
2012 Health and Social Care Act
2012 End of the Refugee Integration and Employment Service
2013 Jobseeker's Allowance Habitual Residence Amendment
The Immigration Act 2014 and Housing Benefit Habitual Residence Amendment
2014 Clare's Law
Enables an individual to enquire about a partner's history of domestic violence or violent acts
2015 Serious Crime Act
2015 Asylum Support Regulations
Introduces flat rate of £36.95 per person/week
Immigration Act 2016
2016 Referendum to Leave the EU
2018 Hostile Environment Policy
2020 UK Exits the EU
2021 EU Settlement Scheme
2021 UK Points-Based System
Nationality and Borders Act 2022

4.2 Immigration Policy

Immigration policy in the UK is complex, vast and subject to frequent change. One of the most significant recent legislations affecting immigration law is the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020 which abolished EU free movement at the end of the Brexit transition period (31st December 2020), making way for the UK's new points-based immigration system.

The points-based immigration system is intended to select migrants who will contribute the most to the UK's economy. By removing free movement, this new policy is both more restrictive and substantially more expensive for EU citizens (The Migration Observatory, 2021). The total cost of a typical route to settlement for a skilled work (as of May 2022) is just under £7k (excluding legal fees and priority services) (Home Office , 2021).

There are different forms of residency status in the UK, as outlined in Box 2.

Box 2: Different forms of residency status in the UK

Humanitarian Protection

Humanitarian protection is granted to a person who is deemed to have a need for protection but who does not meet the criteria for refugee status. To qualify, a person must show that there are substantial grounds for believing that if they return to their country of origin, they will face a real risk of suffering serious harm. Humanitarian Protection normally means five years leave to remain in the UK and brings almost all of the same rights as Refugee Status.

Discretionary leave

Discretionary leave is granted to a person who does not qualify for refugee status or humanitarian protection but presents other accepted reasons why they need to stay in the UK temporarily.

Indefinite leave to remain

Indefinite leave to remain (ILR) which is also called 'permanent residence' or 'settled status' gives permission to stay in the UK without any time limit. Indefinite leave can lapse if the holder has remained outside the UK for a continuous period of 2 years.

Limited leave to remain

Limited leave to remain is the permission to enter the UK for a limited period defined on many visas e.g., visitor, spousal and student visas. Individuals may apply for an extension to their permit if they wish to stay longer.

British citizenship

British citizenship can be applied for by adults who have held ILR for 12 months and who have remained in the UK for 5 years.

4.2.1 Immigration Policy for Asylum Seekers and Refugees

Asylum claims are made, usually in person at designated places. Once an asylum claim is made, the asylum seeker will attend a screening interview, a substantive asylum interview and receive a decision. There is an option to appeal the decision if refused. The UK government states that to stay in the UK as a refugee you must be unable to live safely in any part of your own country because you fear persecution there. The persecution must be because of your race, religion, nationality, political opinion or anything else that may put you at risk (i.e., gender, gender identity, sexual orientation) (Home Office, 2022).

Box 3: Legal definition of "refugee" (UNHCR, 2022)

> A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Asylum seekers in the UK can be detained at immigration removal centres whilst awaiting a decision on their application. Applications are expected to take up to 6 months in the UK although this can take longer if the application is complicated (Home Office, 2022).

Asylum seekers will either be rejected (which they can appeal), or approved to stay under one of the following ways:

- Permission to stay as a refugee (known as ‘leave to remain’), which lasts 5 years, after which you can apply for settled status.
- Permission to stay for humanitarian reasons (known as ‘leave to enter’ or ‘leave to remain’), which lasts 5 years, after which you can apply for settled status.

- Permission to stay for other reasons (this can last for any amount of time depending on your situation).

If an asylum seekers application and appeal is subsequently rejected, they will be asked to either leave by themselves, or be removed.

Refugees are granted the status of refugee through several routes. The majority are granted through the asylum process as outlined above. In some cases, if this application is rejected, new claims can be made if circumstances change i.e., if the applicant has a child born in the UK. Some individuals are granted refugee status through resettlements schemes such as the Mandate Scheme, the UK Resettlement Scheme (UKRS) Community Sponsorship Scheme and the Afghan Citizens Resettlement Scheme (ACRS) (UNHCR, 2022). In 2021, 1,587 people were granted protection through resettlement schemes in the UK.

4.2.2 No recourse to public funds

The Immigration Act 1999 stipulated the condition of having 'no recourse to public funds' (NRPF) which set out that individuals subject to immigration control would no longer have access to most public benefits including forms of income support, housing benefit and a range of allowances and tax credits.

Those who are subject to immigration control includes:

- individuals who do not have leave to enter and/or leave the UK i.e., refused asylum seekers, those who overstay their visa and irregular entrants

- individuals from non-EEA countries whose visa is for limited leave to enter or remain in the UK i.e., work permit, students, spousal

Those people who have NRPF can be eligible for assistance from their local authority for services including education and social care but are not eligible for homelessness assistance or council housing allocation. From April 2022, all families who have NRPF who meet income thresholds are eligible for free school meals. The current income thresholds are as follows:

- £31,200 per annum for families within London with one child.

- £34,800 per annum for families within London with two or more children (UK Parliament, 2022).

As most Unaccompanied Asylum-Seeking Children (UASC) do not have recourse to public funds at 18, the local authority remains fully responsible for the cost of their subsistence and accommodation until their asylum application is finalised or until they are 25 years old.

4.2.3 Modern Slavery

Launched in 2014, the UK Government set out a cross-government approach to tackling modern slavery. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking and the scale of it in the UK is significant, with the Home Office estimating 10,000-13,000 victims of modern slavery in the UK in 2013. Trafficking in persons is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of exploitation (HM Government , 2014).

4.3 Migrant Health Policy

The Visitor and Migrant Cost Recovery Programme introduced charges to some forms of healthcare for overseas visitors. All overseas visitors are charged 150% of the cost of NHS treatment for any care they receive unless exempt. In the UK those exempt from paying for NHS healthcare include those:

- granted refugee status in the UK
- seeking asylum or temporary or humanitarian protection until their application (including appeals) is decided
- receiving support from the Home Office under section 95 of the Immigration and Asylum Act 1999

- a failed asylum seeker who receives support from the Home Office under section 4(2) of the Immigration and Asylum Act 1999 or from a local authority under section 21 of the National Assistance Act 1948 or Part 1 (care and support) of the Care Act 2014
- a child looked after by a local authority
- formally identified as, or suspected of being, a victim of modern slavery or human trafficking – this includes their spouse or civil partner and any children under 18 as long as they are lawfully present in the UK
- detained in prison or by the immigration authorities in the UK (Office for Health Improvement and Disparities, 2022).

Asylum seekers also have access to free prescriptions, free dental care, free eyesight tests and help paying for glasses. Some undocumented migrants will not fall under the above groups and could be charged for some secondary care. Services that are free at the point of access regardless of status include:

- A&E services
- Dental care in the community
- Diagnosis and treatment of sexually transmitted infections
- Diagnosis and treatment of certain infectious diseases including COVID19
- Family planning services, not including termination of pregnancy
- GP services (Office for Health Improvement and Disparities, 2022).

There is no charge for treatment for conditions (including mental ill health) caused by:

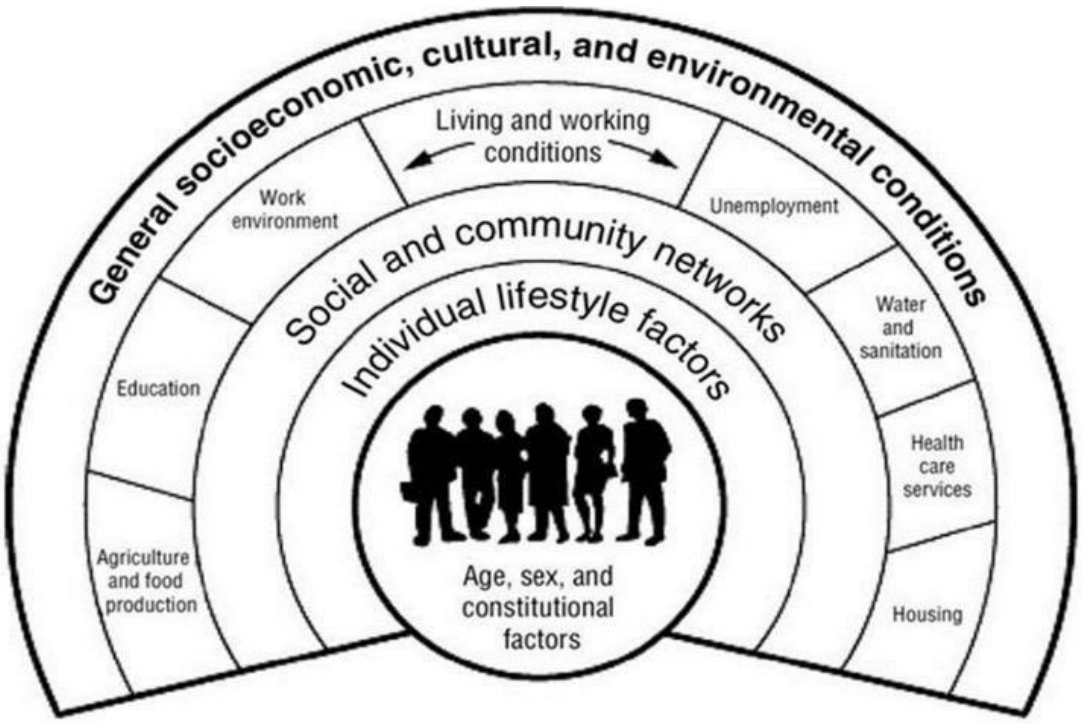
- Torture
- Female genital mutilation (FGM)
- Domestic violence
- Sexual violence (Office for Health Improvement and Disparities, 2022).

5 Wider determinants of health

Wider determinants of health, sometimes also known as social determinants, are a range of social, economic and environmental factors that impact upon people's health. These factors are influenced by local, national and international distribution of power and resources and determine the extent to which individuals have the physical, social and personal resources to meet their health needs. Key determinants include access to housing, employment and education as well as access to health care services.

Figure 2 shows the wider determinants of health model. This health needs assessment will also look at housing, employment and education and how they impact the health of forced and undocumented migrants. In Chapter 7, barriers to accessing health care services will be explored.

Figure 2: The Wider Determinants of Health [(Dahlgren & Whitehead, 1991)]



Source: Dahlgren and Whitehead (1991)

Non-communicable diseases such as cardiovascular disease, diabetes and cancer are affected by wider determinants of health such as poor housing, lack of education and lack of access to employment. Forced migrants often

experience these wider determinants as well as separation from family and friends, structural discrimination and low socio-economic status which may help explain why forced migrants appear to experience a greater burden of non-communicable disease than both other migrants and those born in the UK.

5.1 Housing

Housing is an important determinant of health. Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries, and mental health (Krieger & Higgins, 2002). The World Health Organisation (WHO) produced guidelines on housing and health where they noted the different ways that poor housing affects health including:

- structurally deficient housing can increase the risk of injury
- poor accessibility increases risks of injury, stress and isolation
- insecure housing is stressful
- housing that is difficult or expensive to heat contributes to poor respiratory and cardiovascular outcomes
- housing with high indoor temperatures can cause heat-related illnesses and increase cardiovascular mortality
- indoor air pollution is connected to a wide range of noncommunicable disease outcomes, harms respiratory and cardiovascular health, and may trigger allergic and irritant reactions, such as asthma
- crowded housing increases the risk of exposure to infectious disease
- inadequate water supply and sanitation facilities affect food safety and personal hygiene, and therefore lead to the development of communicable diseases (World Health Organisation, 2018).

People born abroad have lower home ownership rates in the UK than those born here (47% vs 70%) and are three times more likely to be in the private rental sector (PRS) (The Migration Observatory, 2022). Private rentals are associated with higher rates of substandard housing quality than both self-

owned and social housing although social housing is linked to higher rates of overcrowding (City University of London , 2013). Households where at least one of the adult members was foreign born were more likely to be in overcrowded conditions with around 11% of households with non-EU born adults were considered overcrowded, and about 9% of households comprising EU born adults. The overcrowding rate was substantially higher in London than in the rest of the UK (10% vs 2% of all households). Overcrowding was also more prevalent among households living in social housing (12%) or privately rented accommodation (9%) compared to owner-occupied housing (2%) (The Migration Observatory, 2022).

Asylum seekers are not entitled to allocation of housing from their local authority but are entitled to housing provided by the Home Office whilst their claim is being processed. This housing is provided on a 'no choice' basis. It is possible to apply directly to housing associations or private rented accommodation within the UK, however this is not allowed in England whilst immigration checks apply, although they are allowed to stay with friends or family. Both asylum seekers and refused asylum seekers can also apply for support and accommodation for partners and children (Home Office, 2021).

Due to the COVID-19 pandemic and lack of dispersed accommodation, contingency hotels have been used to house asylum seekers. There are currently four contingency hotels and 973 asylum seekers housed within these in Barnet. Local authorities support asylum seekers when they are asked to move on from Home Office provided dispersed accommodation, which they have to do within 28 days of their asylum application decision.

For those who gain refugee status, they are entitled to apply for local authority housing provision and this status is covered for partners and children where the family was established before leaving their home country. Barnet currently houses 23 refugees in either temporary accommodation or within the private rented sector. There are also 68 refugees who receive subsistence support but who have found their own accommodation.

Unaccompanied asylum-seeking children (UASC) are housed and supported by their local authority under the care of social services. Barnet currently has 120 UASC in the borough (at time of writing).

5.2 Employment and Welfare

Evidence notes that employment can have profound impacts on people's health. Precarious employment is an employment condition that negatively affects the health of workers, families, and communities (Benach, et al., 2014) whilst unemployment has a number of adverse effects on health including increased suicide, lung cancer, depression, anxiety, and higher need of healthcare services (Wilson & Walker, 1993).

Asylum seekers are not normally allowed to work whilst their asylum claim is being considered and if they are destitute or likely to become destitute, are given access to a separate welfare payment known as Section 95 support (see Box 4) under section 95 of the Immigration and Asylum Act 1999. As of June 2021, 8,375 asylum seekers in London were in receipt of section 95 support. Asylum seekers who have had their application rejected cannot access section 95 support but can instead apply for Section 4 support (see Box 5).

Box 4: Section 95 Support (NRPF Network, 2022)

Section 95 of the Immigration and Asylum Act 1999 describes that once an asylum seeker has submitted their claim for asylum, support is provided in the form of monetary support and/or accommodation. Since 2015, a flat rate is paid per person per week rather than a tiered payment related to age and dependants. Following a refused claim, asylum support under section 95 is terminated after 28 days in individuals with no dependent children. The current rate Is £40.85. However, those who are being provided with full-board hotel accommodation receive a weekly allowance of £8.24.

Box 5: Section 4 Support (NRPF Network, 2022)

Section 4 of the Immigration and Asylum Act 1999 entitles refused asylum seekers meeting one of a number of conditions (such as inability to leave the country on health grounds or no safe route of return) to receive a payment of £40.85 per person per week received on a pre-paid card which can be used to purchase food, clothing and toiletries. However, those who are being provided with full-board hotel accommodation receive a weekly allowance of £8.24.

Any asylum seekers housed in full-board accommodation receive £8.24 a week rather than £40.85. Three of the four hotels in Barnet are full-board and house roughly 50% of asylum seekers at the time this needs assessment was written.

Those asylum seekers who are allowed to work may only do so if their claim has been outstanding for more than 12 months through no fault of their own, and are restricted to jobs on the shortage occupation list published by the Home Office (Home Office, 2022). Any permission to work granted will come to an end if their claim is refused and any appeals rights are exhausted, at that point they are expected to leave the UK. Those who are granted leave have unrestricted access to the labour market.

The Home Office notes the intentions of this policy are to:

- ensure a clear distinction between economic migration and asylum that discourages those who do not need protection from claiming asylum to benefit from economic opportunities they would not otherwise be eligible for
- prevent illegal migration for economic reasons and protect the integrity of the asylum system so that we can more quickly offer protection to those who really need it
- be clear that asylum seekers can undertake volunteering as this provides a valuable contribution to the wider community and may help those who qualify for leave to remain here to integrate into society (Home Office, 2022).

The Asylum and Immigration Act 1996 made it a criminal offence to employ an individual unless they had permission to live and work in the UK (HM Government, 1996). Ten years later the Immigration, Asylum and Nationality Act 2006 brought in on-the-spot fines of £2,000 for employers found to be hiring an employee without residency status (HM Government, 2006). The Immigration Act 2016 established extensive laws on working illegally: from July 2016, individuals who knowingly or negligently employ people not permitted to work may now be incarcerated for up to five years and illegal workers for a period of 51 weeks (HM Government , 2016).

Employment outcomes for young migrants vary depending on their country of origin, gender, and age at arrival in the UK. European Economic Area (EEA)

migrants have high employment rates but are overrepresented in low-skilled work; non-EEA migrants are overrepresented in high-skilled jobs but have lower employment rates (The Migration Observatory , 2016).

5.3 Education

Education is another important wider determinant of health. Educated people are generally healthier, have fewer comorbidities and live longer than people with less education (Davies, et al., 2018). Further evidence shows that well educated people are less likely to be unemployed, have higher incomes and lower economic hardship which in turn significantly improve health. They are also less likely to smoke, more likely to exercise and more likely to get health check-ups (Ross & Wu, 1995).

In Barnet, 7% of the 973 asylum seekers currently residing are primary school aged (5-10 years old) and 6.5% are secondary school aged (11-17 years old). There are also 23 UASC in Barnet of statutory school age accessing secondary education, the majority of whom are attending Barnet schools. Migrant children have the same entitlements to education as UK born children, however, research by UNICEF found that refugee and asylum-seeking children in the UK faced long delays accessing education due to schools' fear of affected league tables. The report also found that no region in the UK had successfully met the 20-school-day target for finding places for all unaccompanied asylumseeking children (UASC) in their care (Unicef, 2018). Among young people with English as an additional language, progress in school tends to be below average in comparison to UK born children, however, it was found that this gap is largely eliminated by age 16 (The Migration Observatory , 2016).

5.4 Social Care

Social care for children and adults are important services for asylum seeking and refugee families. One systematic review looking at parent support programmes found that specific programmes for immigrant families had the potential to improve positive parental practices and families' wellbeing and that by identifying the needs of the groups with cultural tailoring led to

increase in acceptability, engagement and benefits for these groups (Hamari, et al., 2022).

Another review looking at the barriers and facilitators for refugee children disclosing their life stories found that the main barriers included feelings of mistrust and self-protection, as well as disrespect from the host community. Facilitators included positive and respectful attitudes of the interviewer, taking time to build trust, using non-verbal method, giving children agency and the use of trained interpreters. It also noted that the "lack of knowledge on how refugee children can be helped to disclose their experiences is a great concern because the decision in the migration procedure is based on the story the child is able to disclose" (van Os, et al., 2020).

6 Health Outcomes for Migrants

This chapter outlines the health outcomes for asylum seekers, refugees and undocumented migrants as evidenced in the literature review performed for this health needs assessment. Local data for health can be found in Chapter 9.

6.1 General Health

Although there is evidence that overall, migrants entering the UK may have a better baseline health level than those born in the UK (known as the 'Healthy Migrant effect'), this is not the case for forced migrants (Domnich, et al., 2012). Forced migrants often come to the UK with worse health than UK born citizens, one of the reasons for this being due to living conditions encountered prior to their arrival (Domnich, et al., 2012).

Findings from the literature review are collated and presented below.

6.1.1 Maternal Health

Perinatal and maternal health outcomes for asylum seekers, refugees and undocumented migrants are generally worse than for their counterparts in the general population. A systematic review looking at perinatal outcomes for asylum-seeking and refugee women found that outcomes were predominantly worse, particularly mental health, maternal mortality, preterm birth, and congenital anomalies, representing a double burden of inequality for these groups (Heslehurst, et al., 2018). This finding was echoed by several other systematic reviews reporting adverse outcomes for both forced migrants and undocumented migrants including higher maternal mortality and low birthweight (Gieles, et al., 2019).

A review also found that pregnant asylum seekers faced significant barriers to accessing maternity care due to practical issues related to the challenges of their status combined with a lack of knowledge of maternity services, as well as professionals' attitudes towards them and suggested that mandatory provision of interpreter services together with training for health care professionals could address urgent issues faced by this group (McKnight, et al., 2019). This was echoed by a paper which noted that migrant women need

culturally competent healthcare providers who provide equitable, high quality and trauma-informed maternity care, undergirded by interdisciplinary and cross-agency team-working and continuity of care (Fair, et al., 2020). Balaam *et al* further echoed this view showing that the interventions for perinatal support most valued by asylum seeking and refugee women were those using a community-based befriending/peer support approach (Balaam, et al., 2022).

One systematic review found that immigrant women, particularly asylum seekers, often booked antenatal care later than the recommended first 10 weeks. Reasons for this included language barriers, lack of awareness of services, lack of understanding of the purpose of antenatal appointments, immigration status and income barriers (Higginbottom, et al., 2019).

6.1.2 Mental Health

Asylum seekers and refugees have been forced to leave their homes in search of safety and are amongst the most disadvantaged groups in our society. Due to this, mental health is a key priority and area of concern for these groups. One systematic review found that depression, post-traumatic stress disorder and anxiety was higher in refugees and asylum seekers than the settled population (Close, et al., 2016). Another review found that whilst the point prevalence of psychiatric disorders and mental health problems varied among studies, the prevalence estimates nevertheless suggest that specialised mental health care services for the most vulnerable refugee and asylum-seeking populations are needed (Kien, et al., 2019). A further study noted factors that supported migrant groups to access care and improve symptoms including providing culturally adapted care in a migrant-sensitive setting, giving a role to other clinical staff (task-shifting), and intervention intensity, as well as providing primary care programs to enable community based mental health care which may reduce mental health-related stigma for refugees and other migrants (Gruner, et al., 2020).

One review that specifically looked at social-capital-based mental health interventions found that the reinforcement or creation of social capital, especially bridging and linking types, serves as a crucial resource to help refugees. Specifically, community and multilevel social capital interventions are key to curbing mental health symptoms among refugees. Further research is

needed to examine social capital interventions amongst refugees (VillalongaOlives, et al., 2022).

Immigration detention centres have consistently demonstrated severe mental health consequences on refugees and asylum seekers, as noted in Von Werthern *et al.* This review stated that anxiety, depression and PTSD were commonly reported both during and following detention, whilst higher symptom scores were found in detained compared to non-detained refugees. In addition, detention duration was positively associated with severity of mental symptoms and greater trauma exposure prior to detention was also associated with symptom severity (von Werthern, et al., 2018).

6.1.3 Violence

Many asylum seekers and refugees experience violence both prior to and during their journey to their host country. One systematic review found that prevalence of torture (which was variably defined) was above 30% across all studies, whilst torture history in clinic populations correlated with both hunger and PTSD. One study also found that previous exposure to interpersonal violence interacted with longer immigration detention periods, resulting in higher depression scores (Kalt, et al., 2013).

Another review looking specifically at sexual violence found that this was a prevalent problem affecting refugees of both sexes, of all ages, throughout the migratory journey, particularly those from Africa. Rape was the most reported form of sexual violence, with women being the main victim of this crime (89%) and was perpetrated by both intimate partners and agents of supposed protection. A few studies also noted the prevalence of sexual violence in men and children, reaching as high as 39.3% and 90.9% respectively (Araujo, et al., 2019).

6.1.4 Dental Care

Oral health is one of the most neglected aspects of refugee health and one systematic review looking at dental caries (dental decay) amongst refugees in Europe found that eight studies on oral health showed a range of 50-100%

dental caries within these groups, whilst six studies on general health showed a range of 3-65% (Sneha, et al., 2020). This compares to the England average in 2018/19 of 23.4% of 5-year-olds with dental decay (Office for Health Improvement & Disparities, 2022). We do not currently have comparable data for adults in the UK.

A second systematic review noted that asylum seekers and refugees encounter significant challenges to accessing dental care in their host countries, including affordability, language barriers including communication difficulties and insufficient interpretation, limited knowledge of the healthcare systems and healthcare rights, and negative encounters with healthcare teams. Both population and healthcare characteristics influence access to dental care and affordability, awareness and accommodation are most frequently described as barriers to dental access for this population (Paisi, et al., 2020).

6.1.5 UASC Health

One review looking at Unaccompanied refugee minors (URMs) (or known through this needs assessment as UASC), found that those living in more supportive living arrangements including foster care had lower risk of PTSD and lower depressive symptoms compared with those in semi-independent care arrangements. UASC living in reception settings that restricted freedom had more anxiety symptoms and were less likely than accompanied children to receive trauma-focused interventions, cognitive therapy, or practical assistance with basic social needs. Three studies found cognitive behavioural therapy improved PTSD symptoms and mental health outcomes. A less structured approach (mental health counselling alone) did not improve functional health outcomes for this group (Mitra & Hodes, 2019).

Another review looking at the gender differences in the mental health of UASC found that female UASC were often more affected by PTSD or depressive symptoms than their male counterparts (Mohwinkel, et al., 2018) and a further review showed that the most common mental health problems children face upon arrival in the host country are PTSD, depression and various anxiety disorders (van Os, et al., 2016).

Locally, there has been a focus on suicide prevention for UASC following the suicides of four UASC boys between 2017 and 2019 in London. The lack of

ethnicity data at death registration means no national data is available on ethnicity and suicides, and no studies have been completed in the UK to assess the risk of self-harm and suicide in UASC. However, a study in Sweden found the risk of suicide among UASC to be nine times that of the rest of the Swedish population of that age, with 100% being male and hanging being the predominant method (60%) (Mittendorfer-Rutz, et al., 2020).

6.1.6 Sexual and Reproductive Health

The number of women being displaced globally is growing and we know that asylum seeking, refugee and undocumented women have poorer health outcomes than UK born women. Women's health is affected by their country of origin including conflict, persecution, violence and natural disasters, as well as some under-resourced healthcare systems. Poor health outcomes are further exacerbated by the journey these women make. A systematic review looking at the preventative sexual and reproductive health needs of refugees and displaced women found that there were three themes (and ten subthemes) identified:

- interpersonal and patient encounter factors including:
    - knowledge
    - awareness
    - perceived need for and use of preventive SRH care
    - language and communication barriers
- health system factors including:
    - healthcare provider discrimination and lack of quality health resources
    - financial barriers and unmet need
    - healthcare provider characteristics
    - health system navigation and;

- sociocultural factors and the refugee experience including:
  - family influence
  - religious and cultural factors (Davidson, et al., 2022).

The review also included suggestions for improvement to clinical practice and policy such as giving women the option of seeing women healthcare providers, ensuring adequate time is available during consultations to listen and develop refugee and displaced women's trust and confidence, and strengthening education for refugee and displaced women unfamiliar with preventive care whilst refining healthcare providers cultural competency (along with interpreters) (Davidson, et al., 2022).

6.1.7 Vaccinations

Several studies have highlighted that migrants and refugees have lower immunisation rates compared to European-born individuals due to low vaccination coverage in countries of origin, the transient nature of migration (leading to missing multiple doses), immunisation status of migrants being unknown, lack of registration with medical authorities for fear of legal consequences and lack of coordination among public health authorities across borders of neighbouring countries (Mipatrini, et al., 2017). A systematic review of current scientific evidence on this subject suggested possible strategies to overcome these issues including tailoring immunisation services on the specific needs of target populations, developing strong communications campaigns, developing vaccine registers and promoting collaboration among public health authorities of European countries.

A separate systematic review found that targeting migrants for catch-up vaccinations was cost effective for presumptive vaccinations for diphtheria, tetanus and polio (Hui, et al., 2018).

6.1.8 Blood Donation

A systematic review paper by Klinkenberg *et al* found that Sub-Saharan African people are under-represented in the blood donor population in Western

highincome countries, which causes a lack of specific blood types for transfusions and prevention of alloimmunisation among Sub-Saharan African patients. The main recurring barriers for Sub-Saharan African people were haemoglobin deferral, fear of needles and pain, social exclusion, lack of awareness, negative attitudes and accessibility problems. However, there were also important recurring facilitators such as altruism, free health checks and specific recruitment and awareness-raising campaigns (Klinkenberg, et al., 2019).

6.1.9 Tuberculosis

A paper looking at the cost-effectiveness of screening for active Tuberculosis (TB) found that cost-effectiveness was highest amongst migrants originating from high (>120/100,000) TB incidence countries. When comparing those born outside and inside the European Union (EU) and EEA, those born outside had similar or better TB treatment outcomes and acceptance of chest radiography (CXR) screening was high (85%) amongst migrants. The paper concluded that "screening programmes for active TB are most efficient when targeting migrants from higher TB incidence countries. The limited number of studies identified, and the heterogeneous evidence highlight the need for further data to inform screening programmes for migrants in the EU/EEA" (Greenaway, et al., 2018).

7 Health Care Access for Migrants

Health care access for asylum seekers, refugees and undocumented migrants is generally considered worse than resident populations and barriers for these groups are highly prevalent. One review found that although the problems refugees and asylum seekers face in accessing health care in high-income European countries have long been documented, little has changed over time. It also found that living conditions are a key determinant for accessing health care and that not enough attention is paid to this by health professionals (Nowak, et al., 2022). Another review of twenty-five studies found that access for migrant groups was improved by use of multidisciplinary (bilingual if possible) staff, interpreters, no or low-cost services, outreach, provision of free transport, longer opening hours, patient advocacy and gender-concordant providers. It also found that case management by specialist workers improved the coordination between different health care services and cultural sensitivity training of interpreters improved quality of care (Joshi, et al., 2013).

One review identified three main topics of challenges in healthcare delivery: communication, continuity of care and confidence (the 3C model). It suggested that the 3C model gives a “simple and comprehensive, patient-centred summary of key challenges in health care delivery for refugees and migrants” and is relevant to support clinicians in their practice whilst setting priorities for migrants (Brandenberger, et al., 2019).

8 National Data

This chapter outlines national data and trends for migrants, as well as forced and undocumented migrants in the UK. For local data relevant to the London Borough of Barnet please see Chapter 9.

The population of the UK at mid-year 2020 was estimated to be 67.1 million (Office for National Statistics , 2021). The latest 2020-based National Population Projection from the ONS estimates the UK population to increase by 3.2% to 69.2 million by the year 2030 and this population growth is projected to be driven by a net 2.2 million people migrating into the country (Office for National Statistics , 2021).

In terms of migration, in the year ending June 2021, 573,000 people migrated into the UK whilst 334,000 people emigrated from it, leaving a net migration of 239,000 people. In that same year 6 million people were living in the UK who had the nationality of a different country (9% of the total population) including 3.4 million EU nationals, whilst 994,000 UK nationals were living in other EU countries (excluding Ireland) (UK Parliament, 2022).

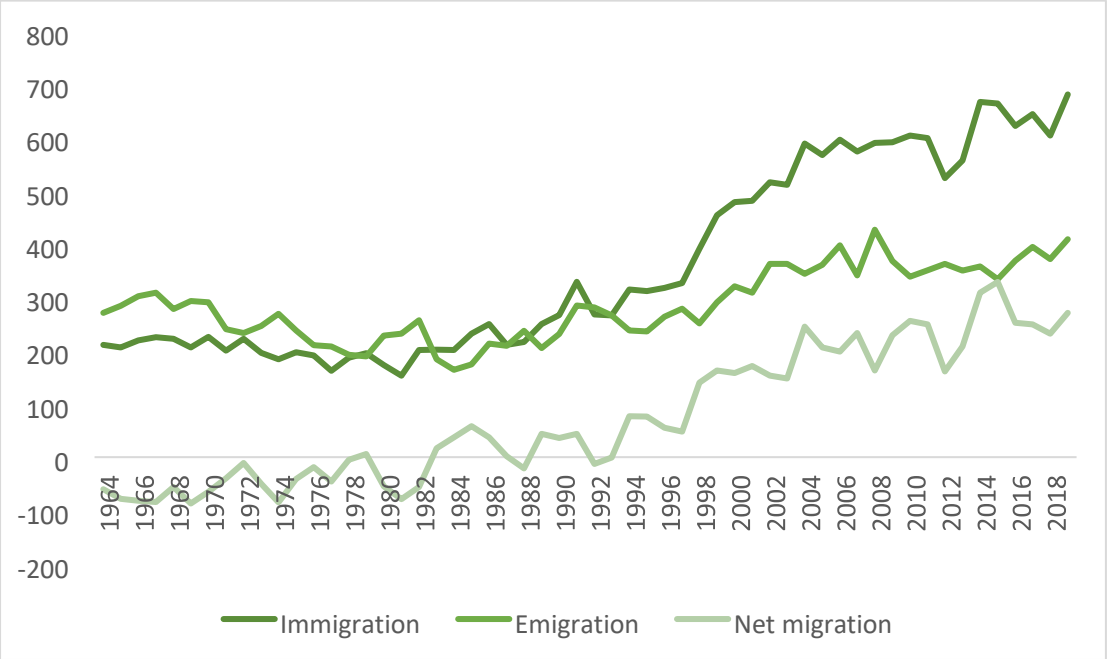
The number of people migrating to the UK has been greater than the number emigrating since 1994 and has been more than 100,000 a year since 1998 (although there was considerably less migration during the COVID-19 pandemic than in previous years).

It is estimated that as of the year ending June 2021, there are 9.6 million (14.5%) migrants in the UK (measured here as people born outside the UK) (Office for National Statistics , 2022). The UK's migrant population is concentrated in London, with around 35% of people living in the UK who were born abroad resident in the capital city. Similarly, around 37% of people living in London were born outside the UK, compared with 14% for the UK as a whole (UK Parliament, 2022).

After London, the English regions with the highest proportions of their population born abroad were the West Midlands (13.9%), the South-East (13.4%), the East of England (12.9%), and the East Midlands (12.7%). In each of these regions the proportion of people born abroad was lower than for England as a whole (15.5%), which is skewed by London. Of all the nations and regions of the UK, the North-East had the lowest proportion of its population

born abroad (5.8%), followed by Wales (6.5%), Northern Ireland (7.0%), and Scotland (9.3%) (UK Parliament, 2022).

Figure 3: Estimates of international migration in the UK 1964-2019 (in thousands)



Sources: ONS Annual Abstract of Statistics (various editions); Long-Term International Migration Estimates, 2 series (LTIM calendar year); Migration Statistics Quarterly Report, August 2020 Notes: These are the latest, revised estimates from the Long-term International Migration series and may be different to those published in previous versions. The latest year shown on the chart is 2019.

The most common nationalities in the UK in the year ending June 2021 that were non-British were: Indian (896,000), Polish (682,000), Pakistani (456,000), Republic of Ireland (412,000) and German (347,000) (Office for National Statistics, 2021).

8.1 Forced Migrants

According to UNHCR statistics, as of mid-2021 there were 135,912 refugees and 83,489 pending asylum cases in the UK (UNHCR, 2022). Of the 9.6 million

people born outside of the UK, forced migrants make up a minority (around 2%).

Whilst awaiting a decision on asylum applications, asylum seekers may be held in detention centres. In the year ending March 2022, 25,282 people entered detention centres in the UK (up from 13,044 in the previous year) including 93 children. As of March 2022, 1,140 people were currently being held in a detention centre of which 813 were seeking asylum (Home Office , 2022).

8.1.1 Asylum Seekers and Refugees

Published statistics for granting asylum or other forms of leave go back as far as 1979, so we do not know how many people the UK has granted these for before then. Most published statistics also only take into account the outcomes of initial decisions only, and do not include the outcomes of appeals (which would increase the number of people that are granted asylum-related leave). According to United Nations High Commissioner for Refugees (UNHCR) statistics, as of mid-2021 there are 135,912 refugees in the UK and 83,489 pending asylum cases (UNHCR, 2022).

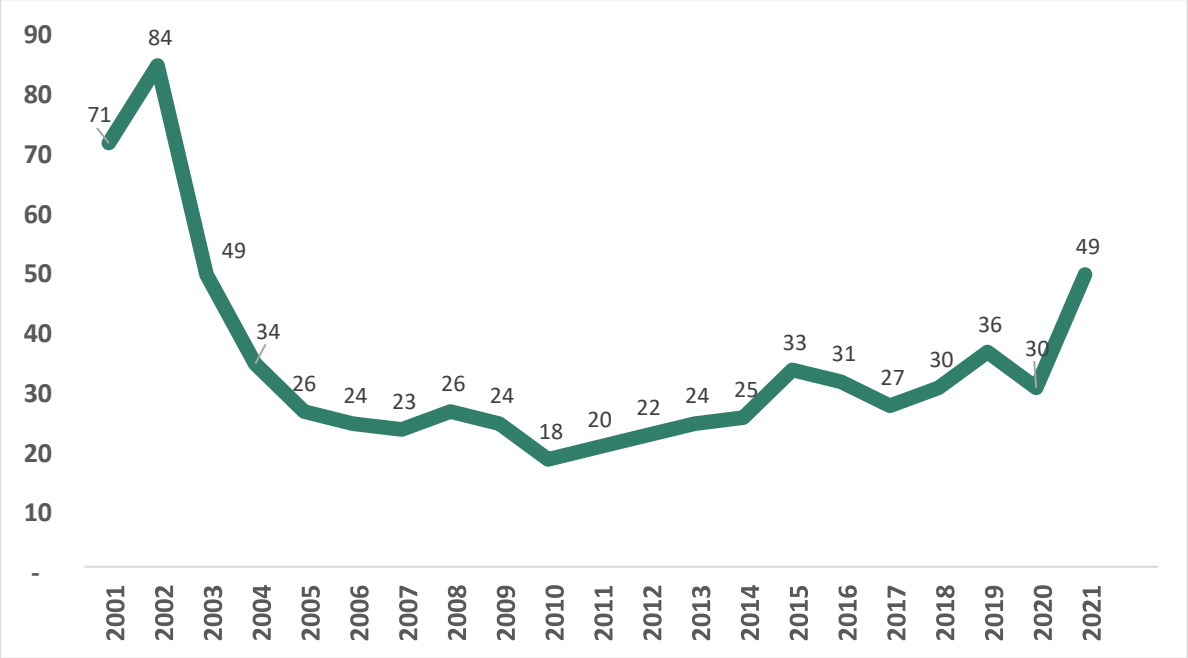
In the year ending March 2022 there were 55,146 applications (relating to 65,008 people) for asylum of which 15,451 people were granted asylum or protection (24%). The top five countries of origin of people seeking asylum during this time were Iran, Iraq, Eritrea, Albania and Syria.

This is similar to the numbers seen from 2015-2018 although was 24% lower than the year ending March 2020 (Home Office , 2022). This is largely due to the pause in resettlement processes during the pandemic. The number of applications in the year ending March 2022 is up 56% from the year ending March 2020 and is the highest number for almost two decades (although around a third of the level in the most recent peak in 2002 which was partly driven by political unrest in some countries around the world) (Home Office , 2022).

Of the 65,008 people applying for asylum in the latest year, around 20% are females and 80% males. Roughly 18% are under 18 (12% males and 6% females) (Home Office , 2022). There were 4,081 applications from unaccompanied asylum-seeking children (UASC), a 15% increase on the

number prior to the COVID-19 pandemic (3,553 in the year ending March 2020) (Home Office , 2022). Of those children whose claims were decided in the last 12 months, 85% were granted asylum.

Figure 4: Asylum applications lodged in the UK (in thousands, 2002-2022) (Home Office , 2022)



When comparing the UK to EU+ (countries in the EU, EEA and Switzerland), the UK received the 4th largest number of asylum applications in the year ending 2021 (although when measured by applications per head of population, the UK becomes the 18th largest intake) (European Commission, 2021).

Table 1: Number of asylum applications to UK and top three countries in EU+, 2021 (European Commission, 2021)

Country	**Number of Applications (2021)**
Germany	148,175
France	103,790
Spain	62,050
UK	56,495

Resettlement is the transfer of refugees from a country where they have initially sought asylum to a third state which has agreed to admit them. The UK now operates three resettlement schemes: the UK Resettlement Scheme (UKRS), Community Sponsorship Scheme, and Mandate Resettlement Scheme (Home Office, 2021).

Between 2004 and 2020, the UK helped resettle approximately 750 vulnerable refugees per year. These refugees were entered into a 12-month support programme intended to aid their integration into British society (Refugee Council , 2022).

1,587 people were granted protection through resettlement schemes in 2021. This is 93% higher than in the previous year, when resettlement paused due to the COVID-19 pandemic. 6,134 family reunion visas were also issued to partners and children of those granted asylum or humanitarian protection in the UK (UNHCR, 2022).

Of the 1,587 people granted protection through the resettlement schemes in 2021, 71% were resettled through the UK Resettlement scheme (UKRS), 20% through the Vulnerable Persons Resettlement Scheme and Vulnerable Children Resettlement Scheme (both of which closed at the end of February 2021), and the remaining 9% through the Mandate Scheme and Community Sponsorship schemes. The most common nationalities of those resettled were Syrian (76%), Iraqi (8%) and Sudanese (3%) (UNHCR, 2022).

8.1.2 Ukrainian Refugees

In February 2022 Russia invaded Ukraine and due to this, the UK has opened two visa routes for Ukrainians fleeing the conflict. By 31st March 2022, 60,482 applications have been received in the UK across the two schemes of which 27,979 have been granted. This includes the Ukraine Family Scheme, which had 29,178 applications of which 23,817 had been granted, and the Ukraine Sponsorship Scheme, which had 31,304 applications and 4,162 grants (Home Office , 2022). There are currently around 690 Ukrainian refugees living in Barnet being hosted under the ‘Homes for Ukraine’ scheme. It is not known how many more Ukrainian people are resident in Barnet outside of this scheme.

8.1.3 Hong Kong – British Nationals (Overseas) Visa

In January 2021 the Hong Kong British National (Overseas) visa route was launched by the Home Office. Those with British National (Overseas) (BN(O)) status and their eligible family members are able to come to the UK to live, study and work. As with other visas, after 5 years in the UK, they are able to apply for settlement, followed by British citizenship after a further 12 months. From 15 July 2020 to 13 January 2021, approximately 7,000 BN(O) status holders and their dependants were granted Leave Outside the Rules at the border (HM Government , 2021). Barnet is host to one of the highest numbers of BN(O)'s in London although exact numbers are currently unknown and more work can be done to review the needs of the group locally.

8.2 Undocumented Migrants

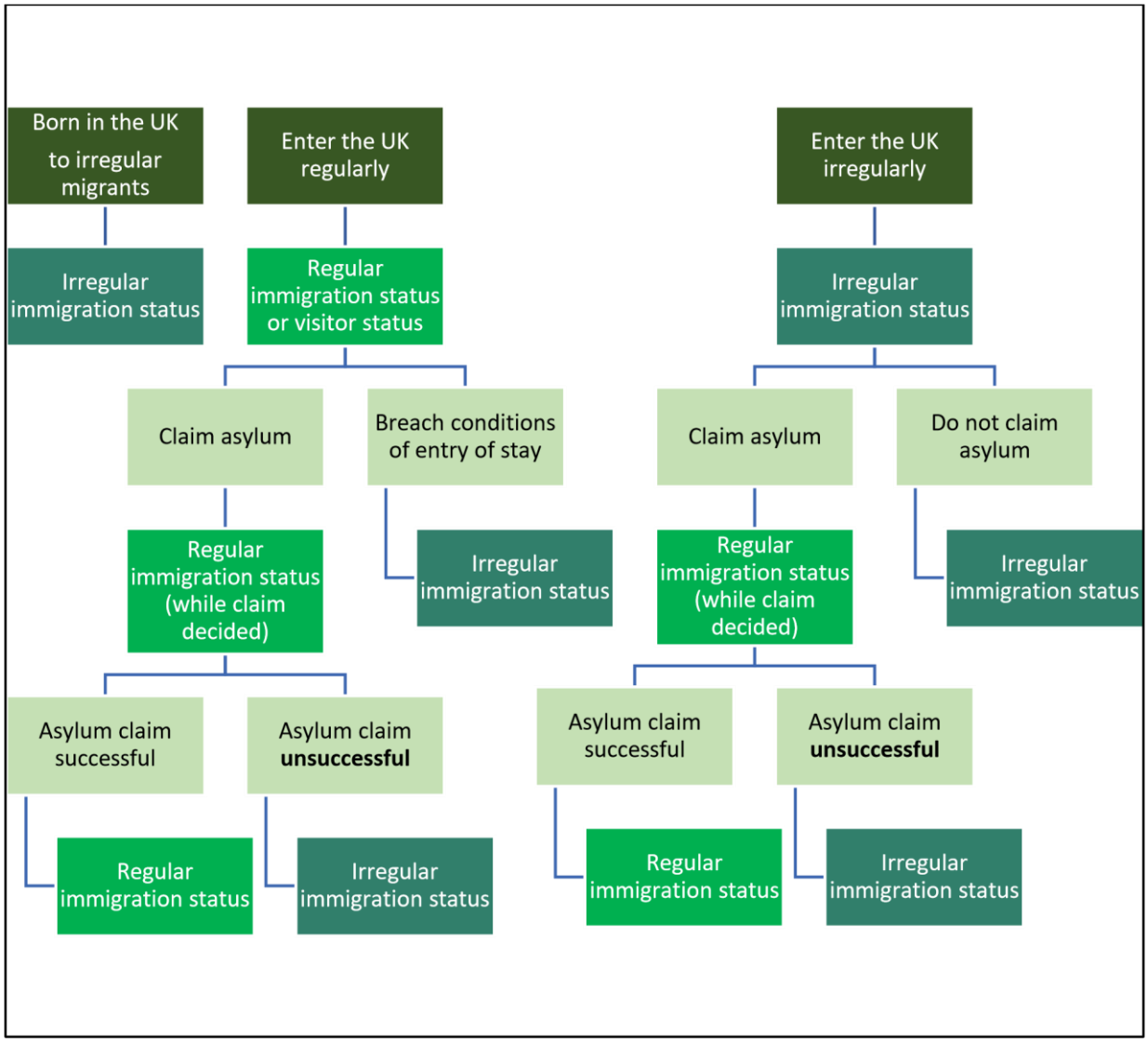
Undocumented migrants, who can otherwise be known as "illegal immigrants", or "irregular migrants" have no legal definition within UK law. However, there are four common ways a migrant can become undocumented:

1. Enter the UK regularly and breach the conditions upon which entry or stay was granted, such as by visa overstaying, doing work that is not permitted, or due to a criminal conviction.
2. Enter the UK irregularly or through deception, such as using forged documents or lying about the purpose of entry.
3. Do not leave the country after an application for asylum has been rejected and all rights of appeal exhausted.
4. Be born in the UK to parents who are irregular migrants, because the UK does not have birth right citizenship (see Figure 4) (The Migration Observatory, 2022).

