| Meeting |
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| **Health & Wellbeing Board** |
| **Date and Time** |
| **Thursday 16th March, 2023** |
| **at 9.30 am** |
| **Venue** |
| **Hendon Town Hall, The Burroughs, London NW4 4BQ** |

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

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

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

**Substitute Members**

Debbie Bezalel
Councillor Ross Houston
Councillor Barry Rawlings
Janet Djomba
Kathleen Isaac
Carol Kumar
Sarah McDonnell-Davies
Kelly Poole
Ben Thomas
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 13 March 2023. Requests must be submitted to Emma Powley, Emma.Powley@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: Emma Powley, Emma.Powley@Barnet.gov.uk

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

**Assurance Group**

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AGENDA ITEM 1

# Health & Wellbeing Board

## Minutes of the meeting held 9.30 am on 19 January 2023
## Edgware Primary School

**Board Members present:**

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| Councillor Alison Moore | Chair, Health and Wellbeing Board |
| Councillor Paul Edwards | Chair, Adults and Safeguarding Committee |
| Councillor Pauline Coakley Webb | Chair, Children, Education & Safeguarding Committee |
| Dr Tamara Djuretic | London Borough of Barnet |
| Chris Munday | London Borough of Barnet |
| Debbie Sanders | Chief Executive Officer, Barnet Hospital, Royal Free London NHS Foundation Trust |
| Dawn Wakeling | London Borough of Barnet |
| Michael Whitworth | Chief Executive Officer, Barnet Federation of GPs and Primary Care Networks |
| Fiona Bateman | Chair, Barnet Adult Safeguarding Board |
| Debbie Bezalel | Head of Community Services, Inclusion Barnet |
| Kathleen Isaac | Central London Community Healthcare NHS Trust |
| Kelly Poole | North Central London Integrated Care Board |

**Others in attendance:**

| | |
|---|---|
| Claire O'Callaghan | Public Health, London Borough of Barnet |
| Laxmi Mistry | |
| Tara Mooney | North Central London Integrated Care Board |
| Allan Siao Ming Witherick | |

### 1. Minutes of the Previous Meeting

**RESOLVED that the minutes of the meeting held on 29 September 2022 be agreed as a correct record.**

### 2. Absence of Members

Apologies were received from Dr Nikesh Dattani - North Central London Integrated Care Board and Sarah McDonnell-Davies, Executive Director of Places Designate, NHS North Central London ICB.

Apologies were received from Collette Wood, North Central London Integrated Care Board who was substituted by Kelly Poole.

Apologies were received from Anne Whateley, Central London Community Healthcare NHS Trust who was substituted by Kathleen Issac.

### 3. Declaration of Members' Interests

There were none.

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

There were none.

**5. Report of the Monitoring Officer (if any)**

There was 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. Neighbourhood Conversation - Edgware Primary School and Saracens High School Superzones**

The Chair introduced the item and handed over to the Deputy Director of Public Health who highlighted the work being done in the area.

The developers, Ballymore, gave a presentation on the developments that they had been undertaken in the Edgware area and support that they had given to the local community.

This was followed by a brief presentation by pupils from Saracens High School supported by their teacher. Members of the Board asked questions on a range of issues including how easy it was to learn how to cycle, what sports were popular (basketball). The pupils spoke about their interest in doing activities but that they did have concerns about bad influences and the fear of crime.

The pupils from Edgware Primary School spoke eloquently about their activities. They highlighted the changes that they would like to see, for example that they wanted more green spaces to enjoy. The Board thanked them for the presentation and asked what changes they would like, their responses included asking for bigger playgrounds and things to use in the playgrounds. The Chair asked if there was one thing in the town centre they would like to see. Pupils highlighted that they'd like more playgrounds, greenery and open space with less pollution and the safety to walk to school.

After the final presentation the Board asked questions of the developers Ballymore and noted the issues experienced by people with regards to traffic and parking. This highlighted that they were looking to electrify bus routes and support infrastructure improvements. It was recognised that Barnet was heavily car centric and that some of the changes would need to be addressed structurally to bring about behavioural change. The Board noted that areas such as greenspaces needed to be more accessible which supported those with mobility issues and for multi-generational use. The Chair raised a question as to whether more could be done with cross generational discussions as well as across borders with Hertfordshire and Harrow.

The Chair thanked all of the presenters for the work and contribution.

**RESOLVED unanimously that the Health and Wellbeing Board:**

1. **Noted the progress on School Superzones projects at Edgware Primary School and Saracens High School**

**At this point of the meeting, the Chair adjourned the meeting.**

## 8. Enhanced Health in Care Homes

The Chair resumed the meeting.

The Head of Joint Commissioning, Older Adults and Integrated Care, supported by a GP as Clinical Lead, gave further feedback to the board to supplement the presentation provided with the agenda. They noted the potential benefits of access to the health data on individuals, but that the services were under pressure and thus unable to make full use of it.

A Board Member queried why North Central London appeared to have a low level of nursing homes per head of population and whether this had had a consequential impact on discharging from hospital. The Head of Joint Commissioning, Older Adults and Integrated Care responded that a number of providers had exited due to pressures and inadequate CQC ratings and that this had led to a loss of beds.

The leadership in the home and the quality of the registered manager and owner had often been highlighted as part of the issue. Overall, the North Central London CQC ratings were going up compared to other authorities and the Council was doing what it could to support the sector. This included looking at how to support talent and develop the area as several of the providers were sole proprietors and succession planning needed to be encouraged.

The Chair noted that not all care homes had been engaged. Officers responded that some were part of larger organisations and partnerships which posed issues with regards to the incompatibility of digital systems thus resulting in barriers. There were also concerns about the ongoing support for the project as experienced in other parts of the country as it had initially been pump primed by NHS Digital.

A question was raised about how care homes and hospitals worked together. The Head of Joint Commissioning, Older Adults and Integrated Care responded that there was a multi-disciplinary team involving partners that met weekly but with people increasingly living longer those in care homes were becoming older, frailer and with more complex high-level needs.

When challenged as to how the Board could support adoption in more care homes the Officers responded that they needed more support from GP Practices so that they made use of the information and were able to support the care homes. This required upskilling and improved confidence in staff.

**RESOLVED unanimously that the Health and Wellbeing Board:**

1. **Noted the workplan and progress to date.**

2. **Agreed to receive future reports on action plans and progress on implementation.**

## 9. Migrant Health Needs Assessment

The Chair reported that a motion was due to be submitted to Barnet Full Council in support of becoming a Borough of Sanctuary. This was important to show the Council's support for those in need and that health needs needed to be assessed both on arrival but also over a period of time.

Officers noted that this was a snapshot in time and that there had been further updates. A number of the recommendations had already been implemented where viable and that the next stage would be to look at the action plan. The recommendations covered not just the Council but the NHS and community and voluntary sectors that all worked together to provide support.

There were concerns about the impact on mental health for young people who were initially classified as adults by the Home Office but had to wait to be reclassified. It was recognised that age classification was an important safeguarding process to ensure that children and families were placed appropriately and although the process could feel unpleasant and unhelpful it was needed. The Chair noted that this might be an area to look at and the support provided as the individuals would already be suffering from a plethora of stress and anxieties.

With regards to schooling a Board Member reported that the targets to integrate children into schools were being met and that although there were pressures the lower birth rate in the borough in recent years had meant that there was capacity overall.

Issues were raised around the different levels of support with some hotels seemingly not providing food which was culturally or religiously inappropriate. This could potentially lead to additional strains on local foodbanks. In some cases, the hotel managers had been supportive of changes and had also looked to ensure that migrants had access to schooling and health care support.

It was noted that London wide working was being undertaken to look at the level of risk faced by migrants and how this could be reduced. Critically there issues around how the UK was being portrayed and that in the same way that issues in care homes needed to be challenged, issues around migration also needed to be challenged at a national level.

**RESOLVED unanimously that the Health and Wellbeing Board:**

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

## 10. Cost of Living - Impact on Health and Wellbeing

Deputy Director of Public Health presented the report and Members queried how the grouping of “Economically Inactive – Long Term Sick” was derived. Officers confirmed that this data was supplied by the Department for Works and Pensions and was three months behind. The information was used alongside other sources to help provide more targeted support and to spot those who had had a change of circumstances to access services.

It was noted by Healthwatch that there were increasing concerns around those not using prescriptions for medication, due to rising costs. The Board Member from Safeguarding noted that their Board had heard from Officers about the work that was being undertaken to signpost those in need to support services.

The Chair commented that the richness of the data available provided additional opportunities to identify gaps in delivery and support that could be addressed.

**RESOLVED unanimously that the Health and Wellbeing Board noted the report.**

## 11. Barnet Food Plan 2022-2027

The Deputy Director of Public Health reported that the feedback on the consultation had shown that the proposed Barnet Food Plan 2022-2027 was inline with what respondents had wanted. The work would be ongoing, with the steering group continuing to meet to ensure that they could address emerging issues when required.

The Chair thanked the Officers for their presentation.

**RESOLVED unanimously that the Health and Wellbeing Board:**

1. **Approved the Barnet Food Plan 2022-2027.**
2. **Note the feedback and comments for the Food steering group who will be responsible for implementation of the Food plan.**

## 12. Better Care Fund

The Executive Director Adults and Health reported that over the past few years the dates for Government timings had been challenging. This had meant that deadlines that did not line up with Health and Wellbeing Board meetings. As a result the report proposed that delegated authority was officially given by the Health and Wellbeing Board to support the timescales.

In response to a query around reporting requirements it was reported that action associated with the Better Care Fund was reported fortnightly. This compared to the NHS Stepdown Care Funding which had a daily reporting requirement.

The Chair queried whether the NHS Stepdown Care Funding represented a risk in terms of the impact on local provision. The Executive Director said that it was a worthy initiative but the complexity of wrap around care, re-enablement and support presented a pressure on the system even with the additional funding.

**RESOLVED unanimously that the Health and Wellbeing Board:**

1. **Noted the contents of the Barnet Adult Social Care Discharge Better Care Fund Plan 2022/23.**
2. **Delegated 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.**

## 13. Communicable Disease Update

The Deputy Director of Public Health gave an update on Communicable Diseases in Barnet supported by the Chief Executive Officer, Barnet Hospital Royal Free London NHS Foundation Trust and the Chief Executive Officer, Barnet Federation of GPs and Primary Care Networks.

Cases of COVID-19 were still being monitored through the ONS study. Whilst there was a slight increase, this was from a far lower position than the equivalent time last year. More of this had been related to people coming in to the health system with other symptoms and being identified as having COVID-19 with a large number of the cases in the older ages. The variant seen in the USA had not been identified as a variant of concern in the UK although numbers were rising and it would be monitored.

There was a significant increase in seasonal flu which had impacted both older and younger age groups. The peak appeared to have been reached and passed earlier than experienced in previous years.

There had been an increase in the number of Streptococcus A cases and there have been a number of deaths amongst young children due to invasive Streptococcus A infection across the country but none in Barnet. There had been a spike in people presenting children with concerns due to media coverage and awareness in the community. Additional support had been provided for the more deprived areas to support respiratory disease concerns for both adults and young people.

## 14. 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.**

## 15. Any Items the Chair decides are urgent

The Chair reported that responses were being prepared for a number of consultations that were being undertaken, including with Barnet Carers Strategy, the Barnet Dementia Strategy. Work was also being done to respond to the consultation the London Ambulance Strategy and that input should be sent to the Health and Wellbeing Policy Manager.

Finally on behalf of the Health and Wellbeing Board the Chair thanked the Governance Officer, Allan Siao Ming Witherick, as this was his final meeting with Barnet Council.

The meeting finished at 12.27 pm

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| 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 |

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| **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 |

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| **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 |

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| **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 |

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| | **Health and Wellbeing Board**<br><br>**16th March 2023** |
| **Title** | **Community Vaccine Champion programme** |
| **Report of** | Tamara Djuretic, Joint Director of Public Health and Prevention |
| **Wards** | All |
| **Status** | Public |
| **Urgent** | No |
| **Key** | Yes |
| **Enclosures** | Appendix 1: Overview of the Community Vaccine Champion programme |
| **Officer Contact Details** | Bhavita Vishram, Public Health Strategist, Bhavita.Vishram@Barnet.gov.uk<br>Dr Janet Djomba, Consultant in Public Health, Janet.Djomba@Barnet.gov.uk |

## Summary

Barnet Council acquired funding from the Department of Levelling Up, Housing and Communities (DLUHC) in January 2022 to support communities who have been shown to experience the lowest rates of COVID-19 vaccine uptake, through a scheme called 'Community Vaccine Champions'. The scheme built upon the first successful Health Champions programme which focussed on taking action to improve support and protection for those communities and groups who had been shown to be most at risk from COVID-19.

The Barnet Community Vaccine Champion (CVC) programme has been providing targeted help to areas and communities facing the greatest challenge in relation to vaccine uptake, these include:

- Young people (12–30-year-olds)
- Wards of high deprivation - Golders Green, Hendon, Childs Hill, Colindale, Burnt Oak, West Hendon
- Ethnic minorities - Eastern European, Black Caribbean/African/other black communities
- Faith Groups – Ultra orthodox Jewish, Muslim, Evangelical
- Marginalised groups – asylum seekers and the homeless population
- Pregnant women
- People with serious mental health illnesses
- People with learning disabilities

The programme expanded to include a broader range of topics including, Cardiovascular Disease Prevention; Childhood/School Aged Immunisations; Flu; Mental Health; living with covid/cost of living; whilst still retaining capacity to address COVID-19 vaccinations.

A year on from receiving the funding, we present all the work achieved from the programme and lessons learned that can inform future public health programmes tackling health inequalities.

# Officers Recommendations

1. **That the Board note progress made to date on the Community Vaccine Champion programme and lessons learned to inform future Public Health programmes to reduce health inequalities.**

## 1. Why this report is needed

1.1 This report outlines the work to date for the Community Vaccine Champion programme, a year on from when the funding was awarded.

1.2 COVID-19 has impacted some groups disproportionately and exacerbated already existing health inequalities in vulnerable groups. Whilst the vaccine programme has been hugely successful both nationally and locally, there remain disparities in uptake between communities within Barnet. DLUHC recognised a need to create a specific, targeted programme to continue to address vaccine inequity and funding was awarded to a selection of Local Authorities across England including the London Borough of Barnet (LBB).

1.3 LBB received £485,000 in March 2022 to increase COVID-19 vaccination rates in target areas and groups where it is low under the Community Vaccine Champions (CVC) programme.

1.4 The CVC programme recognises that tailored local approaches built on effective community engagement were used to address the health inequalities exposed through the pandemic and utilises the mobilisation of community champions as an approach to build healthier, resilient communities.

1.5 Working with our local partners (Voluntary Care Sector (VCS) organisations, Young Barnet Foundation, Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities, to make a difference to the promotion and uptake of vaccines.

1.6 The full details of the delivery of the five workstreams are outlined in Appendix 1.

## 2. Reasons for recommendations

2.1 Learning outcomes from the CVC programme will inform how we effectively apply the power of Community Champions as a form of two-way engagement with vulnerable and difficult to reach communities in order to address systemic health inequalities over time.

2.2 A year on into the delivery of the programme, the points below outline a summary of the lessons learned, detailed summary provided in Appendix A:

2.3 Embracing new ways of working: CVC programme highlighted new ways of working which were born out of a temporary state of urgency that demanded novel solutions where 'business as usual' was not adequate. Whilst short term changes aren't always sustainable owing to funding, they do reveal opportunities to address long standing systemic issues such as health inequalities, lack of trust, and misinformation. Community Champions discovered creative ways to meet new people in their own environment.

2.4 Communications: The programme has highlighted the importance of implementing regular, two-way communication channels over time. These help breaks down barriers through an ongoing listening exercise so that it's not just the council broadcasting messages. It is vital the council is seen to be collaborative and acting upon communities' needs by being more connected to what is happening on the ground.

2.5 Building trust: While the CVC programme is inherently based upon sharing information and subsequent behaviour change, we can only achieve this from a position of trust, particularly with communities that are hard to reach or reluctant to engage with statutory services. The CVC programme has demonstrated that trust can be built and needs time to do so. Trust cannot be achieved with piecemeal projects in the short term; it requires months, if not years, of repeated engagement, action and delivery follow through.

2.6 Developing new capabilities: The CVC programme is a powerful tool to develop new capabilities among residents and community organisations. The training we've offered to participants of the programme has empowered and enabled them to move forward with new skills, funding opportunities, and employment. We also adopted a hands-off approach with our VCS grantees, which allowed them the time and freedom to empower their local VCS organisations to develop projects that work for the community. They were able to deliver innovative, practical solutions which addressed health concerns and helped overcome barriers to accessing vaccinations and other health services. This approach required Barnet Council to place trust in VCS grantees.

2.7 Evaluations: Measuring, monitoring and evaluating the CVC programme is essential, but has been, and continues to prove problematic. There is no guarantee that a conversation will lead to vaccination, and it is ultimately difficult to measure whether there is any enduring trust. Monitoring and evaluation tools can place disproportionate pressure on grassroots groups as often they don't have the administrative infrastructure to effectively collect and report on outputs to funders. For these reasons, there is more precedence to capturing qualitative case studies.

2.8 Funding: In order for us to develop and sustain our VCS organisations, they need to be well-resourced. There is a risk of inappropriately offloading work to unpaid residents in

the name of cost cutting and managing stretched budgets. It is important that we recognise the value and contribution of our VSC community and avoid taking take them for granted.

2.9 Collaboration with our local partners: The CVC programme has been a collaborative working partnership between Barnet Council and Barnet Together (LBB's official infrastructure partnership), which includes Young Barnet Foundation, Groundwork London, and Inclusion Barnet. Barnet Together have access to VCS partners who themselves have access to target communities that the council would otherwise struggle to engage given the timeframe of the programme.

## 3. Alternative options considered and not recommended

3.1 The alternative is not acknowledging the progress of the CVC programme and not supporting its further implementation. We don't recommend this option as the progress to date outlines recommendations and lessons learned on reducing health inequalities that can be applied to health topics beyond immunisation programmes.

## 4. Post decision implementation

4.1 Public Health will continue to run the CVC programme and capture learnings to inform future programmes.

## 5. Implications of decision

### 5.1 Corporate Priorities and Performance

5.1.1 The Barnet Corporate Plan 2023-2026 includes tackling inequalities; the aim of our CVC programme addresses local disparities in vaccine uptake between various groups and communities.

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

5.2.1 The CVC programme has been funded from the DLUHC Community Vaccine Champions funding. Barnet Council received a total of £485,000 in March 2022. The DLUHC funding has covered all costs for the programme. Budget breakdown is included in Appendix 1.

### 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:

a. 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.
b. 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.

c. 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.
d. To provide collective leadership and enable shared decision making, ownership and accountability
e. 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.
f. To explore partnership work across North Central London where appropriate.
g. Specific responsibilities for:
    i. Overseeing public health and promoting prevention agenda across the partnership
    ii. Developing further health and social care integration.

## 5.4 **Insight**

5.4.1 COVID-19 Vaccination uptake data was reviewed from the National Immunisation Management System (NIMS) and HealtheIntent data systems to identify target groups disproportionately impacted by COVID-19 vaccine inequity.

5.4.2 An insight gathering report was commissioned to fully understand the barriers and attitudes to vaccination in the vaccine hesitant and unvaccinated population in Barnet. The data from the report informed where to target our efforts and developing bespoke communication.

5.4.3 Monthly monitoring and evaluation forms were issued for small and large grants to capture; the number of Health Ambassadors recruited priority groups they have worked with, events and activities delivered, outline of events and activities, share best practices by providing examples of impact, or good, or innovative practice. Data from the monthly forms were collated in a report to DLUHC.