It is difficult to estimate the number of undocumented migrants in the UK and no source holds an official figure. In 2005 the Home Office reported an

estimated 310,000-570,000 unauthorised migrants living in the UK (Home Office, 2005). The most recent estimates have come from the Pew Research Centre (which estimates 800,000-1,200,000 in 2017) and the Greater London Authority (which estimates 594,000-745,000 in 2017) (The Migration Observatory, 2022). These estimates should always be treated with caution.

Figure 5: Main pathways into irregular immigration status in the UK



Source: The Migration Observatory.

9 Local Data

In 2021, the Annual Population Survey (APS) estimated there to be 138,400 of a total 402,700 residents in Barnet who were non-UK born (34.4%) which is one of the highest in London alongside Brent, Newham and Ealing (Office for National Statistics, 2021). There was a growth of just over 40,000 non-UK born residents between 2001-2011 in Barnet (The Migration Observatory , 2013).

There are 973 asylum seekers and 781 refugees in Barnet (23 in dispersed accommodation, 68 in receipt of subsistence support only, and 690 recent Ukrainian arrivals). It is not known how many undocumented migrants live in Barnet and more work needs to be done to capture this group.

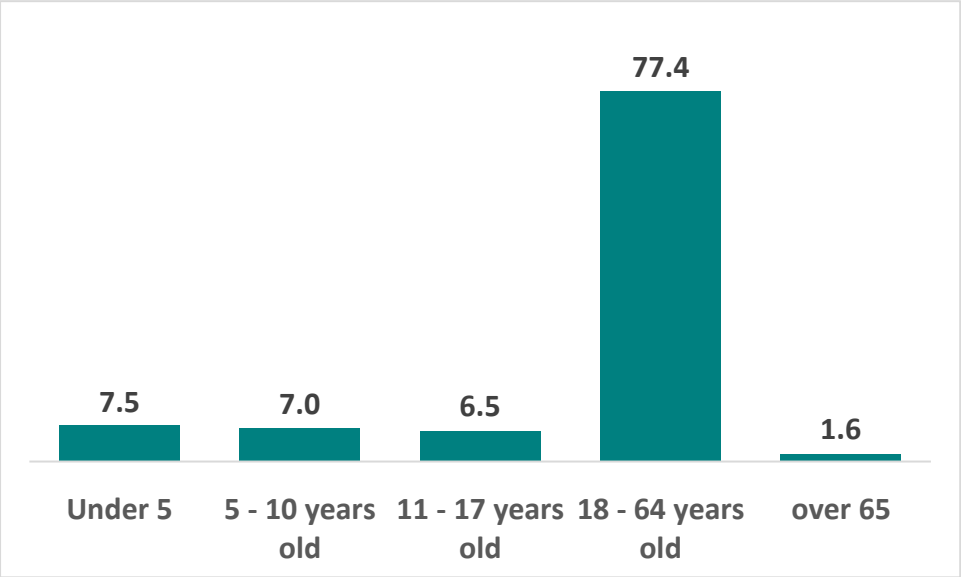
Monitoring dispersed refugees with a very recent influx under the 'Homes for Ukraine' scheme is difficult locally, therefore the following breakdown of data within 'Inequalities' section covers asylum seekers only.

9.1 Inequalities

9.1.1 Age

Of the asylum seekers currently residing in Barnet, 7.5% are under 5 years old, 7% are 5-10 years old and 6.5% are between 11-17 years old. 77.4% are of working age (18-64 years old) and just 1.6% are over 65 years.

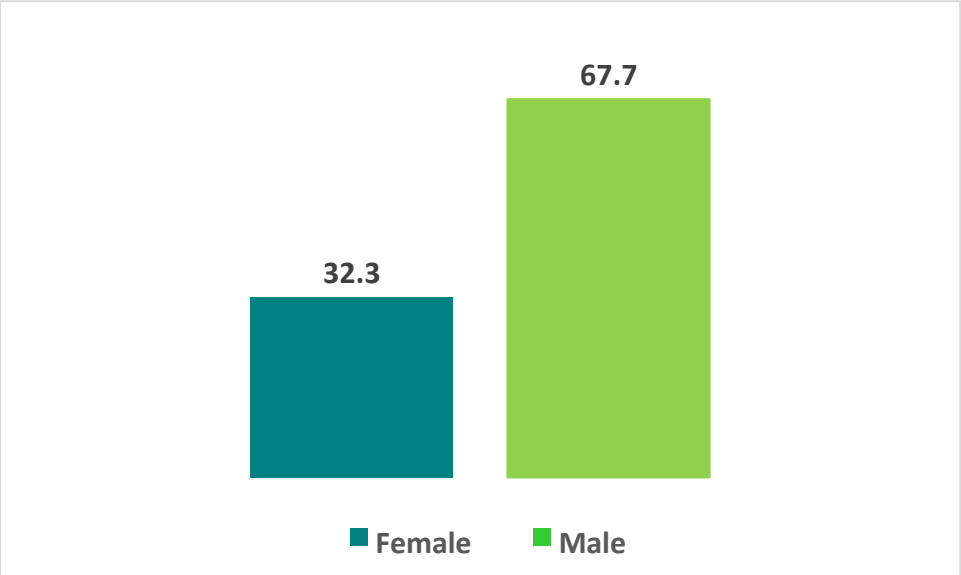
Figure 6: Percentage of Asylum Seekers, by age (2022)



9.1.2 Gender

The majority of asylum seekers in Barnet identify as male, with two-thirds (67.7%) male and one-third (32.3%) female. Other gender identities are not routinely collected in this population.

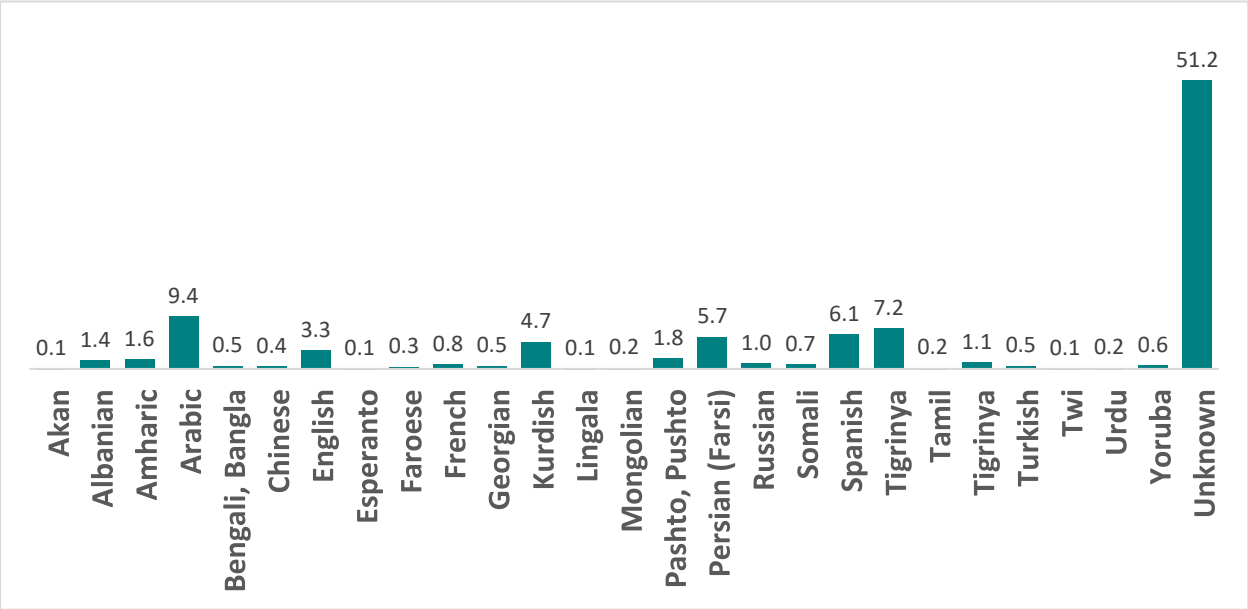
Figure 7: Gender of Asylum Seekers in Barnet, by percentage (2022)



9.1.3 Ethnicity/Language

Ethnicity data is not currently collected for asylum seekers in Barnet; however, language data is collected (to support the interpreter needs of this population). Currently, we do not know the language spoken of over half (51.2%) of our asylum seekers. Of the ones we do know, the most common languages spoken are Arabic (9.4%), Tigrinya (7.2%), Spanish (6.1%), Farsi (5.7%) and Kurdish (4.7%).

Figure 8: Languages spoken by Asylum Seekers in Barnet, by number (2022)



9.1.7 Location within Barnet

Due to asylum seekers being placed in contingency hotels, the location of our asylum seekers is confined to the south-west of the borough. Any services supporting these should be based near these locations (whilst the contingency hotels continue to be in operation).

9.2 UASC

Barnet, like many other local authorities within London, has traditionally had an increasing population of Unaccompanied Asylum-Seeking Children (UASC). In the 12 months up until March 2019 there were 82 UASC living in Barnet, whereas by March 2021 there were 120 (a 46% increase).

New UASC entering care in Barnet however has been fairly steady over the last few years.

Table 2: UASC entering care by age range in Barnet 2018-22:

Age range	2018-19	2019-20	2020-21	2021-22
11-13 years	1	2	2	2
14-15 years	4	12	8	6
16-17 years	30	28	25	38
18+	2	0	0	0
Total	**37**	**42**	**35**	**46**

Up until the age of 18, UASC are considered children in need of care and protection under Section 20 and/or Section 31 of the Children Act (1989). They remain in receipt of services as care experienced young adults until they turn 25 years old.

Barnet has also received 59 referrals in the last two years from 16-17 year old UASC who have been wrongly assessed as adults by the Home Office and require care and support as children. A large majority of the UASC accommodated in Barnet have been assessed as adults by the Home Office on arrival in the country, this judgement being disputed and challenged by the young people and their legal representatives. The age disputes increase the overall workload and impose demand for the local authority to fund independent Merton compliant age assessments as well as subsequent legal challenges and Judicial Review.

Barnet has responded to the pressure of the increase of UASC requiring care and support through the development of a specific UASC team located within the leaving care service Onwards and Upwards. This team is made up of both social workers working with children and young people under 18 requiring

statutory child in care services, and personal advisors to provide support and guidance for those over 18.

9.2.1 UASC Mental Health

In the last year, 21 referrals have been made to Barnet Integrated Clinical Service (BICS) for UASC. The age of the young people ranges from 15-17 years although the majority are 16-17 years old. This is a higher average than the mental health referrals received for children within the wider looked after children (LAC) cohort.

All young people referred hold asylum seeker status and for the majority, this remains the case throughout their interventions and at the point of case closure or transfer.

A large proportion of young people are placed within supported living accommodation (81%) with the other 19% placed in foster care. This has a direct impact on the nature of the work being offered and supported living placements benefit from the indirect, consultation approach to intervention as many of the presenting difficulties that arise impact relationships within this setting.

Whilst many of the young people referred are able to access suitable interventions before they turn 18, there is often an ongoing need for further intervention and emotional support post 18 years old.

Presenting needs include: psychological trauma (43%), depression (29%), psychosomatic complaints (19%), grief (14%), relational difficulties, psychosis, and anxiety. Some of the young people present with multiple needs across these categories. Psychological trauma is a broad term and describes the impact of a traumatic event or experience on a person's thoughts, feeling and behaviours.

UASC children receive the same support and care by the local authority as children born in the UK and who cannot remain in the care of their birth families. However, many require additional support on account of their traumatic and difficult journey to the UK. Young people have reported their journey taking anywhere between 6 weeks to 3 and 4 years, and many young

people will describe how their families pay people traffickers and smugglers thousands of pounds to assist their child with safe passage to the UK.

Although important and essential to conduct for safeguarding reasons, age assessments were repeatedly brought up by UASC as a source of stress and anxiety, leading to headaches, and a mental health professional working with UASC noted that, "…the age assessment process is often a feature of our formulations of young people's difficulties. Often process experiences, delays and uncertainty are themes that raise concern in support professionals and young people themselves".

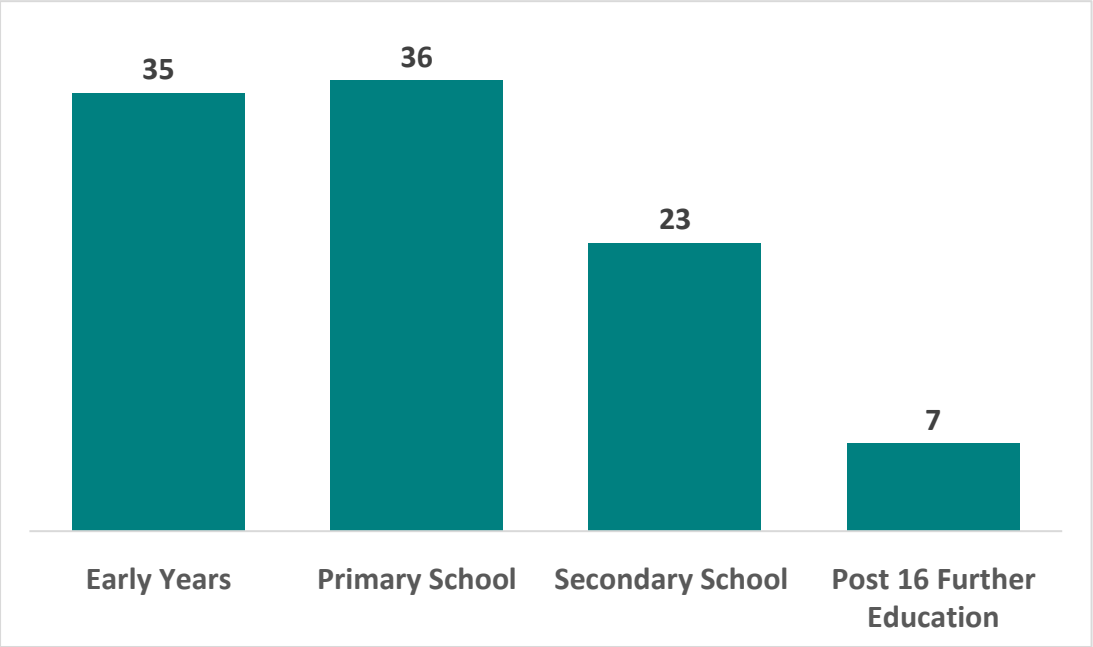
9.3 Housing

As of August 2022, Barnet houses 23 Refugees and 973 Asylum Seekers. Refugees are housed in a combination of temporary accommodation and the private rented sector, whilst all Asylum Seekers are housed in contingency hotels which were set up by the Home Office during the COVID-19 pandemic. Barnet currently has 4 contingency hotels and one of the largest numbers of asylum seekers in London.

9.4 Education

There are currently 101 young people living in contingency hotels within Barnet who require access to education. Thirty-five children under 5 years old require access to early years provision, thirty-six children are primary school aged, whilst twenty-three young people are secondary school aged. There are also seven young adults aged 17-18 who can access post-16 further education.

Figure 9: Educational needs for Asylum Seekers in Barnet, by percentage (2022)



There are 23 UASC in Barnet of statutory school age accessing secondary education, the majority of whom are attending Barnet schools. The remaining UASC young people who are not in secondary school, and over 16, are likely to be attending college and participating in an ESOL program to assist with their language skills. Barnet virtual school has partnered up with Whitefield's School to develop a specific UASC pathway into education, that also seeks to support these young people with their understanding of life in the UK and the British values.

9.5 COVID-19

In March 2020 the COVID-19 pandemic began, affecting all members across society globally. Those group who had suffered from health inequalities before the pandemic found those inequalities exacerbated by COVID-19, which included forced and undocumented migrants.

From May-June 2022, the Barnet Public Health Team commissioned Public Perspectives to undertake insight gathering into local areas and groups where COVID-19 vaccinations were lower than the borough average. One of the groups interviewed were asylum seekers. They found several beliefs and attitudes affecting the take up of vaccinations including the belief that

COVID19 was seen as less of a risk than the vaccine itself, with barriers to getting vaccinated including cultural, educational, linguistic, literacy and religious. There was also some distrust of authority due to previous life experiences. Working with community intermediaries was noted as a practical solution to some of these barriers, to build trust as well as using professional and expert sources to share information and help them understand the benefits and risks associated with the vaccine.

10 Stakeholder Engagement

Stakeholder engagement was conducted in July and August 2022 which included a mixed methods approach of interviews and surveys. The Public Health team contacted migrants, health professionals, migrant organisations, and the community and voluntary sector for participation and participants who worked directly with migrant populations in Barnet were purposely recruited. In total, ten anonymous 60-minute semi-structured interviews (Appendix 3) were conducted with eleven professionals. Interviews were recorded and transcribed, and themes analysed using a grounded theory approach. Fifty migrants also completed surveys (Appendix 4) about their health needs (fortyfive adults and five young people) and the resulting themes from both sets of groups are explored below. The 45 adult asylum seekers who completed the surveys were all completed in one of the four contingency hotels within Barnet, with support to translate the document provided from VCS partners and fellow asylum seekers. The five UASC were supported to complete their survey by their key workers. All asylum seekers were provided with online shopping vouchers for taking part. All themes drawn from both professionals and asylum seekers have been collated below under the following headings:

- Health issues
- Knowledge and access
- Barriers
- How to improve services

10.1 Health Issues

Mental health issues were by far the biggest and most frequently discussed presenting health need in asylum seekers and refugees as noted by both professionals and migrants themselves. Health professionals in particular noted that mental ill health was caused by prior trauma in the country of origin, the journey to

> "I am worried about my age assessment; it took many months. I lost my appetite. I feel anxious about it" - **Unaccompanied asylum-seeking young person**

the UK and the processes once in the UK including the immigration process and living situations. Traumatic experiences preceding arrival, and uncertainty for long periods of time whilst here exacerbated these issues. Post-traumatic Stress Disorder (PTSD) and severe mental illness including depression and anxiety were cited frequently by professionals who worked with migrants, particularly related to experiences of violence, conflict, torture and sexual assault.

Migrants themselves also noted the uncertainty and lack of control over their lives, both awaiting their asylum claim and whilst being housed in contingency hotels, which led to them feeling anxious and in a low mood. Unaccompanied asylum-seeking children in particular noted age assessments as a source of anxiety and stress in their lives and many of them noted missing their families and being concerned for their family's welfare. Almost every UASC surveyed said they experienced headaches from the stress of both age assessments and concern for their families.

Physical health issues as a result of experiences caused by war, conflict or other forms of violence were also cited frequently by health professionals and presented in many forms including chronic pain and back pain, issues with mobility, dizziness, headaches and trouble sleeping.

> "My main concern is about the welfare of my family and the length of time I have had to wait for a decision for my asylum claim. This also gives me headaches because I think about this everyday" - **Unaccompanied asylum-seeking young person**

Other issues that were raised frequently by professionals include high rates of infectious disease (health professionals noted in around 40% of asylum seekers), frequent skin diseases/infections, dental issues, Vitamin D deficiency, sexual health needs and poor nutrition due to diet and access to food.

Food was a particularly sensitive topic raised by asylum seekers. All asylum seekers in Barnet are currently housed in contingency hotels. Three of the four hotels have no access to cooking equipment and so those who live in these are provided food daily that is deemed culturally inappropriate by many and causes gastro-intestinal issues (lack of access to cooking equipment affects 499/973 asylum seekers / 51%). Many migrants themselves noted food as a cause of upset in their lives both in terms of happiness and healthiness and some stated they believed their children had become anaemic since arriving in the UK due to the food provision. This was also said to be affecting breastfeeding by some health professionals and some migrants brought up the issue of sustainability, noting that all meals provided in the hotels were received in plastic packaging.

> "I don't have money and I don't like the food here, so I just eat fruit, I don't have cooking facilities or a kitchen. My daughter avoids eating the food and is losing weight" – **Asylum seeker placed in a hotel**

10.2 Knowledge and Access

Most professionals agreed that knowledge of the healthcare system in the UK was very limited, by asylum seekers in particular, and to some extent amongst refugees. Being placed in contingency hotels where voluntary and community sector organisations were commissioned to go in and support this group helped, but it was noted as a service trying to fill a need as best it could.

Professionals also cited the complexity of the healthcare system as one reason for lack of knowledge and understanding with several professionals noting the difficulty for groups who do not speak English to distinguish between primary and secondary care.

> "Across the board [they] have a very limited understanding of our health service… I think the UK based health service [is] almost unfathomable to a lot of us that live within the UK, let alone people who are new to the country and don't have English as a first language…" – **Health Professional**

The nature of the system itself

> "If they can't speak with a GP, they will definitely call 111… or [if] they've missed a call and they have to wait for the next day, they go straight down to the A&E – **VCS Partner**

was cited as a reason for difficulty accessing, with one health professional noting that the "UK system is setup to deal with one problem at a time… not setup for complex needs" which can be off-putting for someone trying to deal with more than one issue.

Access to resources outlining the healthcare system was also noted by a few health professionals as a postcode lottery, with some areas providing excellent resources about how to navigate the system whilst others provided nothing.

The RESPOND team, an integrated refugee health service, established by University College London Hospitals (UCL) was frequently cited by other health professionals as an excellent and well-needed specialist service for asylum seekers. However, it was also noted that this service was only available in certain parts of the borough which left other asylum seekers without access, depending on where they had been placed.

When asked what these groups would do if they had difficulty accessing the health care they needed, both professionals and migrants noted they would either contact local charities, attend A&E or call 111 most frequently. Occasionally they would attend walk-in clinics, phone crisis teams or do nothing, waiting until their health needs had become acute.

10.3 Barriers

Language was unanimously cited as a barrier to knowledge, access and understanding of the UK healthcare system by all professionals and migrants. Asylum seekers, refugees and undocumented migrants are not a heterogeneous group, with languages spoken from all over the world. Whilst interpreting services are available, the quality and speed in which to access these was noted as a barrier, particularly by health professionals. The waiting time for GPs was noted as a particular issue by health professionals with 10minutes being allotted for appointments but interpreter services taking 20-

30 minutes to access. Some professionals also noted it was not always possible to get the language they needed.

> "Another barrier is mental health, it's huge… I'll make them an appointment and follow up asking 'how did it go'? and they'll say 'I just can't face it today… please rebook'" - **Health Professional**

Migrants themselves noted a few barriers with GP practices, most of them noting long waiting times to be seen and some being charged for letters that are needed for the Home Office, being quoted up to £100 per letter. There was also the issue of travel to and from appointments, with some charities providing support for bus passes or taxis but this not being universally offered.

Whilst the NHS moves towards digitising its services, some health professionals noted the negative impact this has on those who are not digitally literate, including migrants whose second language is English and who might not have access to smartphones/internet.

Other barriers noted by health professionals, VCS partners and asylum seekers in Barnet included: stigma of accessing services, particularly for mental health support; the perceived costs of healthcare; the transient nature of these groups affecting where they can access healthcare; and fear of information being shared between health professionals and the Home Office. This seemed to be a particular concern for refused asylum seekers who were scared to register with a GP for fear of being arrested or detained as a result of their data being shared with the Home Office.

> "I often hear people say, well, we were going to refer to this service, but the Home Office said they might move them next week… and I feel very strongly [to] send the referral because… they may not be moved." - **Health Professional**

10.4 How to improve services for forced and undocumented migrants

Professionals and migrants presented a number of ways to improve health services and common themes included: specialised workers for this population including key workers, peer/community support and linked case workers; bespoke and appropriate information including translation into multiple languages; outreach/pop-up clinics at the places where these groups live including in hotels; multi-agency working; and training and support for the workforce. Specific specialised support was also suggested for legal issues, mental health, sexual trauma and group activities including football, yoga and parenting classes.

10.4.1 Specialised Workers/Health Outreach

The majority of professionals spoken to said they would like to see key workers or case workers made available for forced and undocumented migrants, to do the kinds of resource intensive care that primary care was unable to deliver (i.e., longer appointments, complex health need signposting and management). It was generally agreed that primary care services were stretched and inappropriate for the complex needs of these groups and having key contacts to navigate these services and perform assessments would be both a good long-term investment and a way to break down barriers in access and knowledge of the health care system. Complementing this offer should be good access to translators to break down language barriers. Some professionals noted the UCL RESPOND service as an example of the type of service that could exist to meet the complex needs of these groups. These professionals suggested expanding the provision of this service across the whole borough to widen access.

> "there was a case where there's a disabled girl sleeping on the floor… they have one hotel room for four people and she was sleeping on the floor… it's [a] safeguarding nightmare and the council, the safeguarding teams, the Home Office [and] Ready Homes got involved… that's why I think it's important to have these [multi-agency] meetings for tricky cases" – **VCS Outreach Worker**

A number of professionals also noted the need for health care workers to go to where these groups are, completing initial assessments to support primary and secondary care with one health professional saying, "[it] would be helpful if they had a GP or a team that actually went there [contingency hotels] and did these assessments… it would provide a better service because obviously we are still trying to triage lots over the telephone". Other services that could be provided where these groups live include screening services, mental health assessments and counselling.

Some professionals spoken to also recommended the use of multi-agency partnerships, where partners could come together to discuss complex cases as a whole, acknowledging the holistic needs of migrants and working together to support them to better health.

10.4.2 Bespoke information

Bespoke information regarding the health care system was another common theme that came particularly from professionals (both in healthcare and the voluntary and community sector) for improving the knowledge and access of healthcare for forced and undocumented migrants.

One professional from the VCS Sector suggested more engaging methods of sharing information including videos played on screens in hotel lobbies, whilst others noted the need for translation of materials into the common languages spoken in Barnet, as well as the ability to send text messages and letters from GPs to patients in their own languages.

The provision of translation services itself was frequently noted as a barrier by professionals, with access often patchy and inconsistent, and some languages not being available when needed, sometimes not at all.

10.4.3 Workforce

Improvements in workforce was another common theme amongst professionals. It was generally agreed that NHS staff were not adequately trained on issues prevalent to forced and undocumented migrants including the immigration process itself and how it affects those awaiting decisions. More training is needed for professionals to support these groups effectively. "The workforce, the professionals, that work with these groups... they also need training. They also need support. They also need to be able to do some reflective practice where they get to talk about their concerns… they get tired, they deal with a lot as well and you can become really fatigued" – **VCS Outreach Worker**

Issues of vicarious trauma and burnout were worries for those working with vulnerable groups such as forced migrants, with bespoke training and clinical reflection cited as solutions by a number of the stakeholders interviewed.

> "I think not only do the people on the shop floor having direct patient contact need to receive training in trauma informed care, but actually… right the way up to the people that are commissioning services, they need to have an awareness of trauma informed practice… You can't fund the service based on a non-traumatised population, you have to fund a service based on what trauma does to presenting health needs, what trauma does to the ability for people to access healthcare and also what trauma does and vicarious trauma does to the staff providing that service" - **Health Professional**

10.4.4 Other Services

A number of professionals and asylum seekers themselves noted the lack of activities and groups that were available for forced migrants, leading to isolation and deterioration in mental health. They suggested that more classes, activities and groups be made available for asylum seekers and refugees including: ESOL classes; wellbeing workshops (such as yoga, mindfulness); sports activities such as football and cricket; group activities for children; and parenting classes. It was also noted by both professionals and asylum seekers that lots of forced migrants would struggle to attend sessions without creche provision, so this should also be considered.

> "To feel better I play more sport and go running in the park. I enjoy cricket." – **Unaccompanied Asylum-Seeking Young Person**

Specialised services were also noted as being essential for these groups by health professionals and VCS partners, where issues were most prevalent including services to support legal issues, mental health and sexual trauma. One VCS partner noted that the concept of mental health was not known to many migrants, and so psycho-social activities were a necessity to introduce them to mental health support.

11 Discussion

This health needs assessment has presented the health needs of forced and undocumented migrants living in Barnet. This has not been without its challenges, as these groups are both complex and largely missing from many datasets collected both locally and nationally. These groups of migrants are also heterogenous which makes drawing out general themes a challenge.

However, when analysing local and national data, and cross-referencing it with current literature and the views of both professional stakeholders and migrants themselves, clear themes have emerged regarding the challenges facing these groups in Barnet.

Forced and undocumented migrants tend to have relatively worse health and health outcomes than the UK born population which declines over time. This decline in health is a result of a variety of interlinking issues, most notably poor work and living conditions, poverty, social isolation, poor access and knowledge of health care and discrimination. Improvements in these areas is possible with coordination, collaboration and careful planning across multiple agencies, both at the local and national level.

Evidence shows that forced and undocumented migrants are consistently found to have worse health in the following areas:

- Maternal Health
- Mental Health
- Dental Care
- UASC Health
- Sexual and Reproductive Health
- Vaccinations
- Communicable Disease

Mental health services are a key area where stakeholders and migrants currently feel their needs are not being met. Forced migrants are known to be at greater risk of mental ill health including PTSD, depression and anxiety. Early

recognition and treatments of mental health conditions in forced migrants is vital to improve outcomes.

Due to barriers obtaining knowledge of and accessing health care, forced and undocumented migrants are more likely to use services such as A&E or call 111, whilst others choose to do nothing until health problems become acute. These barriers are further exacerbated by varying degrees of knowledge by frontline staff on the rights and entitlements of migrants, and constant changes to both immigration law and health care provision.

We should also recognise that whilst data is not collected on undocumented migrants and we currently do not know how many exist nationally or locally, from evidence we know that health outcomes for them are likely to be similar to forced migrants. We should therefore consider them when commissioning services to support forced migrants. Undocumented migrants continue to remain an invisible group locally and nationally, and this lack of knowledge on their size and needs is likely to exacerbate the inequalities they face.

Barnet continues to be a welcoming borough to migrants and this needs assessment is the first step in creating a co-ordinated approach to preserve and improve the health and wellbeing of migrant residents, particularly those who are the most vulnerable.

12 Recommendations

Forced and undocumented migrants have worse health outcomes upon arrival in the UK which worsen the longer they remain here. These groups require specialist support and treatment and alongside the below recommendations we recommend the following to underpin all work done:

- Key local stakeholders come together to address the health and wellbeing needs of forced and undocumented migrants as soon as possible – whilst this is happening in Barnet there remains scope to better align the various groups that have been convened
- Objectives for improving the health and wellbeing of forced and undocumented migrants are embedded in local and sub-regional

priorities (with the aim of reducing health inequalities between these groups and the general population)

The following are specific recommendations for improving the knowledge, access and health and wellbeing of forced and undocumented migrants in Barnet alongside improvements to workforces. Recommendations address problems and issues identified through this health needs assessment; we suggest a course of action and the responsible partner agencies below.

12.1 Recommendations for improving knowledge of the UK health care system

Problem	Recommended actions	Partners
Knowledge of the health care system in the UK is limited amongst forced migrants which leads to underusing or misusing services The UK health care system is complex which makes it more difficult to navigate for non-English speakers	• Bespoke information should be created to share with incoming asylum seekers and refugees to support navigation of health and social care locally • This information should be provided at key touchpoints including entry into accommodation, GP registration, A&E attendance, and liaison with VCS partners (amongst others)	• Voluntary and community organisations • Education services i.e., local colleges (for ESOL) • London Borough of Barnet Strategy and Communication s Team
	• Promote ESOL classes to support learning English for all asylum seekers and refugees • Ensure ESOL classes are accessible both in terms of date/time and location and ensure creche provision where possible	• NHS partners including NCL ICB

Entitlements of health services for migrants change rapidly and may continue to change	• Bespoke information created for forced migrants on the health care system needs to remain up to date and accurate, therefore ownership is needed centrally to manage this	• London Borough of Barnet Strategy and Communications Team
Information on health services in the UK is produced for the general population and in English only, leading to underuse and misinterpretation by migrant populations	• Creation of bespoke information for forced migrants should be accurately translated into the most common languages spoken by the local migrant population • Dissemination of this bespoke information at key touchpoints including at entry into the borough, at accommodation sites, at VCS partner sites and through NHS partners i.e., GPs and A&E	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations • NHS partners including GPs and Hospitals

12.2 Recommendations for improving access of the UK health care system

Problem	Recommended actions	Partners
We are unaware of the size of the undocumented migrant population in Barnet, which precludes them from consideration when designing services for migrants	• Groups looking at the needs of asylum seekers and refugees should also consider the health and wellbeing of undocumented migrants • Work needs to be undertaken to understand the local picture and needs of undocumented migrants in the borough	• London Borough of Barnet teams including Public Health and the Strategy and Communications Team • NCL ICB • VCS Partners

There are numerous services in Barnet for adult migrants, however they seem to operate in isolation and there appears to be overlap in provision	• Consider creating and maintaining a migrant provider network – managed either by VCS partners by an external partner i.e., LBB • Creation of a governance map of current groups at LBB who support these groups	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations including Barnet Together
Translation service provision seems to be ad-hoc in Barnet, with health professionals citing timeliness and access to certain languages as barriers	• Review the current translation service to see if it is fit for purpose in regard to the various migrant groups in the borough and their needs, including the range of languages available and accessibility of the service • Consider culturally sensitive training of interpreters	• London Borough of Barnet Strategy and Communications Team London • Borough of Barnet Corporate Services • VCS Partners
A lack of key/case workers for forced migrants leads to unequal knowledge and access to health care services for these groups locally	• Consider the commissioning of key workers for asylum seekers and refugees who can assess, screen and manage their needs as a first point of call, at the place where they live	• London Borough of Barnet Strategy and Communications Team
The move towards digital literacy in the NHS may exacerbate inequalities in vulnerable groups, particularly those who may be digitally illiterate	• Provide digital literacy classes/provision to asylum seekers and refugees in the borough • Source access to devices should as mobiles, SIM cards	• London Borough of Barnet Strategy and Communications Team • Voluntary and community organisations • NCL ICB

		• Local education providers
Health care services including primary care services are not set up for people with complex needs	• Consider the creation or expansion of bespoke health assessment and screening services (such as UCL's RESPOND service) to meet the complex needs of forced migrants • Disseminate guidance for health care professionals summarising entitlements and access for forced migrants • Consider longer opening hours, patient advocacy and gender-concordant providers Consider • case management of forced migrants by specialist workers	• NCL ICB
NHS charges for certain groups, including undocumented migrants, can lead to avoidance of accessing health care	• Create and support training for frontline workers on the rights of migrants with NRPF	• Voluntary and community organisations • LBB – either Public Health or Strategy
Current living conditions of asylum seekers make it difficult for them to access health care services	• Consider outreach by NHS partners • Support the provision of free transport to appointments	• NHS ICB • Voluntary and community organisations

12.3 Recommendations for improving the health and wellbeing of forced and undocumented migrants

Problem	Recommended actions	Partners
There is evidence that migrant women have poorer perinatal outcomes and access maternity care late	• Consider mandatory provision of interpreter services at maternity appointments • Support training of health care professionals in traumainformed care and the needs of forced migrants • Consider community-based befriending/peer support for asylum seeking and refugee women in perinatal support	• London Borough of Barnet Public Health Team
Forced migrants have poorer mental health outcomes which is exacerbated by barriers of accessing mental health support UASC mental health is affected by their living situation and whether they need to undergo age assessments	• Consider a specialised mental health service for refugee and asylum-seeking population • Any mental health provision should provide culturally adapted care in migrant sensitive settings • Consider providing primary care programmes which enable community-based mental health care • Consider the creation and reinforcement of social capital for forced migrants • Promote supported living arrangements for UASC over semi-independent care and reception settings with restricted freedoms • Support trauma-focused interventions and cognitive behavioural therapy for UASC in particular	• London Borough of Barnet – Onwards and Upwards Team and BICS Team • • NCL ICB London Borough of Barnet Public • Health Team Mental health commissioning g for adults • and health London Borough of Barnet Strategy and Communications Team

Sexual violence is prevalent in forced migrant populations but barriers to accessing services include stigma and lack of knowledge	• Provide women with the option of seeing female health care providers • Ensure adequate time is given to consultations to allow trust and confidence to build • Strengthen the education of women in preventative care around sexual and reproductive health • Support the training of providers to improve their cultural competency • Review the pathways for reporting sexual violence including historic trauma	• London Borough of Barnet Public Health Team • NHS Partners • Violence Against Women & Girls (VAWG) Partners
Vaccinations are lower in migrant groups including refugees whilst rates of infectious diseases in asylum seekers is higher than the general population	• Tailor immunisation services to the specific needs of forced migrants • Develop communication campaigns aimed at the specific needs of forced migrants (considering hesitancies and barriers) Target migrant populations for catch-up vaccinations including for diphtheria, tetanus and polio	• London Borough of Barnet Public Health Team and Communications Team NCL ICB
The majority of asylum seekers in Barnet are unable to access appropriate and familiar food, leading to poorer mental health and physical issues including weight loss, anaemia and breastfeeding issues	• Review the food provision in contingency hotels as a matter of urgency • ensure access to food is culturally appropriate i.e., in contingency hotels, food banks, at events support the transition and dispersal of asylum seekers to self-catering accommodation at the earliest opportunity	• London Borough of Barnet • Ready Homes • Voluntary and community organisations including foodbanks

Dental issues are prevalent in asylum seekers and knowledge and access to dental care is very limited	• Improve awareness of dental care services locally within the forced migrant populations • Support the provision of dental care and hygiene support at accommodation sites i.e., contingency hotels	• London Borough of Barnet Public Health Team • NCL ICB
Access to activities and groups for forced migrants such as sports, counselling, children's play groups, in the borough is limited due to the current contingency hotel situation, leading to isolation and poor mental health	• Stakeholders are encouraged to coordinate their efforts to provide activities and group sessions to forced migrants to support improvement in mental health, access to learning and tackle isolation – especially within contingency hotels where residents spend large amounts of time in their rooms	• London Borough of Barnet Strategy and Communications Team and Public Health Team • Voluntary and community organisations
Vitamin D deficiency is prevalent amongst asylum seekers locally and affects bones and the immune system.	• Consider the provision of free Vitamin D to incoming asylum seekers	• London Borough of Barnet Public Health Team • NCL ICB

12.4 Recommendations for workforce development

Problem	Recommended actions	Partners
Most health professionals lack the knowledge and understanding of prevalent issues affecting forced and undocumented migrants and so are unable to support them effectively	• Disseminate guidance and information on the rights, issues and entitlements of forced migrants to NHS partners • Consider training for health care providers in cultural competency and trauma-informed care • Public health to continue to deliver training sessions to key health professionals on the rights and needs of forced and undocumented migrants	• NCL ICB • London Borough of Barnet Strategy and Communications Team and Public Health Team • Voluntary and community organisations

There are concerns of vicarious trauma and burnout of professionals who work with forced and undocumented migrants	• Support reflective and clinical supervision for staff who work with forced migrants • Considers ways to support workloads and time pressures of frontline workers who work with forced migrants	• NCL ICB • Voluntary and community organisations

13 Future Research

Whilst this needs assessment has sought to look at the vast needs of both forced migrants and undocumented migrants, there are a number of areas that remain underdeveloped due to lack of current available information, the vast scope of the subject matter and the time constraints of this piece of work. This needs assessment should be the first step in an iterative approach to understanding these populations, and future updates should seek to cover both areas that are missing, and present more in-depth studies of those populations discussed here and more.

Access to data has been a particular challenge throughout this health needs assessment, as immigration status is not routinely collected, and nationality or place of birth are used as proxies instead. It also proved difficult to access GP level data within the timeframe of this needs assessment and a future version should look to include this. Further work is needed to review and expand the intelligence available for these groups at a local level including the inclusion of 'immigration status' during routine data capture. In particular, GP coding could be included to capture these groups.

Any future updates to this work should also ensure it contains up to date information on the ever-changing landscape of immigration laws and health policy.

Areas missing that require inclusion in future reports include:

- Disability
- Sexuality & gender identity
- Socio-economic status
- Ethnicity
- Comparisons of the Barnet population with other areas
- Suicide prevention
- GP level local health data including total numbers by UK and non-UK born populations for:
    - Homelessness

- Hypertension
- Diabetes
- Smoking
- Obesity (BMI > 37)
- NHS Health Checks
- HIV
- COVID
- Tuberculosis
- Back Pain
- Serious Mental illness

A more in-depth picture of some of the more prominent migrant groups within Barnet would also be useful, as this needs assessment has sought to look at forced and undocumented migrants as a whole.

Finally, undocumented migrants are being underserved both nationally and locally due to the very limited information held and collected on them. It is highly likely that the health and wellbeing of undocumented migrants is not being considered appropriately, and steps should be taken to rectify this.

14 References

Araujo, J. et al., 2019. Prevalence of sexual violence among refugees: a systematic review. *Rev Saude Publica,* 53(78).

Balaam, M., Kingdon, C. & Haith-Cooper, M., 2022. A Systematic Review of Perinatal Social Support Interventions for Asylum-seeking and Refugee Women Residing in Europe. *Journal of immigrant and minority health,* 24(3), pp. 741758.

Benach, J. et al., 2014. Precarious Employment: Understanding an Emerging Social Determinant of Health. *Annual Review of Public Health,* Volume 35, pp. 229-53.

Brandenberger, J. et al., 2019. A systematic literature review of reported challenges in health care delivery to migrants and refugees in high-income countries - the 3C model. *BMC Public Health,* 19(1), p. 755.

City University of London , 2013. *People living in bad housing: Numbers and health impacts ,* London: City Research Online .

Close, C. et al., 2016. The mental health and wellbeing of first generation migrants: a systematic-narrative review of reviews.. *Global Health,* 12(1), p. 47.

Dahlgren, G. & Whitehead, M., 1991. *Policies and strategies to promote social equity in health.* Stockholm: Institute for Future Studies.

Davidson, N., Hammarberg, K., Romero, L. & Fisher, J., 2022. Access to preventive sexual and reproductive health care for women from refugee-like backgrounds: a systematic review. *BMC Public Health,* 22(1), p. 403.

Davies, N. M. et al., 2018. The causal effects of education on health outcomes in the UK Biobank. *Nature Human Behaviour ,* Volume 2, pp. 117-125.

Domnich, A., Panatto, D., Gasparini, R. & Amicizia, D., 2012. The “healthy immigrant” effect: does it exist in Europe today?. *Italian Journal of Public Health ,* 9(3).

European Commission, 2021. *Eurostat Asylum Statistics.* [Online] Available at: https://ec.europa.eu/eurostat/cache/metadata/en/migr_asyapp_esms.htm

Fair, F. et al., 2020. Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: A systematic review. *PLoS One,* 15(2).

Gieles, N. et al., 2019. Maternal and perinatal outcomes of asylum seekers and undocumented migrants in Europe: a systematic review. *European Journal of Public Health,* 29(4), pp. 714-723.

Greenaway, C. et al., 2018. The effectiveness and cost-effectiveness of screening for active tuberculosis among migrants in the EU/EEA: a systematic review. *European communicable disease bulletin,* 23(14).

Gruner, D. et al., 2020. Understanding Supporting and Hindering Factors in Community-Based Psychotherapy for Refugees: A Realist-Informed Systematic Review. *International journal of environmental research and public health,* 17(13), p. 4618.

Hamari, L. et al., 2022. Parent Support Programmes for Families Who are Immigrants: A Scoping Review. *Journal of immigrant and minority health,* 24(2), pp. 506-525.

Heslehurst, N. et al., 2018. Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. *BMC Med,* 16(1), p. 89.

Higginbottom, G. et al., 2019. Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review. *BMJ Open,* 9(12).

HM Government , 2014. *Modern Slavery Strategy.* [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf [Accessed September 2022].

HM Government , 2016. *Immigration Act 2016.* [Online] Available at: https://www.legislation.gov.uk/ukpga/2016/19/contents [Accessed August 2022].

HM Government , 2021. *Hong Kong BN(O) visa: UK government to honour historic commitment.* [Online] Available at: https://www.gov.uk/government/news/hong-kong-bno-visa-ukgovernment-to-honour-historic-commitment [Accessed September 2022].

HM Government, 1996. *Asylum and Immigration Act 1996.* [Online] Available at: https://www.legislation.gov.uk/ukpga/1996/49/contents [Accessed August 2022].

HM Government, 2006. *Immigration, Asylum and Nationality Act 2006.* [Online]
Available at: https://www.legislation.gov.uk/ukpga/2006/13/contents [Accessed August 2022].

Home Office , 2021. *Policy paper Home Office immigration and nationality fees: 6 April 2021.* [Online]
Available at: https://www.gov.uk/government/publications/visa-regulationsrevised-table/home-office-immigration-and-nationality-fees-6-april-2021#fn:2 [Accessed August 2022].

Home Office , 2022. *Immigration Statistics, year ending March 2022.* [Online]
Available at: https://www.gov.uk/government/statistics/immigrationstatistics-year-ending-march-2022

Home Office, 2005. *Sizing the unauthorised (illegal) migrant population in the United Kingdom in 2001.* [Online] Available at: https://tinyurl.com/yb8v39fr [Accessed August 2022].

Home Office, 2021. *Allocation of accommodation policy.* [Online] Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990240/allocation-of-accommodation-v6.0-gov-uk.pdf [Accessed August 2022].

Home Office, 2021. *Immigration Statistics, year ending September 2021.* [Online]
Available at: https://www.gov.uk/government/statistics/immigrationstatistics-year-ending-september-2021/how-many-people-do-we-grantasylum-or-protection-to
[Accessed August 2022].

Home Office, 2021. *UK Refugee Resettlement: Policy Guidance,* s.l.: August .

Home Office, 2022. *Claim asylum in the UK.* [Online] Available at: https://www.gov.uk/claim-asylum/eligibility [Accessed August 2022].

Home Office, 2022. *Guidance: Permission to work and volunteering for asylum seekers.* [Online]
Available at:
https://www.gov.uk/government/publications/handlingapplications-for-permission-to-take-employment-instruction/permission-towork-and-volunteering-for-asylum-seekers-accessible-version [Accessed August 2022].

Home Office, 2022. *Permission to work and volunteering for asylum seekers.* [Online]
Available at:
https://www.gov.uk/government/publications/handlingapplications-for-permission-to-take-employment-instruction/permission-towork-and-volunteering-for-asylum-seekers-accessible-version [Accessed August 2022].

Hui, C. et al., 2018. Interventions to Improve Vaccination Uptake and Cost Effectiveness of Vaccination Strategies in Newly Arrived Migrants in the EU/EEA: A Systematic Review. *International journal of environmental research and public health,* 15(10).

Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International journal for equity in health,* 12(88).

Kalt, A., Hossain, M., Kiss, L. & Zimmerman, C., 2013. Asylum seekers, violence and health: a systematic review of research in high-income host countries. *American journal of public health,* 103(3), pp. 30-42.

Kien, C. et al., 2019. Prevalence of mental disorders in young refugees and asylum seekers in European Countries: a systematic review. *European Child Adolescence Psychiatry,* 28(10), pp. 1295-1310.

Klinkenberg, E. et al., 2019. Blood donation barriers and facilitators of SubSaharan African migrants and minorities in Western high-income countries:

a systematic review of the literature. *Transfusion medicine (Oxford, England),* 29(1), pp. 28-41.

Krieger, J. & Higgins, D., 2002. Housing and Health: Time Again for Public Health Action. *American Journal of Public Health ,* Volume 92, pp. 758-768.

McKnight, P., Goodwin, L. & Kenyon, S., 2019. A systematic review of asylumseeking women's views and experiences of UK maternity care. *Midwifery,* Volume 77, pp. 16-23.

Mipatrini, D., Stefanelli, P., Severoni, S. & Rezza, G., 2017. Vaccinations in migrants and refugees: a challenge for European health systems. A systematic review of current scientific evidence. *Pathogens and global health ,* 111(2), pp. 59-68.

Mitra, R. & Hodes, M., 2019. Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child Care, Health and Development,* 45(2), pp. 198215.

Mittendorfer-Rutz, E., Hagström, A. & Hollander, A., 2020. High Suicide Rates Among Unaccompanied Minors/Youth Seeking Asylum in Sweden. *Crisis,* 41(4), pp. 314-317.

Mohwinkel, L., Nowak, A., Kasper, A. & Razum, O., 2018. Gender differences in the mental health of unaccompanied refugee minors in Europe: a systematic review. *BMJ Open,* 30(8).

Nowak, A., Namer, Y. & Hornberg, C., 2022. Health Care for Refugees in Europe: A Scoping Review. *International journal of environmental research and public health,* 19(3), p. 1278.

NRPF Network, 2022. *Home Office support.* [Online]
Available at: https://www.nrpfnetwork.org.uk/information-andresources/rights-and-entitlements/support-options-for-people-withnrpf/home-office-support/section-95-asylum-support#guide-sections
[Accessed August 2022].

NRPF Network, 2022. *Home Office support.* [Online]
Available at: https://www.nrpfnetwork.org.uk/information-andresources/rights-and-entitlements/support-options-for-people-

withnrpf/home-office-support/section-4-asylum-support#guide-sections [Accessed August 2022].

Office for Health Improvement & Disparities, 2022. *Child and Maternal Health.* [Online]
Available at: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133263/pat/159/par/K02000001/ati/15/are/E92000001/iid/93563/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 [Accessed 17 August 2022].

Office for Health Improvement and Disparities, 2022. *Guidance: NHS entitlements: migrant health guide.* [Online]
Available at: https://www.gov.uk/guidance/nhs-entitlements-migrant-healthguide#:~:text=Since%2023%20October%202017%2C%20all,charges%20for%20 NHS%20hospital%20treatment. [Accessed August 2022].

Office for National Statistics , 2021. *Census 2021: Population Estimates.* [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates#:~:text=On%20Census%20Day%2C%2021%20March,census%20in%20England%20and%20Wales. [Accessed August 2022].

Office for National Statistics , 2021. *Local area migration indicators, UK.* [Online]
Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/migrationwithintheuk/datasets/localareamigrationindicatorsunitedkingdom
[Accessed August 2022].

Office for National Statistics , 2021. *National population projections: 2020based interim.* [Online] Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim
[Accessed August 2022].

Office for National Statistics , 2022. *Migrants in the UK: An Overview.* [Online]
Available at:

https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-ukan-overview/#:~:text=As%20of%20the%20year%20ending,in%202021%20(Figure%201).
[Accessed August 2022].

Office for National Statistics, 2020. *Migration Statistics Quarterly Report.* [Online]
Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/august2020

Office for National Statistics, 2021. *NOMIS - Annual Population Survey.* [Online]
Available at: https://www.nomisweb.co.uk/query/construct/submit.asp?menuopt=201&subcomp=
[Accessed August 2022].

Paisi, M. et al., 2020. Barriers and facilitators to dental care access among asylum seekers and refugees in highly developed countries: a systematic review. *BMC oral health,* 20(1).

Refugee Council , 2022. *Gateway Protection Programme.* [Online]
Available at: https://www.refugeecouncil.org.uk/projects/gateway-protectionprogramme/

Refugee Council, 2021. *Asylum Seekers in Europe November 2021.* [Online]
Available at: https://media.refugeecouncil.org.uk/wp-content/uploads/2021/12/24150252/Asylum-in-Europe-Nov-2021.pdf
[Accessed August 2022].

Ross, C. E. & Wu, C., 1995. The Links Between Education and Health. *The Links Between Education and Health,* 60(5), pp. 719-745.

Sneha, B. et al., 2020. Dental Caries among Refugees in Europe: A Systematic Literature Review. *International journal of environmental research and public health,* 17(24), p. 9510.

The Migration Observatory , 2013. *London Census Profile.* [Online] Available at: https://migrationobservatory.ox.ac.uk/resources/briefings/london-censusprofile/
[Accessed August 2022].

The Migration Observatory , 2016. *Young People and Migration in the UK: An Overview.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/reports/youngpeople-migration-uk-overview/ [Accessed August 2022].

The Migration Observatory, 2021. *Policy Primer: The UK's 2021 points-based immigration system.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/primers/policyprimer-the-uks-2021-points-based-immigration-system/ [Accessed August 2022].

The Migration Observatory, 2022. *Migrants and Housing in the UK.* [Online]
Available at:
https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-andhousing-in-the-uk/
[Accessed September 2022].

The Migration Observatory, 2022. *The Migration Obeservatory informs debates on international migration and public policy.* [Online] Available at:
https://migrationobservatory.ox.ac.uk/resources/briefings/irregularmigration-in-the-uk/

UK Parliament, 2022. *House of Commons Library: Migration Statistics.* [Online]
Available at:
https://commonslibrary.parliament.uk/researchbriefings/sn06077/
[Accessed August 2022].

UK Parliament, 2022. *Update on Children with No Recourse to Public Funds.* [Online]
Available at: https://questions-statements.parliament.uk/writtenstatements/detail/2022-03-24/hcws714 [Accessed August 2022].

UK Visas and Immigration, 2010. *Gateway Protection Programme.* [Online]

Available at:
https://www.gov.uk/government/publications/gatewayprotection-programme-information-for-organisations/gateway-protectionprogramme

UNHCR, 2022. *Asylum in the UK.* [Online]
Available at: https://www.unhcr.org/uk/asylum-in-the-uk.html

Unicef, 2018. *Education for refugee and asylum seeking children.* [Online]
Available at: https://www.unicef.org.uk/wp-content/uploads/2018/09/Accessto-Education-report-PDF.pdf [Accessed August 2022].

van Os, E. et al., 2016. Knowledge of the Unknown Child: A Systematic Review of the Elements of the Best Interests of the Child Assessment for Recently Arrived Refugee Children. *Clinical child and family psychology review,* 19(3), pp. 185-203.

van Os, E. et al., 2020. Finding Keys: A Systematic Review of Barriers and Facilitators for Refugee Children's Disclosure of Their Life Stories. *Trauma, violence & abuse,* 21(2), pp. 242-260.

Villalonga-Olives, E. et al., 2022. Social-capital-based mental health interventions for refugees: A systematic review.. *Social science & medicine,* Volume 301.

von Werthern, M. et al., 2018. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry,* 18(1), p. 382.

Wilson, S. H. & Walker, G. M., 1993. Unemployment and health: A review. *Public Health ,* 107(3), pp. 153-162.

World Health Organisation, 2018. *WHO Housing and Health Guidelines,* Geneva: World Health Organisation.

15 Appendices

Appendix 1 Glossary of Terms

A&E	Accident and Emergency
ACRS	Afghan Citizens Resettlement Scheme
APS	Annual Population Survey
BICS	Barnet Integrated Clinical Services
BN	British National
BNO	British National Oversees
CCG	Clinical Commissioning Group (now known as IBS)
COVID-19	Coronavirus Disease 2019
CXR	Chest Radiography
EEA	European Economic Area
ESOL	English for Speakers of Other Languages
EU	European Union
FGM	Female Genital Mutilation
GP	General Practitioner
HIV	Human Immune-Deficiency Virus
ICB	Integrated Care Board
ILR	Indefinite Leave to Remain
LA	Local Authority
LAC	Looked After Children
NCG	New Citizens' Gateway
NCL	North-Central London

NHS	National Health Service
NRPF	No Recourse to Public Funds
ONS	Office of National Statistics
PAB	Persian Advice Bureau
PTSD	Post-Traumatic Stress Disorder
RIES	Refugee Integration and Employment Service
SIM	Subscriber Identity Module
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UASC	Unaccompanied Asylum-Seeking Children
UCL	University College London
UK	United Kingdom
UKRS	UK Resettlement Scheme
UNHCR	United Nations High Commissioner for Refugees
URM	Unaccompanied Refugee Minors
VCS	Voluntary and Community Sector
VPRS	Vulnerable Persons Resettlement Scheme
WHO	World Health Organisation

Appendix 2 Local Services for Migrants

In 2012, the UK government ended the Refugee Integration and Employment Service (RIES), a national service that provided monetary support and training for refugees who had come through the asylum process for 12 months (UK Visas and Immigration, 2010). This service was not directly replaced; support services for refugees are now provided on a local level by voluntary organisations. However, unlike RIES, individuals are not automatically referred to local organisations by the Home Office and local services do not operate on a similar scale to the programme.

There are a number of local services for migrants that officer advice, signposting, ESOL classes, and health and social services. There are also a number of informal networks which exist outside of official structures which are not listed here.

The following outlines a selection of services that were available at the time of writing.

Advice, Signposting and ESOL

Name	Description	Contact Details
African Refugee Community	African Refugee Community (ARC) was established in 2007 and exists to provide specialised services to French speaking asylum seekers and refugees based in Barnet in particular and in London in general.	Website: http://www.africanrefugeecommunity.co.uk/
Banet Boost	An employment, benefit advice, skills and wellbeing project helping Barnet residents including digital skills https://boostbarnet.org/?page_id=292	Website: https://boostbarnet.org/

Barnet & Southgate college ESOL	Provides ESOL classes including FREE classes: https://www.barnetsouthgate.ac.uk/adult-communitycourses/community-computingand-it-courses	Website: https://www.barnetsouthgate.ac.uk/esol

Britsom	BritSom is a UK registered charity and the main organisation working with Somali and Black Minority Ethnic communities of all ages in Barnet and neighbouring boroughs.	Website: https://www.britsom.org/
Care for Someone	Care for Someone is a charity working in the UK and Zimbabwe. They have a charitable objective to ensure those that are disadvantaged have access to education & training opportunities to support them realise their full potential.	Website: http://careforsomeone.co.uk/
Center of Excellence	Center of Excellence is a nonprofit community organisation committed to building a bridge and strengthening connections between youth and parents, focusing first on the Somali community, and reaching out to others as they develop.	Website: https://www.centerofexcellence.org.uk/

Citizens Advice Barnet	Citizens Advice Barnet is an independent, local charity and a member of the Citizens Advice network. They provide free advice and support to meet the needs of the community. This includes advice on a range of problems, such as with work, debt, benefits, immigration, housing and more. They're there to help everyone who lives, works or studies in Barnet.	Telephone: 0808 250 5708 (freephone) Monday to Friday 9.30am – 4.00pm Website: https://barnetcab.org.uk/ https://barnetcab.org.uk/getadvice/email-us/
Community Focus	Community Focus Inclusive Arts is an Arts Centre for adults and children with disabilities. They run an exciting selection of creative and wellbeing courses and workshops for students with disabilities, autism and anyone who feels they may need extra support.	Website: https://www.communityfocus.co.uk/
Community Network Support	The Community Network Group (CNG) was established as a registered CIC to support Iranian	Website: https://www.facebook.com/p
	and ethnic minorities who live in Britain. The CNG has a plan to offer information and advice on immigration, welfare and housing.	g/communitynetworkgroup/about/

New Citizens' Gateway	New Citizens' Gateway (formerly known as Barnet Refugee Service) is an independent registered charity working in partnership with individuals and agencies. Through provision of their Holistic Model of Support, their main aim is to support and empower refugees and asylum seekers to rebuild their lives with services such as, Welfare advice, counselling for adults and children, volunteering, employment, mentoring, youth activities, ESOL classes, ecotherapy and psycho-social activities and more.	Telephone: 0208 905 9002 Email: info@ncgateway.org.uk Website: www.ncgateway.org.uk
Persian Advice Bureau	Persian Advice Bureau provides relief to those granted refugee status in the UK, in particular, but not exclusively to Iranians and Farsi speakers. To provide training and support services, so as to advance them in life and assist them with the adaption and integration within a new community.	Telephone: 0208 446 1716 Email: info@persianadvicebureau.co.uk Website: www.facebook.com/persianadvicebureau/
Romanian Culture and Charity Together (RCCT)	RCCT is dedicated to supporting the Romanian community and their aim is to assist, signpost and create opportunities for their community.	Website: https://rcct.uk/
The Romanian and Eastern European Hub	Their team of staff and volunteers offers free, tailored support to those needing help due to language, digital, and cultural barriers. They can help with: Interpreting, GP registration, Employment	Telephone: 02038579495 Email: contact@roeehub.org.uk

	advice, Immigration Advice referrals, Housing applications, Family support, Food Bank referrals, Welfare	
Sangam Centre	Their Advice Centre and Counselling Service provide valuable assistance to everyone who needs help and guidance in Burnt Oak.	Website: https://sangamcentre.org.uk/

Community Services and Forums

Name	Description	Contact Details
Afghan Association Paiwand	Run by and for the refugee community, Afghan Association Paiwand Ltd is a charity and community organisation in Northwest London. For the last 20 years, they have helped refugees, asylum seekers, and migrants to build a happy life in the UK	Website: https://www.paiwand.com/
Afghanistan and Central Asian Association	They work with Afghans and Central Asians living away from their homeland, providing them with support, skills and knowledge to live and prosper in the UK.	Website: https://acaa.org.uk/
African Cultural Association	They provide general advice and information in the areas of social welfare and education to people experiencing hardship in the London region.	Website: https://www.africanculturalassociation.org/

African French Speaking Organisation 'A.F.S.OR'	The African French Speaking Organisation "AFSOR" is a Black and Ethnic Minority group set up to provide disadvantaged children and families, disabled, young and elderly people with additional education, training, sports, recreation and other leisure time occupation in the interest of social welfare.	Telephone: 02038579495 / 07986630944 / 07565504269 Email: info@afsor.org.uk Website: http://www.afsor.org.uk/

Alyth Drop-in for Refugees Choir	The Refugee Drop-in was founded in March 2012 with the aim of helping refugees integrate and to be 'One community helping another'. Their clients are individuals who have been granted Leave to Remain in the UK. Alyth Synagogue, 23 Alyth Gardens, London NW11 7EN	Website: https://www.alyth.org.uk/alyth-refugee-drop-in/
Bangladesh Welfare Society of Barnet	We envision a society where Bengali heritage and culture is actively promoted and appreciated. We seek to build a Mosque in the Barnet area to act as an institution of education and integration	Website: https://www.facebook.com/pg/Bangladesh-WelfareSociety-of-Barnet-156896501017346/about/
Barnet African Caribbean Association	Barnet African Caribbean Association Ltd (BACA), a small, registered charity established in 1997 which provides welcoming day services for older adults in Barnet	Website: https://communitybarnet.org.uk/barnet-african-caribbeanassociation
Barnet Mums	A local group where mums can meet weekly for coffee and chats	Website: https://www.facebook.com/groups/248999478565567/

Burnt Oak Women's Group	Burnt Oaks Women's Groups aim is to build a more trusting and inclusive society. Bringing together women from all cultural backgrounds, from all walks of life, from religious and nonreligious backgrounds and all ages.	Website: https://www.facebook.com/groups/1516518638429555/
Finchley & Friern Barnet community (N3, N12, N11)	A group of people connected to Finchley and helping to bring the community together.	Website: https://www.facebook.com/groups/FinchleyCommunity
Hadaf Persian School	Hadaf Persian School is a wellknown supplementary school in the London Borough of Barnet located in North of London and London Borough of Westminster, based in	Website: http://www.hadafpersianschool.co.uk/
	Location 1: Woodhouse College, Woodhouse Road, Finchley, N12 9EY. Location 2: Harris Academy St Johns Wood, Marlborough Hill, London, NW8 0NL	
Iranian Community Centre	The centre aims to help Iranians or Farsi speaking clients in the process of their resettlement in this country. It provides advice on immigration, housing, health, education and business.	Telephone: 020 8446 1254
London Jewish Family Centre	They provide Family Support, Therapy, Counselling, and Advocacy for the most vulnerable families in our community.	Website: https://www.ljfc.com/
Nepalese Language & Cultural Centre	Community group to preserve Nepali language and culture	Website: https://www.facebook.com/Nepalese-Language-CulturalCentre-357941497910240/

Somali Bravanese Association in London	The SBWA is a registered charity and was set up in 1992 to support the Somali and Bravanese community, many of whom have escaped war and persecution in Somalia.	Website: https://www.sbwa.org.uk/
Young Africans OYA	The OYA approach to learning and personal development is HOLISTIC. Their activities range from formal National Curriculum lessons to vocational training, drama, dance & drumming, football, fashion and public speaking.	Website: https://www.oyaorg.uk/

Health Services

Name	Description	Contact Details
Asian Family Counselling	A registered national charity providing low-cost, confidential and culturally sensitive mental health and relationship counselling services in five languages to South Asian communities in Britain since 1983.	Website: https://asianfamilycounselling.org/
Barnet Dementia Action Alliance	Committed to supporting people with dementia to live a full and active life, enabling them to maximise their independence and wellbeing and ensuring that they and their friends and family are empowered to maintain their own health and wellbeing.	Website: https://www.dementiaaction.org.uk/local_alliances/22753_barnet_dementia_action_alliance

Barnet HealthWatch	Here to help local people get the best out of their health and social care services. Their vision is that Barnet residents can contribute to the development of quality health and social care services in Barnet.	Website: https://www.healthwatchbarnet.co.uk/
Barnet Integrated Clinical Services (BICS)	Young People's Mental Health Service supporting: • Social difficulties • Emotional difficulties • Behavioural difficulties • Mental health difficulties	Telephone: 020 8359 3130 (support line open from 9am to 5pm) Email: BICS@barnet.gov.uk Website: https://www.barnet.gov.uk/children-and-families/supportparents-and-carers/barnetintegrated-clinical-servicesbics/referrals
Barnet Mencap	Barnet Mencap offer a range of support and events for children and adults with a learning disability, autistic people and their families, who live in the London Borough of Barnet.	Website: https://www.barnetmencap.org.uk/
Barnet Wellbeing Hub	The Barnet Wellbeing Service was established as a collective process between people who use mental health services, voluntary and community sector organisations, the health service, and Barnet Council. Our aim with the Wellbeing Service is to support the transition of services and the focus of care away from what is	Website: https://www.barnetwellbeing.org.uk/
	the matter with you?' towards 'what matters to you?'	
Diabetes UK - Barnet Group	To provide help and support to people living with diabetes in the UK.	Website: https://barnet.diabetesukgroup.org/

Jami (Jewish Association for Mental health)	Guide people through the challenging journey of navigating mental health services, providing emotional support and expert advice. We provide professional, personcentred treatment and support for young people and adults with mental health needs, as well as for their families and carers.	Website: https://jamiuk.org/
Jewish Bereavement Counselling Service	Provide counsellors who understand the specific issues raised by bereavement within a Jewish context. A Jewish service can be sensitive, aware and knowledgeable about social, cultural and religious needs.	Website: https://jbcs.org.uk/
Jewish Care	JEWISH CARE is the largest health and social care organisation serving the Jewish community in London and the Southeast.	Website: https://www.jewishcare.org/
Meridian Wellbeing	FREE professional-led services, resources and support groups that will help you manage your wellbeing.	Website: https://www.meridianwellbeing.com/
Mind in Barnet	Enfield and Barnet Local Mind Associations have merged bringing together our expert teams to provide services supporting you with wellbeing, advocacy, therapy, training and advice. Our services work during the day and	Website: https://www.mindeb.org.uk/

	evening so we can be available when you need us to be!	
Muslim Youth Helpline	A faith and culturally sensitive helpline service putting young people at the frontline of service delivery.	Telephone: 0808 808 2008 Website: https://myh.org.uk/
RESPOND – Integrated Refugee Health Service	RESPOND is a new rapid access, community-based screening and care planning service for all asylum-seeker families registered with a GP in Barnet.	Website: https://www.uclh.nhs.uk/ourservices/find-service/tropicaland-infectiousdiseases/respond-integratedrefugee-health-service
Sikh Helpline	The Sikh Helpline is a free professional and confidential telephone counselling and email inquiry service, available 24 hour a day, 7 days a week.	Telephone: 0808 808 2008 / 0845 644 0704 / 07999 004 363 Website: https://www.sikhhelpline.com/
The Black, African and Asian Therapy Network	The UK's largest independent organisation to specialise in working psychologically, informed by an understanding of intersectionality, with people who identify as Black, African, South Asian and Caribbean.	Website: https://www.baatn.org.uk/
Yaran Women's Club	Mental Health Support for Farsi Speaking Women.	Website: https://www.yaranwomansclub.com/english

Domestic Violence Services

Name	Description	Contact Details
Galop National LGBT+ Domestic Abuse Helpline	The Galop helpline is for LGBT+ people who have or are experiencing domestic abuse. They are also there for people supporting a survivor of domestic abuse; friends, families and those working with a survivor.	Telephone: 0800 9995428 Email: help@galop.org.uk
Jewish Women's Aid	Provide support to Jewish women and children affected by domestic and sexual abuse, with both short-term and long-term support.	Telephone: 0808 801 0500 Website: https://www.jwa.org.uk/
Latin American Women's Aid	For practical and emotional support for Latin American and other Black and Ethnic	Telephone: 020 7275 0321. Website: www.lawadv.org.uk
	Minoritised women and children affected by Domestic Violence & Abuse Their services are free and confidential, offered in Spanish, Portuguese and English. They are open from Monday to Friday from 9:30am to 5:30pm.	
Men's Advice Line	Free and confidential advice, support & information to male victims of domestic violence.	Telephone: 0808 801 0327 Website: https://mensadviceline.org.uk/

North London Rape Crisis (Solace Women's Aid)	Provides anonymous and confidential helpline and support service via telephone and email. Art and Drama therapy for children and young people aged 4-18 years old who have been affected by sexual violence. Safe refuge and accommodation for women and children made homeless through domestic or sexual abuse. One-to-one advice and support.	Telephone: 0808 801 0305 / 0808 802 5565 Website: http://www.solacewomensaid.org
Refuge: 24-hour National Domestic Violence Freephone Helpline	24 hours a day free, in confidence helpline, 365 days a year. Online chat and British Sign Language also available. Different languages also available with female advisers. We won't judge you or tell you what to do; we are here to listen. Emergency refuge accommodation available.	Telephone: 0808 2000 247
Youth Realities	Youth Realities is a youth-led charity based in Barnet addressing teenage relationship abuse through creative education and support for young survivors.	Telephone: 020 3916 5709 Website: www.youthrealities.co.uk

Foodbanks

Name	Description	Contact Details
All Saints' Child's Hill Food Bank	Address: All Saints' Church Child's Hill Church Walk London NW2 2TJ	Telephone: 020 7435 3182 Email: childshillfoodbank@gmail.com Website: https://www.allsaintschildshill.com/childs-hill-food-bank/

Barnet Community Projects, Rainbow Centre	Address: Rainbow Centre, Dollis Valley Drive, Barnet, EN5 2UN	Telephone: 020 8441 9837 Email: steveverrall@barnetcp.org.uk Website: https://rainbowcentrebarnet.wordpress.com/
Bounds Green Foodbank	Address: St Michael's Church Hall, 37 Bounds Green Road, N22 8HE	Email: BoundsGreenmutualaid@gmail.com Website: https://www.boundsgreenfoodbank.org/
Burnt Oak Community Food Bank	Address: St. Alphage Church Hall, HA8 0DF	Email: burntoakfoodbank@gmail.com
Chipping Barnet Foodbank	Address: Mary Immaculate and St Peter, 63 Somerset Road, New Barnet, Hertfordshire, EN5 1RF	Telephone: 07716 890535 Email: info@chippingbarnet.foodbank.org.uk Website: https://chippingbarnet.foodbank.org.uk/
Christ Church EN5 Food bank	Address: St Albans Road, EN5 4LA	Telephone: 020 8449 0832 Email: office@ccbarnet.org.uk Website: https://ccbarnet.org.uk/foodbank

Colindale communities trust	Address: 3/5 The Concourse, Grahame Park, NW9 5XB	Telephone: 0208 200 3014 Email: brennan.cct@gmail.com Website: https://www.colindalecommunitiestrust.org/

Colindale Food Bank	Address: Trinity Church, Northwest Centre, Avion Crescent, Graham Park, Colindale, London, NW9 5QY	Telephone: 07415 223963 Email: info@colindale.foodbank.org.uk Website: https://colindale.foodbank.org.uk/
Finchley Food Bank	Address: St Mary's Church, 279 High Road, East Finchley, London, N2 8HG	Telephone: 07849 558307 Email: finchleyfoodbank@gmail.com Website: https://www.finchleyfoodbank.org.uk/
GIFT	Address: 379 Hendon Way, NW4 3LP	Telephone: 0208 457 4429 Email: info@jgift.org Website: http://www.jgift.org/
Hornsey Foodbank, Hornsey	Address: The Methodist Church, 2E Lightfoot Road, N8 7JN	Telephone: 07940 030353 Email: wearehornsey@gmail.com Website: https://hornseyfoodbank.com/
Kingsbury Foodbank, Brent	Address: Lindsay Park Baptist Church, The Mall, Kenton, HA3 9TG	Telephone: 020 3745 5972 Email: info@brent.foodbank.org.uk Website: http://brent.foodbank.org.uk/

Living Way Ministries - Barnet Food Share	Address: 7 The Concourse, Grahame Park, Colindale, London, NW9 5XB	Telephone: 0208 200 9130 Email: livingway@email.com Website: https://livingwayministries.net/
Muswell Hill Food Bank	Address: Pembroke Road church, 68 Pembroke Road, N10 2HT	Telephone: 0208 883 0434 Email: info@muswellhill.foodbank.org.uk Website: https://muswellhill.foodbank.org.uk/
North Enfield Foodbank (Trussell Trust)	Address: Unit 2, Lumina way, Enfield, EN1 1FS	Telephone: 07826 542119 Email: info@northenfield.foodbank.org.uk Website: http://www.northenfield.foodbank.org.uk/
NW7 Hub Foodbank	Address: Mill Hill Library, Hartley Ave, NW7 2HX	Telephone: 020 8906 3125 Website: https://www.nw7hub.org.uk/covid-19-support/
RCCT- Romanian Charity	Address: Musical centre, Methuen Road, HA8 6EZ	Telephone: 07311 488110 Email: office@rcct.uk Website: https://rcct.uk/

St Barnabas Food Bank	Address: St Barnabas Church, 913 High Road, North Finchley, London, N12 8QJ	Telephone: 07872 697 623 Email: foodbank@stbarnabas.co.uk Website: https://www.stbarnabas.co.uk/Groups/341978/St_Barnabas_Church/Whats_on/Foodbank/Foodbank.aspx

St Monica's food parcels, Palmers Green	Address: St Monica's Church, 521 Green Lanes, Palmers Green, N13 4DH	Email: palmersgreen@rcdow.org.uk Website: https://stmonica.co.uk/
The Hive Foodbank, Archway	Address: St Mary's Church, Ashley Road, Hornsey Rise, N19 3AD	Email: hivefoodbank@gmail.com Website: https://thehivefoodbank.com/
Unitas Youth Zone Food Bank	Address: 76 Montrose Ave, HA8 0DT	Telephone: 020 8075 5888 Email: enquiries@unitasyouthzone.org Website: https://www.unitasyouthzone.org/
Wilds Cafe	Address: St James Church, 73 East Barnet Road, EN4 8RN	Email: freemeals.barnet@gmail.com

Appendix 3 Stakeholder Interview Questions (professionals)

Interview questionnaire

Semi-Structure Interview Questionnaire:

VCS Partners, Council Partners & Health Professionals

Introduction

1. Can you describe your role and organisation
2. Which of the following groups do you work with? (refugees/asylum seekers/undocumented migrants – some/all?)
3. How long have you worked with these groups?

Knowledge

4. Describe the level of knowledge that these groups have about the health care system in the UK?

Access

5. How do these groups currently access information about the health care system in the UK?
6. Do these groups face barriers accessing health care? If so, what kind of barriers?
7. What happens when the groups you work with have difficulties accessing health care? Where do they go?
8. Are there any reasons why these groups might avoid accessing health care?

Presenting Issues

9. What types of health issues or problems do you see/occur most frequently within the groups you work with?

Self-Management

10. Do the groups you work with treat or manage their own health conditions?
11. Do these groups access medicine/treatment/remedies outside of the health care system?
12. What are your experiences of the outcomes of these groups when treating or managing their own conditions?

Future Needs

13. What needs to be changed to facilitate better access to health care for the groups you work with?

Conclusion

14. Is there anything you haven't had a chance to talk about today that you would like to mention?

Appendix 4 Survey Questions (migrants)

Questions

1. If you have any issues/problems with your health, where would you go for help?

2. Are there any barriers or challenges that make it difficult for you to access healthcare?

3. Are there any reasons why you would avoid accessing healthcare?

4. Is there anything good about the healthcare system in the UK that you like?

5. Thinking about all the priorities you have in life, is health one of them?

6. What are your main health priorities or concerns?

7. Do you ever try to deal with health issues by yourself? If so, why?

8. Do you have access to food that you like? If not, what stops you from accessing the food you like?

9. Is there anything else you want to talk about in regard to health?

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	Health and Wellbeing Board **Thursday 19th January 2022**
Title	**Impact of Cost of Living pressures on residents' Health and Wellbeing**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Summary Presentation: Impact of Cost of Living Pressures on Residents' Health and Wellbeing Appendix B – London Winter Resilience and Prevention Framework (Draft), October 2022 Appendix C – ALDCS, How London borough children's services are supporting families through the cost of living crisis (Dec 2022)
Officer Contact Details	Dr Tamara Djuretic, Director of Public Health and Prevention, London Borough of Barnet, tamara.djuretic@barnet.gov.uk Renee Shingles, Strategy Manager, Strategy, Engagement and Communications, London Borough of Barnet, renee.shingles@barnet.gov.uk Claire O'Callaghan, Health and Wellbeing Policy Manager, London Borough of Barnet, claire.o'callaghan@barnet.gov.uk

Summary

A comprehensive report on Cost of Living initiatives delivered locally was presented to Policy and Resources Committee in September and the report can be accessed here: Committee Report (moderngov.co.uk)

This report outlines the health and wellbeing impact of Cost of Living pressures in particular, and the measures being undertaken to avoid or reduce these impacts.

Officers Recommendations

1. **That the Board comments on, notes the report and recommends any further actions, if needed.**

1. Why this report is needed

1.1 There is extensive evidence on links between Cost of Living Crisis and its impact of the overall health and wellbeing (British Medical Journal, May 2022, The Health Foundation, October 2022, Local Government Association, October 2022). Families and individuals on lower income are most at risk, they spend almost 37% of their income on food, housing, fuel and power. Those families are also at risk of poorest health; in the UK nearly half (48%) of the poorest 40% of families in the UK contain at least one person with poor health.

1.2 Furthermore, being unable to afford sufficient food leave people malnourished; inability to heat homes leave people at risk of developing respiratory diseases and, for the most vulnerable, at risk of death. Alongside this, worrying about having enough money can lead to stress, anxiety, and depression. This impacts on people's health both in the short and long-term and can weaken immune system (BMJ, May 2022).

1.3 In Barnet, Census 2021 suggest that 50% of all households are deprived in at least one dimension (four dimensions are education, employment, health and disability and housing conditions). This equates to over 75, 000 households, most of them are residing in most deprived areas of Barnet.

1.4 This report describes potential impact of Cost of Living on local residents and what has been done so far across the system to alleviate or prevent worsening of residents' health and wellbeing outcomes.

2. Reasons for recommendations

2.1 This report is for noting and the Board is asked to propose further possible actions, if needed.

3. Alternative options considered and not recommended

3.1 No alternative options are provided.

4. Post decision implementation

4.1 The measures outlined in this report are currently being delivered in Barnet through a number of programmes of work, e.g. Cost of Living Programme, Barnet Food Plan, Digital Inclusion, or Suicide Prevention Strategy. The progress of projects and their impact will be monitored through these programmes.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The work to reduce or avoid the health and wellbeing issues that are directly associated with current cost of living impact.

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

5.2.1 All the work and resources needed to deliver the work outlined in this report have already been approved through their umbrella programmes (e.g. Cost of Living, Suicide Prevention). Therefore, this paper presents no new resources requirements.

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 Page 4 of 6 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.

5.3.2 The Health and Wellbeing Board has specific responsibilities for: overseeing public health and promoting prevention agenda across the partnership and developing further health and social care integration.

5.4 Insight

5.4.1 Interventions and actions outlined in this paper builds off evidence from the previous Policy and Resources paper dated 8 June 2022, Cost-of-Living approach: Debt and Financial Vulnerabilities workstream, conducted by the Insights and Intelligence team including quantitative research and qualitative research with residents, services and voluntary and community sector. Impact of the interventions has been monitored and tracked.

5.5 Social Value

5.5.1 All interventions outlined in this report will support most vulnerable residents in the borough.

5.6 Risk Management

5.6.1 Each project/programmes outlined in this report have their own risk management in place.

5.7 Equalities and Diversity

5.7.1 The latest NOMIS statistics for Barnet (July 2021 – June 2022) show that Barnet has higher proportion of people in the following groups, when compared to London and Great Britain. These groups are important, as they are most likely to have low incomes.

	Barnet	London	Great Britain
Economically Inactive - Long Term Sick	28.2%	19.8%	25.4%
Unemployed	5.6%	4.7%	3.8%
Proportion of households that are workless	15.0%	12.2%	14.0%
No qualifications	6.9%	5.5%	6.6%

5.7.2 The latest Child Poverty rates by Local Authority (2019/20) show that 31% of children live in a Household Below Average Income (HBAI), which is a measure of relative poverty. Children in lone parent families, who are in larger families and/or who are from a Black and Minority Ethnic background have a greater risk of living in poverty. (Source: www.cpag.org.uk, quoting Department of Work and Pensions HBAI statistics, 1995 – 2021)

5.8 Corporate Parenting

5.8.1 Appendix I and Appendix III of this report specify interventions that take into consideration both residents who are already financial vulnerable and those at risk. By doing this we hope to improve circumstances and provide better outcomes to households impacted by the rising cost of living and thus, the children and young people that are part of these households. From our research, we understand the stress from debt and financial vulnerabilities in a household can have a negative impact on children and young people. if not addressed, especially those who are looked after by the borough.

5.9 Consultation and Engagement

5.9.1 Not applicable as this is a discussion paper for Health and Wellbeing Board.

5.10 Environmental Impact

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

6. Background papers

6.1 Barnet Council Report: Financial Vulnerabilities – Cost of Living Workstream, https://barnet.moderngov.co.uk/documents/s74331/Financial%20Vulnerabilities%20Cost%20of%20Living%20workstream.pdf

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Impact of Cost of Living Pressures on Residents' Health and Wellbeing

Health and Wellbeing Board

19th January 2023

What is the relationship between money and health?

Research has shown that increased income equals better health. The latest data on health inequalities shows that is the same for Barnet. Theories as to why are varied.

Explanations include:

- **materialist arguments:** for example, money buys health-promoting goods and the ability to engage in a social life in ways that enable people to be healthy, or can improve the quality of housing;
- **psychosocial mechanisms:** for example, the stress of not having enough money and/or insecure housing may affect health;
- **behavioural factors:** people living in disadvantaged circumstances may be more likely to have unhealthy behaviours;
- **being in poor health may affect education and employment opportunities in ways that affect subsequent health.**

Source: *HOW DOES MONEY INFLUENCE HEALTH?, Joseph Rowntree Foundation, March 2014*

A wide range of measures are being introduced to support residents and employees financially

Maximising income and reducing costs	➢ Residents Support Fund created, with a budget of £2m ➢ Investment in systems to highlight financial vulnerability, so signpost residents who are experiencing financial vulnerabilities to local and central benefits and fund support scheme ➢ Additional salary increase for LBB employees on lowest grades ➢ Council Tax 1% rebate to residents ➢ BACE Holiday scheme providing free activities and food for children who are on Free School Meals
Advice and Support	➢ Investment in two additional outreach workers in partnership between BOOST and CAB ➢ Digital Inclusion initiatives to connect digitally excluded people ➢ Streamlined application processes for grants and benefits ➢ Advice hubs and signposting by NHS trusts for staff and patients
Strengthening the VCFS	➢ Additional money put into the Community Response Fund to take it to £0.3m, which is available for Barnet VCFS groups to bid towards developing initiatives to support residents through the cost-of-living crisis. ➢ Community Innovation Fund Round 3 – Cost of Living built into the desired outcomes for projects ➢ Communication through Barnet Together Alliance

However, there are specific health impacts that we are also helping to reduce

COLD HOMES WORSENING HEALTH

- Increase or worsening of Cardiovascular Disease
- Increase in/exacerbation of Respiratory Disease

WORSENING DIET AS A RESULT OF FOOD INSECURITY

- Worse dietary outcomes (incl dietary related disease)

WORSENING MENTAL HEALTH

- Increase / exacerbation of common mental health conditions
- Increase in self harm and suicide attempts

WORSENING OR PREVENTABLE AND TREATABLE PHYSICAL ILL HEALTH

- People not booking/keeping health appointments
- People not accessing co-payment/private services
- People not taking prescribed medications

Worsening health conditions

ACTION ON: Cold homes worsening health

Warm Spaces

29 Warm Spaces open in Barnet, which offer a warm space, as well as sometimes refreshments and activities

Advice and Signposting

Online and in person advice and signposting on keeping warm, including financial support for energy bills

www.barnet.gov.uk/winterwell

Mayor of London Warmer Home Grants

London wide scheme offering grants between £5,000 - £25,000 for low income households

Warmer Homes | London City Hall

ACTION ON: Healthy and Nutritious Food

Barnet Food Plan, led by the Barnet Food Partnership

Raising awareness of, and destigmatising, food banks, to ensure people know how to get emergency food if needed

Signposting to low budget/low energy healthy and nutritious recipes

10,709 beneficiaries of Barnet foodbanks in September 2022 (62.5% adults, 37.5% children, not unique users)

Final version of Food Plan is in at the Board today for sign off

Supporting Childhood Nutrition

Promotion of Healthy Start vouchers

Working with schools and settings on Healthy Early Years and supporting Healthy Food Options in Schools (linking to BACE programme)

ACTION ON: Mental Health Impact from Rising Costs

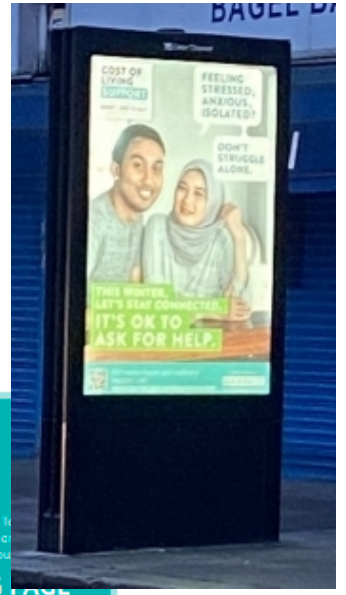
Mental Health and Wellbeing

A wide range of resources are available for Barnet children and adults - www.barnet.gov.uk/stayconnected:

- Home – Kooth
- Help yourself and others – Thrive (thriveldn.co.uk)
- AndysManClub
- Stay Alive App
- Resilient Schools Programme
- Digital mental health and wellbeing support for Londoners | Good Thinking (good-thinking.uk)
- Barnet Mental Health Campaign Toolkit

The Challenge is to match up people and the support

The challenge is two fold – ensuring that people are aware of the support, and that is clear and easy to access

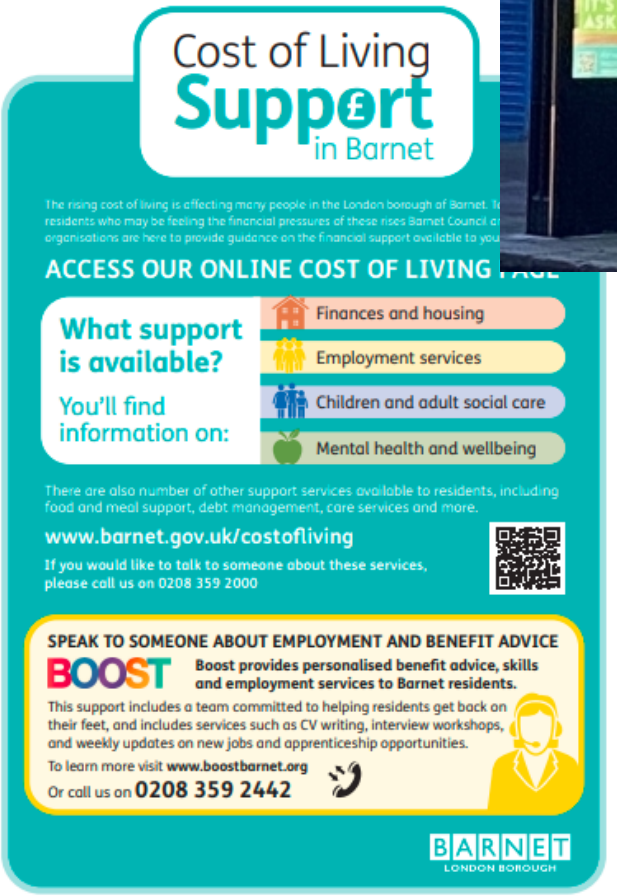


UNIVERSAL CAMPAIGN

Information in Barnet First e-newsletter, Together newsletter, social media, Barnet First magazine (November edition)

Street advertising of Mental Health campaign

Information in health settings such as Pharmacies, GPs and hospitals



TARGETED COMMUNICATIONS

Families – Early Years settings, Children's Centres and Schools identifying households with children who would be eligible for support

Work with voluntary community sector and partners especially mental health VCS orgs/community groups, food bank managers, libraries, and Barnet Health Champions to share and communicate

BARNET
LONDON BOROUGH

Office for Health Improvement & Disparities

UK Health Security Agency

ADPH London

NHS

Maximising opportunities for prevention, resilience and population health in London Winter 2022/23

A London Winter Resilience and Prevention Framework

Draft 28102022

Produced by London OHID in partnership with
UKHSA, ADPH London, NHS London

DRAFT FOR COMMENT | NOT GOVERNMENT POLICY

London Winter Resilience and Prevention Framework
Document Summary

Date and Version	28th October 2022. Draft 28102022 (002)
Name	London Winter Resilience and Prevention Framework Introduction. Draft for Engagement. October 2022
Purpose	This document aims to help NHS, ICS, local government and voluntary and community sector partners understand and prioritise key population health interventions to support health and care winter planning and response. We recommend 10 key population health interventions for implementation, scale-up and active monitoring alongside other clinical and social care focused interventions.
Audience	Health, care, local government and community leadership and governance groups working at local and regional levels in London.
Document Status	OFFICIAL | DRAFT | Policy recommendations for comment
Action	Comments and feedback to be returned to OHID London julie.billett@dhsc.gov.uk or kevin.fenton@dhsc.gov.uk
Lead Contacts	Julie Billett and Kevin Fenton | OHID London

London Winter Resilience and Prevention Framework
Introduction

Health and social care system partners in London at regional, ICS and local level are working together to deliver **joined up, integrated care** focused on enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time.