5.4.4 An End of Programme Outcomes and Experience Evaluation Report will be completed by VCS grantees at the end of their projects. The form will ask for feedback on their experience, key achievements, and lessons learned. The report will provide qualitative data on how grantees have used the funding to effectively delver the objectives of the CVC programme.

## 5.5 **Social Value**

5.5.1 The VCS Grants Funding programme was managed and co-ordinated by Barnet Together, LBB's official infrastructure partnership, which includes Young Barnet Foundation, Groundwork London and Inclusion Barnet.

## 5.6 **Risk Management**

5.6.1 Risk One: Key target groups not funded or covered through the grants scheme.

Control and mitigation: include target groups not represented (e.g., pregnant women) can be reached indirectly through Health Ambassadors.

5.6.2 Risk two: Less focus/interest on vaccinations due to cost living. The rising cost of living risks many people unable to afford essentials to maintain their health. Important to build trust whilst also promoting health.

Control and mitigations: Engagement with council's Cost of Living Lead on collaboration opportunities with CVC programme. Inclusion of cost of living as a topic to address alongside vaccinations.

5.6.3 Risk two: Lack of effective oversight of the whole programme to co-ordinate the five workstreams.

Control and mitigations: Programme manager assigned to manage the programme who leads on immunisation workstream. Monthly steering group to ensure programme objectives are being met, regular review of project documents. Monthly meetings with VCS grantees to ensure their work aligned with programme objectives.

### 5.7 **Equalities and Diversity**

5.7.1 The programme aims to reducing health inequalities that have been exacerbated by the COVID-19 pandemic. There are a number of different population groups who may be less likely to be vaccinated, and towards whom strategies to increase uptake can be targeted. These include demographic groups (for example, age, ethnicity, disability, occupation etc.) and inclusion health groups (for example, people experiencing homelessness, vulnerable migrants).

### 5.8 **Corporate Parenting**

5.8.1 It is intended that the Community Vaccine Champions programme improves the health and wellbeing of all Barnet residents including children and young people in care.

### 5.9 **Consultation and Engagement**

5.9.1 An organisation was commissioned to undertake qualitative research to understand attitudes and barriers towards the COVID-19 vaccine in groups that have low vaccination rates in the borough. The final research report is included in Appendix A.

### 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 None

# Community Vaccine Champions (CVC) Programme

## Health and Wellbeing Board Update

## March 2023

## Background

The Department of Levelling Up, Housing & Communities (DLUHC) recognised a need to create a specific, targeted programme to continue to address vaccine inequity and funding was awarded to a selection of Local Authorities across England including the London Borough of Barnet (LBB). In January 2022, LBB were awarded £485,000 to promote vaccine uptake amongst disproportionally impacted communities.

Since the launch of the national COVID-19 vaccination programme, it has become clear that there are also regional and local disparities in vaccine uptake between various groups and communities. These disparities occur at a very local level and have a wide range of causes. These disparities are affected cohorts with prior vulnerabilities, in both COVID-19 impact and socio-economic terms; and it is these groups that the Community Vaccine Champions programme seek to support.

The pandemic has demonstrated how important communities and community action are to public health and to the broader response. The CVC programme recognises that tailored local approaches built on effective community engagement are used to address the health inequalities exposed through the pandemic and utilises the mobilisation of community champions as an approach to build healthier, resilient communities.

Working with our local partners (VCS organisations, Young Barnet Foundation, Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities, to make a difference to the promotion and uptake of vaccines.

The Barnet Community Vaccine Champion (CVC) programme has been providing targeted help to areas and communities facing the greatest challenge in relation to vaccine uptake, these include:

- Young people (12–30-year-olds)
- Wards with high deprivation - Golders Green, Hendon, Childs Hill, Colindale, Burnt Oak, West Hendon
- Ethnic minorities - Eastern European, Black Caribbean/African/other black communities
- Faith Groups – Ultra orthodox Jewish, Muslim, Evangelical
- Marginalised groups – asylum seekers and the homeless population

- Pregnant women
- People with serious mental health illnesses
- People with learning disabilities

## Aims of the programme

In collaboration with our local partners, the aim of the programme is to support communities who face additional barriers to accessing vaccines to:

- Tackle misinformation around vaccine safety, develop initiatives to minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people.
- Increase vaccination rates overall to get as many people vaccinated as possible.
- Improve the reach of official public health messaging on vaccine safety to hard-to-reach communities through local trusted voices.

**Other longer-term aims of this programme include:**

- To reduce disparity and inequalities in health outcomes.
- To increase trust and engagement with government and public health messaging, building bridges between communities, community organisations and local government.
- Increase community resilience and build local networks and infrastructure to enable local areas to better respond to future crises.
- Learn from what works through increased community engagement and evidenced two-way-dialogue and build this into future messaging and engagement with disproportionately impacted people and places.

## Barnet's CVC model

Commissioned: The Barnet CVC programme is commissioned by the Public Health department and uses our local partners, (Groundworks, Young Barnet Foundation and Barnet Together) which have strong existing relationships with the council, to fund smaller voluntary and community sector organisations in activities that engage communities and residents on specific themes of interest.

Broader remit: High levels of 'COVID fatigue' in recent times mean that the best route into conversation is via other health and wellbeing topics of interest. Vaccine messaging can be then introduced once engagement and trust has been established. The CVC programme has merged with larger streams of works on health inequalities. The programme expanded to include a broader range of topics including; Cardiovascular Disease Prevention, Childhood/School Aged immunisations, Flu, Mental Health, Living with COVID-19, Cost of Living, whilst also still retaining capacity to address COVID1-9 vaccinations.

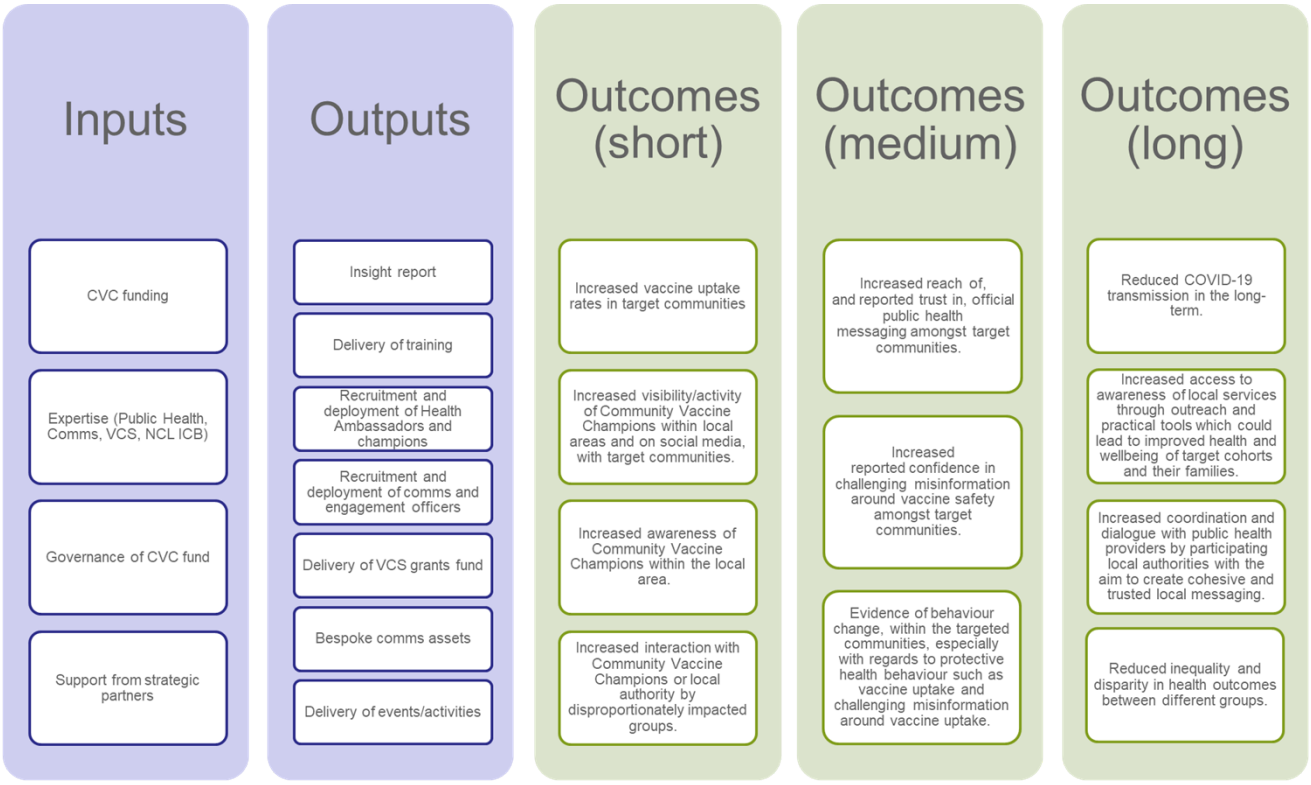
Blended approach (Paid & Voluntary): Our approach involved a blended approach to paid Health Ambassador, grant funded projects to voluntary members of the Health Champion network. On the one end, recruits to the programme are paid employees

of statutory bodies or voluntary and community sector organisations, either on a permanent, sessional basis or via grants. At the other end, the work coordinated the network is essentially unfunded, added to other council roles, and participants receive no compensation beyond occasional expenses or access to accredited training.

Two-way communication: our models involves two way communication which involved residents speaking directly to public health officials and seeing their input actioned by the statutory bodies. There was also feedback loop from broadcast communications (e.g. email, Whatsapp, social media) from communities into public health to inform strategic priorities.

## Outputs and Outcomes

Figure 1 Logic model outlining the outputs and outcomes (short, medium and long) of the CVC programme.



## Steering Group membership

The CVC steering consisted of following roles and organisations:

Table 1: CVC steering group membership

| Role | Organisation |
|---|---|
| Consultant in Public Health/Deputy Director of Public Health | Barnet Council, Public Health |
| Public Health Strategist | Barnet Council, Public Health |
| Public Health Registrar | Barnet Council, Public Health |
| Public Health Officer | Barnet Council, Public Health |
| Senior Communications and Communications Manager | Barnet Council, Public Health |
| Communications and Engagement Officer | Barnet Council, Public Health |
| Community Operations Manager | Groundworks |
| Project Manager | Groundworks |
| CEO | Young Barnet Foundation |

## Workstreams

CVC programme was developed in Spring 2022, working across five distinct workstreams including:

1. Communications and Insight
2. Health Champions
3. VCS grants
4. Asylum seeker/refugee outreach
5. Training

### ***Communications and Insight***

To support the Community Champions programme, qualitative research was commissioned to:

- To understand and identify smaller populations of hesitant and unvaccinated people in Barnet, and their sources of influence.

- To identify key barriers to vaccine uptake in 2022 in different communities and areas
- To identify channels for effective communications and engagement for different communities and areas

The findings provided key reasons for non-vaccination and concerns of low uptake groups about vaccinations, and potential community engagement and communication interventions to increase uptake. The data informed our communication planning on where we targeted our efforts, bespoke communications developed and supporting health champions/ambassadors with conversations.

Communication and Engagement Officers were recruited to provide:

- a strategic overview of all communication and engagement activities across the programme and,
- support VCS organisations through tailored and targeted evidence based messaging.

See below - Final report on *Understanding the vaccine hesitant and unvaccinated population in Barnet, Public Perspectives*

LBB Vaccination Research - Report FIN

## ***Extension of Health Champions programme***

This workstream built upon the successful Health Champion programme managed by Groundwork London. The CVC funding was used to extend the programme by:

- Further recruitment and development of volunteer health champions with a specific focus on vaccinations in groups and areas where vaccine uptake is currently low, supported by our community engagement and comms officers and additional training
- Recruitment and deployment of Health Ambassadors* where the VCS are unable to do so (as a second wave).
- Working closely with VCS organisations hosting their health ambassadors, to align the training and coordinated efforts of all health ambassadors across the borough

Health Ambassadors aim to build connectivity and trust in communities where vaccination uptake is low. Health Ambassadors empower individuals to protect themselves, their families and their networks.

Nine Health Ambassadors have been recruited:

- 7 from VCS organisation through the grant funding process
- 1 directly recruited to work with the Jewish community by Groundworks
- 1 directly recruited by Barnet Council to work with Asylum seeker/refugee community

See below – Health Ambassador Job description

Health Ambassador example JD (1).pdf

## ***VCS Grants fund***

The programme funded a range of VCS organisations focusing on areas and groups where vaccine uptake is the lowest. The fund was designed to build connectivity and trust in those groups who need it most. The funding was disseminated through our VCS administered Barnet Community Fund, managed by Barnet Together, LBB's official infrastructure partnership which includes Young Barnet Foundation, Groundwork London and Inclusion Barnet.

Two rounds of VCS grants funds were launched to fund;

- Small grants (£500 – £2000) to hold events and work with pool of Health Ambassadors to undertake awareness/community events
- Larger grants (up to £20,000) to employ a Health Ambassador to support Barnet Council and local NHS to understand local barriers and needs raise awareness of local support and to promote vaccination uptake OR create a project to address one of the target groups and run events across a persiod of up to 12 months to aid vaccine uptake.

The Barnet Together Partnership, in collaboration with Barnet Council, awarded 11 Organisations to undertake this work, totalling £151,500.

Table 2: Barnet Community Fund – Vaccine Confidence Grant Award summary

| Organisation | Amount funded | Location of Project | Target groups |
|---|---|---|---|
| The Romanian and Eastern European Fund | £20,000 | Burnt Oak/Colindale | Eastern European community |
| SAFA CIC (Skills, advice, food aid) | £20,000 | Burnt Oak/Colindale | Black Caribbean, Black African and other black communities |
| BeLifted | £20,000 | Colindale, Edgware, East Finchley | Black Caribbean, Black African and other black communities. Muslim faith groups |

| | | | |
|---|---|---|---|
| Exposure Organisation | £20,000 | Colindale/Edgware/ East Finchley | Young people |
| Barnet Somali Community Group | £2,500 | Hendon, Colindale, Burnt Oak | Black Caribbean, Black African and other black communities. Muslim faith groups, Eastern European communities |
| Barnet TV | £2,000 | Barnet wide | Eastern European communities |
| Community Network Group | £20,000 | Finchley | Asylum seekers, residents with serious mental health |
| Centre of Excellence | £20,000 | Grahame Park | Black Caribbean, Black African and other black communities. Muslim faith groups, Muslim faith groups |
| The Langdon Foundation | £20,000 | Edgware | Residents with learning disabilities and their carers, orthodox/ultra orthodox Jewish communities |
| The 4Front Project | £20,000 | Grahame Park | Young people, Black Caribbean, Black African and other black communities. Muslim faith groups |
| African Cultural Association | £2,000 | Hendon | Black Caribbean, Black African and other black communities. Muslim faith groups |

See below the full list of the award summary, VCS organisations and project outlines :

Barnet Community Fund Vaccine Confide

***Asylum Seeker/refugee outreach***

Barnet has over 1000 asylum seekers housed within five hotels in the borough. The funding was used to work with VCS organisation (New Citizens Gateway and

Persian Advice Bureau) who specifically support these groups to increase awareness, engagement and uptake of vaccines. As part of this workstream, a Health Ambassador was recruited to build connectivity and trust in the communities where uptake is low. The Health Ambassador will work to empower individuals to protect themselves, their families and their networks.

Key priority areas of work:

- Vaccinations
- Education and access to healthcare
- Mental Health

***Training***

The aims of the training workstream are:

- To equip all new recruited staff under the CVC programme (including health champions, health ambassadors, outreach workers, comms and engagement officers) with the knowledge, confidence, skills and tools to tackle barriers and hesitancies to vaccine uptake
- To ensure staff working under this programme have a basic understanding of vaccines in general and the COVID-19 vaccine in particular, including common myths, lack of confidence, how to signpost, motivational interviewing skills
- To equip staff working under this programme to have informed discussions with residents on wider health issues as/when they arise
- To ensure all new staff under this programme understand the wider context within which vaccine hesitancies and barriers occur, including health inequalities, wider determinants of health, the local health services landscape and health governance across the borough.

A three-level training programme was offered at the following levels:

Table 3: Summary of training offered during the CVC programme

| Level | Training programme | Target groups |
|---|---|---|
| Basic | Making Every Contact Count (MECC) – consists of a 45-minute online Make Every Contact Count (MECC) training delivered through Social Marketing Gateway. This training is free and offers participants the knowledge and skills to make the most of each opportunity to help people improve their health and wellbeing. The MECC e-learning course aims to give the skills and confidence to 1) recognise an opportunity to have a conversation, 2) offer advice and 3) signpost to local support | This training is offered to all staff and volunteers under the CVC programme but is particularly aimed at health champions who show an interest in vaccine inequity and would like to be upskilled. |

| | | |
|---|---|---|
| Intermediate | consists of a 2-3 hour face-to-face training on 'Conversational skills to reduce vaccine hesitancy' delivered through Social Marketing Gateway and will harness the building blocks of motivational conversations and the core skills, strategies and processes required to have them | This training is offered to all staff and volunteers under the CVC programme but is particularly aimed at health champions who have completed their online MECC training and would like to upskill themselves and become vaccine champions. |
| Advanced | Consists of a 1-day training (8 hours) face-to-face from the Royal Society of Public Health (RSPH) for a Level 2 Award in 'Encouraging Vaccination Uptake'. This training provided learners with the knowledge and understanding to promote the importance of vaccination programmes and to use behaviour change models and motivational techniques to support individuals in making a decision to receive a vaccination. | This training will be mandatory for those directly recruited under the CVC programme including:<br>Comms & Engagement Officers<br>Health Ambassadors<br>Outreach Officers<br>This training will also be available for anyone working under this programme who would like to complete it. |
| **Alongside the 3-level vaccination training, staff under this programme will need a comprehensive induction programme and ad-hoc training (to be continually reviewed) to understand the context in which vaccine inequity exists, which should include:** | | |
| Induction | An introduction to London Borough of Barnet – to include local demographics<br>An introduction to Barnet Public Health - to include local health context, priorities and services available, as well as an introduction to our comms & engagement officers and our outreach officer under this programme<br>An introduction to Barnet CCG – to include vaccine offers, sites, etc.<br>An introduction to Groundwork – to include information about the health champions programme and the monitoring and evaluation requirements of the programme | This training will be mandatory for those directly recruited under the CVC programme including:<br>Comms & Engagement Officers<br>Health Ambassadors<br>Outreach Officers |

| | | |
|---|---|---|
| Ad-hoc training | Specialised training to be stood up and offered to staff on this programme according to need. The steering group will review the training needs of the programme and commission training through Groundwork. Examples of training may include: childhood immunisations, how to edit and record videos for communications. | This training will be mandatory for those directly recruited under the CVC programme including:<br>Comms & Engagement Officers<br>Health Ambassadors<br>Outreach Officers |

## Monitoring and Evaluation

Monitoring and evaluation has been planned throughout the course of the CVC programme.

Table 4: Summary of three different monitoring and evaluation forms for the CVC programme

| DLUHC monitoring and evaluation form<br><br>Completed by LBB, Public Health | Monthly monitoring forms<br><br>Completed by VCS grantees | End of programme outcomes and experience evaluation report<br><br>Completed by VCS grantees at the end of their projects |
|---|---|---|
| Monthly progress reports were provided to DLUHC using a set template up to August 2022, progress reports after this point were requested quarterly. Data requested on: Current spend and progress against delivery plans, number of health champions/ambassadors recruited, number of events/activities, number of key collaborators | As a funding requirement, all VCS grantees were required to complete a monthly monitoring form. The form was based on the data requested on the DLUHC form. There were two forms; one for smaller grants and one for larger grants: | For grantees to obtain their final 10% of funding, they will be asked to complete a final monitoring and evaluation report to provide feedback on their experience, key achievements, and lessons learned. This will provide us qualitative data on how the grantees used the funding to effectively deliver the objectives of the CVC programme. |

## Budget:

LBB received £485,000 in March 2022 to increase COVID-19 vaccination rates in target areas and groups where it is low under the Community Vaccine Champions (CVC) programme. The table on the below indicates the funding allocated to each workstream.