Given the immediate and significant challenges facing the health and care system, there is a strong focus within **health and care system** winter planning on:

- Strengthening system capacity to respond to increased demand;
- Managing system flow, from ambulance handovers and ED waits through to effective discharge and supporting people to remain in the community.
- Continuing to clear the elective backlog with better access to primary and secondary care services

We believe that **prevention and population health interventions** are an important part of the health and care system's resilience, response to winter pressures, and ensure the current and future sustainability of these services.

This Framework recommends **10 key population health interventions** that we would like to see implemented, scaled, monitored and evaluated by system partners as progress through Winter22/23 alongside other NHS and social care interventions

London Winter Resilience and Prevention Framework
Introduction

- As we enter the 22/23 winter period, we are approaching a period of significant challenge for the health and care system in London, and for population health and health equity more broadly.
- The factors and influences driving this challenging context are multiple and varied, and are summarised on this slide.
- Planning for winter needs to be part of an integrated approach that responds to changing seasonal and broader factors that impact on population health.

Challenges and influences on population health in London | Winter 2022/23

Risk of a resurgence of COVID-19 coinciding with the winter period, and potential for an earlier and **larger flu season** owing to low levels of flu activity during the preceding two years; high rates were seen in the southern hemisphere's winter season. Lower levels of vaccination coverage in London and in certain population groups.

A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment - impacting detrimentally on patient access, experience and outcomes

Staff burnout and fatigue at all levels and in all organisations across London, coupled with potential for industrial action and recruitment and retention challenges

Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes.** This phenomenon may be exacerbated this year by increased fuel poverty and the cost of living crisis (see below).

Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges

Disruption to the delivery of health care during the pandemic, and in particular to **the management of long term conditions and preventive programmes** such as screening and immunisations, leading to poorer control, later presentation/diagnosis and increased health need and system demand

The **cost of living crisis**, higher energy bills, rents, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on people's access to and use of health and care services eg prescriptions, dentistry, medical aids and devices.

Exacerbation of inequalities – there is potential for existing inequalities in health to be exacerbated further this winter. The pandemic highlighted the disproportionate impact of COVID-19 on London's Black, Asian and ethnic minority communities, and the rising cost of living will hit those who are already disadvantaged or with existing vulnerabilities the hardest.

London Winter Resilience and Prevention Framework
Cost of Living Crisis Population Health Impacts

Public health partners have identified 4 top areas of concern for cost of living related population health risks, with the potential for driving increased pressure on primary, mental health and emergency NHS care, as well as need for more local authority and voluntary and community sector support:

1. The **impact of cold homes and fuel poverty** on health, increasing risks of cardiovascular and respiratory diseases and pressures on primary and emergency services.
2. **Worsening diet as a result of food insecurity** (driven by increased food prices, availability and fuel prices and affordability) leading to poor dietary outcomes and worsening of diet related diseases.
3. **Worsening mental health** from rising costs, reduced purchasing power, and potential increases in unemployment impacting food security, problem debt, housing stability and financial security.
4. **Worsening of preventable and treatable ill health** due to people not accessing services as people fail to keep up with protective behaviours and a reduction in personal focus on health and an increase in health risk behaviours.

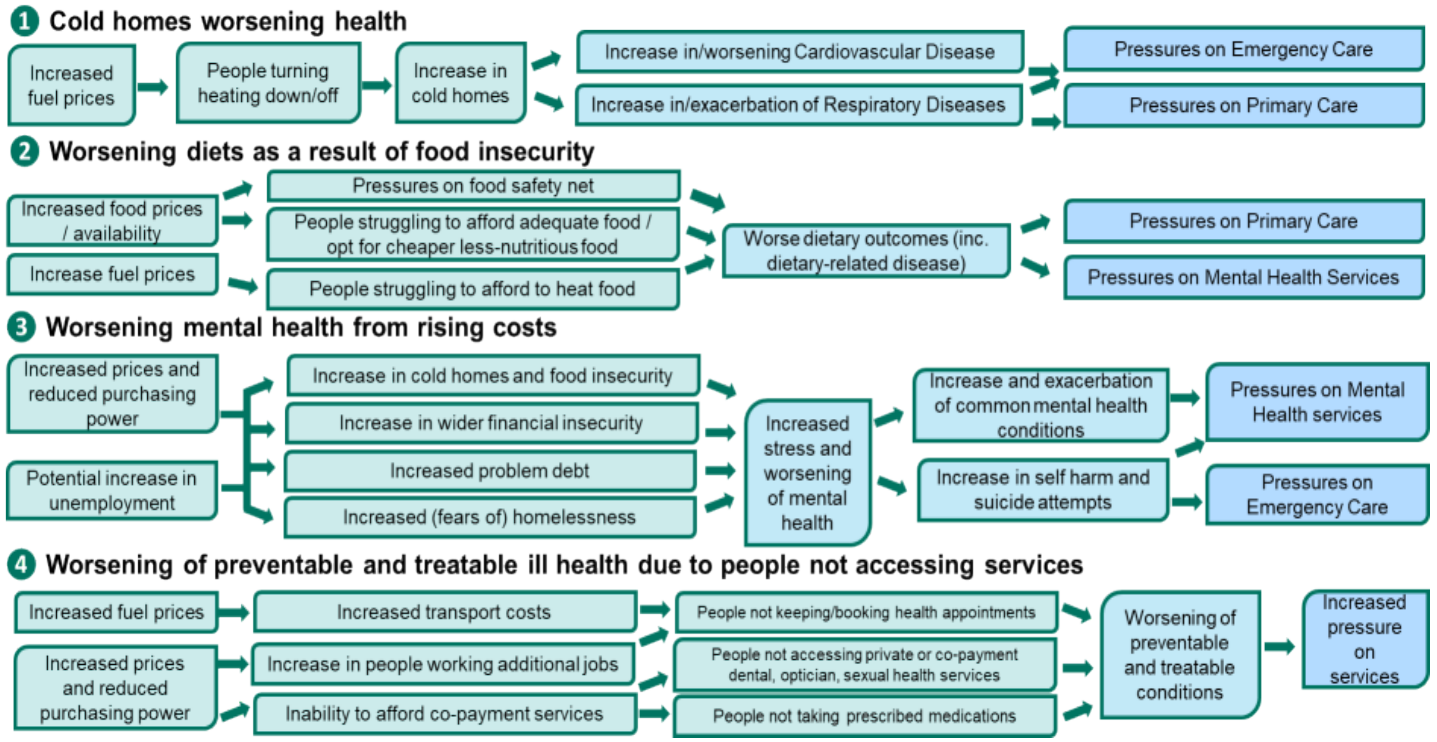


Figure: The four most important population health risks arising from the cost of living crisis and their impacts. Note that the categories are not mutually exclusive nor comprehensive.

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London Winter Resilience and Prevention Framework
Purpose

- The purpose of this **Winter Resilience Prevention Framework** is to draw together those key population health measures, interventions and approaches that can help strengthen population health resilience in London this winter and contribute to reducing health and care system demand in the shorter term.
- Taking a **population health approach** to winter planning should also serve to build a more resilient London population for the medium term.
- This framework is **designed as a tool for use by partners** working across the NHS, social care, local government, the VCS, schools and with communities, at local, sub-regional and regional levels, to support a strengthened focus on prevention and demand management measures within winter planning and preparedness. It offers a framework for the actions required to mitigate winter morbidity, mortality and service pressures.
- It also sits alongside and complements the updated **London Autumn/Winter 'living with Covid' plan** that sets out key public health objectives for managing COVID and other concurrent health protection threats this winter (see: embed hyperlink to Living with Covid autumn/winter 2022)

London Winter Resilience and Prevention Framework
Principles

- **Proposed principles to underpin a population health approach to winter resilience planning and delivery in place**

1. Harness the power of place-based partnerships, communities and whole system working
2. Place equity at the heart of winter resilience planning and implementation
3. Take a data-driven and evidence-based approach to planning, prioritisation and action – applying what works at scale
4. Optimise prevention actions to keep people well, build resilient communities and reduce avoidable demand
5. Identify and address the underlying social and economic determinants of health, including integrating practical advice and support into everyday interactions and service delivery
6. Take a whole population focus and consider particular vulnerable groups and settings
7. Strengthen community engagement, participation and co-production through community-centred approaches
8. Prioritise and support staff health, wellbeing and resilience
9. Build on short-term winter resilience measures to create longer-standing change

London Winter Resilience and Prevention Framework
Priority interventions for region-wide implementation

We have identified 10 cost-effective, implementable and scalable **population health interventions** which can:

1) Have immediate and medium term impact on individual's health and wellbeing
2) Strengthen community resilience and help reduce demand on health and social care services
3) Help mitigate the worsening risk of widening health inequalities, especially among the most vulnerable Londoners

While activity in all 10 areas continue to be delivered by local and regional partners, we want to ensure there is a resolute and laser-like focus on the **scale-up, responsiveness and impact** on these interventions.

The Framework aims to ensure that **all system partners** in London incorporate a focus on these areas a part of their Winter Planning and Response governance and activities

Number	Priority population health Intervention for London-wide implementation
1	Drive high and equitable uptake of COVID-19 and flu immunisation, and other routine immunisations
2	Support equitable recovery and increased take up of national cancer screening programmes
3	Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
4	Optimise case finding, diagnosis and management of long term conditions
5	Promote "staying well in winter" campaigns and messaging, including health system 'literacy' and navigation
6	Maintain a focus on public mental health, wellbeing and resilience
7	Develop and harness assets for community-centred approaches, community engagement and mobilisation
8	Prioritise and support health and care settings with vulnerable populations, such as care homes
9	Provide proactive support and tailor services for inclusion health and other vulnerable groups
10.	Support the health, wellbeing and resilience of the health and care workforce

London Winter Resilience and Prevention Framework
Vulnerable populations

Key vulnerable groups for excess winter morbidity and mortality

- Older adults (and particularly those aged 85+ years)
- People with existing chronic diseases or people living with a disability
- Pregnant women
- People experiencing deprivation and disadvantage
- Those with less healthy behaviours (sedentary behaviour, chronic/irregular heavy alcohol consumption, smoking)
- People living in fuel poor households/in cold housing
- People in inclusion health groups
- People who are socially isolated

Number	Priority population health Intervention for London-wide implementation
1	Drive high and equitable uptake of COVID-19 and flu immunisation, and other routine immunisations
2	Support equitable recovery and increased take up of national cancer screening programmes
3	Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
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10.	Support the health, wellbeing and resilience of the health and care workforce

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Priority approaches and interventions

SECTION 2

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London Winter Resilience and Prevention Framework
Priority NHS Secondary Prevention Interventions

The London Winter Resilience Prevention Framework identifies:

- Six high priority **secondary prevention interventions** for NHS and ICS systems supported
- Three cross-cutting **priority structural interventions** for NHS, community and local government partners aimed at ensuring a stronger community centred and equity focused response.
- The importance of centring the prevention response around a supported, **healthy and resilient health and care workforce**

Number	Priority population health Intervention for London-wide implementation
1 NHS/ICS	Drive high and equitable uptake of COVID-19 and flu immunisation, and other routine immunisations
2 NHS/ICS	Support equitable recovery and increased take up of national cancer screening programmes
3 NHS/ICS	Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
4 NHS/ICS	Optimise case finding, diagnosis and management of long term conditions
5 NHS/ICS	Promote "staying well in winter" campaigns and messaging, including health system 'literacy' and navigation
6 NHS/ICS	Maintain a focus on public mental health, wellbeing and resilience
7 ALL PARTNERS	Develop and harness assets for community-centred approaches, community engagement and mobilisation
8 ALL PARTNERS	Prioritise and support health and care settings with vulnerable populations, such as care homes
9 ALL PARTNERS	Provide proactive support and tailor services for inclusion health and other vulnerable groups
10. ALL PARTNERS	Support the health, wellbeing and resilience of the health and care workforce

1. Drive high and equitable uptake of COVID-19 and flu immunisations and other routine immunisations

Opportunity	This winter it is expected that acute respiratory infections, including COVID-19 and flu, may be circulating at high levels – putting increasing pressure on hospitals and other health and care services. Maximising uptake of both the COVID-19 booster and the seasonal flu jab this winter will protect those people who are at greatest risk from poorer flu or covid-related outcomes. Maximising uptake of other routine immunisations – including shingles and pneumococcal and childhood routine vaccinations – will reduce other vaccine-preventable illness.
Priority Actions	❑ **Ensure robust regional, sub-regional, local and hyper-local covid and influenza vaccine delivery plans and infrastructure are in place, including plans for co-promotion and co-delivery of both vaccinations.** ❑ **Ensure effective contingency or surge COVID-19 vaccination programme capabilities and infrastructure are in place** ❑ **Ensure a data-driven focus on equity in vaccine programme design and delivery, targeting and tailoring delivery to reach under-served populations and groups** ❑ **Take a "making every contact count" (MECC) approach – using vaccine encounters to detect and address other issues (eg blood pressure or referral to support with the cost of living) as well as embedding immunisation into other clinical encounters and pathways** ❑ **Continue to promote infection prevention and control measures alongside vaccination eg employers encouraging sick employees to stay at home, hand washing advice.**
Lead agencies and partners	ICSs and local borough partnerships, including LAs, social care providers and VCS. NHSE London, UKHSA, GLA, OHID, Covid Legacy and Equity Partnership

2. Support equitable recovery and increased take up of national cancer screening programmes

Opportunity	Improving uptake of the three national cancer screening programmes in London will help address late stage cancer diagnosis and improve population health outcomes. London uptake falls below national rates for all three programmes, with breast screening uptake particularly impacted by the pandemic. Inequalities in uptake are associated with a range of factors including deprivation, gender, ethnicity, LGBTQ+, faith and learning disability.
Priority Actions	❑ **Work in partnership to deliver an integrated approach to improving uptake and reducing inequalities in cancer screening programmes, informed by data, intelligence, evidence of what works and co-production with communities and inclusion health groups** ❑ **Maximise opportunities to integrate cancer screening signposting & advocacy within other clinical pathways and clinical encounters, such as medicine reviews, long term condition reviews, health checks for people with learning disabilities. Take a MECC approach to every screening encounter** ❑ **Build a focus on cancer prevention, screening, awareness of signs and symptoms, early presentation and access to services into broader health promotion and literacy campaigns and community engagement activities** ❑ **Harness the resources, support and learning available through regional, ICS and Cancer Alliance programmes and networks eg** Joint London Cancer Screening Improvement Board, Breast Screening Recovery Community of Practice and Health Inequalities Advisory Group ❑ **Amplify regional bowel and cervical screening social marketing campaigns**
Lead agencies and partners	NHSE, ICSs, London's Cancer Alliances and the Transforming Cancer Services Team (TCST), working with local authorities, VCS, academia, Covid Legacy and Equity Partnership and others

3. Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF

Opportunity	There has been an increase in cardiovascular (CVD) mortality and a drop in management of CVD risk factors during the pandemic in London. People from deprived areas are more likely to die prematurely from CVD, and people from Black ethnic groups are less likely to have their blood pressure (BP) controlled, and suffer more from CVD, stroke, renal failure and dementia. Detection and optimisation of CVD risk factors - BP, high cholesterol and atrial fibrillation – will prevent the development and exacerbation of cardiovascular disease, one of the main causes of excess winter deaths.
Priority Actions	❑ **Optimise public health interventions to support healthy behaviours in people at increased risk of CVD or with established disease (e.g. smoking cessation, healthy weight, increased physical activity and low risk alcohol consumption)** ❑ **Use a systematic population health management approach at place level to detect and optimally manage CVD risk factors (hypertension, atrial fibrillation and cholesterol), using data to identify and target populations through evidence-based interventions. Optimise uptake of NHS Health Checks.** ❑ **Work with communities and VCS organisations to develop culturally competent and innovative approaches to CVD risk factor detection and management** ❑ **Embed CVD prevention into workplace health programmes, including for health and social care staff** ❑ **Support the health and care workforce to embed CVD prevention into a broad range of clinical pathways, settings and clinical encounters, making every contact count** ❑ **Promote awareness of minimum room temperature for health (18º) especially for those with CVD risk factors**
Lead agencies and partners	ICS and place-based partnerships, including: NHS and social care providers, LAs, and local VCS partners; London Cardiac Network, North and South London Cardiac Operational Delivery Networks, AHSNs, OHID.

4. Optimise the management of other long term conditions

Opportunity	Alongside CVD, optimising the management of other long term conditions will bring year-round secondary prevention benefits and help reduce avoidable winter health and care system demand, particularly for respiratory disease and dementia. There is emerging evidence that people with dementia are more vulnerable to respiratory diseases and falls, difficulties with self-care, and disturbances of temperature regulation in winter. Respiratory diseases account for around a third of all excess winter deaths.
Priority Actions	❑ **Use a systematic population health management approach at place level to support the optimal management of people on long-term condition registers, using data to identify and target individuals and populations through evidence-based interventions** ❑ **Support people with chronic conditions to self-manage their condition, for example, by facilitating effective navigation through health and care services and through tailored, culturally competent self-management support programmes** ❑ **Maximise the use of telecare and telehealth solutions to support people with long term conditions and disabilities to live independently, stay in control of their health and wellbeing and prevent avoidable demand for health and care services** ❑ **Harness and extend the contribution of community pharmacy to long-term condition management and to supporting people to stay well this winter, including monitoring and follow up** ❑ **Interrogate Urgent and Emergency Care datasets (e.g. ED attendance, emergency admissions) to identify opportunities for upstream intervention and the potential for re-direction to community-based alternatives**
Lead agencies and partners	ICS and place based partnerships, including health and care providers, LAs, and VCS partners. Clinical networks at regional and ICS level.

5. Promote "staying well in winter" campaigns & messaging, including how to access and navigate services

Opportunity	Providing clear, simple and consistent information on staying well this winter, including how and where to access practical support with health, social and financial issues, should help people look after their own and others' health and wellbeing, and increase awareness and use of locally available services.
Priority Actions	❑ **Develop, deliver and amplify "staying well in winter" campaigns and public messaging to help build individual and community resilience and raise awareness of available support** ❑ **Reinforce infection prevention and control messaging and advice – letting fresh air in if meeting indoors; using face coverings in crowded, enclosed spaces; practising good hygiene; avoiding contact with others if unwell** ❑ **Develop an integrated "local offer" that draws together advice and signposting to the range of health, wellbeing, practical and financial support available locally this winter** ❑ **Ensure health and care professionals are aware of this "local offer" to help them navigate patients, carers and residents to relevant services, particularly for social and financial issues. Develop and promote a clear "community pharmacy winter offer" to reduce pressures on general practice** ❑ **Develop innovative approaches to identify households that are particularly vulnerable this winter and provide proactive support eg working with housing departments, landlords, energy companies, DWP, education settings and institutions, voluntary and community services and groups, London Fire Brigade, London Ambulance Service. Encourage and support vulnerable households to register with the Priority Services Register** https://www.ukpowernetworks.co.uk/power-cut/priority-services/about-the-priority-services-register ❑ **All organisations to understand and action their role in implementing the Cold Weather Plan** The cold weather plan for England 2022 to 2023 (publishing.service.gov.uk)
Lead agencies and partners	**Sub-regionally and locally**: LAs, ICS and borough partnerships, health and care providers, voluntary and community sector partners **Regionally:** NHSE, GLA, London Councils, OHID, UKHSA

6. Maintain a focus on public mental health, wellbeing and resilience

Opportunity	Whilst data are limited on the mental health experiences of those impacted by rising living costs, it is clear these challenges are a serious barrier and psychosocial stressor which threaten the emotional resilience of Londoners. Risk and protective factors for good mental health are not equally distributed across the population, with those most at risk of poor mental health being many of the same individuals and communities disproportionately impacted by the pandemic. As we head into winter, there are many indirect health and psychosocial effects of cold weather, such as cold housing linked to worse mental health, depression and social isolation; reduced physical activity and mobility; and increased heating costs leading to fuel poverty and financial-related stress.
Priority Actions	❑ **Strengthen multi-sectoral partnerships and collaborations to bring insight, share knowledge and develop and implement mental health and suicide prevention activities to support Londoners who are struggling** ❑ **Use regionally-produced campaigns, resources and toolkits from THRIVE LDN and Good Thinking to deliver and amplify public mental health communications and campaigns locally and sub-regionally.** ❑ **Continue to monitor and review data through the Real Time Surveillance System for Suspected Suicides to understand trends and inform preventive actions; consider updating local suicide prevention plans.** ❑ **Promote and facilitate mental health and wellbeing training for front-line workers, including those in direct contact with people struggling financially and embed financial and mental wellbeing support within Community Champions networks and in social prescribing programmes** ❑ **Work with local grassroots organisations to test and scale preventative and resilience programmes for groups at disproportionately greater risk of poor mental health, including through THRIVE's Right to Thrive initiative** ❑ **Promote and embed a whole school approach to address the mental health needs of pupils, parents, carers and teaching staff**
Lead agencies and partners	THRIVE LDN, Good Thinking, NHSE London, OHID, GLA; ICS and local borough partnerships, working with a broad range of cross-sectoral partners and organisations

7. Develop and harness assets for community-centred approaches, community engagement and mobilisation

Opportunity	Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to health and wellbeing. These community determinants build control and resilience and can help buffer against threats to both physical and mental health. Participatory approaches can directly address marginalisation and powerlessness that underpin inequities. Evidence points to interventions that build community resilience as emerging yet important approaches to addressing winter pressures.
Priority Actions	❑ **Strengthen local community engagement and community mobilisation mechanisms** ❑ **Support initiatives to strengthen resilience within local communities, foster social connectedness and increase social networks. Such approaches can help develop and strengthen services and support in the community that respond to winter- and cost of living-related issues, such as isolation and loneliness, fuel poverty, food insecurity and falls** ❑ **Embed advice and signposting to practical, financial and social support into community champions networks, social prescribing programmes, and other community health worker initiatives.** ❑ **Raise awareness of simple actions that people can take to build social connectedness and community health resilience over winter, such as encouraging people to check in on friends, neighbours or relatives to help alleviate loneliness and ensure they are keeping well, and through volunteering and peer support.** ❑ **Integrate community-centred approaches into winter planning activities on an ongoing basis, including co-production with communities**
Lead agencies and partners	Borough, placed-based partnerships across local government, NHS, social care, voluntary and community sector

8. Prioritise and support health and care settings with vulnerable populations, such as care homes

Opportunity	Many of the most clinically vulnerable individuals in society are in receipt of care and support; protecting vulnerable people through a focus on key settings and services will be as important as ever this winter.
Priority Actions	❑ **Maximise COVID and flu vaccination amongst eligible groups, including care home residents, and amongst health and care staff** ❑ **Ensure care homes have access to IPC training and support** ❑ **Ensure robust plans are in place for testing for vulnerable groups, carers and key workers at times of high prevalence and for testing in acute respiratory infection outbreaks in high risk settings to support outbreak management** ❑ **Maintain robust pathways for provision of antivirals (COVID and flu), when necessary** ❑ **Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.**
Lead agencies and partners	**NHS and social care providers; LAs, borough partnerships and ICBs; UKHSA**

9. Provide proactive support and tailor services for inclusion health and other vulnerable groups

Opportunity	People in inclusion health groups typically experience multiple, overlapping risk factors for poor health and experience stigma and discrimination. These experiences, risk factors and barriers in access to healthcare lead to extremely poor health outcomes. The winter period and cold weather presents the greatest health risk to those who are homeless and sleeping rough. However, all groups already facing marginalisation and social exclusion are likely to be among the hardest hit by cost of living pressures. People living with a disability may also be amongst those particularly hard hit by the rising cost of living.
Priority Actions	❑ **Understand, plan for and respond to the particular needs of inclusion health groups during the coming months. Tailor information, advice, support and services to minimise barriers to access for inclusion health groups – including language barriers and digital exclusion** ❑ **Mobilise and coordinate regional and local interventions to support people who are homeless this winter to protect them against winter-related morbidity and mortality, building on the success of and learning from "Everyone In"** ❑ **Ensure ongoing support and continuity of care for vulnerable groups following discharge from hospital. Follow NICE guidance on post-discharge care of vulnerable people** https://www.nice.org.uk/guidance/ng6/chapter/1-Recommendations#recommendation-7-discharge-vulnerable-people-from-health-or-social-care-settings-to-a-warm-home ❑ **Drive up vaccination uptake in inclusion health groups by delivering accessible, tailored and outreach flu and covid vaccination services alongside inclusive mainstream vaccination delivery. Optimise use of locations that feel safe and welcoming and can be more easily accessed by inclusion health groups.**
Lead agencies and partners	Local authorities, GLA, NHSE, ICSs and borough partnerships, VCS partners, OHID, UKHSA

10. Support the health, wellbeing and resilience of the health, care and wider workforce

Opportunity	The pandemic has had a significant physical, mental and psychological impact on staff across the health and care system, and current and future demands mean that staff will remain under pressure. Alongside interventions targeting staff recruitment and retention to build workforce capacity, looking after the health and wellbeing of health and care staff and ensuring they feel supported is a crucial part of system resilience, now and into the future. Employers in all sectors can also support employee health and wellbeing this winter.
Priority Actions	❑ **Boards and senior leaders to give staff health and wellbeing the highest priority and drive an organisational culture of wellbeing, where staff wellbeing is considered across all organisational activities and decisions** ❑ **Implement inclusive workplace wellbeing programmes that consider the full range of factors that influence staff health and wellbeing, including elements such as workplace relationships, management skills and the working environment, as well as physical and mental health** ❑ **Maximise uptake of flu and covid vaccination amongst health and care staff, using culturally competent and tailored delivery approaches to address barriers to uptake** ❑ **Tailor organisational staff wellbeing and support offers to recognise and respond to wider social and economic challenges and stressors facing some staff this winter, including providing or signposting to financial and practical advice and support**
Lead agencies and partners	Health and care providers; ICS and borough partnerships; GLA, NHSE, OHID, UKHSA; employers

London Winter Resilience and Prevention Framework

Monitoring and governance for population winter resilience

Monitoring

- There is no single, integrated indicator set for monitoring the diverse population health risks, system impacts and performance this winter. Relevant data are held and monitored within specific organisations and partnerships at regional, sub-regional and local level.
- At **regional level**, key public health system level outputs include:

    1. COVID-19: London Summary Indicators (weekly, OHID London)
    2. London Winter health protection summary (weekly, UKHSA London – *in development*)
    3. COVID-19 escalation framework triggers
    4. GLA's City Intelligence Unit - produces a range of reports on the impact of the cost of living crisis on Londoners, using opinion polling, economic data, and analysis of trends *(ad-hoc)*
    5. London Councils – *ongoing work to develop a Cost of Living indicator set?*

Governance

- **No new or additional** governance arrangements are proposed to oversee or track adoption and implementation of this framework.
- Established **groups and fora at all system levels** with responsibility for winter planning and system resilience, or for specific areas covered within the framework such as immunisations or cancer screening, are already in place and a the focal point for the Framework's implementation.
- We would however encourage the **routine inclusion and monitoring** of these 10 population health interventions in all winter planning governance and oversight meetings to ensure that a focus on prevention and resilience is constant over the winter period.

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London Winter Resilience and Prevention Framework
Next steps for engagement and mobilisation

Implementation of this framework will require **collaborative and integrated action** at regional, sub-regional and local level, adaptation by local areas to reflect the needs of their population and the actions already in place.

Partners are encouraged to use the framework as a **prompt** to thinking about and taking forward **a population-health approach** to winter planning at all system levels, **strengthening existing winter plans with a deeper focus on prevention**.

The next step is to **socialise the draft framework** widely with partners to prompt discussion about:

1. How the framework itself can be developed and strengthened, and
2. The additional actions partners can take to strengthen the resilience of London's population this winter.

At regional level, OHID London is:-

- Convening a series of thematic discussions with partners to raise awareness of current activities, interventions and resources, and to prompt further collaborative action.
- Thematic topics identified thus far are:
  - Public mental health (completed, 6th October)
  - Addictions, including tobacco, substance misuse and gambling
  - Immunisation and screening
  - Communications and messaging
  - Data and monitoring
  - Children, Young People and Families
  - Social care
- Working with partners to develop a prioritised plan for dissemination and engagement with key audiences:- professional groups and networks; iinstitutions; Community networks and leaders; and Londoners

APPENDICES

SECTION 3

DRAFT FOR COMMENT | NOT GOVERNMENT POLICY

London Winter Resilience and Prevention Framework
Key “Stay Well This Winter” Tips

- ☐ Make sure you get your flu vaccination.
- ☐ Come forward for your COVID-19 booster when offered.
- ☐ Keep your home at 18°C (65°F) or higher if you can.
- ☐ Take advantage of financial schemes and discounts to help you pay for heating.
- ☐ Contact NHS 111 online or by phone if you are worried about any symptoms.
- ☐ Look out for other people who may need a bit of extra help over the winter.

NHS

Where to go for the right medical help

999 — **Dial 999 for life-threatening emergencies**

111 (111.nhs.uk) — If you need medical help fast or think you need to go to an Emergency Department (A&E) use NHS 111 first – online or by phone* – to get clinical advice or direction to the most appropriate services for treatment

GP Pharmacy (www.nhs.uk) — For all other health needs, contact your pharmacy or GP practice. You can also access NHS advice and information at **www.nhs.uk**

*If you have difficulties communicating or hearing, you can use the NHS 111 British Sign Language (BSL) interpreter service via **www.nhs.uk/111** or call 18001 111 on a textphone.

London Winter Resilience and Prevention Framework

Factors influencing population health in London this winter

Risk of a resurgence of COVID-19 coinciding with the winter period, and potential for an earlier and **larger flu season** owing to low levels of flu activity during the preceding two years; high rates were seen in the southern hemisphere's winter season. Lower levels of vaccination coverage in London and in certain population groups.

A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment - impacting detrimentally on patient access, experience and outcomes

Staff burnout and fatigue at all levels and in all organisations across London, coupled with potential for industrial action and recruitment and retention challenges

Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes.** This phenomenon may be exacerbated this year by increased fuel poverty and the cost of living crisis (see below).

Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges

Disruption to the delivery of health care during the pandemic, and in particular to **the management of long term conditions and preventive programmes** such as screening and immunisations, leading to poorer control, later presentation/diagnosis and increased health need and system demand

The **cost of living crisis**, higher energy bills, rents, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on people's access to and use of health and care services eg prescriptions, dentistry, medical aids and devices.

Exacerbation of inequalities – there is potential for existing inequalities in health to be exacerbated further this winter. The pandemic highlighted the disproportionate impact of COVID-19 on London's Black, Asian and ethnic minority communities, and the rising cost of living will hit those who are already disadvantaged or with existing vulnerabilities the hardest.

London Winter Resilience and Prevention Framework
Links to key resources

1. Help with the cost of living | London City Hall
2. Warmer Homes | London City Hall
3. NHS England » Next steps for urgent and emergency care letter and framework
4. 20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (england.nhs.uk)
5. The cold weather plan for England 2022 to 2023 (publishing.service.gov.uk)
6. Winter - UK Health Security Agency (blog.gov.uk)
7. Responding to the challenge of cold weather and winter - UK Health Security Agency (blog.gov.uk)
8. NHS winter pressures - The Health Foundation
9. NHS winter pressures | The King's Fund (kingsfund.org.uk)

Office for Health Improvement & Disparities

UK Health Security Agency

ADPH London

NHS

Maximising opportunities for prevention, resilience and population health in London Winter 2022/23

London Winter Resilience and Prevention Framework

Produced by London OHID in partnership with
UKHSA, ADPH London, NHS London

DRAFT FOR COMMENT | NOT GOVERNMENT POLICY

How London borough children's services are supporting families through the cost of living crisis (Dec 2022)

Introduction

London Councils and LIIA put a call for evidence out to all London Boroughs in November 2022. The information shared has been set out in this report and provides a snapshot of some of the work currently being undertaken across London to support families living in poverty this winter.

The three sections in this briefing cover food poverty, additional support to families, and support to foster carers / Care Leavers / UASC .

1. Tackling food poverty – how are you using government grants to finance food vouchers and activities during the school holidays? Are you doing anything additional to this to alleviate food poverty over the winter?

Barnet

In Family services we have ensured that we work closely with our Early Years settings, Children's Centres (CCs) and schools to identify Households with children who would be eligible for support via the Household Support Fund and work with schools and our partners in the VCS sector through Young Barnet Foundation to engage as many eligible children as possible in our BACE (HAF programme) www.barnetyouth.org. In addition to this Family Services are engaged with the Food Steering Group (led by public health) who are developing the Barnet Food Plan 2022-2027 which includes a preventative approach to food insecurity and an action plan, we have been part of Cost of Living Workshops to develop the content for the Cost of Living page on the councils website https://www.barnet.gov.uk/benefits-grants-and-financial-advice/cost-living-support. The council are publicising support available across all comms at the moment as part of a council wide Cost of Living campaign, to ensure our families, children and care leaver's have the right support and know where to go for help.

During school holidays we run BACE activities for children in reception -11 years old for families in receipt of free school meals.

Croydon

Currently we have approximately £2k set aside per locality (£6k) which was held back from the Housing Support Fund. We use this money (which we have turned into food vouchers) for families in need. We expect that we will use a batch of this money over the coming Christmas period for those families who will be impacted by large fuel costs, which may reduce funds they usually spend on food.

Greenwich

In Greenwich our approach to using HSG has incorporated a mixture of targeted payments (including FSM pupils during school holidays) plus funding other initiatives. In relation to targeted payments we have worked with the Post Office in order to make cash payments rather than finance food vouchers. This enables families to spend on both food and utilities in line with the grant aspiration and for families to focus spend on where they're feeling the biggest pressure.

In addition we have planned to allocate funding to:

- Greenwich's Emergency Support Scheme which enables discretionary support for local residents during challenging periods.
- Greenwich's Stay Warm Stay Safe programme delivered through our Community Hub and provides support to those vulnerable / at risk from the cold weather. This also links to dedicated support around accessing help with utility bills and areas such as benefits, insultation, fire safety visits etc.
- Greenwich Co-operative Development Agency to fund provision of food for local Food Pantries and the Food Bank.
- The delivery of a small grants programme, which is targeted at funding local organisations who are in contact with vulnerable households and can support them with food and any other items to help during the period e.g. warm clothes. This grant scheme helps to reach those families who may have less contact with statutory services or larger organisations.

Hammersmith & Fulham

As well as utilising household Support Funding to support the delivery of holiday activity (HAF) and FSM vouchers, Hammersmith and Fulham has been implementing a programme to address school food poverty since the end of 2019.

UFSM secondary school pilot - Since January 2020 the council has supported UFSM at two secondary schools. Although disrupted by COVID lockdowns, this pilot has also been evaluated by independent researchers finding that it had a significant impact meeting with coherent goals of increased access to a healthy meal, reduced food insecurity and better nutrition.

Universal Primary school Breakfasts - The council, in partnership with national charity Magic Breakfast, has extended an offer of free breakfasts to all its primary schools and nurseries, without any eligibility criteria for the school or pupils. Breakfasts are provided at the start of the school day and this was extended during the pandemic lockdowns and holidays to include home deliveries. In the last year alone the council has provided 600,000 breakfasts through this offer.

Additional support - Over Christmas we will be providing take home recipe packs with food and activities as part of our HAF programme.

Lewisham

Since summer holiday 2020, Lewisham schools and settings have distributed shopping vouchers (or hampers in some cases) to families whose children are eligible for FSM during every school holiday. This currently provides £15 per eligible child per week. This was funded by the Department for Education during lockdown school closures and later through the Council allocating funding via the government's 2020 Winter Grant scheme and lately the Household Support Fund and its extensions.

Tower Hamlets

Holiday Activities and Food programme - School-age children who receive benefits-related free school meals, as well as a number of other vulnerable children identified by schools are able to access free healthy food during the Easter, Summer and Christmas holidays, alongside nutritional education, enriching and physical activities, food education for family and carers, and signposting and referrals to support services.

School uniform grants are available for parents or carers who are on a low-income or receiving some form of benefits or receiving support from NASS (National Asylum Support Service).

Waltham Forest

Here is a summary of what is being done to support families with children through the Household Support Fund (Oct 22 – Mar 23):

- Breakfast clubs in primary schools – funding to primary schools to enable them to identify and support those children who, due to cost of living crisis, arrive to school hungry.
- Free School Meals during school holidays – supermarket vouchers issued to children on the FSM register during the October half term, Christmas and February half term school holidays.
- Voucher awards to families with children that are currently working with Early Help, Children's Social Care, SEND and Care Leavers service teams to support with food and essentials linked to energy & water bills. Direct award payments made to those known to Young Carers service to support with food and energy costs.
- Discretionary fund for schools to distribute directly to vulnerable families in support of food and wider essentials.
- Warm coat / school uniform fund through Revenues and & Benefits service aimed directly at families with children.
- Community Kitchens in partnership with local VCS organisations to host activities where people can come together to eat a warm meal in a communal and welcoming setting.
- Food Bank support: wholesale food purchase for distribution to local foodbanks via food parcels.

Lambeth

This winter, Lambeth Council will be providing targeted payments to residents identified as being most in need, including an additional payment to those most in need AND a single parent.

Families with young children (under 5) and pregnant people can access food vouchers at a variety of child centres in the borough and residents can also access these vouchers on prescription, based on medical need.

The council has also provided additional capacity to at-scale food distribution in the borough. A full list of the borough's food provision can be found on the Lambeth Larder website: https://www.lambethlarder.org/

2. Additional support - what other additional measures are being considered by your borough to support families over the forthcoming school holidays e.g. warm banks?

Barnet

We work with Public Health colleagues to promote Healthy Start vouchers. If a woman is more than 10 weeks pregnant or has a child under four, they may be entitled to get help to buy healthy food and milk. If eligible, they'll be sent a Healthy Start card with money on it that they can use in some UK shops. This card will also enable the user to access Healthy Start vitamins.

We are also working with Public Health colleagues to work with schools and settings on Healthy Early Years and supporting Healthy Food Options in schools – linking to our BACE (HAF) programme.

Our Early Years and Primary Lead also ensures circulation to partners of any support sites/links and information such as the below

- The team at Good Thinking have put together a new cost of living article to give you some practical tips and links to support organisations.
- The GLA's Help With the Cost of Living online hub continues to be updated with a range of information to support Londoners, including on money and mental health.

Brent

The council is currently identifying warm spaces that could be made available for families to access – mainly out of local libraries. Details also attached of general cost of living support being provided to local residents: https://www.brent.gov.uk/costofliving

Support is available to Brent residents through the Resident Support Fund which can help provide emergency financial support towards energy bills for eligible residents.

City

We are developing a proposal to establish a food pantry/club outlet in the City – but that remains subject to funding and if supported will not be in place before the new year

Greenwich

A summary on some of the additional measures to support families include:

- Uprating the funding for school clothing grants and making a one off winter school clothing top-up payment to those in receipt of FSM.
- Funding to support the establishment of warm spaces across a range of community sites. This will include Children's Centres who are setting up 'Front Room' sessions, which will provide spaces with toys and books for parents and their babies/young children to spend time together with access to hot/cold drinks. There will be at least two sessions per week at different children's centre sites.
- Increasing funding for Discretionary Housing payments to support low-income residents and families.
- Launch of a community donation initiative to enable people to contribute to support local charities who are supporting residents and families with the increased cost of living.

Kingston and Richmond

The Councils' cost of living hubs set out the support provided for children and families. This includes the use of children's centres and youth centres as warm banks or warm spaces.

Lewisham

Launch of warm welcomes across our Libraries, VCS partners and local businesses. The councils is reopening their Under 5's Stay and Play which will be free of charge for families and include a light breakfast. This provision is being funded by the ward assembly. Another initiative is a series of Cookery Clubs which include healthy eating and budgeting as a main theme.

Tower Hamlets

The Resident Support Scheme is designed to help residents who are either in or at risk of being in crisis or are in need of immediate help and have no source of financial support available to them. Residents are able to submit an application here: www.towerhamlets.gov.uk/rss

Cost of living payments of £50 supermarket vouchers to free school meal children. Payments of £100+ to identified households on lowest income to expenditure bracket (including FSM children, Healthy start eligible households and working households).

The food pantry programme seeks to combine the crisis alleviation of food banks with wrap around holistic support that tackles the root cause issues. Food pantries are accessed on a member-only basis for a period averaging six months, during which members are able to attend a pantry in their local area and pay a weekly fee of £3.50 in return for £25-35 worth of quality fresh and ambient repurposed food. At the same time members are signposted to external support services that work on issues including housing, benefits access, employment, debt and others.

There are a number of food banks in Tower Hamlets across the different wards which operate on a drop-in / open access basis where residents are able to pick up emergency food packages in times of crisis. These are supported with provisions by LBTH.

The Resident Support Outreach Team provides holistic, face-to-face support to residents in outreach locations across the borough. The team speaks multiple community languages and is able to support residents to apply for benefits, grants, and discounts, while also making referrals into other services. Residents can be referred into the service through an online form.

Partnering with The Felix Project and HisChurch, the Food Hub delivers food to over 60 VCS organisations in the borough who go onto benefit a range of vulnerable residents.

Tower Hamlets Community Advice Network (THCAN) is a partnership of local advice centres that provide free advice and representation in areas of social welfare law. The advice centres work together through THCAN to ensure that residents of Tower Hamlets have access to free, high quality advice on welfare benefits, debt, housing, immigration and other areas of social welfare law.

Waltham Forest

Early Help, Children's Social Care, Young Carers, SEND and Care Leavers services are offering vouchers and direct awards to help with food costs to alleviate pressures with utility bills and wider essentials needed.

Wandsworth

Our borough will be providing the following initiatives to support families throughout the winter months (including school holidays):

- Warm Spaces – As a borough, we will be providing numerous 'Warm Spaces' across the borough, both independently and with the voluntary and community sector.
- A Warmer Welcome – an enhanced offer for children and families, delivered from our children's centres
- Our winter 2022 offer delivered from our Children's Centres will offer an inclusive, safe and warm place accessible to all. Where local families, who are experiencing significant financial difficulty can come and spend time, to assist with reducing their fuel and food expenditure. The children's centres will continue to focus on supporting children under the age of five and extended family members (but not exclusive to) for those families who are in need. Breakfast, lunch, dinner and hot drinks will be available for those attending our 'Warmer Welcome' sites.

An experienced catering provider, with a good understanding of our local needs has been commissioned to deliver food in our children's centres.

Lambeth

The council is currently considering how to support residents with hygiene and period poverty, both through voluntary and community sector organisations as well as local schools. In addition, the council is currently exploring how to best support families with clothing this Winter.

Lambeth also has an expanding network of warm spaces in the borough that welcome families with children, with some warm spaces including activities for children. A list of warm spaces and information about the support available in each space can be found at our website: www.lambeth.gov.uk/warm-spaces

As plans develop, more information will be available on Lambeth Council's Cost of Living webpage: www.lambeth.gov.uk/cost-living-crisis-support

3. How is your Local Authority supporting Foster Carers, Care Leavers and UASC through the Cost of Living crisis?

Barnet

We have created a new Resident Support Fund of £2m specifically to respond to the Crisis & available to Barnet residents so parents & carers are eligible. This builds on existing support delivered through Discretionary Housing Payments, Household Support Fund (which funds schools' meals and the holiday programme), crisis funds and corporate grants (which covers school unforms). The Council also funds the VCSF sector to operate a food hub which supports a network of foodbanks across the borough.