Table 5: Outline of CVC budget breakdown by workstream

| Workstream | Total |
|---|---|
| Communications & Insight | £161,314 |
| Health Champions | £87,800 |
| VCS Grant | £159,000 |
| Asylum Outreach | £36,172 |
| Training | £20,740 |
| Contingency | £19,974 |
| TOTAL | £485,000 |

## Lessons learned so far

Learning outcomes from the CVC programme will inform how we effectively apply the power of Community Champions as a form of two-way engagement with vulnerable and difficult to reach communities in order to address systemic health inequalities over time. Please note the summary below provides learnings to date, a final report will be produced in August 2023 to capture further feedback from VCS grantees as they complete their projects.

**Embracing new ways of working:** CVC programme highlighted **new ways of working** which were born out of a temporary state of urgency that demanded novel solutions where 'business as usual' was not adequate. Whilst short term changes aren't always sustainable owing to funding, they do **reveal opportunities to address long standing systemic issues such as health inequalities, lack of trust, and misinformation**. Community Champions discovered creative ways to meet new people in their own environment. This included using mediums such as WhatsApp, Zoom, targeted social media advertising, doorstep engagement, faith buildings, food banks, and schools. More importantly there were **power shifts within relationships, enabled** by communities developing their own messaging and engagement strategies.

**Communications**: The CVC programme enabled communities to directly inform the council on what was happening on the ground and also allowed officials to explain the decisions being made communities' behalf. The CVC programme has highlighted the **importance of implementing regular, two way communication channels over time**. These help breaks down barriers through an ongoing listening exercise so that it's not just the council broadcasting messages. It is vital the councils is seen to be **collaborative and acting upon communities' needs by being more connected to what is happening on the ground.**

**Building trust:** While the CVC programme is inherently based upon sharing information subsequent behaviour change, we can only achieve this from a position

of trust, particularly with communities that are hard to reach or reluctant to engage with statutory services. The CVC programme has demonstrated that **trust can be built and needs time to do so**. Trust can not be achieved with piecemeal projects in the short term; **it requires months, if not years, of repeated engagement, action and delivery follow through.**

Local, trusted voices (e.g. local faith leaders, NHS staff, young people, locally known volunteers and people from the communities we wish to engage) have been key stakeholders in the engagement of hard-to-reach communities. Working in partnership with local VCS organisations, which have deep understanding of their community and have built trusted relationships, is key to reaching those most vulnerable.

**Developing new capabilities:** The CVC programme is a powerful tool to develop new capabilities among residents and community organisations. The training we've offered to participants of the programme has **empowered and enabled them to move forward with new skills, funding opportunities, and employment.** We offered training to grantees throughout the duration of the programme which allowed them to gain knowledge and skills to effectively engage with their communities on different health topics. The offer of training also helped to sustain interest and commitment from the grantees.

We also adopted a **hands-off approach with our VCS grantees**, which allowed them the time and freedom to empower their local VCS organisations to develop projects that work for the community. They were able to **deliver innovative, practical solutions which addressed health concerns and helped overcome barriers to accessing vaccinations and other health services**. This approach required Barnet Council to place trust in VCS grantees. Along with Groundwork London and Young Barnet Foundation, the council provided the support, framework and guidance for VCS organisations to thrive.

**Evaluations:** Measuring, monitoring and evaluating the CVC programme is essential, but has been, and continues to prove problematic. There is no guarantee that a conversation will lead to vaccination, and it is ultimately difficult to measure whether there is any enduring trust. It is also difficult to capture authenticity through the evaluation process. Monitoring and evaluation tools can place disproportionate pressure on grassroots groups as often they don't have the administrative infrastructure to effectively collect and report on outputs to funders. For these reasons, evaluating programmes like this is not necessary but **capturing qualitative information through case studies may prove to be more beneficial for demonstrating success.**

**Funding:** In order for us to develop and sustain our VCS organisations, they need to be well-resourced. There is a risk of inappropriately offloading work to unpaid residents in the name of cost cutting and managing stretched budgets. It is important that **we recognise the value and contribution of our VSC community and avoid taking take them for granted**.

**Collaboration with our local partners:** The CVC programme has been a collaborative working partnership between Barnet Council and Barnet Together (LBB's official infrastructure partnership), which includes Young Barnet Foundation, Groundwork London, and Inclusion Barnet. Barnet Together have access to VCS partners who themselves have access to target communities that the council would otherwise struggle to engage given the timeframe of the programme. Our Champions provider, Groundwork London, work closely with its Barnet Together partners and other local VCS coordinated the VCS grants funding programme. A Groundwork project manager co-ordinated the VCS grantees and provided the bridge between the council and VCS organisations. This role was integral to the provision of training, support and, infrastructure to grantees to ensure they were able to deliver to the best of their abilities. Furthermore, the **role was integral to generating enthusiasm, sustaining interest and maintaining relationships**. It was important that the role was filled by an organization outside the council.

## Legacy of the CVC programme

Our Health Ambassadors/VCS grantees have been recruited from local communities by well networked community partners. They have been trained and supported to co-develop the best plan for activity for engaging people in their communities around vaccination. Co-production has allowed an equal level of position which encourages trust and respect to support our medium and longer term goals of:

- Increased trust and reach of our public health messaging
- Increased access to community groups with greater trust and cohesion
- VCS grantees feel more confident in challenging misinformation around vaccine hesitancy
- Strengthening relationships between health professionals and statutory bodies

Principles of this programme could be used as a system wide approach to link activity to tackle wider health inequalities.

Training has equipped our Champions with valuable skills to continue to empower communities to have a voice, so that their voice is heard, which helps shape stronger, safer and, more informed communities.

## Next steps

Communications and Insight

- We will continue to support VCS organisations with communications and engagement in addition to supporting childhood/school aged immunisation programmes in light of the changes in COVID-19 vaccination guidance (booster doses no longer available for healthy adults)

Health Champions

- We will continue to utilise our Health Champions for the health promotion messaging.

Asylum seeker/refugee workstream

- A Health Ambassador was recruited in December 2023 for 12 months to address connectivity and trust in the communities living in the asylum hotels in the borough. The HA will work closely with the Public Health Neighbourhood team and the Borough of Sanctuary steering group to address three key priority areas: vaccinations, mental health and access to healthcare.

VCS grantees

- We will continue to support VCS grantees and Health Ambassadors to work with their communities to address health and wellbeing topics

Evaluation

- As grantees finish their projects, we will continue to collect qualitative information via case studies and monitoring and evaluation forms to assess the programme.

| | |
|---|---|
| | **Health & Wellbeing Board**<br><br>**16th March 2023** |
| **Title** | **Dementia Strategy 2023-2028** |
| **Report of** | Cllr Alison Moore, Chair, Health & Wellbeing Board |
| **Wards** | All |
| **Status** | Public |
| **Urgent** | No |
| **Key** | Yes |
| **Enclosures** | Appendix 1 - Dementia Strategy 2023 - 2028 |
| **Officer Contact Details** | Jo Kamanu, Senior Commissioning Officer, Joint Commissioning Unit jo.kamanu@barnet.gov.uk<br>Ellie Chesterman, Interim Head of Commissioning – Mental Health & Dementia ellie.chesterman@barnet.gov.uk |

## Summary

The Dementia Strategy 2023-2028 is Barnet's first dementia strategy, which builds on the progress already made in the borough to improve the lives of people living with dementia, their families, and their carers, and provides a framework for continuous action to ensure that people continue to live well.

The strategy has been developed by adult social care, working with people living with dementia and their carers, other key council teams such as Public Health and the Barnet Borough Partnership (integrated health, care and voluntary sector partnership).

## Officers Recommendations

1. **The Health and Wellbeing Board note and support the Dementia Strategy 2023-2028.**
2. **The Health and Wellbeing Board note that a review of the Dementia Strategy 2023-2028 is scheduled for 2025.**

## 1. Why this report is needed

1.1 The strategy sets out important context around the support offer for people living with dementia and their carers in Barnet and outlines priority areas for action; to ensure that the needs of our diverse population are met now and in the years ahead.

1.2 This strategy supports the visions and outcomes within the National Dementia Strategy 2009, whilst we await the publication of a new national 10-year plan to tackle dementia as announced by the Health Secretary in May 2022. It also considers key legislation and guidance, including the Care Act 2014 and National Institute for Health and Care Excellence (NICE) guidance[1]. These key strategic documents all highlight the importance of ensuring that people with dementia and their carers can *access timely diagnosis*, high-quality *care, and support* and that there is an *increased awareness in our communities of dementia*.

1.3 This Strategy has been shaped by the NHS England Transformation Framework on Dementia, the 'Well Pathway for Dementia', to ensure that our progress aligns with the national NHS standards for each part of the Framework: *Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.*

1.4 This strategy has been coproduced and developed in partnership with over 140 people living with dementia and their carers, as well as with professionals representing: Adult Social Care, Public Health, Family Services, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and community sector partners.

1.5 The Dementia Strategy is due to be reported to the Adults & Safeguarding Committee for approval in March 2023.

## 2. Reasons for recommendations

2.1 In Barnet, it is estimated that over 4,387 people are living with dementia, and this figure is expected to increase to 6,402 by 2035.

2.2 This strategy recognises that more can be done to improve the experience of people living with dementia and their carers. Following approval of the strategy, officers will develop a multi-agency action plan to build on the progress that has been made and address the gaps identified. This means not only focusing on strengthening our current dementia pathway, support offer and services, but also embedding more proactive dementia support, preventing avoidable crises, and promoting and maximising people's independence, health, and well-being.

2.3 This strategy will inform the planning, provision, and commissioning of dementia-related services in Barnet. To deliver the associated action plan, we will work with people living with dementia and their carers, health and social care, partners across the council, the voluntary and community sector, providers of care and residents, to deliver our plans over the next five years.

[1] https://www.nice.org.uk/

2.3 Early intervention and effective prevention can positively impact an individual's health and well-being. By ensuring that people can access early and timely diagnosis for dementia and have good co-ordination and care planning, people will enjoy an improved quality of life in Barnet.

2.4 Needs assessment data confirms Barnet has an aging population, which will result in increased numbers of people living with dementia in the years to come. A key driver in our approach to supporting people to live well is through providing prevention and early intervention support. To do this, we will develop plans which are more proactive and creative in approach and offer robust support for carers, alongside an increased awareness of dementia within communities.

2.5 The 2021 Census data also evidences Barnet's increasingly diverse population. In Barnet, people from ethnic minority backgrounds are under-represented in dementia services and tend to access services later. The dementia strategy and action plan offer an opportunity to focus efforts on prevention and early detection amongst under-represented communities, ensuring that support is available earlier and that services are culturally sensitive.

2.6 Through engagement and coproduction with over 140 people living with dementia and their carers to develop the strategy we gained much greater insight into the challenges residents face, including:

- Needing more information at the right time
- A lack of coordination across services
- Experiencing a gap in support after diagnosis
- Needing more reasonable adjustments to support access to help and engagement in the community.

We also captured feedback from people about changes to services that they feel are needed. We recognise that some of these changes have already been made, such as improvements to the diagnostic pathway and community-based services available before and after diagnosis, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps in our local system or inconsistencies, that we will aim to address, such as extended time in GP appointments and a robust information and advice offer.

2.7 The strategy sets out three coproduced priorities to guide our action planning:

1. Improved information and advice (Before diagnosis, at diagnosis, and after diagnosis) to ensure that people can make informed decisions about their health and care needs.
2. Improved awareness and identification; early and timely diagnosis.
3. Individualised and tailored support that promotes independence and well-being (At diagnosis and after diagnosis)

## 3. Alternative options considered and not recommended

3.1 This strategy sets out borough-wide multi-agency commitments to providing high-quality care and support for people with dementia and their carers. It provides a

formal framework for improving the lives of people living with dementia and their carers in Barnet. Not having the strategy is therefore not recommended.

## 4. Post decision implementation

4.1 Following approval, the adult social care team will work with people living with dementia and their carers and other key partners to develop a dedicated action plan to implement the strategy over a two-year period.

4.2 Progress will be monitored by the Barnet Borough Partnership Board and reported to the relevant Council committee.

4.3 Through the Action Plan, the Board will identify interventions and expect to evidence:

- A reduced diagnostic gap, with a notable improvement in diagnosis amongst under-represented groups
- People living with dementia and their carers reporting a positive experience of working in partnership with Health and Social Care
- An increase in the number of people living with dementia and their carers who report they are aware of and can access appropriate information, advice and guidance before and after diagnosis.

4.4 A review of the strategy and progress to date will take place in March 2025.

## 5. Implications of decision

### 5.1 Corporate Priorities and Performance

5.1.1 The Dementia Strategy sets out the proposed approach to delivering the agenda set by the Corporate Plan, and supports the priority of caring for people, in particular, living well.

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

5.2.1 Delivery of the strategy and action plan will be met through existing service budgets. Should any future funding requirements arise, these will be considered through the Council's medium term financial planning process. Other partners involved in delivering the action plan, for example the NHS, will address resource implications through their own financial and budget processes.

### 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 The strategy has been developed based on insight from over 140 people living with dementia and their carers, and use of local, regional and national insight to inform the priorities outlined and outcomes identified.

### 5.5 Social Value

5.5.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. This is reflected in the council's social value policy.

5.5.2 The corporate plan supports the aims of this social value policy and the social values outcomes we are seeking to achieve. Any commissioning or transformational activity that is carried out as part of the implementation of the Dementia Strategy will be conducted in accordance with the social value policy.

### 5.6 Risk Management

5.6.1 Risk management considerations will be an integral part of the scoping and management of individual projects that are initiated to deliver the Dementia Strategy.

### 5.7 Equalities and Diversity

5.7.1 Equality and diversity issues are a mandatory consideration in the council's decision-making process. Decision makers should have due regard to the public-sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. Consideration of the duties should precede the decision. It is important that the Committee has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public-sector equality duty are found at section 149 of the Equality Act 2010.

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.

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

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

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

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

(a) Tackle prejudice, and
(b) Promote understanding.

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

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race,
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

5.7.6 The public sector equality duty considerations and the council's commitments to tackling inequalities and disproportionality will be central to the development of the action plan that will deliver the Dementia Strategy. This will include giving focus to areas of known disproportionality, such as under-representation of people from ethnic minority backgrounds in our dementia services. As well as considering the needs of groups with specific needs, such as people with a learning disability and a diagnosis of dementia and people diagnosed with early onset dementia.

### 5.8 Corporate Parenting

5.8.1 In line with the Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The Dementia Strategy is not expected to have significant impact on looked after children or care experienced young people.

### 5.9 Consultation and Engagement

5.9.1 Extensive coproduction and stakeholder engagement has been undertaken to inform the development of the strategy with over 140 people living with dementia and their carers, health and social care professionals, commissioned and non-commissioned services, Barnet's Dementia Friendly Partnership and voluntary sector partners.

5.9.2 A formal consultation was also carried out via Engage Barnet with broad agreement of the priorities identified, support for further investigation into disproportionality relating to dementia diagnosis and support and the importance of recognising the role of carers. A number of comments received suggested actions that could be taken to implement the strategy, which have been collated and will be used to inform action planning. Feedback was also received that some of the graphics are hard to read. The document will be sent to our design agency following approval, to mitigate any issues.

### 5.10 Environmental Impact

5.10.1 There are no direct environmental implications arising from approving this strategy. The impact of actions taken to deliver the Dementia Strategy will be assessed against the council's Sustainability Action Plan to ensure cohesion and alignment with targets.

## 6. Background papers

6.1 NHS England Transformation Framework on Dementia ' Dementia Well Pathway', dementia-well-pathway.pdf (england.nhs.uk)

https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

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Barnet Borough Partnership

# Dementia Strategy

2023 - 2028

YOUR LIFE,
YOUR CARE,
YOUR CHOICE.

| | |
|---|---|
| Directorate | Joint Commissioning Unit |
| Approvers | Adults and Safeguarding Committee<br>Barnet Borough Partnership |
| Approval date | March 2023 |
| Review Date | March 2025 |

# Contents

# 1. Introduction

This strategy is the first Barnet Borough Partnership strategy to underpin borough-wide commitments to providing high-quality care and support for people with dementia and their carers. It builds on the progress already made in the borough to improve the lives of people living with dementia, their families, and their carers, and provides a framework for continuous action to ensure that people continue to live well and thrive.

This strategy has been coproduced and developed in partnership with people living with dementia and their carers, Adult Social Care, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and Community Sector partners (VCS).

The NHS England 'Well Pathway for Dementia', transformation framework underpins our strategy. It has five elements which include Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well. *See appendix*

## Foreword

Foreword to be added prior to publication

## Vision

Dementia is a crucial challenge for both health and social care. In Barnet, it is estimated that over 4,387 people are living with dementia, and this figure is expected to increase to 6,402 by 2035.
This strategy recognises that more can be done to improve the experience of people living with dementia and will lead to the development of an action plan to build on the progress that has been made and address the gaps identified. This means not only focusing on strengthening our current dementia pathway and services but also embedding more proactive dementia support, preventing avoidable crises, and promoting and maximising people's independence, health, and well-being.

This strategy will inform the planning, provision, and commissioning of dementia-related services in Barnet. To deliver the associated action plan, we will work across health and social care and with partners across the council, voluntary and community sectors, providers of care and with residents to deliver our plans over the next five years.

A key driver in our approach to meeting the increasing demand for health and social care is reducing and delaying the need for more formal support. To do this, we will develop plans which are more proactive and creative in approach and offer robust support for carers, alongside an increased awareness of dementia within communities.

Early intervention and effective prevention can positively impact an individual's health and well-being. By ensuring that people can access early and timely diagnosis for dementia and have good co-ordination and care planning, people will enjoy an improved quality of life within dementia friendly communities.

Financial pressures alongside increasing numbers of people needing support mean that it is vital to consider models of care and support which will maximise people's independence and well-being and effectively manage demand for statutory services.

# 2. Context

What is dementia

The word 'dementia' describes symptoms that may include memory loss and difficulties with thinking, problem-solving, or language and interfere with the individuals' ability to complete daily activities. They often start with minor challenges, but for a dementia diagnosis, these are severe enough to affect everyday life. There may also be changes in mood and behaviour.

The most common types of dementia are:-

- Alzheimer's disease (60%)
- Vascular dementia (20%)
- Lewy bodies dementia (15%)
- Frontotemporal dementia (5%)

## National context and local context

### National Context

944,000 people are living with dementia in the UK[1] and this number is projected to increase. Although, due to the progressive nature of the disease, the early-stage symptoms, and the low diagnosis rate, it is difficult to precisely know the number of people living with the condition. It is, however, thought that one in fourteen over 65's[2] have dementia in the UK which makes dementia a key challenge for both health and social care and a key priority nationally and locally.

This strategy supports the visions and outcomes within the National Dementia Strategy 2009 and the Prime Ministers Challenge on Dementia 2020. It also considers key legislation and guidance, including the Care Act 2014 and National Institute for Health and Care Excellence (NICE) guidance[3]. These key strategic documents all highlight the importance of ensuring that people with dementia and their carers can *access timely diagnosis*, high-quality *care, and support* and that there is an *increased awareness in our communities of dementia*.

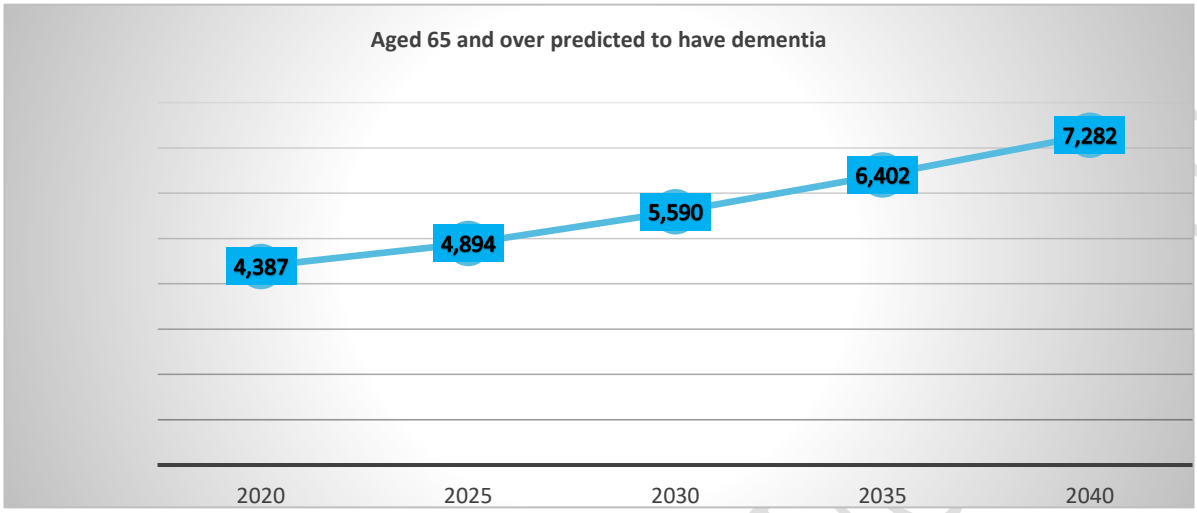
[1] Luengo-Fernandez, R. & Landeiro, F. in preparation
[2] Prince, M et al. (2014) Dementia UK
[3] https://www.nice.org.uk/

# Local context – Dementia Needs Assessment 2022 *(see Appendix)*

## Dementia Projections

Currently, 4,387 people over 65 are estimated to be living with dementia in Barnet, and this is projected to increase to 7,282 by 2040.

People aged 65 and over predicted to have dementia by 2040

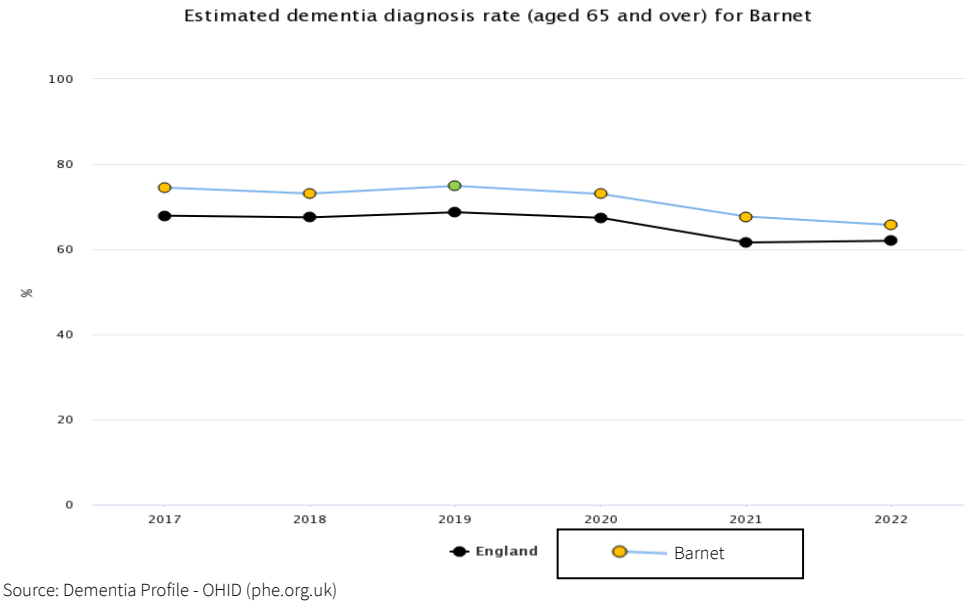



Source: POPPI (based on ONS data). Available at: http://www.poppi.org.uk/

## Diagnosed Dementia Rate

The diagnosed dementia rate indicates what proportion of the number of people estimated to be living with dementia in Barnet, have a formal diagnosis. In Barnet, the estimated diagnosed dementia rate for people aged 65 and over is 65.7%. This is slightly lower than London (66.8%) but hight than the England average (62%).

In Barnet, across London and England-wide, the estimated diagnosis rate has been falling since 2017, which suggests improvements can be made in our identification and diagnostic pathways and processes:




Source: Dementia Profile - OHID (phe.org.uk)

Ethnicity Data

According to the 2021 census data, there has been a 9.3% decrease over the past 10 years of residents identifying as White, although this group still represents over half of Barnet's population followed by those identifying as Asian representing 19.3% of Barnet's population. The ethnic group showing the highest level of growth over the last 10 years, has been those who identify as Other Ethnic Groups now representing 9.8% of the population.

People with dementia known to adult social care by ethnicity:

| Ethnicity | 19-20 | 20-21 | 21-22 |
|---|---|---|---|
| White | 602 | 583 | 598 |
| Asian/Asian British | 84 | 78 | 97 |
| Black/Black British | 47 | 44 | 38 |
| Other Ethnic Groups | 39 | 38 | 40 |
| Not Stated | 21 | 20 | 19 |
| Mixed/Multiple ethnic groups | 7 | 6 | 9 |
| Chinese | 6 | 5 | 6 |
| **Grand Total** | **806** | **774** | **807** |

Adult Social Care Data BIP 2022

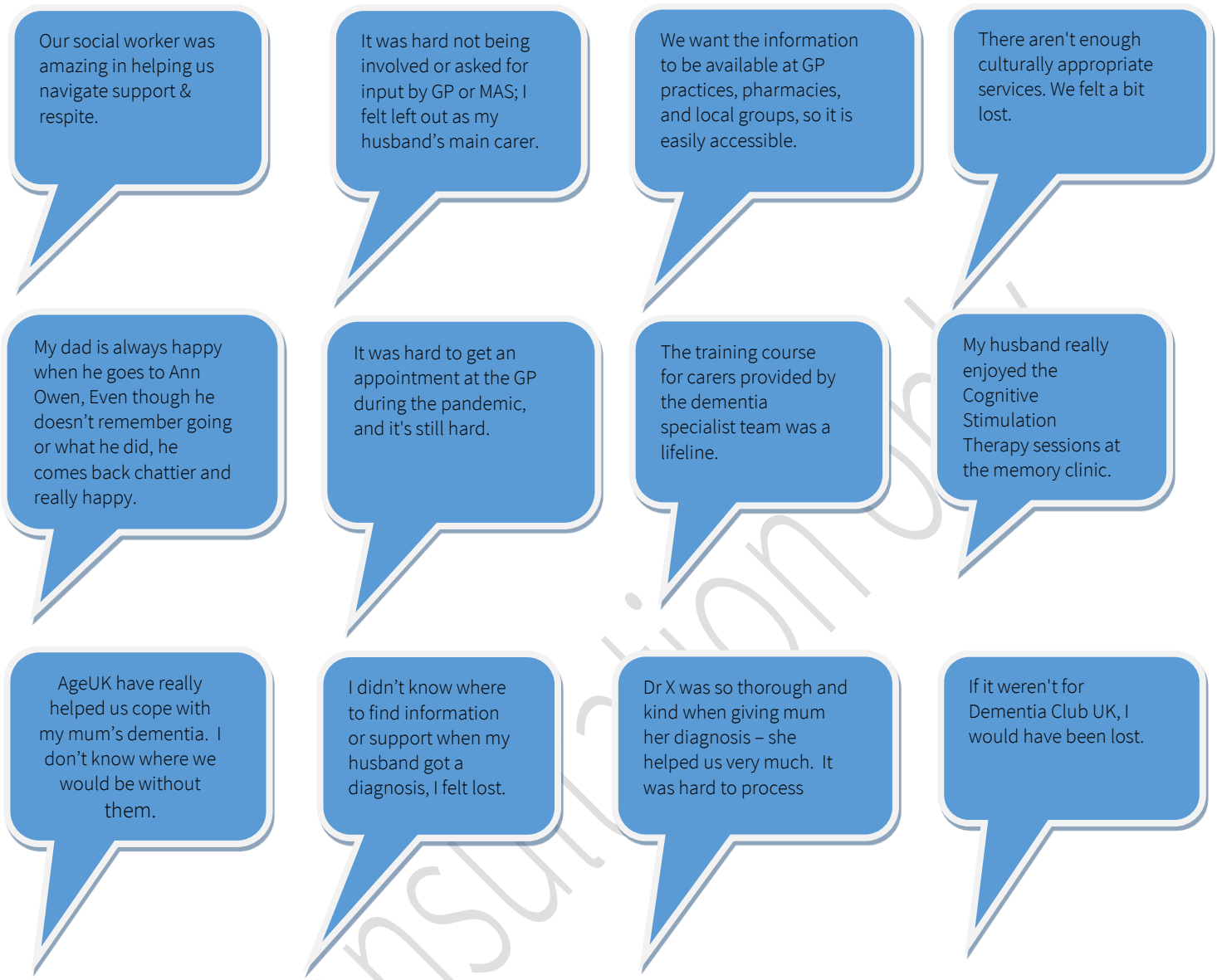
# 3. We listen

## Engagement and Co-production

Between 1st of June and 30th of September 2022, the commissioning and engagement teams carried out extensive stakeholder engagement with people living with dementia, their carers, health, and social care professionals, commissioned and non-commissioned services, as well as the voluntary sector in Barnet to understand the experiences of people living with dementia in Barnet.

We held over nine workshops and engaged over 140 people living with dementia and their carers and have captured their feedback about changes to support, or services that they feel are needed and included them directly in this strategy under each of the main chapters. Some comments are also included below.

We recognise that some of these changes may have already been made, or are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps in our local system that we will aim to address. This will all be considered in the development of the action plan to implement this strategy.






# 4. The Well Pathway for Dementia – NHS England Transformation Framework

The Well Pathway for Dementia is a five-year implementation plan which covers five areas: Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying well. Our Strategy aims to align itself with this transformational framework and ensure that all Barnet residents can live well with dementia within the community of their choosing and with the right support and care around them.

## Preventing Well

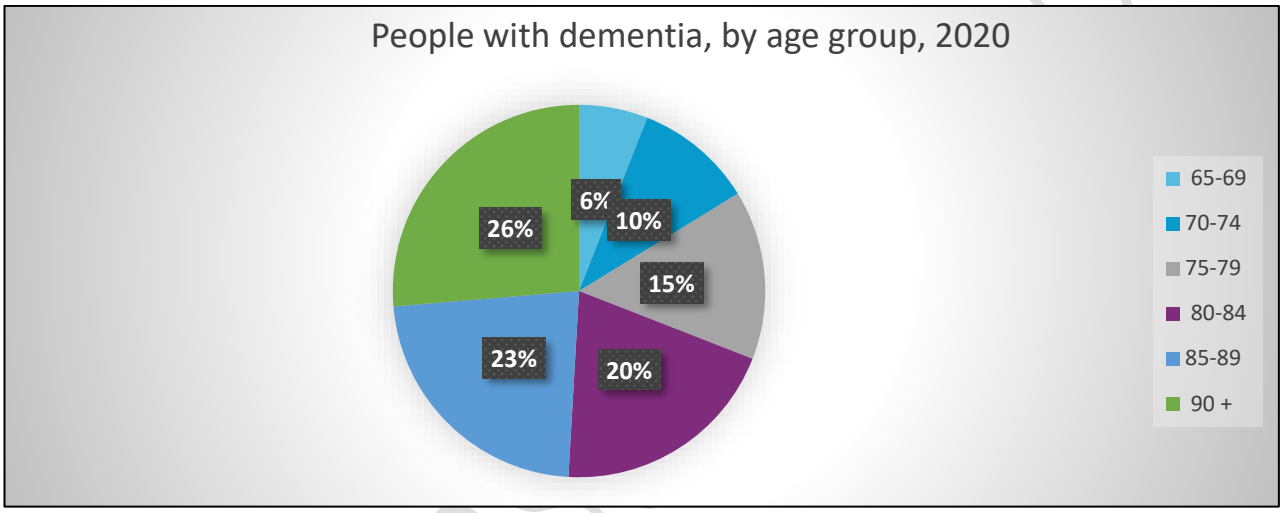
## Risk of people developing dementia is minimised

### Why is this important?

Improved information and advice will ensure that people can make informed decisions about their health and care needs. Barnet is committed to a preventative approach that prevents, reduces, and delays the need for care.

According to Alzheimer's society, whilst not all older people have dementia, the most significant risk factor for dementia is ageing, as supported by the following Barnet data. The chart shows how this population is broken down by 5-year age group. Older age groups account for larger proportions of the dementia population in Barnet.

People with dementia aged 65+ in Barnet, by 5-year age group, 2020




Source: Needs Assessment 2022

The risk of getting dementia can also be increased by:-

- Gender and Sex
- Lifestyle
- Other health conditions
- Air pollution
- Ethnicity

About a third of Alzheimer's diseases are estimated to be attributable to potentially modifiable risk factors[4]. The Lancet Commissions on Dementia Prevention, Intervention and Care identified that 35% of dementia was attributable to a combination of the following risk factors[5]:

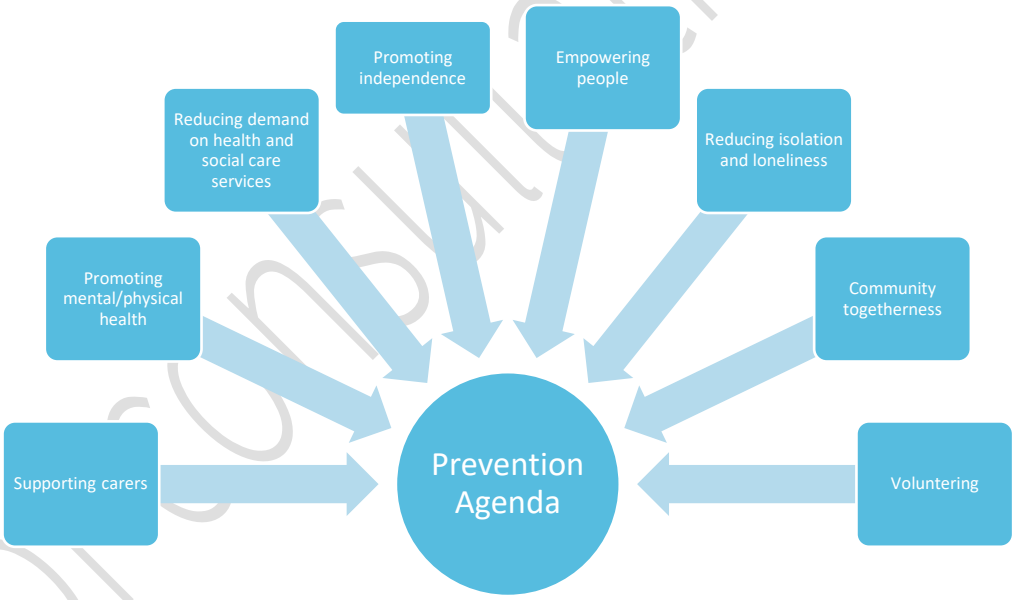
- Midlife hearing loss can increase stress on the brain and social isolation. It is estimated that hearing loss can be responsible for 9.1% of the risk of dementia onset.
- Cardiovascular risk factors for dementia include hypertension, diabetes, and obesity.
- Lifestyle and psychological risk factors include depression, smoking, lack of physical activity, and alcohol consumption.

[4] *Lancet Neurology* (2014)
[5] *The Lancet* (2017) 390

- Preventative factors include educational and occupational attainment and social isolation.
- Smoking doubles the risk of developing dementia. Smoking prevalence for adults in Barnet has decreased from 15.6% in 2012 to 11.1% in 2019, which is lower than London's 12.9% and England's 13.9%.
- Excess weight in adults is recognised as a significant determinant of premature mortality and avoidable ill health.
- Drinking more than the recommended limit for alcohol increases a person's risk of developing common types of dementia, such as Alzheimer's disease and vascular dementia. Reliable figures of the number of people with alcohol-related brain disorder (ARBD) in Barnet are unavailable, and the condition is likely to be underdiagnosed. This is partly because having problems with alcohol still carries a stigma within society, so people may not seek help. Awareness of ARBD, even among professionals, also varies widely.

## What is already happening in Barnet?

Our priority across health and social care is to ensure that we have a robust preventative approach to supporting residents, that promotes and maximises independence and well-being. Enabling everyone to live happy and healthy lives. The council's Prevention and Wellbeing team lead on this approach and local VCS providers deliver sessions on [6]preventing well.




[6] Age UK Barnet | Activities and events

What people living with dementia and their carers feel is needed:

- Information given in advance so that people can understand how to prevent dementia.
- More support to help minoritised groups access preventative services.
- Easy access to services locally around and within communities.
- Information available at GP and local pharmacy to help people live well and access professional services quickly.
- Access to fitness programmes that appeal to those over 55's.
- More social inclusion programmes to help with isolation and loneliness.
- Varied programmes on weight management, cooking programmes, and mental health services that are culturally appropriate.

## Diagnosing Well

### Timely accurate diagnosis, care plan, and a review within the first year

### Why is this important?

A timely diagnosis enables people with dementia, their carers, and healthcare staff to plan accordingly and work together to improve health and care outcomes. Early diagnosis of dementia is a government priority, and the National Dementia Strategy 2009 describes the value of early diagnosis and intervention. We want to ensure that the message of early identification and diagnosis is understood by our residents so that we can provide early support and help for those who do end up having a dementia diagnosis.

### What is already happening in Barnet?

Barnet's Memory Assessment Service (MAS) is commissioned by NCL ICB and provided by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). Since 2013, the service has been providing:

- Early holistic assessment for people with memory problems
- A multi-disciplinary service, that follows National Institute for Health and Care Excellence[7] (NICE) guidelines and has now achieved Memory Service National Accreditation Programme (MSNAP) standards.
- Integrated community support for people living with dementia and their carers at the point of diagnosis, working closely with the VCS-provided dementia advisor service, who are based at the clinic and accept referrals directly from the team.
- Diagnosis within 12 weeks of referral to the MAS by their GP, meeting one of the Barnet Health and Wellbeing Board (HWBB) targets.

In 2022, the estimated percentage of older people (aged 65+) living with dementia in Barnet who have a formal diagnosis is 65.7%. This is slightly lower than London's 66.8%, but higher than England's 62%. Islington has the best diagnosis rate (82.4%) in North Central London and London.

[7] https://www.nice.org.uk/guidance

Our recent needs analysis shows that in Barnet, dementia diagnosis rate has gone down from 74.5% in 2017 to 65.7% in 2022. However according to MAS statistics, since January 2022, there has been an increase in referrals to the service, following a decrease in referrals during the peak of the Covid 19 pandemic.

Barnet Memory Assessment data on referrals received and types of dementia diagnosis

| Memory Assessment Service | 2018/19 | 2019/20 | 2020/21 | 21/22 |
|---|---|---|---|---|
| Total Referrals received (all sources) | 857 | 792 | 577 | 858 |
| Patients diagnosed with any form of dementia | 520 | 448 | 333 | 386 |
| Patients diagnosed with Alzheimer's | 441 | 382 | 281 | 314 |
| Patients diagnosed with vascular dementia | 31 | 28 | 21 | 24 |
| Patients diagnosed with young onset dementia | 10 | 5 | 14 | 8 |

Source: Memory assessment service 2022

Whilst referrals to the memory clinic increased in 2021-2022, there were fewer people with a diagnosis in comparison to 2018-2019. This could be due to several reasons, such as inappropriate referrals, remote diagnosis during the pandemic may have made a diagnosis difficult, or people not attending appointments. We need to increase our diagnosis levels so that people can get the support they need earlier in their journey to maximise their independence for as long as possible.