Free financial support and advice for our care leavers

https://www.barnet.gov.uk/benefits-grants-and-financial-advice/cost-living-support

Brent

- All PAs are attending workshops, held by the Council regarding the cost of living crisis so that they ensure care leavers receive support and also advise them how to make savings regarding heating and electricity bills. This includes ensuring PAs are up to date with the latest welfare benefits arrangements to advise their young people.
- A specific, targeted life skills programme has been established for care leavers to advise them on managing the cost of living.
- Referrals are being made into local foodbanks with whom we have well-established links.
- We have increased our efforts to push more care leavers into EET and out of benefits with targeted focus on those coming out of custody and with additional needs.
- We have commissioned an emotional wellbeing project for care leavers who are former UASC. Managing through the cost of living will be a part of this project.
- We have not yet considered increasing foster care allowances given budgetary pressures. This has not been raised yet by our foster carer forum.

https://www.brent.gov.uk/costofliving

Camden

Foster carers

- We have revised and increased our fostering rates for 2022/23.The increase takes into account inflation and represents an increase of 5.5% .We have also introduced a third age band for older teenagers (16-17yrs) at a higher rate. The new rates are in line with or above those being paid by neighbouring authorities in the North London Consortium and exceed the the DFE 2022/2023 recommended minimum weekly allowances
- We have increased our out of hours payment and holiday allowances.
- We will be agreeing a one off payment of £250 to all Camden foster carers to support with energy costs to be paid in December 2022 .
- We have introduced retention payments at 2, 5,10 and 20 years
- We will also consider the needs of foster carers who are experiencing exceptional financial pressures on an individual basis

UASC and care leavers

- All UASC who are accepted as being under at an initial screening accommodated under S20, pending an age assessment if the criteria are met . They receive the same level of care and support as any other Looked After child in foster care or Supported Accommodation
- The majority of our care leavers are accommodated in Camden's young people's pathway where they are provided with supported accommodation which enables them to access a level of support appropriate to their needs and independence skills until they are ready to move into their own tenancies . We have identified a need for young people in employment who are on a low or income or zero hours contract to be directly supported with their rent and /or service charges. Allowances are being reviewed in line with the increased cost of living and young people experiencing particular financial stress are being supported with one off expenses on an individual basis.
- Looked After children and care leavers in Camden can access free or significantly subsidised gym membership
- Exemption from council tax in Camden
- Specialist Benefits advisor available weekly by appointment at main office

Enfield

Have set up a hardship fund, increased accessibility to public buildings for shelter, warmth and community kitchens. Holiday and Food fund providing direct support to vulnerable children. All libraries registered with Warm Welcome. These support mechanisms are available to all borough residents.

Greenwich

Greenwich has coordinated its Cost of Living offer under our Greenwich Supports brand. This sets out the available support in respect of benefits, housing etc. In addition as part of each Household Support Fund round, the borough has been making payments of between £100-200 to all Greenwich Care Leavers to help with the costs of food and utilities.

https://www.royalgreenwich.gov.uk/Greenwich-Supports

Hackney

- UASC - we are planning to use some food vouchers provided by an earlier vulnerable people's scheme to provide them with additional support, given they are not eligible for government schemes.
- Care leavers - we are talking with our policy team about how provision for care leavers could potentially be prioritised in future government schemes for vulnerable people, if and when they are announced.
- Foster carers - we plan to introduce council tax exemption for foster carers in 2023/4. We are also looking to get them all discount carers cards, so they can benefit from existing schemes that offer discounts to carers.

Haringey

Through the use of government grants, in particular the Household Support Grant.

We have a Cost of Living webpage and hard copy brochure that sets out all that available for residents' dependent on their individual needs.

https://www.haringey.gov.uk/sites/haringeygovuk/files/cost_of_living_support_guide.pdf

Tower Hamlets

1. Resident Support Scheme
The Resident Support Scheme is designed to help residents who are either in or at risk of being in crisis or are in need of immediate help and have no source of financial support available to them. Residents are able to submit an application here: www.towerhamlets.gov.uk/rss

2. Cost of living payments
£50 supermarket vouchers to free school meal children. Payments of £100+ to identified households on lowest income to expenditure bracket (including FSM children, Healthy start eligible households and working households)

3. Food Pantry programme
The food pantry programme seeks to combine the crisis alleviation of food banks with wrap around holistic support that tackles the root cause issues. Food pantries are accessed on a member-only basis for a period averaging six months, during which members are able to attend a pantry in their local area and pay a weekly fee of £3.50 in return for £25-35 worth of quality fresh and ambient repurposed food. At the same time members are signposted to external support services that work on issues including housing, benefits access, employment, debt and others.

4. Food banks
There are a number of food banks in Tower Hamlets across the different wards which operate on a drop-in / open access basis where residents are able to pick up emergency food packages in times of crisis. These are supported with provisions by LBTH.

5. School uniform grants
School uniform grants are available for parents or carers who are on a low-income or receiving some form of benefits or receiving support from NASS (National Asylum Support Service).

6. Resident Support Outreach Team
The Resident Support Outreach Team provides holistic, face-to-face support to residents in outreach locations across the borough. The team speaks multiple community languages and is able to support

residents to apply for benefits, grants, and discounts, while also making referrals into other services. Residents can be referred into the service through this online form or by emailing LBTHResidentSupport@towerhamlets.gov.uk

7. Holiday Activities and Food programme
School-age children who receive benefits-related free school meals, as well as a number of other vulnerable children identified by schools are able to access free healthy food during the Easter, Summer and Christmas holidays, alongside nutritional education, enriching and physical activities, food education for family and carers, and signposting and referrals to support services.

8. Food Hub
Partnering with The Felix Project and HisChurch, the Food Hub delivers food to over 60 VCS organisations in the borough who go onto benefit a range of vulnerable residents.

9. Tower Hamlets Community Advice Network (THCAN)
THCAN is a partnership of local advice centres that provide free advice and representation in areas of social welfare law. The advice centres work together through THCAN to ensure that residents of Tower Hamlets have access to free, high quality advice on welfare benefits, debt, housing, immigration and other areas of social welfare law.

Southwark

General support for the whole borough in relation to the Cost of Living Crisis is being developed, including:
- Direct advice and guidance to residents
- Training and Resource Pack for multi-agency professionals
Both of the above have been delivered specifically to professionals supporting foster carers, care leavers and UASC.

Additionally the council is extending the Southwark Cost of Living Fund to deliver £2.7m of support to low income households and creation of a new Southwark Energy Advice Service. The funds are being targeted at families and individuals on benefits or on the edge of receiving benefits/or who have not yet been identified as eligible for benefits. There are ongoing discussions with our finance department on a targeted proportion of the fund to address the additional needs of Foster Carers, Care Leavers and UASC. Beyond the additional fund, those groups will be supported on a case by case basis from additional social care budgets.

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	Health and Wellbeing Board **19th January 2023**
Title	**Barnet Food Plan 2022-2027**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix I – Barnet Food Plan 2022-2027- final version Appendix II – Barnet Food plan 2022-2027 on a page Appendix III – Barnet Food Plan- Engagement Report Appendix IV - Barnet Food Plan- Equality Impact Assessment Appendix V - Barnet Food Plan summary presentation
Officer Contact Details	Katherine Carr – Health in All Policies Officer, Katherine.carr@barnet.gov.uk , food@barnet.gov.uk Janet Djomba – Deputy Director of Public Health, Janet.Djomba@barnet.gov.uk

Summary

The Barnet Food Plan 2022-2027 draft has been presented at Health and Wellbeing Board in September 2022 alongside a consultation plan. We have incorporated the feedback from residents and stakeholders into the strategic document and action plan, and completed an equality impact assessment

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, food insecurity and the current cost of living crisis.

This report provides an overview of the last steps taken toward finalising the Food plan and includes the final version, the consultation report, the equality impact assessment and summary presentation.

Officers Recommendations
1. That the Board approves the Barnet Food Plan 2022-2027.
2. The Board is invited to provide feedback /comments for the Food steering group who will be responsible for implementation of the Food plan.

1. Why this report is needed

1.1 A public consultation has been carried out including an online questionnaire for general public and focus groups or meetings with stakeholder and partner organisations. Their feedback and comments have been incorporated to the Food plan and action plan (Appendices I and II).

1.2 The consultation highlighted residents and stakeholders' priorities for the Food Plan, areas needing further data, and areas needing clarification. The overall findings of this consultation were that residents and stakeholders were positive about the draft plan and its proposed direction. A detailed consultation report is added to the report as Appendix III.

1.3 The main priorities for stakeholders and residents identified are:

- Addressing climate change issues linked to food production and consumption
- Ensuring access to healthy and affordable food for all residents
- Enhancing the food environment in Barnet: Healthier Highstreets and opportunities for community food growing
- Addressing food insecurity in Barnet

1.4 The consultation has provided a number of recommendations and suggestions on how to improve the Food plan. We summarised the recommendations as follows:

- Data: review the Draft Food Plan to identify where more data, including Barnet-specific data can be added. Where data is not immediately available, gathering this data can be part of the actions outlined in the Food Plan. Making explicit the links between the Food Plan and other relevant Barnet Council strategies will also provide context for the priorities and actions outlined in the Plan.
- Guiding principles and vision: Review the guiding principles and vision statement and ensure that the language used is clear to what the principles mean to the wider population. Consider amending the wording of 'asset-based' as there was some confusion as to what that meant.
- Actions: Review the actions under each key theme and consider amending some of the actions to include those raised as important to stakeholders and residents.
- The three themes: Review the three themes and associated actions. Streamline and simplify the thematic areas in line with the priorities of stakeholders and residents. Amending the thematic areas to Healthy People, Healthy Place and Healthy Planet allows for greater emphasis on actions which aim to make Barnet a healthy food *place*, such as community gardening and growing spaces and coordination and support of the local food system.
- Clarify wording: stakeholders and residents highlighted some phrases and areas of the Food Plan which are not clear. Specific points will be reviewed and clarified.

1.5 A basic equality impact assessment has been completed (Appendix IV) to confirm that the proposed actions of the Food plan will not adversely impact people who live, work or study in Barnet.

1.6 A summary presentation of the Food plan is included as Appendix V to provide a brief overview of the process leading to the Food plan.

2. Reasons for recommendations

2.1 The Barnet Food Plan 2022-2027 will provide the framework for the Barnet Food steering group which is already an established multi-sectoral group addressing challenges in the food system and is responding to food insecurity and cost of living crisis.

2.2 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.

3. Alternative options considered and not recommended

3.1 The Barnet Food Plan 2023 aims to improve health outcomes of people who live, study and work in Barnet in both the short and short term.
These benefits would be potentially lost if the Health and Wellbeing Board chose not to take a coordinated approach in this area and doesn't approve the Food plan.

4. Post decision implementation

4.1 The implementation of the Food plan will formally commence after approval by the Health and Wellbeing Board. The actions of the Food Plan will be implemented as set out in its action plan. A high level action plan is part of the Food plan (Appendix I). The Barnet Food steering group internal work plan includes a detailed delivery plan with actions, responsibilities, timelines and evaluation framework. The Food steering group will report on their progress at future HWBB meetings.

4.2 Besides implementation of the Food plan, the Barnet Food steering group will take next steps towards establishing a formal Borough Food Partnership which is a condition to become member of Sustainable Food Places (SFP). The aim of SFP is to achieve a fundamental change in the food system. SFP seeks to catalyse, inspire, and support multi-sector, local partnerships to take a strategic and holistic approach to the sustainable food agenda. This integrated approach has gained increasing recognition, notably with the 2021 National Food Strategy advising that all local authorities should be required to put in place a food strategy in partnership with the communities they serve.
To become a Food Partnership and join SFP, the Barnet Food steering group needs to meet a set of criteria including governance, work plan and track record of meetings. We aim to apply at the next submission round in March 2023.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The implementation of the 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 developing Corporate Plan. Actions within the 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 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 and give updates on the plan's development and implementation once approved.

5.7 Equalities and Diversity

5.7.1 The Food plan takes a partnership-working approach to work across the system to deliver its vision. Actions have been included in the 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 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 the results are presented in Appendix III.

5.10 Environmental Impact

5.10.1 Actions within the Food 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 Draft Food plan 2022-2027. Available at: https://barnet.moderngov.co.uk/documents/g11107/Public%20reports%20pack%2029th-Sep-2022%2009.30%20Health%20Wellbeing%20Board.pdf?T=10

6.2 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

BARNET FOOD PLAN 2022-2027

BARNET LONDON BOROUGH

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Foreword

We are delighted to launch the Barnet Food Plan that acknowledges the food challenges and opportunities for those who live, work and study in Barnet. Now, more than ever, as we face a cost-of-living crisis and a climate crisis, it is important that we acknowledge the significant that food role plays in our lives. From its nutritional and cultural value, to bringing us together at the table, and as part of our local economy, the food system is an integral part of our daily lives.

This Plan has been developed by listening to local communities, using evidence of what works elsewhere and with a great involvement of our community and voluntary sector and various internal and external stakeholders. A big thank you goes to all those who contributed to and co-ordinated the production of this report. We want to ensure that the Plan is delivered, and its aims achieved - therefore implementation of the Plan will be monitored via Barnet's Health and Wellbeing Board.

[Cllr photo]

[TD photo]

Councillor Alison Moore
Chair, Barnet Health and Wellbeing Board

Dr Tamara Djuretic
Director of Public Health and Prevention

Introduction

Food impacts every aspect of our lives:

- It can provide important connections to our family, culture and nation.
- It is exchanged and shared with others; sitting down to eat with loved ones is important for social wellbeing.
- Agriculture and food production have an enormous impact on soil health, biodiversity, and carbon emissions
- The local food economy provides jobs and help make our town centres vibrant places to live and work
- Good food is important to our physical and mental health and wellbeing throughout our lives

However, insufficient food is a cause of stress and poor health. This Food Plan recognises that with the current cost-of-living pressures, there are more people in Barnet who struggle to provide good food for themselves and their families. This plan also recognises how a healthy food environment and vibrant food economy can enhance our health and wellbeing and neighbourhoods and town centres. Finally, we know that food is also one of the most significant contributors to UK greenhouse gas emissions. Local councils play an important role in reducing emissions linked to local food systems. This Food Plan recognises Barnet's Net Zero by 2030 target with specific actions around food waste and procurement, in line with recommendations from the National Food Strategy (2021). This Food Plan has also been developed in line with guidance from the National Food Strategy which recommends that local authorities should put in place a food strategy in partnership with the communities they serve.

Our Vision

Our vision is for everyone who lives, works and studies in Barnet to have access to affordable, healthy food. We want Barnet to be a healthy place, where the high street and food environment promote health and wellbeing and residents have access to food growing opportunities. We will continue to strengthen partnership and coordination between all actors in the food system, and leverage opportunities to decrease our carbon footprint linked to food waste and food production and consumption.

Building on the Barnet Food Security Action Plan

The Barnet Food Plan 2022-2027 builds on the Barnet Food Secure: Action Plan 2019-2021. It expands on the previous action plan to include the wider food system in Barnet as well as issues around sustainability and climate. The Food Security Action Plan was the council's first plan for tackling food insecurity, and it focused primarily on increasing our understanding of what is delivered through the voluntary and community sector organisations, as well as raising awareness of the challenges presented by food poverty across the council. An overview of the achievements of the Food Security Action Plan is below. However, the scope of actions already undertaken across Barnet extend beyond these aims and objectives and beyond Council's reach. There is incredible work going on across Barnet in local communities including allotments projects and school initiatives on food growing. To celebrate the contributions made by our communities, we have highlighted just a few of the amazing projects being delivered.

Reviewing the Food Security Action Plan 2019-2021

Since the publication of the Food Security Action Plan (2019), much passion, hard work, resilience and determination has gone into delivering the plan. Our Voluntary and Community Sector (VCS) continues to deliver programmes that are essential to achieving a food secure Barnet. Their response to the COVID-19 pandemic provides an excellent example of what can be achieved when we share knowledge, work together with local communities and join-up our resources. The Barnet Food Steering Group has also provided a forum for bringing food actors from across the council together, helping to keep good food on the agenda and ensuring a joined-up approach is taken at policy level. Below is a brief summary of progress made against actions outlined in our Food Secure Barnet Action Plan (2019).

Our Achievements to Date

Our 2019 Action Plan Commitment:	**Progress Made:**
Get a commitment from different stakeholders about integrating food security into service areas when policies/strategies are up for renewal.	Food security is an identified priority in the Children and Young People's Plan 2019-2023, the Barnet Plan 2021-2025 and the Sustainability Strategy.
Investigate new policies that the council can adopt which will help prevent food insecurity.	Partners continue to work together to look at how food policy can be integrated into financial vulnerability policies, migrant health and workstreams to tackle inequalities. **Healthier High Streets** was launched in March 2022 to support our high streets to promote health and wellbeing via business behaviour change of which good and healthy food is one aspect.
Improve access to food education and utility budgeting skills for residents	**Community Innovation Fund (CIF)** has supported a number of food growing, food security and healthy eating programmes run by the VCS. One of these programmes was **GROW** at Totteridge Academy who delivered a 'Grow-Cook-Share' project between Apr-Sept 2022. It supported 10 families who experience poverty, personal, or social barriers to learning, healthy living, and access to green spaces. These families were able to use dedicated growing space at Totteridge Academy. Each family received 12 food growing sessions, one nutrition session and one cooking session, a celebration event and an intro and exit consultation. CIF has also supported **Give. Help. Share.**, an organisation set up in January 2021 in response to the COVID-19 pandemic. They supply food bags with recipes to families and children, as well as providing food education workshops for primary-aged pupils across Barnet.
Investigate new policies that the council can adopt which will help prevent food insecurity.	BOOST also delivered a series of **budget cooking webinars** with Bread n Butter throughout 2021/22 which worked in tandem with the online videos and recipes Bread n Butter created for our resource hub. Colindale Community Trust also ran a series of workshops on cooking and healthier eating.
Improve links between food aid services and primary care mental health support; Embed food security within social prescribing	Barnet launched its **Making Every Contact Count (MECC)** service. MECC factsheets on a range of topics are available on the Barnet website. MECC interactive eLearning training is now freely available for all Council staff, healthcare professionals and volunteers to access. The factsheets and how to access the training is available at https://www.barnet.gov.uk/MECC.
Support at-risk children to access food 365 days of the year	**Barnet Active Creative Engaging (BACE) Holidays** is Barnet's programme that provides healthy food and enriching activities to children and young people who are in receipt of benefit-related Free School Meals (FSM) during the Holidays. In 2021, 6,093 children attended BACE holiday programmes, 20,000+ hot meals were provided to vulnerable children, 15000+ nutritional snack bags were given out and 2000 activity packs were provided to support online delivery.

Actively encourage uptake of Free School Meals in low uptake areas.	Due to the pandemic, this workstream has not been actively encouraged. Instead, Free School meal uptake has been routinely monitored and reported on via the Barnet Food Security dashboard.
Increase uptake of the Healthy Start Scheme.	Healthy Start data is now published on the Council's website as part of the wider food security dashboard. Nationally, the decision to move the vouchers to digital has led to new challenges, however in long term this is likely to have a positive impact on uptake and it will also make it easier for more people to use the Healthy Start card (improving availability).
Identify opportunities to work with food aid organisations.	The **Essential Supplies Hub** was set up at the beginning of the COVID-19 pandemic in March 2020, to respond to the urgent need for food distribution in Barnet. It was supported by more than 600 volunteers, supplying more than £140,000 worth of resident support packages. Barnet Together took over the running of the **Food Hub** at the end of 2020. It continues to support 16 food banks in the borough. In 2021, they provided more than 100,000 food parcels to residents in need. The strategic responsibilities of the food hub have continued to grow. They play an important role: • Acting as a central point of contact for statutory and communities partners regarding food support • Running foodbank network meetings and a platform to engage directly with front line services
Provide resources to assist voluntary organisations with referral processes.	**SPAZE Food Bank Manager App** was funded via the Greater London Authority Challenge Incubation Grant. It allows foodbanks to easily track the amount of food given out, raise alerts for specific items needed most and make it easier to share data around foodbank use with the council. We will also be able to track how many foodbank users have been referred/where they are referred into council support services. Additionally, Barnet's MECC service has factsheets and training that Voluntary Community Sector organisations can use to make referrals to other services.
Run public campaigns to increase awareness of food security/insecurity.	Barnet Together support campaigns and donations directly to our food banks. Barnet Public Health also ran a campaign on budget healthy eating using a series of videos and recipe cards produced by Bread n Butter.
Enhance ability to monitor food insecurity rates within the borough and whether needs have changed.	**Barnet Food Security Resource Hub** provides an overview of food bank information, budget cooking and healthy eating resources, free school meals, Healthy Start Scheme and support for older adults. Monthly food bank use data is published for the 16 food banks registered with the Barnet Food Aid network and free school meal uptake and Healthy Start Scheme uptake is also monitored.

Existing Initiatives to Build On

Incredible Edible Barnet

Incredible Edible Barnet was set up in 2016 with the aim of increasing the amount of food grown in public places for the community to see and share. A small group of volunteers grow fruit, vegetables and edible flowers outside a church in New Barnet (with a previous plot in a pub car park in East Barnet), some for passers-by to pick and some for the local food bank. The garden is managed organically with nature and the planet in mind so they can also support local wildlife. One of their goals is to show people what growing food organically in the UK looks like, helping to raise awareness of the environmental, nutritional and health benefits of home growing. Volunteers include experienced gardeners and first-time growers wanting to learn how to grow some of their own food. They grow many plants that people can easily try at home. Incredible Edible also share tips about food growing via email or on social media to encourage more people to give it a grow. The group is happy to help others wanting to start their own community food growing space in the borough and encourage people to get in touch with any queries. They are also inviting anyone interested to join one of their community events – further information can be found on their website.

https://www.incredibleedible.org.uk/find-a-group/incredible-edible-barnet/

School Gardens

An increasing number of schools across Barnet have planted school gardens which provide important benefits for both students, their families, and the wider community. For pupils, school gardens provide opportunities to grow vegetables and understand more about food production and diets; improve concentration; promote responsible behaviour; and provide skills. Tudor Primary School and Frith Manor Primary School were recently awarded School Garden Grants from School Food Matters.

For Tudor Primary School, this grant has enabled the creation of a new multi-purpose school garden-with plans to host activities for the local community, including garden tastings; cooking events; marketplaces-food stalls; gardening workshops; with targeted sessions for special schools and care homes. The grant awarded for Frith Manor Primary School is being used to extend the existing school garden to increase variety and yield of crops, providing further opportunities for all students to get involved. There are also plans to introduce cooking classes. The school garden has been integrated into the school curriculum to ensure children actively learn about food growing and healthy eating.

The Impact Store, Finchley

The Impact store is a zero-waste shop based in Finchley, selling bulk food without plastic packaging and offering a container refill service to customers. Their mission is the help people build a more sustainable low waste life. They are also committed to improving the food supply chain, working with their supplier to minimise single-use plastics. Find out more about the Impact Store by visiting their website: https://impactstore.co.uk/

Development of the Barnet Food Plan 2022-2027

The development of this Food Plan started in 2021, with a comprehensive needs assessment undertaken by Public Health. At the same time Public Health commissioned the Bartlett School of Planning at University College London (UCL) to conduct research into food security and civil society in Barnet. The report outlines the priorities, activities, and aspirations of local civil society organisations working on food security in the borough. Both the needs assessment and UCL report helped shape the evidence base, key themes, and actions for this Food Plan.

Following the development of the Draft Barnet Food Plan, Public Health undertook a series of engagement and consultation activities outlined below between June 2022 and October 2022 to seek feedback on the overall Food Plan, its guiding principles, key themes, and actions. The consultation recommendations have been integrated into the final version of the Food Plan. A full consultation report is available and describes all findings from this consultation period.

- Presentations and engagement sessions with community groups and council staff including: Barnet MENCAP, AgeUK Barnet, Barnet Youth Board , Barnet Foodbank network , Barnet VCFSE Environment Network , Barnet VCS Forum Benefits Advisors Network.
- Findings of the School Food consultations were also reviewed as part of this strategy. These consultations involved 77 parents/carers, 24 school staff, and 8 children.
- Written submissions were received from Chipping Food Bank, Colindale Community Garden, Professor Pat Caplan, and jointly from Kate Brown (Chair East Finchley Town Team) and Roger Chapman (Chair Barnet Green Spaces Network) in their personal capacities.
- Public consultation via online survey https://engage.barnet.gov.uk which was open between 26 August and 21 October 2022 and received 56 responses – (54 individual responses, 2 responses from community groups)
- Ongoing engagement and feedback with the Barnet Food Steering Group, composed of a broad range of stakeholders in the local food system, including Young Barnet Foundation (Food Hub), Age UK, the Barnet Sustainability Team, Start and Grow Well Team

Links to other Council strategies and plans

Barnet Joint Health and Wellbeing Strategy – 2021-2025
(https://www.barnet.gov.uk/sites/default/files/2021-11/Barnet%20Joint%20Health%20and%20Wellbeing%20Strategy%202021%20to%202025%20-%20full%20document.pdf)
This strategy sets out the commitment to improving the health and wellbeing of those who live, work and study in Barnet.

The Barnet Plan – 2021-2025
(https://www.barnet.gov.uk/sites/default/files/2021-03/022176%20-%20BC2135%20-%20BARNET%20Corporate%20plan%202021%20-%202025%20-%20FINAL%20%281%29.pdf)
The Barnet Plan sets out the four priorities for the borough, including the 'Healthy' priority, dedicated to enabling residents to live happy and healthy lives.

Sustainability Strategy Framework
(https://www.barnet.gov.uk/sustainability-barnet/barnets-sustainability-strategy)
The Council's strategy to reach net zero by 2030. This includes an update to the council's Procurement Strategy to include sustainability criteria.

Children and Young People's Plan – 2019-2023
(https://www.barnet.gov.uk/sites/default/files/2019-06/Barnet%20Children%20%26%20Young%20Peoples%20Plan%20Digital.pdf)
This sets out the plan for ensuring that the borough is an excellent place to live for children and their families.

Barnet Life Chances Strategy 2020-2024 (https://barnet.moderngov.co.uk/documents/s63618/Life%20Chances%20Strategy%20Final%202020-2024_1.0.pdf) This strategy sets out the approach to improving life chances in Barnet. It outlines how we will work to improve young lives and increase their opportunities to succeed.

Fit and Active Barnet Framework 2022-2026 (https://www.barnet.gov.uk/sites/default/files/2022-04/FAB%20Framework%202022-2026.pdf) The framework sets out Barnet's ambition to create a more active and healthy borough and how we plan to achieve this by working across a varied partner network.

Barnet Growth Strategy 2020-2030 (https://www.barnet.gov.uk/regeneration/our-growth-strategy) The Growth Strategy sets out our approach to growth and development in the borough and delivering opportunities for residents to live happy, healthy and independent lives.

Barnet Social Value Policy 2021-2025 (https://www.barnet.gov.uk/your-council/finance-funding-and-pensions/social-value) This policy includes Barnet's approach to delivering social value and how the services it commissions creates positive outcomes for people and places in Barnet.

Guiding Principles

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

Data Led Decision Making: We will build a robust evaluation framework into everything we do. Making sure we are receiving information on what works/doesn't work. Data will be delivered in the form of feedback from residents as well as quantitative data.

Tackle Inequalities: We will ensure our actions support those at greatest risk of poor health outcomes. Activities will take an equitable approach, targeting populations, localities and ages where there is the greatest need.

Assets Based Approach: We will use our strengths to maximise opportunities, building on the skills, knowledge and assets of communities and pooling our resources effectively.

Food that is Good for Health: We will ensure the food choices we are promoting provide residents with the nutrients they need to live a healthy and active life across the life stages.

Recognise the Cultural and Social Role of Food: Food contributes to our social and cultural experiences, often playing a significant role on our emotional wellbeing and social capital. When supporting healthy and sustainable food, our actions will ensure culturally relevant and socially acceptable food is available to all.

Sustainable Approach to Food: Food that is locally sourced and supports our climate and sustainability ambitions will be promoted across all actions in the plan.

Support Partnerships: We will enhance our community support network and inbuilt council steering group for work around food. This will bring together partners delivering on health, sustainability, food economies and poverty reduction to achieve common aims.

Evidence Review

The Barnet Food Security Needs Assessment and University College London (UCL) Report on Food Security and Civil Society in Barnet were both undertaken from December 2021-March 2022. The purpose of our food security needs analysis was to understand the wider challenges currently facing our food system and the purpose of the UCL review was to understand the impact of these challenges at a local level, particularly for residents living with food insecurity. The findings from our needs analysis can be grouped into three main challenges facing our food system: health of the population, health of the planet and food insecurity. Our needs analysis also explored the drivers of our eating habits.

Health of the Population

A well-balanced diet provides us with the energy we need to stay strong and healthy, helping to prevent diet-related illness, and providing us with the nutrients we need for growth and replenishment. In addition to satisfying physical needs, food can be used to satisfy social and emotional needs, contributing to psychosocial wellbeing. It plays an important role in supporting mental wellbeing, educational attainment, and resilience. Overall, improving what we eat and how we eat presents a major opportunity to improve the health and wellbeing of the population.

What is the challenge?

Diets that are low in nutritious whole foods and High in Fats, Sugar, and Salts (HFSS) are associated with a range of health impacts. This includes increased risk of cardiovascular disease (CVD), some cancers, poor oral health and premature death. An estimated 60,000 deaths in England were attributable to poor diets in 2019 (1). In Barnet, CVD is one of the major causes of deaths in under 75s in Barnet (55.0 per 100,000 population) (2). Although the under 75 CVD mortality rate in Barnet is lower than in London (69.1 per 100,000 population), it varies considerably between the borough's wards, with clear links to deprivation (2). The rate of under 75 CVD mortality in the Cricklewood, is more than triple that of Finchley Church End (2).

Similarly, though levels of poor oral health are slightly lower in Barnet than in London, the data shows that dental decay is experienced unequally across the borough: almost 35% of 5-year-olds in the most deprived quintile of the borough have experience of dental decay compared with 10% of 5-year-olds in the least deprived quintile (3).

In Barnet, as in England, rates of child obesity spiked during the pandemic, but have not returned to pre-pandemic levels. In 2018/2019, prevalence of obesity (including severe obesity) among Year 6 children in Barnet was 19.3% (4). In 2019/2020 this rate rose to 20.6%, and the most recent data from 2021/2022 shows a slight decrease to 19.9% (4).

Health of the Planet

Supporting sustainable food systems provides significant opportunity to help reduce the contribution of food to climate change and restore nature. Sustainable food growing and nature-friendly commercial farming will contribute to nature recovery and biodiversity net-gain, particularly in urban areas. A sustainable food system is also a more localised food system, providing local job opportunities and contributing to the character and heritage of a local area, as well increasing our local biodiversity. Reducing food waste will lessen the environmental impacts of growing, transportation and treatment/disposal of food. Reducing food waste will also reduce economic pressures on consumers. Diets that are planet-friendly are the best for our health and wellbeing, demonstrating the interconnectedness between health and sustainability. For example, the Lancet's Planetary Health Diet takes a plant-forward approach: heavy on plants, nuts, grains and legumes with smaller amounts of meat and dairy. Overall, what we eat and where it comes from presents a major opportunity to improve the health of the planet.

What is the challenge?

In the UK, emissions from the residential and agricultural sectors are the fourth and fifth biggest contributors to greenhouse gas emissions (5). Research from Waste and Resources Action Programme (WRAP) from 2018 reported that 6.6 million tonnes of household food waste is thrown away each year in the UK (6). Of the 6.6 million tonnes that is thrown away, 70% of this is food that could have been eaten (4.5 million tonnes) (6).

Not only does our food system have a significant impact on our climate, but climate variability also places a significant strain on food costs and availability. Yield reduction in parts of the world due to climate change is likely to drive up the cost of food in supermarkets, with currently half of the food consumed in the UK being imported from other countries (7). These rising costs will have the greatest impact on lower income households whose budgets are already stretched, increasing the likelihood of food insecurity.

Food Insecurity

The World Health Organisation defines food security as circumstances where a person has physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. The figure below can be used to demonstrate the scale of food insecurity.

What is the challenge?

Evidence from the UK shows that an increasing number of those on very low incomes do not have sufficient financial access to a stable and healthy diet (8). Compared to those with higher socio-economic status, individuals with lower socio-economic status tend to obtain a greater proportion of energy from less healthy foods and beverages (9) as well as foods which are less environmentally sustainable. As a result, children living in food insecure households are significantly more likely to have poor health compared to food secure children and have elevated risk of anaemia, tooth decay and asthma. Food insecurity is also associated with maternal and child mental illness (10).

At present, the drivers of food insecurity in the UK include the increasing cost-of-living especially food, fuel and energy prices, as well as welfare reforms, stagnant or low wages, all of which have all been identified as contributing to a 'nutrition recession' in the UK (9). In Barnet, food banks report that many people who visit food banks are in employment, indicating that the cost-of-living crisis is affecting groups who may previously have been food secure.

Data from the 2021 Census indicates that the total rate of households in Barnet having at least one dimension of deprivation fell by 6.4% in 2021 Census compared to the 2011 Census (11). Although the general trend with levels of deprivation in Barnet is downward, it is still important to note in the 2021 Census there were 25,960 households (13% of households) with 2 or more dimensions of deprivation (11). There are pockets of Barnet with high levels of deprivation: in Burnt Oak and Watling Park 66% of households experience at least one dimension of deprivation (unemployment, long-term illness, disability, household overcrowding or lack of education) (11). Grahame Park and Brent Cross and Staples Corner also have similar levels of deprivation: 62% and 64% of households with one dimension of deprivation respectively (11).

The below map shows the food insecurity risk in Barnet in December 2020. The areas where people under 65 are most at risk of food insecurity are in Burnt Oak, Colindale and Hale wards (12). (Please note, this map reflects old ward boundaries).

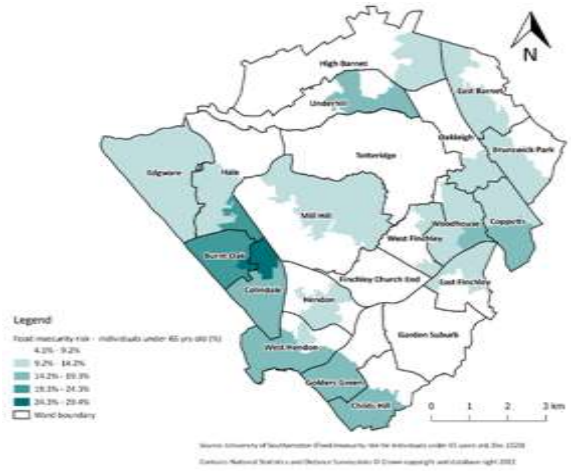
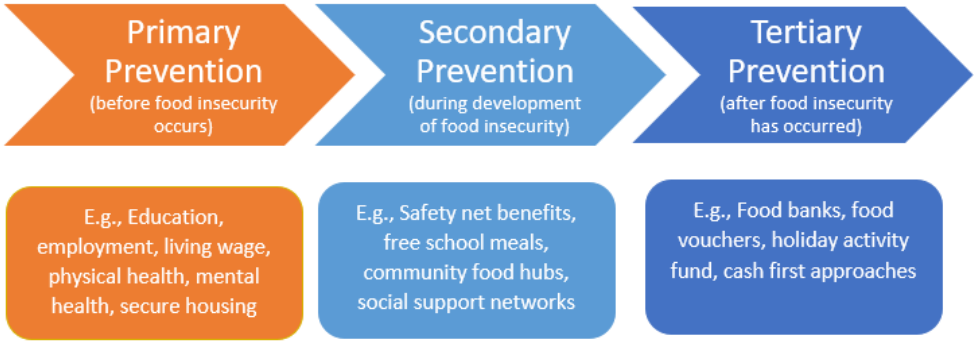


Figure 1: Food Insecurity Risk in Barnet individuals under 65yrs, December 2020

Preventative Approach to Food Insecurity

There are multiple points where we can intervene to support those at risk of food insecurity and those already experiencing severe food insecurity. The prevention model below is a useful way of orienting some potential key policies and programmes. This model has been used to identify key actions for our Barnet Food Action Plan.

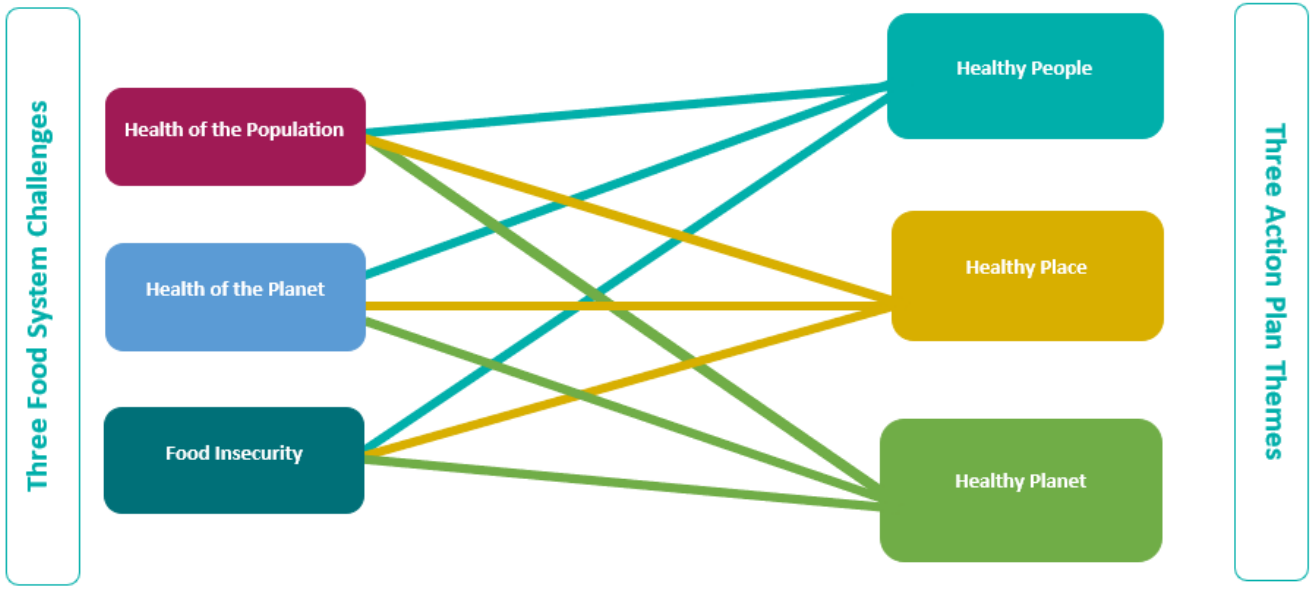


What Influences our Eating Habits?

To tackle our other major food challenges, our needs analysis also needed to include a review of how best to influence change and support prevention across the system, ultimately influencing food behaviours. The drivers of food consumption come from both external and internal influences. External influences are those factors that are outside the control of consumers. Even though we have no control over these influences, they have a significant impact on our food decisions. This includes everything from access to cooking facilities to product placement within shops. A recent review commissioned by Department for Food, Environment and Rural Affairs (Defra) found that the drivers of food consumption in the UK include: cost, affordability and perceived value for money, convenience and availability, marketing, and the built and micro-food environments (our neighbourhoods and our homes) (9). Intrinsic motivators of food consumption are often what we think of when we make food 'choices'. Our food choices are influenced by an unconscious response to personal and social experiences; as well as factors such as cooking skills, habits, cultural experiences, and stress (9). Further information on both the external and internal drivers of food consumption can be found in our full needs analysis report.

Our Approach

To drive forward the positive change needed to address the three major food challenges identified within our needs analysis, action must be taken at an individual, community and environmental level to tackle both the external and internal drivers of food behaviours. Therefore, we propose structuring the action plan around three themes, each targeting one of these areas. The figure below illustrates the relationship between the main food challenges and our action plan themes, demonstrating the cross-cutting nature of our Food Plan.



The Three Pillars of our Approach and Action Plan

HEALTHY PEOPLE

What we eat is central to our health and wellbeing. Our vision is for everyone in Barnet to have access to healthy, affordable and planet-friendly food that meets their dietary needs and cultural preferences.

- We will deliver programmes such as the Cardiovascular Disease (CVD) Prevention Programme and Action Plan, Healthy Schools, and Sugar Smart to promote healthy eating knowledge and behaviours across the life course with targeted support for those with excess weight or chronic conditions.
- We will support individuals to access services and support such as the Holiday Activity Fund, and Healthy Start and cost-of-living support
- We will implement programmes which address financial vulnerability such as the Tackling the Gaps Action Plan and the Financial Vulnerability Action plan

Success Measures:

- Increase in the number of residents registered with Healthy Start Scheme, cost-of-living support mechanisms, and continued delivery of the Holiday Activity Fund

HEALTHY PLACE

We want Barnet to be a healthy place, where the high street and food environment promote health and wellbeing. We will deliver programmes to make our high streets healthier and create more opportunities for community gardening and food growing.

- We will work with food retailers on the Healthier Catering Commitment, and a Good Food Retail Plan and other initiatives such as Refill London, Breastfeeding Friendly spaces
- We will finalise and implement the Barnet Advertising and Sponsorship Policy which includes a ban on the promotion of foods high in fat, sugar and salt
- We will increase opportunities for community food growing
- Barnet will continue to strengthen partnership and coordination between all actors in the food system, including establishing a Barnet Food Partnership, and supporting the Barnet Food Hub
- Support BAME residents have equitable access to healthy, affordable and culturally appropriate food

Success Measures:

- Establishment of the Barnet Food Partnership and development of a local food system map
- Increase in the number of businesses signed up to the Healthier High Streets programme.
- Increase in the number of food growing spaces.

HEALTHY PLANET

Producing, transporting and disposing of food has a significant impact on biodiversity and climate change. Our vision is for Barnet to leverage opportunities to decrease our carbon footprint linked to food waste and food production and consumption. As purchasers and providers of food and catering services, we can put health and sustainability at the heart of our work; and demonstrate good practice.

- As part of this work, we will review and map our existing procurement contracts for food across the borough and work with suppliers to promote sustainable diets, sourcing and food waste reduction in relation to food that is bought and consumed across council service.
- Barnet will explore opportunities to re-start food waste collection, in line with the forthcoming guidance from the Environment Act and subject to feasibility

Success Measures:

- Procurement contracts related to food are identified and targets are set in relation to sustainable diets, sourcing and food waste

Appendix I - Action Plan

The following tables summarise the actions that the Barnet Food Steering Group proposes to implement over the lifetime of this strategy. We recognise that the Food Plan will need to be dynamic, allowing for flexibility as new priorities emerge. Specific actions and milestones will be developed with local communities.

	HEALTHY PEOPLE
AIM	**Activities**
Maximising Incomes	• Implement actions identified in the Financial Vulnerability Action Plan • Send out leaflets on the cost of living support available for residents • Promote information on the cost of living support available for residents: via internet, newsletters, Barnet First magazine and flyers
Encourage uptake of Healthy Start	• 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
Supporting Individuals using Council Services	• Implement the Tackling the Gaps Action Plan • Promote Make Every Contact Count training and factsheets with frontline services
Prevention and Treatment of Excess Weight	• Communications campaign to promote healthy eating in adults • Implement Barnet's Cardiovascular Disease Prevention Programme • Provide targeted weight management services to at-risk individuals. • Implement the Children and Young People (CYP) Healthy Weight Action Plan and Adolescent Weight Management Services
Barnet Holiday Activity Fund (HAF)	• Support families whose children access free school meals and families on reduced incomes during school holiday periods with food packages, holiday camps for children including hot meals and fruit and food education
Embed a whole systems approach to food for Vulnerable Adults	• 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
Embed Whole Systems Approach in Children and Young People Settings	• Continue to promote Healthy Schools London awards, Sugar Smart Barnet and other similar programmes • Track Free School Meal uptake • Implement the School Food Plan which aims to ensure school food standards are met across all Barnet schools

	HEALTHY PLACE
AIM	**Activities**
Form the Barnet Food Partnership	• 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 • Hire a dedicated Food Officer to support coordination of food partnership and coordination across the borough
Engaging Residents with Lived Experience	• Invite residents with lived experience of food poverty 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 • liaise with the new Refugee Health outreach officer to ensure aspects of food, health and wellbeing are incorporated into needs assessment or research work
Support BAME residents have equitable access to healthy, affordable and culturally appropriate food	• 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
Lead by Example: Improve Food & Drink Offer in Parks, Leisure Centres, Libraries and Council Premises	• Evaluation of food offer against best practice guidance for public institutions • Map and identify all council-run premises where food and drink are serviced • Identify which venues can become Refill London sites, Breastfeeding Welcome sites • Identify where the Healthier Catering Commitment is currently being implemented and opportunities to increase the number of venues which seek to meet the criteria
Ensure Council Architecture is Optimised to Support Food Aid Organisations	• Run Make Every Contract Count (MECC) training for food aid organisations • Expand MECC factsheets • Create a single email address where food aid organisations can get in touch with Barnet Food Partnership • 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.