With the current integrated dementia pathway, all referrals to the MAS are for diagnostic purposes. Additional support available from the service includes cognitive stimulation therapy for twelve weeks post-diagnosis for those with mild to moderate dementia and support for the carer via the START (StrAtegies for Relatives) programme. This programme has been proven[8] to reduce depression and anxiety for families of people living with dementia.
The MAS provides initial management of those newly diagnosed before follow-up care is handed over to the GP once the medication regime for those that are eligible is established and the individual is stable. The GP is then responsible for ongoing personalised care and support, which should be reviewed yearly.

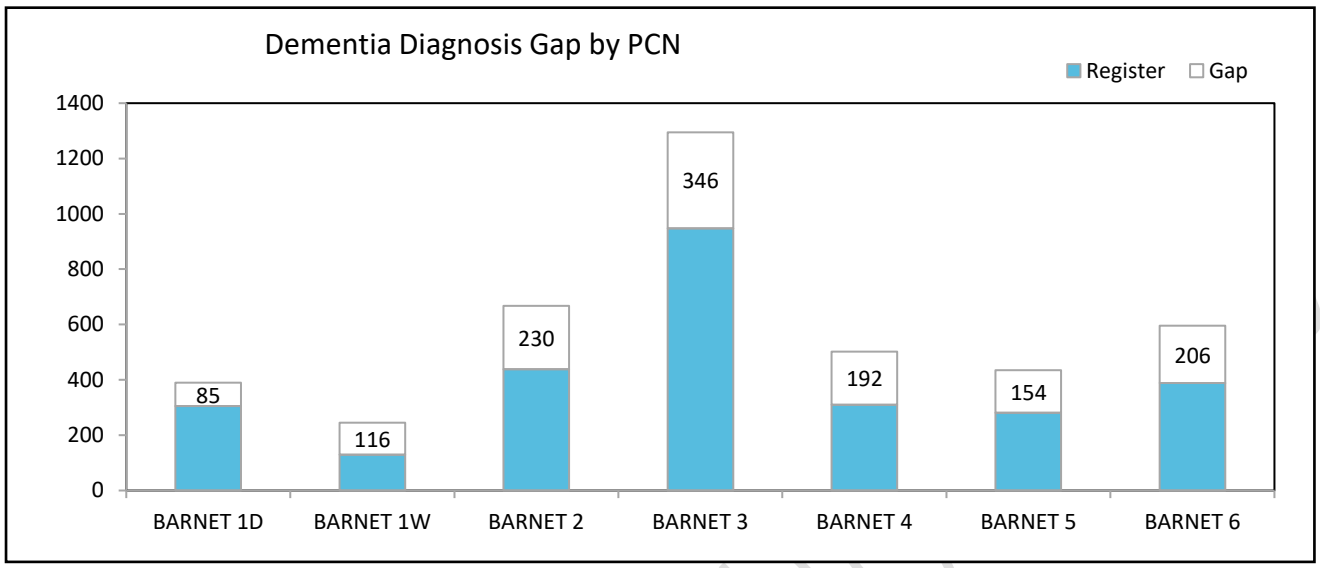
GPs can also diagnose and manage patients within their primary care networks (PCN), where they feel equipped to do so without a referral to MAS, although referrals to MAS are always welcomed.
Some diagnoses are also made in secondary care where an inpatient has been hospitalised for another ailment; in such cases, the GP is informed when the patient is discharged.
Whilst most people are likely to have access to appropriate support and care, there is more we can do to identify undiagnosed people.



[8] START-Intervention-Summary.pdf (modem-dementia.org.uk) pg 2

The graph below shows the gap in diagnosis against prevalence data, within each Primary Care Network.

Dementia Diagnosis Gap by Primary Care Networks (PCN)
Source: NHS Digital, 2020/21




We want GPs to continue supporting their patients to get a diagnosis because when people receive a timely diagnosis, they are more likely to be involved in their care and the decisions made regarding their future. It also means they can access clinical and social interventions that enhance their care and improve their quality of life.

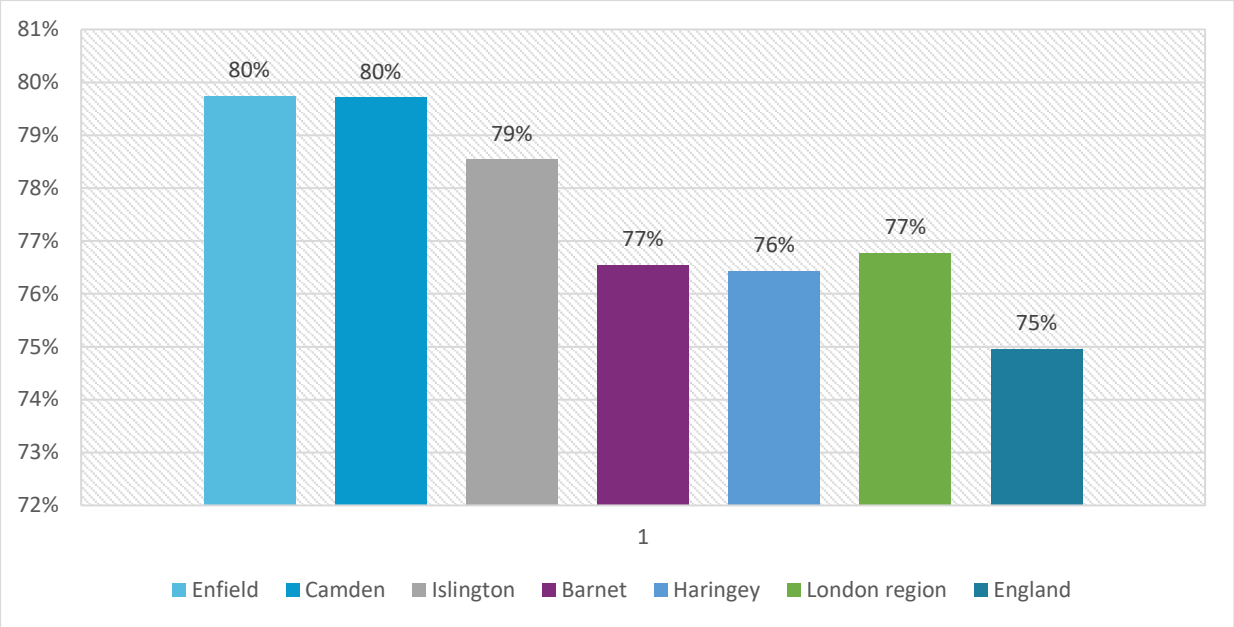
## Annual care plan reviews

A face-to-face review of the healthcare needs of both dementia patients and their carers is an essential element of their holistic care plan. The annual review with the GP should address four key issues:

- An appropriate physical and mental health review for the patient
- If applicable, the carer's needs for information commensurate with the stage of the illness, as well as the patient's health and social care needs
- If applicable, the impact of caring on the carer and
- communication and co-ordination arrangements with secondary care (if applicable). National templates are available to support GPs, but these aren't always used.

The graph below shows the percentage of patients diagnosed with dementia whose care plan was reviewed in a face-to-face review in the preceding 12 months. Barnet had a lower rate of patients whose care plan had been reviewed by GPs in the last 12 months than Enfield, Camden and Islington, similar to London and slightly higher than Haringey and England.

Dementia care plan has been reviewed in the last 12 months, North Central London




Source: Dementia Profile - OHID (phe.org.uk)

What people living with dementia and their carers feel is needed:

- A clear dementia pathway, so people know precisely what steps to expect especially once a referral to specialist services has been made.
- Access to GP with longer appointment times for people living with dementia.
- Regular health checks for carers, including regular yearly reviews, should be part of the process.
- Local information and advice appropriate at all stages of dementia.
- A better-coordinated memory assessment service that engages the support of the person living with dementia and families should be the norm. Some carers felt left out of the diagnosis and discharge process, which meant they could not offer the support necessary to the person during diagnosis when they needed it most.
- Early intervention and treatment with referrals to the memory assessment service seen and a confirmed diagnosis within twelve weeks of referral.

## Access to safe high-quality health and social care for people with dementia and carers

### Why is this important?

The best place for people living with dementia is often at their home, supported and surrounded by family, friends, and the community they have been part of. We want to ensure that their choice to do so is possible even as the disease progresses.
For many people living with dementia, it is not the only health challenge they are facing, therefore, a joined-up pathway of support is necessary to ensure that they are not only able to manage their dementia diagnosis but also other long-term conditions. This requires joined-up care and support available via primary care, secondary care, and community-based services to ensure that essential needs are met and that individuals do not need to tell their story repeatedly.

We are committed to putting the person with dementia, their families, and carers at the centre of their care; accessing timely information and support as the disease progresses is essential.
Supporting people living with dementia is costly and we want to ensure that this money is being spent effectively to achieve the best possible quality of life for individuals and their families:

- The total cost of care for people with dementia in the UK is £ 34.7 billion[9].
- This is set to rise sharply over the next two decades to £ 94.1 billion in 2040.
- The most significant proportion of this cost, 45%, is social care, which totals £ 15.7 billion.
- In Barnet this equated to spend of £22.8 million by adult social care in 21/22 on dementia support, with the largest proportion being spent on residential care services (£12 million), followed by nursing care services (£7 million)

### What is already happening in Barnet?

Adult Social Care, Health services, the Memory Assessment Service, GPs, AgeUK, as the primary VCS provider in the delivery of dementia support services, and other VCS partners work together to deliver a joined-up offer of support and advice to those living with dementia and their carers.

### Primary Care

- The Aging-Well Multi-Disciplinary Team is commissioned to work with patients across all of Barnet. This Multi-disciplinary Team holistically assesses, coordinates, and personalises patient care to build resilience, reduce crisis and unplanned care incidents and improve quality of life. The original pilot for this service found that nearly 80% of the patients identified as most in need of holistic case management were people living with dementia. Consequently, the most recent additions to the Aging-Well Multi-disciplinary team are two Admiral Nurses (specialists in dementia care).

- 'One Stop Dementia Support Clinics' have been trialled in two GP surgeries in PCN2 - Oakleigh Rd North Clinic and Brunswick Park Medical Centre.

[9] [9] What are the costs of dementia care in the UK? | Alzheimer's Society (alzheimers.org.uk)

People living with dementia and their chosen family members were proactively invited to have all their physical, social, mental well-being and information needs met in one appointment with a GP, enhanced by the addition of a Dementia focused multi-Disciplinary team.
All the non-medical surgery staff involved received level 1 Dementia Awareness training beforehand.

Initial outcomes:
- Post Diagnostic care, closer to home by own GP.
- Collaborative, holistic, personalised Dementia Care Planning between organisational silos.
- 98% Attendance.
- 94% extremely likely to recommend to friends and family.
- Carers and people living with dementia received emotional support and practical information, and social care referrals were made where needed
- Proactive prevention of social crisis such as carer stress breakdown.
- Preventative health care opportunities, blood pressure checks, diabetic checks, and vaccines.

Given the positive outcomes achieved, it should be explored whether this approach is mirrored across Barnet in future.

## Wider Healthcare Services

- Post-diagnosis, the Community Mental Health Teams (CMHTs) work with families in the community in four geographical teams within the borough and are open to people who already have a diagnosis of dementia but may be presenting with challenging behaviour because of their progressing dementia.

- The Admiral Nurse service is specifically designed to support the needs of carers for someone with dementia. Admiral nurses are specialist nurses with expert knowledge of the difficulties facing people looking after a friend or a relative living with dementia. They are based at the memory assessment service and work closely with the Dementia Advisers and the Specialist Dementia Support Team within Adult Social Care. Referral is via the GP.

- Community Health Services - CLCH Dementia Care Strategy, 2022 – 2025 (*See Appendix)*
  The Central London Community Health NHS Trust provides community health services to more than two million people across eleven London boroughs and Hertfordshire, including Barnet.
  In 2022 they published a dementia care strategy which focuses on improving public and professional awareness, understanding of dementia and the stigma associated with it addressed by developing an informed and effective workforce for people with dementia.

- Acute Inpatient Services
  Out of every 100 people diagnosed with dementia on GP registers in Barnet, 50.1% were admitted to acute hospitals as inpatients during 2019/20. This ratio of inpatient service use to recorded diagnosis is lower than both London's 52.8% and England 51.8%, and a reduction from 55% in Barnet in 2018.

  Changes in the surrounding environment can increase anxiety and stress levels. People with dementia can be more susceptible to these changes, which can cause additional distress. Therefore, short-stay emergency inpatient admissions (of one night or less) should be avoided wherever possible.

Barnet's rate of short-stay emergency admissions for those aged 65 years was 33.1% in 2019/20. This is slightly higher than statistical neighbours at 32.2% and England at 31.4%, but this is not statistically significant (Dementia Profile - OHID (phe.org.uk).
Further emergency admissions could be avoided if patient's underlying causes are managed well, and individuals are well supported.

## Adult Social Care

In Barnet there is a single point of entry to adult social care for anyone newly diagnosed, caring for someone living with dementia or whose circumstances have changed and who needs support to access services or support. Adult Social Care promote well-being and independence by using a strengths-based approach to preventing, reducing, or delaying needs from developing or escalating. Care Act Assessments are used to assess needs for services such as care at home and accommodation-based services, talked about in more detail below. Social care can also offer direct payments for individuals and families to direct their own care and support.
There is also a Specialist Dementia Support Service which aims to:

- Support and maintain the health and wellbeing of carers and of people living with dementia
- Supporting carers to continue in their caring role
- Support people with dementia to remain living in the community
- Improve the knowledge, confidence, and skills of carers to make a positive difference in their lives and to the lives of those for whom they care
- Maximise the use of preventative community support services for carers.

## Care At Home

- As dementia progresses, a person can require additional care and support to enable them to continue living at home. Good quality domiciliary care and access to community activity and engagement are essential for the person's independence, as well as reducing isolation and hospital admissions and preventing or delaying permanent admissions into care homes.
  Barnet has good quality domiciliary agencies that support in meeting the needs of residents who need care and support.

- Care technology can be instrumental in helping people continue living well with dementia. Often as dementia progresses, an intervention such as a personal alarm, 24-hour personal emergency monitoring service or a GPS watch can help the person with dementia maintain their independence whilst giving the carer or family members confidence that they will be alerted if necessary.

- Residents can also access equipment to improve the home environment, such as toilet seat raisers, kitchen aids, talking clocks and grab rails, or be supported with major structural alterations such as level access showers or ramps.

## Housing and Accommodation-based Services

- Accommodation providers play a key role in making Barnet a Dementia Friendly Community, one that is safe and enabling for those living with dementia and their families.
  Suitable housing is necessary for the changing needs of those living with dementia, and Barnet is working to develop new models of accommodation and support, ensuring that there is sufficient and diverse housing and support provided to meet the needs of adults with dementia.

- Extra care housing is one of those options for people living with dementia who want to continue living on their own with the comfort of knowing that there is the security of staff at hand. A new Council-owned 53-unit extra care scheme, Ansell Court, opened in early 2019. This scheme has been designed to focus on the needs of people with dementia to meet the growing demand for services. Sites for two more extra care schemes have been identified, and construction is underway, providing a further 125 properties. These are Stagg/Atholl House in Burnt Oak, which is due to open in early 2023, and Cheshire House in Hendon, due to open in 2024

- It is estimated that 70% of people with dementia may eventually require long-term residential care. Barnet has a significant number of care homes, but a growing need has been identified for care homes that can provide complex care for conditions such as dementia, particularly where people have complex behavioural needs.

- Positively, the graph below shows that 83.9% of residential and nursing home beds in Barnet suitable for older dementia patients (aged 65+), were rated as "Good" or "Outstanding" by the Care Quality Commission in 2020. This was significantly higher than England's 74.1% and statistical neighbours' average of 76.7%.

Quality rating of residential care and nursing home beds (aged 65 years and over), 2020

| Area | Value | Lower CI | Upper CI |
|---|---|---|---|
| England | 74.1 | 74.0 | 74.3 |
| **Neighbours average** | 76.7* | 76.1 | 77.4 |
| Harrow | 97.8 | 96.6 | 98.6 |
| Richmond upon Thames | 95.9 | 94.0 | 97.2 |
| Kingston upon Thames | 91.6 | 89.7 | 93.3 |
| Merton | 89.6 | 87.0 | 91.7 |
| Redbridge | 88.7 | 86.3 | 90.7 |
| Wandsworth | 86.0 | 83.9 | 87.8 |
| Barnet | 83.9 | 82.2 | 85.5 |
| Bromley | 82.1 | 79.7 | 84.3 |
| Croydon | 77.3 | 75.3 | 79.1 |
| Hounslow | 74.2 | 70.4 | 77.7 |
| Brent | 71.9 | 68.5 | 75.1 |
| Enfield | 71.6 | 69.1 | 74.1 |
| Sutton | 70.3 | 67.3 | 73.2 |
| Hillingdon | 63.0 | 60.2 | 65.7 |
| Ealing | 55.2 | 52.2 | 58.1 |
| Bexley | 47.5 | 44.7 | 50.3 |

*Source: Care Quality Commission*

- Unfortunately, since 2017 Barnet's bed capacity per 100 persons registered with dementia (aged 65 +) has reduced from 70% to 67.7%.in 2020. This is significantly higher than London 51.9% but lower than England 75.3%:

What people living with dementia and their carers feel is needed:

- Information and advice to be timely and accurate at the point of need so that people can continue living in the community and maintain their well-being.
- Services to be better coordinated to meet the needs of those living with dementia and their carers.
- Improved quality of care for people with dementia, where they are treated with dignity and respect when admitted to the hospital.
- Access to safe, high-quality health and social care for people living with dementia and their carers.
- More funding for community organisations to keep offering support
- Care agencies that have dementia-trained staff so that carers can feel safe leaving their family members.

## Living Well

## People with dementia can live normally in safe and accepting communities

### Why is this important?

As the numbers of people living with dementia increases, we have a responsibility as a society to ensure that our communities are accepting and supportive; ensuring people feel included and valued. People living with dementia should receive coordinated care and have access to appropriate leisure activities which facilitate social inclusion.

In 2020/21[10] it was estimated that around 6% of the UK population, around 4.2 million people, are providing informal care, and around 60% of carers are women. Barnet carers strategy 2023-2028 (*appendix*) sets out the borough's vision for carers to enable them to live their lives with the support, confidence, knowledge, and training that they need. We recognise the role, and value carers bring into improving the lives of people living with dementia in Barnet and their role in maintaining the health and well-being of the person they care for.

In October 2022, Barnet was successfully recognised as working towards being a Dementia Friendly Community by Alzheimer's Society. Our associated dementia training programme will continue to be rolled out within communities, cultural centres, faith groups, voluntary organisations, businesses, and residents and will help promote awareness locally.

### What is already happening in Barnet?

Working with partners in the public and voluntary sector, Barnet has developed local dementia services focusing on improving information and advice and supporting people mainly in the early stages of the

[10] https://www.gov.uk/government/collections/family-resources-survey--2

condition. Several changes have been made at different stages of the pathway to ensure a more joined-up approach between health and social care and to prepare for the challenges ahead. This has been achieved through the following:

- Improved access to memory assessment and building capacity and support in the community.
- Working with primary care to improve the Dementia Diagnosis rate.
- Utilising the Better Care Fund in its 2022–23 framework which builds on initiatives initiated during the pandemic. Thereby strengthening the integration of commissioning and delivery of services providing person-centred care by enabling people to stay well, safe, and independent at home for longer and providing the proper care at the right time.
- As part of this, we are developing capacity and plans for intermediate care covering admissions avoidance and hospital discharge across health and social care.

## Dementia-Friendly Barnet *(See appendix )*

Barnet is committed to creating a sustainable dementia-friendly community and has formed the Dementia Friendly Partnership Barnet, whose primary purpose is to work collaboratively to ensure that people living with dementia are understood, respected, and supported.
A Dementia Friendly Community is a place where people living with dementia are understood, respected, and supported; an environment where people living with dementia will be confident that they can contribute to community life.[i]

The Dementia Friendly Barnet Partnership is formed of over 60 local organisations with a joint leadership where the CEO of Barnet Carers, the CEO of Age UK Barnet, and the founder of Dementia Prevention UK are driving the work forward alongside Public Health.

There is a straightforward programme of action, including working with local organisations, businesses, culture venues, leisure centres, faith groups, and residents to share responsibility in helping people with dementia (PLWD) to live independently and safely in Barnet. It will also tackle stigma, promote opportunities for people with dementia and their carers to live well and raise awareness of the importance of planning end-of-life in advance.
The partnership has successfully applied to Alzheimer's Society to gain recognition as a borough working towards becoming dementia friendly.
Currently, there are 12,295 Dementia Friends in Barnet, and the partnership plans to recruit an additional 1,000; this will help in raising awareness of dementia as well as creating a safe community for people living with dementia.

We also have dementia-friendly swimming in Barnet, where a fully qualified swimming teacher leads swimming sessions to support individuals living with dementia to enhance their psychological and cognitive well-being. The initial 8-week swimming sessions were funded by Swim England and the London Marathon Charitable Trust and supported by Dementia Club UK. These will be sustained as part of the centre's programme and run each week at the Lido Leisure Centre and are free for people living with dementia and their carers.

## Coordinated Care

- Social prescribers provide information and support to patients with social and economic issues that affect their health and well-being for adults over 18, are registered with a GP and have consented to the referral. This service is currently provided by Age UK Barnet and has helped people living with dementia and their carers access local well-being services.
- Prevention and wellbeing coordinators support adults with disabilities, mental health illness, older people and their families and carers to remain independent and maximise their wellbeing. Access to the coordinators is via adult social care.
- Dementia advisers provide information and advice to help people diagnosed with dementia find the right support for them. Information is provided on all aspects of living with dementia, and signposting and support in accessing local services. The service is currently commissioned from Age UK.
  The following table shows the number of referrals to the service, those accessing the service and those receiving one-to-one support:

Dementia Advisor Service April 2018 - April 2022

| | Year End March 2018 | Year End March 2019 | Year End March 2020 | Year End March 2021 | Year End March 2022 | Total |
|---|---|---|---|---|---|---|
| Referrals received | 561 | 962 | 853 | 332 | 770 | 3,478 |
| No accessing service | 561 | 962 | 853 | 332 | 770 | 3,075 |
| No receiving 121 support | 402 | not reported | 450 | 326 | 589 | 1,767 |

## Leisure and Social Inclusion

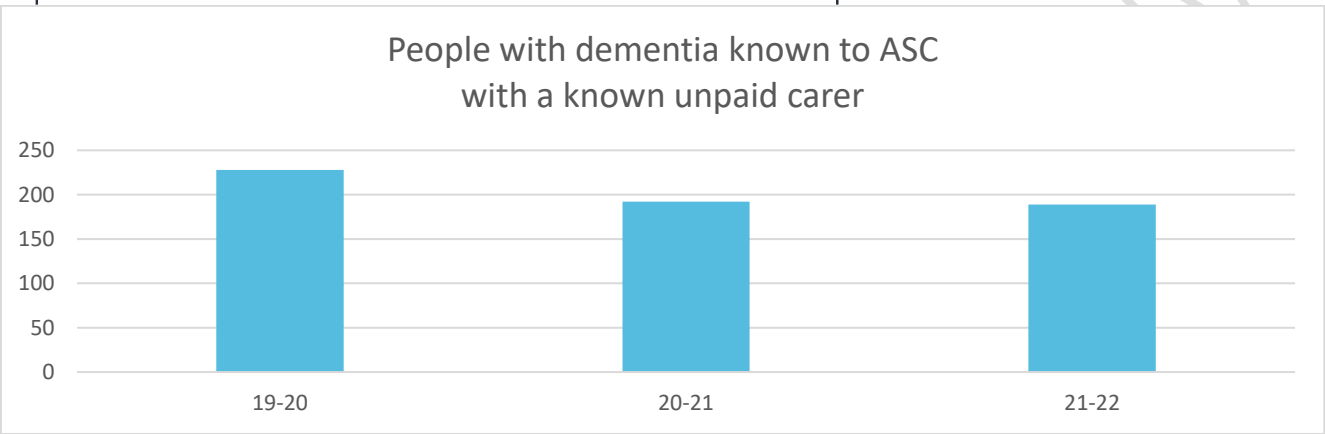
- AgeUK Barnet is currently commissioned to deliver the living well service to provide day opportunities for people with mild to moderate dementia across two sites in the borough, one at the Ann Owen Centre in East Finchley and the other in Hendon. It offers a range of cognitive, physical, and social activities for people with dementia in a safe and welcoming environment with trained staff and volunteers. Individuals are encouraged and supported to maintain their skills and remain a part of their communities.
  AgeUK Barnet has teamed up with Barnet Carers Centre to offer a support group for those caring for someone living with dementia. A chance to meet others, share tips, and gain information about the condition and the services available in the area.
- AgeUK Barnet also runs a Dementia café that serves both people living with dementia and their carers. The cafe is an informal social point at which people living with dementia and their carers can come together, share views, obtain mutual support, gather information, and participate in arts and crafts activities.
- Dementia Club UK also welcomes people living with dementia alongside their carers, friends, and families to attend their clubs which can be found dotted around Barnet. They provide people with another lifeline, giving care and support, professional advice, fun daily activities, and above all, hope.

## Support for Unpaid Carers

Support for carers of people living with dementia is an increasingly important part of the offer. Ensuring that carers are supported and valued in their role enables them to continue providing support, preventing hospital admissions, and prolonging the time that people can remain independent in their homes.

As per the graph below, the number of carers for people living with dementia known to adult social care has been falling over the last few years. Given that the number of people diagnosed with dementia is increasing, these figures are likely to be underrepresenting carers. As a result, we need to improve the way we are capturing our carers for those with dementia known to adult social care.

People with dementia known to adult social care with a known unpaid carer




Source: Adult Social Care data BIP team.

The current commissioned provider for carers, Barnet Carers Centre, provides support for carers of those living with dementia. This includes offers personalised support, training, and facilitation of peer groups and networks. Dementia-specific programmes for carers aim to provide them with the skills required to carry out their caring role. More information about the support available to carers is outlined in the Barnet Carers Strategy 2023-2028. (*see appendix*)

What people living with dementia and their carers feel is needed:

- More access to dementia advisors
- Better access to information and advice in the community locally to them when they need it.
- More day opportunities spread out in the community
- Better co-ordination of services, so people do not have to keep telling their stories repeatedly.
- More respite opportunities and funding so carers can have regular breaks and the person living with dementia can be safe and looked after, including within their own home.
- Respite vouchers that meet the cost of care in residential homes that are known to families.

## Dying Well

## People living with dementia die with dignity in the place of their choosing

### Why is this important?

People living with dementia want to die with dignity in the place of their choosing; this can only be done if our services can identify and meet those needs. People with dementia want to be confident that their end-of-life wishes will be respected.

A survey conducted by Sue Ryder[11] discovered that the top priorities for people at the end of their lives were:

- Being in a familiar surrounding
- Having dignity and privacy
- Surrounded by loved ones and
- Being pain-free

It is essential to have conversations with people living with dementia and their carers early on so that they can plan for their future whilst they are still able to and can have their wishes considered instead of when things are in a crisis.

### What is already happening in Barnet?

We must ensure that people have the right support to choose where they die, whether at home, at the hospital, in a hospice or at a care home.

In Barnet, GPs are given the training to enable them to have difficult conversations about dying.
Our later life planning service, currently run by AgeUK Barnet also provides information and advice around those crucial decisions, from legal matters and ensuring that Power of Attorney arrangements are in place, to knowing that each choice matters.
Planning ensures that individuals have identified advocates who can support them with their plans when the time comes and ensure that their wishes are considered.

The data below shows the place of death of people aged 65+ with dementia. Barnet vs. London and England, 2016-2019.

| | Barnet | London average | England average |
|---|---|---|---|
| Care home | 48.9% | 43.6% | 58.4% |
| Own home | 15.7% | 15.8% | 11.2% |
| Hospital | 32.8% | 28.7% | 38.4% |

Source: Dementia Profile - OHID (phe.org.uk)

[11] Sue Ryder, A time and place: what people want at the end-of-life 2013

What people living with dementia and their carers feel is needed:

- Enough information available about the level of GP support around pain management and palliative care
- For people with dementia to be in a caring environment when they die, instead of being in a hospital setting – this was heightened during the pandemic.
- Access to bereavement counselling and support as the person nears the end of their life and after they have passed
- Good quality end of life dementia care in residential and nursing homes.

# 5. Equality Diversity and Inclusion

This section will explore the demographic considerations that we should make to ensure that our dementia offer is equitable and accessible to all residents of Barnet and meets the needs of the local population.

By age, in Barnet, the highest proportion of the population from white ethnic backgrounds is found in the older age groups. The highest proportion of people from ethnic minority backgrounds is found in the younger age groups. Barnet's population is projected to become increasingly diverse as the white British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030) (Joint Strategic Needs Assessment 2015 to 2020)

### People from ethnic minority backgrounds and dementia

High levels of stigma and lower levels of awareness of dementia are prevalent in some communities. In Barnet, people from ethnic minority backgrounds are under-represented in dementia services and tend to present in services later. There needs to be more activity on how we continue to reach people around prevention and early detection so that support is available earlier and that services are designed to be culturally sensitive and suitable.
We have an opportunity to ensure that our service provision meets the needs of our ethnic minority communities and that the services are culturally sensitive and appropriate.

### Learning disabilities and dementia

In 2020, there were predicted to be 7,231 adults aged 18+ living with a learning disability in Barnet. At present, the most significant proportion of people aged under 65 living with learning disabilities falls into the 25-34 years old age group (26.4%).
As the population increases, the number of adults (aged 18+) with learning disabilities in Barnet is predicted to increase to 8,869 by 2035.

Barnet Learning Disabilities Service (BLDS) supports the care pathway for people with learning disabilities and dementia. BLDS consists of psychiatrists, psychologists, physiotherapists, social workers, speech and language therapists, occupational therapists, and nurses. BLDS uses a multi-disciplinary approach to diagnosing and treating the condition as well as providing information and support to carers as well as the person. Additionally, BLDS signposts people to other services available in the borough. While there are some services available for this cohort, it is recognised that there are gaps in services, and much work needs to be done to develop appropriate services which meet the needs of individuals with learning disabilities and dementia.

### Early onset dementia

The number of people with early onset (under 65 years old) dementia is projected to increase. Between 2020 and 2040, the number of younger people living with early-onset dementia will rise from 55 to 71 for males and 40 to 46 for females. With more men living with young onset dementia than women.
Getting a diagnosis for a younger person can take longer. Currently, the National Hospital for Neurology and Neurosurgery (University College London Hospital NHS Trust) runs the Cognitive Disorders Clinic with a multi-disciplinary team that assesses patients. It provides expertise in young onset dementia and has a national referral base.

There is a general lack of age-appropriate services concerning the needs of younger people with dementia. Dementia support services are available for older people, and these activities are generally unsuitable for younger adults. Although the current numbers of people living with young onset dementia are not immense, we need to develop services to ensure that our local offer has more support for people with young onset dementia in the next 15-20 years in line with the diagnosis rate.

# 6. Delivering change

The implementation of this strategy will be planned in consideration of good practice principles, to ensure the associated action plan is accessible, co-produced, timely and tailored to deliver meaningful outcomes to people living with dementia and their carers.

To deliver the action plan we will work across the council and its partners from social care, health, education, housing, and the voluntary and community sector. We will also develop relationships across the wider community, including employment and business sectors as part of this approach, and will continue to put people living with dementia and their carers at the heart of this process.

We have captured feedback from residents about changes to support or services that they feel are needed and included them directly in this strategy. We recognise that some of these changes may have already been made, or are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps in our local system that we will aim to address. This will all be taken into account in the development of the action plan to implement this strategy.

The action plan will focus on priorities for the next five years and will be overseen by the Joint Commissioning Team.

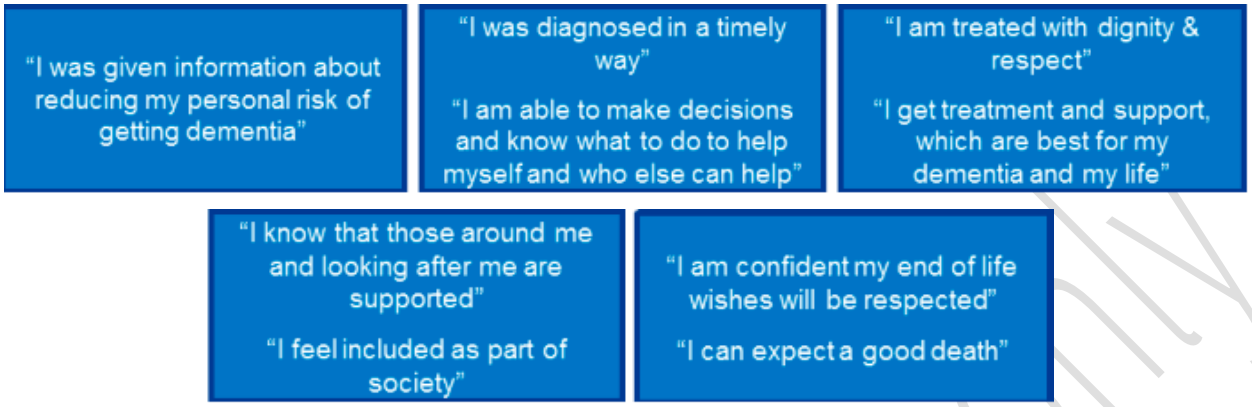
## Priorities

We have coproduced the following 3 priorities to guide our action planning:

1. Improved information and advice (Before diagnosis, at diagnosis, and post-diagnosis) to ensure that people can make informed decisions about their health and care needs.
2. Improved awareness and identification; early and timely diagnosis.
3. Individualised and tailored support that promotes independence and well-being (At diagnosis and post-diagnosis)

## Outcomes

Outcomes as identified by the Well Pathway for Dementia – NHS England Transformation Framework:




## Performance Framework

### Monitoring and evaluation of this strategy

As requested, we will report the action and progress against this strategy to the Health and Wellbeing Board, the Barnet Borough Partnership and other boards/committees as required.

# 7. Appendices

To be added.


## Acknowledgements

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Joint Commissioning Team

Thanks for your input in pulling this strategy together

Jo Kamanu February 2023

| | |
|---|---|
| | **Health & Wellbeing Board**<br><br>**16th March 2023** |
| **Title** | **Carers and Young Carers Strategy 2023-2028** |
| **Report of** | Cllr Alison Moore, Chair, Health & Wellbeing Board |
| **Wards** | All |
| **Status** | Public |
| **Urgent** | No |
| **Key** | Yes |
| **Enclosures** | Appendix 1 - Carers and Young Carers Strategy 2023 - 2028 |
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## Summary

The new Carers and Young Carers Strategy 2023-28 focuses on the importance of the identification of individualised support for, and meaningful collaboration with, carers, for their benefit and for the benefit of the person they care for.

The priorities defined within this strategy and the outcomes the council and partners intend to achieve are a result of listening to the collective voice of carers (of all ages) and stakeholders. The strategy aims to:

- help carers and young carers access relevant support early in their caring role.
- support carers to continue caring.
- support carers to balance their own needs with that of the person they care for
- ensure that the caring role is recognised and valued in Barnet.

| Officers Recommendations |
|---|
| **1.** The Health and Wellbeing Board note and support the Carers and Young Carers Strategy 2023-2028. |
| **2.** The Health and Wellbeing Board note that a review of the Carers and Young Carers Strategy 2023-2028 is scheduled for 2025. |

## 1. Why this report is needed.

1.1 The Carers and Young Carers Strategy 2023-28 sets out important context around the support offer for carers and young carers in Barnet and sets out key steps to improve this offer; to ensure that the needs of our diverse carer population are met now and, in the years, ahead.

1.2 This strategy has been shaped by the Adult Social Care Reform White Paper, which identifies unpaid carers as a priority area, the National Carers Action Plan (2018-2020), NHS Long Term Plan (2019), and takes into account The Care Act 2014, and The Children and Families Act 2014.

1.3 This strategy builds on the previous Barnet Carers Strategy and supports achieving the outcomes set within the Joint Health and Wellbeing Strategy 2021 – 2025, the Children and Young People's Plan 2023-2027 and the Child and Family Early Help Strategy 2023-2027.

1.4 This strategy has been coproduced and developed in partnership with over 300 carers and young carers, and Barnet Carers Centre; as well as with professionals representing: Adult Social Care, Family Services, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and community sector partners.

1.5 In addition to reporting this strategy for approval at Adults and Safeguarding Committee, as part of the governance protocol for Young Carers, this strategy will also be presented to Children, Education and Safeguarding Committee for approval as per each Committee's responsibilities.

## 2. Reasons for recommendations

2.1 Carers and young carers play a vital role in supporting people with health, care and support needs across the borough – delivering thousands of hours of care. This strategy will help the Council to carry out its statutory duties to support carers in their caring role. This includes helping to prevent young carers from carrying out inappropriate caring and ensuring that carers of all ages can achieve the outcomes that they desire, whilst maximising their own health and wellbeing. It is important to consider the needs of carers at various times in their caring role, such as identifying carers at the start of their caring journey, supporting them to maintain their caring role, and support at the end of their caring role.

2.2 The 2021 Census data shows that Barnet has 28,808 carers, which makes up 7.9% of total Barnet population. This number exceeds the number of carers known to the council and our commissioned services, thus reinforcing the importance of proactive identification and raising awareness of the valuable role carers play in our society.

2.3 Barnet also has an aging population and a population that is increasingly diverse. Carer numbers will only increase as the support needs of our aging population increase, as will the importance of ensuring services are accessible to, and appropriate for, the diverse group of people who are carers.

2.4 Through engagement and coproduction with over 300 carers to develop the strategy we gained much greater insight into the challenges for carers in Barnet, including:

- Feeling undervalued
- Needing more preventative support
- The importance of breaks from the caring role
- Financial concerns
- Mental health struggles

We also captured feedback from carers about changes to services that they feel are needed. We recognise that some of these changes may already be a part of the current support offer, such as support for young carers in schools and support to take a break from caring, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps or issues in our local system, such as access to mental health support and challenges with 'inconsistent care', that we will aim to address.

2.5 The strategy sets out four coproduced priorities to guide our action planning:

1. Proactive identification of carers and young carers
2. Individualised support so that carers and young carers can get the support they need and are entitled to
3. Involving carers to shape future services and support offer
4. Raising the profile of carers and young carers

## 3. Alternative options considered and not recommended.

3.1 This strategy offers the only consolidated approach that has been co-produced with carers and Council partners, to support the Council in strengthening the carers and young carers support offer in Barnet. Not having the strategy is therefore not recommended.

3.2 If the strategy was not updated, it would remain out of date and not aligned to current legislation, policy, partnerships and best practice. A strategy update ensures alignment with our shared priorities and enables momentum to take the outcomes forward together.

## 4. Post decision implementation

4.1 Following approval, the adult social care team, working with key partners, will establish a new multi-agency Carers Partnership Board that will support development and delivery of a dedicated action plan to implement the strategy over a two-year period.