Use Existing Local Assets	• 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 • Identify and showcase businesses which are addressing health, food insecurity or environmental issues
Support Community Food Growing	• Signpost residents to local food growing initiatives including allotment sites • Develop and share a clear process for residents to request use of land for community food growing on publicly owned land, including housing estates • Explore ways of promoting food growing • Map and track existing allotments and community gardening programmes as part of work on the Sustainable Food Partnership,
Support Sustainable Food Enterprises and market infrastructure	• 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
Create a Good Food Retail Plan for Barnet	• 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
Improve food environment through Healthier High Streets	• Communicate the Healthy High Street 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
Implement the Barnet Advertising and Sponsorship Policy	• Finalise and implement the Barnet Advertising and Sponsorship Policy which includes a ban on the promotion of foods high in fat, sugar and salt (HFSS)
Embed Food Policy into Wider Council Strategy	• 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

	HEALTHY PLANET
Mechanism of Change	**Activities**
Procurement as a lever for Change and Embedding Social Value	• Map existing food procurement contracts held by Barnet. Assess current contracts for commitment to buying locally and/or shortening their supply chain, to providing healthy food, and openness to providing more plant-based options. • Work with the Procurement team to develop time-bound and measurable targets for healthier and sustainable food for future contracts, and to work with current suppliers to increase nutritional value and sustainability of food provided by the council
Supporting household food sustainability	• Barnet's pathfinder project, the Citizen's Assembly, will consider the theme of sustainable consumption and produce recommendations • The Council will support and share food waste reduction messaging from partners such as the North London Waste Authority and ReLondon • Street Scene will work with the North London Waste Authority on a behaviour change project on waste reduction with businesses and residents • The Council will explore opportunities to re-start food waste collection, in line with the forthcoming guidance from the Environment Act and subject to feasibility
Take a strategic approach to food sustainability	• 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
Improve Use of Geographic data and Intelligence	• 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

Monitoring our progress

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 key performance indicators in the form of quantitative data and feedback from our local communities.

The full evaluation framework is an internal, live, working document and includes:

- a detailed action plan
- designated staff or team responsible for each action
- time frame
- key performance indicators

The Barnet Food Steering Group will continue to meet monthly to maintain a multi-agency, joined up approach to strategic implementation. In addition, a new Barnet Food Partnership will be established.

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.

Get Involved

Barnet's food action plan will thrive off the passion and drive of people from all backgrounds and sectors. Everyone can get involved in making sustainable, healthy and affordable food available locally. We encourage those who would like to champion better food for Barnet to do so. Below are just some of the ways you can get involved.

Voluntary, Community and Faith Organisations

- Sign up to Make Every Contact Count Training so that you know how to refer residents to a wide range of advice and support
- Express interest in joining the Barnet Food Partnership by emailing food@barnet.gov.uk
- If you have an idea about a project that could help with the aims of this plan, you can make a suggestion through our food partnership. Once the group has been established, we will share further information on our website.

Residents

- Volunteer or make a donation to support organisations involved in the Barnet Food Partnership.
- If you have a lived experience of food insecurity that you would like to share, please contact food@barnet.gov.uk
- Small changes make a big difference! Use the resources available on the Council webpage to make dietary changes that are positive for both people and the planet
- Shop Local. Supporting businesses that have signed up to our healthier high streets scheme and making use of local markets are just some of the ways you can show your support for involved businesses.

Businesses

If you are a food retailer in Barnet you can:

- Take part in the Healthy Start Scheme so that families are welcomed to use their Healthy Start Card to buy healthy food items
- Participate in Barnet's Healthier High Streets Programme
- Partner with a surplus-food organisation to ensure surplus food is diverted to people in need
- Reduce food mileage by supporting local suppliers
- Become a London Living Wage Employer
- Contact food@barnet.gov.uk if you would like your business included on our list of local sustainable food providers

Public Sector Organisations

Be aware of how your work affects food security:

- Undertake Make Every Contact Count Training so that frontline staff know where to refer
- Know the signs and symptoms that someone might be experiencing food insecurity
- Sign up to take part in Sugar Smart Barnet
- When running events and commissioning services, support sustainable food SMEs, serve food in line with NHS guidelines, Healthier Catering guidance and promote drinking water.
- Become a London Living Wage employer

Related Strategies and Reports

National and regional strategies

The London Food Strategy – December 2018
(https://www.london.gov.uk/sites/default/files/final_london_food_strategy.pdf)
The Mayor of London's Strategy to ensure Londoners can access healthy, affordable, and sustainable food.

The London Food Strategy: Implementation Plan – 2018-2023
(https://www.london.gov.uk/sites/default/files/implementation_plan_2018-2023.pdf)
The actions the Mayor of London will take and support between 2018 and 2023 to achieve the objectives in the London Food Strategy.

National Food Strategy for England – July 2021
(https://www.gov.uk/government/publications/national-food-strategy-for-england)
An independent review of the food system in England, including recommendations for Government.

United Kingdom Food Security Report – December 2021
(https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2021)
An analysis of statistical data relating to food security.

The State of Food Security and Nutrition in the World – July 2021
(https://www.who.int/publications/m/item/the-state-of-food-security-and-nutrition-in-the-world-2021)
The World Health Organisation's assessment of food insecurity and malnutrition for 2020.

Local strategies

Barnet Joint Health and Wellbeing Strategy – 2021-2025
(https://www.barnet.gov.uk/sites/default/files/2021-11/Barnet%20Joint%20Health%20and%20Wellbeing%20Strategy%202021%20to%202025%20-%20full%20document.pdf)
This strategy sets out the commitment to improving the health and wellbeing of those who live, work and study in Barnet.

The Barnet Plan – 2021-2025
(https://www.barnet.gov.uk/sites/default/files/2021-03/022176%20-%20BC2135%20-%20BARNET%20Corporate%20plan%202021%20-%202025%20-%20FINAL%20%281%29.pdf)
The Barnet Plan sets out the four priorities for the borough, including the 'Healthy' priority, dedicated to enabling residents to live happy and healthy lives.

Sustainability Strategy Framework
(https://www.barnet.gov.uk/sustainability-barnet/barnets-sustainability-strategy)
The Council's strategy to create a sustainable future for Barnet and support a green recovery from COVID-19.

Children and Young People's Plan – 2019-2023
(https://www.barnet.gov.uk/sites/default/files/2019-06/Barnet%20Children%20%26%20Young%20Peoples%20Plan%20Digital.pdf)
This sets out the plan for ensuring that the borough is an excellent place to live for children and their families.

Barnet Life Chances Strategy 2020-2024 (https://barnet.moderngov.co.uk/documents/s63618/Life%20Chances%20Strategy%20Final%202020-2024_1.0.pdf) This strategy sets out the approach to improving life chances in Barnet. It outlines how we will work to improve young lives and increase their opportunities to succeed.

Fit and Active Barnet Framework 2022-2026 (https://www.barnet.gov.uk/sites/default/files/2022-04/FAB%20Framework%202022-2026.pdf) The framework sets out Barnet's ambition to create a more active and healthy borough and how we plan to achieve this by working across a varied partner network.

Barnet Growth Strategy 2020-2030 (https://www.barnet.gov.uk/regeneration/our-growth-strategy) The Growth Strategy sets out our approach to growth and development in the borough and delivering opportunities for residents to live happy, healthy and independent lives.

Barnet Social Value Policy 2021-2025 (https://www.barnet.gov.uk/your-council/finance-funding-and-pensions/social-value) This policy includes Barnet's approach to delivering social value and how the services it commissions creates positive outcomes for people and places in Barnet.

References

1. **The Health Foundation .** Addressing the leading risk factors for ill health. [Online] February 2022. https://doi.org/10.37829/HF-2022-P10.

2. **London Borough of Barnet.** Barnet Cardiovascular Disease Prevention Programme 2022-2026. [Online] [Cited: 08 12 2022.] https://barnet.moderngov.co.uk/documents/s73463/Appendix%20I%20-%20DRAFT%20Barnet%20CVD%20Prevention%20Programme%202022-26%20v1.4.pdf.

3. **London Borough of Barnet .** Children and Young People's Oral Health Needs . [Online] 2022. [Cited: 08 12 2022.] https://barnet.moderngov.co.uk/documents/s75455/CYPOHNA_FOR%20HOSC_SENT.pdf.

4. **Office for Health Improvement and Disparities.** Fingertips Public Health Data - Child and Maternal Health. [Online] [Cited: 08 12 2022.] https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/302/are/E09000003.

5. **National Statistics, Department for Business, Energy and Industrial Strategy .** 2020 UK Greenhouse Gas Emissions, Final Figures . [Online] 2022. [Cited: 08 12 2022.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1051408/2020-final-greenhouse-gas-emissions-statistical-release.pdf.

6. **Waste and Resources Action Programme (WRAP).** Food surplus and waste in the UK - Key Facts. [Online] 2021. https://wrap.org.uk/sites/default/files/2021-10/food-%20surplus-and-%20waste-in-the-%20uk-key-facts-oct-21.pdf.

7. **Department for Environment, Food and Rural Affairs.** United Kingdom Food Security Report 2021. [Online] December 2021. https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2021.

8. **Joseph Rowntree Foundation.** A minimum income standard for the UK in 2014. [Online] June 2014. https://www.jrf.org.uk/report/minimum-income-standard-uk-2014?msclkid=0462ca09c22711ec9e27bb3e309b6ceb.

9. **RAND Europe.** Food Consumption in the UK. [Online] 2020. https://www.rand.org/content/dam/rand/pubs/research_reports/RR4300/RR4379/RAND_RR4379.pdf.

10. *The burden of food related ill health in the UK.* **Rayner, M; Scarborough, P.** 12, s.l. : Journal of Epidemiology & Community Health, 2005, Vol. 59.

11. **Barnet Insight and Intelligence Team.** CENSUS 2021 –Household Composition& Legal Partnership Status Briefing. [Online] 2022. [Cited: 08 12 2022.] https://barnetcouncil.sharepoint.com/sites/BWIandI/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FBWIandI%2FSiteAssets%2FSitePages%2FCensus%2FCensus%2D2021%2D%2D%2DHousehold%2Dand%2DLegal%2DPartnership%2DBriefing%2Dv4%2Epdf&parent=%2Fsites%2FBWIandI%2FSiteA.

12. **National Institute for Health Research ARC Wessex.** [Online] https://www.mylocalmap.org.uk/iaahealth/.

13. **Office for Health Improvement and Disparities.** Obesity Profile . [Online] 2019. https://fingertips.phe.org.uk/profile/national-child-measurement-programme.

14. **Scott, C, Sutherland, J and Taylor, A.** Affordability of the UK's Eatwell Guide. [Online] September 2018. https://foodfoundation.org.uk/sites/default/files/2021-10/Affordability-of-the-Eatwell-Guide_Final_Web-Version.pdf?msclkid=0542864ac21d11eca03bde9b1c3a7195.

15. **National Food Strategy . [Online] 2021. https://www.nationalfoodstrategy.org/.**

16. ReLondon. London's Food Footprint. [Online] November 2021. https://relondon.gov.uk/resources/report-londons-food-footprint.

17. Greater London Authority. London Environment Strategy. [Online] May 2018. https://www.london.gov.uk/sites/default/files/london_environment_strategy_0.pdf.

18. Eating Better. Eating Better YouGov Survey quick analysis. [Online] April 2019. https://www.eating-better.org/uploads/Documents/2019/YouGov%20survey%20analysis%20PDF%20for%20web.pdf.

19. *Walking the breadline: the scandal of food poverty in 21st century Britain.* Cooper, N and Dumpleton, S. s.l. : Church Action on Poverty and Oxfam, 2013.

20. Greater London Authority. Food security in London: Headline findings from The Survey of Londoners. [Online] 2019. https://data.london.gov.uk/dataset/food-security-2019?q=food%20sec.

21. —. A Zero Hunger City – Tackling food poverty in London. [Online] 2013. https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/zero-hunger-city-tackling-food-poverty-london?msclkid=d304b7b9c23811ecbe86d1e2ba193466.

Barnet Food Plan: 2022-2027

Our Call to Action

Our vision is for everyone who lives, works and studies in Barnet to have access to affordable, healthy food. We want Barnet to be a healthy place, where the high street and food environment promote health and wellbeing and residents have access to food growing opportunities. We will continue to strengthen partnership and coordination between all actors in the food system, and leverage opportunities to decrease our carbon footprint linked to food waste and food production and consumption..

Why? Food profoundly impacts every aspect of our lives. The main challenges for our local food system are focused around three themes: **health of the population**, **health of the planet**, **food insecurity**. Coordinated action to address these challenges is needed.

How? We will harness opportunities to tackle these challenges through the formation of a food partnership to own and drive action across the system, becoming formal members of Sustainable Food Places. This work will be guided by the following principles:

- 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

Areas for Action

Healthy people

Key activities include: Deliver programmes to promote healthy eating knowledge and behaviours across the life course, Implement actions identified in the financial vulnerability action plan, Encourage uptake of healthy start vouchers, Secondary prevention of excess weight, Deliver the Barnet Holiday Activity Fund, Provide streamlined support for people accessing council services.
Key outcomes: Increase in the number of residents registered with Healthy Start Scheme, cost-of-living support mechanisms, and continued delivery of the Holiday Activity Fund

Healthy place

Key activities include: Support community food growing, Create a good food retail plan for Barnet, Take a strategic approach to food sustainability, Improve food environment through healthier high streets, Implement the Barnet advertising and sponsorship policy, Embed food policy into wider council strategy, Support BAME residents with access to healthy, affordable and culturally appropriate food.
Key outcomes: Establishment of the Barnet Food Partnership and development of a local food system map, Increase in the number of businesses signed up to the Healthier High Streets programme, Increase in the number of food growing spaces.

Healthy planet

Key activities include: Review and map Council's existing procurement contracts for food across the borough and work with suppliers to promote sustainable diets, sourcing and reducing food waste, Explore opportunities to re-start food waste collection.

Key outcomes: Procurement contracts for food are reviewed and targets are set in relation to sustainable diets, sourcing and food waste.

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Barnet
Draft Food Plan 2022-2027
Consultation

Report of consultation findings

December 2022

Healthy Environment Team

Public Health Directorate

BARNET
LONDON BOROUGH

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Executive Summary

This report sets out the consultation findings from the Draft Barnet Food Plan Consultation that was carried out between June and October 2022.

Response to the consultation

During the consultation period, public health officers delivered presentations and led discussions with 7 community groups and council stakeholders. Notes from the engagement sessions as well as written submissions from 6 community groups and individuals were received and incorporated into the final draft of the Food Strategy. An online survey, delivered via the barnet.engage.gov.uk consultation website was open between August and October 2022 and received 56 responses.

Summary of key findings from the consultation

The overall findings of this consultation were that residents and stakeholders were positive about the draft plan and its proposed direction. The consultation highlighted residents and stakeholders' priorities for the Draft Food Plan, areas needing further data, and areas needing clarification.

Main Priorities for Stakeholders and Residents

- Addressing climate change
- Ensuring access to healthy, affordable food for all residents

Key findings by area

The Barnet Food Environment

- Significant desire for more community gardening and growing initiatives and spaces, and more community food initiatives
- The food environment and unhealthy high streets are seen as a barrier to healthy eating
- Need to recognise the increasing prevalence of food insecurity in the borough, and the impact this has on adults and children not only in terms of health but also wider issues

How can the Food Plan be strengthened?

- The Draft Food Plan is too vague and uses too much jargon
- Add more detail on aspects of sustainability issues linked to food production and consumption and clarify levels of carbon emissions from residential and agricultural sources
- The Food Plan should emphasise the interconnected nature of growing food, biodiversity, and sustainability
- The Draft Food Plan is 'data-light' and needs more data on community growing spaces, agricultural land owned by the council, and the value of the food industry in Barnet.
- Data on procurement contracts for school food, care home food and other council venues should be included or obtained.
- Need to clarify how the actions in this strategy can reduce financial vulnerability – appears more to be sign-posting to other services

What other actions should the Food Plan include?

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- Procurement is key lever for change - the council's procurement contracts for food in schools, care homes and council venues could be leveraged to procure food and food services that are healthier, have a shorter supply-chain, and are better for the environment
- The council should lead on promoting plant-based foods and diets to people in Barnet and where it sells and provides food
- Be wary of making assumptions that people in food poverty do not know how to cook or budget – research has not validated these assumptions.
- The Food Plan's aim to include people with lived experience in the Food Steering Group is heartily endorsed

Recommendations

Overall, many useful suggestions have been made that have been integrated into the final Barnet Food Plan prior to the final approval.

A summary of the key recommendations is below:

- Data: review the Draft Food Plan to identify where more data, including Barnet-specific data can be added. Where data is not immediately available, gathering this data can be part of the actions outlined in the Food Plan. Making explicit the links between the Food Plan and other relevant Barnet Council strategies will also provide context for the priorities and actions outlined in the Plan.

- Guiding principles and vision: Review the guiding principles and vision statement and ensure that the language used is clear to what the principles mean to the wider population. Consider amending the wording of 'asset-based' as there was some confusion as to what that meant.

- Actions: Review the actions under each key theme and consider amending some of the actions to include those raised as important to stakeholders and residents.

- The three themes: Review the three themes and associated actions. Streamline and simplify the thematic areas in line with the priorities of stakeholders and residents. Amending the thematic areas to Healthy People, Healthy Place and Healthy Planet allows for greater emphasis on actions which aim to make Barnet a healthy food *place*, such as community gardening and growing spaces and coordination and support of the local food system.

- Clarify wording: stakeholders and residents highlighted some phrases and areas of the Food Plan which are not clear. Specific points will be reviewed and clarified.

The recommendations and suggested from this consultation were included in the drafting of the strategy.

Introduction

The Draft Barnet Food Plan builds on the Barnet Food Secure: Action Plan 2019-2021. The Barnet Food Plan 2022-2026 expands on the previous action plan to include the wider food system in Barnet as well as issues around sustainability and planetary health. It aims to foster and support a thriving food system in Barnet which will create opportunities for healthy people, healthy places and a healthy planet. This plan will run from 2022 to 2026.

Consultation approach

Consultation methods

The Draft Barnet Food Plan consultation began in June 2022 and concluded in October 2022. The online questionnaire was available from the 26th August to the 21st of October 2022. The consultation consisted of five elements:

(1) Focus group meetings and presentations to stakeholders

The Public Health officer delivered engagement and discussion sessions with the following groups between June and September 2022. During these sessions notes were taken on key discussion points which fed into this consultation.

Organisation/network meeting	Date of session
Barnet MENCAP engagement session	16th June 2022
Presentation to Barnet Foodbank network	27th June 2022
AgeUK Barnet engagement session	5th July 2022
Barnet Youth Board Engagement Session	7th July 2022
Presentation to Barnet VCFSE Environment Network	15th September 2022
Presentation to Barnet VCS Forum	21st September 2022
Presentation to Benefits Advisors Network	26th September 2022

(2) Written submissions from community groups and council teams

Following some of the presentations outlined above and internal meetings within the council, some stakeholders from the community and from within the council submitted written feedback to the Public Health team. Submissions were received from:

- Sustainability team – Barnet Council
- Start and Grow well team – Barnet Council
- Chipping Food Bank
- Colindale Community Garden
- Kate Brown (Chair East Finchley Town Team) and Roger Chapman (Chair Barnet Green Spaces Network) in their personal capacities
- Emeritus Professor Pat Caplan, Department of Anthropology, Goldsmiths, University of London (researcher on food insecurity in Barnet)

(3) Ongoing engagement and feedback from the Barnet Food Steering Group

The Draft Food Plan also benefitted from ongoing review and feedback from members of the Barnet Food Steering Group. The Steering Group is composed of broad range of stakeholders in the local food system, including Young Barnet Foundation (Food Hub), Age UK, the Barnet Sustainability Team, and the Start and Grow Well Team.

(4) School Food Plan Consultations

Findings of the School Food consultations were also reviewed as part of this strategy. The School Food consultations ran concurrently with the Food Plan consultations, and included online and in-person engagement sessions with:

- 77 parent/carers
- 24 school staff
- 8 children

(5) An online questionnaire

An online questionnaire was published on engage.barnet.gov.uk together with the draft strategy and consultation document. The questionnaire is included as an appendix to this report. Paper copies were available upon request. 56 responses were received. Two respondents represented community groups: Incredible Edible Barnet and a Romanian community group.

Promotion of the consultation

The consultation was actively promoted using social media, existing council communications channels and via email.

Activities to promote the consultation included:

- Social media posts via Twitter and Facebook
- An article on the Barnet First e-newsletter
- Emails to relevant partners inviting them to participate in the consultation
- A news item in the Communities Together Network newsletter consultation place as a 'featured consultation' on the homepage of the barnet.gov.uk website
- promotion amongst Barnet internal staff communications channels.

Findings of the questionnaire

Questionnaire design

The questionnaire was developed to ascertain views on the Draft Barnet Food Plan and the key areas within it. The consultation invited views on:

- Our vision of the challenges and opportunities within the Barnet food system
- The guiding principles of the plan

- The key areas we would like to focus on for the next four years

Throughout the questionnaire links were provided to the relevant section of the strategy document and to the consultation document.

The following types of questions were included:

- Questions whether respondents agreed or disagreed with the vision, guiding principles, key themes and actions
- Open ended questions, where respondents were asked to provide reasons for areas they disagreed with or felt was missing from the Food Plan.

Response to the questionnaire

A total of 56 questionnaires have been completed. All these responses were via the online questionnaire.

This report includes comments provided by respondents in free text questions. Whilst the majority of these comments are included in this report verbatim, please note that comments addressing multiple topics were broken down and re-categorised. For that reason, in some cases there are more comments in the table than the number reported at the top of each table.

Response profile

Table 1 shows the wards in which questionnaire respondents live.

Stakeholder	%	Number
Barnet Vale ward	7.69%	3
Brunswick Park ward	5.13%	2
Burnt Oak ward	10.26%	4
Childs Hill ward	0.00%	0
Colindale North ward	5.13%	2
Cricklewood ward	0.00%	0
Colindale South Ward	0.00%	0
East Barnet ward	10.26%	4
East Finchley ward	10.26%	4
Edgware ward	0.00%	0
Finchley Church End ward	10.26%	4
Edgwarebury ward	0.00%	0
Garden Suburb ward	0.00%	0
Golders Green ward	0.00%	0
Friern Barnet ward	7.69%	3
Hendon ward	5.13%	2
High Barnet ward	2.56%	1
Mill Hill ward	5.13%	2
Totteridge Woodside ward	2.56%	1
Underhill ward	0.00%	0
West Finchley ward	2.56%	1
West Hendon ward	0.00%	0
Whetstone ward	7.69%	3
Woodhouse ward	2.56%	1

Other (please specify)	5.13%	2
	Answered	**39**
	Skipped	**17**

Table 2 shows that the majority of those who responded to the questionnaire were Barnet residents (90%). Although the table below indicates that no respondents represented a voluntary or community organisation, two respondents identified they were from an organisation in the free text boxes of the survey. They represent Incredible Edible Barnet, and a Romanian community group. 30% of the respondents did not answer this question.

Table 2: Profile of those who responded to the Draft Food Strategy consultation

Stakeholder	%	Number
A Barnet resident	89.74%	35
A person who works in the London Borough of Barnet area	5.13%	2
A Barnet business	0.00%	0
A Barnet business and Barnet resident	5.13%	2
Representing a voluntary/community organisation	0.00%	0
Representing a public sector organisation	0.00%	0
Total who answered this question	**70%**	**39**
Not answered this question	30%	17
Total response to the consultation	**100%**	**56**

Profile of protected characteristics

The council is required by law (the Equality Act 2010) to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

To assist us in complying with the duty under the Equality Act 2010 we asked the respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under data protection legislation (such as the General Data Protection Regulation or the Data Protection Act 2018).

Table 3 shows the profile of these who answered these questions.

Table 3: Protected Characteristics, profile of those that completed the questionnaire

	Number	%
Gender		
Female	58.33%	21
Male	27.78%	10
Prefer not to say	11.11%	4
Prefer to use another term	2.78%	1
Answered	36	64%
Not answered	**20**	36%
Total	**56**	100%
Age		
16-17	0.00%	0
18-24	0.00%	0
25-34	16.22%	6
35-44	8.11%	3
45-54	29.73%	11
55-64	13.51%	5
65-74	18.92%	7
75+	2.70%	1
Prefer not to say	10.81%	4
Not answered	37	66%
Answered	19	34%
Total	**56**	100%
Is the gender you identify with the same as your sex registered at birth?		
Yes, it's the same	88.89%	32
No, it's different	0.00%	0
Prefer not to say	11.11%	4
Not answered	36	64%
Answered	20	36%
Total	**56**	100%
Disability		
Yes	18.92%	7
No	70.27%	26
Prefer not to say	10.81%	4
Not answered	19	34%
Answered	37	66%
Total	**56**	100%
Ethnicity		
Asian - Bangladeshi	0.00%	0
Asian - Chinese	0.00%	0
Asian - Indian	2.70%	1

Asian - Pakistani	0.00%	0
Any other Asian background (please specify below)	2.70%	1
Black - African	2.70%	1
Black - British	2.70%	1
Black - Caribbean	2.70%	1
Any other Black / African / Caribbean background (please specify below)	0.00%	0
Mixed - White and Asian	0.00%	0
Mixed - White and Black African	0.00%	0
Mixed - White and Black Caribbean	0.00%	0
Mixed - any other Mixed / Multiple ethnic background (please specify below)	0.00%	0
White - British	51.35%	19
White - Greek / Greek Cypriot	0.00%	0
White - Gypsy or Irish Traveller	0.00%	0
White - Irish	0.00%	0
White - Turkish / Turkish Cypriot	0.00%	0
White - any other	16.22%	6
Prefer not to say	8.11%	3
Any other ethnic group (please specify)	10.81%	4
Prefer not to say	3	4%
Not answered	19	34%
Answered	37	66%
Total	**56**	100%
Faith		
Baha'i	0.00%	0
Buddhist	0.00%	0
Christian	25.00%	9
Hindu	0.00%	0
Humanist	0.00%	0
Jain	2.78%	1
Jewish	11.11%	4
Muslim	0.00%	0
Sikh	0.00%	0
No religion	33.33%	12
Prefer not to say	13.89%	5
Other religion/belief (please specify)	13.89%	5
Not answered	20	36%
Answered	36	64%
Total	**56**	100%
Pregnancy		

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Pregnant	1	4%
Not pregnant	23	85%
Prefer not to say	3	11%
Not answered	29	52%
Answered	27	48%
Total	**56**	100%
On maternity leave	1	2%
Not on maternity leave	20	36%
Prefer not to say	3	5%
Not answered	32	57%
Answered	24	43%
Total	**56**	100%
Sexuality		
Bisexual	2	4%
Gay or Lesbian	0	0%
Straight or Heterosexual	27	48%
Prefer not to say	5	9%
Other sexual orientation, please tick and type in:	2	4%
Not answered	20	36%
Answered	36	64%
Total	**56**	100%
Marital Status		
Single	7	19.44%
Co-habiting	5	13.89%
Married	15	41.67%
Divorced	2	5.56%
Widowed	1	2.78%
In a same sex civil partnership	0	0.00%
Prefer not to say	6	16.67%
Not answered	20	36%
Answered	36	64%
Total	**56**	100%

Views on the vision

- Three quarters (76%) of respondents agreed with our vision for the Food Plan (53% strongly agree and 23% tend to agree).

- A minority of respondents (11%) disagree with our vision (5.5% strongly disagreed and 5.5% tend to disagree) and 13% of respondents were neutral.

Reasons why respondents disagreed with the vision

- Respondents who disagreed with the vision were asked why. Answers to this question were received by 13 respondents.

- The most common themes (2 or more comments) are summarised below:
    - Comments on food security/cost of living (3 comments)
    - Comments on climate and sustainability aspect (2 comments)
    - Comments on the articulation of the vision (too vague) (4 comments)

Table 4: Reasons why respondents disagreed with the vision

Why do you disagree with the vision?	
Number of respondents who completed this question	**13**
Description / Type of verbatim comments	**Number of comments**
Food Security / Cost of Living if take definition of food security = ACCESS to food then need to include also looking at affordability and hence household income / expenditure, cost of food etc. this document focus is a bit too much on production ignoring ACCESS There is nothing about building a local food system that provides food security for all Barnet residents. Having a food on the table, give people in crisis security, stability.	3
Climate and Sustainability The vision needs to say that reducing meat consumption is a priority for the borough. The UK National Food Strategy review in 2021 said we need to reduce our meat consumption by 30%. This will help to achieve the goals of sustainability and insecurity described in the vision. The phrase good for the planet should be stronger making clear fact that we have a climate and biodiversity crisis - food production and associated water and energy use and pollution are closely linked.	2
Plan is too vague/too much jargon Over wordy statement with no substance. Don't belittle us	4

Why do you disagree with the vision?	
Number of respondents who completed this question	**13**
Description / Type of verbatim comments	**Number of comments**
Those points however are incredibly vague The vision statement is poorly articulated, too long & contains jargon. Simplifying the language would be preferable & make it easier to understand. It's a bit too vague for me to sign up to it wholeheartedly. For example it doesn't say how sustainable, what sort of "take action", what sort of resilience, or what local residents do in the strong partnership. I hope to expand on these later in the survey. **Miscellaneous** Since when has Barnet cared about its population? And what exactly are you planning for us? Bugs, WEF style? Go to hell. It's irrelevant You appear to want to control. There is nothing wrong with the way we as humans have lived for centuries. Aims are laudable but I'm sceptical that they can be achieved without great expense and intrusion into the lives of individuals	4

Views on the guiding principles

- The majority of respondents agreed with the guiding principles (between 54% and 89%).
- The highest level of support was for tackling inequalities which 89% of respondents agreed with (64% strongly agreed and 25% tend to agree) and for food that is good for health which 87% of respondents agreed with (74% strongly agreed and 13% tend to agree).
- Similar levels of agreement were received for data-led decision making (78% agreed), support partnerships (74% agreed), sustainable approach to food (83% agreed), and recognise the cultural and social role of food (78% agreed)
- Asset-based approach received the least agreement with 54% agreeing (26% strongly agreeing and 28% tend to agree).
- A minority of respondents neither agreed or disagreed with the guiding principles (between 4% and 22%).

- Few respondents disagreed with the principles (between 6% and 13%) and few respondents were not sure or didn't know (between 2% and 4%), with the exception of responses on the asset-based approach, where 15% of respondents said they were not sure or didn't know.

Reasons for disagreement with the guiding principles

- Respondents who disagreed with the guiding principles were asked why. Answers to this question were received by 9 respondents.

- The most common themes (2 or more comments) are summarised below:
  - Views on the sustainable approach to food (2 comments)
  - Views on the data-led approach (2 comments)
  - Corporate language is unclear (2 comments)
  - Negative views on the council's motives (2 comments)

Table 5: Reasons why respondents disagreed with the guiding principles

Why do you disagree with the guiding principles?	
Number of respondents who completed this question	**9**
Description / Type of verbatim comments	**Number of comments**
Support partnership I would like to see a strong lead on this. Collaborative is all very well but can lead to nothing happening.	1
Tackle Inequality Again, all sounds exactly right, but where is the detail. Anyone can say they're going to tackle inequality, but this is Barnet, and a place that's not historically particularly friendly to its lower paid residents	1
Sustainable approach: pls remember that some food items CANNOT be produced within local area.	2
It is important to have a sustainable approach to food and food that is good for health but "promoting locally sourced and supports our climate and sustainability ambitions" doesnt feel right what about promoting food from anywhere than has been sustainably produced, Food that is good for health includes food choices for healthy food but there is also an important area of food choices relating to climate and biodiversity impact - e.g shifting to plant-based diets.	
Data-led Relying on data means that people who who are not able to contribute to data collection: language, financial, accessibility or other barriers will be excluded.	2
Re "data-led" and "asset-based": we must not let these methodologies stop us doing things which are probably a good thing but cannot be measured easily. We need to do what we think will work best, even if it is not asset based. Re partnerships: sometimes it is best to let a single organisation get on with what it is good at, to avoid confusion and unclear responsibility.	

Why do you disagree with the guiding principles?	
Number of respondents who completed this question	**9**
Description / Type of verbatim comments	**Number of comments**
Jargon Not sure what you mean by assets, but if there aren't enough assets to achieve the plan, then they should be developed. Don't know what asset based approach means. Jargon! **Miscellaneous** Again, we can make our own decisions, we don't need communists to decide on our behalf. You are trying to control humans - you serve humans and they are not things to own.	2 2

Views on areas to consider in the guiding principles

- Respondents were asked if they felt anything else that should be considered in the guiding principles. 23 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
  - Ensuring everyone has access to healthy, affordable food (7 comments)
  - Climate and sustainability concerns (3 comments)
  - The food plan should explicitly encourage plant-based food (3 comments)
  - Tackle food waste (2 comments)
  - Plant productive trees (2 comments)
  - Respect cultural traditions and be inclusive (2 comments)

Table 6: Areas respondents felt should be considered in the guiding principles

Is there anything else you think we should consider for our guiding principles?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments)*	**23**
Description / Type of verbatim comments	**Number of comments**
Ensuring everyone has access to healthy, affordable food access to food - ie can people obtain healthy and affordable food in terms of cost? also consider physical access I hope your plans include the plight of stranded asylum seekers and their livelihood. Prioritization of areas with low socio-economics markers to ensure those in risk of poverty have ready access to nutritious food. How to deliver food to the housebound. One of the reasons my mother has moved to a care home was the difficulty of getting fresh food regularly delivered rather then frozen meals as I	7

Is there anything else you think we should consider for our guiding principles?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments)*	**23**
Description / Type of verbatim comments	**Number of comments**
don't live close enough to deliver, she can't do online shopping and any way the delivery charges on a delivery for one seem very high.	
more foodbank help and support	
Free school meals for primary aged pupils	
More marketplaces to buy food directly from the producers (fruits and veg).	
Climate and sustainability Very pleased to see the plan expands on the scope of the previous Barnet Food Security Action Plan to include affordability and sustainability aspects. It's a bold and comprehensive offering which we are excited to see come into place in the next few years. The principles underpinning all themes are positive, and good communication will make it all work more effectively to build better connections between people, planet and communities. Data led decision making needs to include carbon emissions generated by residents' diets to show how food changes can contribute to council's/country's net zero targets.	3
Can this be community based? Can we encourage local food growth and advertise the CO2 cost in "miles" of all food in Barnet. Some shops are beginning to do this and it would be fantastic if everyone had to, - linking £ to cost on the environment.	
biodiversity climate change and plants that will be resilient	
The Food Plan should explicitly promote plant-based foods Include in sustainable approach - Commitment to ensure all food provided at Barnet Council run events is plant based. Include Education partnerships - ie schools and colleges should be supported in adopting these changes.	3
In terms of sustainability, more plant based food should be promoted, particularly in light of the cost of living crisis.	
making explicit the need to reduce meat and dairy consumption, encouraging vegetarian or vegan diets	1

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Is there anything else you think we should consider for our guiding principles?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments)*	**23**
Description / Type of verbatim comments	**Number of comments**
Tackle Food Waste Minimising Food waste - both in the production, supply chain and consumption	2
Yes please introduce community composting and a way to take the compost made back to food growing areas in Barnet, as the compost will enrich our food very much, and reduce waste	
Plant productive trees for the community Please plant orchard and other fruit trees in public spaces and have a way to harvest them to contribute fresh fruit to schools and food banks	2
Not sure if it comes under a guiding principle, whatever that is, but why aren't trees planted that supply food as well? People can then collect nuts and fruits when they are fresh and in season?	2
Respect cultural traditions and be inclusive Always Culture and tradition	
all communities to be approached and involved based on them culture	
Reduce plastic waste Please explore ways to reduce plastic-waste from food and drinks sold in Barnet. Please support refill food stores perhaps through subsidy…	1
More Community Gardens And more gardens to growth veg..	1
Unhealthy high streets There are some high streets in Barnet with far too many fast-food/ take away shops, great variety but just way too many.	1
Miscellaneous Veganism and allergies need recognition	4
I agree with all of these guiding principles but I fear that in practice, some of them may be in conflict with others. For example, food that is good for health may require too much energy - both personal (shopping, planning, preparing) and physical (gas or electricity for cooking) - for money- and time-poor people to prepare, so this guiding principle could conflict with tackling inequalities.	
And more information for all the people, especially for youngs, about what really healthy food means and how much this means for the healthy of body and mind and what are the risks of unhealthy food.	
Stop stealing money from the people of this borough to fund your pensions and LOBO loans and leave us to make our own decisions with the cash. Thieves, all o you	
Quit this food plan - you failed with One Barnet.	

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Views on the three main challenges facing our food system

- Respondents were asked to rank the following challenges in terms of importance to them: health of population, health of the planet, and food security. 44 respondents answered this question and 22 skipped this question.

47% of respondents ranked health of the planet as most important. 63% ranked food security as second most important to them. As third most important to them, respondents chose the health of the population and health of the planet (40% and 42% respectively).

Views on addressing these challenges

- Respondents were asked if they felt anything else that should be considered in addressing these three areas. 21 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
    - Ensuring everyone has access to healthy, affordable food (5 comments)
    - Health of the Planet is most important (4 comments)

Table 7: Other areas to consider when addressing the three challenges

Is there anything else that should be considered in addressing these challenges?	
Number of respondents who completed this question	**21**
Description / Type of verbatim comments	**Number of comments**
Ensuring everyone has access to healthy, affordable food Please use the correct definition of food security and food insecurity. food security is NOT just focus on production. it includes ACCESS. please see world bank 1986 report. (and others) How people who live in flats have access growing food. Good healthy food needs to be the cheapest option, more shops doing refill options would be great. Must feed the youngest as an investment in future health security I hope that you don't take these answers too seriously, as they are of course all important. I am not in danger of food insecurity myself as I am relatively well off. We need to admit that food insecurity is basically a lack of money. I guess we are not supposed to consider the real reasons why benefit levels are set so low. So we do what we can to give food to deserving people without spending too much. Maybe the Plan should say so, and how much money could be spent.	5
Health of the Planet is most important Without the health of the planet, future food insecurity will only increase and health of the population likely to lessen. I believe the health of the planet overrides everything else, since people won't have either food or health if the crises of global heating and biodiversity loss crises aren't tackled effectively and urgently, but I think the London Borough of Barnet's priority should be to tackle the immediate	4

Is there anything else that should be considered in addressing these challenges?	
Number of respondents who completed this question	**21**
Description / Type of verbatim comments	**Number of comments**
crises of its population (starting with food insecurity), while making sure that none of its actions make the health of the planet worse. I don't think the three are in conflict so tackling each can help the other objectives.	
They're all equally important, but if we don't sort out the planet nothing else matters	
we are in a climate emergency please treat it this way	
Food waste Food waste (again)	1
Food Packaging a need to reduce excessive packaging, especially if it uses plastic	1
Unhealthy high streets Ban or limit fast food places, ban sugary drinks	1
Food Strategy is too Vague Actually say how you're going to do those things and then explain why you weren't doing them before now.	1
Miscellaneous	9
Practicality and expense	
stealing money from the people of this borough to fund your pensions and LOBO loans, and let us spend our cash asl	
We don’t really see anyone starving and I never really see people with Ricketts but they do eat very unhealthy food, maybe they need to learn how to cook on a budget and eating less meat would help the planet.	
Culture.	
The doctors opinions and informations for the public	
Food culture. Edible insects are a great source of nutrients, but culturally eating insects is unheard of, heretic even. Perhaps a challenge is fostering new sources of food and having the population accept that as food. In this case... edible insects.	
Take account of population changes	
People should not have children if they are not in a partnership which is capable of feeding them	
Animal welfare	

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Views on the three themes of the food plan

Respondents were asked to what extent they agreed with the following three thematic areas of the food plan: food for lifelong wellbeing, food for our communities and public institutions, and food for our economy and our environment. 42 respondents answered the question, 14 skipped the question.

- The highest level of agreement was for food for lifelong wellbeing which 97% of respondents agreed with (71% strongly agree, 26% tend to agree).

- Similar levels of agreement are seen for food for our communities and public institutions (62% strongly agree and 28% tend to agree) and food for our economy and our environment (69% strongly agree and 21% tend to agree)

Reasons for disagreeing with the three themes

Respondents were asked to give a reason if they disagreed with the themes. 6 respondents answered the question.

- The most common themes were:
    - The council must take the lead in reducing meat and dairy consumption to address the climate crisis (2 comments)

Table 8: Reasons for disagreeing with the three themes

Why do you disagree with the three themes?	
Number of respondents who completed this question	**5**
Description / Type of verbatim comments	**Number of comments**
Council must take the lead in reducing meat and dairy consumption to address the climate crisis Regarding "Food for our communities and public institutions", the council must commit to serving only plant-based food in public institutions. This will ensure food is "accessible, nutritious, sustainable" to quote from the summary document. Only vegan diets can be accessible to our diverse community as it excludes beef and pork that some religious groups do not eat. Those who are lactose intolerant will also benefit from food without dairy. Regarding "Food for our economy and our environment", the council must commit to reducing meat and dairy consumption in order to protect our environment. Agriculture contributes one quarter of global carbon emissions. One kilogram of beef produces 85kg of carbon dioxide. One kilogram of tofu produces only 3kg of carbon dioxide. I include some links below from Oxford University that explains in more detail: https://ourworldindata.org/food-ghg-emissions https://ourworldindata.org/grapher/food-emissions-production-supply-chain?country=Bananas~Beef+%28beef+herd%29~Wheat+%26+Rye~Milk~Maize~Lamb+%26+Mutt	2

Why do you disagree with the three themes?	
Number of respondents who completed this question	**5**
Description / Type of verbatim comments	**Number of comments**
on~Eggs~Fish+%28farmed%29~Soy+milk~Tofu~Rice~Poultry+Meat~Potatoes~Pig+Meat~Peas~Beef+%28dairy+herd%29	
I'm not sure how this survey continues, so here are some points. If the survey asks for more later, I will expand. (1) Excess weight control classes should be free (2) Locally grown food can only ever be a very small proportion of our food, and the plan should estimate how much. (3) Define sustainability more precisely. It should be interpreted as vegan as we have a Climate Emergency. (4) All council procurement and catering on council premises should be vegan.	
Plan is too vague Hard to disagree but the aspirations are so vague as to be almost meaningless	1
Miscellaneous Food for our economy and our environment. A capitalist economy and environment do not at all go together. It's extremely hard to ensure the environment is kept safe while also meeting economic and market demands.	3
ok i have seen that you mention economic access within food for wellbeing.	
People have the right to choose	

Additional comments on the three themes

Respondents were asked if they had any additional comments on the three themes. 13 respondents answered this question.

- The most common themes were:
  - Ensure everyone has access to affordable, healthy food (4 comments)
  - Create opportunities for food growing (2 comments)
  - Comments on survey approach (1 comment)
  - Comments on climate/biodiversity (2 comments)

Table 9: Additional comments on the three themes

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Is there anything else you think we should consider for our themes?	
Number of respondents who completed this question	**13**
Description / Type of verbatim comments	**Number of comments**
Ensuring everyone has access to affordable, healthy food Make food that is good for you affordable for everyone. Free school meals - I am a serving Barnet headteacher and this is vital Barnet as a place where healthy sustainable food can be accessed by all and grown by all. How this goes into other Barnet plans so they support the ambitions of this plan (which should make clear which other plans it is dependent on or contributes to) more Foodbank support	4
Create opportunities for food growing Institutions including schools need to start growing food. Food growing is fundamental to education it's not an extra curriculum activity. Have already mentioned planting trees that would provide nuts and fruit, a good healthy food, free to everyone.	2
Climate and biodiversity when we talk about food for our economy and our planet can we ensure the food is grown sustainably, we are putting CO2 back into the soil and only support farmers that abandon industrial pesticide led agricultural farming. Biodiversity	2
Comment on the survey approach I think asking people whether they agree with statements such as 'is food important to health' is a waste of resources. Few would disagree. Suggested methods of delivery should be trialled and costed. Then ask.	1
Miscellaneous You're all parasites. Not sure. well done	3

Views on the Barnet Food Partnership – what should LBB prioritise?

As part of the Food Plan, we will create a Barnet Food Partnership with membership including local stakeholders and delivery partners. Respondents were asked to consider the priorities for this partnership and rank them in importance with (1) being highest priority. Respondents ranked the items in the following order:

(1) Promoting sustainability and waste reduction in the food system,
(2) Promoting healthy eating,
(3) promoting food growing,
(4) supporting food banks and

(5) building connections with businesses.