4.2 Progress will be reported to the relevant Council committee.

4.3 Through the two-year Action Plan, the Board will identify interventions and expect to evidence:

- An increase in the number of new carers who are identified at an early stage in their caring role, with a notable improvement in identifying under-represented groups.
- Carers report a positive experience of working in partnership with Health and Social Care for their benefit and the benefit of the cared for person.
- An increase in the number of Carers who report they are aware of and can access appropriate information, advice and guidance in relation to their caring role via the national and local Carers surveys.

4.4 A review of the strategy and progress to date will take place in March 2025.

## 5. Implications of decision

### 5.1 Corporate Priorities and Performance

5.1.1 The Carers and Young Carers Strategy sets out the proposed approach to delivering the agenda set by the Corporate Plan priorities of caring for people, in particular, living well.

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

5.2.1 Delivery of the strategy and action plan will be met through existing service budgets. Should any future funding requirements arise, these will be considered through the Council's medium term financial planning process. Other partners involved in delivering the action plan, for example the NHS, will address resource implications through their own financial and budget processes.

### 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 The strategy has been developed based on insight from over 300 carers and young carers, and use of local, regional and national insight to inform the priorities outlined and outcomes identified.

- Online surveys were sent to carers and young carers and shared via Engage Barnet.

- Six focus group discussions were held this Autumn by Barnet Carers Centre in person and remotely. Focus group sessions were held with young carers, young adult carers, parent carers and adults' carers including dementia carers.

- A further focus group was held with young carers in December to review and develop strategy outcomes and priorities.

### 5.5 **Social Value**

5.5.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic, and environmental benefits. This is reflected in the council's social value policy.

5.5.2 The corporate plan supports the aims of this social value policy and the social values outcomes we are seeking to achieve. Any commissioning or transformational activity that is carried out as part of the implementation of the Carers and Young Carers Strategy will

be conducted in accordance with the social value policy.

### 5.6 Risk Management

5.6.1 Risk management considerations will be an integral part of the scoping and management of individual projects that are initiated to deliver the Carers and Young Carers Strategy.

### 5.7 Equalities and Diversity

5.7.1 Equality and diversity issues are a mandatory consideration in the council's decision-making process. Decision makers should have due regard to the public-sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. Consideration of the duties should precede the decision. It is important that the Committee has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public-sector equality duty are found at section 149 of the Equality Act 2010.

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.

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

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

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

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

(a) Tackle prejudice, and
(b) Promote understanding.

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

• Age

- Disability
- Gender reassignment
- Pregnancy and maternity
- Race,
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

5.7.6 The public sector equality duty considerations and the council's commitments to tackling inequalities and disproportionality will be central to the development of the action plan that will deliver the Carers and Young Carers Strategy.

5.7.7 The current commissioned contract for Carers and Young Carers Support Services includes explicit requirements that cover the council's duties under equality legislation and the specification requires that carers from "hard to reach groups" are identified and proactively encouraged to access support appropriate to their needs.

### 5.8 Corporate Parenting

5.8.1 In line with the Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. Through the implementation of the Carers and Young Carers Strategy, we aim to improve the support offer and experience of all young carers, including looked after children and care experienced people.

### 5.9 Consultation and Engagement

5.9.1 This strategy has been coproduced and developed in partnership with over 300 carers and young carers, as well as professionals representing: Adult Social Care, Family Services North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and community sector partners.

5.9.2 A formal consultation was also carried out via Engage Barnet with positive feedback received on the usefulness of the document and reinforcing the importance of statutory agencies working in partnership, to reduce the burden on carers. A number of comments received suggested actions that could be taken to implement the strategy, which have been collated and will be used to inform action planning.

### 5.10 Environmental Impact

5.10.1 There are no direct environmental implications arising from approving this strategy. The impact of actions taken to deliver the Carers and Young Carers Strategy will be assessed against the council's Sustainability Action Plan to ensure cohesion and alignment with targets.

## 6. Background papers

6.1 None.

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London Borough of Barnet

# Carers and Young Carers Strategy

2023 - 2028

YOUR LIFE,
YOUR CARE,
YOUR CHOICE.

| | |
|---|---|
| Directorate | Communities, Adults and Health<br>Family Services |
| Approvers | Adults and Safeguarding Committee,<br>Health and Wellbeing Board,<br>Children Education Safeguarding Committee |
| Approval Date | |
| Review Date | |

# Foreword

Foreword to be added prior to publication.

# Contents

# 1. Introduction

A Carer is a person over the age of five who provides unpaid care and support to a parent, partner, child, relative, friend, or neighbour who is unable to manage on their own because of a disability or impairment, poor health, frailty, or use of drugs or alcohol. This includes:

- Adult carers: an adult aged 18 and over who is caring for another adult such as a spouse, parent, partner, friend, neighbour, relative or adult child.
- Parent Carers: A parent or guardian who provides care to their child (of any age) to a degree greater than would be normally expected in a parenting role.
- Carers of multiple people: Those who care for more than one person, and include different generations
- Young Carers: A person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).
- Young Adult Carers: An adult aged between 18 and 25 who is caring for another adult or child.

The framework for how we intend to support carers of all ages in our borough is outlined in this strategy, which is a declaration of our commitment to carers and young carers in Barnet.

Supporting carers and young carers has been defined as a priority for the council and the NHS, and supporting unpaid carers is one of the objectives included in the council's manifesto. This strategy supports the Barnet Joint Health and Wellbeing Strategy, Barnet's Children and Young People's Plan and Child and Family Early Help Strategy, and the Adult Social Care Reform priorities for unpaid carers. It has been developed with the direct involvement of over 300 Barnet Carers through the co-production and engagement work led by our commissioned provider, Barnet Carers Centre, and in partnership with colleagues across the Council, Health, and the voluntary sector.

This strategy will help the council to carry out its duties to support carers in their caring role. This includes helping to prevent young carers from carrying out inappropriate caring and ensuring that carers of all ages can achieve the outcomes that they desire. Enabling carers helps to support and promote the independence of people with care and support needs. This means considering the needs of carers at various times in their caring role, such as providing support early on, support to maintain care, and support at the end of a caring role or, when moving from Family Services to Adult Social Care. By working closely across the Council and with the wider community we aim to achieve the outcomes defined within this strategy.

The next step is to translate this strategy into action so that it makes a real and lasting difference to the lives of carers of all ages.

## Scope of this strategy

This strategy will:

- set out to carers how we will support them in carrying out their caring role
- set out to young carers how we will support them and help to prevent them from carrying out caring activities that aren't appropriate for them as young people, sometimes called inappropriate caring
- set in motion a governance structure and action plan for all organisations to work together to support carers and young carers within Barnet

# 2. Context

The caring relationship can be rewarding but it can also be challenging with some carers experiencing stress, social isolation, financial hardship, ill health, and minimal time for themselves. Building resilience in carers relies on having informal and local support and knowing where to access help when needed.

The Care Act 2014 put into place a consolidated legal framework for carers and means that carers are recognised in law in the same way as those that they care for. The Children and Families Act 2014 introduced a 'whole family' approach to assessment and support. Local authorities must offer an assessment where it appears that a child is involved in providing care[1] . This legislation is aligned with similar provision in the Care Act 2014[2] requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. Both the Care Act and the Children and Families Act were designed to complement each other and promote a "whole family approach" and joined up working where needed, which avoids the need for multiple assessments. The legislation stresses the importance, of considering the outcomes that everyone may be seeking.

In Barnet, young carers assessments are undertaken via an Early Help Assessment. Assessments must consider whether the care being provided by a child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education, and development. A local authority should consider how supporting the adult with needs for care and support can prevent the young carer from undertaking excessive or inappropriate care and support responsibilities.

This strategy builds on the previous Barnet Carers Strategy Action Plan 2015-20 and supports achieving the outcomes set within the Joint Health and Wellbeing Strategy 2021 – 2025, the Children and Young People's Plan 2023-2027 and the Child and Family Early Help Strategy 2023-2027. In addition to local documents, this strategy has been shaped by the Adult Social Care Reform White Paper, which identifies unpaid carers as a priority area, the National Carers Action Plan (2018-2020), NHS Long Term Plan (2019), and takes into account key legislation, as outlined above.

[1] Children Act 1989: section 17ZA 1(a) [inserted by section 96 Children and Families Act 2014]
[2] Care Act 2014: section 63(1).

# Carers in Barnet

The 2021 Census advises that Barnet has 28,808 Carers, which makes up 7.9% of total Barnet population.[3] This is a reduction from the 2011 census, which reported 32,256 Carers (9% of total population in 2011).

Further information around carer population is collected from our commissioner provider, Barnet Carers Centre, who report 3,703 Adults Carers, and 787 Young Carers known to them.

Although the Census provides useful information, it is widely acknowledged, both nationally and locally, that it is likely to underreport the number of carers, as many carers view their caring responsibilities as part of another role, such as that of a parent, partner, child, relative or friend. It is clear we need to identify and support carers earlier before there is a risk of carer breakdown, or carers are no longer able to care.

The Covid 19 pandemic has adversely impacted many carers and young carers in our communities. The Council recognizes the importance of working closely with its partners and the community and voluntary sector in responding to the needs of carers and young carers to ensure that we are appropriately supporting carers and young carers in our communities to maintain their health and wellbeing and achieve the outcomes that they desire.

Recognising the demographic changes in Barnet, we acknowledge the need to ensure that support and services are accessible to, and appropriate for, the diverse group of people who are carers. Some of the key demographic considerations that inform our action plan are as follows:

- We have an aging Carer population that presents with a myriad of physical health needs.
- The Covid 19 pandemic and the subsequent economic crisis has adversely impacted many carers and young carers in our communities, and there is a greater need around moderate to severe mental health challenges.
- Carers have long had concerns about their own mental health and the mental health of the people they care for. In a recent survey 46% of carers cited their mental health in their top 2 concerns for 2023. Almost 80% of those responding to the survey placed the mental health of the person they care for in their top 2 concerns for 2023.
- According to the latest census findings, proportionately more of Barnet's residents are now children and young people or older adults compared to 2011. The numbers of older adults in Barnet will continue to increase, putting increasing demand on adult social care and creating more caring roles.
- Barnet has the highest recorded prevalence of dementia across North Central London and as of 2020 has the largest population of all London boroughs.
- There has been a 9.3% decrease over the past 10 years of residents identifying as white although this group still represents over half of Barnet's population followed by those identifying as Asian representing 19.3% of Barnet's population. The ethnic group showing the highest level of growth over the last 10 years has been those who identify as Other Ethnic Groups now representing 9.8% of the population.
- Over a third of Barnet's population self-reported as Christian with those reporting as having no religion being the next most common consisting of 20.2% of Barnet's population. Overall, 14.5% of

[3] Unpaid care, England and Wales - Office for National Statistics (ons.gov.uk)

Barnet's population self-reported as Jewish, however the Jewish population in Barnet represents 39% of London's Jewish population.

- The latest census finding has reported that Barnet has a growing number of migrants settling in the borough and staying for the longer term.

# 3. We listen

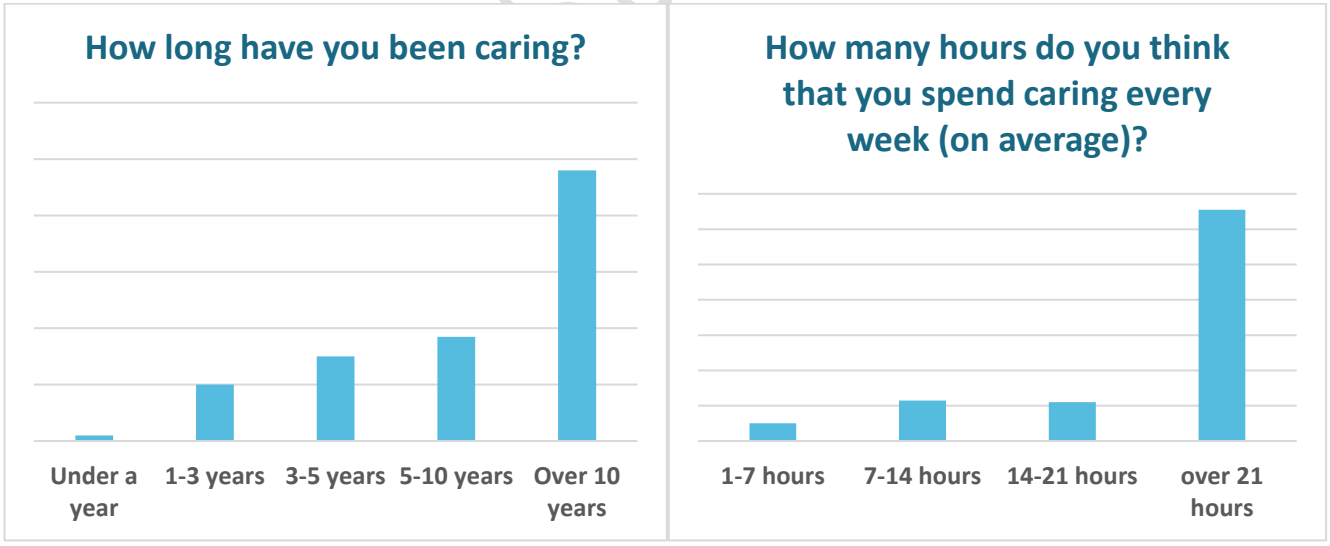
Barnet Council, and its key partners across health and social care, are committed to empowering carers to share their views and to work in partnership in the shaping and delivery of services.

This strategy, the priorities and the outcomes identified have been codesigned with young and adult carers across the borough. Over 300 carers have been engaged via a combination of focus groups and online surveys. Six focus group discussions were delivered by Barnet Carers Centre and took place in person and remotely. An online survey was sent to all Adult Carers known to the Barnet Carers Centre; and promoted via the council's engagement and consultation website, Engage Barnet.

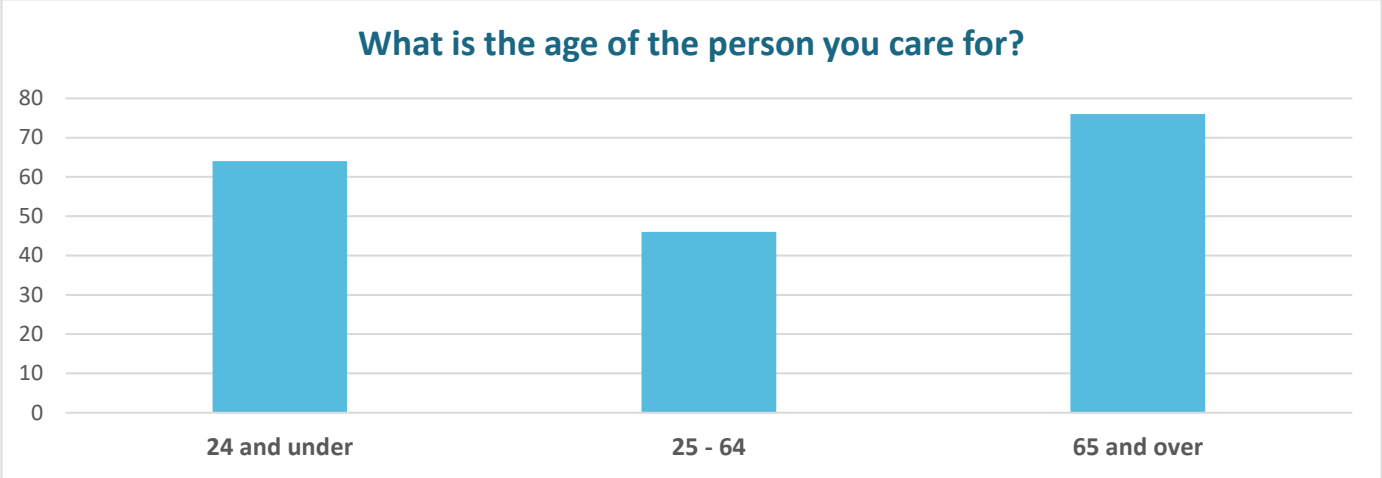
Furthermore, this strategy incorporates feedback collected from carers via the Survey of Adult Carers, conducted biannually by local authorities across the country, and makes important considerations of the hardships recorded as faced by carers during the Covid 19 Pandemic.

Some key findings from the engagement activity and feedback collated are as follows:

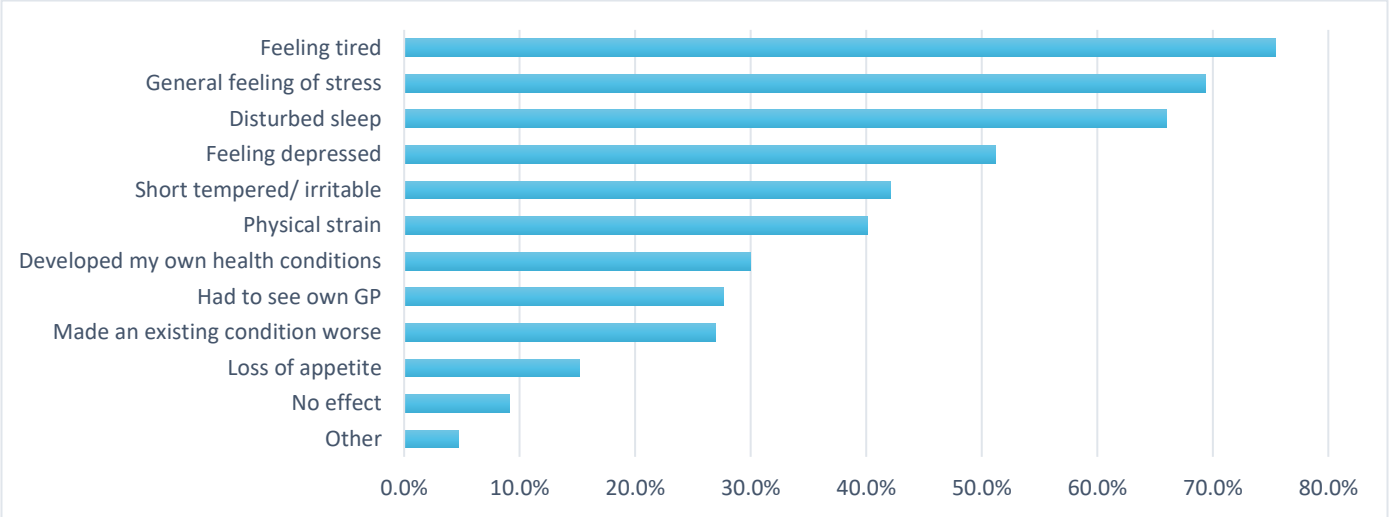
1. A majority of respondents to the survey specific to this strategy have been caring for over 10 years and spend over 21 hours on average in a week in their caring role (Carers Strategy Survey)



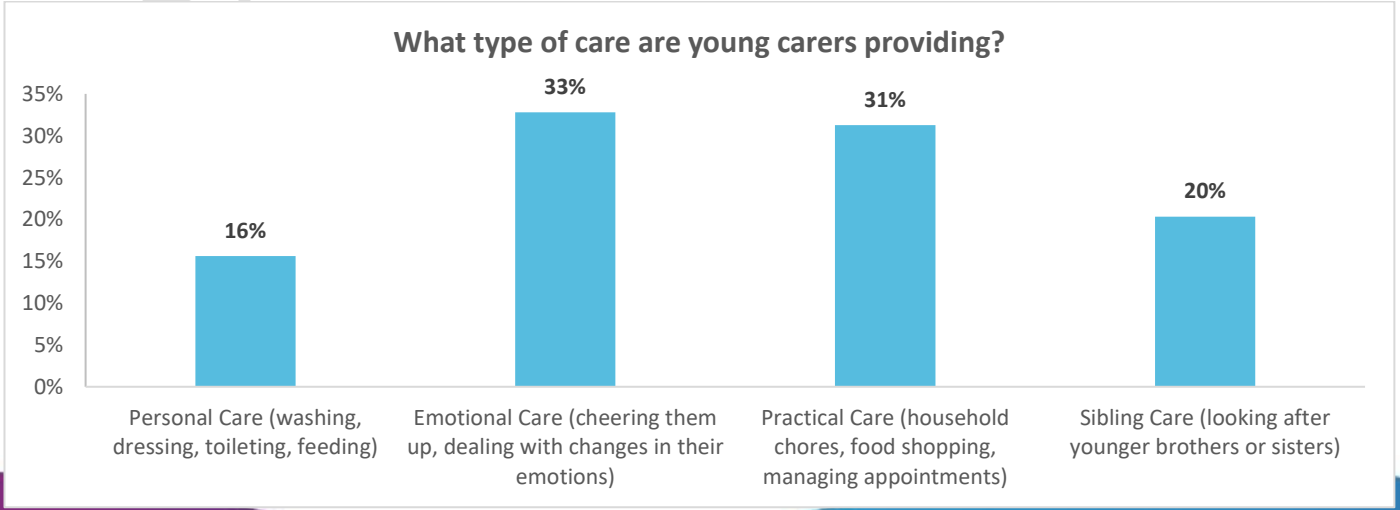
2. Parent carers have emerged as a prominent carers group through recent engagement and co-production discussions (Carers Strategy Survey and Focus Groups)