Comments on what the Food Partnership should achieve over the next 5 years

This elicited 28 qualitative comments. The most common themes were:

- Increase opportunities for community gardening and growing (11 comments)
- Ranking is not appropriate (2 comments)
- More sustainability-related food education (5 comments)
- council-led reduction in meat/dairy (4 comments)
- coordinating the redistribution of surplus food (3 comments)
- reduce food waste at household level (8 comments)

Table 10: Comments on what the Barnet Food Partnership should achieve over next 5 years

What would you like to see the Barnet Food Partnership achieve over the next 5 years?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 28 comments appear below)*	**28**
Description / Type of verbatim comments	**Number of comments**
Increase opportunities for community gardening and growing reason for putting support food banks last is because should aim to not need food banks in the future. could we have more space turned over to allotments, there is a long waiting list at allotment sites and too many households in flats without access to land. I would like for Barnet to be in a position where there are few food banks, due to residents having the opportunity to grow their own food in community gardens -land to be provided and funded by the countless property developers we have in the borough Reductions in our council tax if we contribute to growing food and or advice on how we can grow our own food especially if we live in flats Allotments that were taken away reinstated, that would encourage growing food. Providing houses with gardens instead of masses of apartments which make growing food difficult or impossible. using green spaces and communal residential gardens for herbs and veg. I don't trust connections with businesses as much because ultimately, it's about profit and selling their products. I'd like to see the food boxes back to reduce food waste. That you can walk down the street and pick your own food for free such a fruit trees, berry bushes or dedicated vegetable patches Every local area has a community food growing project and a community orchard. food banks are no longer needed. Enable/build local farms to feed the local community	11

What would you like to see the Barnet Food Partnership achieve over the next 5 years?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 28 comments appear below)*	**28**
Description / Type of verbatim comments	**Number of comments**
encourage community gardens. Reduce private allotments and open up to the community. Build a vertical garden, perhaps with hydroponics to feed the community and hospitals	
A significant portion of Barnet's population involved and/or benefitting from community action around food - whether through growing, community harvesting and sharing with food banks, community fridges or supporting food banks.	
enable many more local community food activities - growing food, preparing and cooking healthy affordable meals using sustainable ingredients, reducing food waste in Barnet, share knowledge and expertise, promote use of food wast apps etc	
Ranking is not appropriate I have not ranked the above as they are all equally important.	2
I think all these are of almost equal importance so I am rather reluctant to answer this question but I have done so. However, actions to which I have given a low rating are still very important to me. (I also feel that promoting healthy eating is something the national government and NHS should be doing, so it's a less important priority for the LBofBarnet.	
Council-led reduction in meat/dairy consumption A reduction in meat and dairy consumption across the borough and prioritising plant-based food for residents.	4
all council institutions provide plant-based food	
Increase the availability of good plant based food	
Going vegan to address climate change is much more important.	
More sustainability-related food education empowering the community to make informed decisions about their food and where it comes from, understand the life cycle of the food they buy and dispose of. Encourage business to engage and inform and collaborate with each other and customers. Influence purchase, non plastic containers/bags, non pesticides, and compost of waste.	5
Growing cooking food education for kids	
Advice about food growing . Running workshops on food growing, perhaps even offer up starter resources, such as seeds or plants.	
More healthy eating and food growing initiatives Eradicate the need for food banks in the borough, increase environmental awareness and protection of sustainable food production, expand local farm production,	
More sustainability-related food education	1

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What would you like to see the Barnet Food Partnership achieve over the next 5 years?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 28 comments appear below)*	**28**
Description / Type of verbatim comments	**Number of comments**
Healthier high streets make restaurants and takeouts show produce provenance, salt, sugar and fat content for everything, open more outdoor markets and stop shops and supermarkets charging more for fruit and veg than they do for chocolate and crisps **Reduce food waste** increase in the sustainability and decrease in the waste of our food system Encourage less food waste and reduce food packaging food waste is collected by the borough and composted and given back to food growers. Compost. Reduce all waste associated with food production, make the most out of composting, make our kids eat, love and know how to grow and cook healthy foods food waste is collected by the borough and composted and given back to food growers. Sustainability and waste reduction are two different things. I think that the quantity of food "wasted" is overstated, though we should do what we can. Compost reduction in the generation, and returning food waste collection bins, so that is generated can be composted zero food waste **Re-distribute Surplus Food** Maybe have a sort of connection with businesses so that any fresh food that will expire in the evenings goes towards food banks that are still open in the late evening/night. Although, I have no idea how efficient that would be. A van travelling to different shops and cafes would reduce food waste and support food banks but that cannot be good for the environment. Small, local businesses giving any surplus away. An organisation that has arms in the public and private sector that can coordinate food assets to those that need it in the most efficient manner possible **Miscellaneous** Accessibility of food to all walks of people. A healthier population that is less dependent on the NHS I want to see all of the above ,achieved. Leave well alone Support schools	8 3 1 5

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Food for Lifelong Wellbeing - what should be prioritised?

The Food Plan outlines overarching areas of work linked to the theme of food for lifelong wellbeing. Respondents were asked to rank the importance of these. Respondents ranked items in order of priority as follows, with (1) being highest priority:

(1) Reducing household food waste
(2) Prevention and treatment of excess weight
(3) Engaging residents with lived experience
(4) Encourage uptake of Healthy Start
(5) Maximising incomes
(6) Supporting individuals using council services
(7) Barnet Holiday Activity Fund Programme

Relating to food for lifelong wellbeing, what other actions should be considered?

Respondents were asked to comment on any additional actions to be considered for the theme of food for lifelong wellbeing. 7 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
  - Expand access to council support programmes (6 comments)
  - Increase opportunities for community gardening and growing (3 comments)

Table 11: Other actions to consider related to Food for Lifelong Wellbeing

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
Expand access to council support programmes Use council resources to increase financial support and social programming for residents. Paid for social prescribing, as it paying providers to deliver it rather than relying on voluntary services. Use the Household support fund, or other central government funding, to subsidise free school meals. Encourage residents to claim all the means-tested benefits they are eligible for, not just Healthy Start. This then passports eligibility to other benefits too. Amend the council's council tax support scheme. As it stands, if you have no earned income you must pay 28% of your council tax (this is the 10th highest amount in England) and if you work up to	6

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
12 hrs a week at the living wage rate you fit in the £1- £500m gross earnings band and you must pay 48% of your council tax (this is the highest rate in England).	
Free school meals	
Increase Opportunities for Community Gardening and Growing Communications campaign to promote food growing - run a food growing challenge with free seeds in the spring. Either post out seeds to all households via Barnet First or offer on an opt-in basis via a form on the council's website. The challenge can signpost residents to their local food growing space for support, with the council providing a small amount of funding to each site to aid this work.	3
The benefits of growing your own food for mental and physical health. I am a volunteer with Incredible Edible and doing the gardening is good exercise, in a lovely social group, in the open air connected to nature. It helps me with my wellbeing	
Dedicated staff to the programme with encouraged participation from the local community especially if the food produced can be taken first by the participants. I am a single mother working full time and I also am completing a degree in the evenings. I wish I could grow food on my balcony but the limited time and minimal knowledge I have about gardening (plants last a week in my house) means that I have not been successful and convenience always comes first even though this is not my preference due to the sustainability and cost impact.	
Healthy high streets Healthier high streets please. Influence planning applications for new fast food businesses to stop more appearing on our high streets, especially in poorer areas.	1
Logistics Where will the food be grown and where will it be stored?	1
Council-led reduction in meat/dairy encouraging veganism, at least a mostly vegan diet, we need to radically change the whole food system, from how things are grown and having more food growing spaces, food growing should be embedded in life	1
Jargon I've no idea what some of the above mean. Beware use of jargon and vague aspirations	
Miscellaneous engage with schools	1
Provide staff training around sustainability of food options.	2

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Food for Communities and Public Institutions - what should be prioritised?

The Food Plan outlines overarching areas of work linked to the theme of food for communities and public institutions. Respondents were asked to rank the importance of the actions. Respondents ranked items in order of priority as follows, with (1) being highest priority:

(1) Embed a Whole Systems Approach in Children and Young People Settings
(2) Support Sustainable Food Entrepreneurs and Enterprises
(3) Improve Food & Drink Offer in Parks, Leisure Centres, Libraries and Council Premises
(4) Form the Barnet Food Partnership
(5) Support Food Access for Black, Asian and Minority Ethnic Groups
(6) Use Existing Local Assets
(7) Ensure Council Architecture is Optimised to Support Food Aid Organisations

What other actions should be considered?

Respondents were asked to comment on any additional actions to be considered for the theme of food for communities and public institutions. 7 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
  - The council should lead on reducing meat and dairy consumption (3 comments)
  - More community, collective action around food and food growing (2 comments)

Table 12: Other actions to consider related to food for communities and public institutions

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
Be more precise with stated objectives/activities Some examples could be more specific, eg: Consider the expansion and longer-term funding of the Barnet Food Hub, proactively seeking funding opportunities = Commit to the expansion and longer-term funding of the Barnet Food Hub, proactively seeking funding opportunities. Improve Food & Drink Offer in Parks, Leisure Centres, Libraries and Council Premises = Include specific language and/or targets for meat reduction and an increase in plant based diets in all public buildings.	1
Council-led reduction in meat/dairy Moving towards offering only plant-based food at council events and meetings and any affiliated events and meetings. "Improve food & drink offer in council-operated premises" -- it should specifically say that it will be made vegan for climate change reasons. A small but effective change is to place vegetation and vegan options at the start of a menu. All council events should be catered with vegetation and vegan food only. There is no reason not to do this as it's open to all diets. The above should be taken further to give information to residents about the environmental impact (as well as health benefits) of what they are eating. For most it's	3

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
an unknown and changes can't be made without the knowledge of why it's important and how to go about it.	
Objection to language/approach used I think the reference to ethnic minorities in the previous section is patronising and paternalistic. They often have a healthier approach to food than the majority population. Stop using divisive language and encouraging division.	1
More community, collective action around food and food growing Council support to set-up community food growing - finding and providing sites, providing advice, sharing best practice, promoting local volunteering, promoting existing activities. Incredible Edible recently had an open event with apple pressing - the Mayor, Mayoress and local councillors attended and the event was in the local press. Council support could be increased - better use of social media and communication etc. Very cheap and easy and potential quick wins	2
Local action community groups	
Inclusion ensure everyone who needs it, gets access to support equally whatever their racial background.	1

Food for the Economy and the Environment – what should be prioritised?

The Food Plan outlines overarching areas of work linked to the theme of food for communities and public institutions. Respondents were asked to rank the importance of the actions. Respondents ranked items in order of priority as follows, with (1) being highest priority:

(1) Supporting community food growing
(2) take a strategic approach to food sustainability
(3) support Sustainable Food Enterprises and market infrastructure
(4) improve food environment through Healthier High Streets
(5) Create a Good Food Retail Plan for Barnet
(6) reintroduce food recycling collections
(7) embed food policy into wider council strategy
(8) implement the Barnet Advertising and Sponsorship Policy
(9) improve use of geographic data and intelligence.

What other actions should be considered in this area?

Respondents were asked what other areas of work should be considered related to the theme of food for the planet and the economy. 7 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
  - The council should lead on reducing meat and dairy consumption and provision and/or promoting plant-based diets (3 comments)
  - The Food Plan is too vague (2 comments)

Table 13: Other actions to consider related to food for the planet and the economy

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
Food Growing Opportunities All public buildings and spaces, and not just schools, should have a food growing space. This doesn't need to be a typical 'allotment' style space but could be edible landscaping in a food forest or orchard style.	1
Action on Food Waste / Encourage volunteering Encourage the setting up of community compost spaces, as well as the reintroduction of food waste collections. Plus, food business could be supported/encouraged to get bio digesters. Volunteers should not be relied on to run all of these spaces, although access to land and support should be available if they require it. We need more people doing more locally positive work which the council should fund rather than just support. It has long term benefits for mental health, physical health, community resilience, biodiversity and more. As the plan says "The CSO offer in Barnet is fragile".	1
Encourage local agriculture sector There is vast potential for commercial food growing to take place in the borough if opportunities are made available. It's such a shame there is so little now in a borough this size with access to land.	1
Protect green space Existing outdoor/food spaces must be protected to stop development and disruption to projects, people and biodiversity.	1
Reducing meat and dairy consumption and encouraging more plant-based options. The vision says our food environment must support "healthier food options, provides physical access to good food and encourages practices which promote sustainable food growing and consumption". The only way to achieve this is through reducing the consumption of animal-based products. The UK National Food Strategy review from 2021 says we must reduce meat consumption by 30% and increase the provision of fruit and vegetables. This is needed to meet health, climate and nature commitments. https://www.nationalfoodstrategy.org/ Meat and dairy require much larger areas of land than plant-based alternatives and produce much more carbon dioxide. The following links from Oxford University explain in more detail: https://ourworldindata.org/land-use-diets https://ourworldindata.org/grapher/food-emissions-production-supply-chain?country=Bananas~Beef+%28beef+herd%29~Wheat+%26+Rye~Milk~Maize~Lamb+%26+Mutton~Eggs~Fish+%28farmed%29~Soy+milk~Tofu~Rice~Poultry+Meat~Potatoes~Pig+Meat~Peas~Beef+%28dairy+herd%29	3
Success Measures: for "Food for our Economy and Environment" should include a reduction in meat and dairy consumption, as measured by some sort of survey (see "robust evaluation framework")	

What other actions should be considered for this theme?	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**7**
Description / Type of verbatim comments	**Number of comments**
covering a sample of all consumption in the borough (home, restaurants, take-away, council offices). Investigate whether this could be combined with other market research to keep the cost down.	
find ways to reduce animal based food find ways to use compost production back into our food growing	
Too vague A lot of the above is too vague to be meaningful	2
Better information about food - embedded water, carbon etc	
Miscellaneous I think you need to teach people how to cook, what to cook and how to budget and choose healthy and reasonably priced food.	1

Additional comments on the Food Plan as a whole

Respondents were asked for any additional comments on the food plan as a whole. 14 respondents answered this question.

- The most common themes (2 or more comments) are summarised below:
  - Promoting plant-based diets (3 comments)
  - More opportunities for residents to grow food (2 comments)
  - The plan needs to be more specific (4 comments)
  - Comments on survey approach/format (4 comments)

Table 14: Additional Comments on the Food Plan

Additional Comments on the Food Plan	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**14**
Description / Type of verbatim comments	**Number of comments**
Encouraging a plant-based diet Plant-based food. Growing food. Our diets are too meat and dairy heavy and food growing is a great way to encourage a move to a plant based diet. Making food cheaper is not the solution as it's already a smaller and smaller part of peoples' income. Raising incomes for people in lower income is needed.	3

Additional Comments on the Food Plan	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**14**
Description / Type of verbatim comments	**Number of comments**
Plant-based foods As mentioned, promotion of plant based foods is better for the planet, the population and is cheaper, in light of the cost of living crisis. Seems that this could be capitalised on. Sustainable! **Food Growing Opportunities** Food growing should be embedded into communities together with healthy lifestyles, encouraging people to walk and shop locally, i.e within 15mins from their home, for fresh and healthy foods, which are affordable. People growing food locally should be able to sell their surplus produce at council funded market stalls. Would it be worth setting places where people can bring fruit seeds and relevant experts can plant them? I bought a butternut squash which has lots of seeds. Most people simply discard them. Think also of apples and oranges. An alternative would be to enable people to bring any fruits they want to discard and the people in these places would have the job of extracting the seeds and planting them where possible. It would be quite labour intensive, but if supermarkets could also take their out of date fruits to these places, it could significantly improve our food security. **Unhealthy food environment** All sounds as though it is going to be brought up at lots of meetings discussed and will probably achieve very little. The amount of unhealthy, fattening and sweet foods that are so readily available cheaply plus supermarkets selling two or three for the price of one and that type of marketing has far more effect on people than sensible food planning. **Comments on the survey format / approach** this is a really good document and loads of work has gone into it. i would have found it easier to have a hard copy to read rather than trying to flip screens while online. eg there were things that i didn't see earlier on but which were included later on. is there any plan to present / discuss in a forum? While I appreciate the fact that you are running a consultation, I find it frustrating that I am asked to rank various items/actions when the priority should surely depend to a large degree on how well-developed this item/action is already, compared to the other options,and on how easy or difficult it would be to achieve significant benefits from each item/action. Also, much public sector jargon is quite difficult for ordinary (well-educated!) people to understand. For example, what would NOT taking a strategic approach to food sustainability mean? and what would happen if you do NOT embed a whole systems approach? (I have read the documents, by the way!) Bad survey hard to use You need to talk to people not just issue online surveys. You need a sustainable food policy with grassroots engagement. **Food Plan needs to be more specific** The aim is laudable but could easily result in little but expensive virtue signalling. Identify one or two achievable aims and focus on those.	2 1 4 4

Additional Comments on the Food Plan	
Number of respondents who completed this question *(note that where some comments addressed various themes, they have been separated and put with similar comments, therefore more than 7 comments appear below)*	**14**
Description / Type of verbatim comments	**Number of comments**
Lacks detail in terms of broader context and data. It needs to be set within the wider context of the carbon, water, land use, biodiversity and energy implications of food production; the amount of food wasted; and the environmental, health and cost implications of the current food system. More data please to make a more compelling answer. Lacks detail in terms of implementation. Yes. Where is the detail? How do you plan to fund, nevermind implement any of this in a cost of living crisis with council spending at an all time low? (1) "Despite only representing 5% of the food consumed by Londoners, meat is responsible" -- end of sentence missing. (2) "resilience is built at individual and household level" We need to justify it if the council has no plan for what to do if food rationing is needed. (3) Interesting to read about the "zero-waste shop" -- it would be a good idea to find out why Kronos and Rhea in High Barnet closed, and use that information to shape the plan. (4) "Purchase fish only from sustainable sources" seems very specific and out of place. It's not really that bad if fish gets a bit more scarce, but climate change is really serious. There is nothing specific about eating less meat and dairy in order to combat climate change. (5) "partnership between all actors in the food system, including local residents" -- it would be helpful to explain what you have in mind here, in addition to just buying our food from shops! (6) Thanks very much for all your hard work, much appreciated.	

Findings of qualitative engagement

Overview of findings from Stakeholder Engagement Sessions

Between June and September 2022, a Public Health officer conducted a series of presentations and engagement sessions with key stakeholder groups, as outlined in Table 15 below. A high-level summary of points raised in these meetings is outlined below.

Table 15: Overview of Stakeholder Engagement Sessions for the Food Plan Consultation

Organisation/network meeting	Date of session
Barnet MENCAP engagement session	16th June 2022
Presentation to Barnet Foodbank network	27th June 2022
AgeUK Barnet engagement session	5th July 2022
Barnet Youth Board Engagement Session	7th July 2022
Presentation to Barnet VCFSE Environment Network	15th September 2022

Presentation to Barnet VCS Forum	21st September 2022
Presentation to Benefits Advisors Network	26th September 2022

Participants would like to see:

- More cooking skills and education about eating healthily from an early age
- More support from GPs to people around healthy eating
- Vegan / vegetarian options in schools
- More options and choice of foods at school
- Less sugary food around everywhere / a healthier food environment
- More fruiting trees so that people can eat them as they pass by
- A focus on healthy habits not weight management

Overview of Key Points Raised in the School Food Plan Consultation

Although the School Food Plan consultation was carried out independently and focuses on school food specifically, the findings were nonetheless reviewed as part of this consultation. A summary of key points from this consultation is below:

- The School Food Plan was carried out, in part, because of a concern that School Food standards are not being upheld
- Schools report that they have different catering providers throughout the day (for example, lunchtime catering may be separate from the after-school club provider) so it is hard to coordinate and ensure standards across of all of these
- Parents/carers would like more food variety and have some concern about portion sizes being too small for older primary school students
- School staff concerned particularly about poor nutritional quality of packed lunches
- Students report a lot of sugary foods still available at school
- Students would like more vegan/vegetarian options and more choice
- There are opportunities to encourage more food growing at schools
- Improving the lunchtime experience, especially the atmosphere in school canteens is another area to address

Summary of Key Points Raised in Written Submissions from Stakeholders and Council teams

A summary of key points raised from the written submissions is outlined below, with the full versions of the written submissions in table 16 further below.

- Add more detail on many aspects of sustainability issues linked to food production and consumption and clarify levels of carbon emissions from residential and agricultural sources
- Amend wording around Healthy Start vouchers
- Fix minor typos and incomplete sentences
- Ensure that food storage is addressed with regard to actions around council architecture supporting food banks as this has been an ongoing need raised by stakeholders

- Recognise the increasing prevalence of food insecurity in the borough, and the impact this has on adults and children not only in terms of health but also in terms of hunger and wider effects
- Many food bank users are in employment but are still not able to afford all their basic needs – Chipping Food Bank collects a broad range of useful data on service users which it can share
- Desire to work more closely with the council on the Food Plan and Food Partnership
- The Food Plan should emphasise the interconnected nature of growing food, biodiversity and sustainability
- The council needs to lead on promoting plant-based food and culture – the current Draft Food Plan does not emphasise this enough
- Colindale Community Garden welcomes the Food Plan's aims to promote food growing spaces but finds this in contrast with its own experience: it is being developed and taken out of community hands with little support from the council to help find new growing space
- The Draft Food Plan is 'data-light' and needs more data on community growing spaces, agricultural land owned by the council, and the value of the food industry in Barnet.
- Data on procurement contracts for school food, care home food and other council venues should be included or obtained. The council should aim for a local, shorter supply chain for its food contracts and see procurement as an opportunity to reduce carbon emissions, procure healthier food for Barnet residents, and improve the social value of food contracts.
- The Food Plan's reference to including people with lived experience in the Food Steering Group is heartily endorsed
- Clarify how the actions in this strategy can lead to reduced financial vulnerability – appears more to be sign-posting to other services
- Be wary of making assumptions that people in food poverty do not know how to cook or budget – research has not validated these assumptions.
- Support food aid charities in offering more fresh food which is often not part of the offering

Table 16: Full comments from local stakeholders and council teams' written comments

Sustainability team – Barnet Council
Throughout the plan, looking at sustainability, I think there is good coverage of minimising food waste, encouraging local food growing, supporting local food economy and reducing packaging. I think there could be stronger emphasis on the impacts of food growing for soil health, promoting organic and sustainable farming methods, recognising the varied impacts of different animal protein (i.e. beef vs chicken), encouraging plant based protein replacements, encouraging surplus food redistribution and potentially outlining the partners that Barnet has influence to work with (such as schools and care homes), if this sounds appropriate. Some specific comments below: **Our vision (page 1)** • Might be good to include something on minimising food waste?

Health of the planet (page 9)

- Might it be good to recognise carbon emissions of certain food types i.e. beef vs plant protein? Not sure how much detail is needed.

- It could also mention water security and the impact on UK food growing (particularly in the context of warmer, drier summers and food resilience).

- Might be good to add something here on impacts on soil health, transportation emissions, packaging and potentially animal welfare?

on Page 9, What is the Challenge:

- I think based on recent data: Residential/Agriculture emissions are the UKs 4th and 5th most impactful sectors for carbon emissions (not more than transport and energy) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1051408/2020-final-greenhouse-gas-emissions-statistical-release.pdf

Start and Grow well team – Barnet Council

The Draft Food Plan is a comprehensive document and we are pleased to have been a part of and will continue to be part of its development. The CYP Team have the following comments to make at this draft stage but welcome commenting further once the feedback from the public consultation has been incorporated. Please find the comments below:

- Page 3 yellow box- can't read the last sentence

- Page 5- says 'health' start vouchers instead of 'healthy'
- How is the issue with storing food being tackled by the council? I read the section that talked about the council architecture supporting food banks and didn't feel like this was clear. This repeatedly comes up as an issue in the food security meetings and leads to food variety that can be offered being more limited.
- On the page with Appendix 1 on under Encourage uptake of Healthy Start the following to be changed:

'Promote healthy start with retailers and maintain the map of eligible retailers on our webpage'(we don't have a map of eligible retailers now as all retailers who take MasterCard can accept the healthy start pre-paid cards), maybe change to:

'Promote health start with retailers with the new digital changes and make sure they are actively encouraging purchase of the correct healthy start items'

- On p27 in the pink box under businesses the below is wrong:

If you are a food retailer in Barnet you can: *Register to take part in the Healthy Start Scheme so that families can use Healthy Start Vouchers to buy food.*

Maybe put below instead:

If you are a food retailer in Barnet you can: *Take part in the Healthy Start Scheme so that families are welcomed to use their Healthy Start Card to buy healthy food items*

- On p27 in the green box under Public Sector Organisations could the web page link be added like below where it says:

Sign up to take part in Sugar Smart Barnet, visit: https://www.sugarsmartuk.org/

- Also to generally note they still refer to 'Healthy Start Vouchers' (see also page 16) can they just refer to it as **'Healthy Start'** to avoid confusion with the vouchers now phased out

Chipping Food Bank

First of all, it was great to see the progress that has been made already with the review of the existing food security action plan (2019). We have directly benefited from some of this progress, for example, the Barnet Food Hub, which has enabled us to offer healthier fresh food to our clients. This has been an amazing addition to our service offering.

We feel that the food plan is an excellent high level overarching document which pulls together important strands and themes and makes links to other significant council documents. Not surprisingly, we would like to concentrate on the food insecurity part of the plan.

Where we think it could be improved further is by recognising the increasing likelihood of food insecurity in the borough. The current emphasis is on the impact of food insecurity on health. This is obviously very important but we would like to see more made of the stark reality that local adults and children are going hungry and the cause of this is primarily an inability to afford to buy food. We feel that the plan could benefit from some additional information being included in the food insecurity section.

In the 'What is the challenge?' section, it talks about the drivers of food insecurity, 'welfare reforms' (page 14) being named as a cause. For us we feel that this could be more explicitly described. At our foodbank, we are seeing that benefit sanctions, benefit delays (often at no fault of the recipient) and benefit payments being made less frequently are all part of this issue. 'Welfare reforms' are more about lowering welfare expenditure as a political priority as opposed to a genuine concern to the most vulnerable of society.

Another phrase that is used is 'stagnant wages' which is very true, but we are also finding that our clients are simply not earning enough. We have especially seen this more recently where more and more people in employment are visiting our foodbank.

At the Foodbank, through our voucher system, we have a record of our service users, where they are located and why they are using the Foodbank. We would be able to provide you with a summary of this information which may be of use to you and potentially could be included in the plan. We are attaching our AGM Report from last year which has a sample of the sort of data we produce.

We really like the Preventative Approach to Food Insecurity. We feel our Foodbank can really support the plan in the Tertiary Prevention phase.

We were particularly pleased to see the mention of the Financial Vulnerability Action Plan. We think that the report by the Policy and Resources Committee is very impressive and draws on recent local research and other data, including the useful approaches of other local London boroughs. The report presents a fuller picture of the reality of food insecurity and food poverty in the borough and we feel that the food plan could benefit from including some of the data that is referred to.

We were also pleased to see in the report the aims of the council to work more closely with partner organisations in the borough with similar aims to attack food poverty and insecurity. We would very much like to work more closely with the council and its local partners who have a shared vision. We are fortunate to have a grant from the Trussell Trust to enable the Foodbank Manager to lead the development of a local strategy with the ultimate aim of eliminating food poverty in the borough.

We have created a strategy working group and have already begun to make progress in this area. Here are just some of the things that we have been working on:

- CAB Partnership (we have an in-house adviser available for all our clients)
- Engaging with local councillors
- Creating links with other Foodbanks
- Creating links with Barnet Council
- Partnership with BOOST Barnet (Digital Inclusion)
- Partnership with Online Centres Network (Good Things Foundation)
- Partnership with CAP
- Partnership with NEA – Fuel Poverty Charity
- Raising awareness on our social media channels
- Collaboration with Barnet Football Club

We would also like to offer our support on either the Barnet Food Steering Group and/or the Barnet Food Partnership.

Colindale Community Garden

1. Felt there was a lack of consideration between the interconnected nature of growing (organic) food, biodiversity and general environmental sustainability.
2. Very little attention to plant based food and the need to embed plant based culture in all the council's outputs.
3. It was great to read about the promotion and development of food growing spaces, however, also aggravating- Colindale Community Garden will be developed on next year by LBB, there has been very little support in helping us find a new suitable growing space, so it's hard not to feel a little cynical about the plan and how it will be implemented.

Kate Brown (Chair East Finchley Town Team) and Roger Chapman (Chair Barnet Green Spaces Network) in their personal capacities

We welcome the production of the Barnet Food plan and wish to see it strengthened.

The Guiding Principles of the plan (p. 17) begin with 'Data led Decision Making'. We agree with this principle, but the document is 'data light'. We consider that this area should be substantially strengthened through the inclusion of readily available data to create a well-developed base line for future teting. We give examples below.

- Land available for Food growing in the Borough boundary. As a minimum the land owned and leased for agriculture by the Council should be identified. Appendix 1 shows that land as identified in the Barnet Asset register available online at https://open.barnet.gov.uk/dataset/2lqge/local-authority-land
- The asset register also identified Barnet owned allotment sites extracted from above source at Appendix 2.
- In addition to the above land assets in the borough privately owned agricultural land, market gardens, community gardens and allotments should be identified. One significant allotment is the Finchley Charities owned Fuel Land allotments in East Finchley. Whilst some community gardens are identified many are not – the Barnet Community Gardens coordinators WhatsApp group run via the One Stonegrove Community centre should be approached for assistance in building a comprehensive list along with Barnet Community Harvesters.
- Data should be extracted on the numbers employed in food:
    - Production,

- Processing
- Distribution

within the borough to give an indication of its economic and social value.

- Procurement – data should be added about the current purchasing policies for schools, LA and NHS bodies with a view to securing a shift towards shorter more local supply chain where possible and ensuring that all relevant purchasing power is funnelled to meet the objectives of the food plan.

Emeritus Professor Pat Caplan, Department of Anthropology, Goldsmiths, University of London (researcher on food insecurity in Barnet)

1. ***Draft Food Plan (11pp)***

- Needs paginating (I inserted page numbers, ignoring the cover)
- Would be good to produce a printer-friendly version which would use less paper for those who need to print (as do I)

In general, these are sensible and do-able recommendations given the current environment:

- A central government continuing to pursue austerity, which has significant impacts on food security for large proportion of population
- A Council which is very cash-strapped and there is great competition for resources
- A new Labour Council which will be reluctant to increase costs
- The aftermath of the so-called 'easy council' in which so many services were outsourced (mostly to Capita) and residents did not experience a caring council
- Rise in cost of food and energy (the 'cost of living' crisis)
- A multiplicity of council officers/committees and voluntary organisations operating within this scenario. Definitely a case for streamlining and better communications

You have very laudable aims but in this summary I kept asking 'how?' However most of this is further explained in the full version of the plan

p. 2. Barnet's vision: fine except for grammar glitches: 'resilience will be….Food aid will be..

p. 3. Please let me have refs to the UCL study if it is publicly available

- You could make mention of 'food deserts' here

p. 4. 'tackle inequalities': again the 'how' question

p. 5. Very good to get residents involved in feedback

- 'we will ensure' – how?

p. 6. Encourage London Living Wage – yes definitely

p. 7. Supporting food banks: this is a two-edged sword. On the one hand they do immediate practical work, but the costs in dignity and stigma are considerable, while feeding people with industry surplus in not the long-term answer and definitely not a win win situation, although it is often presented that way

p. 8. Last para. First sentence is unclear. Suggest: 'Give support to families with children using free school meals and families on reduced incomes during the school holiday periods'. Question is – what form will that support take?

p. 9. Supporting resilience in the voluntary sector – resilience is a problematic concept because it suggests that if you support lor 'nudge' individuals and organisations to be more resilient, it implies that you've solved their problems, which are in fact derived from social and economic factors outside their control (e.g. low wages, zero-contract hours, very low rate of welfare payments)

- what is SPAZE? (beware over-use of acronyms)
- very good and important points about getting young people involved (and doing not just being told what to do)

p. 10. Para. 2 mention of markets – yes, important but where I live the Finchley market has deteriorated and now has no fruit and veg or fish stall. Farmers' markets (Finchey Garden Centre is building one but lots are needed)

p. 11. Para 2. Bringing in people with lived experience - CRUCIAL! At present they are marginalised and have no voice. Need to listen to the 'experts by experience'.

Barnet Food Plan full version

- Needs better paginating as some pages have numbers but others do not)
- Would be good to produce a printer-friendly version which would use less paper for those who need to print (as do I)

p. 3. Budget cooking workshops: in general, there may work well or not. There is a popular perception that those in food poverty don't know how to cook or budget so they need to be 'educated', including about healthy food. This is derogatory and often untrue as my own research and that of others shows
p. 4. Schools holiday meals. Not clear to what extent Barnet pays for these and if so how and where. It's a major issue, as the Marcus Rashford campaigns demonstrated
p. 7. Refugee needs v. important as many of them cannot access even what few benefits there are.
p. 8. Headlines: inevitably waste comes in. Please, please do not conflate food poverty with waste. It lets too many off the hook (government, big food) and is absolutely not the solution.

- This is the start of info from the UCL report but it is not clear where this finishes. I would endorse all that is said here.
- It would be preferable not to keep jumping from portrait to landscape – is that possible?

p. 18. It is not at all clear to me how financial vulnerability is going to be reduced, other than by strategies for coping (resilience) and being sign-posted to what few resources are available. Contrast Pembrokeshire the area where I researched in Wales: the Welsh government supports both organisations and individuals as much as it can (it does not have tax-raising powers), and Pembs CC does likewise.
p. 21. Support food aid charities in offering more fresh food – amen. If you look at the TT list it is depressing, and if you try and live off it, it's difficult (as I found when I did it).
pp. 22-4. All good stuff
p. 25. Good idea to re-introduce food waste recycling – why not LBB offer suitable bags to residents (not plastic?) (again Pembs does this)
p. 26. Monitoring – yes very important with regular reviews (not just tick boxes)
p. 27. Businesses – again equating of solutions to food poverty with food waste

Conclusion:

This is what I would like to come through in this strategy:

- That we are all citizens of the community of Barnet with rights and entitlements
- That Barnet it a large community with a diverse population which is made of very varying areas and communities, which contributes to its richness
- That Barnet councils and its residents look after their own, showing *solidarity* (not charity) to those experiencing difficulties
- That Barnet can make even better use of its existing resources (e.g. land, people, expertise etc) to try and ensure its strategy aims

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Appendix I: Draft Food Plan consultation questionnaire

Barnet Food Plan: consultation survey

Introduction: Barnet Food Plan

The Barnet Food Plan is our vision to tackle the key challenges facing Barnet around food and the actions we will take to ensure everyone in Barnet eats nutritious and sustainable food each day.

The Barnet Food Plan brings together the opportunities and challenges presented by the complex role that food plays in our lives. It expands on the scope of the previous Food Security Action Plan, identifying key mechanisms of change across three overarching themes:

- The right food for lifelong wellbeing
- The right food for our public institutions and communities
- The right food for our economy and our environment

We would like you 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.

The food plan summary is available to read **here**

The full draft food plan is available to read **here**

Thank you for your time – your participation in this consultation is greatly appreciated.

Please select 'Next' to continue on to the next page.

SurveyMonkey and data protection

Barnet Council uses SurveyMonkey to host questionnaires, and to store and analyse the data collected through these questionnaires. The council has investigated SurveyMonkey and is satisfied with its data assurance and legal framework.

The council does not collect personal information in this questionnaire, which means the information you provide is anonymous. We do not ask for your name, address, email address, telephone number, full post code or any other information that would allow us to identify you. The information you choose to give us in the equalities questions is also anonymous so we cannot identify you from it.

Since the data we collect is anonymous, it is not considered to be personal data under data protection legislation (such as the General Data Protection Regulation or the Data Protection Act 2018).

If you have any questions about this statement, please email first.contact@barnet.gov.uk.

Page Break

Instructions for completing questionnaire

We have tried to make the questionnaire as easy as possible to complete.

Many of the questions have a range of options for you to choose from. Please choose the option closest to your opinion and tick the relevant option or options.

Please select 'Next' to continue on to the next page.

Section 1: Our vision and guiding principles

Our vision:
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 drive our vision forward.

Further information on our vision and guiding principles is available **here**

1. **To what extent do you agree or disagree with our vision?** (Please tick one option only)

Strongly agree	❑
Tend to agree	❑
Neither agree nor disagree	❑
Tend to disagree	❑
Strongly disagree	❑
Don't know	❑

2. **If you disagree, please give reasons for your answer?** (Please type in your answer)

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3. Page Break

Our guiding principles are the objectives that will ensure that all of our actions are aligned in this plan. They ensure that our priorities remain the focus of every area in the plan.

4. **To what extent do you agree or disagree with the guiding principles of the food plan?** (Please tick one option on each row)

	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	rongly sagree	ot sure/ on't iow
ackle inequalities	❑	❑	❑	❑	❑	❑
ata-led decision making	❑	❑	❑	❑	❑	❑
upport partnerships	❑	❑	❑	❑	❑	❑
ustainable approach to food	❑	❑	❑	❑	❑	❑
onsider the cultural and social role of od	❑	❑	❑	❑	❑	❑
ood that is good for health	❑	❑	❑	❑	❑	❑
sset based approach	❑	❑	❑	❑	❑	❑

5. **If you disagree with any of these please give a reason for your answer, stating the principle you are referring to?** (Please type in your answer)

6. **Is there anything else you think we should consider for our guiding principles?** (Please type in your answer)

Section 2: The challenges

The three challenges facing our food system are:

- Health of the population – food that supports health and wellbeing
- Health of the planet – addressing the environmental impact of food production and diets
- Food insecurity

More information on these challenges is available **here**

7. **Referring to the challenges, please indicate how important these are to you.**

Please rank each objective according to importance: 1 being most important and 3 being least important. Please use each value only once.

	nter 1-3
Health of the population	❑
Health of the planet	❑
Food insecurity	❑

Don't know/not sure (please tick this OPTION if you don't know or are not sure) ❑

8. **Is there anything else you think we should consider in addressing these challenges?** (Please type in your answer)

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Section 3: Our themes

Our approach to the implementation of this plan is therefore structured around three overarching themes. Each theme has been chosen to target a different part of the system.

9. **To what extent do you agree or disagree with the three themes of the food plan?** (Please tick one option on each row)

	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	rongly sagree	ot sure/ on't iow

ood for lifelong wellbeing	❑	❑	❑	❑	❑	❑
ood for our communities and public ıstitutions	❑	❑	❑	❑	❑	❑
ood for our economy and our nvironment	❑	❑	❑	❑	❑	❑

10. **If you disagree with any of these please give a reason for your answer, stating the theme you are referring to?** (Please type in your answer)

11. **Is there anything else you think we should consider for our themes?** (Please type in your answer)

Section 4: The Barnet Food Partnership

As part of this plan, we will create a Barnet Food Partnership with membership including local stakeholders and delivery partners. This will help us deliver our ambitions for the food plan in a joined-up way. The food plan proposes priorities for this partnership across environmental, economic and communities [Intro from food plan]

12. **Thinking about the proposed priorities for this partnership, please indicate how important these are to you.**

Please rank each action according to importance: 1 being most important and 5 being least important. Please use each value only once.

	Enter 1-5
Promoting food growing	❑
Supporting food banks	❑
Building connections with businesses	❑
Promoting sustainability and waste reduction in the food system	❑
Promoting healthy eating	❑
Don't know/not sure (please tick this OPTION if you don't know or are not sure)	❑

13. **What would you like to see the Barnet Food Partnership achieve over the next 5 years?**
(Please type in your answer)

Section 5: 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.

Further information about this theme is available **here.**

14. **Referring to the actions in this theme, please indicate how important these are to you.**

Please rank each action according to importance: 1 being most important and 7 being least important. Please use each value only once.

	nter 1-7
Engaging Residents with Lived Experience	❑
Maximising Incomes	❑
Encourage uptake of Healthy Start	❑
Supporting Individuals using Council Services	❑
Prevention and Treatment of Excess Weight	❑
Supporting household food sustainability	❑
Barnet Holiday Activity Fund (HAF)	❑
Don't know/not sure (please tick this OPTION if you don't know or are not sure)	❑

15. **Are there any other actions you think should be considered in this theme?** (Please tick one option only)

Yes ❑ Go to Q15

No ❑ Go to Q16

16. **What other actions should be included in this theme?** (Please type in your answer)

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How should we be working to achieve the actions within this theme? – Actions question to be added
What should we be doing to achieve the actions within this theme?

Section 6: 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.

Further information about this theme is available **here.**

17. **Referring to the actions in this theme, please indicate how important these are to you.**

Please rank each action according to importance: 1 being most important and 7 being least important. Please use each value only once.

	nter 1-7
Form the Barnet Food Partnership	❑
Support Food Access for Black, Asian and Minority Ethnic Groups	❑
Embed a Whole Systems Approach to Food for Vulnerable Adults	❑
Embed Whole Systems Approach in Children and Young People Settings	❑
Improve Food & Drink Offer in Parks, Leisure Centres, Libraries and Council Premises	❑
Ensure Council Architecture is Optimised to Support Food Aid Organisations	❑
Use Existing Local Assets	❑
Don't know/not sure (please tick this OPTION if you don't know or are not sure)	❑

18. **Are there any other actions you think should be considered in this theme?** (Please tick one option only)

Yes ❑ Go to Q18
No ❑ Go to Q19

19. **What other actions should be included in this theme?** (Please type in your answer)

Section 7: Food for our economy and our environment

Our vision is for healthy and sustainable food to be convenient and prioritised in our local neighbourhoods. The right 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. Finally, we will consider our existing community assets, such as anchor institutions and young people, creating opportunities for others to champion behaviour change.

Further information about this theme is available **here.**

20. **Referring to the actions in this theme, please indicate how important these are to you.**

Please rank each action according to importance: 1 being most important and 9 being least important. Please use each value only once.

	Enter 1-9
Support Community Food Growing	❑
Support Sustainable Food Enterprises and market infrastructure	❑
Create a Good Food Retail Plan for Barnet	❑
Take a strategic approach to food sustainability	❑
Improve food environment through Healthier High Streets	❑
Implement the Barnet Advertising and Sponsorship Policy	❑
Reintroduce food recycling collections	❑
Embed Food Policy into Wider Council Strategy	❑
Improve use of geographic data and intelligence	❑
Don't know/not sure (please tick this OPTION if you don't know or are not sure)	❑

21. **Are there any other actions you think should be considered in this theme?** (Please tick one option only)

Yes ❑ Go to Q21

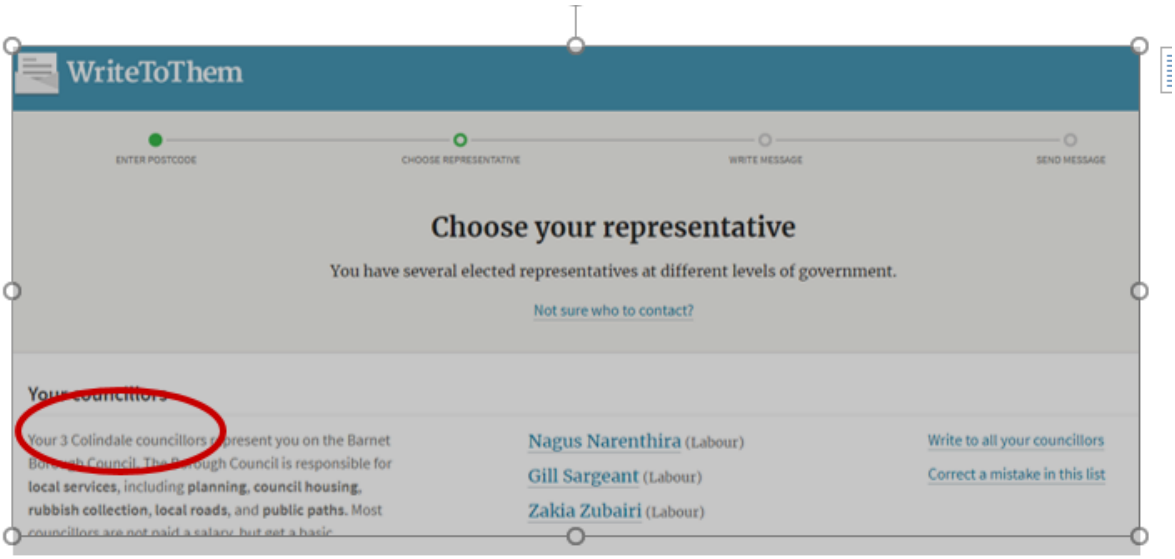
No ❑ Go to Q22

22. **What other actions should be included in this theme?** (Please type in your answer)

23. **Do you have any other comments on our Draft Barnet Food Plan?** (Please type in your answer)

Section 9: About you

When consulting with our residents and service users Barnet Council needs to understand the views of our different communities.



So that we can analyse the findings by different locations in the borough, please can you provide the Barnet ward that you live in.

If you do not know the Barnet ward that you live in you can find it by clicking here and entering your postcode. You should then see a page like the image below - you will find the name of your ward on the left-hand side of the page under the heading "Your councillors". In this example, the name of the ward is Colindale.

24. Which ward do you live in? If you live outside Barnet please select other and specify ....(Please select one option only)

Barnet Vale
Brunswick Park
Burnt Oak
Childs Hill
Colindale North
Colindale South
Cricklewood
East Barnet
East Finchley
Edgware
Edgwarebury
Finchley Church End
Friern Barnet
Garden Suburb
Golders Green
Hendon
High Barnet
Mill Hill

Totteridge Woodside
Underhill
West Finchley
West Hendon
Whetstone
Woodhouse
Other

[The options in the next question are a guide – you can tailor these options to suit your consultation]

25. **Are you responding as:** (Please tick one option only)

A Barnet resident	❑	Go to Q 27
Barnet business	❑	Go to Q 27
A person who works in the London Borough of Barnet area	❑	Go to Q 27
Representing a voluntary/community organisation	❑	Go to Q 25
Representing a public-sector organisation	❑	Go to Q 26
Other (please specify) ……	❑	Go to Q 27

26. **Please specify the type of stakeholders or residents your community group or voluntary organisation represents:** (Please type in your answer)

27. **Please specify the type of public sector organisation you are representing:** (Please type in your answer)

Community Group, Voluntary, or Public-Sector Organisation - Route to end of questionnaire Page Break

28. **Are you currently employed, self-employed, retired or otherwise not in paid work?** (Please tick one option only)

An employee in a full-time job (31 hours or more per week)	❑
An employee in a part time job (Less than 31 hours per week)	❑
Self- employed (full or part-time)	❑
On a Government supported training programme (e.g. Modern Apprenticeship or Training for Work)	❑
In full- time education at school, college or university	❑

Unemployed and available for work	❑
Permanently sick or disabled	❑
Wholly retired from work	❑
Not in work and not available for work, e.g. in a carer role	❑
Doing something else (please specify)	❑
Prefer not to say	❑

29. **Does your household own or rent this accommodation?** (Please tick one option only)

Own Owned with a mortgage or loan	❑
Own Owned outright	❑
Own Other owned – record word for word	❑
Rent Rented from Council	❑
Rent Rented from a Housing Association or another Registered Social Landlord	❑
Rent Rented from a private landlord	❑
Rent Other rented or living here rent free – record word for word	❑
Both Part rent and part mortgage (shared ownership)	❑
Don't know	❑
Prefer not to say	❑

Page Break

Section 8: Diversity monitoring

The Equality Act 2010 identifies nine protected characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and requires the council to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups. We ask questions about the groups so that we can assess any impact of our services and practices on different groups. The information we collect helps the council to check that our policies and services are fair and accessible.

Collecting this information will help us understand the needs of our different communities and we encourage you to complete the following questions.

All your answers will be treated in confidence and will be stored securely in an anonymous format. All information will be stored in accordance with our responsibilities under the Data Protection Act 2018.

For the purposes of this questionnaire we are asking ? of the protected characteristics included in the Equality Act 2010.

Page Break

30. **In which age group do you fall?** (Please tick one option only)

[Please note you can change these age ranges to suit your consultation]

16-17	❑	55-64	❑
18-24	❑	65- 74	❑
25-34	❑	75+	❑
35-44	❑	Prefer not to say	❑
45-54	❑		

31. **Are you:** (Please tick one option only)

Male	❑ Go to Q32	Female	❑	Prefer not to say	❑

If you prefer to use your own term please provide it here: (Please type in your answer)

Pregnant and on maternity leave

32. **Are you pregnant and/or on maternity leave?** (Please tick one option on each row)

	Yes	No	Prefer not to say
I am pregnant	❑	❑	❑
I am currently on maternity leave	❑	❑	❑

33. **Is the gender you identify with the same as your sex registered at birth?** (Please tick one option only)

Yes, it's the same	No, it's different	Prefer not to say
❑ Go to Q34	❑	❑ Go to Q34

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34. **If you answered no, please enter your gender identity:** (Please type in your answer)

Page Break

35. **What is your ethnic group?** (Please tick one option only)

Asian / Asian British		**Other ethnic group**	
Bangladeshi	❑	Any other ethnic group (ü AND TYPE BELOW)	❑
Chinese		**White**	
Indian	❑	British	❑
Pakistani	❑	Greek / Greek Cypriot	❑
Any other Asian background (ü AND TYPE BELOW)	❑	Gypsy or Irish Traveller	❑
Black / African / Caribbean / Black British		Irish	❑
African	❑	Turkish / Turkish Cypriot	❑
British	❑	Any other White background (ü AND TYPE BELOW)	❑
Caribbean	❑	**Prefer not to say**	❑
Any other Black / African / Caribbean background (ü AND TYPE BELOW)	❑	……	
Mixed / Multiple ethnic groups			
White & Asian	❑		
White & Black African	❑		
White & Black Caribbean	❑		
Any other Mixed / Multiple ethnic background (ü AND TYPE BELOW)	❑		

Page Break**Disability**

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.

36. **Do you consider that you have a disability as outlined above?** (Please tick one option only)

Yes ❑ No ❑ (Please go to Q37)

37. If you have answered 'yes', please select the definition(s) from the list below that best describes your disability/disabilities:

Hearing (such as deaf, partially deaf or hard of hearing)	❑	**Reduced Physical Capacity** (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)	❑
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	❑	**Severe Disfigurement**	❑
		Learning Difficulties (such as dyslexia)	❑
Speech (such as impairments that can cause communication problems)	❑	**Mental Illness** (substantial and lasting more than a year, such as severe depression or psychoses)	❑
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	❑	**Physical Co-ordination** (such as manual dexterity, muscular control, cerebral palsy)	❑
Other disability, please specify			
Prefer not to say ❑			

38. **What is your religion or belief?** (Please tick one option only)

Baha'i	❑	Jain	❑
Buddhist	❑	Jewish	❑
Christian	❑	Muslim	❑
Hindu	❑	Sikh	❑
Humanist	❑	No Religion	❑
Prefer not to say	❑	Other religion/belief (Please specify)	❑

39. **What is your sexual orientation?** (Please tick one option only)

Bisexual	❑	Prefer not to say	❑

Gay or Lesbian	❑	Other sexual orientation (please specify)……..	❑
Straight or heterosexual	❑		

40. **What is your marital status?** (Please tick one option only)

Single	❑	Widowed	❑
Co-habiting	❑	In a same sex civil partnership	❑
Married	❑	Prefer not to say	❑
Divorced	❑		

Thank you for taking part in our questionnaire. Once you press 'submit' your responses will automatically be submitted to Barnet Council.

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Equalities Impact Assessment (EqIA)

EqIAs make services better for everyone and support value for money by getting services right first time.

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for service users and staff[1].They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010[2]. They help us make good decisions and evidence how we have reached them.[3]

An EqIA needs to be started as a project starts to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. A full EqIA must be completed before any decisions are made or policy agreed so that the EqIA informs that decision or policy. It is also a live document; you should review and update it along with your project plan throughout.

You should first consider whether you need to complete this full EqIA[4].

Other key points to note:

- Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes.
- Please share your EqIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EqIAs should be reviewed by the relevant Head of Service.
- Examples of completed EqIAs can be found on the Equalities Hub

1. Responsibility for the EqIA	
Title of proposal[5]	Barnet Food Plan
Name and job title of completing officer	Katherine Carr, Health in all Policies Officer
Head of service area responsible	Janet Djomba
Equalities Champion supporting the EqIA	Janet Djomba
Performance Management rep	
HR rep (for employment related issues)	
Representative (s) from external stakeholders	

2. Description of proposal	
Is this a: (Please tick all that apply) New policy /strategy / function / procedure / service ☒	 Review of Policy /strategy / function / procedure / service ☐
Budget Saving ☐ If budget saving please specify value below:	Other ☐ If other please specify below:

Please outline in no more than 3 paragraphs[6]:

The proposal which is being assessed is the Barnet Food Plan 2022-2026. The Barnet Food Plan aims to coordinate and provide strategic direction for all work on food in the borough. The Barnet Food Plan builds on the previous Food Security Action Plan and is taking into account recent issues and changes such as cost of living crisis and focus on sustainability.

Many different service areas of Barnet Council implement the work that falls under this Food Plan: from Green Spaces, to Street Scene, to different teams within Public Health. TheFood Plan will affect many people – as it aims to improve the food environment, this should impact anyone who lives, works or studies in Barnet. In addition, there are some areas of work which address particular groups specifically- school children, people living with or at risk of cardiovascular disease, community food growers, BAME groups in relation to culturally specific food access, financially vulnerable residents, etc. Most, but not all, of the actions in the strategy are part of existing workplans within the council.

The outcome we would like to achieve with this food plan is to strengthen coordination and partnership within the Barnet food system, and to establish a Sustainable Food Partnership in the borough involving relevant actors and incorporating people with lived experience of food poverty.

3. Supporting evidence

What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis

Protected group	What does the data tell you[7]? *Provide a summary of any relevant demographic data about the borough's population from the Joint Strategic Needs Assessment, or data about the council's workforce*	What do people tell you [8]? *Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.*
Age[9]	Data from the 2021 Census indicates that the population of Barnet is 389,300. 26,300 people are aged 75 and over. The 75 and over age groups has seen the largest increase in population in Barnet (11% or 2,700 people) compared to other age groups since the last census in 2011. The largest age groups in the borough are for men and women aged 30-34 and 35-39. There is nothing within the proposed Food Plan that will disadvantage any particular age group. Many aspects of the Food Plan aim to improve the overall food environment in the borough, while other parts of the food plan will address particular age groups such as school-aged children or older people.	The Draft Barnet Food Plan consultation began in June 2022 and concluded in October 2022. The consultation consisted of : 1. Focus group meetings and presentations to stakeholders including Barnet MENCAP, Barnet Foodbank network, AgeUK Barnet, Barnet Youth Board, Barnet VCFSE Environment Network, Barnet VCS Forum and Benefits Advisors Network. 2. Written submissions from community groups and council teams, including Sustainability team, Start and Grow well team, Chipping Food Bank, Colindale Community Garden, Kate Brown (Chair East Finchley Town Team) and Roger Chapman (Chair Barnet Green Spaces Network) Emeritus Professor Pat Caplan (researcher on food insecurity in Barnet). 3. An online questionnaire published on engage.barnet.gov.uk together. 56 responses were received.
Disability[10]	Data from the 2021 Census on people with disabilities has not yet been released. The 2011 census data indicates 14% of Barnet residents suffer from a long term health problem or disability that limits their day-to-day activity. This is a similar proportion to the rest of London and a little less than the proportion for England and Wales at 17.9%. Of those people of working age 10% are affected daily by a long term illness or disability.	

<table>
<tr><td></td><td>The proposed activities within the Food Plan should not adversely impact any people with disabilities.</td><td rowspan="4">The consultation invited views on:
• Our vision of the challenges and opportunities within the Barnet food system
• The guiding principles of the plan
• The key areas we would like to focus on for the next four years

Overall, respondents to the online questionnaire as well as the written submissions expressed support for the vision, guiding principles and key thematic areas of the plan. Respondents want the Food Plan to prioritise:
• supporting everyone to access to healthy, affordable food,
• addressing climate and sustainability concerns,
• creating more opportunities for community food growing
• improving the food environment</td></tr>
<tr><td>Gender reassignment[11]</td><td>Census data for the number of gender variant people is not yet available at the time of writing. However, the ONS estimates that there are approximately 200,000-500,000 trans people in the UK.

The proposed activities within the Food Plan should not adversely impact any people who propose to, have started or completed a process to change their gender.</td></tr>
<tr><td>Marriage and Civil Partnership[12]</td><td><table><tr><th rowspan="2">Marital and civil partnership status</th><th colspan="2">Barnet (2021)</th><th rowspan="2">London (2021) %</th></tr><tr><th>Number</th><th>%</th></tr><tr><td>Never married and never registered a civil partnership</td><td>118,816</td><td>38.4%</td><td>46.2%</td></tr><tr><td>Married: Opposite sex</td><td>144,666</td><td>46.8%</td><td>39.3%</td></tr><tr><td>Married: Same sex</td><td>649</td><td>0.2%</td><td>0.4%</td></tr><tr><td>In a registered civil partnership: Opposite sex</td><td>275</td><td>0.1%</td><td>0.1%</td></tr><tr><td>In a registered civil partnership: Same sex</td><td>407</td><td>0.1%</td><td>0.2%</td></tr><tr><td>Separated, but still married</td><td>6,770</td><td>2.2%</td><td>2.3%</td></tr><tr><td>Separated, but still in a registered civil partnership</td><td>38</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Divorced</td><td>22,794</td><td>7.4%</td><td>7.2%</td></tr><tr><td>Formerly in a civil partnership now legally dissolved</td><td>54</td><td>0.0%</td><td>0.0%</td></tr><tr><td>Widowed</td><td>14,859</td><td>4.8%</td><td>4.2%</td></tr><tr><td>Surviving partner from civil partnership</td><td>25</td><td>0.0%</td><td>0.0%</td></tr></table>Data above comes from the 2021 Census data for Barnet.
Residents in an opposite sex marriage has remained the same as Census 2011 at 46.8%. Those who have never been married and never registered a civil partnership is 38.4% which is an increase of1.2% from the 2011 Census.

The proposed activities within the Food Plan should not adversely impact people in relation to their marital or civil partnership status.</td></tr>
<tr><td>Pregnancy and Maternity[13]</td><td>In 2019 there were 4,618 babies born in Barnet.

The proposed activities within the Food Plan should not adversely impact people who are pregnant or on parental leave.</td></tr>
</table>

Race/ Ethnicity[14]	The borough of Barnet is racially and ethnically diverse. Although data from the 2021 Census is not yet available, data from the 2011 census indicates that Barnet is growing more diverse as time passes. The JSNA data shows that BAME communities make up 47.2% of Barnet's population, white British communities make up 30.4% of Barnet, and 22.4% of Barnet's population report that they are from other white ethnic groups. Current data from the Public Health team indicates that there are 1129 refugees living in Barnet. The proposed activities within the Food Plan should not adversely impact people in relation to their race or ethnicity. The Food Plan has specific actions to support BAME residents to have equitable access to healthy, affordable and culturally appropriate food.	
Religion or belief[15]	**Barnet 2021** **Religion** / **Number** / **%** No religion / 78,684 / 20.2% Christian / 142,321 / 36.6% Buddhist / 4,158 / 1.1% Hindu / 22,105 / 5.7% Jewish / 56,616 / 14.5% Muslim / 47,688 / 12.2% Sikh / 1,524 / 0.4% Other religion / 5,192 / 1.3% Not answered / 31,056 / 8.0% Data from the 2021 Census for Barnet is outlined above. Christianity remained the majority religion in Barnet with 36.6% of the population identifying themselves as Christian. The next most common religions	

	are Judaism (14.5%), Islam (12.2%) and Hinduism (5.7%). Barnet continues to have the largest Jewish population in the country. 20.2% of the population said that they have no religion. The proposed activities within the Food Plan should not adversely impact people in relation to their religion or belief. On the contrary, the Food Plan aims to support different population group with access to culturally and religiously appropriate food.	
Sex[16]	The 2021 Census data indicates that there are 188,400 males living in Barnet (48.4% of the population. There are 200,900 females living in the borough (51.6% of the population). For the first time, the 2021 Census asked a question about gender identity: Is the gender you identify with the same as your sex registered at birth? However the results from this part of the census have not yet been made available at this time. There is nothing in the Food Plan that should adversely impact anyone because of their sex or gender.	
Sexual Orientation[17]	2021 Census data is not yet available for sexual orientation within Barnet. However, ONS data from 2019 indicates the following: • The proportion of the UK population aged 16 years and over identifying as heterosexual or straight was 93.7% in 2019. • An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019 • Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds) There is nothing in the Food Plan that should adversely impact anyone because of their sexual orientation.	
Other relevant groups[18]		

4. Assessing impact

What does the evidence tell you about the impact your proposal may have on groups with protected characteristics [19]?

Protected characteristic	For **each** protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
	The Barnet Food Plan is a plan which aims to identify and pull together all existing work in the borough relating to food, including access to food, opportunities to grow food, to improve the food environment, to provide food advice and/or education for specific groups. The primary function of the Food Plan is to coordinate actions around food by forming a Sustainable Food Partnership and by convening a Food Steering Group in order to provide strategic guidance and focus to existing work on food. It is important to note that the Barnet Food Plan does not bring additional funding or new initiatives, therefore there are few *new* adverse or positive impacts arising from this Food Plan.				
Age	The Food Plan contains some specific actions around improving the quality of school food, so this will impact primary and secondary school children positively.	☒	☐	☐	☐
Disability	The Food Plan contains some specific actions targeting people learning disabilities, so this will impact them positively.	☒	☐	☐	☐
Gender reassignment	The Food Plan should not have any impact on people who propose to, have started or completed a process to change their gender.	☐	☐	☐	☒
Marriage and Civil Partnership	The Food Plan should not have any impact on people related to their marital or civil partnership status.	☐	☐	☐	☒

Pregnancy and Maternity	The Food Plan aims to have a positive impact on people who are pregnant, are breastfeeding or having children, as per the actions described above.	☒	☐	☐	☐
Race/ Ethnicity	The Food Plan aims to have a positive impact on people related to their race or ethnicity. The Food Plan has specific actions to support BAME residents to have equitable access to healthy, affordable and culturally appropriate food. The Food Plan also has specific actions to address the particular needs of the refugee population in Barnet, by hiring a refugee health champion.	☒	☐	☐	☐
Religion or belief	The Food Plan aims to have a positive impact on people with different religions or belief as per the actions described above.	☒	☐	☐	☐
Sex	The Food Plan should not have any impact on people in relation to their sex or gender.	☐	☐	☐	☒
Sexual Orientation	The Food Plan should not have any impact on people in relation to their sexual orientation.	☐	☐	☐	☒

5. Other key groups **Are there any other vulnerable groups that might be affected by the proposal?** ***These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed***	Positive impact	Negative impact		No impact
		Minor	Major	

Key groups	A group that is a key focus of this Food Plan is people living in food poverty. Although the Food Plan does not provide any new funding or additional financial support for people who are food insecure, the actions within the Food Plan aim to increase promotion and awareness of all financial support available in the borough. The Food Plan also aims to enhance data collection across food banks in Barnet, and continue to provide some funding to support food aid organisations in the borough.	☒	☐	☐	☐

6. Cumulative impact[20]

Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?

☐ **Yes** **No** ☒

7. Actions to mitigate or remove negative impact

Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.

Group affected	Potential negative impact	Mitigation measures [21] *If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.*	Monitoring[22] *How will you assess whether these measures are successfully mitigating the impact?*	Deadline date	Lead Officer

8. Outcome of the Equalities Impact Assessment (EqIA)[23]

Please select one of the following four outcomes

☒ **Proceed with no changes**

The EqIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed

☐ **Proceed with adjustments**

Adjustments are required to remove/mitigate negative impacts identified by the assessment

☐ **Negative impact but proceed anyway**

This EqIA has identified negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below

☐ **Do not proceed**

This EqIA has identified negative impacts that cannot be mitigated and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below

Reasons for decision

The Barnet Food plan doesn't pose risk for disproportionate impact.

Sign-off

9.Sign off and approval by Head of Service / Strategic lead[24]	
Name Janet Djomba	Job title: Deputy director of public health
☒ Tick this box to indicate that you have approved this EqIA	Date of approval: 3.1.2023
☐ Tick this box to indicate if EqIA has been published Date EqIA was published: …… ……. Embed link to published EqIA:	Date of next review: after 2 years of implementation

Footnotes: guidance for completing the EqIA template

[1] The following principles explain what we must do to fulfil our duties under the Equality Act when considering any new policy or change to services. They must all be met or the EqIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and before a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and must influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf complies with the equality duty.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

[2] **Our duties under the Equality Act 2010**
The council has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (see end notes 9-19 for details of the nine protected characteristics). This applies to policies, services (including commissioned services), and our employees.

We use this template to do this and evidence our consideration. You must give 'due regard' (pay conscious attention) to the need to:

- **Avoid, reduce or minimise negative impact**: if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity**: by
  - Removing or minimising disadvantages suffered by people with a protected characteristic
  - Taking steps to meet the needs of these groups
  - Encouraging people with protected characteristics to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don't**: e.g. by promoting understanding.

[3] **EqIAs should always be proportionate** to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive data – EqIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

[4] **When to complete an EqIA**:

- When developing a new policy, strategy, or service
- When reviewing an existing service, policy or strategy

- When making changes that will affect front-line services
- When amending budgets which may affect front-line services
- When changing the way services are funded and this may impact the quality of the service and who can access it
- When making a decision that could have a different impact on different groups of people
- When making staff redundant or changing their roles

Wherever possible, build the EqIA into your usual planning and review processes.

Also consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people who will be affected?

If there are potential impacts on people but you decide not to complete an EqIA you should document your reasons why.

[5] **Title of EqIA:** This should clearly explain what service / policy / strategy / change you are assessing.

[6] **Focus of EqIA:** A member of the public should have a good understanding of the proposals being assessed by the EqIA after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EqIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the proposed change?
- Who implements, carries out or delivers the service or function in the proposal? Please state where this is more than one person or group, and where other organisations deliver it under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the service, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? E.g.: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the service tell you?
- What is the reason for the proposed change (financial, service, legal etc)? The Act requires us to make these clear.

[7] **Data & Information:** Your EqIA needs to be informed by data. You should consider the following:

- What data is relevant to the impact on protected groups is available? (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate.
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?

- Is the service having a positive or negative effect on particular people or groups in the community?

[8] **What have people told you about the service, function, area?**

- Use service user feedback, complaints, audits
- Conduct specific consultation or engagement and use the results
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read LBB Consultation and Engagement toolkit for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advise

[9] **Age**: People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

[10] **Disability**: When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

[11] **Gender Reassignment:** In the Act, a transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

[12] **Marriage and Civil Partnership:** consider married people and civil partners.

[13] **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and 'keeping in touch' days.

[14] **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Traveller communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

[15] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical beliefs.

[16] **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

[17] **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

[18] **Other relevant groups:** You should consider the impact on our service users in other related areas.

[19] **Impact:** Your EqIA must consider fully and properly actual and potential impacts against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.

- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
- Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
- Is there evidence of higher/lower uptake of a service among different groups? Which, and to what extent?
- Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
- If there are likely to be different impacts on different groups, is that consistent with the overall objective?
- If there is negative differential impact, how can you minimise that while taking into account your overall aims?
- Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
- Does it relate to an area where equality objectives have been set by LBB in our Barnet 2024 Plan and our Strategic Equality Objective?

[20] **Cumulative Impact**
You will need to look at whether a single decision or series of decisions might have a greater negative impact on a specific group and at ways in which negative impacts across the council might be minimised or avoided.

[21] **Mitigating actions**

- Consider mitigating actions that specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce or remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a 'level playing field'?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

[22] **Monitoring:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further monitoring, equality assessment, and consultation are needed.

[23] **Outcome:**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

[24] **Sign off:** Your will need to ensure the EqIA is signed off by your Head of Service, agree whether the EqIA will be published, and agree when the next review date for the EqIA will be.

BARNET FOOD PLAN 2022-2027

food@barnet.gov.uk

BARNET
LONDON BOROUGH

Writing the Draft Food Plan

- **Needs assessment:** health of the population and planet, food insecurity and drivers of eating habits

- **UCL Research**: Food Security and Civil Society in Barnet

- **Building on previous work**: Food Security Action Plan and other related strategies

Consultation on the Draft Plan

- Engagement sessions with community groups and relevant council teams
- Review of the School Food Consultation findings, happening in parallel
- Written submissions from community groups and individuals
- Online public consultation via engage.barnet.gov.uk website
- Ongoing engagement and feedback from the Barnet Food Steering Group

Main Priorities for Stakeholders and Residents

- Addressing climate change issues linked to food production and consumption
- Ensuring access to healthy, affordable food for all residents
- Enhancing the food environment in Barnet: healthier high streets, and opportunities for community food growing
- Addressing food insecurity in Barnet

Our Vision

Our vision is for everyone who lives, works and studies in Barnet to have access to affordable, healthy food. We want Barnet to be a healthy place, where the high street and food environment promote health and wellbeing and residents have access to food growing opportunities. We will continue to strengthen partnership and coordination between all actors in the food system, and leverage opportunities to decrease our carbon footprint linked to food waste and food production and consumption.

Barnet Food Plan: Three Themes

HEALTHY PEOPLE	HEALTHY PLACE	HEALTHY PLANET
What we eat is central to our health and wellbeing. Our vision is for everyone in Barnet to have access to healthy, affordable and climate-friendly food that meets their dietary needs and cultural preferences. • We will deliver programmes such as the Cardiovascular Disease (CVD) Prevention Programme and Action Plan, Healthy Schools, and Sugar Smart to promote healthy eating knowledge and behaviours across the life course with targeted support for those with excess weight or chronic conditions. • We will support individuals to access services and support such as the Holiday Activity Fund, and Healthy Start and cost-of-living support • We will implement programmes which address financial vulnerability such as the Tackling the Gaps Action Plan and the Financial Vulnerability Action plan **Success Measures:** • Increase in the number of residents registered with Healthy Start Scheme, cost-of-living support mechanisms, and continued delivery of the Holiday Activity Fund	We want Barnet to be a healthy place, where the high street and food environment promote health and wellbeing. We will deliver programmes to make our high streets healthier and create more opportunities for community gardening and food growing. • We will work with food retailers on the Healthier Catering Commitment, and a Good Food Retail Plan and other initiatives such as Refill London, Breastfeeding Friendly spaces • We will finalise and implement the Barnet Advertising and Sponsorship Policy which includes a ban on the promotion of foods high in fat, sugar and salt • We will increase opportunities for community food growing by XXX (tbc from Danusia) • Barnet will continue to strengthen partnership and coordination between all actors in the food system, including establishing a Barnet Food Partnership, and supporting the Barnet Food Hub • Support BAME residents have equitable access to healthy, affordable and culturally appropriate food **Success Measures:** • Establishment of the Barnet Food Partnership and development of a local food system map • Increase in the number of businesses signed up to the Healthier High Streets programme. • Increase in the number of food growing spaces.	Producing, transporting and disposing of food has a significant impact on biodiversity and climate change. Our vision is for Barnet to leverage opportunities to decrease our carbon footprint linked to food waste and food production and consumption. As purchasers and providers of food and catering services, we can put health and sustainability at the heart of our work; and demonstrate good practice. • As part of this work, we will review and map our existing procurement contracts for food across the borough and work with suppliers to promote sustainable diets, sourcing and food waste reduction in relation to food that is bought and consumed across council service. • Barnet will re-start food waste collections and we will promote and monitor this service at household and commercial levels **Success Measures:** • Procurement contracts related to food are identified and targets are set in relation to sustainable diets, sourcing and food waste

	Health & Wellbeing Board January 2023
Title	**Barnet BCF Plan 2022/23 Addendum**
Report of	**Executive Director – Communities, Adults and Health**
Wards	**All**
Status	**Public**
Urgent	**No**
Key	**Yes**
Enclosures	Appendix A – BCF Discharge Planning Template 2022/23
Officer Contact Details	Muyi Adekoya, Head of Joint Commissioning – Older Adults and Integrated Care Muyi.adekoya@nhs.net

Summary

The Better Care Fund (BCF), launched in 2015, is the current national policy approach for integrating health and adult social care. Spanning the NHS and local government the BCF seeks to join-up funding streams for health and social care services, so that people are supported to both manage their own health and wellbeing and live independently in their own home for as long as possible. The policy stipulates that local plans are overseen and approved by each Health and Wellbeing Board (HWB) across England.

The original BCF Plan for 2022-23 was approved by the HWB Chair on 23 September 2022 and was submitted to NHSE in accordance with the BCF requirements on 26 September 2022, and was subsequently endorsed by the HWB on 29th September. The Barnet plan has now been fully approved by NHS England.

Our original BCF plan for 2022/23 had a total pooled budget of £41,850,245.

The government recently announced an additional allocation of funding for Integrated Care Boards (ICBs) and Local Authorities to support timely and safe discharge from hospital in the community by reducing the number of people experiencing delayed discharge.

This allocation is an addendum to the 2022/23 BCF policy framework which requires ICBs and Local Authorities to pool this funding into local BCF Section 75 arrangements. In Barnet,

an additional £2,939,241 has been allocated to focusing on areas linked to accelerating discharge. The total pooled BCF budget is now £44,789,486.

Local areas were required to submit addendum plans covering how the funding would be spent. The Barnet Discharge Fund BCF plan was submitted to NHSE on the 16 December 2022.

This report presents the addendum to the 2022-23 BCF Plan for noting by the Board and seeks approval to delegate the future sign off of Better Care Fund Plans

Officers Recommendations

1. **That the Health and Wellbeing Board notes the contents of the Barnet Adult Social Care Discharge BCF Plan 2022/23.**
2. **That the Health and Wellbeing Board delegates the approval and submission of Barnet Better Care Fund plans to the Executive Director - Communities, Adults and Health in consultation with the Chair of the Health and Wellbeing Board.**

1. WHY THIS REPORT IS NEEDED

1.1. This report presents the addendum to the 2022-23 BCF plan for noting by the Barnet Health and Wellbeing Board.

1.2. One of the National Conditions for BCF Submissions is that the Health and Wellbeing Board should approve them. Prior to the pandemic, national BCF guidance was usually issued each December for the following financial year's BCF plans. The Barnet HWB then approved the Barnet BCF plan at a regular meeting in the subsequent spring, for submission to NHS England. The plan would then be enacted for the new financial year.

1.3. However, in recent years BCF guidance has been issued at different times within the planning year, with short turnaround times for submission, meaning that BCF plans have been submitted without presentation to a full HWB meeting. For example, NHS England (NHSE) published the Better Care Fund planning requirements for 2022/23 in July 2022 and plans were required to be submitted to NHSE by 26th September 2022. As the scheduled meeting for the HWB fell outside of the submission timelines the plan and supporting documents were given final sign off by the Executive Director in consultation with the HWB Chairman on 23 September 2022 (note: all relevant organisations had agreed the plan prior to this) and the HWB subsequently endorsed the plan on 29 September 2022. As this has also happened in previous years, the HWB is asked to agree formal delegation for final sign off and submission of BCF plans to the Executive Director – Communities, Adults and Health in consultation with the Chair of the HWB. This will be used when planning timescales do not allow for the plan to be presented at the HWB prior to submission.

1.4. As part of the autumn budget, the government announced an additional allocation for ICBs (£300m nationally) and Local Authorities (£200m nationally) to support timely and safe discharge from hospital by reducing the number of people delayed in hospital awaiting social care. Barnet has been allocated £1,733,000 from the ICB allocation and £1,206,241 directly to the Local Authority.

1.5. This allocation is an addendum to the 2022/23 BCF policy framework. ICBs and Local Authorities are required to pool this funding into local BCF Section 75 arrangements. Local areas had three weeks to develop and submit a jointly agreed plan for the use of this funding to the national BCF team by 16 December 2022.

1.6. The planning guidance discharge fund states that it should be used to fund activities and approaches that are most effective in discharging people, including from mental health in-patient settings. It can be spent on home care, residential care, and other approaches that will increase discharges, including at weekends. The impact of the fund will be measured nationally, using a combination of existing BCF metrics, hospital performance information and new metrics.

2. REASONS FOR RECOMMENDATIONS

2.1. The Better Care Fund was established in 2015 by the Government to provide funds to local areas to support the integration of health and social care, and to seek to achieve delivery of the National Conditions and Local Objectives of the BCF requirements.

2.2. It requires Integrated Care Boards and local authorities in every single Health and Wellbeing Board area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation.

2.3. Each year, following the guidance being issued, local plans are drafted in line with the conditions and requirements set out in the policy documents. These plans will require approval of the submission by both the ICB and the Local Authority, prior to final sign-off by the Health and Wellbeing Board. In recent years the publication of the guidance has varied, the timeline for submission often falling outside of the scheduled HWB meetings leading to signoff by the Chair and Executive Director outside the meeting.

2.4. This report asks for delegations to be put in place to enable the Better Care Fund application to be submitted to NHS England if HWB meeting cycles do not align with the submission dates.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1. Not Applicable

4. POST DECISION IMPLEMENTATION

4.1. The impact that the additional national funding is having will be tracked through the discharge metrics.

4.2. Fortnightly reporting, to NHSE, on the additional BCF Discharge Fund is required, with the first report due on 6 January 2023.

4.3. The Council and NCL ICB will deliver and monitor all the BCF schemes for 2022-23 as part of the s75 partnership agreements, through the HWB Joint Executive Group (JEG) and in accordance with Government requirements.

4.4. The final year-end report will be sent to NHSE by 2 May 2023, and any unspent funds must be returned to DHSC.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1. The BCF plan aligns with the overarching aims of the Barnet Joint Health and Wellbeing Strategy 2021 to 2025 and supports the council's priorities of keeping people independent and maximising technology in social care.

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

5.2.1. In accordance with BCF conditions, all new funding elements have been jointly agreed by local authority and NHS ICB partners with the relevant amounts included in the respective organisational budgets for 2022-23.

5.2.2. The original value of the schemes pooled within the BCF in 2022-23 totaled £41,850,245. The total additional funding is £2,939,241. The funding sources are as presented in the table below:

Disabled Facilities Grant (DFG)	£2,884,527
Minimum NHS Contribution	£29,344,000
iBCF	£9,621,518

Additional BCF Discharge fund, LA Contribution	£,1,206,241
Additional BCF Discharge fund, ICB Contribution	£1,733,000
Total	**£44,789,486**

5.2.3. Oversight of expenditure throughout the financial year will be monitored on behalf of the HWB, by delegation to the HWB Joint Executive group.

5.2.4. There are no procurement, staffing, IT, or property implications from this decision.

5.3. **Legal and Constitutional References**

5.3.1. The Better Care Fund (BCF) governance requirement requires the NHS and local government to create a local single pooled budget to incentivise closer working around residents, placing their increased wellbeing as the focus of health and care services, and building resources in social care and community services for the benefit of the people, communities and health and care systems.

5.3.2. Under the Council's constitution Responsibility for Functions (Article 7), the Health and Wellbeing Board has the following responsibility within its Terms of Reference:

- *Item 3*: 'To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental, and social well-being. 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.'

- *Item 9:* Specific responsibility for:
  - Overseeing public health
  - Developing further health and social care integration

5.3.3. The National Conditions for the operation of BCF in 2022 / 2023 include that a jointly agreed BCF plan between local health and social care commissioners is prepared and approved by the Health and Wellbeing Board.

5.4. **Insight**

5.4.1. Our Better Care Fund Plan for 2022-223 is informed by the:

- Barnet Joint Strategic Needs Assessment (JSNA)
- ICB and Council performance management data
- The NHS Long Term Plan
- Health and social care integration: joining up care for people, places and populations

5.5. **Social Value**

5.5.1. The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic, and environmental benefits.

5.5.2. Our plans clearly recognise the importance of addressing wider factors such as education, employment, housing, environment, and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population and will be considered as part of sustainable improvements to health and wellbeing.

5.5.3. Social Value will be considered by commissioners during any service procurement and review of activity detailed in the BCF plan for 2022-23.

5.6. **Risk Management**

5.6.1. In agreeing the BCF spending plan, the strategic partners have considered the overall system pressures and the appropriate level of investment needed in 2022/23 to meet the BCF metrics and national conditions.

5.6.2. The HWB Joint Executive Group (HWBJEG) is the executive body with delegated oversight for the BCF pooled budget and delivery of the BCF Plan. The HWBJEG therefore receives and scrutinises performance updates, finance expenditure and risk reports from each of the BCF scheme lead officers, as part of the monitoring function for the delivery of all Section 75 arrangements on a quarterly basis.

5.6.3. The HWBJEG monitoring reports are submitted to the HWB records, with updates provided to the HWB on a bi-annual basis or as requested.

5.7. **Equalities and Diversity**

5.7.1. Decision makers should have due regard to the public sector equality duty in making their decisions. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows.

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

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

5.7.3. The BCF plan 2022/23 contains a particular focus on tackling health inequalities in Barnet and outlines a range of schemes to address where an inequity of access to health and social care support in a timely manner, may have a detrimental effect on the health & wellbeing of certain groups.

5.8. **Corporate Parenting**

5.8.1. There are no implications for Corporate Parenting in relation to this report.

5.9. **Consultation and Engagement**

5.9.1. The content of our additional Discharge fund BCF plan has been discussed with acute and community commissioners and service providers as an integral part of our strategic planning processes.

5.10. **Environmental Impact**

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

6. Background papers

6.1. Addendum to the 2022 to 2023 Better Care Fund policy framework and planning requirements
https://www.gov.uk/government/publications/adult-social-care-discharge-fund/addendum-to-the-2022-to-2023-better-care-fund-policy-framework-and-planning-requirements

6.2. Barnet Better Care Fund Plan 2022-23
https://barnet.moderngov.co.uk/documents/s74405/Barnet%20BCF%20Narrative%20Plan%202022-23.pdf

6.3. 2022-23 Better Care Fund: Policy Framework
https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023

6.4. Better Care Fund Planning Requirements for 2022-23
https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf

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Discharge fund 2022-23 Funding Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Barnet
Completed by:	Muyi Adekoya
E-mail:	muyi.adekoya@nhs.net
Contact number:	7849629451

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Executive Director, Communities, Adults and Health
Name:	Dawn Wakeling

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Alison	Moore	cllr.a.moore@barnet.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Chief Executive	Frances	O'Callaghan	Frances.O'Callaghan@nhs.net
	Local Authority Chief Executive	Chief Executive	John	Hooton	john.hooton@barnet.gov.uk
	LA Section 151 Officer	Executive Director-	Anisa	Darr	anisa.darr@barnet.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Barnet

Source of funding		Amount pooled	Planned spend
LA allocation		*£1,206,241*	£1,155,990
ICB allocation	NHS North Central London ICB	*Please enter amount pooled from ICB*	£1,733,000
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Reablement (P1)	Supporting the continuing high level of expenditure beyond BCF and base	Reablement in a Person's Own Home	Reablement to support to discharge – step down		594		Social Care	Barnet	ICB allocation	£677,100
2	Residential and nursing care (P3)	Supporting the continuing high level of expenditure beyond BCF and base	Residential Placements	Care home		107		Social Care	Barnet	ICB allocation	£676,800
3	Community equipment (P1)	Supporting the continuing high level of expenditure beyond BCF and base	Assistive Technologies and Equipment	Community based equipment		330		Social Care	Barnet	Local authority grant	£330,000
4	Staff in hospital social work teams (P1 and P3)	Enabling the continuation of staffing levels over and above establishment to	Local recruitment initiatives					Social Care	Barnet	Local authority grant	£70,000
5	Residential and nursing care (P3)	New blocks - 12 x resi beds	Residential Placements	Nursing home		12		Social Care	Barnet	Local authority grant	£150,000
6	Social worker recruitment resource	Additional external support to fill vacancies in SW teams	Local recruitment initiatives					Social Care	Barnet	ICB allocation	£20,000
7	Brokerage Officer	Dec - March	Local recruitment initiatives					Social Care	Barnet	ICB allocation	£20,000
8	Workforce and Retention	Rentention payments / payments to prevent bed closures in care homes	Improve retention of existing workforce	Retention bonuses for existing care staff				Social Care	Barnet	Local authority grant	£570,990

9	MH IDTs - LBB	ASC employed social worker capacity to support discharges	Local recruitment initiatives					Social Care	Barnet	Local authority grant	£35,000
10	MH IDTs - BEH	Extend Older People remit within IDT Extend commissioned	Local recruitment initiatives					Mental Health	NHS North Central London ICB	ICB allocation	£35,000
11	Bolstering CMHTs and community rehabilitation	Additional funding for items to facilitate discharge, food, heating fund, white goods	Assistive Technologies and Equipment	Other		80		Mental Health	NHS North Central London ICB	ICB allocation	£40,000
12	Intermediate Care beds (MH)	5 beds for three months	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		5		Mental Health	NHS North Central London ICB	ICB allocation	£70,000
13	Additional P2 beds	Opening 17 beds at Ruby to enable discharges from acute beds, including at	Bed Based Intermediate Care Services	Other		102		Community Health	NHS North Central London ICB	ICB allocation	£192,424
14	Homeless stepdown	Opening additional beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		80		Community Health	NHS North Central London ICB	ICB allocation	£51,927

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	**Sub type**	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

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

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

Subject	Decision requested	Report Of	Contributing Officer(s)
16 March 2023			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Neighbourhood Conversation – Health Champions Programme	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
Business items			
Director of Public Health Annual Report 2022-23	The Board notes and comments on the report	Director of Public Health and Prevention	
Draft Children and Young People's Plan	The Board to note and comment on the draft plan	Executive Director, Children and Families, London Borough of Barnet	Ben Thomas, Strategic Lead, Family Services, LBB Lee Robinson, Commissioning, Strategy and Policy Advisor, Family Services, LBB
Dementia Strategy	The Board to note the final Dementia Strategy.	Executive Director for Adults and Health	Senior Commissioning Officer (Jo Kamanu)

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

Subject	Decision requested	Report Of	Contributing Officer(s)
Carers Strategy	The Board to note the final Carers Strategy.	Executive Director of Adults and Health	Improvement Consultant, Adults and Communities, LBB (Sameen Zafar)
FAB (Fit and Active Barnet) – Year 2 Delivery	The Board notes and comments on the Year 2 Action Plan	Executive Director for Adults and Health	Service Manager – Sport & Physical Activity, LBB (Courtney Warden)
Integrated Care System Update	The Board notes and comments on the update	Director of Integration (Barnet), North Central London Integrated Care Board Executive Director for Adults and Health	
Primary Care Update: Bi-annual report	The Board notes and comments on the 6 monthly report	Director of Integration (Barnet), North Central London Integrated Care Board	Deputy Director, Primary Care Transformation, North London ICB (Carol Kumar / Kelly Poole)
Healthwatch Barnet – Annual Work Programme	The Board notes and comments on the Work Programme for Healthwatch Barnet	Healthwatch Barnet	
MAY 2023 (DATE TBC)			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer

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

Subject	Decision requested	Report Of	Contributing Officer(s)
Deep Dive			
Neighbourhood Conversation	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
Business items			
Community Mental Health Services Review	The Board notes and comments on the progress of the review	Director of Integration (Barnet), North Central London Integrated Care Board	Director of Transformation North Central London ICB (Alexander Smith) Interim Director of Aligned Commissioning (MH, LD/ Autism and CYP), North Central London ICB (Daniel Morgan)
Barnet Borough Partnership: Fuller Report and Neighbourhood model development in Barnet	The Board notes and comments on the Fuller Report and neighbourhood model development	Director of Integration (Barnet), North Central London Integrated Care Board Executive Director for Adults and Health	
NCL ICB Forward Plan (timing TBC by ICB)	The Board to note and comment on the Forward Plan	Director of Integration (Barnet), North Central London Integrated Care Board	

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Subject	Decision requested	Report Of	Contributing Officer(s)
ICB Annual Report (timing TBC by ICB)	The Board to note and comment on the Annual Report	Director of Integration (Barnet), North Central London Integrated Care Board	
ICB Performance Assessments (timing TBC by ICB)	The Board to note and comment on the performance assessments presented	Director of Integration (Barnet), North Central London Integrated Care Board	
ICB Joint Capital Resource Strategy (timing TBC by ICB)	The Board to note and comment on the strategy	Director of Integration (Barnet), North Central London Integrated Care Board	
JULY 2023 (DATE TBC)			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Neighbourhood Conversation	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
Business items			

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

Subject	Decision requested	Report Of	Contributing Officer(s)
Suicide Prevention Plan Update	To approve additional actions	Director of Public Health and Prevention and Executive Director of Children and family Services	Senior Public Health Strategist, Public Health, LBB (Seher Kayikci)
Community Services Review	The Board to note and comment on the progress of the review	Director of Integration (Barnet), North Central London Integrated Care Board	
Delegation of Dental, Ophthalmology and Pharmacy Contracting	The Board to note and comment on the progress of the review	Director of Integration (Barnet), North Central London Integrated Care Board	
SEPTEMBER 2023 (DATE TBC)			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
Neighbourhood Conversation	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Chair and Vice Chair of the HWB	
Business items			

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

Subject	Decision requested	Report Of	Contributing Officer(s)
Joint Health and Wellbeing Strategy – Annual Report	The Board to note and comment on the annual report on delivery of the Strategy, and to agree the forthcoming year's delivery	Chair and Vice Chair of Health and Wellbeing Board	
Dementia Friendly Barnet	The Board to note and comment on progress	Director of Public Health and Prevention	Senior Public Health Strategist (Seher Kayikci)
Better Care Fund Plan	To endorse approved plan	Executive Director of Adults and Health	Head of Joint Commissioning – Older Adults & Integrated Care (Muyi Adekoya)
Primary Care Update: Bi-annual report	The Board to note and comment on the 6 monthly update on Primary Care.	Director of Integration (Barnet), North Central London Integrated Care Board	Deputy Director, Primary Care Transformation, North London ICB (Carol Kumar / Kelly Poole)

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

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