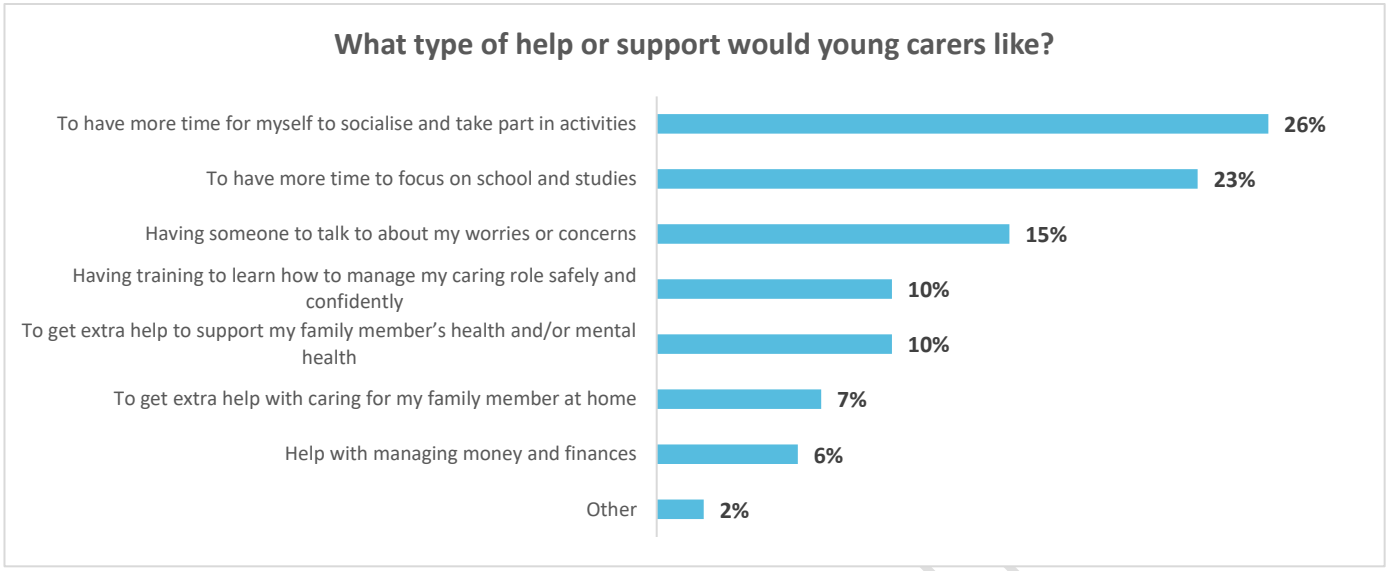

3. Over two thirds of carers reported that caring caused them general feelings of stress (Survey of Adult Carers, conducted biannually by local authorities)




4. Young carers are providing care for a wide range of things (Carers Strategy Young Carers Survey)



5. Young carers need support with a range of things including time to themselves and time to focus on school (Carers Strategy Young Carers Survey)




## Engagement & Co-production

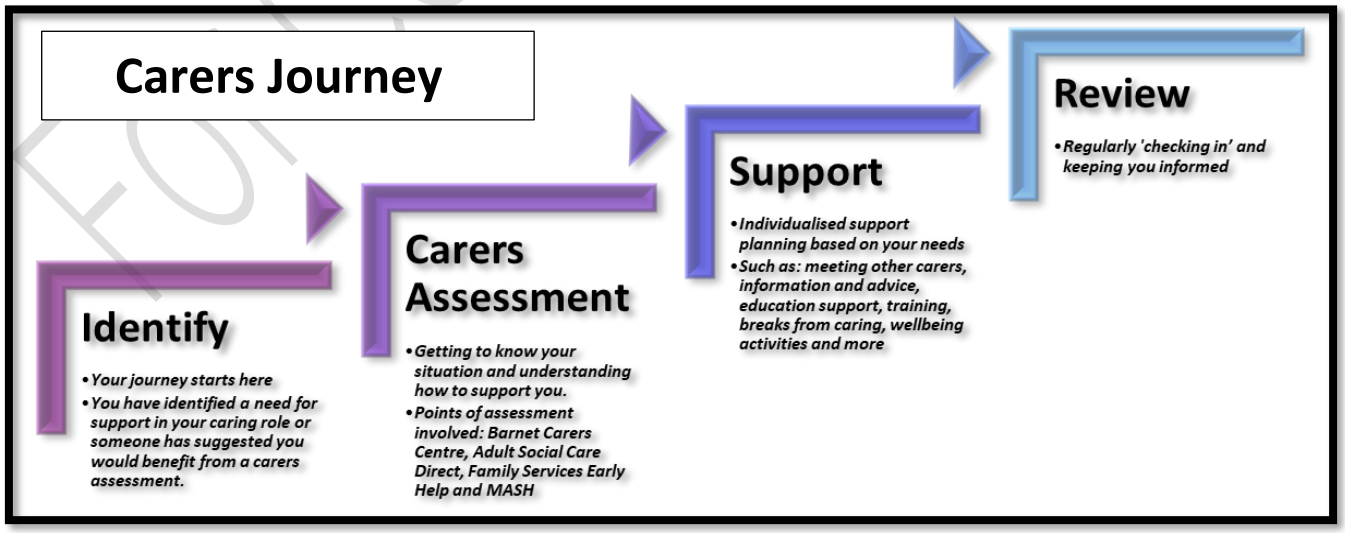

The engagement and co-production activity has been helpful in collecting a varied range of feedback and recommendations directly from carers. Some of the feedback refers to existing or planned services that may need to be reviewed in order to bring improvements, whereas some feedback highlights the importance of effective communication to address a lack of awareness around existing support offer, and some feedback is helpful in identifying gaps in our services that we intend to address through this strategy and its associated action plan.

During the engagement and co-production activity, carers advised us that:

- They feel there is a lack of awareness of the role Carers play in supporting the cared for person, by the Health and Social Care system and the wider community.
- They are only identified when they have reached crisis, which means it is too late for preventative support.

- They need more support with transport costs and entitlements such as free bus passes and access to discounted goods, products, and services to enable them to continue supporting themselves and the cared for person.
- They value activities that enable them to have regular breaks from their caring responsibilities to support balancing their caring roles with their own personal lives and interests
- They would benefit from training sessions about the disabilities / conditions of the cared for person and the various Health and Social Care pathways that can be used to access support.
- They have struggled during the pandemic - often not being informed when there is a change to the care and support of the cared for person (e.g., plan for the reopening of day opportunities).
- They need regular respite, and they do not know what respite is available and how to access it.
- There is an issue around "inconsistent care" with different paid carers turning up to carry out care, which can be distressing for the cared-for person.
- Young Carers often take on huge amounts of responsibility and need support to balance competing responsibilities and demands. Priorities for young people included pursuing their education and to have time dedicated to their mental health and wellbeing support as well as time for themselves and socialising.
- Timely, accessible, and appropriate support is required to enable sustained improvement in mental health and wellbeing. Many of the young carers we spoke to mentioned difficulties around accessing effective mental health and wellbeing support, specifically citing waiting times or accessibility.
- Young carers raised concerns around the demands of their education, and a sense that not all teaching staff were aware of how their caring responsibilities impact the abilities of young carers to participate and achieve in the same ways as their fellow pupils.
- Young Carers spoke of a need for increased understanding on the part of teaching and pastoral staff around their attainment and school performance relative to their caring responsibilities.
- Some young carers were concerned about finances and young carers were not always aware of the financial support available.

# 4. Existing Offer and Services



Family Services, Adult Social Care and Health are committed to working together to ensure that carers and young carers are identified, offered assessments and supported based on a whole family approach, whichever service they are identified through. This is in order to ensure that carers and young carers receive the support that they need in their caring role.

We actively promote carers using local resources and support networks in the community. For those needing more targeted support, we support them to access statutory support services where this is needed.

Carers Assessments are currently completed by a social care professional employed by the local authority, or by an appropriately trained professional working for Barnet Carers Centre. Associated care and support planning, where decisions are required around access to social care funding, are handed over to the local authority.

GPs are actively encouraged to identify carers when they access primary care services and record this on their care record. GPs are able to signpost to carer support and make onward referrals as needed, as well as making reasonable adjustments to ensure that carers are able to support their cared for in accessing the healthcare services that they need.

Support that is available to carers within the borough includes:

- Information and advice
- Respite vouchers (for use in residential or nursing homes)
- Training – including modules on practical support like safe Moving and Handling, supporting those living with dementia, or a mental health diagnosis.
- Service Provision to address the needs identified in the Assessment – delivered by a provider arranged by the local authority or funded via a Direct payment (these are cash payments, which can be used to purchase support, which you have been assessed as needing to support you in your caring role)
- Peer support and carer forums
- Counselling
- Working with key partners to provide whole family support where needed (e.g., health and Family Services)

Support offered through the commissioned lead provider, Barnet Carers Centre, includes: -

- Activities
- Information and advice
- Engagement with, and support within, schools
- Leisure pass scheme
- Wellbeing support
- Counselling
- Carer specific training
- Referrals to local agencies and services
- Mentoring
- Educational support to young carers

In addition to the above, other statutory and voluntary sector organisations working across the borough also offer support to carers both formally and informally.

# 5. Delivering Change

The implementation of this strategy will be planned in consideration of good practice principles, to ensure the associated action plan is accessible, co-produced, timely and tailored to deliver meaningful outcomes to carers of all ages.

To deliver the action plan we will work across the council and its partners from social care, health, education, housing, and the voluntary and community sector. We will also develop relationships across the wider community, including employment and business sectors as part of this approach, and will continue to put Carers at the heart of this process through their direct involvement in the Carers Strategy Implementation Board (the Board), which will be set up as a priority action arising from this strategy. The Board will be multi-disciplinary, multi-organisation and include representation from carers of all ages in Barnet.

## Priorities

We have coproduced the following 4 priorities to guide our action planning:

1. Proactive identification of carers and young carers.
2. Individualised support so that carers and young carers can get the support they need and are entitled to.
3. Involving carers to shape future services and support offer.
4. Raising the profile of carers and young carers.

## Outcomes

The outcomes we will achieve through this strategy include:

1. Carers and young carers are identified at the start of their caring journey, and this enables them to access the support they need.

2. Carers are supported to fulfil their education, training, and employment potential, and have their own time for positive and recreational activities.

3. Young Carers are prevented from having to undertake inappropriate caring and provided with the support they need to learn, develop, thrive, and enjoy a positive childhood.

4. Carers are fully aware of resources available to them to help them in their caring role.

5. Carers are supported to access, financial information, and advice and as a result feel financially secure and not financially disadvantaged due to their caring role.

6. Carers see an improvement in their mental health and wellbeing.

7. Young carers feel supported in schools to enable a positive school experience.

8. The way we work across the system is informed by insight from carers' lived experience and valuable contribution.

9. Carers can actively participate in the care and support planning of the person they care for and are able to advocate for themselves and their loved ones when needed.

## Review

We have captured feedback from carers about changes to services that they feel are needed and included them directly in this strategy. We recognise that some of these changes may have already been made, or are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps in our local system that we will aim to address. This will all be taken into account in the development of the action plan to implement the strategy.

The dedicated action plan will be implemented to deliver on the priorities and outcomes outlined in this strategy over a two-year period. Oversight will be via a multi-disciplinary, multi-organisation, Carers Strategy Implementation Board. There will be workstreams established, as needed, that will report into the Board. Progress towards the Action Plan will be monitored by the Board and reported to the Barnet Borough Partnership Board, the Health and Wellbeing Board and other boards/committees as requested.

Through the two-year Action Plan, the Board will identify interventions and expect to evidence:

- An increase in the number of new carers who are identified at an early stage in their caring role, with a notable improvement in identifying under-represented groups.
- Carers report a positive experience of working in partnership with Health and Social Care for their benefit and the benefit of the cared for person.
- An increase in the number of Carers who report they are aware of and are able to access appropriate information, advice and guidance in relation to their caring role via the national and local Carers surveys.

healthwatch Barnet

# Health and Wellbeing Board Healthwatch Barnet

Banos Alexandrou

March 2023

# Some Context

- *Inclusion Barnet were awarded the service in 2020, as the COVID pandemic hit*

- *Healthwatch Barnet has emerged from the pandemic having undertaken significant insight and engagement work on **Long COVID**, **GP access** and **end of life care**; all of which have informed policy making*

- *A more **collaborative and strategic relationship with our NCL Healthwatch colleagues** developed and Long COVID and our current Hypertension project are testimony to this*

- *Our focus this year has shifted, now that we are able post pandemic, on our Enter and View work considering supported living contexts*

- *Our volunteer force consist of highly skilled individuals able to conduct delicate work. Our recent appointment of a Volunteer Co-ordinator is in recognition of the centrality of volunteers to a successful Healthwatch*

# Our Work this year - Four Key Strands

## Men's Health - Research

- Quantitative survey (250) across men in Barnet and qualitative interviews (75)
- Report to be drafted and circulated via our network

## Hypertension – Engagement – NCL Healthwatch Collaboration

- Community Connectors in the field
- Providing Blood Pressure advice and readings to promote the message to have regular blood pressure checks
- Collaboration with Groundwork, Food Banks, Community Centres

## Enter & View – Supported Living

- Focusing on Supported Living has meant some re-examination of approach, not least regarding rights of access and extent of other regulatory jurisdictions
- Completed 3 Enter & Views in a range of different contexts, another is planned for March
- Opportunity here is to understand better what constitutes supported living and how it can be effectively regulated and better understood

## Grahame Park Community Action Research – Inclusion Barnet Collaboration

- Facilitated and managed in-depth qualitative research on perspectives on health services and health among Grahame Park residents – (100) – undertaken by grassroots organization
- Findings feed into pilot neighborhood models under Barnet Borough Partnership

# Our Priorities for 2023/2024 - Volunteers

- *Volunteer development will be a key strategic plank of Healthwatch Barnet over the coming year*
- *The work of volunteers in our Enter and View activity and engagement work is essential*
- *The appointment of a volunteer co-ordinator will ensure we develop our volunteer workforce and rise to the challenges in recruitment that exists across the VCS*
- *Healthwatch volunteering can provide a suite of experiences and skills for employability and this can be better promoted*

# Our Priorities for 2023/2024 - Collaboration

- *Formal monthly meetings with our NCL Healthwatch colleagues means we are able to:*
  - Develop NCL wide engagement across key system priorities
  - Share strategic and tactical information
  - Create a clear channel from the ICB to the Healthwatch service
  - Be present in system wide thinking

- *But, there is work to do in positioning HW within the system wide policy framework that is appropriately resourced and consistent*

# Work Plan for 2023/2024 - Insight

## Enter & Views Target 8

- Focus on supported Living
- Development of approach – given different regulatory and access considerations
- Better establish accountability of service providers, LA and others in the management and delivery of services

## Early Child Health Service Review

- Originally a project for last year – examining Health Visitor service
- CQC surprise inspection found cause for concern
- HWB working with commissioner to undertake work in June 2023 to examine service in relation to CQC recommendations

# Work Plan for 2023/2024 - Insight

## Primary Care Access

## Continuity of Care

- Access to and continuity of primary care has not been resolved for many patients
- Healthwatch Barnet will draw on patient representative groups and highlight and disseminate the issues that flow from them
- We will dedicate a managed digital resource for feedback on the issue and will share with out networks

## Mental Health Services

## Review

- Working with the LA we are considering reviewing a range of mental health services – IAPT, Wellbeing and Crisis
- This is an area of increasing concern and we hope to work with the LA to develop a shared understanding of the delivery and effectiveness of services
- Proposals will take shape over the coming months

# Workplan for 2023/2024 - Engagement
# NCL Healthwatch Collaboration

# Hypertension Project

- *Community Connectors are arranging and attending events and locations to provide information on hypertension and provide blood pressure checks (as a way to engage primarily) – to encourage people to have 'regular blood pressure' checks – part of the ICB Core20Plus work*

- *A successful series of initial events at Stonegrove Community Centre yielded 80 individuals engaged and provided with information (and a BP check!)*

- *We are targeting food banks (and have a planned event) and community centres and collaborating with Groundwork in identifying opportunities to engage and share communications. Our focus is on the most deprived areas of Barnet*

- *This will continue through the first half of next year, a report and evaluation will be available on completion.*

# Thank You

*Any Questions?*

# London Borough of Barnet
# Health and Wellbeing Board
# Forward Work Programme
# 2023 / 2024

Contact: Emma Powley (Governance) emma.powley@barnet.gov.uk

| Subject | Decision requested | Report Of | Contributing Officer(s) |
|---|---|---|---|
| **11 MAY 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** | | | |
| 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<br><br>Executive Director for Adults and Health, London Borough of Barnet | |
| **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)<br><br>Interim Director of Aligned Commissioning (MH, LD/ Autism and CYP), North Central London ICB (Daniel Morgan) |
| Barnet Children and Young People's Plan | The Board notes the final version of the Plan | Executive Director of Children's and Family Services, London Borough of Barnet | Assistant Director- Education, Strategy and Partnerships (Ben Thomas) |

***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) |
|---|---|---|---|
| Fit and Active Barnet – Year 1 Report and Year 2 Action Plan | The Board comments on and notes the report. | Executive Director for Adults and Health | Sport and Physical Activity Manager, London Borough of Barnet (Courtney Walden) |
| Director of Public Health Annual Report | The Board to note and comment on the annual report | Director of Public Health and Prevention, London Borough of Barnet | |
| Health and Wellbeing Strategy – 6 month progress report | The Board to note and comment on progress | Chair and Vice Chair of Health and Wellbeing Board | Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O'Callaghan) |
| **13 JULY 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** | | | |
| Homes, and the impact on health of residents | The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area | The Barnet Group | |
| **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 | |
| **28 SEPTEMBER 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** | | | |
| Topic to be confirmed | 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** | | | |



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| Subject | Decision requested | Report Of | Contributing Officer(s) |
|---|---|---|---|
| Joint Health and Wellbeing Strategy – Six Month 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 | Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O'Callaghan) |
| 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) |
| **18 JANUARY 2024** | | | |
| **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** | | | |
| Topic to be confirmed | 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 | |



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| Subject | Decision requested | Report Of | Contributing Officer(s) |
|---|---|---|---|
| **Business items** | | | |
| | | | |
| **14 MARCH 2024** | | | |
| **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** | | | |
| Topic to be confirmed | 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** | | | |
| Health and Wellbeing Strategy – 6 month progress report | The Board to note and comment on progress | Chair and Vice Chair of Health and Wellbeing Board | Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O'Callaghan) |
| | | | |
| | | | |



*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*